

**Age related hearing loss and conversation: before and after
hearing aid fitting.**

by

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“Conversation is one of the most important forms of communication in daily living, for it is through conversational interactions that we show our knowledge and capabilities as well as establish and maintain interpersonal connections.” (Kagan, 1995, p.15)

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Abstract

Title	Age related hearing loss and conversation: before and after hearing aid fitting.
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People with presbycusis commonly report difficulties in conversation in everyday settings. Although previous research has focused on self-report inventories concerning conversation difficulties in age related hearing difficulties, there is a lack of published work describing the interactions between people with presbycusis and their conversational partners. The aim of this study is to describe conversational interactions between people with presbycusis and their main everyday conversational partner and to determine whether there is evidence of change in interaction before and after the fitting of hearing aids. Ten participants recruited from a larger cohort were included in this study, consisting of 5 participants with diagnosed presbycusis and 5 frequent conversation partners. A battery of audiological assessments was completed for each participant with presbycusis. Each participant with presbycusis was videotaped in conversation at home with their main everyday conversational partner: once before hearing aid fitting and once two months following hearing aid fitting. The conversational interactions before and after hearing aid fitting were analysed using Conversation Analysis. The results of the study revealed that both the people with presbycusis and the conversation partners used patterns of interaction in instances of mishearings in conversation. The person with presbycusis shifted gaze direction to show a need for repair. In addition, the conversation partner used physical prompting to gain gaze directed attention from the person with presbycusis. The person with presbycusis also made verbal requests for a repair as a result of mishearings. These patterns in interaction showed co-ordination and timing of the repair recognition, initiation and completion by both parties. The phenomena uncovered in this study indicate

that the responsibility to monitor and maintain conversation was increasingly placed on the conversation partner of the person with presbycusis. This could explain why people with presbycusis and their conversation partners frequently complain of frustration in conversation activities. In the post-amplification conversations, no mishearings occurred, suggesting a trend towards fewer mishearings on conversation as a result of amplification of hearing. The research findings contribute to the evidence base concerning the real benefit of digital hearing aids to these elderly clients. The findings of this study can be used to design assessment and intervention tools in the future.

Key terms: conversation, interaction, conversation analysis, presbycusis, age related hearing loss, hearing aid, amplification, gaze, repair, mishearing.

Opsomming

Titel	Ouderdomverwante gehoorverlies en gesprekvoering voor en na gehoorapparaatpassing.
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Mense met presbiakusie vermeld gereeld probleme in gesprekvoering. Vorige navorsing oor gespreksprobleme wat mense met presbiakusie ondervind, het meesal op data uit vraelyste gesteun. Tans heers 'n gebrek aan gepubliseerde navorsing oor gespreksinteraksies tussen mense met presbiakusie en hul gespreksgenote in alledaagse situasies. Die doel van die onderhawige studie was om gespreksinteraksiepatrone van mense met presbiakusie en hul bekende gespreksgenote te beskryf en om te bepaal daar 'n verandering in gesprekspatrone ontstaan voor en na gehoorapparaatpassing. Tien deelnemers gewerf vanuit 'n groter kohort is ingesluit in die studie: 5 deelnemers met presbiakusie en 5 gereelde gespreksgenote. 'n Battery oudiologiese toetse is voltooi vir elke deelnemer met presbiakusie. Twee gesprekke tussen die deelnemers met presbiakusie en hul gespreksgenote is opgeneem: een voor, en een twee maande na, gehoorapparaatpassing. Die gesprekke is deur middel van Gespreksanalise as metode (Conversation Analysis) geanaliseer om op die spoor van voor- en na-gehoorversterking veranderlikes daarin te kom. Die resultate toon hoedat persone met presbiakusie die rigting van hul kykaandag verander om aan gespreksgenote hul behoefte aan gespreksherstel te betoon. In 'n ander gesprekspatroom het gespreksgenote fisiese kontak gebruik om die aandag van die persoon met presbiakusie te ontlok. Die resultate het ook getoon hoedat persone met presbiakusie soms om herstel vra binne 'n gesprek. Die beskrywende interaksiepatrone het op die koördinasie en fyn tydsbeplanning van gespreksherstel gedui. Die verskynsels wat in die studie beskryf word, dui daarop dat die verantwoordelikheid om gespreksgebeure te monitor en in stand te hou toenemend op die gespreksgenoot van die persoon met

presbiakusie afgewentel word. Dit kan verduidelik waarom mense met presbiakusie en hulle gespreksgenote dikwels vermeld dat hulle frustrasie in gesprekvoering ervaar. Die resultate het ook getoon dat in die nagehoorversterkinggesprekke, geen misverstand as gevolg van gehoorprobleme plaasgevind het nie. Die getuienis doen aan die hand dat daar 'n neiging kan wees na verminderde misverstand in gesprek na gehoorversterking in mense met presbiakusie. Hierdie navorsingsprojek dra by tot die vestiging van bewyse vir die werklike voordele van digitale gehoorapparate vir ouer kliënte in daaglikse gespreksituasies. Die bevindings van hierdie studie kan gebruik word om evaluasie-materiaal en intervensieprogramme te ontwikkel in die toekoms.

Sleutelterme: gesprek, interaksie, gespreksanalise, presbiakusie, ouderdomverwante gehoorverlies, gehoorapparaat, versterking, staar, herstel, misverstand.

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List of abbreviations

AC	Air Conduction
BC	Bone conduction
CA	Conversation Analysis
dBHL	Decibel Hearing Level
GHABP	Glasgow Hearing Aid Benefit Profile
RNID	Royal National Institute for the Deaf
UCL	Uncomfortable Loudness Level
UK	United Kingdom

Chapter 1

Introduction: Age related hearing loss and conversation

Chapter 1 provides an introduction to the research topic and the rationale behind this study. The reader will also be introduced to the problem statement and aim for this study. This Chapter concludes with definitions of terminology used in this dissertation and a brief overview of the content of the following Chapters.

1.1) Introduction

Presbycusis (age related hearing loss) is the deterioration in hearing as a result of the normal process of ageing (Bayles & Kasniak, 1987). The term presbycusis does not refer to a disease or a disorder; rather, it acknowledges the interaction between the normal process of ageing and the deterioration of hearing (Ballantyne, 2001). Common signs of age related hearing loss include reduced sensitivity in hearing, reduced frequency selectivity and loudness recruitment. The problem mentioned most frequently by people with presbycusis and their family members is difficulty in communication interaction (Cohn, 1999).

Conversation is an essential tool in daily life. It is through conversation that we share our ideas about our surroundings and maintain interpersonal relationships (Kagan, 1995). The significant benefits of healthy interpersonal relationships on a person's physical health have been shown. The lack of social interaction has long been known to be associated with increased mortality (Berkman & Syne, 1979). It is significant that the social impact of presbycusis is mainly on interpersonal relations (Karlsson, Espmark & Hansson, 2003). Presbycusis can be severely disabling and can lead to reduced quality of life for the person affected (Gates & Mills, 2005b). Furthermore, the impact of presbycusis is not limited to the person with presbycusis but also effects interpersonal relationships (Kapteyn, 1982). Family and friends of the person with presbycusis reportedly struggle to cope

when interacting with a person with presbycusis (Villaume *et al.*, 1997; Wallhagen *et al.*, 2004). Previous studies have mostly focused on patient and family members' reports of communication difficulties (Gatehouse, 1999; Saunders, Forsline & Fausti, 2004). It is important to note patients' perceptions of communication difficulties, but it may not reflect actual conversation difficulties experienced in interactions. A lack of information regarding the actual conversational practices of people with presbycusis and their conversation partners has been discussed before (Stephens, Jaworski, Lewis & Aslan, 1999). This study aims to address the problem by providing empirical descriptions of patterns of conversation interaction between people with presbycusis and their conversation partners.

There are currently an estimated 6,471,000 people in the UK with presbycusis (Weinstein, 2003). Considerable resources are dedicated to this ageing population in the form of specialist consultations (for example ear-nose-and-throat, audiology and hearing therapy consultations), and hearing aids as well as other technologies. The symptoms of presbycusis are assessed by performing a battery of standardised tests, including pure tone audiometry, loudness discomfort levels, speech discrimination tests and questionnaires relating to hearing disability and handicap. After assessment and diagnosis of presbycusis, hearing aids are provided with the aim of reducing the effects of the hearing loss. In addition, auditory rehabilitation is provided to reduce the effects that presbycusis has on communication (Erdman & Demorest, 1998). It is therefore important that the effectiveness of these services and equipment are determined so that people with presbycusis are provided with services and equipment that have proven benefits. The efficacy of hearing aids and auditory rehabilitation is usually evaluated by performing audiometry and asking patients to complete questionnaires about benefit and satisfaction derived from the amplification devices. Although this provides the audiologist with useful information, there are certain inherent problems associated with these techniques. They do not address the questions whether and in what way communication interactions are affected by the provision of the amplification devices. This study will also provide a description of patterns in conversation interaction between a person

with presbycusis and a conversation partner after amplification and will thereby add to the knowledge base of the effect of amplification in conversation interactions.

The focus of this research is on the conversation patterns in interaction between a person with presbycusis and a familiar communication partner; before and after hearing aid fitting.

1.2) Rationale

One of the most common problems reported by people with presbycusis relates to difficulties with conversation in everyday settings. A particular reported difficulty in conversation concerns the misunderstandings and subsequent 'repairs' to conversation that arise mainly from mishearings (Dalton *et al.*, 2003). 'Repair' in this context refers to the way in which both participants in a conversation engage in ensuring that misunderstandings are corrected and that they understand each other's meanings clearly.

The usual rehabilitation strategy following diagnosis of presbycusis is the fitting of hearing aids, with the goal of providing the client with a means to return to successful communicative interactions. Research on the benefit obtained from hearing aids usually relies on client's self-reported improvement in their communication, and on audiological testing in a clinical setting (Cord, Leek & Walden, 2000; Gatehouse, 1999; Saunders, Forsline & Fausti, 2004). Information is usually gathered by means of a questionnaire. Patients' subjective reports are important to note, but are known to be unreliable (Saunders, Forsline & Fausti, 2004). There are inherent difficulties with the instruments, for example; most available questionnaires rely on a patient's ability to recollect experiences of communication or listening/hearing in specific contexts. Some research into audiology consultations have shown how actual actions of patients can differ from their reports about their actions (Pothier & Bredenkamp, 2006; Wiesner & Tesch-Romer, 1996).

Although there has been considerable research on self-report inventories concerning conversations (Cord, Leek, & Walden, 2000; Gatehouse, 1999;

Saunders, Forsline, & Fausti, 2004; Stephens, Gianopoulos & Kerr, 2001), there is a lack of published work describing the actual interactions between people with presbycusis and their conversation partners. A need exists for evidence to show how mishearing, or any other feature of conversation, may be affected by the provision of hearing aids. Stephens, Jaworski, Lewis, and Aslan (1999) suggested that future research into such communication should focus on the qualitative analysis of naturally occurring conversation between the client and a communication partner. A suitable way to address the suggestion made by Stephens *et al.* (1999) would be to use Conversation Analysis (CA) to explore whether people with presbycusis and their conversational partners use recognisable conversational devices and whether patterns in conversation change after the provision of amplification.

1.3) Problem statement and research questions

The current problem is thus a lack of empirical evidence concerning actual conversational interactions of clients with presbycusis. This lack of evidence exists for pre- and post amplification conversation situations. Based on this problem, the following research questions were formulated:

- Are there any recognisable patterns in conversation between a person with age related hearing loss and a communication partner?
- If so, what is the nature of these patterns and do these patterns of conversation change after the fitting of the hearing aid?

1.4) Aims and Methodology

The aim of the study is to determine whether there is evidence of change in conversational interaction between people with presbycusis and their main everyday conversational partners before and after hearing aids have been fitted.

40 Participants were recruited: 20 participants with diagnosed presbycusis and 20 frequent conversation partners of the participants with presbycusis. Five participants with presbycusis and their conversation partners were included in this study (10 participants). A battery of audiological assessments

were completed for each participant. Before hearing aids were fitted, each participant also completed the Glasgow Hearing Aid Benefit Profile (GHABP) (Gatehouse, 1999). Each participant with presbycusis was then recorded in conversation at home with their main everyday conversational partner. Two months after hearing aid fitting, each subject completed the rest of the GHABP. Each was also video recorded again, with the same conversation partner. Video recordings were approximately 40-60 minutes long.

The conversational interactions were analysed using Conversation Analysis (CA) (Sacks, Schegloff & Jefferson, 1974; Lind, Hickson & Erber, 2004) procedures. By contrasting conversations before and after hearing aid fitting, the researchers aimed to provide evidence for change; for example, in managing mishearings. The findings from the audiological and questionnaire data are discussed in addition to the descriptions of the patterns emerging from the analysis of the conversations. Evidence of correlation between reported difficulties in conversation and actual difficulties is investigated.

The results of this project could provide the clients, their families and professionals such as audiologists, hearing therapists, speech and language therapists and consultants in audiological medicine with much needed evidence about conversational interactions in this client group, and about the potential benefits of hearing aids. It is anticipated that the insights gained through the analysis will inform the planning of professional intervention strategies, leading to treatments designed more specifically to the needs of the individual patient. The findings of this study are also potentially useful in other domains of elderly care since hearing loss is usually a component of complex elderly care issues.

1.5) Key terminology

Here follows a list of key terminology and their definitions:

- Conversation analysis (CA): This is a method used to investigate human communication interaction with the aim of uncovering patterns in the talk and to provide a possible explanation for the emerging patterns in interaction.

- Presbycusis: “the alteration of hearing sensitivity associated with the normal ageing of the auditory system” (Bayles & Kasniak, 1987, p.150).
- Age related hearing loss: see the term “presbycusis”.
- Hearing aid: An amplification device worn by someone with hearing loss, designed to augment the person’s hearing.
- Gaze: This refers to the direction of ‘looking’ by a conversation participant. In transcriptions of conversations, gaze is transcribed by indicating whether participants are making eye contact (usually by using an “X”), whether they are looking away from the other participant (indicated by “;”), whether they are looking towards another participant (by using “.”) and whether they are maintaining their direction of looking towards another participant (by using “__”).
- Repair: In a well known study, Schegloff, Jefferson and Sacks (1977, p. 361) described the organisation of repair in conversation between participants with no communication disorders. Repair in conversation refers to the strategies used by the participants in conversation to overcome any disturbances in conversation, for example when a misunderstanding or a mishearing occurs. The techniques used to address these disturbances can be initiated or completed by the speaker of the trouble source (or utterance containing the source of the problem). This is referred to as “self-initiation” and “self-repair” (Schegloff, Jefferson & Sacks, 1977, p. 361). The trouble in conversation can also be initiated and/or addressed by the recipient of the trouble source. This is referred to as “other-initiation” and “other-repair” (Schegloff, Jefferson & Sacks, 1977, p. 361).

1.6) Division of chapters

- **Chapter 1:** Chapter 1 provides an introduction to the study.
- **Chapter 2:** Chapter 2 aims to define the term Presbycusis (age related hearing loss). It also discusses the history of auditory rehabilitation of presbycusis and the need for an ethnomethodological perspective in presbycusis related research.

- **Chapter 3:** The aim of this chapter is to provide a brief overview of the methodology of CA. Examples of applications of CA to the study of communication disorders is given. The suitability of CA as a methodology to answer the research questions will be discussed and compared to other available techniques.
- **Chapter 4:** Chapter 4 discusses the method for this project. The aims, research design, criteria set, procedures and sample size, apparatus and material, as well as the procedures of the project are discussed.
- **Chapter 5:** This chapter aims to discuss issues of trustworthiness in this research project.
- **Chapter 6:** The aim of this Chapter is to provide an accurate description of the trends in conversation between a person with presbycusis and a frequent communication partner, before and after amplification of hearing. There is also a discussion on how the results from the conversation analysis relate to the perception of communication difficulties or success by the person with presbycusis or the communication partner. The results of the study are considered with regard to previous research.
- **Chapter 7:** The aim of this Chapter is to discuss the results for each of the patterns interaction described in Chapter 6.
- **Chapter 8:** In this Chapter the research findings are related to clinical use and future research. The research project is also evaluated critically.
- **Chapter 9:** Conclusions regarding this study are made in this chapter.

1.7) Conclusion

This Chapter introduced age related hearing loss and conversation as a topic for this study. It also provided a rationale, problem statement and methodology for the study. Finally this chapter provided a list of key terminology for this study and provided a brief overview of the chapters in the dissertation.

Chapter 2

Research in presbycusis and the need for a sociolinguistic perspective

This chapter aims to define the term presbycusis (age related hearing loss). It also discusses the history of auditory rehabilitation of presbycusis and the need for an ethnomethodological perspective in presbycusis related research.

2.1) Introduction

The term presbycusis has been defined by many authors. Still valid today, however, is the definition of presbycusis by Bayles & Kasniak in 1987 as “the alteration of hearing sensitivity associated with the normal ageing of the auditory system” (Bayles & Kasniak, 1987, p.150). The auditory system is prone to deterioration as a person ages and the organ of Corti (inside the cochlea) is most susceptible to these changes (Weinstein, 2003).

The word presbycusis is derived from Greek; *presbus* meaning old man and *acusis* meaning to hear. The terms *presbycusis*, *presbycusis* and *age related hearing loss* are regarded as synonyms. For the purposes of this study the term presbycusis and age related hearing loss are used interchangeably.

Different types of presbycusis are classified into their typical histopathological correlates (Weinstein, 2002; Adams & Schulte, 1997). *Neural presbycusis* occurs when the dendritic processes of the osseous spiral lamina in the cochlea are affected (Booth, 1987; Schuknecht & Gacek, 1993). *Sensory presbycusis* occurs due to a loss of inner and outer hair cells in the cochlea, leading to abrupt high tone loss (Booth, 1987; Schuknecht & Gacek, 1993). In a study where perfused human cochleas were inspected microscopically, Soucek, Michaels and Frohlich (1987) found a mild loss of

inner hair cells and a marked loss of outer hair cells in elderly cochleas. They also found complete atrophy of variable lengths of the terminal basal coil cells in all elderly cochleas (Soucek, Michaels, & Frohlich, 1987). *Strial presbyacusic* occurs due to atrophy of the stria vascularis and is associated with a moderate sensory-neural flat hearing loss (Weinstein, 2002). *Cochlear conductive presbyacusic* is associated with mild neuronal loss, degeneration of the stria vascularis and hair cell loss (Weinstein, 2002).

People with age related hearing loss present with the following main audiological signs:

- a reduction in hearing sensitivity
- a reduction in frequency tuning or selectivity
- loudness recruitment with a reduced dynamic range.

Regardless of the type of age related hearing loss, most individuals with age related hearing difficulties experience considerable difficulties in conversation situations (Stephens, Vetter & Lewis, 2003). People with presbyacusic find it increasingly difficult to manage conversation situations because the development of presbyacusic is progressive.

Gender differences exist in the development of presbyacusic. Women tend to have more advanced decreased hearing sensitivity below 1 kHz where as men tend to have more advanced hearing loss above 1 kHz (Jerger *et al.*, 1993). This effect increases with age (Jerger *et al.*, 1993). In a large longitudinal study by Gates and Cooper (1991) audiograms of 1475 subjects were assessed. Six years later, the audiograms were repeated. The findings confirmed the increased lower frequency loss in hearing sensitivity by women but no significant difference was found between the high frequency results for women and men. The authors suggested that the low frequency hearing loss could be caused by stria atrophy or other intracochlear processes. The high frequency hearing loss was hypothesised to be due to hair cell degeneration (Gates & Cooper 1991).

Age-related central auditory processing disorders have been reported in previous studies (Bamiou *et al.* 2000; Stach, Spretnjak, & Jerger, 1990). A recent Australian study found a high prevalence rate of 74% among a group of 2015 Australians over the age of 55 (Golding *et al.*, 2004). In the same study, but published in a separate report, Golding *et al.* found that moderate and severe central auditory processing abnormalities increase with age (Golding, Mitchell, & Cupples, 2005). Men were found to have more severe abnormalities than women (Golding, Mitchell & Cupples, 2005). Declining cognitive function was also associated with an increased risk of Central Auditory Processing disorders (Golding, Mitchell & Cupples, 2005). There is also some evidence that auditory processing difficulties could be asymmetrical. Divenyi and Haupt (1997) found that the older people in their study showed a disproportionate decline in auditory discrimination in the left ear.

In a review of the modulation of presbycusis (Willott, Chisolm, & Lister, 2001b), the variables that were found to have a relationship with the severity and/or cause of presbycusis, included:

- Variables associated with biological ageing
- Genetics
- Noise induced hearing loss
- Augmented acoustic environments
- Neural plasticity associated with hearing aids and the central auditory system
- Socio-economic and cultural barriers to hearing aid use
- Lifestyle variables
- Medical variables
- Pharmaceutical interventions
- and cognitive variables (Willott, Chisolm, & Lister, 2001a).

Presbycusis is a progressive condition that is considered part of the normal process of ageing. It affects both men and women and is related to a general deterioration in mechanical, neural, histological and physiological changes in any part of the auditory system.

2.2) Statistics in Presbyacusic in the UK

It is apposite to also consider the national statistics regarding presbyacusic in the United Kingdom: firstly because the participants recruited in this study were all residents in Britain and secondly because these statistics support the prioritisation of research into age related health problems and therefore this study.

According to the Royal National Institute for the Deaf (RNID), age related hearing loss is the most common type of hearing loss in the United Kingdom (RNID, 2004). Authors have suggested different percentages of population that are affected by age related hearing loss. Weinstein suggested that presbyacusic affects approximately 30 percent of adults over 65 (Weinstein, 2003). On the other hand, the RNID has estimated that 55% of people over the age of 60 experience age related hearing loss (RNID, 2004).

When the available statistics regarding the number of people affected by presbyacusic on any given time is considered, different figures have been suggested. Weinstein mentions an estimated 6,471,000 people in the UK with presbyacusic (Weinstein, 2003). On the other hand, the US Census Bureau has estimated the prevalence of presbyacusic in the UK to be more than two and a third million (see Table 2.1) (US Census Bureau, 2004b). It is also interesting to note that the estimated prevalence for the USA and the Republic of South Africa was respectively more than 11 million and 1 and three quarters of a million (see Table 2.1) (US Census Bureau, 2004a; US Census Bureau, 2004b). It is, however, not clear to what extent the US Census Bureau considered the median ages for the populations when they calculated the estimated prevalence of presbyacusic in each country.

Table 2.1: Extrapolated statistics of prevalence of presbycusis in the United Kingdom, United States of America and Republic of South Africa (US Census Bureau, 2004a; US Census Bureau, 2004b).

Country	Estimated prevalence	Population estimation
United Kingdom	2,350,557	60,270,708 ¹
United States of America	11,452,561	293,655,405 ²
Republic of South Africa	1,733,490	44,448,470 ¹

1. US Census Bureau, Population Estimates, 2004

2. US Census Bureau, International Data Base, 2004

The population in Britain is currently ageing (National Statistics Online, 2005). The median age of the population in the UK has increased from 34.1 years in mid-1971 to 38.6 in mid-2004. This rise in ageing is mainly due to historical fertility rates (National Statistics Online, 2005). Another reason for the increased median age is the recent declines in mortality rates (National Statistics Online, 2005). The rate of population ageing in the UK is set to increase during the first half of this century as the large number of people born after the Second World War becomes older (National Statistics Online, 2005).

The British government has recognised the need for specialised services in elderly care in the UK, and made research in ageing related illnesses a priority (Department of Health, 2003). It is therefore imperative to try to answer the questions that we have about presbycusis as we face an increasing number of people who need specialist advice regarding age related hearing loss.

Despite recent advances in technology, most people in Britain with age related hearing loss do not have hearing aids. Only an estimated 35% of people who could benefit from amplification currently own a hearing aid (Hanratty & Lawlor, 2000). Of those who own hearing aids, many do not wear them. Different variables have been associated with decreased use of hearing aids. Very high expectations from the hearing aids, a negative attitude of the person with presbycusis towards hearing aids and the presence of communication problems were all associated with a decreased likelihood of hearing aid use (Meister *et al.*, 2004). These studies all support further

research to provide an evidence base on which existing technology and rehabilitation can be improved. This research will contribute to the evidence base regarding the impact of amplification on people with age related hearing loss and their conversation partners in daily interaction. The knowledge produced by this study can then be used in the future design of assessments and intervention.

In summary, age related hearing loss is an increasing phenomenon in the United Kingdom. It is gaining more attention as a national problem because of the changes in population demographics. Research is currently needed to provide the increasing numbers of people with presbycusis with services and devices that have proven benefits.

2.3) Recent technological advances in Audiology and benefit from amplification

Since the use of ear trumpets in the 1800's, many devices have been designed in the aim to reduce the effects of age related hearing loss (Mueller & Hall, 1998). More recently analogue hearing aid design was replaced by the technology of digital hearing aid design.

Digital hearing aids are based on the conversion of analogue sound waves to numerical representations of these sounds (Ricketts, 2005). The numericals are then processed in different ways according to the design of the hearing aid in order to deliver an amplified sound to the person (Ricketts, 2005). Advanced methods of signal processing in digital hearing aids have made it possible to deliver a superior sound (Ricketts, 2005).

Recent evidence of improved sound quality in digital hearing aids has made it possible for service users in the UK to access digital hearing aids in government hospitals. In accordance with the Modernising Hearing Aid Services (MHAS) Project more than £94 million has been spent in the last two years in a drive to provide all people with presbycusis in the UK with digital hearing aids (Department of Health and RNID, 2003). Although there is evidence showing the improved sound quality of digital aids, there has not

been an investigation into the effects that digital amplification may have on daily communication interactions. With the new wave of digital technology and pressure from the international community to provide evidence based practice, more research is urgently needed to determine the efficacy of digital hearing aids in communication interaction.

2.4) Research in communication difficulties in presbycusis and the need for a sociolinguistic research approach

The most common self-reported problem experienced by elderly people with hearing impairments is communication difficulties (Dalton *et al.*, 2003; Danermark, 1998; Stephens, Gianopoulos & Kerr, 2001). The following paragraphs will discuss previous research in Audiology that focussed on communication related difficulties as a result of presbycusis.

Many articles in the Audiological literature have discussed communication difficulties experienced by people with presbycusis. The methodologies used so far to investigate these communication difficulties have provided interesting and widely used information; however, information regarding communication in presbycusis has not yet been investigated by conversation analysis methods which would address many of the limitations of the current information.

Most articles published regarding communication difficulties as a result of presbycusis have relied on information obtained from questionnaires. For example, commonly reported communication difficulties include decreased interaction with family or friends that leads to a feeling of social isolation (Smith & Kampfe, 1997). Adults with hearing loss report that they sometimes misunderstand messages and some report that they feel that they are unable to interact freely with others (Luey, Glass, & Elliott, 1995). Other symptoms of breakdown in communication include difficulties in word recognition; also known as phonemic regression (Tyberghein, 1996). Although the above patient-reported communication difficulties have been useful to note, they have not yet been described as observations of real communication interactions by an independent researcher. There are many inherent problems

with relying solely on information from questionnaire data that will be discussed later. One example of the problems of questionnaire data is that the information from a questionnaire relies on the researcher being aware of all the types of conversation difficulties that can possibly exist in presbycusis before designing the questionnaire. It is not known what basis the formulation of the questionnaires that were used in the studies mentioned above were designed from. Other problems with questionnaire data concerning this population that will be discussed later include problems regarding the perceptions of people when compared to actual events and occurrences as well as memory difficulties that elderly people may experience when completing questionnaires.

An attempt has been made to use conversation data to investigate conversational difficulties in presbycusis, however, the methodology used and the deductions from the research can be criticised. According to Pichora-Fuller (2003) it is widely known that there is a tendency for persons with presbycusis to dominate a conversation. She speculates that the reason for this tendency is that it takes less effort (on the part of the person with presbycusis) to produce spoken language than to attempt to understand what has been said (Pichora-Fuller, 2003). This statement was based on previous findings of a study in 1998 (Pichora-Fuller, Johnson & Roodenburg, 1998). In 1998 Pichora-Fuller and her colleagues Johnson and Roodenburg (Pichora-Fuller, Johnson & Roodenburg, 1998) used discourse analysis to analyse a conversation between a woman with presbycusis and an audiologist in a clinical setting. It was found that the noisier the environment, the more the woman with presbycusis initiated turns in conversation. It was deduced that this turn taking behaviour was due to the person with presbycusis trying to control the conversation and mask her hearing difficulties. These theories and hypotheses are interesting to note but the actions of the subjects in the conversation were not described, rather quantified and general statements were made about the results. The turn-taking behaviour could have been due to other facts like change in topic or change in action, for example narratives have turn-taking structures that differ from those of interviews (Hutchby & Wooffitt, 1998). Pichora-Fuller admits in

the study that the subject described one of the conversations as an interview-style conversation although this was not intended by the researchers (Pichora-Fuller, Johnson & Roodenburg, 1998). The perception of the subject that the conversation was an interview could have influenced the turn-taking behaviour of the subject. It is therefore open to question whether it was the environmental noise or the conversation activity (an interview versus a general conversation) that contributed to the subject taking more turns in conversation. This study raises more questions regarding the conversation behaviour of people with presbycusis, in particular the question whether any recognisable features in conversation can reliably be identified in the talk of people with presbycusis. Pichora-Fuller's study also showed the limitations of quantifying behaviour in conversation and the need for an inductive and descriptive approach to the analysis of talk of people with presbycusis (Pichora-Fuller, Johnson & Roodenburg, 1998).

There are many reported communication difficulties and theories of communication difficulties, but evidence is needed to investigate patterns in conversation in age related hearing loss in a descriptive way.

Researchers have not only previously attempted to determine the communication difficulties experienced by people with presbycusis but also the variables associated with increased communication difficulties in presbycusis. The following variables have been associated with increased reported communication difficulties for people with presbycusis:

- The severity of an older person's hearing loss is strongly related to the perceived severity of the communication difficulties that the person will experience (Dalton, Cruickshanks, Klein, Klein, Wiley, & Nondahl, 2003).
- Cognitive decline (for example poor auditory memory) and negative socio-emotional factors (for example low mood) is associated with increased communication difficulties perceived by a person with presbycusis (Pichora-Fuller, 2003).

- Environmental factors can also influence perceived communication success in older people, for example poorly lit rooms, competing sounds, having to switch attention between different speakers or performing competing tasks (Pichora-Fuller & Souza, 2003). Competing sounds have been associated with increased perceived communication difficulties, however more descriptive observations regarding the effects of background noise on conversation is needed (Pichora-Fuller, Johnson & Roodenburg, 1998; Wingfield *et al.*, 2005).

The above mentioned studies that describe the variables associated with increased communication difficulties focused on either the patient's perception of the influences of these variables on conversation, or on the audiologists' perception of the influences of these variables. As with the other studies mentioned in the last section, it is argued that results based on peoples' perceptions and ideas about the factors that influence communication in presbycusis have limitations. The variables that are currently considered to have an impact on communication success have not been systematically described as observations of real communication interactions (Leedy & Ormrod, 2004). The limitations of relying solely on perceived difficulties and associative factors will be discussed later in this Chapter.

Although most published research focus on the types of communication difficulties in presbycusis and the variables associated with communication difficulties in presbycusis, researchers have recently focussed their efforts to determine the impact of presbycusis on family members and friends of the person with presbycusis. It is now accepted that difficulties in communication interaction are not only reported by people with presbycusis but also by their communication partners (Cohn, 1999).

As presbycusis increases as the person gets older, the effects of the hearing loss are also reported to place increasing demands on the communication

partner¹ (Lindeman & Platenburg-Gits, 1990). Significant others reportedly tend to avoid the person with presbycusis (Smith & Kampfe, 1997). Another scenario might be that significant others start to talk about the person with presbycusis rather than with him or her (Smith & Kampfe, 1997).

Research has also investigated how the behaviour and preconceptions of a conversation partner of a person with presbycusis can influence communication. It has been said that family members may become impatient when communicating with the person with a hearing loss when they are not equipped with strategies to deal with the problems encountered during conversation (Smith & Kampfe, 1997). Communication partners can also reportedly contribute to poor listening conditions for example by speaking rapidly or using unintelligible speech, using complex language or talking about an unfamiliar topic (Pichora-Fuller & Souza, 2003). In addition, many misconceptions about age related hearing loss exist, for example the belief that the person with presbycusis only hears when he or she wants to hear, as well as that wearing a hearing aid should result in normal speech discrimination (Smith & Kampfe, 1997). These misconceptions could possibly influence communication interaction between the person with presbycusis and significant others. The theories and hypotheses about how the behaviour and preconceptions of a conversation partner can influence communication are interesting but have yet to be verified by observations of interactions in daily situations.

People with presbycusis report that they understand speech better when their communication partner talks more slowly rather than more loudly to them (Martin, 1997); however, it is not clear whether slightly raising the loudness level might be beneficial or whether in certain circumstances, for example when mishearings occur, raising the loudness level of the voice might aid conversation. It could be very difficult for a person with presbycusis to remember exactly in which situations they benefited more from their partners talking slower rather than louder as conversation is a complex and fast paced

¹ "Communication partner" refers to any person communicating to or with the person with presbycusis.

activity. It is unclear whether the perceptions of people with presbycusis that raising the loudness level of voice makes it harder to understand what has been said relates to actual conversation actions. Research is needed to determine whether this perception holds true for conversation interactions.

Previous research in communication difficulties in presbycusis have yielded valuable results to patients and clinicians, however, a deeper investigation into previous research shows areas where further research is needed. So far, the research questions posed in previous studies relating to age related hearing loss and communication have mostly been based on patients' perceptions or audiological data obtained in clinical settings.

The effects of presbycusis on communication have mostly been described from data obtained from questionnaires (Smith & Kampfe, 1997; Stephens, Gianopoulos, & Kerr, 2001), like the Hearing Handicap Inventory or the Communication Profile for the Hearing Impaired (Demorest & Erdman, 1987; Ventry & Weinstein, 1982). Other methods have included focus groups (Luey, Glass, & Elliott, 1995) and discourse analysis (Pichora-Fuller, Johnson & Roodenburg, 1998). These methods have been useful to describe some of the difficulties experienced by persons with presbycusis in conversations, but these reported difficulties have not been systematically investigated by analysing actual conversation interactions between a person with presbycusis and a conversation partner.

It is very important to know what patients' perceptions regarding their communication are, but this knowledge does not provide information regarding patients' actual communication practices. When investigating patients' perceptions, the methodology of a study will likely include asking questions to subjects either by using focus groups or giving out questionnaires. The information obtained from questionnaires has helped therapists in auditory rehabilitation to focus on aims for intervention, but this type of methodology has limitations when collecting data from elderly subjects. In a study by Hashtroudi, Johnson and Chrosniak (1990), older subjects were able to express emotions and feelings experienced in a

situation but did not recall perceptual and contextual details of the experience as well as the younger subjects did. There could therefore be a difference between what people with age related hearing loss or the communication partner recall perceptually, and what actually occurred during conversation. There is consequently a need to investigate the impact of presbycusis on communication interaction in real communication situations and to compare it to patients' perceptions.

One study mentioned earlier used conversation data but the method of analysis used in the study did not include descriptions of actions but rather still focused on quantifying actions (Pichora-Fuller, Johnson & Roodenburg, 1998). Discourse analysis was used to analyse the talk of an individual with presbycusis but because of the nature of discourse analysis was not able to provide descriptions of the patterns of interaction (Pichora-Fuller, Johnson & Roodenburg, 1998). The differences between discourse analysis and conversation analysis and the need for conversation analysis in this population will be discussed later.

Another deficiency in presbycusis research is a lack of evidence regarding the communication practices of people with presbycusis in day to day activities and settings. Although using settings like clinical rooms provides a controlled setting for experiments, information from a day to day environment could give more reliable information regarding the person's conversational practices in these environments. The necessity for conversation analysis of acquired hearing loss in familiar settings has been emphasised in previous research (Lind, Hickson & Erber, 2004).

Intervention for presbycusis usually includes providing the patient with amplification in an attempt to reduce the negative effects that presbycusis has on a subject's communication and listening experiences (Hauser, 1993). Unfortunately benefit and satisfaction from the hearing aids vary (Hauser, 1993). Stephens, Vetter & Lewis, (2003) highlighted the considerable communication difficulties that people with age related hearing loss experience regardless of whether they wear their hearing aids or not. There is

a large variation of benefit derived from amplification even when the variables in types and degrees of hearing loss are controlled (Humes & Wilson, 2003). Benefit from hearing aids is usually measured using a questionnaire or scale, for example the Glasgow Hearing Aid Benefit Profile (Gatehouse, 1999), but changes in communication after hearing aid fitting have not been analysed by observation of real conversations. There is therefore also a need to determine whether amplification of hearing has any impact on conversational trends. If there is a change, these trends need to be described.

To date, the research regarding age related hearing loss and communication difficulties has mainly concerned the behavioural difficulties that people with presbycusis experience and the perceptions and experiences of people with age related hearing loss. Previous studies have not investigated the patterns of communication that occur with age related hearing loss as observed in daily communication situations. There is also a need to determine how communication is affected by the provision of amplification. The lack of empirical evidence opens up previous studies to criticism. It is conceivable that previous studies may have been biased by preconceived ideas of the impact of hearing loss on communication. It is clear that communication between a person with presbycusis and a communication partner in real situations needs to be systematically analysed to see whether reported difficulties relate to real interaction situations.

Stephens, Jaworski, Lewis and Aslan conducted a study in 1999 which investigated the communication strategies used by adults with hearing loss (Stephens, Vetter & Lewis, 1999). The researchers used a questionnaire with a set of behaviours where the subjects could indicate whether they used a communication strategy or not (for example 'avoidance' or 'request for repetition'). Stephens, Vetter & Lewis, (1999) also asked the subjects to indicate the communication strategies used in different situations. They reported that there were some associations between strategies used in different communication situations but no clear picture emerged. In their evaluation of the methodology they made the following suggestion:

“...we suggest that the future research of communication strategies would benefit from a sociolinguistic approach based on the qualitative analysis of naturally occurring conversation of hard-of-hearing people, focusing on the use of different strategies in relation to communicators' goals in interaction” (Stephens, Jaworski, Lewis, & Aslan, 1999, p17)

Based on these recommendations, this study was conducted to investigate trends in conversation interaction between people with presbycusis and their communication partners.

In order to investigate conversation interaction between a person with presbycusis and a communication partner, it would be necessary to video record a conversation in a natural environment between the person with presbycusis and the communication partner (pre- and post-hearing aid fitting and rehabilitation). These conversations then need to be systematically analysed to establish trends in interaction or characteristics of conversation. The most appropriate tool for this type of analysis would be Conversation Analysis (CA).

Research in auditory rehabilitation has shown how important it is to involve significant others in the rehabilitation process (Smith & Kampfe 1997). It would therefore be apposite to involve the communication partner as well as the person with presbycusis in the analysis of the communication problems associated with presbycusis.

Previous research concluded that people report communication difficulties when they either have either age related hearing loss or are talking to someone with age related hearing loss (Villaume, Brown, Darling, Richardson, Hawk, Henry, & Reid, 1997). The results of these studies have suggested that the reports of communication difficulties need to be described objectively.

Since the ultimate goal for auditory rehabilitation is successful communication interactions, conversation analysis will provide invaluable information because it permits the analysis of data at the communication interactive level.

2.5) Conclusion

This chapter provided a description of presbycusis. It also discussed the current statistics regarding age related hearing loss in the UK. The influence of the new wave of digital hearing aid technology was discussed. Previous research regarding communication difficulties in age related hearing loss and the need for a sociolinguistic approach in future research was discussed. In the next chapter, it will be shown how using conversation analysis as a methodology could answer the questions posed in this study.

Chapter 3

Conversation Analysis

The aim of this chapter is to provide a brief overview of the methodology of CA. Examples of applications of CA to the study of communication disorders will be given. The suitability of CA as a methodology to answer the research questions will be discussed and compared to other available

3.1) Introduction

Conversation Analysis (CA) is based on an approach developed by Harvey Sacks and his colleagues in the 1960's and 1970's. Since then it has become respected as an accepted rigorous and reliable method of investigating patterns in conversation. CA was used as methodology in this study; however, it is necessary to consider whether the use of any other methodologies would have yielded answers to the research questions. In the following section an overview of the methodology of CA will be given and the suitability of other methodologies will be discussed.

3.2) Conversation analysis methodology

Conversation (CA) is characterised by the view that participants in conversation are mutually collaborating to achieve meaningful conversation (Hutchby & Wooffitt, 1998). Conversational analysts take the importance of contextual and social variables into consideration when analysing conversations (Hutchby & Wooffitt, 1998). CA has been used in a variety of settings and has been used successfully with various populations with communication difficulties; for example, conversational devices were uncovered for various populations with communication difficulties through the use of CA as methodology (Beeke, 2003; Mahon, 2003; Oelschlaeger & Damico, 2000; Perkins, 1995).

CA deals with the problem that social science has struggled with before, namely the rigorous studying of social life as it occurs in mundane, every day

settings in a concrete fashion (Psathas, 1995). In CA, the study of every day interactions is based upon the assumptions of CA. The basic assumptions of CA are frequently mentioned in the literature. The assumptions are that (Psathas, 1995):

- Order is present in every day social interactions.
- The order in interactions is produced by the parties in that situation and moment. Order relies on the situation and occasion.
- Participants in interaction are constantly orienting to the order. What is observed can therefore not be as a result of some or other preformulated theoretical conception by a researcher concerning what the interaction should be like.
- The order in interaction is repeatable.
- It is the task of the analyst to discover the order in interaction and to describe it.
- Patterns in interaction can be described in a structural and logical fashion.

CA research is based on the transcriptions of recorded conversations (Hutchby & Wooffitt, 1998). Most importantly, the recordings are usually from 'naturally occurring' interaction. The aim is therefore to capture talk in every day settings without constraining participants in any way.

The general process of CA research usually follows the following main steps (Ten Have, 1999):

- The researcher collects recordings of naturally occurring talk.
- The researcher then transcribes the actions of the participants in detail, for example indicating where talk overlaps and adding descriptions of participants' non verbal actions (Ten Have, 1999).
- Then the process of analysis starts. The researcher will start to go through the data without any preconceived ideas of what the data may show. This is also known as 'unmotivated looking' (Psathas, 1990). General observations are made and any interesting phenomenon is recorded.

- There is then an empirical account of the action that an utterance implements. This consists of formulations of what is being accomplished; then demonstrating the understanding of the action by looking at subsequent talk; and finally demonstrating how a particular aspect in interaction can bring about a particular action (Schegloff, 1996).

The requirements of CA are stringent and although the process starts with unmotivated looking, it does not prevent rigorous analysis of the data (Schegloff, 1996; Psathas, 1990).

Although CA is now an accepted methodology in social studies, CA has been criticised by some authors (Wooffitt, 2005). The arguments regarding CA usually fall into two categories (Wooffitt, 2005):

- The first is that CA cannot address the topics that are central to sociological inquiry. For this particular dissertation the criticism might therefore be that knowing the patterns of interaction between a person with presbycusis and a conversation partner will not provide information about why participants are behaving in such a way.
- The second is that the method of CA focuses too much on the technical aspects of interaction and does not address the wider cultural, historical or political meanings in the talk. For this particular research the criticism can therefore be that the results focus too much on the detailed practices of people with presbycusis and do not, for example, provide information about the topics of conversation that people with presbycusis prefer.

Counter arguments to the criticisms have been posed. One of these is that other sociologic methodologies, like discourse analysis, incorporate the inherent danger of the researcher imposing his or her own preconceived ideas and interpretation on the data (Wooffitt, 2005). This could ultimately obscure what is actually relevant to the participants themselves (Wooffitt, 2005). For this study, the criticism against the present body of research about presbycusis is that the results of the studies were based on techniques

where researchers were required to pre-formulate their ideas about presbycusis and communication before they approached the data (Martin, 1997; Smith & Kampfe, 1997). In CA, however, data are approached without pre-formulation of hypotheses and are used to discover patterns in interaction as they occur. The use of CA in this study therefore provides information about conversation interaction between a person with presbycusis and a communication partner that more accurately reflects real-life communication (Ramsberger & Rende, 2002).

In summary, CA is the study of conversation interaction, providing a systemic analysis of mundane conversation. Furthermore it recognises the contribution of both participants as mutually co-operating in conversation. The current study therefore focuses on *talk-in-interaction* between people with age related hearing loss and a frequent conversation partner.

3.3) CA as a methodology in communication disorders

CA has been developed in the last three decades to include the study of interaction of people with communication difficulties. It has been welcomed by many as a useful tool in research and communication therapy (Barnes, 2005; Chatwin, 2004).

Since the early 1990's, CA has been utilised in the fields of disordered communication and social disturbances (Drew, 2005). Today CA is considered by many as a practical resource in healthcare settings with the objective of informing professional practice or therapeutic strategies as well as describing interactions in these settings (Barnes, 2005).

One of the valuable aspects of using CA when researching communication disorders is that it provides information about the regularities in conversation and this can provide a useful guide in actions. Examples of these studies will be given in detail later in this chapter; however, one example will be mentioned here. The results from a study where CA was used to investigate the patters in conversation between a person with a head-injury and conversation partners showed how some actions in interaction yielded

conversational success and others not (Friedland & Miller, 1998). On this basis CA can be used to highlight the competencies of conversational actions of both parties and can act as a guide for people to create more of the actions that result in conversational success. CA does not propose to provide rules that should be followed in order to have success in conversation (Richards, 2005). The results of CA should not be used as recipes, but rather it can be used to guide speakers' understanding of what they are doing in conversation and guide them to create more of the actions they desire (Richards, 2005).

The first studies using applied CA in the field of communication pathology were unique when compared to other studies in communication pathology. Firstly the CA studies focussed on the *competencies* of the people involved in communication (Hutchby & Wooffitt, 1999). For the first time the subtle yet sophisticated conversation techniques used by people with communication disorders came to light. The second benefit was that it showed the specific patterns of difficulty experienced in conversation (Hutchby & Wooffitt, 1999). Based on the research in applied CA to date, therapeutic programmes have been designed and are widely used, for example, for people with aphasia and their conversation partners (Lock *et al.*, 2001). It is hoped that the results of this study will provide a new way of regarding conversation in presbycusis and will lead to further research in therapeutic tools.

CA has been used to investigate the conversational practices of specific populations in the following examples:

- People with autism (Dobbinson, Perkins, & Boucher, 1998; Volden, 2004).

Echolalia was previously thought to reveal the cognitive problems of the person with autism, but in one study the interactional significance of the use of echolalia in conversation was shown when conversation analysis was used (Dobbinson, Perkins, & Boucher, 2003). The Dobbinson *et al.* study (2003) is an important study to note because it shows how CA can aid the researcher to challenge previously held beliefs about communication disorders. In this dissertation it will also be

demonstrated that misconceptions about conversation in presbycusis exist.

In another study Dobbinson and his colleagues provided a possible explanation through their CA results for why people might find conversation with a person with autism unsatisfactory (Dobbinson, Perkins, & Boucher, 1998). Like the Dobbinson *et al.* study (1998), this study will also attempt to provide possible explanations for some of the emotional symptoms experienced by people with presbycusis and their conversation partners.

- People who have aphasia (Beeke, 2003; Oelschlaeger & Damico, 2000; Simmons-Mackie, Kingston, & Schultz, 2004; Wilkinson *et al.*, 1998).

CA was used to analyse the conversation of a person with agrammatism as a result of a stroke (Beeke, 2003). It showed how the person used an utterance that was easy to produce to provide structure in conversation. This showed that despite the limitations of this persons' language ability, he was able to take responsibility for turns in conversation (Beeke, 2003). In another study it was shown how conversation data reveals different language competencies of people with stroke when compared to results obtained from structured assessments (Beeke, Wilkinson & Maxim, 2003b). The studies mentioned are important to note as they show that CA can be used to highlight competencies of people with communication impairment. The current researcher will attempt to demonstrate the competencies of people with presbycusis and their conversation partners in conversation.

- People who have head injuries and degenerative neurological conditions (Friedland & Miller, 1998).

There has, for example, been research that has shown the sensitivity of CA in the investigation of pragmatics of people who have had closed head injuries (Friedland & Miller, 1998). Friedland and Miller's study showed that non-verbal behaviour can be analysed by CA and can provide more information about a communication disorder. The current

research revealed patterns of interaction in the non-verbal behaviour of people with presbycusis and their conversation partners.

- People who stutter (Leahy, 2004).

Similar to some of the studies mentioned above, Leahy demonstrated through the use of CA some of the competencies of conversational practices of people who stutter (Leahy, 2004), an aspect that will also be highlighted in this study for people with presbycusis.

The studies mentioned above are but a few examples of the variety of CA research currently being performed and the possibilities it offers to researchers.

CA has not only been used for populations with speech and language related communication impairments, but has also been used successfully for populations with hearing impairment. It has been used, for example, to analyse conversations where sign language was used (McIlvenny, 1995). There has also recently been some evidence of interest in the conversational practises of people with acquired hearing loss and their conversation partners (Lind, Hickson & Erber, 2004; Skelt, 2006).

A key PhD study by Lind, Erber and Hickson (2004) investigated conversation repair in adults with acquired hearing impairment. Although no subjects with presbycusis were selected for Lind's study, the study is relevant to the current research project because it is the only peer reviewed study to date that documented the use of CA concepts with adults with hearing impairment. Although CA was not used as a method to analyse the data, Lind's study used some of the terms used in CA regarding repair in a quantitative manner. The repairs identified in the conversations were classified according to CA types of repair (for example self initiated self-repair, other-initiated self-repair) and were then counted for each dyad. The conversations of participants in the Lind-study were recorded in a clinical setting and the authors were concerned that their results could not be reflecting conversation in an everyday setting. The seven hearing impaired participants in the study had at least a severe degree in hearing loss. Five out of seven of the participants were cochlear

implant users. The study presented the repair occurrences in a broad view of frequency, type and person initiating a repair sequence. The recommendation of Lind's study was to investigate the patterns in interaction in a qualitative way by using CA as a methodology.

The findings of Lind's study have several implications for the current research project. Firstly there is a need to perform CA of conversations between people with hearing loss and their familiar conversation partners in an every day setting. The Lind study demonstrated that results obtained from data that were gathered in clinical settings might not be reflective of what occurs in every day conversation settings. The recommendations from the Lind study were taken into account in the design of this research project. The conversations were all recorded in the participant's home environment. Secondly, the Lind study has also stressed the need for using CA in a qualitative way to describe people with hearing impairment and their conversation partner's talk. This has been addressed by this research project as conversation analysis was used in a more traditional purely qualitative way.

A recent PhD study (Skelt, 2006) investigated the conversation practices of adults with severe to profound deafness. Seven participants with severe to profound deafness were included (4 cochlear implant users, one hearing aid user and two participants with no amplification). Skelt found that the conversation partners monitored the hearing impaired participant's gaze direction and also used gestures to elicit reciprocity in conversation. The adults with hearing loss used gaze-based signals to show that they intended to take turns in conversation. These results are very interesting to note but it is not known whether the practices described will reflect conversation interactions between people with presbycusis and familiar conversation partners. A methodological aspect of the Skelt study is also worth mentioning. Seven conversation recordings were made in the study: in three recordings the conversation was with an audiologist, in four the conversation partners were family members of the participant with hearing loss. Three conversations took place in the participant with hearing impairment's home and four conversations were recorded in a clinical setting. The differences in familiarity

of conversation partner as well as the setting of the recording could have had an impact on the resulting conversation interactions (Drew & Heritage, 1992). In the current study, this methodological controversy was avoided by only selecting participants with presbycusis and familiar conversation partners, and only recording conversations in the participants' homes.

The above mentioned studies are paving the way for future research in other populations with communication disorders as a result of audiological problems, including people with presbycusis. The current research study aims to fulfil the need to investigate conversation patterns of people with age related hearing loss. The feasibility of using CA for populations with communication disorders has now been discussed. In the next section the suitability of other research methods will be considered.

3.4) Suitability of research methods and theories to answer the questions posed in this study

There are many different methodologies that can be considered to investigate communication in presbycusis; however, it will be argued in the next section that CA is the most suitable methodology to answer the research questions posed in this study. Firstly the possibility of discourse analysis as a method for the current study and then the suitability of quantitative versus qualitative orientated methodologies will be discussed. Finally the use of inductive versus deductive methods for this particular study will be discussed.

Discourse analysis was formed as a methodology in the 1970's because of a concern by sociologists regarding the way in which scientific knowledge was produced and acknowledged (Wooffitt, 2005). It proposed that language is used differently by different people. The philosophy of discourse analysis states that people choose accounts of reality from a range of possible accounts. The choices people make in their accounts are intimately tied to the purpose they serve and the context in which they are being produced in (Wooffitt, 2005). The aim of discourse analysis is to examine how different accounting practices create versions of reality (Wooffitt, 2005).

Discourse analysis has been used before to investigate communication of people with hearing impairment. In a study by Pichora-Fuller, Johnson and Roodenburg (1998), discourse analysis was used to analyse the conversation between an audiologist and a woman with presbycusis. The study was conducted in a clinical setting with babble-noise used as background noise. In the results Pichora-Fuller and her colleagues found that the number of topics used in conversation and the turns per minute increased when background noise was introduced (Pichora-Fuller, Johnson and Roodenburg, 1998). It was also found that the subject preferred not to initiate repair when misunderstandings occurred (Pichora-Fuller, Johnson and Roodenburg, 1998). Although the results were interesting to note, some aspects regarding the use of discourse analysis for this purpose should be highlighted.

In CA, the functional orientation of language is explored but in discourse analysis the analyst tries to locate the functional character of discourse at a wider level (Wooffitt, 2005). The analytic claims of CA can be defended by supporting analytic claims with extracts from the data but this is not possible when using discourse analysis. Conversation analysis offers a repeatable and consistent method for the analysis of conversation; however, discourse analysis does not give the same degree of formality (Wooffitt, 2005).

Discourse analysis might be useful to examine, for example, different and controversial accounts of how people with age related hearing loss cope with their hearing loss by comparing their statements of accounts and providing a possible explanation of variations in accounts. Discourse analysis would not be able to answer the research questions in the current study, namely:

- Are there any recognisable features of conversation between a person with age related hearing loss and a communication partner?
- If so, do these features of conversation change after the fitting of the hearing aid?

The research questions for this study are more suitably answered by using CA as a method. Discourse analysis gives more prominence to disputes or controversial events, where CA tends to focus on the management of mundane interaction (Psathas, 1995). The management of ordinary conversational practices by people with presbycusis and their frequent communication partners is the focus of this study and therefore CA was considered as a more appropriate methodology (Schegloff, 1993; Wooffitt, 2005).

The choice of CA rather than discourse analysis as suitable method for this particular study has now been discussed. In the next paragraphs the options of quantitative versus qualitative methods to answer the research questions for this study will be considered.

Quantitative analysis is occupied with discovering the weight or gravity of an observation (Schegloff, 1993). The weight of an observation is usually referred to as significance. Statistical significance, or the likelihood that something will occur, is regularly referred to but is only one form of significance.

Qualitative methods, on the other hand, seek to enhance the data, to show hidden meanings and to offer complex descriptions (Ten Have, 2004).

There have been efforts to use CA in a quantitative manner (Lind, Hickson & Erber, 2004); however, any quantification in CA has to be used with caution. Schlegoff (1993) remarked that in most part, quantification in CA is premature. Only when the researcher has extensive knowledge of the phenomenon and can describe it within boundaries can quantification be attempted. The research questions that can be answered by using quantitative analysis usually ask how frequently an occurrence takes place. The research questions for this particular study do not ask how frequently people with presbycusis perform certain actions; rather they ask what the nature of conversation is between a person with presbycusis and a conversation partner.

For this study the research questions posed will require qualitative methods to be answered. The phenomenon in conversation in age related hearing loss will thus be analysed and described by using CA in a qualitative manner. Although it is clear that qualitative methods and CA as an analysis technique is suitable to fulfil the aims of this study, the theoretical underpinning of the methodology has yet to be considered. The theory underpinning the method chosen for this study will highlight the particular platform on which analysis and reasoning were based. In the next paragraphs the theory underpinning methodologies will be considered for suitability to answer the research questions in this study.

Deductive theories are the most common type of theory used in scientific and social research (Bryman, 2004). Deductive methods rely on the researcher considering what is currently known about a specific domain and formulating hypotheses on this basis. These hypotheses must then be scrutinised by empirical methods. Within the hypotheses will be concepts that would have to be reformulated into research questions. Thus theory and hypothesis come first, and data gathering takes place on the basis of the hypothesis (Bryman, 2004).

In CA the relationship between research and theory is inductive. Observations are made about the world and analysed in depth. Theories are then formulated on the basis of the analysis. Theories can subsequently be tested by going back to the data. The theory continues being refined as the researcher moves back and forth between the theory and the data (Bryman, 2004). For example, in a study by Beeke and her colleagues (Beeke, Wilkinson & Maxim, 2003a) no pre-formulation of hypotheses for the study was made. An analysis of conversational data between a person with aphasia and a conversation partner revealed how the person with aphasia used grammatical structures in conversation. The researchers then formulated a theory based on their observations and tested it further by going back to the data.

Research in presbycusis and conversation has so far mainly used deductive theories. CA methods do not claim to be superior to deductive methods; in CA the ultimate aim is to present social action in interaction from an inductive perspective (Seedhouse, 2005). This study will therefore present an unprecedented glimpse of conversation within the age related hearing loss population.

3.5) Conclusion

This chapter has considered the methodology of CA and the usability of CA with populations who have communication difficulties and populations with hearing impairment. This chapter has also discussed why CA is more suitable than other methods to answer the research questions posed. In the next chapter, the methodology of this study will be discussed.

Chapter 4

Method

The following chapter discusses the method for this project. The following will be included: the aims, research design, criteria set, procedures and sample size, apparatus and material, as well as the procedures of the project.

4.1) Introduction

The research method was strongly influenced by the ideologies and rationales of Conversation Analysis (CA). The rationale for choosing CA for the purpose of this particular project has already been discussed. In the following section the methodology for this project will be discussed.

4.2) Aims

4.2.1) *Main aim*

- To provide an accurate description of trends in conversation of persons with presbycusis, before and after amplification of hearing.

4.2.2) *Objectives*

- To systematically describe conversational interaction between a person with presbycusis and a conversational partner before hearing aid fitting.
- To systematically describe conversational interaction between a person with presbycusis and a conversational partner after amplification of hearing and auditory rehabilitation were provided.

4.3) Research design

This qualitative study was mainly influenced by the theories underlying the method of Conversation analysis and therefore has a characteristically unique research design when compared to other studies in social science (Heritage,

1984; Drew & Wootton, 1988). The methodological perspective of CA and therefore this study is an analytic approach, characterised by descriptions and analyses of social actions (Psathas, 1995; Sacks, 1984). The analyst aimed to discover the organisational features of naturally occurring talk between a person with presbycusis and a frequent communication partner (Sacks, 1984).

There are two strands of study using conversation analytic methods. The one is traditional conversation analysis and the other, applied conversation analysis. This study falls into the category “applied conversation analysis”. Traditional conversation analysis was initially used to describe the social organisation of everyday conversation between ordinary typical adults, but more recently the methods have been used to describe conversation where one or more of the speakers have communication impairment (Hutchby and Wooffit, 2002). In this study the researcher therefore used conversation analysis in an applied manner. The particular applications for this study are:

- highlighting the competencies of the participants involved despite one of them being hearing impaired
- demonstrating the particular actions that yield recognisable predictable sequences.

A pre- and post intervention design was used for this study. The conversation analysis was thus performed to describe interactions for the before amplification and the after amplification of hearing conditions. Although unique in its design, it is not an uncommon research design. Wilkinson, Gower, Beeke and Maxim (in press) have, for example, done studies of conversation between people with aphasia and their spouses at different time periods during recovery and intervention.

Participants were selected at St. Michael's Hospital prospectively and sequentially at the point of diagnosis.

A combination of primary (questionnaires and other audiological data) and existing data (recorded conversations) was used. The recorded conversations

were the core data of this project and the results from the questionnaires and audiograms were used as supplementary data.

When conducting CA, the most common data sources are not used, for example interview data or data obtained from questionnaires. This kind of data is seen as too much a product of the respondent's or researcher's ideas or manipulation and are therefore not included in the CA process (Wooffitt, 2005). Recorded, naturalistic conversations, on the other hand, are filled with empirical data. Although the use of data from other sources in conjunction with CA has been criticised, in the current study using responses from questionnaires and audiogram results provided a link between previous research findings and the results of the CA (Ten Have, 1999; Wooffitt, 2005).

The results of the study are descriptive in nature. Although descriptive, findings from a CA approach are rigorous given the inductive nature of the analysis (Psathas, 1995).

The conversations in this study have been analysed from an emic perspective and therefore focused more on the detail of sequential actions than on language (Richards & Seedhouse, 2004). Previous studies into language and presbycusis focused more on the etic perspective and analysed specific linguistic components. Mahon (2003) illustrates this point well:

"In CA, descriptions of interactional behaviours (such as utterances, non-verbal behaviours, pauses) are made by using the same normative procedures for recognising those behaviours as are used by the participants themselves. In this way, the design of each participant's behaviour (or 'turn' in the talk), and the sequential implications of that turn can be described and accounted for. Thus from the careful documentation of every aspect of each participant's contribution to the talk, the interactionally constructed meaning of the talk becomes accessible to the analyst". (Mahon, 2003, p. 37)

CA is an inductive method, which arises from ethnomethodological theory. No prior hypotheses were therefore formulated about what the analysis may

reveal (Richards & Seedhouse, 2004). By using CA procedures, the analyst is enabled to arrive at a detailed description of the sequential features of interaction between the participants (Hutchby & Wooffitt, 1998). From this inductively arrived at analysis, the analyst can then extract patterns which may differentiate the *before hearing aids* conversations from the *after hearing aids* conversations.

The dependent variables for this study can be considered as:

- the conversational practices of the participants in the *before hearing aid fitting* condition and
- the conversational practices of the participants in the *after hearing aid fitting* condition.

The main independent variables for this study can be considered as:

- the method of recording the conversations
- the setting where the conversations were recorded for the *before* and *after* recordings for each participant. The recordings were made at the participants' home environments, and in addition the researcher aimed to record the conversations with the participants in the same room with the same seating arrangements as in the *before* recording.
- the fitting of hearing aids and
- the selected participants were the same for the *before* and *after* recordings.

This study is therefore a qualitative study with a pre and post intervention design. The primary data is recorded conversations. Participants were selected prospectively. Data was analysed from an emic perspective. Results were descriptive in nature.

4.4) Participant selection

4.4.1) Criteria for selection of participants²

² 'participants' refer to the people with presbycusis and the frequent conversation partners.

CA concerns itself with a particular category of subjects and not with particular populations (Ten Have, 1999). The following set of criteria did therefore not narrow down the particular population, but rather it provided the opportunity to select any person falling under the category 'persons with presbycusis' and any conversational partner.

Inclusion Criteria for the selection of people with presbycusis were:

- Only patients who had been diagnosed with presbycusis by a qualified audiologist or otolaryngologist were selected.
- Only English first language speakers were selected. Potential participants' language and expression skills were not evaluated formally, but only participants who considered English as their first language were considered. Having a conversation in one's second language might in itself cause other conversation strategies to be used and needs to be avoided by only selecting English speaking candidates.
- Only patients at St Michael's Hospital were considered because this was the only hospital in United Bristol Healthcare Trust that provided hearing assessment and rehabilitation services to older people.
- Only patients who were waiting to receive their first hearing aid were selected (i.e. they had no previous auditory rehabilitation or hearing amplification). If the patient had already received auditory rehabilitation, the patient might use different conversational techniques than the other participants.

Exclusion criteria for selection of people with presbycusis were:

- When the patient refused the hearing aid or refused participation in the project.
- Participants who failed to attend their second conversation recording.

Criteria of selection of conversation partners were:

- Any adult, who was well known to the person with presbycusis. The exact nature of the relationship between the participants was not of great importance, only that they knew each other and were familiar with each other in conversation. As the corpus of CA so far suggests that

conversation is an orderly process and talk-in-interaction is based on a set of formal procedures, selecting specific members of a culture would be unnecessary³.

- As with the potential participants with presbycusis, the potential conversation partners were only selected if they used English as a first language.

Exclusion criteria for conversation partners was:

- When the conversation partner refused to take part in the project.

4.4.2) Procedure of selection of participants

Only patients who were diagnosed with presbycusis at St Michael's Hospital (in Bristol) were selected. The patients who had been identified by the otolaryngologist as having presbycusis were approached.

All patients at St Michael's Hospital (Bristol) who have been diagnosed with presbycusis, by standard practice receive an appointment to have ear-mould impressions taken. This happens 4 weeks before the fitting of hearing aids. At this appointment, the patients who met the above criteria were informed that they were in a suitable category to potentially participate in the project. The audiologist (not the researcher) then explained the aim of the project to the patient and gave the patient information sheets about the project (see Appendix 1 and 2). The patient was asked to read the information sheet in Appendix 1 that was designed for the person with presbycusis (See the information leaflet in Appendix 1: Version 2, Date: 09/09/04). After the patients read the information, they were asked if they would allow the researcher to contact them to discuss possible participation. The patients who were interested in taking part in the project then completed a return slip on the information leaflet (see the return slip in Appendix 1: Version 2, Date 09/09/04).

³ In this case 'culture' refers to people with presbycusis' frequent communication partners. Subcultures of this culture would be, for example, women frequent communication partners, male communication partners, husband or wife to the person with presbycusis, or son or daughter of the person with presbycusis.

The researcher then contacted the patients who completed the return slip. If the patient continued to express an interest in taking part, the researcher reminded the patient to read the information leaflet thoroughly (see Appendix 1). They were informed that they have the right to withdraw from the study at any time (see Appendix 1). They were asked whether they had someone in mind that could participate in the conversation and was asked to show information sheet for the conversation partner to the person in question (see the information leaflet in Appendix 2: Version 2, Date 09/09/04).

If the patient and conversation partner agreed to participate, an appointment date, place and time were proposed.

Only persons agreeing to all the aspects set out in the consent form (both the person with presbycusis and the conversation partner) were included as participants in the project. The researcher then continued the recruitment process until 20 participants were identified.

The researcher subsequently made an appointment with the potential participants to introduce herself, and to explain the information sheet (see Appendix 1 and 2), as well as answer any questions that they had. Consent was taken before any recordings or collection of data took place (see Appendix 1 consent form: Version 2, Date 09/09/04; and Appendix 2 consent form: Version 2, Date 09/09/04).

When consent was obtained from both participants, the first meeting for data gathering was agreed upon.

4.5) Determination of sample size

20 dyads comprising of people with presbycusis and their conversational partners gave consent to the study, giving a total number of 40 participants. One subject withdrew consent at the first recording. Three subjects requested not to have the second recording. A total number of 16 people with presbycusis (thus 32 participants) were therefore successfully recruited.

After collecting the data it became clear that this amount of data would yield a large body of evidence and it would not be feasible to analyse all of the dyads for the purposes of this study as suggested by Heritage in 1988. In a typical PhD project where conversation analysis is used as methodology, one to 6 dyads are commonly used (Lind, Hickson & Erber, 2004). It was therefore decided by the researcher and the supervisors that 5 dyads would be selected randomly from the 16 dyads that were recruited. 5 Dyads were considered a large number because the before and after conditions would have to be analysed (a total of 10 recordings). A total of 5 recordings pre- hearing aid fittings and 5 recordings post hearing aid fittings were used for the purposes of this study.

4.6) Apparatus and material

4.6.1) Apparatus and material for main data

The following apparatus were used for data collection:

- Video recorder (Sony Digital Handicam: DCR-PC101E PAL)
- A tripod

The following materials were used for data collection:

- Information sheet (see Appendix 1)
- Consent forms (see Appendix 2)
- Video cassettes (Sony Mini DV: DMV60)

The following materials were used for data analysis:

- DHCS Videolab (University College London, United Kingdom). This is a video analysis tool.
- Pinnacle Studio (Version 9.3) software (Pinnacle systems Inc. 2004, California, USA). This was used to convert the recordings to digital format.
- Adobe Audition 1.5 (Adobe Systems Incorporated, USA) for the analysis of pauses and gaps in conversation as well as determining whether a section of speech was louder or quieter than surrounding speech.

- Arcsoft Showbiz (Version 1.0.0.85) software (Arcsoft Inc. 2001, Fremont, USA). This was used to create the video clips that represented sequences in interaction. Clips were organised and categorised with this software tool.
- Microsoft Excel (Version 2003) software (copyrighted by Microsoft: 2003, USA). This was used for the collation of the diagnostic results and the results of the questionnaires.

4.6.2) Apparatus and material for supplementary data

The following apparatus and materials were used for collection of audiometric data:

- A Heine® Otoscope was used for otoscopy.
- Pure tone audiometry was performed in double walled sound treated rooms
- Siemens® Unity PC Audiometer was used to collect pure tone audiometry results.
- Siemens Practice Navigator™ was used to collate the information from the audiograms.

The following apparatus and materials were used in hearing aid fittings:

- CONNEXX® 5 software was used to program the hearing aids.
- Siemens® PC Unity PC probe was used for real ear measurements during the hearing aid fitting.
- Siemens® Unity Hi-Pro and the Siemens® Unity PC hearing Instrument Analyzer were used in hearing aid fittings to analyse the hearing aid settings.
- Siemens Practice Navigator™ was used to collate the information from the hearing aid fitting.
- All participants with presbycusis' hearing loss fell in a suitable category to be fitted with Prisma2M Digital Hearing aids.
- Power One® P13 hearing aid zinc air batteries were used in the hearing aids.

The following materials were used in the collection of questionnaire data:

- GHABP (Glasgow Hearing Aid Benefit Profile)

The Glasgow Hearing Aid Benefit Profile (GHABP) was used to assess the person with presbycusis' initial disability and later to determine if the person derived benefit from amplification (Gatehouse, 1999) (see Appendix 4 for the detailed questionnaire). The GHABP is a multi-dimensional subject-specific and situation-specific questionnaire (Gatehouse, 1999). It was designed to assess initial hearing disability, handicap, use, benefit, residual disability and satisfaction before and after hearing aid provision (Gatehouse, 1999).

4.7) Procedures

4.7.1) Procedures to collect main data

The main data was collected by the researcher. CA requires the audio and/or video recording of conversational episodes (Ten Have, 1999). The main data collected for this study was therefore the conversation recordings: one conversation recording before and one after hearing aid fittings for every dyad (total: 10 recordings).

The participants were advised to choose a familiar setting, preferably (but not necessarily) one of their homes. The first home-visit appointment was made for the taking of consent and the recording of the first conversation (pre-amplification).

At the first home visit, after the signing of the consent forms, the participants were asked to position themselves comfortably in the room as they would typically when they have conversations in that room. The camera was then positioned to include at least an image of both participants from the waist upward. The researcher ensured the room was adequately lit before starting the recording. The participants were instructed to 'pretend the camera is not there' and have a conversation as they would normally do. The researcher then indicated that she was going to start the recording process. The researcher started the recording and left the room. The researcher left the room because being present in the room could potentially have influenced the

participants' behaviour. The recording continued for approximately 30 minutes. The researcher then re-entered the room and indicated that she had stopped recording.

The participants were contacted 2 months post hearing aid fitting and a time and date was set for the next conversation recording. The reason why the second conversation recording was 2 months post hearing aid fitting was to give the subjects time to adjust to the hearing aid. Humes *et al.* (2003) and Surr, Cord and Walden (1998) found no difference between hearing aid performance and benefit in short (6 weeks) or long term (1 to 3 years) use. Surr (1998) suggested that a 6 week acclimatisation period is sufficient for clinical trials involving hearing aid users.

The same participants were used in the second recording. The researcher attempted to create the same environment as at the first recording to reduce possible environmental influences on conversation. The participants were asked to position themselves in a similar fashion and the room lighting and camera position was re-created as before where possible. With one participant (Ben1001) it was not possible to use the same room for the second recording. In this instance the participants were asked to sit next to each other in the same way as before.

Prior to the start of the recording, the researcher checked that the person with presbycusis' hearing aid was switched on and inserted correctly in the ear. The same procedure as with the first recording was followed and the scenario was replicated as closely as possible.

4.7.2) Data transcription procedures

“The process of transcription is an important analytic tool, providing the researcher with an understanding of, and insight into, the participant's conduct.” (Heath & Luff, 1993, p. 309).

Transcriptions of data in CA are seen as the translation of actual practices of people in conversation (Ten Have, 1999). Transcriptions were made based on the transcription techniques developed by Jefferson (1985).

Firstly, the chosen sections to be transcribed were written in standard orthography. Secondly, all the variables were transcribed using the recommended requirements (transcription notation) for transcription as outlined in Appendix 6 (Heritage & Atkinson, 1984; Richards & Seedhouse, 2005).

The transcriptions were made in table format (see Appendix 7). The recordings were viewed and informal observations of interaction were made (e.g. positioning of the participants, interruption, breakdown and repair). The details of the recording situation were added to the transcription (e.g. situation, background noises). Appendix 7 also provides details of how to link data extracts that are referred to in Chapter 6 to the transcripts in Appendix 7.

Names used in the recording were changed in the transcription and no identifiable information concerning the participants was included in the final transcriptions. Participants' names were not used in the transcriptions. The names of the participants were coded.

When doing pure CA, information concerning the specific categories of the speakers should not be made available (in this case the hearing impaired and the frequent conversation partner), but as this project falls into the category applied CA, it was indicated in the transcripts who the person with presbycusis and who the significant other was.

The extracts from the recordings that were used as examples of phenomenon, are made available in visual format on DVD as part of the final research report (see Appendix 8). The participants have fully consented to the use of the video data as part of the final research project (see the section about ethical considerations).

4.7.3) Data analysis procedures

The main data in this study was analysed by using CA methods.

For the 'before hearing aid fitting' condition, the analysis followed the basic stages of CA as follows:

- Firstly the researcher located a potential interesting phenomenon (Hutchby & Wooffitt, 1998). Proponents of CA advise that, when analysing data in CA, one should start off with 'unmotivated' observations of the data (Hutchby & Wooffitt, 1998). 'Unmotivated looking' implies that the researcher needs to be open to discover new phenomena in conversation rather than using previously constructed theories or creating an idealization of what to expect from the data collected (Ten Have, 1999). The researcher therefore started by noting general observations while looking at the conversations. The researcher subsequently noted interesting sequences and then decided to pursue that type of sequence (in this case repairs) to discover phenomenon in conversation (Schegloff, 1996).
- The researcher then described these sequences formally. The researcher attempted to formulate what social actions were being accomplished in the sequences. The researcher then searched for all other instances of this phenomenon occurring, described them in detail and refined the overall description of the phenomenon.
- Finally a sequential account was formulated as an attempt to explain how a particular occurrence in interaction yielded a particular recognisable action (as derived from the proposed elements by Schegloff in 1996).

For the 'after hearing aid fitting' condition the researcher followed the following steps in analysis:

- The researcher searched for the same type of sequences that were analysed for the 'before hearing aid fitting' condition (repair sequences).
- Then the researcher formally described these sequences. The researcher formulated the actions being accomplished in the sequences.

- Finally the researcher compared the sequences in the 'before' and 'after' hearing aid fitting conditions and described the differences.
- Trends in repair were established by counting the number of repairs in the 'before' and 'after' conditions. This was not done with statistical purposes in mind, only to support the observations in the sequence analyses and to show trends in the particular conversations analysed.

Group data sessions contributed to the selection of key phenomenon in the data. Data sessions were attended by the researcher at University College London (Department of Human Communication Science through the Centre for Applied Interaction Research) where extracts of the data were discussed and analysed by a group of researchers. Data sessions form part of CA practice and aims to aid the researcher to develop and refine a proposed theory (Seedhouse, 2005). The sessions were attended by experienced and novice researchers in the field of CA. The data were presented by the researcher and discussed by the group. The comments made by the attendees were acknowledged and allowed the researcher to refine the particular area of analysis into repair phenomena.

Selection of representative phenomena-in-interaction took place as follows (Data selection in analytic elaboration):

The initial selection of a feature in conversation to be described was an intuitively selected instance that was noted by the researcher to show a possible trend in conversation (as proposed by Ten Have (1999)). Subsequent data that were selected as representative of a feature in conversation were chosen systematically. A traditional selection process was used, namely 'theoretical sampling' (Ten Have, 1999). Theoretical sampling refers to the process where the researcher collects data with similarity, describes the data and decides where to look for other possible similar instances. The researcher then slowly builds a collection of instances until a particular trend has been established. The researcher then starts the process again to look for other trends in conversation (Ten Have, 1999).

The recording for each dyad was 30 minutes long for the before and the after hearing aid fitting recordings. A ten minute selection of each recording was made at random. This selection was then used for analysis. The total number of minutes analysed was thus 100 minutes.

Each 10 minute selection of recording was transcribed in full for the before and after recordings and are included in the appendix (see Appendix 7).

Number of recorded video selections used in transcription and analysis:

The number of selections per case used in analysis varied. Initially, the researcher made general observations of the interactions in the recordings. After a detailed viewing of the recorded data, the salient feature of conversations was determined to be the way in which participants approached and managed repairs in conversation. This activity could be analysed for the before and after recordings. It was therefore the repair sections, or sequences, that were selected for detailed analysis and is presented in the following chapters. This way of selecting data for analysis has been employed by other researchers in the field (Chatwin, 2004; Garcia & Joannette, 1997; Wozniak *et al.*, 1999).

For the before and after situations a collection of data fragments that contained instances of repair in conversation were gathered. Each data segment was then categorised according to the pattern of interaction observed within the repair instance. Each segment represents a conversational sequence that varied from a few seconds to 2 minutes. The video segments can be viewed by using the DVD found in Appendix 8.

Transcribed instances are included within the main body of the results as demonstration of the organisational features uncovered, with the analysis and discussion referring to these instances. All the other instances for the same organisational feature are also coded for the reader to refer to if necessary. The full transcriptions of the data can be found in Appendix 7.

4.7.4) Collection and analysis procedures of supplementary data

Most of the supplementary data were collected by the audiologists at St. Michael's Hospital as part of their normal practice. The supplementary data were collected in order that a subject profile could be considered.

The audiological investigations were performed by the team of Audiologists at St. Michael's Hospital in Bristol. The patients received the recommended assessment and treatment as set out by the NHS's Modernisation in Hearing Aids Project (RNID, 2004).

The following supplementary data was collected for the purposes of this study:

- Otoscopy

This was performed to inspect the ear canal and tympanic membrane. This was performed for both ears. The results were documented by the audiologists in the Siemens® Practice Navigator System (Munich, Germany). Results are reported in the subject description section of this dissertation.

- Pure tone audiometry.

Air and bone conduction as well as uncomfortable loudness levels were determined. The results were documented by the audiologists in the Siemens® Practice Navigator System. Average hearing loss was not calculated because of the small number of participants with presbycusis (n=5), however, pure tone air- and bone- conduction thresholds as well as uncomfortable loudness levels were presented in audiogram format in Appendix 3. The audiograms of the 5 hearing impaired participants can therefore be referred to. Degree of hearing loss of the better ear of the participants with presbycusis was also summarised in a table for each participant (Hall & Mueller, 1997).

- Glasgow Hearing Aid Benefit Profile (Gatehouse, 1999):

Initial hearing disability and handicap was assessed by completing the first two questions of each situation before the hearing aid fitting appointment.

The results were documented by the audiologists in the Siemens® Practice Navigator System.

Hearing aid use, hearing aid benefit, residual disability and hearing aid satisfaction questions in the GHABP were asked at the follow-up appointment (6 weeks post hearing aid fitting) by the audiologist. The results were documented by the audiologists in the Siemens® Practice Navigator System.

GHABP scores were calculated and percentages for each of the categories were determined. The percentage scores for initial hearing disability and –handicap, hearing aid use, residual disability, hearing aid benefit and –satisfaction were presented in table format for each hearing impaired participant.

Confidence intervals and p-values were not calculated because of the small number of participants.

Hearing aid use was also determined by the results of the GHABP. The participants with presbycusis were asked as part of the GHABP to indicate how much they used their hearing aids in different daily situations by selecting one of the following options (Gatehouse, 1999):

- Never/Not at all
- About $\frac{1}{4}$ of the time
- About $\frac{1}{2}$ of the time
- About $\frac{3}{4}$ of the time
- All the time

Hearing aid use was then calculated by determining the percentage of hearing aid use for all the situations.

- Other tests

Speech discrimination and reception tests do not form part of the standard battery of tests to identify presbycusis in the National Health Service. No

speech discrimination or reception results were therefore available as these are not routinely performed on patients with suspected presbycusis.

4.7.5) Procedures of Audiological rehabilitation

Hearing aids were fitted according to the audiograms and individual needs of the participants with presbycusis. Real ear measurements were performed to ensure adequate amplification was provided across the frequency spectrum and the hearing aids were programmed accordingly. The audiologist provided each of the participants with presbycusis with a leaflet about their hearing aid and explained how to use the hearing aid. Aided thresholds are not available as they were not included within the hearing aid fitting procedures as stipulated by the Modernisation of Hearing Aids Services Project (RNID, 2004).

A follow-up appointment was made for each of the participants with presbycusis. At the follow-up appointment, the participant with the hearing aid was asked whether the sound from the hearing aids was acceptable. The hearing aid was fine-tuned and the audiologist checked that the participant was able to operate the hearing aids successfully.

Participants with presbycusis received additional auditory rehabilitation in the form of verbal and written information regarding environmental aids available to help hearing in other circumstances. The information also included details of the Royal National Institute of the Deaf, a charity that provides additional information and assessment of the need for environmental aids. No other auditory rehabilitation formed part of the rehabilitation process, for example, instructions in conversation management, information to carers or partners of the person with presbycusis, lip-reading classes or hearing therapy. The participant conversation partners did not receive any conversation training or therapy.

4.8) Locations

The main data (conversation recordings) were collected at the homes of the participants with presbycusis. The researcher attempted to use the same rooms for the before and after conversation recordings, but for one participant this was not possible. In that case the researcher positioned the participants in the same fashion as in the before recording.

Supplementary data was collected in the four Audiology booths available at St Michael's Hospital. Each booth was fitted with the same equipment as mentioned in the apparatus and materials section.

Hearing aid fittings and follow-ups took place in the four audiology booths available at St. Michael's Hospital in Bristol. Each booth had the same fitting equipment and software available as mentioned in the apparatus and materials section.

4.9) Ethical considerations

When research involves human participants, it is imperative to consider ethical implications in terms of planning conducting and reporting on such research (Kuczewski, 1999). The proposal for this study was submitted to both the European Central Office for Research and Ethics Committees and the Research Ethics Committee of the University of Pretoria.

- This study has obtained full ethical clearance from the Research Proposal and Ethics Committee of the Faculty of Humanities at the University of Pretoria (see Appendix 5).
- This study has obtained full ethical clearance from Central Office for Research and Ethics Committees' (COREC) (European Union Recognised) (see Appendix 5).
- This study was registered as a research project at the local Health Authority (Research and Development Department) (United Bristol Healthcare Trust) and the proposal was scrutinised by a peer review panel.

The main ethical considerations in terms of beneficence, nonmaleficence, autonomy and justice were the following:

- The rights and autonomy of the participants in this study needed consideration (Ten Have 1999). The participants were therefore informed that they have the rights to:
 - Refuse to be recorded
 - Refuse permission for the recordings to be used for research purposes
 - Refuse permission to use the recordings in public displays in any form.
- Aspects of confidentiality needed consideration. The main data collected for this study consisted of video recordings, which accompanies the results of the study as is traditional in Conversation Analysis. It was therefore not possible to guarantee participants total anonymity as they could still be recognised by facial appearance or by their voices. Unfortunately, this risk was unavoidable and it was explained to the participants so that they were fully aware when they gave consent that the video recordings would be part of the final research document. All other personal information was removed from the data. They were informed that their identities would not be made available as part of the research, only their age, sex and degree of hearing loss. The process of confidentiality was also explained to them. The transcriptions of their conversations were kept free of any identifiable information (e.g. names and nicknames). The original recordings are stored in a safe place (locked in a patient information cabinet) at St. Michael's Hospital in Bristol.
- Ethical considerations were made regarding the future use of the recordings and data. The participants were made aware (via written and verbal information) that by giving consent they are giving the researcher permission to use the recordings for research purposes as well display purposes to professional people or publication of the recordings.

4.10) Subject description

In the following paragraphs the participant demographics and audiological parameters of the participants with presbycusis will be discussed.

The participants in the study will be referred to as follows:

- A 'dyad' refers to the two individuals that held the conversation (the participant with presbycusis and his or her conversation partner). There are therefore 5 dyads and 10 participants in this study.
- Each dyad has been classified by a numerical code. The dyads in this study have been named dyad 1001, dyad 1007, dyad 1006, dyad 1008 and dyad 1021.
- The participants with presbycusis have been provided with a pseudonym to make it easier to distinguish between them. The following pseudonyms have been given to the participants with presbycusis in the dyads:
 - o Dyad 1021: Jill (in transcriptions referred to as J).
 - o Dyad 1006: Lee (in transcriptions referred to as L).
 - o Dyad 1007: Vic (in transcriptions referred to as V).
 - o Dyad 1008: Ray (in transcriptions referred to as R).
 - o Dyad 1001: Ben (in transcriptions referred to as B).
- The conversation partners of the participants with presbycusis have been referred to as 'P' within the transcriptions.

4.10.1) Demographics

A total of 10 participants were included in this study consisting of five participants with presbycusis and five conversation partners.

The median age of the participants were 66, with an average age of 68 and an age range of 51 to 82 (Table 4.1). The median age for the participants with presbycusis was higher (75 years) than for the conversation partner of the person with presbycusis (65 years) (Table 4.1). In all except one dyad, the person with presbycusis was older than the conversation partner.

Table 4.1: Table of participant age demographics.

Participant demographics: Age			
	Average age	Median Age	Age range
Participants with presbycusis (n=5)	73	75	62-82
Frequent conversation partners participants (n=5)	64	65	51-76
All participants (n=10)	68	66	51-82

A total number of six males and four females were included as participants in this study. One out of five of the participants with presbycusis were male. This is not unexpected since age related hearing loss is more common in men than women (Helzner *et al.* 2005). All of the conversation partners were female.

Three of the conversation partners were spouses of the person with presbycusis. One of the conversation partners was a daughter, and another one a friend of the person with presbycusis.

4.10.2) Audiological parameters

The full audiograms for each participant with presbycusis can be found in Appendix 3. The audiograms include air conduction, bone conduction and uncomfortable loudness levels. No statistical analysis of the audiological data was performed because of the small number of participants with presbycusis (n=5). The audiograms all show a bilateral sensory-neural hearing loss in the frequencies above 2000Hz as is expected in presbycusis.

The degree of hearing loss for each test frequency was classified based on the pure tone air conduction thresholds in the better ear, according to the classification system outlined in Table 4.2.

Table 4.2: Degree of Hearing loss categories.

Categorisation of degree of hearing loss	Hearing Thresholds (dB)
Normal	0-25
Mild	26-40
Moderate	41-55
Moderately-severe	56-70
Severe	71-90
Profound	91<

(Goodman, 1965; Northern & Downs, 1991)

Table 4.3 provides a summary of the degree of hearing loss per frequency tested for each participant with presbycusis. As expected the hearing levels showed an increase in the degree of hearing loss in the frequencies above 1000Hz for all participants with presbycusis (Table 4.3).

Table 4.3: Degree of hearing loss per frequency for better ear, based on pure tone air conduction dBHL.

Participants with presbycusis	Degree of hearing loss per frequency for best ear, based on pure tone air conduction dBHL.							
	250Hz	500Hz	1000Hz	2000Hz	3000Hz	4000Hz	6000Hz	8000Hz
BEN1001	mild	mild	mild	mild	moderate	moderate	moderate	moderately-severe
LEN1006	mild	mild	mild	normal	moderate	moderate	severe	severe
JILL1021	normal	normal	mild	mild	moderate	moderately-severe	moderately-severe	profound
VIC1007	mild	mild	mild	mild	moderately-severe	moderately-severe	moderately-severe	moderately-severe
RAY1008	mild	moderate	moderately-severe	moderately-severe	moderately-severe	moderately-severe	severe	moderately-severe

The following comments are made about the participants with presbycusis' audiograms (see Appendix 3):

- The audiograms of participant LEE1006 show an asymmetrical hearing loss in that the results of the left ear show a sensory-neural loss with a sloping configuration in the frequencies above 1000Hz, classically a sign of presbycusis; however, the results from the right ear showed a

- moderately-severe to profound sensory-neural loss extending over all of the test frequencies with an inverted notch configuration.
- The audiograms of BEN1001 show a bilateral sensory-neural hearing loss with a mild conductive element in 1000 and 4000Hz. The hearing loss shows a sloping configuration towards the higher frequencies (above 1000Hz).
 - The audiograms of participant VIC1007 show a bilateral sensory-neural hearing loss extending over the entire test frequencies in a sloping configuration. The audiogram also shows a mild conductive element in 1000 and 4000Hz.
 - The audiograms of the participant JILL1021 show a bilateral sensory neural hearing loss with a ski-slope configuration. The audiogram also shows a mild conductive element in 3000 and 4000Hz.
 - The audiograms of RAY1008 show a bilateral sensory-neural hearing loss extending over all the frequencies with a notch configuration peaking at 4000Hz. A mild conductive element is seen at 1000 and 4000Hz in the left ear.

The mild conductive component as seen in the audiograms (see Appendix 3) is not uncommon in presbycusis. According to Weinstein (2002) the entire auditory system is susceptible to change in the normal process of ageing. It has also been shown that bone conduction thresholds might falsely show a conductive component in the frequencies 4000Hz where no conductive element exists (Harkrider & Martin, 1998). The mild conductive component in the audiograms could therefore show a false mild conductive component. In addition, all participants showed normal otoscopy results. Despite the varied results in the audiograms, all audiograms showed a component of increased sensory neural hearing loss in the frequencies above 2000Hz, showing an element of presbycusis. Presbycusis was diagnosed for all the hearing impaired participants.

All patients were fitted with Digital Siemens® Prisma 2M hearing aids bilaterally (see Table 4.4).

Table 4.4: Ears fitted with hearing aids and the type of hearing aid provided to the participants with presbycusis.

Person with presbycusis	Ben	Lee	Vic	Ray	Jill
Ear fitted	Bilateral	Bilateral	Bilateral	Bilateral	Bilateral
Type of hearing aid fitted	Siemens® Prisma 2M	Siemens® Prisma 2M	Siemens® Prisma 2M	Siemens® Prisma 2M	Siemens® Prisma 2M

Table 4.5 shows the results for the GHABP questionnaire, expressed in percentages.

Table 4.5: The Glasgow Hearing Aid Benefit Profile results for the participants with presbycusis, expressed in percentage.

Glasgow Hearing Aid Benefit Profile Results						
Participant with presbycusis	Initial disability	Handicap	Use	Benefit	Residual disability	Satisfaction
Lee1006	81.25	81.25	100.00	50.00	12.50	62.50
Ray1008	75.00	6.25	100.00	87.50	12.50	93.75
Vic1007	37.50	0.00	100.00	43.75	25.00	56.25
Jill1021	50.00	50.00	100.00	62.50	18.75	68.75
Ben1001	43.75	43.75	100.00	50.00	31.25	62.50

The GHABP shows that the participants with presbycusis experienced their disability and handicap as a result of hearing loss as varied (Table 4.5). Two months after the fitting of the hearing aids, all participants with presbycusis reported that they wore their hearing aids all the time (Table 4.5). All participants with presbycusis reported that they obtained benefit from the hearing aids and experienced reduced disability since they have been wearing the aids (Table 4.5). All participants with presbycusis obtained scores of over 55% for satisfaction with the hearing aids (where 0%=no satisfaction and 100%=complete satisfaction) (Table 4.5).

4.11) Conclusion

The aims and research design for this study have now been discussed. Participant selection, sample size, apparatus and material as well as procedures for this study have been discussed. The next chapter will provide a discussion of the reliability aspects of this study.

Chapter 5

Reliability

This chapter aims to discuss aspects of reliability in this research project.

5.1) Introduction

As with all research projects it is imperative to ensure that the outcomes for this study are robust. Some researchers object to the use of the terms reliability and validity in qualitative projects, while other qualitative researchers use the concepts of reliability and validity in their studies (Bryman, 2004). Alternative terms and methods for assessing reliability and validity in qualitative research have been proposed, for example the concept of trustworthiness (Lincoln & Guba, 1985).

Despite these different approaches, the concepts of reliability and validity have been considered throughout the development of CA as a research methodology (Perakyla, 1997). It has been argued that most of the work done with CA so far has on one level been an attempt to show what is involved with ensuring reliability and validity in the analysis of talk (Seedhouse, 2005).

5.2) Reliability

As in other CA studies, reliability was achieved by presenting full transcripts and copies of the video data as part of the final research document (Tait, Nikolopoulos, Lutman, Wilson & Wells, 2006). This will enable the readers to test whether the researcher has followed the appropriate analysis to reach results. The results are therefore open to be scrutinised by other analysts. This is part of the process of CA. The first person to analyse the conversation has therefore begun the process of finding trends in conversation and describing the organisation of the event. This can be accepted, altered or rejected when other analysts scrutinise the data and results.

Reliability was also obtained by the researcher attending data sessions where extracts from the data were discussed. Data sessions are an accepted part of CA practice and aid the development of the theory that is being proposed (Seedhouse, 1997). The data sessions were arranged by the Department of Human Communication Science at University College London through the Centre for Applied Interaction Research. The sessions were attended by experienced and novice researchers throughout the world using CA as a methodology. The data were presented and discussed by the group and recommendations were incorporated within the research process.

5.3) Internal validity

The sequential analysis technique used in CA means that no interpretations are imposed. All descriptions were made in terms of what the *participants did* in interaction. During this project the researcher therefore only consulted the participants' actions and not any other data or preformulated hypotheses in the research process (Ventry & Weinstein, 1982; Gatehouse, 1999). The results are therefore valid for the participants in the study. The research results include examples of trends in conversation (video evidence as well as the transcriptions), as is standard in CA (Ten Have, 1999). This will allow scrutiny of results by other researchers, and is part of the auditing nature of CA.

5.4) External validity

As in other CA studies, the participants were not required to do member checking as is usually done in qualitative studies (Pitney, 2004). CA is unique in its way of attempting to achieve generalisation or dependability (Hutchby & Wooffitt, 1998). General concepts were used to analyse particular instances of conversation (Heritage, 1984). Several similar instances were used in conjunction to generate general formulations of *devices* that were being used in conversation. Thus, the results were a set of conversation patterns that showed the *orientations of the participants' interaction* (Wooffitt, 2005).

Generalisation was also achieved by *deviant case analysis* (Sacks, 1984). CA differs from other sociological methods as far as searching for discrepant data is concerned (Maxwell, 1996; Hutchby & Wooffitt, 1998). Usually the identification of discrepant data is a key part in an attempt to falsify a proposed conclusion (Maxwell, 1996). In CA, however, rather than generating a research idea and finding evidence to support or disprove it, research begins with unmotivated observation (Hutchby & Wooffitt, 1998). During this project the researcher therefore first of all noted observations in one recording. These observations were then used as evidence basis to generate concepts and later, to reformulate concepts (Sacks, 1984; Ten Have, 1999). *Deviant or discrepant cases* were used to support observations made.

Astute sampling was used (for example considering every instance where a particular action is completed in the recording and not just selecting a few instances) and careful acknowledgment of the limits of the findings. The results also permitted extraction from the data of *concepts* that prove applicable to the population of people with presbycusis.

The researcher has deliberately included in the design of the project that the participants themselves choose a familiar setting to have the conversation. Therefore the data obtained from the subjects will be from multiple sites and not one predetermined clinical room. This will increase transferability to other people with age related hearing loss in similar situations (Pitney, 2004).

A criticism of this particular project could be that a particular threat to external validity is the criteria for selection of participants. This has been a topic of discussion many times before in CA (Ten Have, 1999). CA uses a 'specimen' approach rather than a 'factist' approach to sampling (Sacks, 1984; Wooffitt, 2005). This means that conversation should be analysed according to a category and not according to a specific population. The researcher therefore used the category 'persons with presbycusis' and utilised conversations between people with presbycusis and a communication partner. It is therefore not necessary to narrow the population down to, for example,

women between 50 and 60 with mild presbycusis talking to a spouse, but rather the broad category 'presbycusis' is the focus.

The researcher described all decisions made in the research process and attempted to leave a clear audit trail which would also aid trustworthiness of results (Pitney, 2004; Heritage, 1984).

5.5) Ecological validity

This study is particularly strong in terms of ecological validity (Silverman, 2001). The conversation data were collected at the participant's home environment so that the results would be applicable to the population in their day to day environment (Seedhouse, 2005).

5.6) Construct validity

Construct validity is not applicable to CA as it is used more in quantitative methods (Seedhouse, 2005). However, constructs that were revealed in this study were identified as those that the participants oriented to (for example, participants oriented to a need for gaze directed attention by the person with presbycusis).

5.7) Data triangulation

In this study, trustworthiness was achieved via ecologically valid sampling. This is a commonly used technique in CA. This means that a detailed analysis was performed which was grounded in the data. There was also an investigation of cases which deviate from the emerging patterns, not just those that fit them (Silverman, 2001). In addition to this, using questionnaires and video observations permitted data triangulation to take place, which added depth to the outcomes by giving a deeper understanding of the phenomena under investigation.

5.8) Objectivity or researcher bias

Particular researcher bias could arise, in that the researcher could have identified to a greater degree with one personality in the conversation than with another personality and might have interpreted the data more from one

communicator's perspective. In this study, the conversations were transcribed and the transcription is available as part of the published research (Hutchby & Wooffitt, 1998). This is part of the standard methodology of CA and it will allow other people to scrutinise findings and interpretations of the data.

The audiograms and other audiological investigation results for the participants with presbycusis were analysed after the conversation analysis of the recordings. This was done to minimise bias during the analysis of the conversations (Ten Have, 1999; Wooffitt, 2005). Knowing what degree of hearing loss a participant has or any other particular information regarding other investigations could negatively influence the way in which the researcher interpreted data during the analysis of conversation. For example, the researcher could have 'imagined' particular reasons for trends in conversation to be due to the person's specific audiogram results, when in fact the observation could be due to another influence or a range of influences.

A conversation analyst should ideally not be influenced by any preconceived ideas about participants. Unfortunately, in this study it was not possible to keep all information about the participants away from the researcher. The researcher knew which of the participants were hearing impaired and the researcher knew the relationship between the participant dyads. The researcher attempted to minimize the influences of knowledge about the participants by doing the following:

- the audiological results of the participants were not accessed by the analyst until after the completion of the conversation analysis
- the researcher left the room while the conversations were recorded.

5.9) Other potential threats to reliability and validity

The particular setting could have had an influence on the subject and the communication partner. The conversations were recorded in the subjects' homes. It was therefore a natural environment that was known to the communication partner as well. If a researcher is present whilst making a recording of the participants in a study, the researcher's presence could

influence the way in which the participants communicate (Hawthorne effect) (Wickstrom & Bendix, 2000). For this reason the researcher set up the camera to record the conversations and then left the room while the participants were having the conversation. The researcher allowed time for the participants to “get comfortable” in conversation and allowed the recording to continue for about 30 minutes.

A possible point of criticism could be the small number of participants used in the study. As the body of evidence from CA suggests that conversation is orderly and based on a set of highly organised procedures, it means that it does not matter very much exactly which specimens (or video recordings of participants in this case) are chosen (Heritage & Atkinson, 1984). Large numbers of participants would not be the goal for CA, but rather to build up a body of evidence, like a growing data base which can be added to and be systematically compared (Wooffitt, 2005). Results obtained from the analysis of 10 participants’ conversation will therefore be a start to the body of evidence and will yield large amounts of data that can be added to in future.

5.10) Conclusion

As with all qualitative research this project had potential threats to the validity and reliability of the research process. Aspects pertaining to reliability and validity in this project were discussed in this chapter. The next chapter provides descriptions of interactions between people with presbycusis and their conversation partners, before and after hearing amplification.

Chapter 6

A description of interaction between people with presbycusis and their conversation partners; before and after amplification of hearing.

The aim of this Chapter is to provide an accurate description of the trends in conversation between people with presbycusis and their frequent communication partners, before and after amplification of hearing.

6.1) Introduction

This chapter will provide a systematic description of conversational interaction between people with presbycusis and their conversational partners before- and after hearing aid fitting, thereby addressing the aim of this study.

6.2) Presentation of data

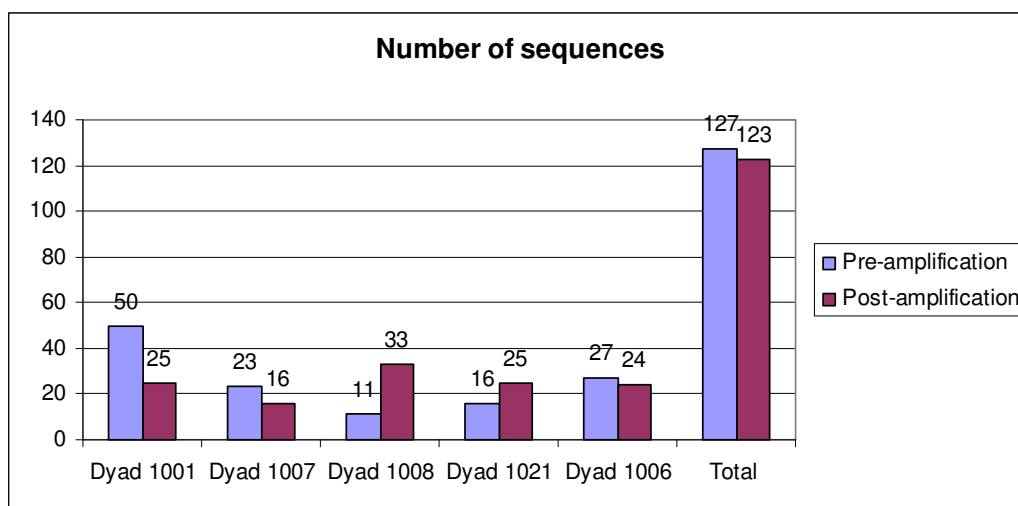
The following paragraphs will discuss an overview of the data included in the analysis. It will provide the number of sequences analysed, the number of adjacency pairs located and the number of repairs located in the data. The following paragraphs will also show the number of repairs located within each category of phenomenon. These paragraphs do not represent the main descriptions of the phenomena uncovered, rather an overview and summary of the data analysed. The reader is referred to Appendix 6 for full transcripts and a guide to accessing data extracts in the transcripts.

During the initial phase of the analysis the researcher located a sequence in the conversation where a mishearing occurred on the part of the person with presbycusis. A 'sequence' in conversation is a section of the conversation where an action or topic of conversation was initiated and completed (Pormerantz & Fehr, 1997). A mishearing refers to an instance in conversation where a person was unable to understand an utterance because of a difficulty in hearing the utterance. The actions in the sequence were analysed and from

this basis all the other mishearings on the part of the person with presbycusis were located in the data. The mishearings (and subsequent repairs of the mishearings) were located for the before and after conversations and patterns of interaction were located within these repairs. The analysis was then refined by considering each sequence for inclusion in a pattern of interaction. The patterns of interaction that were uncovered are outlined later in section 6.3.

A total number of 250 sequences were located in the data, consisting of 127 sequences pre-amplification and 123 sequences post-amplification (see Figure 6.1). Each sequence was considered in the development of the theory for the phenomenon described. As mentioned, the analysis focussed specifically on sequences where repairs occurred as a result of mishearings. It is therefore also necessary to consider the number of repairs located in the data where mishearings occurred.

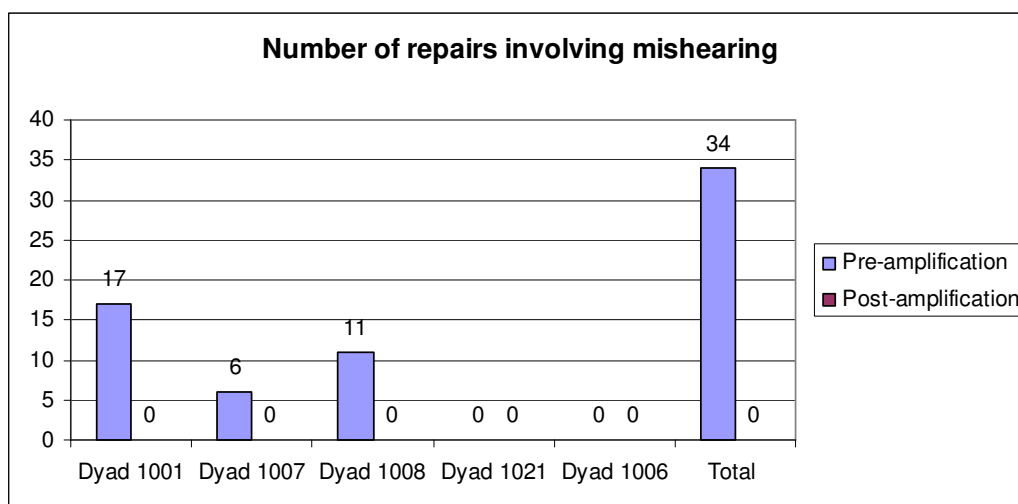
Figure 6.1: Number of sequences located in the data for the before- and after- amplification recordings.



When trouble or difficulties arise in conversation the parties in conversation have the option to repair the trouble (Wooffitt, 2005). Conversation analysts have previously made distinctions between the reasons for repairs in conversation (Schegloff, 1992). Repairs can be initiated to address difficulties

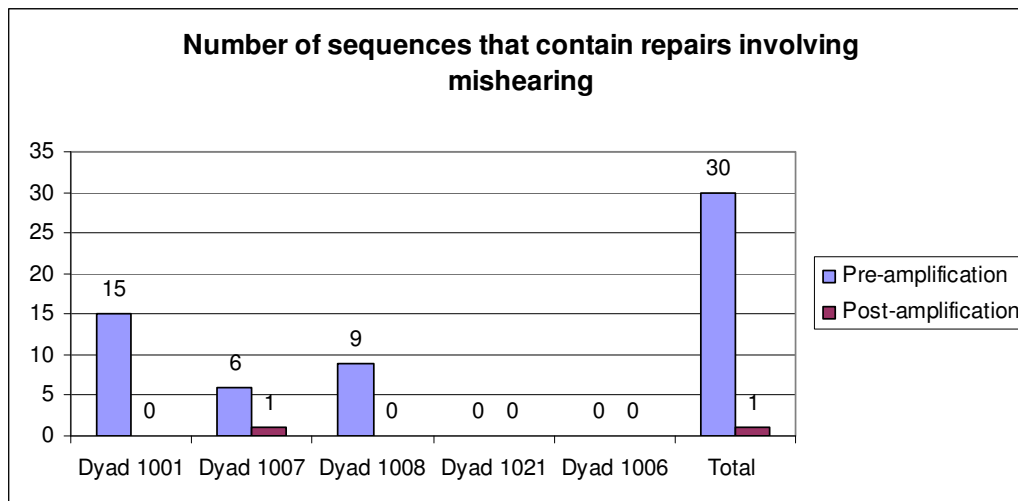
in pragmatic meaning (for example, “what did you intend?”), linguistic content (“what did you mean?”), or surface structure mishearings (“I didn’t hear what you said”) (Pichora-Fuller, Johnson & Roodenburg, 1998). This analysis focussed on repairs that occurred as a result of mishearings. The researcher acknowledged mishearings as instances where the person with presbycusis overtly asked for a repair due to a mishearing (for example “what?” or “what did you say?”). In addition the researcher accepted repairs due to mishearings where there was no verbal mention of a mishearing, but the parties in conversation showed by their actions that a mishearing took place (for example when the conversation partner repeated a turn and raised her voice). The researcher isolated conversation repairs where mishearings on the part of the person with presbycusis were involved. As seen in Figure 6.2, a total of 34 repairs were located where mishearing on the part of the person with presbycusis was involved. The majority, namely 17 of these repairs were located in the before-amplification conversation of the dyad 1001. The rest of the repairs were located in recordings of dyad 1007 and dyad 1008. No repairs as a result of mishearings by the person with presbycusis were located in the after-amplification recordings. No repairs due to mishearings were located in the recordings of dyad 1021 and dyad 1006.

Figure 6.2: Number of repairs located in the data involving mishearing by the person with presbycusis.



The total numbers of sequences as well as the total number of repairs due to mishearings have now been considered; however, it is also apposite to consider the number of sequences in the data that contained repairs due to mishearings as some sequences in the data contained more than one mishearing (see Figure 6.3). A total number of 30 sequences contained repairs due to mishearings. Four of the 30 sequences contained more than one repair due to mishearing by the person with presbycusis.

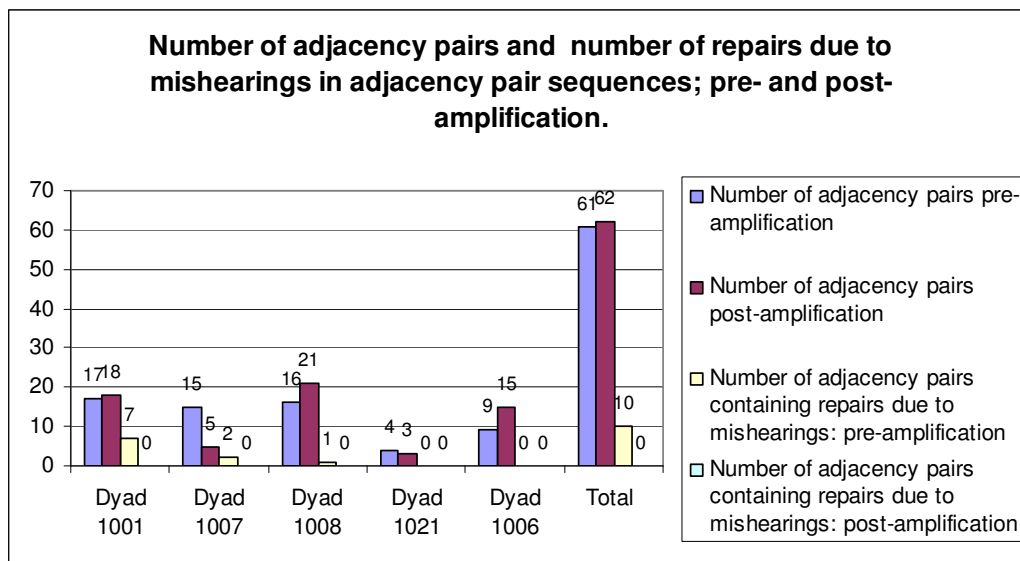
Figure 6.3: Number of sequences that contain repairs involving mishearing.



The term 'adjacency pair' refers to certain classes of utterances that occur in pairs, for example questions and answers or invitations and acceptances/rejections (Wooffitt & Hutchby, 1998). Adjacency pairs are usually easier to locate within conversational data and have clearer boundaries than some sequences. It is therefore also useful to note the

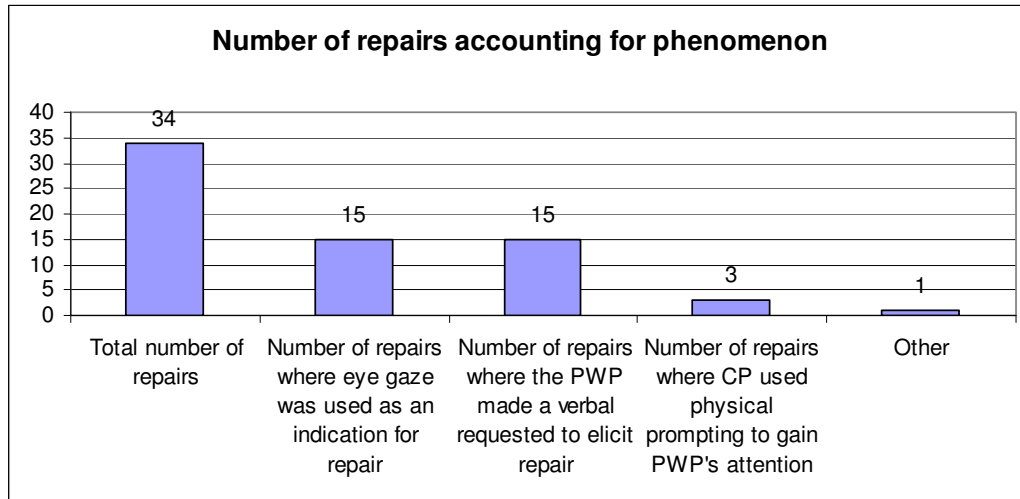
number of adjacency pairs located within the data as well as the number of repairs located within the adjacency pairs. A total number of 123 adjacency pair sequences were located in the data; 61 in the before amplification recorded data and 62 in the after amplification data (see Figure 6.4). Ten repairs were located in the before-amplification data where mishearings were involved. No repairs that involved mishearings were located in the after-amplification data.

Figure 6.4: Number of adjacency pairs and number of repairs due to mishearings in adjacency pair sequences; pre- and post-amplification.



The numbers of repairs have now been considered within the data, but the numbers of repairs identified for each pattern of interaction have not yet been mentioned. Out of the 34 repairs located where mishearings were involved, 15 were associated with a particular pattern of eye gaze by the person with presbycusis as an indicator of repair (see Figure 6.5). In 15 repairs the person with presbycusis used a verbal request to elicit repair. In 3 of the repairs the conversation partner used physical prompting to gain the attention of the person with presbycusis. One repair was not considered to be recognisable in the other patterns uncovered and will also be described separately.

Figure 6.5: Number of repairs accounting for particular patterns of interaction.



A summary of the data was now presented to outline the features of the data that were analysed. In the following section, the phenomenon uncovered in the data will be described.

The following section provides a description of the patterns uncovered in the analysis of the conversations. These descriptions also include the findings for the pre-amplification and post-amplification recordings. Deviant cases are also discussed (see chapter 4 for a full description of the term 'deviant case'). This section is divided into the three patterns of interaction described, namely:

- The shift in gaze by the person with presbycusis to signal the need for repair.
- The person with presbycusis uses a verbal request to elicit repair.
- Physical prompting by conversation partner to gain person with presbycusis' attention before repairing the trouble source.

6.3) Shift in eye gaze by the person with presbycusis as a signal for repair

6.3.1) Pre-amplification

In the following sequences, it was observed how the gaze practices of the person with presbycusis acted as a drive for repair (see Appendix 7 for full transcripts and guide to accessing data extracts in the transcripts):

- BEN1001.1.3
- BEN1001.1.4
- BEN1001.1.10
- BEN1001.1.11
- BEN1001.1.17
- BEN1001.1.001
- BEN1001.1.002
- BEN1001.1.003
- BEN1001.1.004
- BEN1001.1.006
- BEN1001.1.007
- BEN1001.1.008
- BEN1001.1.010
- BEN1001.1.105
- VIC1007.1.2

All of these examples were located in the before-amplification recorded conversations.

6.3.1.1) Non-verbal behaviour used to alert the conversation partner of a mishearing

The core features of this pattern of interaction will first be discussed. In the first example (Extract 1), P asks B to show the next pictures on the camera. In this example P uses various non-verbal actions to indicate that he has misheard P and that a repair is required. B is the person with hearing loss person with presbycusis and P is his wife (the conversation partner).

Extract 1:

Hyperlink: Click on this icon to see a video clip of the data segment. This is only available in the electronic version of this dissertation where the facilities accommodate .avi files.

Data fragment:	BEN 1001.1.3
Taken from:	BEN 1001.1 (Appendix 6)
Duration of data fragment:	00:08:22

- 92 P [X_____ ,,
- 93 P [if you move [on, if you MOVE [ON, [(0.3)]
 [((P swirls her finger))]
 [((B leans towards P and raises eyebrows))]
 [((B nods))]
- 94 B [..._____ ,,
- 95 P [..____ ,,
- 96 P WE [(GUP), THE HOLIDAY
- 97 P PHOTOGRAPHS.
- 98 ((beep from camera)) (1.3)
- 99 P Yeah.
- 100 P M:ember tha' day?

Turn taking and turn organisation within Extract 1:

The turn taking and turn organisation in this extract is first considered. P requests B to show the next photo on the digital camera (line 93). P does not ask B directly (e.g. please show the next photo) but states her request more mildly “if you move on” (line 93). She supports her request by making a non-verbal gesture imitating a paging action (line 93). B suddenly shifts his gaze and looks up at P before she finished her request (line 93-94). B does not comply with the request. B looks at P, raises his eyebrows and leans towards P (line 93-94). P then repeats the utterance but says it more loudly and then adds the rest of the unit explaining why she wants him to move on “if you MOVE ON, (0.3) WE GUP THE HOLIDAY PHOTOGRAPHS” (lines 93-97). P continues to swirl her finger (repeating the non-verbal gesture). P shifts her gaze to look at B at the last word of her repetition (line 93). During the 0.3

seconds pause in line 93, B nods to show he understands her request. A beep from the camera can then be heard (B is showing the next image). There is then a gap of 1.3 seconds after which P says “yeah”, indicating the B has complied with her request.

Gaze related behaviour within Extract 1:

The gaze related behaviours from both parties in this example are of particular interest. When P asks B to move on to the next photo, they are both gazing down towards the camera (line 93). B, noticeably, suddenly looks up toward P at the end of the utterance “if you move on” (line 93). B accompanies this sudden shift in gaze direction at P with raised eyebrows and leans toward P (line 93-94). P then repeats the request in a louder tone and looks at B at the end of her repeat request (line 92). When they make eye contact, B nods at P indicating he understood her (lines 92-94). They both then look toward the camera (lines 92-94). P looks briefly at B when she explains why she is requesting this action (line 96). They both look towards the camera while B performs the requested action and while they continue to look at the camera, P says “yeah” indicating that B has performed the action satisfactory.

Repair in Extract 1:

The reader is referred to chapter 1 for an explanation of the classification of repairs according to Schegloff, Jefferson & Sacks (1977). The repair strategy used by P in this extract shows her orientation towards B’s non-verbal actions of line 93. P repaired this trouble source by repeating, raising her voice and repeating the original gesture. This shows that P assessed that B could not hear her original instruction and needed this message again and louder. The repair type used in this extract was self-initiated self-repair within the turn of the trouble source. Even though P self-initiated, the initiation of repair only started after B shifted his gaze direction to look at P. The action of shift in gaze direction could therefore have acted as a hint for the conversation partner to perform a repair. The repair was successful in this case, as at the end of the repetition of the request, B nods while looking at P (line 93).

Discussion of Extract 1:

The extract above shows that P interpreted B's non-verbal actions in a meaningful way. All of the behaviours in P's repair act show that she was orienting to a mishearing on B's behalf. Since B did not make a verbal request for a repair, his non-verbal behaviours must have provided P with information that B required a repair due to a mishearing on his behalf. The only non-verbal behaviours used were the sudden change in gaze direction by B accompanied by facial gestures (raising of eyebrows). Both of these actions could have acted as a drive for P to repair. The question is whether the shift in gaze by the person with presbycusis has to be accompanied by other non-verbal gestures for it to be oriented to as a mishearing by the conversation partner. It is not proposed that the other non-verbal actions used (for example, frowning or raising of the eyebrows) are not meaningful in this context. To determine whether a shift in gaze by the person with presbycusis is meaningful in a way that it is interpreted as mishearing, all other possible environments where repair due to mishearing occurs were considered. The non-verbal actions by the person with presbycusis were considered in each instance (see Appendix 6 for all the data extracts that contained repair behaviour as a result of mishearings).

6.3.1.2) Shift in gaze as an indicator for repair

In the extract above, the person with presbycusis used a combination of non-verbal actions (shift in gaze direction and a change in facial expression) both of which could have instigated a repair on the conversation partner's behalf. It was possible, however, to identify an example where the person with presbycusis did not use any other non-verbal behaviour changes other than a shift of gaze in the direction of the conversation partner, indicating that a shift in gaze by the person with presbycusis is in it sufficient to elicit a repair (Extract 2).

Extract 2 will be considered in the following paragraphs. In the following data segment (Extract 2), B and P are talking about an upcoming holiday. B is the participant with presbycusis and P is his wife, the conversation partner.

Extract 2:

Hyperlink: Click on this icon to see a video clip of the data segment. This is only available in the electronic version of this dissertation where the facilities accommodate .avi files.

Data fragment:	BEN 1001.1.004
Taken from:	BEN 1001.1 (Appendix 7)
Duration of data fragment:	0:11:67

527 B [...____,,"
 528 B [next year,
 529 P [____,
 530 [(----- --[-----)
 531 B [____
 532 B _____,"""
 533 B [°we'll be on [that one.°]
 [((B smiles and points to camera))]
 → 534 P [X____,
 → 535 P [..._____
 → 536 P [you save [up all,
 → 537 B [X____
 → 538 P _____
 → 539 P YOU SAVE UP ALL THE PENNIES
 → 540 B _____
 → 541 P _____,"""
 → 542 P [and we'll go round.]
 543 B _____, [____,
 544 B [ye::s,] ye:hes. [yes. .hh

Turn taking and turn organisation of Extract 2:

P starts her turn in line 536 while gazing at B (line 535). B shifts his gaze to look up at P at the end of her utterance (line 534). When B looks at P she stops her utterance and then starts to repair the trouble source (line 539). Both B and P continue to hold eye gaze until P drops the volume in her voice at the end of her turn in line 542.

Gaze related behaviour and repair of Extract 2:

The trouble that occurred in this example was self-repaired by P, within the turn of the trouble source. Again, in this example, even though the repair

occurred within the turn of the trouble source, P did not start her repair until B shifted his gaze direction towards her (line 537). Most importantly, any other features like change in facial expression did not accompany B's shift in gaze. P's actions during the repair show that she took B's shift in gaze to indicate that a mishearing had occurred and a repair was needed. P repairs by increasing the volume of her speech and repeating the beginning of her statement as well as maintaining her gaze direction toward B. P eventually drops the loudness of her voice at the end of the turn (line 542). P's actions during her repair indicate she was orienting to B's hearing loss because all her attempts in the repair are aimed at presenting the message in a clearer way. The repair was successful because B responded to the repair by saying yes in agreement.

Discussion of Extract 2:

In summary, this data segment shows how a shift in gaze by the person with presbycusis alone was enough for the conversation partner to perform a repair. Although this non-verbal action by the person with presbycusis was subtle in that the person with presbycusis did not verbally disrupt the conversation partner's turn or request a repair verbally, his action was noticeable enough and recognisable to the conversation partner as an indication for repair.

6.3.1.3) Location of shift in gaze and repair

In the following paragraphs the *location* of this pattern of interaction in relation to the location of the trouble source is considered. The location of this pattern of behaviour could reveal a priority or hierarchy system of how gaze directed attention by the person with presbycusis is interpreted. It is therefore important to consider all the environments where this pattern of interaction occurred.

In both Extract 1 and 2 this pattern of gaze behaviour is acted *within the turn of the trouble source*. The analysis of all of the other repair sequences revealed that in a total of 6 instances, the shift in gaze by the person with presbycusis to elicit repair occurred *within the turn of the trouble source*. The

other examples are located in (See Appendix 6 for full transcripts and guide to accessing data extracts in the transcripts):

- BEN 1001.1.3
- BEN 1001.1.008
- BEN 1001.1.007
- BEN 1001.1.003
- BEN1001.1.006

Extract 3 provides an example where this shift in gaze directed attention does not occur within the turn of the trouble source, but in the *next turn*. P and B are talking about a night out that they had on holiday apropos of a photograph they are looking at. B is the person with hearing loss and P is his wife (the conversation partner).

Extract 3:



Hyperlink: Click on this icon to see a video clip of the data segment. This is only available in the electronic version of this dissertation where the facilities accommodate .avi files.

Data fragment:	BEN 1001.1.10
Taken from:	BEN 1001.1 (Appendix 7)
Duration of data fragment:	00:14:01

329 B [.,
 330 ([---[----- -----)]
 [[(B points to picture)]]
 331 B [.,_____,,
 332 B [but last but one night.]
 [[(B continues to point at picture)]
 333 P [yea:h.]
 [[(B continues to point at picture)]
 334 (0.9)
 → 335 P though the [end s- for unseen ones aren't
 they?]
 [[(P points to picture)
]
 → 336 B [.,_____
 → 337 B [(0.1)]
 [[(B leans

00:04:00 → 338 P forward))]
 → 339 P [.X_____]]
 [UNSEEN ONES, the cooks.]
 [((P points to picture))]
 [((B nods))]
 → 340 B _____]]
 341 B [.____]
 342 B [yes]
 [((B nods))]
 343 P [they came out an- =]
 [((B nods))]
 344 B [=yes]
 [((B nods))]
 345 P [took a bough.]
 [((B nods))]
 346 B [yes:] °they are good. °
 [((B nods))]

Gaze related behaviour and repair of Extract 3:

In the extract above, the gaze practices of both parties were integral to the development of the repair in this sequence as in the other examples. In the turn of the trouble source (line 335), both parties look towards the camera. Then, in line 336, B suddenly looks at P without saying anything and leaning closer to P. P orients to B's shift in gaze direction by looking up at B and repairing the trouble source (lines 338-340). P continues to hold eye gaze with B until B starts nodding his head and then looks down to the camera at the end of her repair (lines 338-340). Finally B looks up at P when he takes up his turn to say "yes" in line 342.

Discussion of Extract 3:

Again, as in the other examples, the conversation partner (P) is the speaker of the trouble source (line 335). In this example, however, the person with presbycusis only shifts his gaze after the conversation partner has completed a turn. Even though this sudden shift in gaze occurs after the turn of the trouble source (line 335), it still has the same effect as in the previous examples: the conversation partner repairs in a manner that shows a mishearing has occurred. It may, however, be argued that in this example the conversation partner only reacted to the long pause developing in the person with presbycusis' (B's) allocated turn (line 337), and the conversation partner (P) attempted to reduce the length of pausing by providing a repair. This was

considered as a possibility. However, in the previous examples it was established that a shift in eye gaze, is a significant action in itself to cause a repair from the conversation partner, whether unaccompanied or accompanied by any other action (for example gestures or in this case a lengthening pause). Allowing a lengthening pause may be one more of the person with presbycusis' strategies that are used to indicate repair is needed, but the evidence that it was accompanied by a sudden shift in gaze direction towards the conversation partner is in this case noteworthy.

The analysis of all of the other repair sequences revealed that in a total of 9 instances, the shift in gaze by the person with presbycusis to elicit repair occurred *in the next turn after the trouble source turn*. Other examples of where this pattern occurred in the *next turn after the trouble source turn* can be seen in the following 8 extracts (See Appendix 6 for full transcripts and guide to accessing data extracts in the transcripts):

- VIC1007.1.2
- BEN 1001.1.001
- BEN1001.1.010
- BEN 1001.1.4
- BEN 1001.1.105
- BEN1001.1.002
- BEN1001.1.11
- BEN1001.1.17

In summary, within the conversations analysed, this repeatable and recognisable action of shift in gaze by the person with presbycusis was only oriented to within the turn of the trouble source or in the immediate next turn. In 9 out of the 15 repair instances where a sudden shift in gaze by the person with presbycusis elicited a repair, the shift in gaze occurred in the next turn after the turn of the trouble source. In 6 instances the shift in gaze occurred within the turn of the trouble source. In no other turn positions throughout all the 250 sequences did this gaze pattern by the person with presbycusis elicited the same repair behaviour by the conversation partner. This suggests

that the person with presbycusis' sudden shift in gaze direction is oriented to as a signal that a mishearing has occurred while the conversation partner takes a turn or in the immediate next turn and has a tendency not to carry the same meaning (that a mishearing took place) in other turn environments.

The finding that this gaze related pattern of interaction is located within the turn or in the immediate turn after the turn of the trouble source is noteworthy in terms of repair organisation. In 1977 Schegloff *et al.* published a landmark paper where they described the organisation of repair within 'normal' conversation (Schegloff *et al.*, 1977). Within the normal organisation of repair, self-initiated self-repair is preferred, and in addition that there is a tendency to repair either within the same turn or the next turn after the turn of the trouble source (Schegloff *et al.*, 1977). In most of the repair positions in the current data these instances where the person with presbycusis used a sudden shift in gaze to instigate repair, the repair occurred in the third position of the repair sequence. Even though it seems at first that this does not correlate to the normal organisation of repair, the position of the gaze behaviour of the person with presbycusis sheds light on this occurrence. The location of the repairs in all of the sequences where this pattern of interaction occurred, took place immediately after the shift in gaze by the person with presbycusis. Thus even though in most instances the repair took place in the third position of the repair sequence, the repair was initiated as soon as possible after this shift in gaze by the person with presbycusis. The conversation partner therefore still oriented to the normal organisation of repair, namely that when it becomes evident that a repair is needed, the repair should be completed as quickly as possible. The timing of the repairs in these sequences therefore supports the importance of the gaze behaviour of the person with presbycusis.

6.3.1.4) Deviant case included in this phenomenon

One deviant case occurred that was finally accepted within this pattern of interaction. The deviant case confirmed the canonical cases that have been quoted above. In the following extract (Extract 4) it will be shown how a sudden shift in gaze by the person with presbycusis resulted in a repair (due to a mishearing) even though there is evidence that a mishearing did not

question. B's answer to the first part of the adjacency pair is overlapped by P's repair in line 352. P repeats part of her original question.

Gaze related behaviour in Extract 4:

The gaze related practices are similar to the other sequences accepted in this pattern. Initially in line 348 both look down toward the camera during P's question. In line 349-350 B looks up at P and allows a pause to form before answering P's question. Then in line 351-352 P overlaps B's answer by repairing the trouble source (repeats her utterance and looks at B). Thus, P is repairing the trouble source after B shifted his gaze direction to look at P. P looks down when B nods in acknowledgement. Finally both look down to the camera in line 353.

Repair in Extract 4:

P's repair in line 352 is of particular interest. P is repairing what she believes to be the trouble source (the question of line 348). Her repair is in overlap of B's answer to her question. Moreover, B's repair shows that she oriented to a repair due to a mishearing because she repeated part of her utterance and maintained eye contact with B while she repaired. B answered P's question, showing that a mishearing did not take place. P did, however, interpret the actions by B before he answered her question as a signal that a repair was needed. As B did not use any verbal actions between P's question and answering P's question, his non-verbal actions must have demonstrated a need for repair. In this case B shifted his gaze direction to look at P after her question. As in the other sequences, P interprets this shift in eye gaze toward her as a request for repair, even though a repair is not needed.

Discussion of Extract 4:

This example shows that the sudden shift in gaze by the person with presbycusis is accepted as an indication that a repair is needed due to a mishearing. Even though in this case a repair was not actually needed, the conversation partner continues to orient to the person with presbycusis' non-verbal behaviour in this specific way. It highlights that not only is the gaze practice of the person with presbycusis significant, but it is a *repeatable*

pattern that is *recognised*. Even though this extract is deviant from the other cases, it continues to support the theory of this pattern of interaction and highlights the repeatability of the pattern.

6.3.1.5) *Deviant case excluded from all the phenomena*

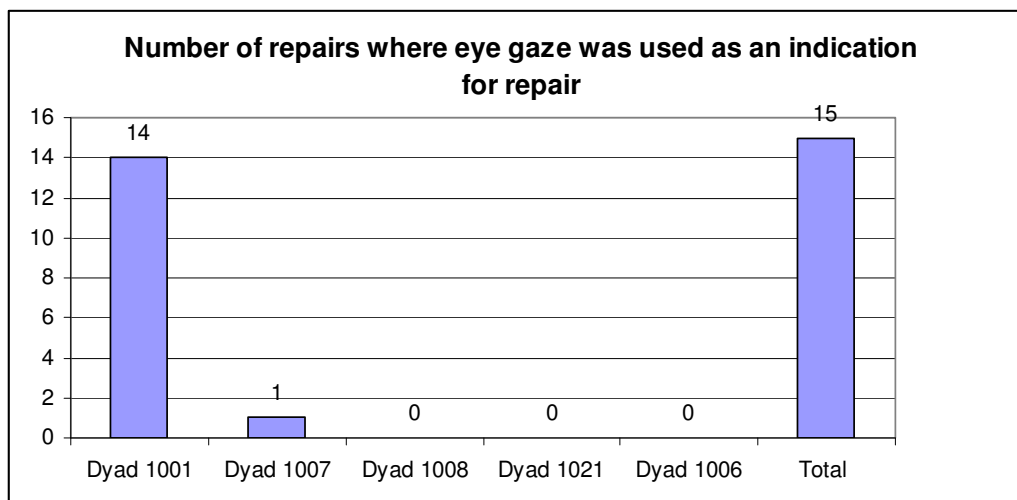
One deviant case was found that could not be accepted as an example of any of the phenomena described in this chapter. This data fragment did not show the use of gaze as described above (VIC1007.1.001). In the data fragment VIC1007.1.001, repair was performed that showed an orientation to a mishearing on the part of the person with presbycusis but the person with presbycusis' actions were different from the examples above. In VIC1007.1.001 the conversation partner was not alerted that a mishearing took place by any overt action from the person with presbycusis, but rather by a lack of action (failure to start his allocated turn). This repair sequence was therefore not accepted as an example of the pattern in gaze as described above and could also not be included in the other phenomena described. It might well be that with further exploration of the other data collected, that this pattern will be seen more frequently and the scope of this behaviour can be described in more depth.

6.3.1.6) *Frequency of occurrence per dyad*

An aspect that should be questioned in the development of the theory of this pattern of interaction is the distribution of this gaze related pattern of interaction within the dyad recordings. Figure 6.6 shows the frequency of occurrence of this pattern of interaction per dyad. The majority of instances that supported the pattern of use of eye gaze by the person with presbycusis to bring about repair were located in dyad 1001. One similar instance was observed in dyad 1007. Thus out of all the dyads, in dyad 1001 there seemed to be preference to this pattern of interaction in repairs. If the conversation data are investigated, a recognisable difference between the main *activities* in the dyad recordings becomes apparent that could explain why most of these instances occurred within the conversation recording of dyad 1001. In the pre-amplification recording of dyad 1001, the main activity was *looking at photographs from a camera*. This activity relies on participants looking at the

photographs while discussing the photographs. This shift in gaze to show repair is needed could indicate that there is conflict between looking at the photos and gaining enough visual information from maintaining gaze direction at the conversation partner on behalf of the person with presbycusis. Unfortunately, in the pre-amplification recording of dyad 1001, there are no instances where the parties are engaged in an activity other than looking at the photos during the conversation. It is thus not possible to verify this notion; however, in all of the other pre-amplification dyad recordings, no activity takes place where parties are required to regularly shift gaze between the activity and the partners' face and this pattern of repair occurs in only one other instance. In the other pre-amplification dyad recordings there were more opportunities for both parties to maintain eye gaze. There appears to be a tendency, therefore, for this pattern to occur more in places where more than one visual point of interest forms part of the activity in conversation.

Figure 6.6: Number of repairs where eye gaze was used by the person with presbycusis as an indication for repair.



In summary, all of the repairs that occurred after a sudden shift in eye gaze by the person with presbycusis occurred in the pre-amplification recordings. In addition most of these instances occurred in the conversation recording of dyad 1001 (see Figure 6.6). This is possibly related to the type of activity in the conversation.

6.3.2) Post-amplification

All other possible environments where this phenomenon could occur were scrutinised in the post-amplification data sets. All 123 sequences for the after condition were considered. No repairs were found in the post-amplification data for all of the dyads where eye gaze was used in this manner by the person with presbycusis.

In the pre-amplification recording most of the instances accounting for this pattern of behaviour was found in the recording of dyad 1001, as indicated previously. In the post-amplification recording of dyad 1001, no instances of this pattern of interaction could be found. In addition the activity type was the same where visual attention was required at a point other than the conversation partner's face. The seating arrangements were also similar, but it was not possible to use the same room as in the pre-amplification recording. In the post-amplification recording, however, conditions were noisier than in the first recording as there was a water fountain and sounds from planes flying by. If the hearing amplification is not considered, there were many reasons that this environment could have impacted negatively on understanding of speech.

The pattern of change in gaze to direct repair was therefore exclusive to the pre-amplification data.

6.3.3) Results in terms of other audiological and demographical data

The results will now be considered in terms of the other audiological and demographical results.

Table 6.1: Results from the Glasgow Hearing Aid Benefit Profile (percentage).

Glasgow Hearing Aid Benefit Profile Results						
Participant with presbycusis	Initial disability	Handicap	Use	Benefit	Residual disability	Satisfaction
Lee1006	81.25	81.25	100.00	50.00	12.50	62.50
Ray1008	75.00	6.25	100.00	87.50	12.50	93.75
Vic1007	37.50	0.00	100.00	43.75	25.00	56.25
Jill1021	50.00	50.00	100.00	62.50	18.75	68.75
Ben1001	43.75	43.75	100.00	50.00	31.25	62.50

Although most of the repair instances in the trend described in this section was from the conversation dyad 1001 (Ben), the person with presbycusis in that dyad did not experience the highest level of initial disability or handicap (see Table 6.1). The other instance that accounted for this pattern was found in the dyad 1007 (Vic) recording. The person with presbycusis in that dyad also did not score high on the disability and handicap ratings (see Table 6.1). All participants with presbycusis reported that they obtained benefit from amplification. The participant Vic obtained the lowest scores for satisfaction with the hearing aids and benefit derived from the hearing aids despite the conversation recordings showing no instances of mishearings post amplification (see Table 6.1). Although Vic and Ben experienced the most instances of repair for this pattern of interaction before amplification and no instances of repair due to mishearing after amplification, they obtained the highest scores for residual disability after amplification.

Table 6.2 shows the particular percentage scores that the participants with presbycusis obtained for the GHABP regarding one to one conversations. The results show varied percentage scores for conversational difficulties experienced in one to one conversations. Ben (from dyad 1001) reported the least amount of difficulty in one to one conversation despite experiencing the most mishearings in the conversation recordings. All participants with presbycusis reported benefit and satisfaction derived from the hearing aids.

Table 6.2: The Glasgow Hearing Aid Benefit Profile Results for one to one conversations (percentage).

Glasgow Hearing Aid Benefit Profile Results (percentage): Having a conversation with one person when there is no background noise.						
Participant with presbycusis	How much difficulty do you have in this situation?	How much does any difficulty in this situation worry, annoy or upset you?	In this situation, what proportion of the time do you wear your hearing aid?	In this situation, how much does your hearing aid help you?	In this situation, with your hearing aid, how much difficulty do you now have?	For this situation, how satisfied are you with your hearing aid?
Lee1006	60	80	100	80	20	80
Ray1008	60	20	100	100	20	100
Vic1007	60	20	100	100	40	60
Jill1021	40	40	100	80	20	80
Ben1001	20	20	100	80	20	80

When the results of the GHABP are therefore considered (see table 6.1 and 6.2), the results suggest that for the participants with presbycusis, the number of mishearings and repairs that occur in conversation do not necessarily relate to people with presbycusis' perception of their hearing difficulties. For further discussion of the results of the GHABP in relation to the conversation analysis, please see Chapter 7.

No differences in the results were found with regards to repair behaviour for this pattern of interaction between the sexes.

When the audiological data are considered for this pattern of interaction, there does not seem to be a link between the hearing loss of the individual and this pattern of interaction (see Appendix 4). In other words, the degree of hearing loss of the participants with presbycusis did not in these cases result in a higher occurrence of a sudden shift in gaze by the person with presbycusis to elicit repair in conversation. However, when all the mishearings that occurred in the data are considered, a possible link between hearing loss and mishearings in general can be provided. The mishearings on the part of the person with presbycusis that occurred in the data were located in the before-amplification recordings of dyad 1001, dyad 1007 and dyad 1008. No repairs due to mishearings were located in the recordings of dyad 1021 and dyad 1006 (see Figure 6.2). When the audiograms of the person with presbycusis are considered, all participants show deterioration in hearing in the higher frequencies (1000Hz or higher). The person with presbycusis in the dyads

1001, 1007 and 1008, however, showed a hearing loss of more than 40dB in the lower frequencies (500Hz and lower). The person with presbycusis in dyads 1021 and 1006 showed more acute hearing levels in the lower frequencies (500Hz and below) as compared to the other person with presbycusis. Although these results can not be considered as statistically significant, it does suggest a trend in this study that person with presbycusis who's hearing loss include a loss in the lower frequencies of more than 40dBHL were more likely to fall prey to mishearings.

6.3.4) Summary

A summary of the features of the gaze related pattern of interaction will now be made:

- During or just after the conversation partner takes a turn (the turn containing the trouble source) the person with presbycusis suddenly shifts gaze direction to look at the conversation partner. The conversation partner repairs the trouble source at the earliest possible point after the person with presbycusis performed the shift in eye gaze.
- The conversation partner uses one or more of the following during the repair: repetitions, reductions, rephrases, loudness, change in facial expressions, gestures. Both the person with presbycusis and the conversation partner made eye contact for the duration of the repair. This indicates that the shift in gaze by person with presbycusis was interpreted as a need or initiation for repair due to mishearing.
- The person with presbycusis reacted positively to repair, in so far that he/she was able to take a turn appropriately after the repair and did not object to the repair.
- The pattern does not seem to occur exclusively in specific sequence types (for example adjacency pairs).
- The repair in these cases does necessarily occur in or just after the turn of the trouble source, but can also occur in the third turn of the repair sequence (if the turn containing the trouble source is considered the first turn); however, the repairs were timed directly after the shift in gaze by the person with presbycusis. It confirms the orientation of the

conversation partner to the gaze behaviour of the person with presbycusis.

- The repair disrupted the organisation of turns and the topic was placed on hold until the person with presbycusis acknowledged that he understood (by nodding, saying yes or commenting on the repair).
- This pattern most frequently occurred in the pre-amplification recording of dyad 1001. It was discussed how the type of activity could have played a role in the frequency of the occurrence of this pattern in that recording.
- This pattern was not observed in any of the sequences in the post amplification recordings.

6.4) Verbal request by person with presbycusis to obtain repair.

This section will provide a description of instances where the person with presbycusis initiated repair by requesting clarification after mishearings occurred in conversation. The results will be considered for the before- and after amplification recordings. Finally the results will be discussed.

6.4.1) Pre-amplification

In the following data extracts, it was found that the person with presbycusis made a verbal request for repair after mishearing occurred (See Appendix 7 for full transcripts and guide to accessing data extracts in the transcripts):

- RAY1008.1.2
- RAY1008.1.001
- RAY1008.1.002
- RAY1008.1.003
- RAY1008.1.004
- RAY1008.1.005
- RAY1008.1.006
- RAY1008.1.007
- RAY1008.1.008
- RAY1008.1.009

- RAY1008.1.010
- VIC1007.1.13
- VIC1007.1.17
- VIC1007.1.002
- VIC1007.1.003

6.4.1.1) Verbal request for repair

In the first example (Extract 5) the organisational features of this repair pattern is considered. In this Extract R is the person with presbycusis and P is his wife. They are discussing in incident they had in a car.

Extract 5:



Hyperlink: Click on this icon to see a video clip of the data segment. This is only available in the electronic version of this dissertation where the facilities accommodate .avi files.

Data fragment:	RAY1008.1.005
Taken from:	RAY1008.1 (Appendix 7)
Duration of data fragment:	00:11:87

484 P _____
 485 P you were driving along the gutter
 486 P _____
 487 P quite often
 488 P _____
 489 (0.5)
 → 490 R [..X _____
 → 491 R [he was what?]
 [((R turns his head
 to his right))]
 → 492 P _____
 → 493 P _____
 → 494 P you were driving- driving along the gutter
 → 495 R _____
 → 496 P _____
 → 497 P (0.6) quite often=
 → 498 R _____
 499 R _____
 500 R =well that's what you said it didn't appear
 501 P _____
 502 R _____
 503 R to be you know what I mean

504 P _____
 505 R _____
 506 **R** but uhmm
 507 P _____
 508 P _____

Turn taking and turn organisation of Extract 5:

The turn taking in the segment is first considered. P takes a turn in line 485-487 (the trouble source) where she describes an incident that took place in their car. After the transition relevant place, a gap occurs (line 489). Then R takes a turn and asks for clarification (line 491). In line 493-497 P repairs the trouble source by repeating the original words used in the trouble source. Finally in lines 499-504 R takes a turn to confirm the successful receipt of the repair.

Repair in Extract 5:

In this repair sequence P repairs the trouble source after a request from R to repair. The trouble source occurs in P's turn in lines 485-487. The repair is then initiated by R. R initiates the repair by repeating the part he understood from P's turn and added "what?" (line 491). R is therefore showing he could hear part of R's utterance but needed a repair on what "he" was doing. The type of question used show that the trouble source occurred because of a mishearing. R's eye gaze is also shows R's orientation to a mishearing. R does not look at P while P is taking a turn in lines 485-487. R suddenly gazes at P when the repair is initiated (line 491) and also turns his head to the right, therefore bringing his left ear closer to P to show he misheard P's utterance (lines 490-492). P on the other hand self-repairs the trouble source (in lines 493-498). The repair therefore occurs in the third turn of the repair sequence. The way in which P repairs shows that P is orienting to a mishearing on the part of R. P repeats the utterance made in the first turn and she emphasizes the word gutter. She also slows her speech down and pauses after the word gutter. Both R and P maintain eye contact throughout the repair. The repair is successful because R is able to confirm receipt of the repair in lines 499-504.

Discussion of Extract 5:

This repair sequence showed how R successfully obtained a repair after a mishearing by requesting a repair. Both parties showed an orientation to a mishearing in the repair sequence. In Extract 5 the repair is initiated by the person with presbycusis (R) after the turn of the trouble source. In data fragment RAY1008.1.010, however, an example where the repair was initiated through an interruption of the turn of the trouble source by the person with presbycusis is provided. The person with presbycusis does therefore have an option to interrupt the speaker at a point earlier than the transition relevant place if a mishearing has occurred. In Extract 5 the person with presbycusis (R) did not attend to the conversation partner by gazing at her in the turn of the trouble source. The data fragment RAY1008.1.010, however, provides an example where the person with presbycusis maintained eye gaze on the conversation partner throughout the turn of the trouble source but a mishearing still occurred. Thus, despite having added visual information, a mishearing occurred. The person with presbycusis might have adequate visual information available, but mishearings are still possible and a request for repair can still be used in this circumstance.

6.4.1.2) Verbal request for repair occurring within an adjacency pair

In Extract 5 and in data fragment RAY1008.1.010 the request for repair occurred only where the turn containing the trouble source was a statement. We now consider an instance where a mishearing occurs within an adjacency pair sequence. Another aspect to note is that in Extract 5 the speaker in the turn of the trouble source always gazed at the person with presbycusis during that turn. In the next example it will be shown that the conversation partner did not use eye gaze attention in the turn of the trouble source.

In Extract 6 P asks a tag question and R initiates a repair after the question. They are talking about an event that happened to friends of theirs. P is the conversation partner and R the person with presbycusis.

Extract 6:

Hyperlink: Click on this icon to see a video clip of the data segment. This is only available in the electronic version of this dissertation where the facilities accommodate .avi files.

Data fragment:	RAY1008.1.2
Taken from:	RAY1008.1 (Appendix 7)
Duration of data fragment:	00:16:38

- 220 **P** =at least [they' [re able to come back now and
 → 221 **R** [..X _____
 → 222 **P** again aren't they?
 → 223 **R** _____
 → 224 **R** _____
 → 225 (1.3)
 → 226 **R** _____
 → 227 **R** [what was that?]
 [((R turns head to right))]
 → 228 **P** [..X _____
 → 229 **P** [they were able to come back.
 → 230 **R** _____
 → 231 **R** _____
 → 232 **R** oh yeah they were able able to come
 → 233 **P** _____
 → 234 **R** _____,''''''
 → 235 **R** back. yeah ye:ah
 → 236 **P** _____

Turn taking and turn organisation in Extract 6:

The turn taking and sequence organisation is first considered. P takes a turn where she changes the statement into a tag question by adding “aren’t they?” (lines 220-222). The first pair part of the adjacency pair is a question posed to R, and therefore R is the selected next speaker. The question is followed by a long pause of 1.3 seconds. R then takes a turn (line 227) but does not produce the second pair part of the adjacency pair (the answer to the question), rather he requests a repair (line 227). P then takes a turn and performs the repair but does not add the tag to the statement as before (line 229). Finally R confirms the receipt of the repair by taking a turn and agreeing with P (lines 232-235). This confirmation of receipt of the repair is also an acceptable answer to the first pair part of the adjacency pair of lines 220-222.

Repair in Extract 6:

The repair organisation is similar to the other examples shown. As in Extract 5 and 6, other-initiated self-repair takes place. R initiated the repair in the next turn after the turn of the trouble source (line 227). P self-repaired in the third turn of the repair sequence (line 229). The type of repair initiator shows that R oriented to a mishearing. R asks, “what was that?” and he turns his head to the right therefore showing a need for repair because he misheard. P also orients to a mishearing because in her repair she repeats part of the original question, and places emphasis on the word “back”. It is also noteworthy that in this example the conversation partner (P) did not make eye contact with the person with presbycusis (R) within the turn of the trouble source, but P shifts her gaze to look at R during his request for repair and then she maintains eye gaze for the duration of the repair and repair confirmation. The purposeful maintenance of eye gaze attention by the conversation partner in the repair is present in all the other examples in this pattern of interaction. In this example P found it necessary to maintain eye gaze through the repair and is therefore also orienting to the lack of visual attention that she gave within the turn of the trouble source.

Discussion of Extract 6:

This extract provided an example of where the mishearing occurred in the first pair part of an adjacency pair. The repair behaviour was similar to the other examples in that other initiated self-repair occurred. It therefore demonstrates that this repair sequence can occur within any sequence types. In addition this example showed how the conversation partner oriented to a need for gaze related attention when a mishearing occurs.

So far the repair organisation of this pattern of interaction has been highlighted. The need for gaze directed attention in the repair has been shown. The placement of this repair sequence within conversation has also been discussed. In the following paragraphs the type of repair initiators used by the person with presbycusis will be considered.

The repair initiators found in this pattern of interaction ranged from overt requests, for example “what was that?” (see Extract 6 and also RAY1008.1.002, RAY1008.1.003 and RAY1008.1.008) to more subtle requests “mm hmm?” (see RAY1008.1.009, VIC1007.1.13, VIC1007.1.17, VIC1007.1.002 and VIC1007.1.003) sometimes accompanied by non-verbal gestures for example turning of head to one side. In other requests the person with presbycusis showed part-confirmation of what has been said, for example “he was what?” (see RAY1008.1.001, RAY1008.1.004, RAY1008.1.006 and RAY1008.1.007). All of these requests rely on the person with presbycusis being able to determine that a mishearing has taken place. The person with presbycusis therefore has to know that the conversation partner took a conversational turn and that the message was unclear. In the sequences identified in this study the type of repair initiators determined the strategies used by the conversation partner in repair. This will be demonstrated in the next example.

6.4.1.3) Orientation to the repair initiator

In Extract 7 P is the conversation partner and R the person with presbycusis. P recalls people known to both of them and R mishears.

Extract 7:



Hyperlink: Click on this icon to see a video clip of the data segment. This is only available in the electronic version of this dissertation where the facilities accommodate .avi files.

Data fragment:	RAY1008.1.001
Taken from:	RAY1008.1 (Appendix 7)
Duration of data fragment:	00:16:38

→ 35 P _____ [X_____

→ 36 P I [was just thinking of uhm: [Alan and- Joyce

→ 37 R [X_____

→ 38 P _____

→ 39 P house.

→ 40 R _____
 → 41 R _____
 → 42 (0.6)
 → 43 P _____
 → 44 P _____
 00:00:30 → 45 P [last week]
 → 46 R _____
 → 47 R _____
 → 48 R [think of who?]
 → 49 P _____
 → 50 P _____
 → 51 P Alan and Joyce house last week?
 → 52 R _____
 → 53 R _____
 → 54 R [↑ohh: ↓yeah yeah I remeber it last week]
 → 55 P _____

Turn taking and turn organisation in Extract 7:

In Extract 7 P takes a turn in lined 35-46 where she recalls people known to both of them. R then takes a turn to ask for clarification (line 48). P complies with R's request and repairs by repeating the part requested. P also raises her voice at the end of her repair to form it into a question. R then takes a turn and confirms receipt of the repair and also answers the question posed by P in her repair (line 54).

Repair in Extract 7:

Again, other-initiated self-repair takes place. The repair also takes place in the third position of the repair sequence. The repair initiator is of interest (line 48). In this example R was able to hear some of the words in the turn of the trouble source but not all of the words. He shows his understanding of part of the turn of the trouble source by repeating the words he could hear ("think of"). He was also able to hear that P used names in the turn of the trouble source but could not hear exactly which names because he uses the pronoun "who?" and not any other pronoun (e.g. "what"). In return P orients to the mishearing in that she repeats part of the utterance and emphasises the word "house" (line 51). She also orients to the particular repair initiator by starting her repair with the names of the people that R asked.

Discussion of Extract 7:

Extract 7 is therefore an example where the person with presbycusis shows the degree of mishearing that took place in the trouble source and

subsequently the conversation partner orients to the particular repair initiator by providing the particular information asked again.

6.4.1.4) *A deviant case included in the verbal request for repair phenomenon*

The main features of the verbal request for repair by the person with presbycusis have now been shown. In the next example, a deviant case is considered (Extract 8). V is the person with presbycusis and P is the conversation partner.

Extract 8:



Hyperlink: Click on this icon to see a video clip of the data segment. This is only available in the electronic version of this dissertation where the facilities accommodate .avi files.

Data fragment:	VIC1007.1.17
Taken from:	VIC1007.1 (Appendix 7)
Duration of data fragment:	00:09:60

4 V DID I TELL YOU (.) ERIC DYER
 5 P _____
 6 V _____
 7 V CAME THE OTHER ↑DAY
 8 P _____
 9 P _____
 10 (0.6)
 11 V _____
 12 P _____
 → 13 P ↑no I ↑did not.
 → 14 V _____
 → 15 P _____
 → 16 (0.5)
 → 17 V _____
 → 18 V _____
 → 19 V [↑heh]
 → 20 P _____
 → 21 P [u:hm] I think you've just mentioned
 → 22 V _____
 → 23 P _____
 → 24 P (0.3) it really bit I'd- you didn't say much about it
 → 25 V _____
 → 26 P _____

→	27	(0.4)
→	28	V _____
→	29	V _____
→	30	V ↑yea:h.
→	31	P _____

Turn taking and turn organisation in Extract 8:

In extract 8 V asks P a question (lines 4-8). P takes up her allocated turn and responds to the question (line 13). A gap is formed after P's response of 0.5 seconds. Then V requests a repair (line 19) by saying "heh" and raising his tone of voice. V's request shows that a mishearing has occurred. At the same time while V is making his request for clarification, it is overlapped by a turn taken by P (line 24). Thus both V and P took a turn at the same time. P's turn in lines 21-25 is followed by a gap of 0.4 seconds. Then V takes a turn and acknowledges P's turn of line 21-25 by saying "yeah".

Repair in Extract 8:

In the example above there is therefore a repair initiator by the person with presbycusis concurrent with a turn by the conversation partner. The repair sequence is, however, not completed. Both parties demonstrably abandon the repair: V abandons his request for repair by not making further requests for repair and P does not overtly acknowledge V's request for repair. P's overlapping turn does on the other hand provide more information to V and V eventually accepts P's overlapping turn by saying "yeah" in line 30.

Discussion of Extract 8:

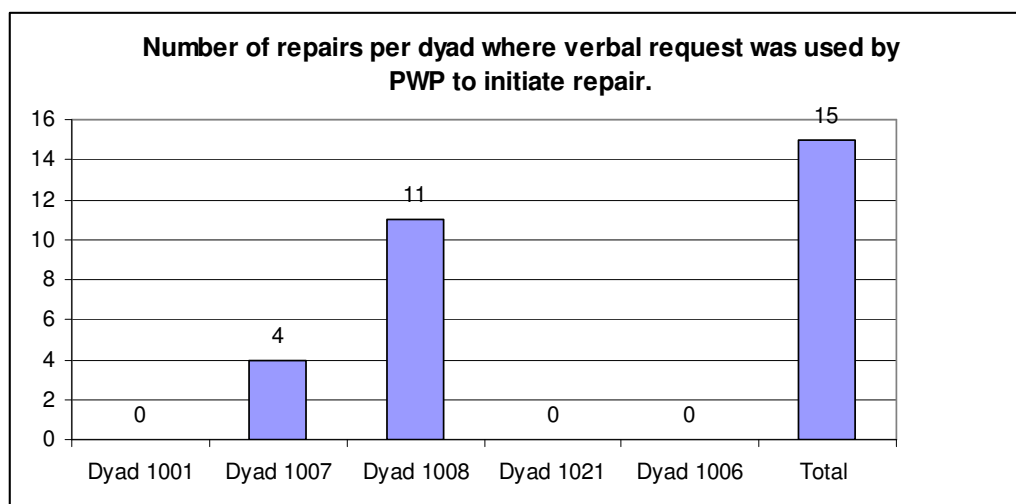
Thus when a repair is initiated by the person with presbycusis due to a mishearing and it is overlapped by another turn by the conversation partner, both parties have the option to ignore the repair initiator and select the conversation partner's turn as the main turn.

One other case was found that did not account for any of the phenomena observed in this chapter was already discussed (please see Extract 5 and discussion earlier in this chapter).

6.4.1.5) Frequency of occurrence per dyad for pre-amplification conversations

Examples that account for the main findings for the pattern where *verbal requests for clarification are made by the person with presbyacusic* have now been demonstrated. In the next paragraphs, the distribution of this pattern of interaction will be considered across the dyad recordings.

Figure 6.7: The number of repairs per dyad where a verbal request for a repair was made by the person with presbyacusic (pre-amplification).



As demonstrated in figure 6.7, most of the verbal requests for repair by the person with presbyacusic due to mishearings occurred in the pre-amplification recording of dyad 1008 (n=11). Four out of the 15 requests for repair due to a mishearing happened in the before-amplification recording of dyad 1007. No examples were found in dyad 1001, 1021 or 1006. The implications of this distribution will be addressed later in the discussion.

6.4.2) Post-amplification

All other possible environments where this phenomenon could occur were scrutinised in the post-amplification data sets. All 123 sequences for the after condition were considered. No repairs due to mishearings were found in the post-amplification data for all of the dyads and therefore no verbal requests for repairs due to mishearings occurred.

In the pre-amplification recordings most of the instances accounting for this pattern of behaviour were found in the recordings of dyad 1007 and dyad 1008. In the post-amplification recording of dyads 1007 and 1008, no instances of this pattern of interaction could be found. In addition the type of activity was the same for both of the dyads in the pre- and post recordings. The seating arrangements were also reproduced for the before and after recordings and the same rooms were used.

The pattern where a verbal request by the person with presbycusis was made as a result of a mishearing was therefore exclusive to the pre-amplification data.

6.4.3) Results in terms of other audiological and demographical data

The results will now be considered in terms of the other audiological and demographical results.

The repair instances in the trend described in this section occurred in the conversation of dyads 1008 and 1007. Even though Ray in dyad 1008 reported a high initial disability, Vic from dyad 1007 only reported a mild initial disability. Both Ray and Vic reported that they did not feel handicapped by their hearing loss (see Table 6.1). There does not seem to be a trend between reported disability and handicap scores to the mishearings and verbal requests for amplification that occurred in the conversations.

All participants reported that they obtained benefit and satisfaction from the hearing aids and that they used the hearing aids all the time, however, all participants still experienced a degree of residual disability after hearing amplification. Vic reported that he still experiences difficulties in one to one conversations 40% of the time with the hearing aids (see Table 6.2). Despite this report, neither Vic nor any of the other participants with presbycusis experienced any mishearings in conversation in the after amplification recordings. The results show that participant reports of conversation

difficulties do not necessarily reflect the difficulties experienced within conversation interactions. For a detailed discussion see chapter 7.

No differences in the results were found with regards to repair behaviour for this pattern of interaction between the sexes.

When the audiological data are considered for this pattern of interaction, there does not seem to be a link between the hearing loss of the individual and this pattern of interaction (see Appendix 4). However, when all the mishearings that occurred in the data are considered, a possible link between hearing loss and mishearings in general can be provided as explained earlier (see 6.3.1.3).

6.4.4) Summary

A summary of the phenomenon where a verbal request for a repair was made by the person with presbycusis after a mishearing will now be summarised:

- In all of the instances accounting for this pattern of interaction, the person with presbycusis made a verbal request for a repair as a result of a mishearing.
- The placement of the repair initiator (the request for repair) can either occur as an interruption of the turn of the trouble source, or can occur in the next turn after the turn of the trouble source.
- The request for repair can occur after any turn by the conversation partner, for example turns that consisted of the first pair part of an adjacency pair or turns where the second pair part of an adjacency pair was made.
- Both parties hold eye gaze for the duration of the repair after the request for repair by the person with presbycusis.
- When the request for repair is overlapped by a turn on the part of the conversation partner, both parties have the option to ignore the request and continue with the conversation on the basis of the turn taken by the conversation partner.
- The type of requests for repair by the person with presbycusis shows the person with presbycusis' orientation to a mishearing. The person

with presbyacusic demonstrates in his request how much of the turn of the trouble source he/she was able to hear and the conversation partner then orients to the request accordingly.

- When eye gaze was not directed at the person with presbyacusic during the turn of the trouble source, the conversation partner moved from non-gaze to gaze during the repair sequence and maintained eye gaze to the person with presbyacusic throughout the repair.
- This pattern of interaction does not always occur in conversation where one party has presbyacusic, but is a strategy that can be exercised by the person with presbyacusic if so desired.

6.5) Physical prompt by conversation partner to gain gaze directed attention from the person with presbyacusic followed by repair.

In the following section, examples are presented where the conversation partner used physical prompting to gain gaze-directed attention from the person with presbyacusic where repair followed. As only 3 instances occurred where this interaction was observed, all three cases will be demonstrated.

6.5.1) Pre-amplification

All three cases where the conversation partner used physical prompting to gain the attention of the person with presbyacusic were found in the before-amplification recordings. They are (see Appendix 6):

- BEN 1001.1.005
- BEN 1001.1.5
- BEN 1001.1.009

6.5.1.1) Physical prompting to gain gaze directed attention

All of the following examples are from the pre-amplification recordings. The first example is from an extract of dyad 1001. This extract (Extract 10) shows how the conversation partner (P) is using physical prompting to gain the person with presbyacusic' (B's) gaze directed attention and a repair follows.

and taps on his arm before finishing her statement. P then waits for B to direct his gaze fully at P, P then goes on and repairs the trouble source and finishes her turn (line 554). When P finished her turn (line 554), P and B both shift their gaze to look down towards the camera. It is noteworthy that in this example the conversation partner (P) did not check that B was maintaining eye gaze attention at her *before* speaking, but rather *noticed* B was not giving eye gaze attention *during the turn* and then repaired within the turn.

Repair in Extract 9:

The repair sequence is now considered. P's non-verbal behaviour indicates the type of trouble source that occurred. P tapped B on his arm and waited for B to look at her before she repaired, indicating the need for repair was not a formulation error on P's behalf, and rather, P wanted B to give gaze directed attention while she was giving her message. This indicates that P is orienting to B's need for visual information. B and P hold eye gaze while P repairs and looks down to the camera again when P's turn has finished. This indicates B understood P's physical prompt to be a request to look at her. P also keeps looking at B for the duration of her utterance, showing that she maximizes the visual information that B is getting during her turn. B responds well to P's repair and takes up the next turn to confirm receipt of her message.

This data fragment shows an example of *self-initiated self-repair within the turn of the trouble source*. P self-initiated the repair by starting the repair after touching B on his arm. P repaired the trouble source by herself by repeating the beginning of the utterance and making her voice louder. B repaired the trouble source and then completed her turn; therefore the repair can be classified as occurring within the turn of the trouble source.

Discussion of Extract 9:

The following actions that occurred in the Extract above were the same for all the other instances accounting for this phenomenon:

- The conversation partner lightly touched the person with presbycusis to gain his gaze directed attention.

- The conversation partner only used this physical prompt when the person with presbycusis did not give eye gaze directed attention.
- The conversation partner only performed this action during a turn where the conversation partner was the speaker.
- The conversation partner only used a physical prompt *during* a turn and *not before* starting the turn.
- The person with presbycusis responded to the physical prompt by shifting gaze direction to look at the conversation partner.
- Both the conversation partner and the person with presbycusis maintained eye contact during the repair that followed.

In the extract above, the repair occurred within a non-adjacency pair sequence, within the turn of the trouble source. In the data fragment BEN1001.1.5, however, this repair phenomenon occurred in an adjacency pair sequence (see Appendix 7). In BEN1001.1.5 the same sequential features of repair behaviour is seen, but the repair is performed in the third turn of the repair sequence and not as in Extract 9 within the turn of the trouble source. BEN1001.1.5 demonstrates that this repair in this pattern of interaction is not only restricted to within the turn of the trouble source but can also include repairs in the third turn (see Appendix 7).

6.5.1.2) Restarting repair to secure attention

In the examples above the conversation partner used physical prompting to gain gaze directed attention from the person with presbycusis. In the next extract (Extract 10) the conversation partner also uses physical prompting to gain gaze directed attention from the person with presbycusis, but in addition the conversation partner also restarts her repair three times until gaze directed attention was secured from the person with presbycusis.

In Extract 10 P is the conversation partner and B the person with presbycusis. P talks to B about a photograph that they should have enlarged.

Extract 10:

Hyperlink: Click on this icon to see a video clip of the data segment. This is only available in the electronic version of this dissertation where the facilities accommodate .avi files.

Data fragment:	BEN 1001.1.009
Taken from:	BEN 1001.1 (see Appendix 7)
Duration of data fragment:	00:07:76

684 **B** [=yes.=]
 [((B nods))]
 → 685 **P** [.....]
 → 686 **P** I think, when it's[-] [WHEN IT'S- [WHEN IT'S
 [(beep from [(P touches
 from B on his
 came- arm))]
 ra))]
 → 687 **B** [...X_____
 → 688 **P** _____,,"""
 → 689 **P** [ENLARGED] it'll be [better.]
 [((P waves [(P points to
 hand in the air))] camera))]
 → 690 **B** _____"
 → 691 **B** [ššthat one.šš]
 [((B points to camera))]
 692 **P** Mmm mmm.
 693 (2.0) ((beep from digital camera)) (1.4)
 694 **P** very good.
 695 **B** [_____
 696 (-----[---- -----)]
 [((B points
 To camera))]

Turn taking and turn organisation in Extract 10:

The turn taking is first considered. P takes a turn but suddenly stops mid-turn (line 686). P then repairs within this turn (lines 685-689). After P completed her turn, B takes up a turn and acknowledges P's statement (line 691).

Gaze related behaviour in Extract 10:

The gaze related and non-verbal practices showed an orientation to B's hearing loss. At the beginning of P's turn (line 686-690) P and B look down towards the digital camera. P suddenly stops her utterance and then restarts while shifting her gaze to look at B. P stops her repair abruptly "WHEN IT'S-" and then restarts her repair while touching B's arm. P continues to hold gaze directed attention at B up to the end of her turn. B's eye gaze is closely related to P's non-verbal behaviour. At the beginning of P's turn in line 686, B is looking down towards the digital camera. He continues to look down until P touches his arm (see lines 686-687). When P touches his arm, B immediately shifts his gaze direction to look at P. B continues to hold gaze directed attention to P up to the end of her turn (lines 686-690).

Repair in Extract 10:

In this sequence, P performs *self-initiated self-repair within the turn of the trouble source*. The way in which P repairs the trouble source informs us of the nature of the trouble source. P initially repairs (line 686) by repeating and making the message louder and also looking up at B (line 685). This indicates the trouble source occurred as a result of a mishearing on B's behalf. When P notices B is still not making eye contact she touches him on his arm to get his attention and repairs again keeping the volume of her voice loud and looking at B. In this instance P's action of physical prompting and B's reaction to it (changing gaze direction) shows that P is also finds the trouble source related to insufficient gaze directed attention by B. B responded to P's non-verbal prompt by changing gaze direction and responded positively to the repair because B took a turn after P (line 691) and expanded on what she discussed in her turn. This indicates that the repair was successful because B was able to orient to P's turn successfully.

Discussion of Extract 10:

In summary the extracts demonstrated have all involved instances where the conversation partner used physical prompting to gain gaze directed attention from the person with presbycusis. It was demonstrated that the conversation partner only used a physical prompt when the person with presbycusis did not give eye gaze directed attention. In addition it was shown that the

conversation partner only performed this action during a turn where the conversation partner was the speaker and the conversation partner only used a physical prompt *during* a turn and *not before* starting the turn. The person with presbycusis responded to the physical prompt by shifting gaze direction to look at the conversation partner. Finally in all these extracts, repair occurred where both the conversation partner and the person with presbycusis maintained eye contact during the repair that followed. It was demonstrated that this technique could be used by the conversation partner in different sequence positions, in the same manner as described above. It was also demonstrated how the conversation partner has the option to restart a repair if inadequate gaze directed attention is given by the person with presbycusis.

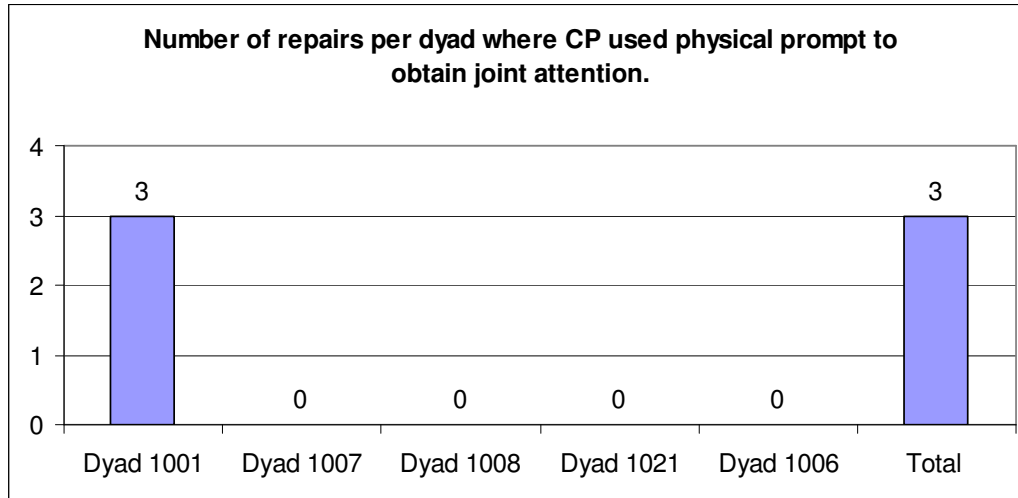
6.5.1.3) A deviant case

One other case was found that did not account for any of the phenomena observed in this chapter was already discussed (please see Extract 5 and discussion earlier in this chapter).

6.5.1.4) Frequency of occurrence per dyad for pre-amplification conversations

The distribution of this phenomenon across the dyads is now considered.

Figure 6.8: Number of repairs per dyad where the conversation partner used physical prompting to obtain gaze directed attention from the person with presbyacosis.



As seen in Figure 6.8, all of the cases where the conversation partner used physical prompting to gain the attention of the person with presbyacosis were found in dyad 1001. This behaviour was not seen with regards to repair behaviour in the other recordings.

The main feature of this pattern of interaction is the activity of gaining the person with presbyacosis' gaze directed attention. In other words, it occurs in scenarios where inadequate gaze attention is given by the person with presbyacosis. This might explain why this phenomenon was only observed in the recording of dyad 1001. As mentioned before in the first phenomenon described (see 6.2.1), in the pre-amplification recording of dyad 1001, the main activity was *looking at photographs from a camera*. In the activity performed in dyad 1001 it was therefore necessary for participants to look at the photographs while discussing the photographs. The observation that the conversation partner used physical prompting to gain gaze directed attention from the person with presbyacosis shows that there was a conflict between the two visual points of attention: the conversation partner's face and the digital camera. In the pre-amplification recording of dyad 1001 there were,

however, no instances where the parties were engaged in an activity other than looking at the photos in the conversation. It is thus not possible to compare different activities for these two participants; however, in all of the other pre-amplification dyad recordings, no activity takes place where parties are required to regularly shift gaze between the activity and the partners' face and physical prompting to gain attention does not occur in any other recording. It is therefore feasible that this pattern of interaction could be closely linked to the type of activity in conversation.

6.5.2) Post-amplification

All the post-amplification recordings containing 123 sequences were considered. In no other repair sequences did the conversation partner use physical prompting to gain gaze directed attention from the person with presbycusis. Specifically, in the post-amplification recording of dyad 1001, no instances of this pattern of interaction were observed despite the activity also requiring visual attention to another object (in this case a holiday brochure). Even though the visual conflicts of the activity remained the same, the conversation partner did not use physical prompting to gain attention from the person with presbycusis. This pattern of physical prompting to gain gaze directed attention from the person with presbycusis was therefore exclusive to the pre-amplification data.

6.5.3) Results in terms of other audiological and demographical data

The results will now be considered in terms of the other audiological and demographical results.

Although the entire repair instances in the trend described in this section occurred in the conversation dyad 1001 (Ben), Ben did not experience the highest level of initial disability or handicap (see Table 6.1 and Table 6.2). Ben reported that he only have difficulty in one to one conversations 20% of the time (see Table 6.2). As with the other patterns in conversation considered

before, there does not seem to be a trend between the GHABP scores and the resulting occasions of phenomena observed.

Ben reported benefit and satisfaction from the hearing aids and he also reported a reduced disability after hearing amplification, however, his assessment was only mildly positive (e.g. only 50% of benefit from amplification) (see Table 6.2). In addition he reported no change in the amount of difficulty he experienced in one to one conversations after hearing aid provision (20%, see Table 6.2). Despite his mild view about the benefit he obtained from amplification, he did not experience any mishearings in the recording post hearing amplification. Again, the results do not reflect the observations made in the conversation data.

The GHABP results from the other participants were varied and did also not reflect the observations in the conversation recordings. For a full discussion of these results please see Chapter 7.

No differences in the results were found with regards to repair behaviour for this pattern of interaction between the sexes.

When the audiological data are considered for this and indeed all the other patterns of interaction, a trend in this study was highlighted. The person with presbycusis in this study who's hearing loss included a loss in the lower frequencies (500Hz and below) of more than 40dBHL were more likely to experience mishearings in conversation.

6.5.4) Summary

Here follows a summary of the features of this pattern of interaction:

- The conversation partner uses a physical prompt to gain gaze directed attention from the person with presbycusis.
- The conversation partner only uses this physical prompt when the person with presbycusis does not give eye gaze directed attention.
- The conversation partner only performs this action during a turn where the conversation partner was the speaker.

- The conversation partner only uses a physical prompt *during* a turn and *not before* starting the turn.
- The conversation partner may delay the repair until adequate visual attention is given by the person with presbycusis.
- The person with presbycusis responds to the physical prompt by shifting gaze direction to look at the conversation partner.
- Both the conversation partner and the person with presbycusis maintain eye contact during the repair that follows this physical prompt.
- This pattern in interaction can occur within any sequence type.
- This pattern could be related to conversation activities where conflicting visual points of interest exist.

6.6) Conclusion

An overview of the conversation data as well as the patterns conversation between the person with presbycusis and a familiar conversation partner was presented in this chapter. The results were presented for the before and after conversation recordings. Furthermore, the results in terms of other audiological and demographical detail were also presented. These results will be discussed in the next chapter.

Chapter 7

Discussion

The aim of this Chapter is to discuss the results for each of the patterns interaction described in Chapter 6.

7.1) Introduction

The researchers' efforts to systematically describe conversational interaction between a person with presbycusis and a conversation partner before- and after- hearing aid fitting revealed patterns in interaction relating to the gaze practices of the person with presbycusis, the non-verbal behaviour of the conversation partner and verbal requests for repair by the person with presbycusis. In order for the observed instances under each pattern of interaction to have qualified as *phenomena* they had to meet stringent requirements. Firstly the patterns of interaction had to be described (Schegloff, 1996). Sequences were collected where each pattern of interaction was observed. They were analysed and described in detail. The features of each pattern of interaction were demonstrated by examples of these actions within the dissertation (See Excerpt 1-4). It was then demonstrated how the conversation partner and the person with presbycusis oriented to the particular behaviour in the pattern of interaction (Schegloff, 1996). Finally it was explained how the behaviours described in the pattern resulted in recognisable actions (Schegloff, 1996). In the next section, the results will be discussed. The importance of gaze direction, the implications of the repairs in conversation, the implications of results in terms of auditory rehabilitation and the implication of the results in terms of identities in conversation will be discussed. In addition the results will be discussed in terms of the pre- and post amplification results and other audiological data.

7.2) Discussion

7.2.1) The importance of gaze direction in conversation between a person with presbycusis and a conversation partner

The most evident aspect of the patterns of interaction described in this study is the interactional effect of gaze practices in conversation between a person with presbycusis and a conversation partner. A pattern of constant monitoring of gaze directed attention on behalf of both parties in conversation and efforts to intensify gaze attention when trouble occurs in conversation was demonstrated.

Firstly, occasions were demonstrated where a change in gaze direction on the part of the person with presbycusis resulted in a repair by the conversation partner. In this pattern the person with presbycusis always shifted gaze to look at the conversation partner's face. This showed that the person with presbycusis recognized the need of visual information in order to understand the spoken utterance. In this pattern the conversation partner also shows an orientation to the person with presbycusis' need for visual directed attention. When the person with presbycusis shifted his/her gaze to look at the conversation partner, the conversation partner was alerted that gaze directed attention was sought. Joint visual attention was then kept for most of the duration of the repair. This indicates that both parties recognised the need for holding eye gaze to improve message transfer.

Secondly, instances occurred where the conversation partner actively sought gaze directed attention from the person with presbycusis by using a physical prompt. In these instances the conversation partner only used a physical prompt when the person with presbycusis did not give eye gaze directed attention. This shows that the conversation partner is orienting to a need for gaze directed attention from the person with presbycusis. The person with presbycusis responded to the physical prompt by shifting gaze direction to look at the conversation partner. This shows that the person with presbycusis recognised a physical prompt as an instruction to give gaze directed attention to the conversation partner. Both the conversation partner and the person with presbycusis maintained eye contact during the repair

that followed the physical prompt, showing that maintaining eye gaze was essential to ensure adequate message transfer.

The use of joint visual attention within the actual repairs was seen throughout the sequences. In all the 34 repair sequences that occurred as a result of mishearing, both parties maintained eye contact throughout the repair. If one or both parties did not gaze at the other before the repair then that party would shift gaze direction to look at the other conversation party during the repair. This is an important observation as it supports the findings that gaze direction is an essential feature in conversation between a person with presbycusis and a conversation partner.

The mishearing analysed in this study shows how monitoring of visual attention and providing gaze directed attention when trouble occurs lie at the core of the conversation interaction. If one considers that the person with presbycusis experiences reduced ability to hear, it is reasonable to expect that he or she would rely more on other senses, for example vision, to be able to participate in conversation. Previous studies have been conducted to investigate whether vision abilities are improved when a person experiences hearing loss. In a large study by Rettenbach *et al.* (Rettenbach, Diller & Sireteanu, 1999) it was found that adults with hearing loss achieved significantly higher visual processing scores than non-hearing subjects. This was, however, only true for attention dependant tasks (for example, holding a conversation). The hearing impaired participants' visual processing did not differ significantly from non-hearing subjects in non-attentive tasks. Rettenbach's outcomes seem to support the finding in this study that person with presbycusis relied on visual information in these conversational tasks.

The results relating gaze-practices for the current study also confirms some of the findings of the PhD study of Skelt (2006). Skelt found that conversation partners monitored their hearing impaired partner's gaze direction in conversation (not just during repair but throughout the conversation). Monitoring of gaze by the conversation partner of hearing impaired adults is therefore a strategy used not only when an individual has severe to profound

hearing loss but can be used when the hearing impaired individual experiences milder hearing loss (in this case presbycusis).

The reliance of both parties on orientation to gaze direction have important implication for older people in general. As mentioned in the introduction, presbycusis is not a disorder; rather it occurs as a natural process of ageing (Gates & Mills, 2005a). In addition, vision also deteriorates with ageing (Berry, Mascia & Steinman, 2004). As older people are regularly faced with dual deterioration in hearing and vision, the reliance on visual information to aid the understanding of speech might not be readily available (LeJeune, Steinman & Mascia, 2003). The participants with presbycusis in this study did not have severe vision impairment, however, based on their reliance on visual information in this study it would suggest that in if vision were not available as an aid in conversation interactions, the person with presbycusis would have less available strategies to use when communication breakdown occurs. It will be useful to investigate patterns of interaction of people with dual-sensory loss to find out what strategies are used in those cases.

The results in this study also points to a possible influence of the type of activity on gaze practices. The two patterns that particularly highlighted both parties orientation to gaze direction was seen in the pattern where the person with presbycusis indicated a sudden shift in gaze direction as well as in the pattern where the conversation partner used physical prompting to gain gaze directed attention from the person with presbycusis. These two patterns mostly occurred in activities that relied on visual attention to an object while listening to the conversation partner's conversation. This brought a conflict between the person with presbycusis' need to look at the object to understand the topic of conversation and the need to attain additional information by looking at the conversation partner's face during the conversation partner's speaking turns. This is an important finding when standard advice to people with presbycusis and their conversation partners are considered.

The importance of gaze direction and gaze held attention is an aspect that is regularly highlighted in auditory rehabilitation. Auditory rehabilitation strategies that are usually taught to people with presbycusis include the following (Wayner & Abrahamson, 1996):

- the person with presbycusis should make eye contact with the speaker throughout the conversation. The reasoning is that the person with presbycusis will then gain more information as to what is being said.
- the person with presbycusis should pay attention to the speaker throughout the conversation.

The advice above is usually also extended to the conversation partner of the person with presbycusis (Cohn, 1999; Garstecki & Erler, 1998; Welsh & Purdy, 2001). If it is considered that some activities naturally rely on gaze held attention to an object of discussion, the suggestion that both parties should maintain eye gaze for the duration of a conversation, could at times be an unrealistic goal. The general advice given in auditory rehabilitation could be ideal for certain circumstances but in future should also include suggestive strategies for when it is not possible to maintain eye contact throughout conversation. In future it could also be pointed out to people with presbycusis and their conversation partners that certain activities that rely on visual attention to an object could result in more mishearings.

The suggestion made in audiological research that eye gaze could enhance conversation and reduce the need for repairs (Cohn, 1999) is supported in these findings as most of the repairs due to mishearings in this study occurred when visual attention was divided between the object of discussion and the conversation partner's face. It is therefore suitable to advise people with presbycusis and conversation partners that maintaining gaze held attention in conversation could result in fewer mishearings.

The repair phenomenon where the person with presbycusis verbally requested a repair mostly occurred where visual attention was easily held.

Thus different strategies might be preferential when the activity already allows for adequate visual attention by both parties.

In terms of the importance of joint attention that was demonstrated in this section, another study has revealed interesting phenomenon in relation to gaze directed attention. A recent study showed how nurses repeatedly actively tried to obtain joint visual attention with elderly patients when performing video-telephoning (Savenstedt *et al.*, 2005). This is important to consider in terms of the results of this study because the hearing impaired participants were all elderly. With communication becoming increasingly reliant on technology the importance of gaze and attention in presbycusis should be considered.

The results have shown the importance of gaze related attention by the person with presbycusis and conversation partner. A possible link between the type of activity in conversation and the gaze related strategies used is suggested. The results confirm previous audiological findings that people with presbycusis rely on visual information during conversation.

7.2.2) Strategies used to alert the other party in conversation that a mishearing has occurred.

In this study, only instances where mishearings occurred and were repaired were considered for inclusion in the patterns of interaction uncovered. In these instances, different strategies were used to alert the other party in conversation that a mishearing has occurred.

As discussed before, one pattern described showed that the person with presbycusis can use a shift in gaze direction to alert the conversation partner of a mishearing. The other pattern described showed how the conversation partner used physical prompting to alert the person with presbycusis that a mishearing has occurred. In the third pattern described, the person with presbycusis verbally requested clarification to alert the conversation partner that a mishearing occurred.

The non-verbal techniques to initiate conversation have been discussed in depth in the previous section. The verbal technique used by the person with presbycusis will now be discussed. The verbal request for repair by the person with presbycusis was the second most common phenomenon in this study. When a verbal request for repair occurred it not only informed the conversation partner that a mishearing has taken place, but it also told the conversation partner the extent of the mishearing. The person with presbycusis either acknowledged that he couldn't hear anything e.g. "what did you say?" or he informed the conversation partner that only part of the turn of the trouble source was misheard e.g. "he went where?".

As mentioned in the previous section the verbal request for repair only occurred where there was no conflict of visual points of attention. The parties were able to hold eye gaze attention freely. The verbal request for repair might therefore be preferable when no conflicting points of visual attention are present.

A verbal request for repair as a result of a mishearing can only occur if the person with presbycusis is aware that a mishearing has taken place. Thus whenever mishearings occur and the person with presbycusis is aware of a mishearing there exists an option to verbally request repair. A verbal request is an overt way of indicating a need for repair. The other two patterns described in this study highlighted more subtle, non-verbal techniques available to people with presbycusis and their conversation partner to indicate a need for repair. The implications of the initiation and repair strategies on the responsibilities and identities of both parties will be discussed later.

Many papers have been written about strategies that people with presbycusis use to obtain a conversation repair from their conversation partners (Tye-Murray, 1991; Tye-Murray, Purdy & Woodworth, 1992c). In an Australian study published in 2002 (Heine & Browning, 2002) subjects with presbycusis reported that they mostly use verbal requests for clarification to overcome any difficulty in conversation. This is supported by findings from a

study by Tye-Murray and colleagues (Tye-Murray, Purdy & Woodworth, 1992b). In the data analysed in this study, only 15 out of 34 repairs were performed after a non-verbal request (shift in eye gaze) for clarification. The same number of repairs happened after a verbal request for clarification by the person with presbycusis. Three out of the 34 repairs occurred after the conversation partner alerted the person with presbycusis non-verbally by physical prompting that gaze held attention was inadequate. The results in this study do not wholly support the findings from the Heine and Browning study. In the Heine and Browning study, there was no specification made to which activities occurred in the conversations in the study. The type of conversation activity can play a major role in interaction. There can be, for example, differences in conversational practices between an interview style and a general conversation style interaction (Beeke, 2003; Collins, 2005). The results in this study also suggest there might be a link between the type of activity and the type of request for repair by the person with presbycusis. The non-verbal gaze directed request for repair was more prevalent in the conversation where the conversation relied on the participants' ability to look at the photo and hear what is being said. It could also be that in the study of Heine and Brown, participants only remembered more overt tactics used in conversation and did not think of the more subtle techniques used (like changing gaze direction). In the study by Tye-Murray and colleagues (Tye-Murray, Purdy & Woodworth, 1992a) the person with presbycusis were asked to indicate what type of strategy they used most frequently to effect a repair initiation. Participants were not given a choice of non-verbal strategies, only verbal strategies to choose from. The findings from the Tye-Murray study could possibly, as the Heine and Browning study, not be representative of all repair related behaviour for people with presbycusis. In the Heine and Browning study and the Tye-Murray *et al.* study, the authors decided which types of repair behaviour can occur and then formulated their questions on this basis. This study, however, highlights the importance of first determining which strategies may exist in conversation with a person with presbycusis before asking people with presbycusis to indicate which strategies they think they use most often.

The results from the current study are also in agreement with results from a study by Skelt (2006) indicating that conversation partners of hearing impaired adults use gestures to obtain reciprocity from their hearing impaired partner. In the current study the conversation partner specifically used gestures to obtain gaze-directed attention from the person with presbycusis within repair situations; however, non-repair situations were not considered. In the Skelt study, the hearing impaired participants experienced at least severe to profound hearing loss between 500 and 4000 Hz (Skelt, 2006). In the current study, however, the participants with presbycusis suffered from an increased hearing loss in the frequencies above 1000Hz but the hearing losses ranged in severity. It is therefore possible that the use of gestures to obtain attention from an adult with hearing impairment may be a strategy that can be used in any hearing loss configuration; however, this notion needs to be investigated further.

7.2.3) Mishearings and repair: disruption to the conversation flow.

Even though both parties managed the repairs successfully in all the repair sequences analysed, the repairs impacted on the dynamics of each conversation. It is necessary to consider the impact of mishearings on the flow of conversation, as this is a particular aspect that could explain the psychological and sociological impact of presbycusis on all parties involved. The results in this study showed that the repair disrupted the normal organisation of turns and the topic placed on hold until the person with presbycusis acknowledged that he understood (by nodding, saying yes or commenting on the repair). It is therefore understandable that it can become frustrating to the conversation partner as well as the person with presbycusis when repairs are regularly necessary because of mishearings.

The organisation of repairs should also be considered in this discussion. The repair organisation in this study showed a trend towards repair in a turn other than the turn of the trouble source. When trouble occurs within ongoing conversation, both parties have the option to initiate a repair, or not to do so (Schegloff, Jefferson & Sacks, 1977). Within the 'typical' organisation of

repair in every day conversation, there exists a preference for the speaker of the trouble source to repair the trouble that occurred (Schegloff *et al.*, 1977). The repair usually occurs as close in proximity as possible from the trouble source, usually within the turn of the trouble source (Schegloff *et al.*, 1977). The conversation partner of the person who uttered the trouble source usually tries to facilitate self-repair. In respect to the results from this pattern of interaction, most of the repair instances occurred in the third turn of the repair sequence. This might seem inconsistent with the studies of normal conversation interaction, but on closer inspection the reason for this delay is clear. Repair as a result of mishearings in this study was attempted as soon as was possible after speaker of the trouble source became aware of the mishearing. The conversation partner was the speaker of the trouble source, but the cause of the trouble was not errors of speech but errors of mishearing. The conversation partner was therefore often unaware within the turn of the trouble source that a repair was needed and was only able to repair later when alerted to the mishearing.

Repair trajectories have been a study of investigation before in audiology. In 2004 a study by Lind, Hickson and Erber (2004) the authors investigated the frequency of occurrence of type of repair trajectories that occurred in conversations between hearing impaired adults and conversation partners in a clinical setting. They found a normal distribution of all the trajectory types as compared to normal repairs. In the Lind *et al.* study the authors did not, however, differentiate between repairs due to errors of production, errors of mishearings or errors of misunderstandings. The authors did, however, find differences when repairs that *did not occur within the turn of the trouble source* were considered. In these instances the person with hearing loss was more likely to have initiated the repair than the conversation partner. It is possible that in the instances where other initiated repair occurred, mishearings occurred within the trouble source. This would explain the results from the Lind *et al.* study and also support the findings from this study.

Next, the implications of the repair behaviour seen in all of the patterns of interaction are considered. The repair behaviour showed that the conversation

partner oriented to the person with presbycusis' hearing loss and not to any other problem. The conversation partner repaired by using techniques that show a mishearing occurred, for example: repetitions, rephrasing the trouble source, emphasising words and making eye contact. It is interesting to note that all the repair actions by the conversation partner found in this repair pattern are described in audiology rehabilitation literature (Mueller & Hall, 1998). The term auditory rehabilitation refers to a combination of techniques used to provide the person with hearing loss the best possible functional outcome (Sataloff, Sataloff, Virag & Sokolow, 1998). The techniques include a combination of the following (Sataloff *et al.*, 1998):

- explanation of the hearing problem
- electronic devices to provide amplification
- speech reading training
- communication training
- counselling

Training advice for speech reading, and communication usually include the following advice to the conversation partner of the person with hearing loss (Wayner & Abrahamson, 1996):

- to slow speech down
- to move closer to the person with hearing loss
- to repeat once and if that does not work, rephrase
- to use gestures
- not to talk louder or shout

These techniques are aimed to enhance communication between an adult with hearing loss and a conversation partner. The techniques are usually taught just after the person with hearing loss has received amplification (Andersson, Green & Melin, 1997). Most of the techniques mentioned above were found in the repair behaviour of the conversation partner in this pattern of interaction. The conversation partner did not always use the same combination of the above techniques but at least one in every repair. The conversation partner did also not regularly first attempt repetition and then rephrasing, but selected one of the following: repetition, reduction or

rephrasing of the trouble source. Gestures and slowing speech down were used occasionally in addition to repetition, reduction or rephrasing.

The participants of this study did not have any auditory training when the before-amplification recording was made, yet they used these strategies with success. In the after-amplification recordings there was no occasion of mishearings and therefore the strategies were not seen in repair behaviour in the post amplification recordings. This has implications for auditory rehabilitation, in that it is often standard practice that a patient and their relative receive communication training and that all patients receive similar package of communication training. The results from this study suggest that some speakers might cope in conversations despite the barrier of hearing loss. This has implications for assessment of communication difficulties and rehabilitation provision. It may be necessary to perform conversation analysis when presbycusis has been diagnosed before auditory rehabilitation is given. The therapist can then determine which strategies both parties are able to use successfully and which strategies might be suggested. More information is though needed regarding strategies used in different conversation situations.

The strategies mentioned above were observed in this study when repairs occurred as a result of mishearings. In auditory training the strategies are, however, suggested to be used at all times when communicating with the person with hearing loss and not just when repairing the conversation (Wayner & Abrahamson, 1996). Further investigation of conversation interactions are needed to determine to what extent the strategies are used in non-repair conversation environments where auditory training has not been given and post auditory training.

One exception to the use of the advised auditory training strategies occurred in the repair behaviour in these examples. A strategy that is discouraged in auditory training is raising your voice when you talk to someone with hearing loss (Wayner & Abrahamson, 1996). This was, however, done regularly in these examples. The conversation partner regularly raised his/her voice during the repair of the trouble source. The reason given why raising your

voice is unacceptable is that raising the volume of your speech could distort the message and lower the possibility that you will be understood by the person with presbycusis (Mueller & Hall, 1999). In the instances analysed for this pattern of interaction, when the conversation partner raised his/her voice in repair the result was always successful in that the person with presbycusis showed a successful orientation to what the conversation partner said and the conversation was able to progress. It could be that raising the voice in a repair is more successful than previously thought. It could also be possible that raising the voice can be successful in certain conditions, for example in quiet, one-to-one conversations rather than in noisy environments. These are all questions that should be investigated further to clarify the effect of these strategies in conversation. It is clear that talking louder can be successful in conversation between a person with presbycusis and a conversation partner in a quiet environment; however, further repair instances need to be analysed in future to determine the proportions of this observation.

Repair in conversation has been a topic of study in other communication disorders (Lindsay & Wilkinson, 1999; Muller & Soto, 2002). Lindsay and Wilkinson (1999) analysed repair behaviour between adults with aphasia and their frequent conversation partners. They found that when 'errors' in the person with aphasia's expression occurred, the person with aphasia and their partner engaged in extensive repair sequences (Lindsay & Wilkinson, 1999). The repair sequences in the conversations extended beyond the point where the trouble source was solved. The repair behaviours described in this study does not resemble the repair phenomenon observed between people with aphasia and their conversation partners. This study showed particularly how the partner reacted to difficulty in hearing during repair. In the repair sequences analysed by Lindsay and Wilkinson, the repair focussed on the expression difficulties that the person with aphasia experienced. In another study where conversation between participants with Alzheimer's Dementia and conversation partners were analysed it was found that the participants with Alzheimer's Dementia struggled to monitor the conversation and as a result of that, breakdown occurred (Mnller & Guendouzi, 2005). The responsibility of monitoring the conversation was therefore more that of the

conversation partner. In a peer reviewed article by Ferguson (1994) it was demonstrated how conversation partners of people with aphasia used more interactive repair initiation and completion when compared to conversations between “normal” subjects. In phenomenon uncovered in this study, there was more responsibility on the person with presbycusis to indicate repair was needed and more responsibility on the conversation partner to perform the repair successfully. Another study by Muller and Soto (2002) described interactions between people with alternative communication aids and their conversation partners and found an increased need for conversational repairs as compared to conversations between two people with communication aids. It demonstrates that frequent conversation partners of adults with communication difficulties can use different strategies to overcome the particular types of trouble sources (e.g. trouble because of mishearing versus trouble because of mistakes in expression) in conversation.

In summary, repairs due to mishearings disrupt the flow of conversation and may explain why many people with presbycusis and their family members experience frustration in conversation. The repair strategies used in this study resemble strategies that are regularly suggested to conversation partners of people with presbycusis in auditory rehabilitation. One aspect that is discouraged in auditory rehabilitation, namely raising your voice when speaking to a person with presbycusis, was, however, used frequently in the repair instances in this study. Repair behaviour has been the focus of many studies in communication impairment. Research so far suggests that repair strategies used in conversation with a person with communication difficulties show an orientation to the particular nature of the communication difficulties experienced.

7.2.4) Identities and responsibilities in conversation

The results of this study show certain responsibilities and identities that can be attributed to the person with presbycusis and the conversation partner. In particular, the results of this study suggest that the responsibility for conversational repair and therefore the success of the conversation at these instances were placed in the hands of the conversation partner. In this respect

the initiation of repair will be mentioned. In a study by Robinson (2006) it was found that when repair was initiated as a result of mishearings, the responsibility of resolving the trouble source became the responsibility of the speaker of the trouble source. Robinson refers to this phenomenon as “interpersonal disalignment” (Robinson, 2006, p. 137). When hearing loss occurs and mishearings happen in conversation, the conversation partner takes on a more frequent responsibility to maintain the flow of conversation. This can understandably become frustrating to the conversation partner. It supports previous findings that family members may become impatient when communicating with the person with presbycusis (Smith & Kampfe, 1997). From the perspective of the person with presbycusis, this could possibly explain reports that people with presbycusis feel a loss of independence in social activities (Smith & Kampfe, 1997). In terms of the relationship between the conversation partner and the person with hearing loss, it is possible that an increased responsibility taken on by the conversation partner reaches a level where the conversation partner feels an unequal balance in conversation responsibility and this could result in complaints by the conversation partner.

A study that was mentioned earlier also suggests specific roles and identities that may develop between an older person and communication partners (Savenstedt, Zingmark, Hyden & Brulin, 2005). What is interesting to note in the study by Savenstedt *et al.* (2005) is that the conversation partners *actively* had to perform actions to engage the elderly participants in gaze directed attention. This implies passivity on behalf of the elderly person where the younger person carries the role of maintaining the flow of conversation. The sequences analysed in this study focussed on repair behaviour, however, the Savenstedt study did not focus on repair sequences but rather joint attention throughout the conversation. It is also not clear what type of conversations took place in the Savenstedt study. If the conversations were based on instructions from the conversation partner, it could well be that the conversation partner had to check more that the message was adequately received. Despite the differences to this study, the Savenstedt study does show how gaze and attention problems on behalf of an older person can result in certain roles in conversation for both parties involved.

The results of this study provide a possible explanation of the feelings of frustration, and feelings of isolation that may occur when a person has presbycusis. In the repairs that occurred due to mishearings, the conversation partner took the responsibility to repair the trouble source. It is conceivable that if mishearings occur frequently in conversation, social identities and responsibilities of both parties in conversation may change.

7.2.5) Before amplification versus after amplification

It is important to note the differences in interaction found in the before and after amplification conversations. The results showed that there were no instances where mishearings occurred in the after amplification conversations. In addition, in the recording of dyad 1001 where most of the instances of mishearings occurred, no instances occurred in the post-amplification recording of this dyad. Although this cannot be taken as proof that amplification reduces the need for repair due to mishearings in presbycusis, in this case it does show a trend that supports the notion that conversation interaction is improved by the provision of amplification.

The GHABP results also showed that participants considered their residual disability to be lower than before amplification. The details of the GHABP results will be discussed in the next section.

It is also suitable to discuss the repair behaviour observed in the pre-amplification conversations. Similar to what was discussed with regards to the repair behaviour of the conversation partner earlier, even before auditory rehabilitation was provided, both participants seemed to adequately orient to the auditory needs of the person with presbycusis. This aspect, as with regards to the other repair behaviours show that person with presbycusis and their conversation partners might be more successful in managing conversation than previously thought. The results of this study in terms of the strategies observed pre-auditory rehabilitation has implications for future auditory rehabilitation therapy. In future it might be more suitable to assess the repair strategies that the person with presbycusis and his or her

conversation partner already use within their conversation and then suggest further strategies that might be useful. This suggestion implies a more individualised approach to auditory rehabilitation when conversation strategies are taught.

7.2.6) Discussion in terms of other audiological and demographic results

The results will now be discussed in terms of the audiological and demographic details of the participants.

When the results of the GHABP are considered (see table 6.1), the results suggest that for the participants with presbycusis, the number of mishearings and repairs that occur in conversation do not necessarily relate to people with presbycusis' perception of their hearing difficulties. The results of the GHABP show that Ray, Len and Jill experienced the highest disability from their hearing loss. Len and Jill also experienced the highest level of handicap from their hearing loss. Despite these results from the GHABP, most of the mishearings occurred in the conversations where Ben and Vic were the participants with presbycusis. These results suggest that clinicians should be wary of taking at face value patients' reports of disability and handicap as these self-reports may not necessarily be borne out by the actual difficulties experienced in conversation. It would be useful to consider the patients' perceptions of their level of disability and handicap in conjunction with results from a conversation assessment based on observation of conversation interactions between the person with presbycusis and a conversation partner. These results also support findings of other studies that people with presbycusis can become accustomed to their hearing loss and would therefore not complain of difficulties in hearing as much as would be expected, this is referred to as the auditory deprivation effect (Arlinger *et al.*, 1996; Arlinger, 2003).

In terms of the eventual satisfaction and benefit derived from the hearing aid, all participants felt that they benefited from the amplification. Therefore, even though the participants who experienced conversation disruptions did not consider their disability to be very great, they noticed a positive improvement after amplification.

No differences in the results were found with regards to repair behaviour between the sexes. The conversations of the one female participant with presbycusis did not show any repairs due to mishearings. Although differences between coping strategies by woman and men who have presbycusis have been suggested by other studies (Garstecki & Erler, 1999; Helfer, 2001a; Helfer, 2001b), the results from this study did not show any particular difference. It is possible that not enough data has been analysed to determine any differences in conversation strategies. It is also possible that the gender of the conversation partner could have an influence on type of strategies selected which could be investigated in future studies.

In terms of the audiological results, if the shape of the audiograms are considered, the participants with presbycusis who had hearing levels below 40dBHL in the lower frequencies (250-500Hz) in at least one ear (Len and Jill, see appendix 4), did not show any instances of mishearings in the before or after conversations. The other participants with presbycusis (Ben, Vic and Ray) all showed a greater decline in hearing over the whole frequency spectrum and especially showed hearing loss of more than 40dBHL in the frequencies 250-500Hz in the better ear (see appendix 4). Ben, Vic and Ray were the only participants who experienced instances of mishearings in the conversations. These results suggests that people with presbycusis who have a hearing loss that affects the hearing in both the higher and lower frequencies could be at risk of experiencing more mishearings and a greater need for repair strategies than in people where fewer frequencies are affected. Gomez and Mabey found that the degree of hearing loss did not correlate to the person with presbycusis perceived ability to use conversation strategies (Gomez & Madey, 2001b) rather the emotional wellbeing of the person determined perceived success. Gomez and Mabey's study relied on

the patient's perceptions of the success of strategies used. In this study interactions were analysed and that might explain the difference in results. More research into the degree of hearing loss and repair strategies is needed, but in future the hearing therapist needs to consider the severity of the hearing loss before deciding which repair strategies to suggest to the person with presbycusis and their communication partners.

In summary, the results suggest that patients' perceptions of their level of disability and handicap should be considered in conjunction with results from a conversation assessment when determining the extent of the difficulties experienced in conversation. The results did not show any difference in interaction between the sexes, however, more conversations with female participants with presbycusis should be analysed before conclusions are made. The results also propose that the extent of the frequencies affected in presbycusis could relate to the extent of the difficulties experienced in conversation.

7.3) Conclusion

This chapter discussed the results of the conversational practices of people with presbycusis and a frequent conversation partner when mishearings occur. Despite the fact that the repairs were observed as a result of mishearings, the competencies of both the person with presbycusis and the conversation partner were demonstrated. Adults with presbycusis and their conversation partners were able to manage conversations when trouble occurred in conversation were able to solve it effectively. The strategies used relied on fine co-ordination and timing of the repair recognition, -initiation and completion.

The results of this study shed new light on strategies used in conversation by people with presbycusis and their conversation partners, and highlight the importance of non-verbal strategies in maintaining a conversation between a person with presbycusis and a conversation partner. The importance of gaze direction and gaze held attention was also demonstrated and discussed.

Finally this phenomenon implies that the responsibilities in conversation could change if a person develops presbycusis, which could explain why people with presbycusis and their conversation partners frequently complain of frustration in conversation activities.

The results also showed that in the post-amplification conversation, no mishearings occurred. Although no statistical significance can be suggested by these findings, in the cases studied in this research project, it does suggest a trend towards fewer mishearings on conversation as a result of amplification of hearing.

The aims for this study have now been addressed, namely to describe conversational interactions between people with presbycusis and their main everyday conversational partner and to determine whether there is evidence of change in interaction before and after the fitting of hearing aids.

In the next chapter, the clinical implications of the results of this study and future recommendations for further research will be discussed.

Chapter 8

Clinical implications and future recommendations

The aim of this Chapter is to relate the research findings to clinical use and future research. In addition a critical evaluation of the study will be made.

8.1) Introduction

This study has many implications for clinicians and researchers that will be discussed in the next paragraphs. In addition it is important to critically evaluate the study so that future research may benefit from the suggestions made.

8.2) Clinical and research implications

The results of the study propose many benefits and future considerations for clinicians who form part of the audiological rehabilitation team.

Firstly, this research provides the clients, their families and professionals such as audiologists, hearing therapists, speech and language therapists and consultants in audiological medicine with much needed evidence about conversational interactions in this client group. Original descriptions of naturally occurring conversation interactions of people with age related hearing loss can now be accessed by clinicians. Clinicians can now challenge preconceived ideas about conversation interaction between people with presbycusis and conversation partners, especially in relation to repair behaviour. In addition the study provides the team with empirical evidence regarding the benefits of digital hearing aids in conversation situations.

It is hoped that the insights gained through this analysis will inform the future planning of professional intervention strategies, leading to treatments designed more specifically to the needs of the individual client. The long-term benefit to clients is hypothesised to be more successful and consistent use of

hearing aids if the knowledge that resulted from this research is used to design assessment and intervention strategies.

The findings of this study are also potentially useful in other domains of elderly care since presbycusis is a component of complex elderly care issues.

In particular, this study highlighted the strategies used by both people with presbycusis and their conversation partners. This study has contributed to a paradigm shift in the study of presbycusis, where previously the aims were to discover disorders in communication of people with presbycusis, to a paradigm where competencies of both parties are highlighted, a more representative and inclusive model.

The results have therefore provided new insights into age related hearing loss and conversation, which can be shared with clients and professionals and which may provide a foundation for a new and optimistic approach to investigating the social consequences of presbycusis and the benefits of hearing aids.

8.3) Future clinical and research recommendations

Based on the outcomes of this study, the following recommendations can be made for future research:

- The results of this study provide a good basis of evidence regarding conversation interaction between people with presbycusis and conversation partners in terms of repair behaviour; however, further conversation analysis is needed to determine patterns in conversation in other sequential environments.
- In this study, the researcher only recorded conversations in quiet one-to-one conversation environments. Further research is needed to determine patterns in conversation in other environments, for example group conversations, noisy environments, conversations between clinicians and people with presbycusis and conversations where different activities are performed.

- Since the importance of visual information in conversation was demonstrated in the examples in this dissertation, it is suggested that the conversational practices of people who experience both vision and hearing loss should be investigated. This will provide more information on the use of other senses (e.g. physical gestures) as an aid in conversation.
- This study did not yield conclusive results regarding whether gender differences exist in conversation between a person with presbycusis and a familiar conversation partner. The possibility that the gender of the participants could have an influence on type of strategies selected should be investigated in future studies.

It is hoped that the results and insights provided by the project will lead to further research into intervention issues such as:

- The development of an assessment and screening tool to use conversational data to identify patients who are at risk of not benefiting from their hearing aids.
- As has been done with other communication disorders, assessment and rehabilitation strategies packages could be developed based on the principles of conversation and the results of this study (Lock, Wilkinson, Bryan, Maxim, Edmundson, Bruce, & Moir, 2001; Wilkinson, Bryan, Lock, Bayley, Maxim, Bruce, Edmundson, & Moir, 1998; Wozniak, Coelho, Duffy, & Liles, 1999). Group therapy with a focus on individual strategies have been successful with other populations with communication impairment, for example training in repair strategies for people with aphasia and their conversation partners (Booth & Swabey, 1999).
- The development of training programs for professionals.
- The findings may eventually also contribute to the curriculum in the new degree courses for audiologists. Furthermore insights gained from the findings can be used to create information leaflets for patients, e.g.

to explain to them what changes to expect in communication after receiving a hearing aid.

8.4) Critical evaluation of research study

It is essential to evaluate this study critically so that other researchers can have more knowledge when designing similar studies in future.

Although every effort has been made to avoid potential weaknesses in the design and implementation of this study, the following aspects should be raised:

- It is suggested that in future studies with a similar method, the researcher should carefully consider the number of recordings and number of participants in the study. In this study, 40 participants were recruited and 40 conversation recordings were made. This yielded large amounts of data to be transcribed and analysed. After consideration and discussion with experienced conversation analysts it was decided that the number of recordings to be analysed should be reduced to ten. This decision was based on the standard that in a typical PhD study where conversation analysis is used, approximately 5 conversation recordings would be analysed.
- The reduction in the number of recordings analysed in this study means that most of the data collected for this research study have not been analysed yet. It is recommended that these data be analysed in a similar fashion in future so that the descriptions in this study could be refined and challenged further.
- Another aspect that the researcher was unable to secure was more detailed audiological information with regards to the participants with presbycusis. Only standard audiological data that was collected as set out by the Modernisation of Hearing Aids Services Project was available (RNID, 2004). This does not, unfortunately, include speech discrimination and speech reception threshold tests, auditory reflex results or other audiological investigations. Aided audiograms are also not part of the standard practice for hearing aid fittings and therefore do

not appear in this study, however, each participant with presbycusis received real ear measurements to ensure that adequate auditory amplification was provided.

- Another aspect that created difficulty in the participant recruitment process was the information leaflet. The information leaflet design is based on the recommended design and standard word-usage in the United Bristol Healthcare Trust information leaflet design. The researcher was required to use the standard wording of the hospital in the design of the leaflet. A few potential participants complained that the information leaflet was too lengthy and difficult to read. Many potential participants initially agreed to take part when the audiologist explained the project verbally but decided against participation when they were handed the information leaflet. Many of the potential participants said although they would like to help they feel that there must be a high risk involved in the project because of the length of the information leaflet. The verbal explanations did not help to convince the potential participants to take part. Even though it is important to tell participants about all the aspects in the study that pertain to them, the researcher felt in retrospect that it was not acceptable to expect the participants to read through the whole leaflet. Verbal explanations, with a summary leaflet would perhaps have been more suitable and less intimidating.

The researcher decided in retrospect to consider the readability of the information leaflet. Readability is concerned with how easy a piece of text, or document, is to read and understand (Scharff & Ahumada, Jr. 2002). This is not a measure of the difficulty of the factual content of a document, rather the language used to transfer the information to the reader (Eysenbach *et al.* 2002).

When a document is produced to be read and understood by a participant in a research study, it is important to ensure that the document is understandable by participants; this is not always possible and sometimes other methods must be used to make the documentation understandable. Examples include one-to-one discussions and supplementary information sheets. As the researcher

discovered, good readability testing is not always carried out when considering information leaflet design and there are many instances of patient oriented documents with a poor readability score being presented to patients, of note the UK surgical consent form and many clinical websites (Pothier, 2005a; Pothier, 2005b).

To assist with the production of material that is appropriate to a target audience, readability scores have been produced. One commonly used readability score is the Flesch Reading Ease score (Pothier, 2005b). The Flesch Reading Ease score takes the length and complexity of words and sentences in consideration to produce a numerical score. A score that indicates a normal readability index is between 60 and 69. The Flesch Reading Ease score obtained for the information leaflet in this study was 51.4 indicating that the readability of the information leaflet was fairly difficult. It is therefore recommended that in future the readability of the information leaflet should be considered more carefully and if necessary need to be discussed with the relevant research and development department to alert them to potential readability problems of their information leaflets.

8.5) Conclusion

In conclusion, this study has provided clinicians with much needed evidence about conversational interactions in patients with presbycusis. In addition the results provide empirical evidence of the benefits of digital amplification of hearing. Future recommendations for research include investigating practices of people with presbycusis in a group or noisy environments. Clinical recommendations include designing an assessment and rehabilitation tool based on the results of this study. Finally the study was analysed critically and suggestions for researchers planning similar research projects were made. In the next chapter the study will be concluded.

Chapter 9

Conclusion

The aim of this chapter is to summarise the findings of the study and provide final conclusions.

9.1) Introduction

Currently a great deal of resources, both human and financial, is dedicated to the provision of hearing aids to people with age related hearing loss in the UK (Department of Health and RNID, 2003). There is currently an estimated 6,471,000 people over the age of 60 who experience hearing loss (Department of Health and RNID, 2003). In the context of an ageing population, resources dedicated to this pathology are particularly valuable.

The results of this study highlighted the importance of non-verbal strategies in maintaining a conversation between a person with presbycusis and a conversation partner. In particular, the importance of gaze direction and gaze held attention was demonstrated and discussed. Adults with presbycusis and their conversation partners were able to manage conversations when trouble occurred in conversation were able to solve it effectively. The strategies used relied on fine co-ordination and timing of the repair recognition, -initiation and completion.

The results indicated a possible link between the audiogram results and the necessity for repair behaviour. Finally the phenomena uncovered in this study indicated that the responsibility to monitor and maintain conversation could be increasingly placed on the conversation partner of the person with presbycusis. This could explain why people with presbycusis and their conversation partners frequently complain of frustration in conversation activities.

The results also showed that in the post-amplification conversation, no mishearings occurred. Although no statistical significance can be suggested by these findings, in the cases studied in this research project, it does suggest a trend towards fewer mishearings on conversation as a result of amplification of hearing.

This research project contributed significantly to the evidence-base concerning the real benefit of digital hearing aids to these elderly clients. The findings of this research will be crucial to supporting and developing professionals (such as audiologists and speech and language therapists) who work with these clients. Currently there is little in the way of validated assessment tools, which enable professionals to ensure that patients who have received amplification in the NHS truly receive the best value from their amplification. The findings of this study can be used to design assessment and intervention tools in the future, driving evidence based practice (Kamhi, 2006). It is likely that the findings could also underpin future professional guidelines and training, both at the stage of intervention and analysis of the results. The results of this study are applicable to a wide range of specialties including Speech and Language Therapy, Audiology, Otolaryngology, Hearing Therapy and Elderly Care. Further more, the results in this study also has the potential to be applied to other areas of interaction and conversation (outcome measurements and intervention) in the elderly.

9.2) Conclusion

Previous studies have shown that misconceptions can exist about practices of people with communication disorders (Dickerson, Rae, Stribling, Dautenhahn & Werry, 2005; Smith & Kampfe, 1997). In this study the practices of people with presbycusis were analysed in depth and competencies in the conversations of people with presbycusis and their conversation partners were uncovered. It is only through empirical analysis of talk that we are discovering the true actions and competencies of people with presbycusis and their conversation partners in conversation (Perkins, 1995).

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Appendices

Appendix 1
Information leaflet and return slip for person with
presbycusis: Conversation and age related hearing loss
study.

Version: 2 Date: 09/09/04

Corne-Louise Bredenkamp
Department of Audiology
Level B
St Michael's Hospital
St. Michael's Hill
Bristol
BS2 8EG
Telephone: 0117 9285854
Fax: 01179285859

9 September 2004

Dear Madam/Sir

INFORMATION LEAFLET TO PATIENT: CONVERSATION AND AGE RELATED HEARING LOSS STUDY.

You are invited to take part in the "Conversation and age related hearing loss study". Thank you for taking the time to read through the following information leaflet. You have met certain criteria to be invited to take part in this research study. Before you decide whether to take part or not, it is important that you read through this leaflet. Please contact me if you have any questions at the details below.

1. What is the purpose of the study?

The purpose of this study is to describe trends in conversation between a person with age related hearing loss and a person that he/she knows well, before and after the fitting of hearing aids.

This research is being done as part of a higher degree. 20 Participants in total will be recruited for the project.

2. Why is it necessary to do this research?

Recent research has indicated a need to describe conversations involving people with age related hearing loss. There is a need to determine the impact that hearing loss as well as wearing hearing aids, have on conversations. This could help audiologists and hearing therapists to provide better services and advice to people with age related hearing loss and their families or friends in future.

3. Why have I been chosen to take part?

You have been chosen because your particular type of hearing loss is being investigated in this study. You have also been recruited because you are about to have a hearing aid fitted. This means that the researcher will be able to record a conversation between you and a friend/ family member before AND after your hearing aid/s were fitted.

4. Do I have to take part?

No. If you decide not to participate, your decision will not affect your current or future relations with the Audiology Department at St. Michael's Hospital. You can withdraw at any time by informing the researcher.

5. What will happen if I decide to take part?

If you decide to take part, you will be asked to keep this information sheet as a reference. Your participation in the study will take mostly 2 hours of your time throughout the course of 4 months starting today.

I will visit you at home or at a familiar place twice: once before your hearing aid has been fitted and once, two months after your hearing aid was fitted. You can choose where the recording should take place. It does not need to be at your home and arrangements can be made according to your needs.

6. What will my family/friend or I have to do?

I will contact you in a few days' time to discuss the information leaflet and your possible participation in the project. If you verbally agree to participate, I will ask you to show this information leaflet to a friend of yours who you think would agree to have a video recorded conversation with you for the purpose of the project. Please see the flow chart outlining what you, your friend and the researcher will do during the visits.

What will happen to me if I take part?

ARRANGEMENT OF RECORDING DATE, PLACE AND TIME FOR VISIT 1.

You and your friend will be asked to choose a convenient time, date and familiar place to you both to have a 20-30 minute conversation (informal). This visit will be **before** the hearing aid fitting.



VISIT 1.

BEFORE YOUR HEARING AID FITTING.

- The information leaflet will be discussed again.
- Signing of the consent forms by you and your friend.
- Have a 20-30 minute informal conversation with your friend/family member that will be video recorded by the researcher.
- You will be asked to complete a short questionnaire called the Glasgow Hearing Aid Benefit Profile.



ARRANGEMENT OF RECORDING DATE, PLACE AND TIME FOR VISIT 2.

You and the SAME friend will be asked to choose a convenient time, date and familiar place to you both to have a 20-30 minute conversation (informal). This visit will be **after** the hearing aid fitting.



VISIT 2

2 MONTHS AFTER YOUR HEARING AID WAS PROVIDED TO YOU.

- Another 20-30 minute recording of a conversation of you and your friend will then be made.
- After the recording, the researcher will ask you to complete a short (10 minute) questionnaire about how you experience your hearing aid and how long during a day you wear the hearing aid (The Glasgow Hearing Aid Benefit Profile).

7. What is the researcher going to do with the recorded conversations and information that I will provide?

I will analyse the recordings and your conversations. This does not involve concentrating on what you said, but rather an in depth analysis of the flow of conversation. After I have analysed all the recordings, I will use extracts from your conversations as example for what I found. These extracts will be made available as the end product of the project.

I will compare the results of the questionnaire to the analysis of the conversations' results. The reason why you will be asked to complete the questionnaires is because the questionnaires will help the researcher to explain results of the conversation recordings.

As part of the project, I will need a copy of your hearing levels (audiogram). The audiologist will provide this to me after I have made the analysis of your conversations.

During the research project, some of the recorded conversations (video clips) and questionnaire results will be sent to South Africa where my supervisor will check that I am analysing the conversations correctly. No confidential information will be included when I send it to South Africa.

After the project has been completed, the original conversation recordings and completed questionnaires will be kept in a locked cupboard at St Michael's Hospital for 20 years. After 20 years, it will be destroyed.

8. Why do you need to video record the conversation?

Your conversations will need to be video recorded and not just audio recorded because the researcher will use a particular type of analysis method where the specific environment will be taken into account while analysing.

9. Will my taking part in the study be kept confidential?

Yes. All collected information about you will be kept strictly confidential. Identifiable information will have your name and address removed so that you cannot be recognised from it. Please see question 10 and 11 regarding confidentiality issues relating to the video recordings.

10. But what about the recorded conversations?

Your names or any personal information will not be used when analysing the recordings; your names will be coded so that only the researcher knows what your real names are. You might, however, still be recognised by your voice and your appearance. This is unavoidable and something that you need to consider before you give consent.

11. What will happen to the results of the research?

The final research project could be presented to public audiences where the short extracts of your conversation might be shown.

A research article could be published and the results will be documented in a dissertation. It could be presented at seminars or to professional audiences who are interested in the results.

12. Are there any risks or advantages to participating?

Although the researcher will take as many precautions available to obscure your identity, unfortunately, your anonymity cannot be guaranteed. There is still a risk that someone might identify your voice or appearance from the video recordings. Please see question 9 for more information.

13. Are there any benefits from participating?

Your participation is unlikely to benefit you but it is hoped that future patients will benefit from the research results.

14. What if something goes wrong?

If you are harmed by taking part in this research project, there are no special compensation arrangements. If you are harmed due to someone's negligence, then you may have grounds for a legal action but you may have to pay for it. Regardless of this, if you have concerns about any aspect of the way you have been approached or treated during the course of this study you may wish to contact the hospital's Patient Advice and Liaison Service (PALS) on 0117 928 3571, minicom number 0117

934 9261, or write to PALS, Bristol Royal Infirmary, Main BRI Front Entrance, Queens Building, Bristol, BS2 8HW. If you wish to make a formal complaint please write to Mr Graham Nix, Acting Chief Executive UBHT Headquarters, Marlborough Street, Bristol, BS1 3NU or telephone Patient Complaints Manager on 0117 928 3604.

15. What if I decide I don't want to take part anymore?

If at any time during the course of the study you wish to withdraw, please inform the researcher and any information about your case will be destroyed.

16. Will I be informed of the results of the study?

The results of the study will be made available to you by means of an information sheet that will be posted to you if you wish to receive it.

17. Who has reviewed the study?

This research activity has been approved by the Central Office for Research and Ethics Committees (COREC) as well as the University of Pretoria's Ethics Committee. If you would like to contact COREC, please visit www.corec.org.uk or phone 01752 764432 (COREC South West). If you would like to contact the University of Pretoria's Ethics Committee please phone +27 12 420 2357 or email brenda.louw@up.ac.za.

18. Who is funding the research?

The project is self-funded by the researcher.

20. Who can I contact for further information?

Please contact the researcher for any questions regarding the project at:

Email: research@cornelouise.com

Phone: 079 50798681

If you are willing to participate in the study, please keep a copy of this form. I will help you to complete the consent form at our first meeting. Thank you for your valuable contribution to this research.

Yours sincerely,

Louise Bredenkamp

Researcher

Masters student in Communication Pathology

Michael's Hospital

St

Version: 2 Date: 09/09/04

Reply slip to Information sheet Version 2, Date 09/09/04:

Please complete the following slip to indicate to the researcher your interest in participating in the above project (Version 2, Date 09/09/04) as well as to give consent so that the researcher may contact you to discuss any questions that you may have and to organise a suitable date for participation.

Full Name: _____ Date of Birth: _____

Daytime contact number: _____

Other contact number: _____

Address: _____

I hereby give consent for the researcher to contact me regarding the above-mentioned research project (version number 2; date: 09/09/04) to discuss any questions I might have.

Signature: _____

Date: _____

Version: 2
Date: 09/09/04

Participant Consent Form

Conversation and Age Related Hearing Loss Study

Patient Addressograph:

Name _____

Hosp No. _____

DOB: _____

I have read the information sheet for the above research study (Version 2, Date 09/09/04). I have had the opportunity to ask questions about the research study.

I understand the purpose of the research study, and how I will be involved.

I understand that all information collected in the research study will be held in confidence and that, if it is presented or published, all my personal details will be removed. I understand that the recorded conversations will be part of the end product of the research and I give consent for edited sections of the taped conversations to be presented as part of the research results to public audiences.

I understand that some of the data collected could be sent to South Africa as part of the research project.

I confirm that I will be taking part in this research study of my own free will, and I understand that I may withdraw from it, at any time and for any reason, without my medical care or my legal rights being affected.

I agree to take part in the above research study.

Signed _____ Date _____

Person taking consent _____ Date _____

Appendix 2

Information leaflet, return slip and consent form for conversation partner of person with presbycusis: Conversation and age related hearing loss study.

Version: 2 Date: 09/09/04

Corne-Louise Bredenkamp
Department of Audiology
Level B
St Michael's Hospital
St. Michael's Hill
Bristol
BS2 8EG
Telephone: 0117 9285854
Fax: 01179285859

9 September 2004

Dear Madam/Sir

INFORMATION LEAFLET TO FRIEND OR FAMILY MEMBER OF PATIENT: CONVERSATION AND AGE RELATED HEARING LOSS STUDY.

You are invited to take part in the "Conversation and age related hearing loss study". Thank you for taking the time to read through the following information leaflet. You have met certain criteria to be invited to take part in this research study. Before you decide whether to take part or not, it is important that you read through this leaflet. Please contact me if you have any questions at the details below.

1. What is the purpose of the study?

The purpose of this study is to describe trends in conversation between a person with age related hearing loss and a person that he/she knows well, before and after the fitting of hearing aids.

This research is being done as part of a higher degree. 20 Participants in total will be recruited for the project.

2. Why is it necessary to do this research?

Recent research has indicated a need to describe conversations involving people with age related hearing loss. There is a need to determine the impact that hearing loss as well as wearing hearing aids, have on conversations. This could help audiologists and hearing therapists to provide better services and advice to people with age related hearing loss and their families or friends in future.

3. Why have I been chosen to take part?

You have been chosen because your friend or family member's particular type of hearing loss is being investigated in this study. You have also been recruited because your family member or friend is about to have a hearing aid fitted. This means that the researcher will be able to record a conversation between you and your friend/ family member before AND after your friend/ family member's hearing aid/s were fitted.

4. Do I have to take part?

No. If you decide not to participate, your decision will not affect your current or future relations with the Audiology Department at St. Michael's Hospital. You can withdraw at any time by informing the researcher.

5. What will happen if I decide to take part?

If you decide to take part, you will be asked to keep this information sheet as a reference. Your participation in the study will take mostly 2 hours of your time throughout the course of 4 months starting today.

I will visit you at home or at a familiar place twice: once before your hearing aid has been fitted and once, two months after your hearing aid was fitted. You and your friend/family member can choose where the recording should take place. It does not need to be at you or your friend's home and arrangements can be made according to your needs.

6. What will happen to me if I take part?

Please see the following flow chart which outlines what will happen if you decide to take part in the study.

ARRANGEMENT OF RECORDING DATE, PLACE AND TIME FOR VISIT 1.

You and your friend will be asked to choose a convenient time, date and familiar place to you both to have a 20-30 minute conversation (informal). This visit will be **before** your friend's hearing aid fitting.



VISIT 1.

BEFORE YOUR FRIEND'S HEARING AID FITTING.

- The information leaflet will be discussed again.
- You and your friend will be asked to sign the consent forms.
- You will have a 20-30 minute informal conversation with your friend/family member that will be video recorded by the researcher.



ARRANGEMENT OF RECORDING DATE, PLACE AND TIME FOR VISIT 2.

You and your friend will be asked to choose a convenient time, date and familiar place to you both to have a 20-30 minute conversation (informal). This visit will be **after** your friend's hearing aid fitting.



VISIT 2

2 MONTHS AFTER YOUR HEARING AID WAS PROVIDED TO YOUR FRIEND/ FAMILY MEMBER.

- Another 20-30 minute recording of a conversation of you and your friend will then be made.

7. What is the researcher going to do with the recorded conversations and information that I will provide?

I will analyse the recordings and your conversations. This does not involve concentrating on what you said, but rather an in depth analysis of the flow of conversation. After I have analysed all the recordings, I will use extracts from your conversations as example for what I found. These extracts will be made available as the end product of the project.

During the research project, some of the recorded conversations (video clips) and questionnaire results will be sent to South Africa where my supervisor will check that I am analysing the conversations correctly. No confidential information will be included when I send it to South Africa.

After the project has been completed, the original conversation recordings and completed questionnaires will be kept in a locked cupboard at St Michael's Hospital for 20 years. After 20 years, it will be destroyed.

8. Why do you need to video record the conversation?

Your conversations will need to be video recorded and not just audio recorded because the researcher will use a particular type of analysis method where the specific environment will be taken into account while analysing the data.

9. Will my taking part in the study be kept confidential?

Yes. All collected information about you will be kept strictly confidential. Identifiable information will have your name and address removed so that you cannot be recognised from it. Please see question 10 and 11 regarding confidentiality issues relating to the video recordings.

10. But what about the recorded conversations?

Your names or any personal information will not be used when analysing the recordings; your names will be coded so that only the researcher knows what your real names are. You might, however, still be recognised by your voice and your appearance. This is unavoidable and something that you need to consider before you give consent.

11. What will happen to the results of the research?

The final research project could be presented to public audiences where the short extracts of your conversation might be shown.

A research article could be published and the results will be documented in a dissertation. It could be presented at seminars or to professional audiences who are interested in the results.

12. Are there any risks or advantages to participating?

Although the researcher will take as many precautions available to obscure your identity, unfortunately, your anonymity cannot be guaranteed. There is still a risk that someone might identify your voice or appearance from the video recordings. Please see question 9 for more information.

13. Are there any benefits from participating?

Your participation is unlikely to benefit you but it is hoped that future patients with hearing loss and their families will benefit from the research results.

14. What if something goes wrong?

If you are harmed by taking part in this research project, there are no special compensation arrangements. If you are harmed due to someone's negligence, then you may have grounds for a legal action but you may have to pay for it. Regardless of this, if you have concerns about any aspect of the way you have been approached or treated during the course of this study you may wish to contact the hospital's Patient Advice and Liaison Service (PALS) on 0117 928 3571, minicom number 0117 934 9261, or write to PALS, Bristol Royal Infirmary, Main BRI Front Entrance, Queens Building, Bristol, BS2 8HW. If you wish to make a formal complaint please write to Mr Graham Nix, Acting Chief Executive UBHT Headquarters, Marlborough Street, Bristol, BS1 3NU or telephone Patient Complaints Manager on 0117 928 3604.

15. What if I decide I don't want to take part anymore?

If at any time during the course of the study you wish to withdraw, please inform the researcher and any information about your case will be destroyed.

16. Will I be informed of the results of the study?

The results of the study will be made available to you by means of an information sheet that will be posted to you if you wish to receive it.

17. Who has reviewed the study?

This research activity has been approved by the Central Office for Research and Ethics Committees (COREC) as well as the University of Pretoria's Ethics Committee. If you would like to contact COREC, please visit www.corec.org.uk or phone 01752 764432 (COREC South West). If you would like to contact the University of Pretoria's Ethics Committee please phone +27 12 420 2357 or email brenda.louw@up.ac.za.

18. Who is funding the research?

The project is self-funded by the researcher.

20. Who can I contact for further information?

Please contact the researcher for any questions regarding the project at:

Email: research@cornelouise.com

Phone: 079 50798681

If you are willing to participate in the study, please keep a copy of this form. I will help you to complete the consent form at our first meeting. Thank you for your valuable contribution to this research.

Yours sincerely,

Louise Bredenkamp
Researcher
Masters student in Communication Pathology
St Michael's Hospital

Version: 2 Date: 09/09/04

Reply slip to Information sheet Version 2, Date 09/09/04:

Please complete the following slip to indicate to the researcher your interest in participating in the above project (Version 2, Date 09/09/04) as well as to give consent so that the researcher may contact you to discuss any questions that you may have and to organise a suitable date for participation.

Full Name: _____ Date of Birth: _____

Daytime contact number: _____

Other contact number: _____

Address: _____

I hereby give consent for the researcher to contact me regarding the above mentioned research project (version number 2; date: 09/09/04) to discuss any questions I might have.

Signature: _____

Date: _____

Version: 2
Date: 09/09/04

Participant Consent Form

Conversation and Age Related Hearing Loss Study

Patient Addressograph: Name _____ DOB: _____
--

I have read the information sheet for the above research study (Version 2, Date 09/09/04). I have had the opportunity to ask questions about the research study.

I understand the purpose of the research study, and how I will be involved.

I understand that all information collected in the research study will be held in confidence and that, if it is presented or published, all my personal details will be removed. I understand that the recorded conversations will be part of the end product of the research and I give consent for edited sections of the taped conversations to be presented as part of the research results to public audiences.

I understand that some of the data collected could be sent to South Africa as part of the research project.

I confirm that I will be taking part in this research study of my own free will, and I understand that I may withdraw from it, at any time and for any reason, without my medical care or my legal rights being affected.

I agree to take part in the above research study.

Signed _____ Date _____

Person taking consent _____ Date _____

Appendix 3

Glasgow Hearing Aid Benefit Profile

GLASGOW HEARING AID BENEFIT PROFILE

Date of Assessment

Date of Review

Hospital Number.....

Name

Address

Does this situation happen in your life? FAMILY OR FRIENDS 0 ___ No 1 ___ Yes	LISTENING TO THE TELEVISION WITH OTHER WHEN THE VOLUME IS ADJUSTED TO SUIT OTHER
---	---

How much difficulty do you have in this situation?	How much does any difficulty in this situation worry, annoy or upset you?	In this situation, what proportion of the time do you wear your hearing aid?	In this situation, how much does your hearing aid help you?	In this situation, <u>with your hearing aid</u> , how much difficulty do you <u>now</u> have?	For this situation, how satisfied are you with your hearing aid?
0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not at all 2 ___ Only a little 3 ___ A moderate amount 4 ___ Quite a lot 5 ___ Very much indeed	0 ___ N/A 1 ___ Never/Not at all 2 ___ About ¼ of the time 3 ___ About ½ of the time 4 ___ About ¾ of the time 5 ___ All the time	0 ___ N/A 1 ___ Hearing aid no use at all 2 ___ Hearing aid is some help 3 ___ Hearing aid is quite helpful 4 ___ Hearing aid is a great help 5 ___ Hearing is perfect with aid	0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not satisfied at all 2 ___ A little satisfied 3 ___ Reasonably satisfied 4 ___ Very satisfied 5 ___ Delighted with aid

Does this situation happen in your life? PERSON WHEN 0 ___ No 1 ___ Yes	HAVING A CONVERSATION WITH ONE OTHER THERE IS NO BACKGROUND NOISE
---	--

How much difficulty do you have in this situation?	How much does any difficulty in this situation worry, annoy or upset you?	In this situation, what proportion of the time do you wear your hearing aid?	In this situation, how much does your hearing aid help you?	In this situation, <u>with your hearing aid</u> , how much difficulty do you <u>now</u> have?	For this situation, how satisfied are you with your hearing aid?
0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not at all 2 ___ Only a little 3 ___ A moderate amount 4 ___ Quite a lot 5 ___ Very much indeed	0 ___ N/A 1 ___ Never/Not at all 2 ___ About ¼ of the time 3 ___ About ½ of the time 4 ___ About ¾ of the time 5 ___ All the time	0 ___ N/A 1 ___ Hearing aid no use at all 2 ___ Hearing aid is some help 3 ___ Hearing aid is quite helpful 4 ___ Hearing aid is a great help 5 ___ Hearing is perfect with aid	0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not satisfied at all 2 ___ A little satisfied 3 ___ Reasonably satisfied 4 ___ Very satisfied 5 ___ Delighted with aid

Does this situation happen in your life?	CARRYING ON A CONVERSATION IN A BUSY
--	---

STREET OR SHOP					
0 ___ No 1 ___ Yes					
How much difficulty do you have in this situation?	How much does any difficulty in this situation worry, annoy or upset you?	In this situation, what proportion of the time do you wear your hearing aid?	In this situation, how much does your hearing aid help you?	In this situation, <u>with your hearing aid</u> , how much difficulty do you <u>now</u> have?	For this situation, how satisfied are you with your hearing aid?
0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not at all 2 ___ Only a little 3 ___ A moderate amount 4 ___ Quite a lot 5 ___ Very much indeed	0 ___ N/A 1 ___ Never/Not at all 2 ___ About ¼ of the time 3 ___ About ½ of the time 4 ___ About ¾ of the time 5 ___ All the time	0 ___ N/A 1 ___ Hearing aid no use at all 2 ___ Hearing aid is some help 3 ___ Hearing aid is quite helpful 4 ___ Hearing aid is a great help 5 ___ Hearing is perfect with aid	0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not satisfied at all 2 ___ A little satisfied 3 ___ Reasonably satisfied 4 ___ Very satisfied 5 ___ Delighted with aid
HAVING A CONVERSATION WITH SEVERAL PEOPLE IN A GROUP					
Does this situation happen in your life? 0 ___ No 1 ___ Yes					
How much difficulty do you have in this situation?	How much does any difficulty in this situation worry, annoy or upset you?	In this situation, what proportion of the time do you wear your hearing aid?	In this situation, how much does your hearing aid help you?	In this situation, <u>with your hearing aid</u> , how much difficulty do you <u>now</u> have?	For this situation, how satisfied are you with your hearing aid?
0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not at all 2 ___ Only a little 3 ___ A moderate amount 4 ___ Quite a lot 5 ___ Very much indeed	0 ___ N/A 1 ___ Never/Not at all 2 ___ About ¼ of the time 3 ___ About ½ of the time 4 ___ About ¾ of the time 5 ___ All the time	0 ___ N/A 1 ___ Hearing aid no use at all 2 ___ Hearing aid is some help 3 ___ Hearing aid is quite helpful 4 ___ Hearing aid is a great help 5 ___ Hearing is perfect with aid	0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not satisfied at all 2 ___ A little satisfied 3 ___ Reasonably satisfied 4 ___ Very satisfied 5 ___ Delighted with aid

We have dealt with some of the situations which in our experience can lead to difficulty with hearing. What we would now like you to do is to nominate up to four new situations in which it is important for you as an individual to be able to hear as well as possible.

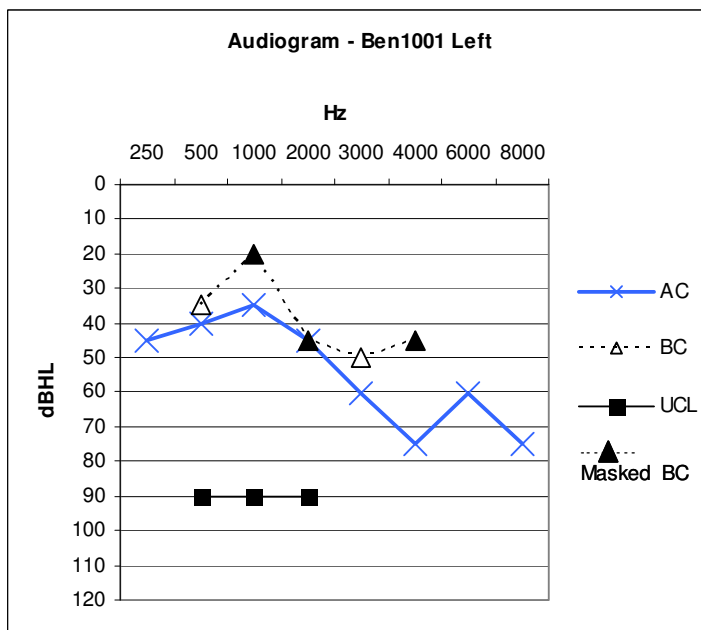
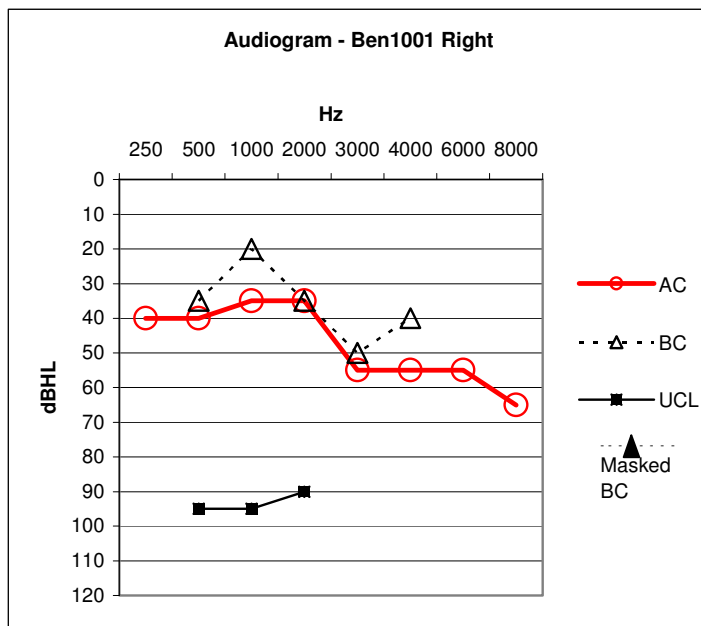
How much difficulty do you have in this situation?	How much does any difficulty in this situation worry, annoy or upset you?	In this situation, what proportion of the time do you wear your hearing aid?	In this situation, how much does your hearing aid help you?	In this situation, <u>with your hearing aid</u> , how much difficulty do you <u>now</u> have?	For this situation, how satisfied are you with your hearing aid?
0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not at all 2 ___ Only a little 3 ___ A moderate amount 4 ___ Quite a lot 5 ___ Very much indeed	0 ___ N/A 1 ___ Never/Not at all 2 ___ About ¼ of the time 3 ___ About ½ of the time 4 ___ About ¾ of the time 5 ___ All the time	0 ___ N/A 1 ___ Hearing aid no use at all 2 ___ Hearing aid is some help 3 ___ Hearing aid is quite helpful 4 ___ Hearing aid is a great help 5 ___ Hearing is perfect with aid	0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not satisfied at all 2 ___ A little satisfied 3 ___ Reasonably satisfied 4 ___ Very satisfied 5 ___ Delighted with aid
How much difficulty do you have in this situation?	How much does any difficulty in this situation worry, annoy or upset you?	In this situation, what proportion of the time do you wear your hearing aid?	In this situation, how much does your hearing aid help you?	In this situation, <u>with your hearing aid</u> , how much difficulty do you <u>now</u> have?	For this situation, how satisfied are you with your hearing aid?
0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not at all 2 ___ Only a little 3 ___ A moderate amount 4 ___ Quite a lot 5 ___ Very much indeed	0 ___ N/A 1 ___ Never/Not at all 2 ___ About ¼ of the time 3 ___ About ½ of the time 4 ___ About ¾ of the time 5 ___ All the time	0 ___ N/A 1 ___ Hearing aid no use at all 2 ___ Hearing aid is some help 3 ___ Hearing aid is quite helpful 4 ___ Hearing aid is a great help 5 ___ Hearing is perfect with aid	0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not satisfied at all 2 ___ A little satisfied 3 ___ Reasonably satisfied 4 ___ Very satisfied 5 ___ Delighted with aid
How much difficulty do you have in this situation?	How much does any difficulty in this situation worry, annoy or upset you?	In this situation, what proportion of the time do you wear your hearing aid?	In this situation, how much does your hearing aid help you?	In this situation, <u>with your hearing aid</u> , how much difficulty do you <u>now</u> have?	For this situation, how satisfied are you with your hearing aid?
0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not at all 2 ___ Only a little 3 ___ A moderate amount 4 ___ Quite a lot 5 ___ Very much indeed	0 ___ N/A 1 ___ Never/Not at all 2 ___ About ¼ of the time 3 ___ About ½ of the time 4 ___ About ¾ of the time 5 ___ All the time	0 ___ N/A 1 ___ Hearing aid no use at all 2 ___ Hearing aid is some help 3 ___ Hearing aid is quite helpful 4 ___ Hearing aid is a great help 5 ___ Hearing is perfect with aid	0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not satisfied at all 2 ___ A little satisfied 3 ___ Reasonably satisfied 4 ___ Very satisfied 5 ___ Delighted with aid

		5__ All the time			
How much difficulty do you have in this situation?	How much does any difficulty in this situation worry, annoy or upset you?	In this situation, what proportion of the time do you wear your hearing aid?	In this situation, how much does your hearing aid help you?	In this situation, <u>with your hearing aid</u> , how much difficulty do you <u>now</u> have?	For this situation, how satisfied are you with your hearing aid?
0__ N/A 1__ No difficulty 2__ Only slight difficulty 3__ Moderate difficulty 4__ Great difficulty 5__ Cannot manage at all	0__ N/A 1__ Not at all 2__ Only a little 3__ A moderate amount 4__ Quite a lot 5__ Very much indeed	0__ N/A 1__ Never/Not at all 2__ About ¼ of the time 3__ About ½ of the time 4__ About ¾ of the time 5__ All the time	0__ N/A 1__ Hearing aid no use at all 2__ Hearing aid is some help 3__ Hearing aid is quite helpful 4__ Hearing aid is a great help 5__ Hearing is perfect with aid	0__ N/A 1__ No difficulty 2__ Only slight difficulty 3__ Moderate difficulty 4__ Great difficulty 5__ Cannot manage at all	0__ N/A 1__ Not satisfied at all 2__ A little satisfied 3__ Reasonably satisfied 4__ Very satisfied 5__ Delighted with aid

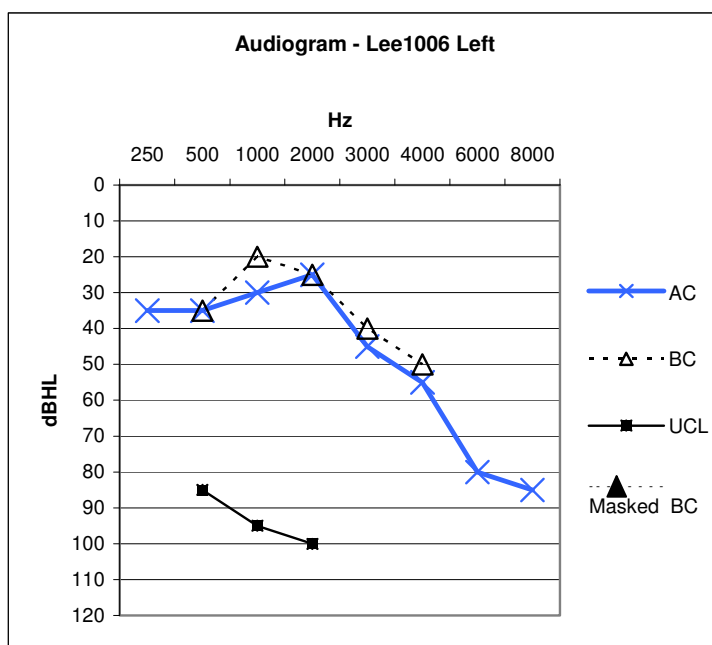
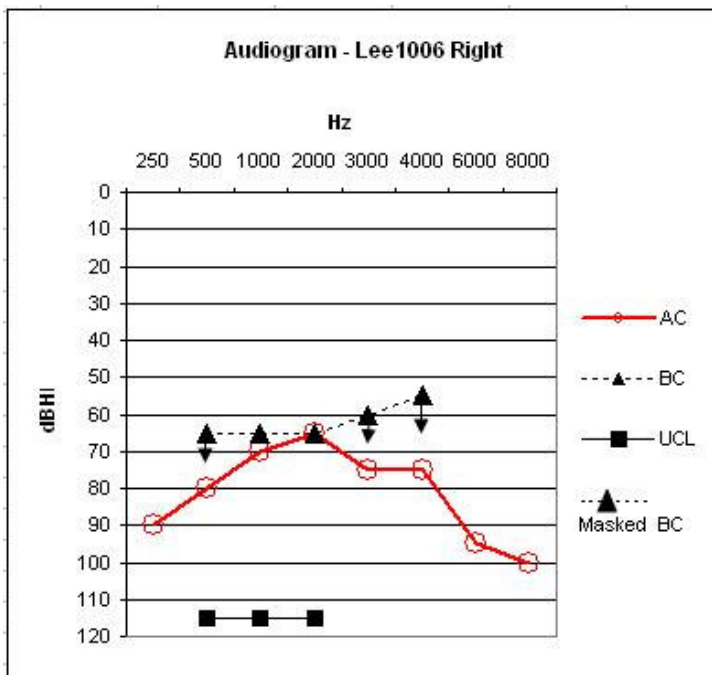
Appendix 4

Audiogram results

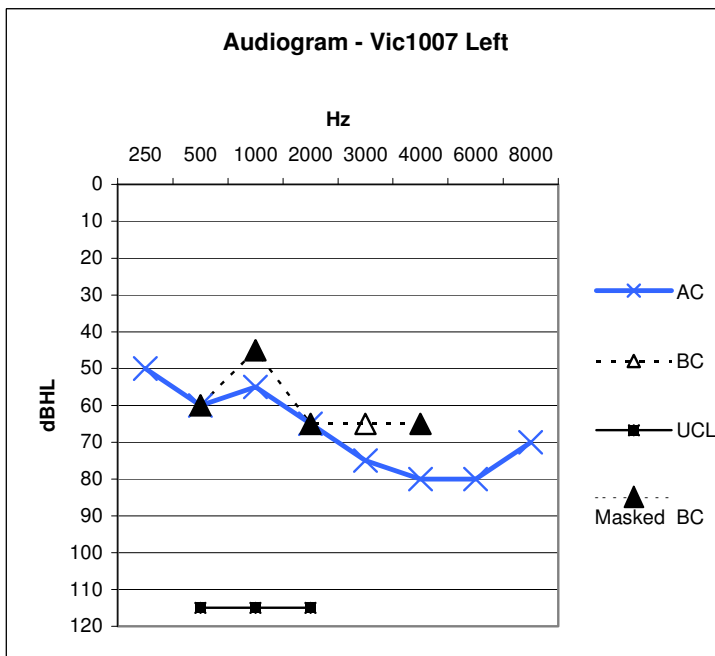
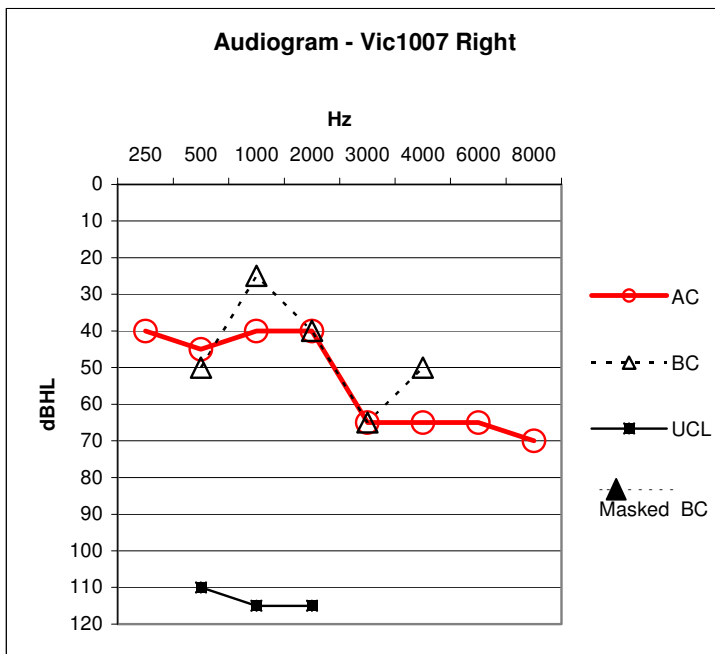
BEN1001



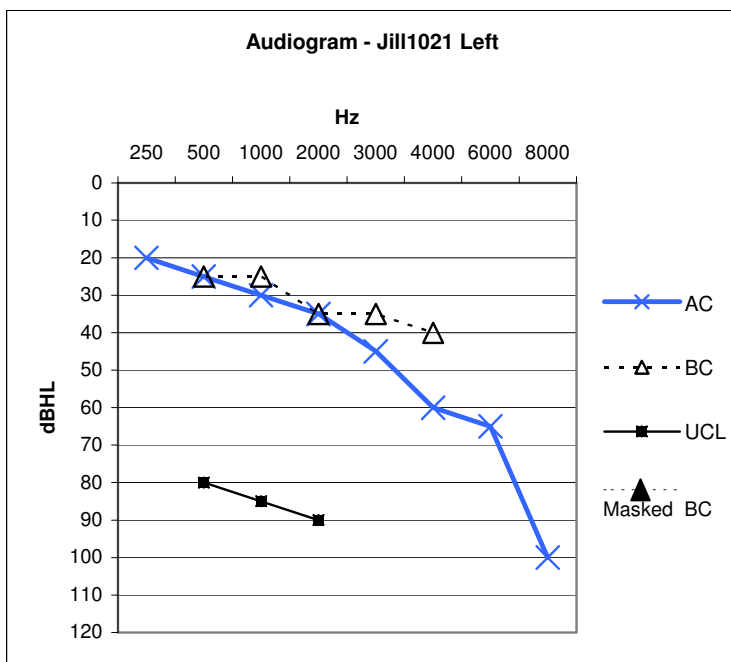
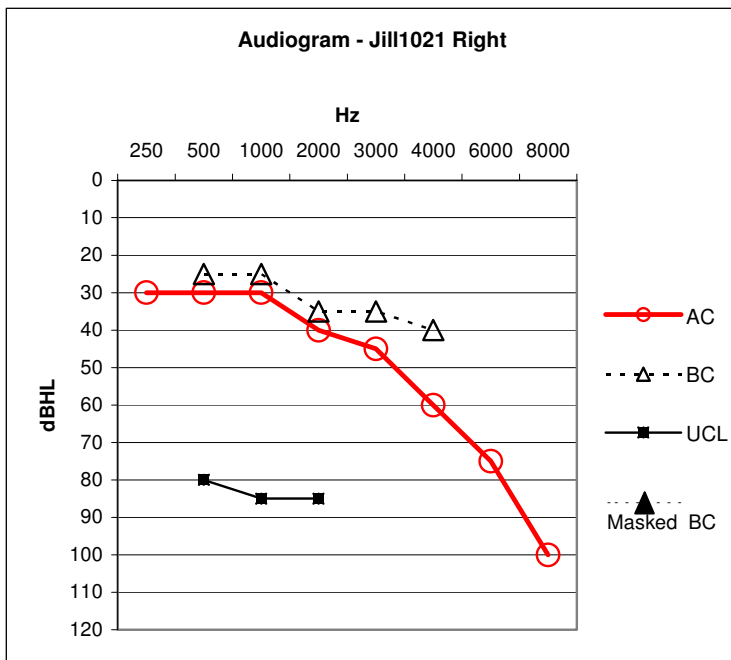
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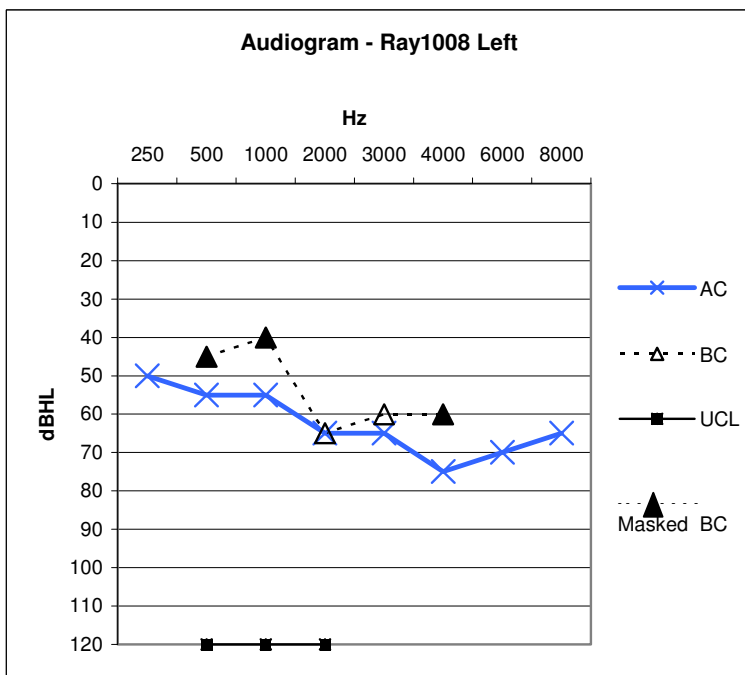
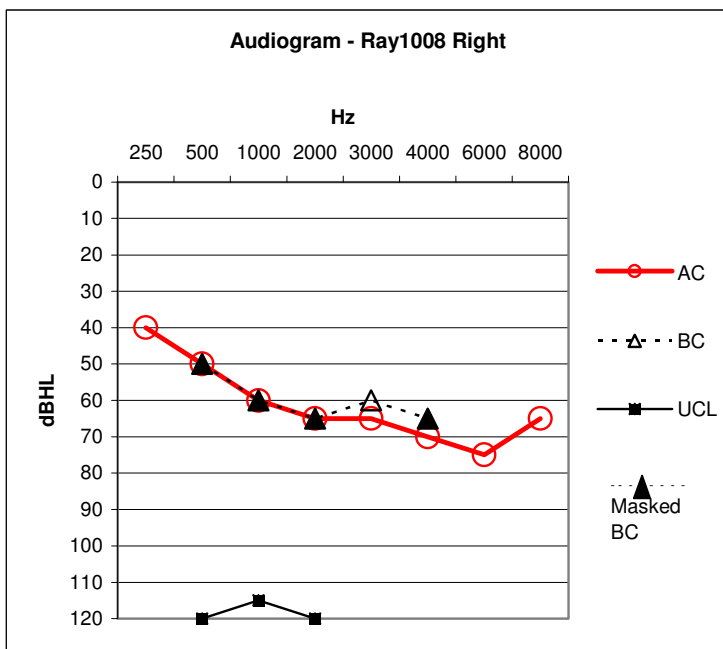
VIC1007



JILL1021

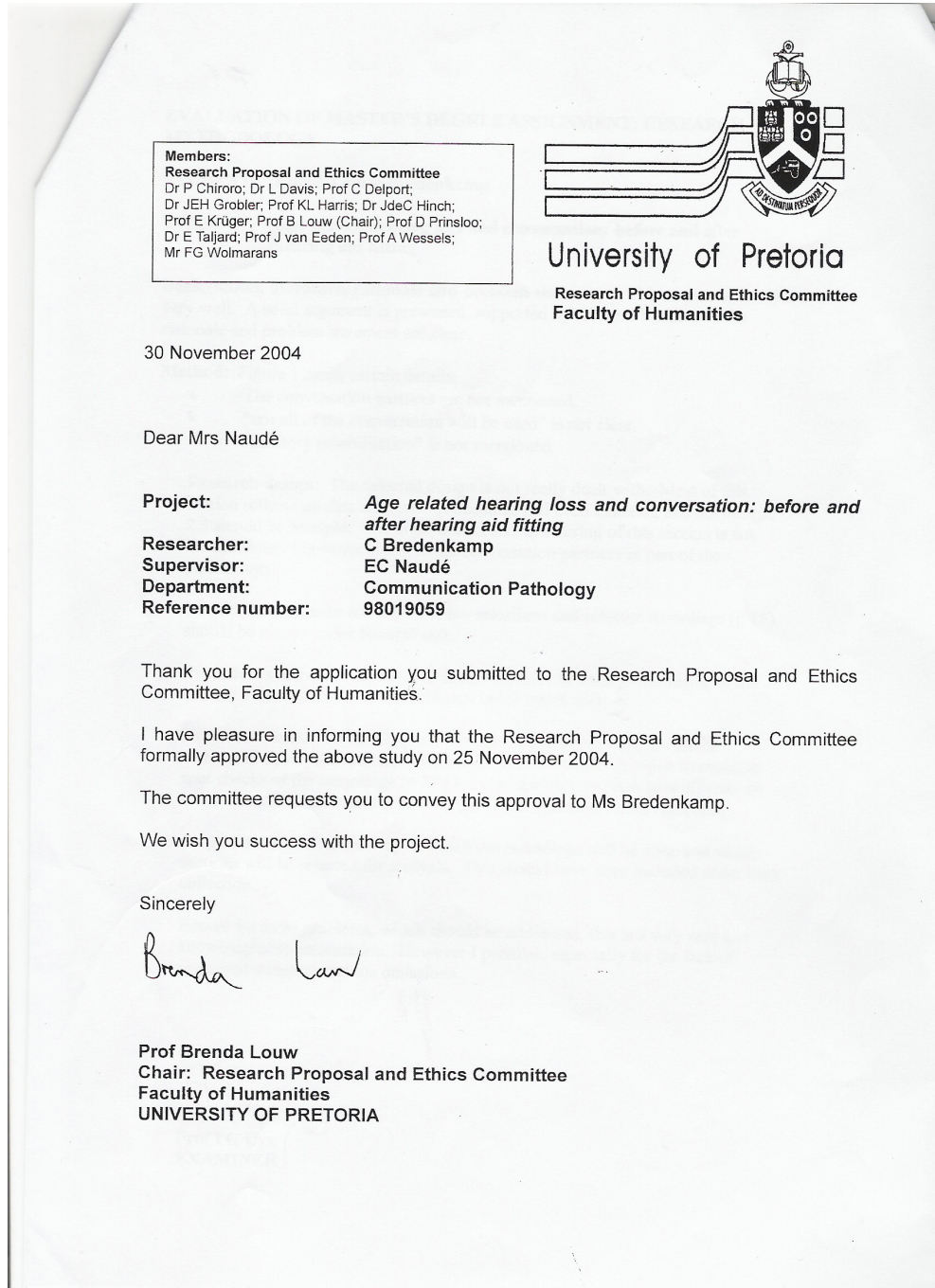


RAY1008



Appendix 5

Ethical clearance



Central & South Bristol Research Ethics Committee
UBHT Headquarters, Marlborough Street, Bristol BS1 3NU



Administrator: Mrs Naaz Nathoo
Tel: 0117 928 3613
Email: naaz.nathoo@ubht.swest.nhs.uk

05 October 2004

Miss C Bredenkamp
Speech and Language Therapist
28 Arley Hill
Bristol
BS6 5PR

Dear Miss Bredenkamp,

Full title of study: *Presbycusis and conversation: analysis of conversation pre- and post fitting of a hearing aid.*
REC reference number: 04/Q2006/90
Protocol number: 2

Thank you for your letter of 04 October 2004, responding to the Committee's request for further information on the above research.

The further information was considered at the meeting of the Sub-Committee of the REC held on 5 October 2004. A list of the members who were present at the meeting is attached.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation.

The favourable opinion applies to the following research site:

Site: St Michael's Hospital, Bristol
Principal Investigator: Miss C Bredenkamp

Conditions of approval

The favourable opinion is given provided that you comply with the conditions set out in the attached document. You are advised to study the conditions carefully.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document Type: Application
Version: (revised)
Dated: 20/09/2004
Date Received: 21/09/2004

Document Type: Investigator CV
Date Received: 02/08/2004

An advisory committee to Avon, Gloucestershire and Wiltshire Strategic Health Authority

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Document Type: Protocol
Version: 2
Dated: 09/09/2004
Date Received: 21/09/2004

Document Type: Participant Information Sheet
Version: 3 (for patient)
Dated: 30/09/2004
Date Received: 05/10/2004

Document Type: Participant Information Sheet
Version: 3 (friend or family member)
Dated: 30/09/2004
Date Received: 05/10/2004

Document Type: Participant Consent Form
Version: 3
Dated: 30/09/2004
Date Received: 05/10/2004

Document Type: Reply Slip
Version: V1
Dated: 09/09/2004
Date Received: 21/09/2004

Document Type: Reply slip (friend or family member)
Version: 1
Dated: 09/09/2004
Date Received: 21/09/2004

Management approval

The study may not commence until final management approval has been confirmed by the organisation hosting the research.

All researchers and research collaborators who will be participating in the research must obtain management approval from the relevant host organisation before commencing any research procedures. Where a substantive contract is not held with the host organisation, it may be necessary for an honorary contract to be issued before approval for the research can be given.

Notification of other bodies

We shall notify the research sponsor that the study has a favourable ethical opinion.

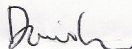
Page 3

Statement of compliance (from 1 May 2004)

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

REC reference number: 04/Q2006/90 Please quote this number on all correspondence

Yours sincerely,



**Dr David Grier
Chairman**

Enclosures List of names and professions of members who were present at the meeting and those who submitted written comments

Standard approval conditions [SL-AC2]

Appendix 6

Transcription notation (requirements) for the collected data (Heritage and Atkinson, 1984; Richards & Seedhouse, 2005; Ten Have, 1999).

Variables in conversation	Key	Transcription conventions and examples:
Deviations from English as well as sound additions	h uh	Deviations and sound additions were transcribed into phonetic symbols. This was done in an attempt to contribute to the natural rhythm of conversation observed in the conversation itself on the videos. (Ten Have, 1999) Example: (LEE1006.1, Line 77) 77 L (μA:γεpeI: tha:ws >yuh up
Inaudible words	(hello)	Where the researcher was unsure of the actual words spoken, an attempt was made to guess what the person could have said. This was transcribed in single brackets, for example: (hello). (Ten Have, 1999) Example: (BEN1001.1, Line 96) 96 P WE [(GUP), THE HOLIDAY
Pauses in the conversations	(0.8)	Lengths of pauses were measured by spectrographic analysis and added to the transcriptions. Pauses were measured in milliseconds (Ten Have, 1999). Adobe Audition 1.5 (Copyrighted) was used to determine pause length. Example: BEN1001.1, Line 32) 32 (1.9)
Very short pauses	(.)	Very short untimed pauses were indicated with a full stop enclosed in brackets. (Richards & Seedhouse, 2005) Example: (BEN1001.1, Line 20) 20 B [(.)]°gorgeous° [[((nods head then looks to camera))]
Overlapping speech	[]	Following the notation technique of Gail Jefferson, overlapping speech was indicated by using a single left handed bracket at the start of the overlap and a right handed bracket at the end of the overlap. The person that started the utterance before the point of overlap was donated first and the other person's utterance donated underneath. The bracket was also used in cases where utterances

		<p>started simultaneously.</p> <p>(Heritage and Atkinson, 1984)</p> <p>Example: (BEN1001.1, Lines 49-50)</p> <p>49 B [uhhh]</p> <p>50 P [very good.]</p>
When conversation was so continuous that one 'bout of conversation' was directly followed by another	=	<p>Continuous bouts of conversation were indicated by equal signs (=).</p> <p>(Ten Have,1999)</p> <p>Example: (BEN1001.1, Lines 52-52)</p> <p>52 B yeah=</p> <p>53 P =[if you move that I can see]</p> <p>[(P reaches out to camera and changes angle of camera)]</p>
Abruptly cut off words	Mys-	<p>A dash (-) at the end of the word was used when words were cut off abruptly.</p> <p>(Ten Have,1999)</p> <p>Example: (VIC1007.1, Line 1133)</p> <p>1133 V I'll get- (0.4) I'll uh: (0.8) have to give her a buzz.</p>
Markedly loud words or phrases	HELLO	<p>Loud utterances were written in capital letters. (Ten Have,1999)</p> <p>Adobe Audition 1.5 (Copyrighted) was used to determine whether a section of speech was louder (and therefore showed a greater amplitude) when compared to surrounding speech.</p> <p>Example: (VIC1007.1, Line 1142)</p> <p>1142 P YE[A:H] BUT LIKE YOU SAY IT [↑DEPENDS</p>
Emphasis	<u>Hello</u>	<p>Noticeable speaker emphasis was underlined. The more the word is underlined, the more emphasis was placed on it. (Heritage & Atkinson, 1984)</p> <p>Example: (VIC1007.1, Line 72)</p> <p>72 V oh he's <u>still</u> down at the <u>supermarket</u></p>
Intonation	? , .	<p>Intonation was marked by the usual punctuation (e.g. question mark, comma and full stop).</p> <p>(Ten Have,1999)</p> <p>Example: (VIC1007.1, Line 204)</p> <p>204 P she's [recovering] is she?</p>
Additional risings and fallings in intonation	↑ ↓	<p>Additional intonation was marked by arrows. <i>Additional</i> intonation is in this circumstance referred to as any changes in intonation other than the instances that can be indicated by commas, full stops or question marks within standard orthography. A rising of intonation was indicated by placing an upwards pointing arrow in front of the word. Fallings in intonation were indicated by placing a downwards pointing arrow before the word.</p>

		(Ten Have,1999) Example: (VIC1007.1, Line 199) 199 V AHH ↑THAT UH: YEA:H UH: THEY- HU HU
Features of interest	→	Arrows in the left margins indicate aspects of interest. The arrows were only used within the results section of the dissertation where particular aspects within a data fragment were discussed. (Richards & Seedhouse, 2005) Example: (Extract: VIC1007.1.17, Line 13) → 13 P ↑no I ↑did not.
Noticeably quiet speech	° °	Noticeably quiet speech was indicated by small circles. The points where the quiet speech started and ended were indicated by °. Example: (JILL1021.2, Line 729) 729 J (°something°)
Considerably quiet speech	°° °°	Speech that was considerably quieter than the surrounding talk was indicated by putting two small circles at the start and the end of the talk. Example: (BEN1001.1, Line 691) 691 B [ššthat one.šš] [((B points to camera))]
Gaze	...X____,,	“the gaze of the speaker is marked above an utterance and that of the addressee below it. An unbroken line (____) indicates that the party marked is gazing towards the other; absence indicates lack of gaze. Dots (...) mark the transition from nongaze to gaze and the point where the gaze reaches the other is marked by X. Commas (,,) indicate the moment when gaze is shifted.” (Richards & Seedhouse, 2005, xiii) Example: (BEN1001.1, Lines 445-447) 445 B [.._____ 446 B [we [didn't] like it very much.] [((B shakes head))] 447 P [.X_____,
Sound elongations	:	Sound elongations were indicated by putting colons after the sound that was elongated. Adobe Audition 1.5 (Copyrighted) was used to determine whether a sound was elongated. Example: (BEN1001.2, Line 225) 225 P uh:m,;
Very long sound elongations	::	Very long sound elongations were transcribed by putting more than one colon after the sound that was elongated, for example s::::nake. The more colons after the letter, the longer the sound was elongated. Adobe Audition 1.5 (Copyrighted) was used to determine

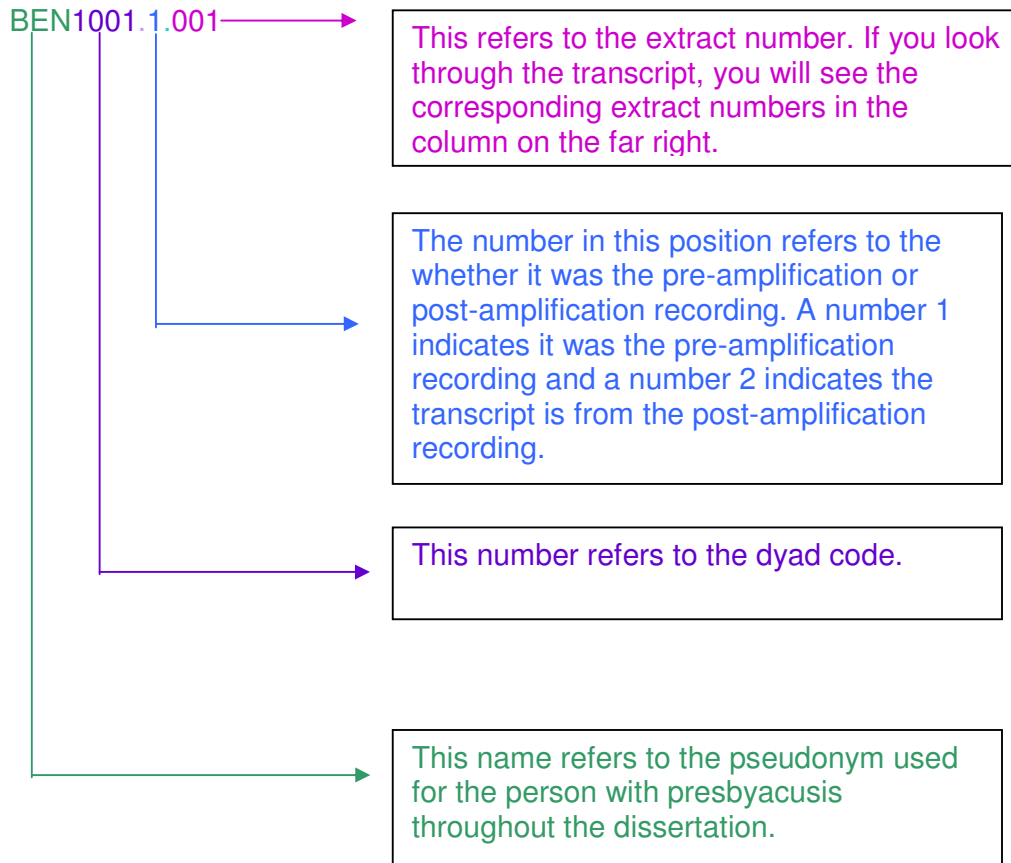
		<p>whether a sound was both audibly and visually (spectrographically) longer than other surrounding sounds.</p> <p>Example: (BEN1001.2, Line 272)</p> <p>272 P [Sur↑pri:si::n',] [((B nods))]</p>
Fast paced speech	> <	<p>These signs indicate that the bout of conversation was of a noticeably quicker pace than the surrounding conversation.</p> <p>Example: (BEN1001.2, Line 282)</p> <p>282 P [>(we have] a thing in in i')<</p>
Slow paced speech	< >	<p>These signs indicate that the bout of conversation was of a noticeably slower pace than the surrounding conversation.</p> <p>Example: (LEE1006.2, line 28)</p> <p>28 P [=I'm not- I: <don't> know [doctors</p>
Milliseconds	---	<p>Milliseconds sometimes needed to be transcribed individually, for example where partners shifted gaze. Where more specific indication of milliseconds was needed, it was transcribed by using dashes (-). Each dash represents one millisecond. Adobe Audition 1.5 (Copyrighted) was used to determine the number of milliseconds.</p> <p>Example: (LEE1006.2, Line 400)</p> <p>400 (2.0 ----)</p> <p>In this example the total seconds are therefore 2.4 seconds (2.0 plus ---- equals 2.4 seconds).</p>
Accents and pronunciation	mornin'	<p>Accents and pronunciation were also included in the transcription by transcribing directly what was heard on the recording. This was a subjective transcription of accent; however, the transcriptions were checked by two other people experienced in transcription.</p> <p>Example: (LEE1006.2, Line 452)</p> <p>452 P ever s'ch a nice fellar. wu- -uh -uh: [woman.</p>
Comments or descriptions of non-verbal actions	(())	<p>Where more explanation was needed as to what was observed in the recording, the transcriber made a comment and placed it in double parenthesis immediately underneath the transcribed talk where it occurred.</p> <p>Example: (LEE1006.2, Line 507)</p> <p>507 P [the children <u>can</u> she?] [((L turns head toward P and then turns head away))]</p>

Appendix 7

Transcriptions of recordings

Guide for referring to data extracts and accessing the transcripts.

When a data extract is referred to in the text, it will include a reference of the pseudonym of the person with presbycusis, the dyad code, followed by the number of which recording for the dyad, and finally the number of the extract, for example:



Subject:
Ben

Transcript number:
BEN 1001.1

Information on the subject:

Ben (B) is the participant who has been identified with presbycusis. He is having a conversation with his wife, P, about various travels they have had. They are having the conversation at home.

Nature of difficulties:

B has presbycusis. He is having a conversation BEFORE amplification of hearing.

Notes:

Beeps from digital camera only included where it did not overlap with speech.

Sample date:

10 January 2005

Length of transcribed sample:

10 minutes 23 seconds

Counter time starts:

00:00:00

Counter time ends:

00:10:23

Name of transcribe:

Corné-Louise Bredenkamp

Counter time	m ar k er	Line	S p e a k er	Talk	Notes
00:00:00		1	B	[_____]	
		2	B	[°you: uhh should watch me°	
		3	P	[..... X _____]	
		4	P	°OK°	
		5	B	[._____]	
		6	B	[°n[o, [you _____] tell me° [(.) _____] [((B points))] [((beep from camera))]	
		7	P	[..X_____]	
		8	P	[go back to-] (1.0) go back, [to: _____] [((P points))] [((P points))]	
		9	P	uhmm Kelly an[d Melinda.	
		10	B	[.._____]	
		11	P	[yes. _____] [((P points))]	
		12	P	mm ↑mm,	
		13	B	.._____]	
		14	B	š>yeah<š	
		15	P	s: fine	
		16		[(- - - - - - - - - -)] [- - - -] [((B holds his breath and points to camera))]	
		17	B	[._____]	

eyebrows))]

67 P _____,,,,,,

68 P [yeah?] [you agree?]
 [(B nods head))]

69 B [(0.2)]
 [(B nods head and looks to camera))]

00:01:00 70 P tha's the

71 P one uh the better ones of Jess.

72 B [.._____]

73 P [-ss our granddaughter.

74 B ,,,

75 (-----) ((beep from camera))

76 P .hh

77 (0.6)

78 P hmm,

79 P tha'sss' OK,

80 B [.._____]

81 B [you like that?

82 P ↑ ye↓ah:

83 B _____

84 P no' not so good as the one- previous.

85 B _____

86 B _____ [...

87 (--- 1.5) ((beep from digital camera)) (1.6 [----)

88 P ahhw tha's absolu'ly, yeah tha's good.

89 B _____"

90 B I like that.

91 P °yeah°

92 P [..X_____,, 3

93 P [if you move [on, if you MOVE [ON, [(0.3)] 3
 [(P swirls her finder)]
 [(B leans towards P and raises eyebrows)]
 [(B nods))]

94 B [.._____],, 3

95 P [.._____,, 3

96 P WE [(GUP), THE HOLIDAY 3

97 P PHOTOGRAPHS. 3

98 ((beep from camera)) (1.3) 3

99 P yeah. 3, 4

100 P m:ember tha' day? 3, 4

101 B [.._____ 4

102 B [(1.9)] 4
 [(B tilts head to the side
 and looks at P intently))]

103 P [.....X 4

00:01:30 104 P [CAN YOU REMEMBER THAT DAY? 4

105 B _____ 4

106 B _____ 4

107 B °what day was that my love?° 4

108 P _____ 4

109 P [(--- 1.6)] u=-
 [(P points to camera)]

110 B _____

111 B =ahh: yes

112 (0.9)

113 B Yes

114 (1.0)

115 B _____

116 B yes.

117 B _____

	118	B	[when I as[s]] [((B brings hand to mouth))]	
	119	P	[.._____ ,,,,,]	
	120	P	[fo]r a smoothy. yeah] [((B gestures drinking from a cup))]	
	121	B	_____	
	122	B	_____ ,,,,,,	
	123	B	[not banana,] [for a [smo[o-]]] [((B lightly touches P))][((B mimes drinking))]	
	124	P	[..____ ,	
	125	P	[mmm]	
	126		(1.0)	
	127	P	yeah, with the birds.	
	128		(0.5) ((beep from digital camera)) (2.1)	
	129	P	[that w[as lovely.]] [((B points to photo))]	
	130	B	[.._____	
	131	B	_____	
	132	B	[(that was you),] [((B points to photo))]	
	133	P	[mm look [how tiny]] [((B points to photo))] [((P points to photo))]	001
	134	B	____ ,,,	001
	135	B	[,,,_____	001
	136	B	[(------)] [((B nods and leans forward both point to photo))]	001
	137	P	[.X____ ,	001
	138	P	[TINY]] [((both point to photo))]	001
	139	B	____ ,,,	001
	140	B	[.._____	001
	141	B	[(------ 2.0] [-----]] [((B nods his head, P makes a small nod))] [((B points to photo))]	001
	142	P	brilliant yeah:.	001
	143	B	_____	001
	144	B	_____	001
	145	B	š>massive<š	5 001
	146	P	[the Oceana is big.] [((P and B nod))]	5
	147	B	_____	5
	148	B	____ ,,,	5
	149	B	[(0.5)] [((P and B nod))]	5
	150	P	[ve:ry very big.] [((P and B nod))]	5
00:02:00	151		(0.5)	5
	152	P	[....._____ ,,,,,	5
	153	P	s: [quite an experience] [wad'n it] [((P taps B on the arm twice))]	5

154	B	[.._____	5
155	B	_____	5
156	B	(1.6)	5
157	P	[..X_____]	5
158	P	[QUITE [AN EX[PERIENCE.] [((B nods his head vigorously))]	5
159	B	_____	5
160	B	[yeah. (.) ↑yeah]	5
161	B	[>↓yeah ↓yeah ↓yeah<] [((B nods head vigorously))]	5
162	B	sorry I'm: (0.3) sorry	5
163	P	don't say [sorry.] [((P taps B on his arm twice))]	5
164		(0.9)	5
165	P	[si i bO] a- I bit mm say tha'	5
166	B	_____	5
167	B	[s: li- <u>boy</u> ,] [((B points to picture))]	5
168	P	Mmm	
169	B	_____	
170	B	''''	
171	B	Hmm.	
172	P	.._,,	
173	P	s: nice one that.	
174	P	well get them (0.1)	
175	P	we'll [take these over [today.] [((P points to picture))]	
176	B	[.._____	
177	P	[..X_____	
178	P	[over to [Tesco's?] [((P waves hand to the side))] [((B nods head))]	
179	B	_____	
180		[(0.8)] [((B nods head))]	
181	P	_____	
182	P	[and get them] [((B nods head))]	
183	B	_____	
184		(0.2)	
185	P	[...X_____]	
186	P	[stead of doing 'em yourself.] [((B nods head))]	
187	B	_____	
188	B	[špoint takenš]	
189		[(0.1)] [((B nods head))]	
190	P	[yeah get them printed out.] [((B nods head))]	
191	B	_____	
192		[(0.1)] [((B nods head))]	
193	P	[put them in the] [al[bum.] [((B nods head))] [((P puts her hand toward B and withdraws quickly))]	
194	B	[chea-]	
195		(0.5)	
196	B	[.._____]	

00:02:30

197 **B** [cheaper
 198 **P** [...X_,,,,,
 199 **P** mm↑mm
 200 (1.0)
 201 **P** that's a nice [one.
 202 **B** [_____
 203 **B** _____,
 204 **B** Need a trim
 205 **P** Mmm:
 206 (0.2)
 207 **P** that's a nice one of you.
 208 (0.9)
 209 **B** [_____
 210 **B** [and you can see
 211 **B** _____
 212 (0.6)
 213 **P** [..X_____
 214 **P** well s: u- s: it's a bit the same as [the other
 215 **B** _____
 216 **P** _____,
 217 **P** one [of you (wu) u- of you idn' i'?)
 [((B nods))]
 218 **B** _____,
 219 **B** [(0.9)]
 [((B nods))]
 220 **B** [.._____,
 221 **P** bu was [stran[ge]
 222 **B** [('ts very good)]
 [((B nods,
 bleep))]
 223 **P** yeah
 224 (0.1)
 225 **P** nice memories
 226 (2.6)
 227 **P** well [yo- you know what we've] go' to
 [((P points to camera))]
 228 **B** [_____
 229 **P** do with them
 230 **B** _____
 231 **B** _____
 232 **B** (1.0) [get them [brighten up a bit](1.0)
 [((B lifts hand up and down))]
 233 **P** [..X_____,
 234 **B** _____,
 235 **B** an' then [send them off printed in (sa[nlon)]
 236 **P** [..X_____,
 237 **P** [that's right]
 [((P nods))]
 238 **P** [yeah]
 [((P nods))]
 239 [(0.2)]
 [((P nods))]
 240 **P** [yeah]
 [((P nods))]
 241 (0.1)
 242 **P** cause they- they want them don't they?
 243 **B** (0.1) yes,
 244 **B** [_____
 245 **B** y[es [YES.]

296 B [...
 297 B [.hh
 298 B
 299 B (1.4)
 300 B _____
 301 B (Ujani), the ma:nager and you?
 302 (0.9)
 303 B _____
 304 P hmmm↑
 305 B _____
 306 B _____,,,,,,,,,, [.....
 307 B he's: nice. he wa[s ni[ce,]
 308 P [Milla]
 [(P points to photo)]

309 B _____
 310 B nice man.
 311 P yeah.
 312 B _____
 313 P oh he was very helpful with me.
 314 B _____,,,,,,,,,
 315 P he used to [cu' up all my ↑food, didn' he?
 316 B [._____,""
 317 B yes.
 318 P yeah, very goo:d.
 319 (1.1)
 320 P [....._____,,,,,,
 321 P [im sad is- [aa.
 322 B [._
 323 P hm hm hm hm hmm
 324 B ,,,,,,,,,,,,,,,,,,
 325 (0.9)
 326 P anyway.
 327 (0.9)
 328 P mmm
 329 B [._, 10
 330 ([----[-----] 10
 [(B points to picture)]

331 B [.______,, 10
 332 B [but last but one night.] 10
 [(B continues to point at picture)]

333 P [yea:h.] 10
 [(B continues to point at picture)]

334 (0.9) 10
 335 P though the [end s- for unseen ones aren't they?] 10
 [(P points to picture)]

336 B [.______, 10
 337 B [(0.1)] 10
 [(B leans forward)]

338 P [X_____,"" 10
 339 P [UNSEEN ONES, the cooks.] 10
 [(P points to picture)]
 [(B nods)]

340 B _____,,,,,,,,, 10
 341 B [._, 10
 342 B [yes] 10
 [(B nods)]

343 P [they came out an- =] 10
 [(B nods)]

344 B [=yes] 10

00:04:00

00:04:30

345 P [((B nods))
[took a bough.] 10
[((B nods))]

346 B [yes:] °they are good.° 10, 11
[((B nods))]

347 (2.1) ((beep from digital camera)) (0.8) 11

348 P s: the best cruise ship we ever been on, in' i'? 11

349 B [.....] 11

350 B [(------) [yes it [is, it is.] 11
[((B nods))]

351 P [.X.....] 11

352 P [best cruise ship] 11

353 [(3.4)] 11
[((B adjusts glasses))]

354 P aww that was a [lovey scene. 11

355 B [.....]

356 P [Yeah,]

357 B [.....]

358 B [it's beautiful] 11
[((B nods))]

359 (0.3)

360 P yeah.

361 (0.5)

362 P really nice.

363 (2.0)

364 P [.X.....]

365 P [we must-]once we put them in the [album] 11
[((P points to picture then to album))]

366 B [.....]

367 P [.....]

368 P [(0.8)] from [there.] 11
[((B nods))] [((P points to camera))]

369 B [.....]

370 P [.X.....]

371 P [then we can go and show them,

372 B [.....]

373 P [.....]

374 P (0.4) to the rest of the [family.] 11
[((B nods))]

375 B [.....]

376 P [.....]

377 (0.5) 002

378 B [.....] 002

379 B [where is this? 002

380 P [.....] 002

381 P (0.4) that's the Cayman Islands. 002

382 B [.....] 002

383 [(1.6)] 002
[((B nods))]

384 B [.....] 002

385 B [°Cam- °] 002
[((B taps head
with forefinger
and shakes his
head))]

386 P [...X.....] 002

387 B [.....] 002

388 [(- - - - -)] 002
[((B taps head
with forefinger

and shakes his
head))]

389 P _____ 002

390 P [Cayman °Islands°] 002
[((B nods))]

391 B _____ 002

392 (3.9) ((beep from digital camera)) 002

393 P [., 002

394 P [.,hh 002

395 P [..... 002

396 P [WHEN, [the chickens] were [running around]
[((P taps B on arm))] [((P draws circle in
air))]

397 B [X_____

398 P _____

399 P (0.9) and [I don't like chickens.]
[((P puts hand on chest))]

400 B _____

401 P _____

402 [(0.9)]
[((B nods))]

403 B _____

404 P _____

405 P [°petrified, rem]ember?°]
[((P put outstetched hand in the air))]
[((B nods))]

406 B _____

407 B (0.3) °°Yes.°°

408 (1.4)

409 P mm [mm:?

410 B [.,_____

411 B _____

412 B Orchids.

413 B _____

414 (0.2)

415 P [yeah.]
[((B draws a cemicircle in air))]
[((P nods))]

416 B _____

417 B _____

418 (0.6)

419 P [took- yeah.]
[((P nods))]

420 B _____

421 (1.6)

422 P that's right.

423 (3.0) ((beep from digital camera))

424 P [.....X_____,

425 P [s: the rainforest.

426 B [.,_____

00:05:00 427 [(1.8)] [] (2.5)
[((B nods))] [((beep from digital camera))]

428 B [.,_____

429 B [beautiful view down [into the bay.]
[((B points to camera))]

430 P [X_____,

431 P mm hmm↑,

432 P [yeah,]
[((P nods head))]

433 B [.,_____

	434	(1.5) [_____](1.3) (--[--[-----)] [((beep from camera))] [((B points to camera))]	
	435	B _____	
	436	B [°(where was this.)°] [((B points to camera))]	
	437	P [...X_____,	
	438	P [that was- [Jamaica.=] [((B points to camera))]	
	439	B _____,'''	
	440	B [= .hh] [((B nods))]	
	441	P [coloured _____] buildings.= [((B points to camera))] [((P points to camera))]	
	442	B [= .hh] [((B nods))]	
	443	(2.1)	
	444	P [we said]	
	445	B [.._____	
	446	B [we [didn't] like it very much.] [((B shakes head) _____)]	
	447	P [X _____,	
	448	P '''' ..._____	
	449	P no, but we said we'd remember (0.4)	
	450	B _____,''''	
	451	P _____, [.._____	
	452	P [Jamaica on [the photographs bein' (0.1)	
	453	B [X _____	
	454	P _____	
	455	P the coloured (1.0) buildings.	
	456	B _____	
	457	B _____	
	458	[(0.4) _____] [((B nods))]	
	459	P _____	
	460	P ''''	
	461	P [m:ember?] [((B nods))]	
	462	B _____	
	463	B _____,''''	
	464	B [(1.2) °°yes. °°] [((B nods) _____)]	
	465	(2.7) ((beep from digital camera)) (2.8)	
00:05:30	466	B [.._____	
	467	B [still Jamaica _____] [((B points to camera))]	
	468	P ↑°°mm°°	
	469	B _____,''''	
	470	(0.6) ((beep from digital camera)) (2.4)	
	471	P [____	
	472	P thas- that's a nice [one. 105	
	473	P _____ 105	
	474	(1.0 [---) 105	
	475	B [X _____ 105	
	476	B _____ 105	
	477	B [ye[s: _____] [((B points to camera)) 105	
	478	P _____ 105	

	521	P	yeah.	
	522	B	[..._____,"	
	523	B	[four [diners.	004
	524	P	[.X____,"	004
	525	P	yeah,	004
	526		(2.3)	004
	527	B	[..._____,"	004
	528	B	[next year,	004
	529	P	[.____,"	004
	530		[(------ --[-----)	004
	531	B	[.____	004
	532	B	_____,,,,,,	004
	533	B	[°we'll be on [that one.°] [((B smiles and points to camera))]	004
	534	P	[.X____,"	004
	535	P	[..._____	004
	536	P	[you save [up all,	004
	537	B	[.X____	004
	538	P	_____	004
	539	P	YOU SAVE UP ALL THE PENNIES	004
	540	B	_____	004
	541	P	_____,,,,,,	004
	542	P	[and we'll go round.]	004
	543	B	_____, [____,"	004
	544	B	[ye:::s,] ye:hes. [yes. .hh	004
00:06:30	545		((beep from digital camera)) (1.1)	
	546	P	[._____,"	
	547	P	[re- [remember [that was for a special birthday, [((P points in air then puts hand on her chest))]	
	548	B	[.X_____,"	
	549		[(2.3)] [((B nods))] [((P points into the air))]	
	550	P	[._____	
	551	P	[so they don't come [a[long,] [((P touches B on arm))]	005
	552	B	[.X____	005
	553	P	_____,"	005
	554	P	[THEY DON'T COME ALONG:] THAT often. [((P waves finger in the air))]	005
	555	P	_____,"	005
	556	B	[no, no:=] [((B shakes head))]	005
	557	P	=HE he he:	005
	558	B	.hh	006
	559		(7.6)	006
	560	B	[..._____	006
	561	B	[the [te:n	006
	562	P	[.X_	006
	563	P	_____	006
	564		(0.8)	006
	565	P	_____, [X_____,"	006
	566	P	yeah. [I can- [rem- [(0.9) I CAN'T REMEMBER,] [((P points to camera))]	006
	567	B	[._____	006
	568	P	[.X_____	006
	569	P	WHAT IT SAID. [ALL of them,=	006
	570	B	_____, [_____	006

	571	B	_____,'	006
00:07:00	572	B	=I can't read,	006
	573	P	_____	006
	574	P	''''	006
	575	P	n[o:, I- I go[t- yeah, yeah.] [((P touches her glasses))]	006
	576	B	[._____''''	006
	577	B	[not here [only on the television] [((B points in the direction of the recording video camera))]	006
	578	P	but >there's somethings< o-,	006
	579	B	[yes:] [((B nods))]	006
	580	P	of bein' happy.	006
	581		(1.8)	006
	582	B	[._____,''	
	583	B	[happy,=	
	584	P	=that's- =	
	585	B	=°yeah° =	
	586	P	[=th- tenth thingth on the ↑board.] [((P points at camera))] (1.4)	
	587		(1.4)	
	588	P	[._____	
	589	P	[the things on -a, (0.8) on the <u>boards</u> .	
	590	P	_____	
	591		[(0.9)] [((B nods))]	
	592	B	[.X_____	
	593	B	_____,'	
	594	B	[yes:.] [((B nods))] [((P nods))]	
	595	P	''''	
	596		(1.5)	
	597	P	↑hmm,	
	598		(1.5)	
	599	P	<u>YES</u> ,	
	600		(1.0)	
	601	P	LOVELY <u>MEMORIES</u> Bern?	
	602	B	[._____,''	
	603	B	[(0.4) [°yes,°] [((B nods))]	
	604	P	[.X_,,	
	605	P	lovely memories.	
	606		(0.4)	
	607	B	°yes°.	
	608	B	[.____	
	609		(4.0 -[--[---)] [((B points to camera))]	
	610	P	[↑hmm ↓mm.] [((B points to camera))]	
00:07:30	611	B	_____,''''''''	
	612		(2.6) ((beep from digital camera)) (2.6)	
	613	B	[._____,''	
	614	B	[the [American] (1.8) [((B points to camera))]	
	615	P	[...X_____,''	
	616	P	[ššthat's right.šš]	

617 B [((B and P nod))]
 618 B [all glass.]
 [((B points to camera))]
 619 P yeah↑
 620 (7.0)
 621 B [.._____
 622 B [sun[set.]
 [((B waves outstretched
 hand up and down))]
 623 P [.X_
 624 P ,,,
 625 P beautiful 007
 626 B ,,, 007
 627 P beautiful 007
 628 (1.0) 007
 629 P really go[od, 007
 630 B [._ 007
 631 P [..X_____,,,,, 007
 632 P [REALLY [GOOD] 007
 [((B nods))]
 633 B _____, 007
 634 B [ššgood.šš] 007
 635 [(2.0)] 007
 [((B nods))]
 636 P [really good.] 007
 [((B nods))]
 637 P [Ahh↓] 007
 [((B nods))]
 [((B points
 to camera))]
 638 B [._ 007
 639 P [yeah.]
 [((B points to camera))]
 640 B _,,
 641 B [.______
 642 B [better's that one?=
 [((B nodsand points
 to camera))]
 643 P =mm.
 644 B ,,,,
 645 P [._X_____
 00:08:00 646 P we [took the [other one [off didn't we]
 [((P points to camera))]
 647 B [.._____
 648 P _____,,,,,
 649 P [because he was, °a bit z'abit dark°]
 [((B nods))]
 650 B _____,,,,,
 651 B [._
 652 (3.0 [-[----)]
 [((B smiles))]
 653 B _____,
 654 B °yeah°
 655 P [mmm.]
 [((P nods))]
 656 B [._
 657 [(-] 4.0 ---[--]
 [((beep from
 camera))]

00:08:30

658 B _____

659 B cool night on the big night,

660 P [X_____

661 P [mmm.

662 B _,",","

663 P _,"

664 P very good

665 [(6.0)]
 [((several beeps from
 camera lasting 6.0 seconds))]

666 B [.._____,"

667 B [z th'a stern, back end.

668 [(0.2)]
 [((coughs))]

669 P [.,, [.._____

670 P [Kelly said [last ni[ght, [KELLY SAID] 008
 [((P points to camera))]

671 B [..X_____ 008

672 P _____,","," [..X_____ 008

673 P [LAST NIGHT, that was [the best one,] 008
 [((P points to camera))]

674 B _____ 008

675 P _," 008

676 P [of- you and I together] 008
 [((B nods))]
 [((P points to camera))]

677 B _____,","," 008

678 B [.._____ 008

679 B [yes,=] 008
 [((B nods))]

680 P [..X_____ 008

681 P _,","," 008

682 P [=yeah.=] 008
 [((B nods))]

683 B _____,","," 009

684 B [=yes.=] 009
 [((B nods))]

685 P [..... 009

686 P I think, when it's[-] [WHEN IT'S- [WHEN IT'S] 009
 [(beep from B on his
 came- B on his
 ra))] arm))]

687 B [...X_____ 009

688 P _____,",",",",","," 009

689 P [ENLARGED] it'll be [better.] 009
 [((P waves [((P points to
 hand in the air))] camera))]

690 B _____," 009

691 B [ššthat one.šš] 009
 [((B points to camera))]

692 P mmm mmm. 009

693 (2.0) ((beep from digital camera)) (1.4) 009

694 P very good. 009

695 B [.._____ 009

696 (-----[-----]) 009
 [((B points
 to camera
 and nods))]

	697	P	[.X_____,"	010
	698	P	<u>VERY GOOD.</u>	010
	699	B	_____,"	010
	700	B	Yeah	010
	701	P	very °good.°	010
	702		(0.5) ((beep from digital camera)) (0.5)	
	703	P	↑hmm[m- mm- mm.	
	704	P	[._____	
	705	B	_____,"	
	706	B	Jess.	
	707	P	mm.	
	708	B	[._____,"	
	709	B	[I'll put [another p'in.] [((B twirls finger in the air))]	
	710	P	[.....,"	
	711	P	[very good.] [((P pushes paper around on table))] [((B starts taking out the memory stick from the camera))]	17
00:09:00	712		(14)	17
	713	P	[._____	17
	714	P	[we've] taken [a lot off've there haven' we? [((B points to table))]	17
	715	B	[.X_____	17
	716	B	_____, [X_____	17
	717	B	[(------ --[----- ----[------]] [((B nods head))]	17
	718	P	_____, [_____	17
	719	P	_____,"	17
	720	P	we've <u>deleted</u> [a lot, [DELETED a lot.] [((B nods and wavers hand in the air))]	17
	721	B	[.X_____,"	17
	722	B	[šš(I know yeah)šš]	17
	723	P	yeah	17
	724	B	[._____	
	725		[(1.0) 1.0 1.0 1.0 1.0 1.0 [1.0)] [((beep from camera))] [((B points to camera))]	
	726	B	_____,"	
	727	B	[°where's this?°] [((B points to camera))]	
00:09:30	728	P	[that was:, [>that was< imm:? [((B points to camera))]	
	729	B	[._____	
	730	B	_____	
	731	B	šš(Camen)šš	
	732	P	no,	
	733	B	_____	
	734	P	[...X_____	
	735	P	[that was [the French Antilles] [((B points to camera))]	
	736	B	_____	
	737	B	_____	
	738	B	Dutch [Antilles.] [((B points forefinger in the air))]	
	739	P	_____	

- 740 P _____
- 741 P [Dutch Antilles.]
 [((B points finger in the air))]
- 742 B _____
- 743 B _____
- 744 B Dutch
- 745 P [yeah.]
 [((P nods))]
 (beeps from camera throughout pause) (3.0)
- 746 P uh.
- 748 P [that [was the very first mornin', yeah?]
 [((B points to camera))]]
- 749 B [.....]
- 750 P >well you know that<.
- 751 [(1.8)]
 [((B nods))]
- 752 B [ššyeah.šš]
 [((B nods))]]
- 753 P [you speak through it.]
 [((P points to B))]]
- 754 B [yes]
 [((B nods))]
- 755 B [yes]
- 756 P [.....]
- 757 P [you] you go through it.]
 [((P points to B))]
 [((B nods))]]
- 758 B right.
- 759 (3.0 [-----])
 [((B points to camera))]
- 760 B [.....]
- 761 B [that was the first beach (1.0) [walk,]
 [((B points to camera))]]
- 762 P [.....] [X__]
- 763 P [that's right?]
 [((B points to camera))]
- 764 B [.....]
- 765 B [I can't tell you where it [was:?

00:10:00

Subject:
Ben

Transcript number:
BEN 1001.2

Information on the participants:

B is the participant with presbycusis and P is the conversation partner. B has a conversation with his wife, P, about various travels they are planning. The conversation is taking place at the participants' home.

Nature of difficulties:

B is the person with presbycusis. He is having a conversation AFTER amplification of hearing.

Sample date:

9 July 2005

Length of transcribed sample:

10 minutes 23 seconds

Counter time starts:

00:06:00

Counter time ends:

00:16:30

Name of transcriber:

Corné-Louise Bredenkamp

Counter time	m	Line	S	Talk	Notes
00:06:00		1		(11.1) [(0.2)] [(5.8)] [(B clears throat)] [(B picks up book on ground)]	
		2	B	[._____,	
		3	B	[>Hi love.<	
		4	P	[Hi,] [((P walking towards B))]	
		5	B	[._____, [_____,	
		6	B	[I was uh, looking at January the [twenty seventh.	
		7		(2.5)	
		8	B	There's a, [Carribbean,] [((P looks around the room))]	
		9	P	[Yeah] [((P looks around the room))]	
		10	B	[_____,	
		11	B	[island, [Mexican] [((P looks around the room))]	
		12	P	°(a whe' tha)°	
00:06:30		13	B	[it's on page, (2.0)] [((B points to page))]	
		14	P	[on 's: one?=]	

- 00:07:00
- 15 **B** [((P points to booklet on the table))
 [((B points to page))]
 [=fourty fiv- no no=]
 [((B points to page))]
- 16 **P** [..,]
- 17 **P** [=on [that one?]
 [((B points to page))]
- 18 **B** [on this one]
 [((B points to page))]
- 19 **P** Ri:ght.
- 20 **P** ↑OK
- 21 **B** [..,]
- 22 [(------[------] (6.0))
 [((B pages through leaflet
 and P looks at it as well))]
- 23 **B** it's (2.7)
- 24 **P** [..,]
- 25 **P** as long as it- (0.8) touches [Mexico,
 [..,]
- 26 **P** [..,]
- 27 **P** >I like<- [Mexico.=
- 28 **B** [..,]
- 29 **B** =you'd [like [Mexico?]
 [((B adjusts glasses))]
- 30 **P** (0.7) Mmm:
- 31 **B** [it does.]
 [((B points to book))]
- 32 [(1.6)]
 [((B points to book))]
- 33 **B** [two:, (0.5) places in] Mexico,=
 [((P points to book))]
 [((B points to book))]
- 34 **P** [=yea[h]
 [((B points
 to book))]
- 35 **B** [..,] [..,]
- 36 **B** [it] also does [New Orleans.]
 [((B points to book))]
- 37 **P** [Yeah,]
 [((B points to book))]
- 38 [(1.1)]
 [((B points to book))]
- 39 **P** [That's nice I like that.]
 [((B points to book))]
 [((P points to book))]
- 40 **P** [>Is that the one?<]
 [((B points to book))]
 [((P points to book))]
- 41 **B** [Yes this is the] one.]
 [((B points to book))]
 [((P points to
 book))]
- 42 **P** [That's very good.]
 [((B points to book))]
- 43 **P** [I like that,]
 [((B points to book))]
- 44 **B** [..,]
- 45 **B** [Starts at [Bordavis]
 [((B points to book))]
- 46 **P** [mm ↑mm]
 [((B points to book))]

- 47 **B** [Goes to Grenada,]
 [((B points to book))]
- 48 **P** [Yeah]
 [((B points to book))]
- 49 **B** [Dominica, Tortail[and]
 [((B points to book))]
 [((B scratches
 shoulder))]
- 50 **P** [Oo!]
- 51 [(1.0)]
 [((B scratches shoulder))]
- 52 **P** [But [that's no' i' is i'?]
 [((B scratches shoulder))]
 [((P points to book))]
- 53 **B** No,
- 54 **B** [Kathrin] Island,]
 [((B points to book))]
- 55 **P** [(Ahh)]
- 56 (1.5)
- 57 **B** [.._____,"
- 58 **B** [Oaksmerin]
 [((B points to book))]
- 59 (0.9)
- 60 **B** an'
- 61 (1.3)
- 00:07:30 62 **B** its [(0.8) it's similar to what we've done [before,]
 [((B points
 to book))]
- 63 **P** [..____,"
- 64 **P** [Yeah,=]
 [((B points to book))]
- 65 **B** [.._____
- 66 **B** [=We've done [two of the]
 [((B points to book))]
- 67 **B** _____,"
- 68 **B** [Island[s p]reviously,]
 [((B points to book))]
- 69 **P** [Yeah,]
- 70 **B** [but the rest were new to us,]
 [((B points to book))]
- 71 **P** [right.]
 [((B points to book))]
- 72 **B** [.._____
- 73 **B** [and [what's been-=]
 [((B points to book))]
- 74 **P** [.....X_____,"
- 75 **P** [=yeah but i' all dep- i' all depends on]
 [((B points to book))]
- 76 **B** _____
- 77 **P** [wha' time: o' the- year i' is]
 [((B points to book))]
- 78 **B** _____,"
- 79 **P** [.....
- 80 **P** [because [you've go' uh be]
 [((B points to book))]
- 81 **P**
- 82 **P** [careful with the, the] hurricanes and things
 [((B points to book))]
- 83 **P**
- 84 **P** like that ain' ye'?

- 00:08:00
- 85 B [.._____,'''']
 86 B [.hh >°Yeah. °<
 87 P
 88 P
 89 P Don' wanna be ge'in caught in one
 90 P
 91 P again 'member?
 92 B °No°.
 93 B [.._____]
 94 B [We're °going° out of the hurricane [season,]
 [((B taps hand twice on page))]
 95 P [..X____,''
 96 P Right.
 97 B _____,''
 98 P [Well] that's fine.
 99 B [(bugu)]
 100 B [.._____]
 101 B [And, the: th' good thing is, [we'd land
 [((B points to page))]
 102 B _____,''' [.._____]
 103 B [in Barbados but we fly [home, (0.5) from]
 [((B points to page))]
 104 B _____
 105 B [New Orleans.]
 [((B points to page))]
 106 P [Ri:ght.]
 [((B points to page))]
 107 B _____
 108 B _____,'''
 109 B [And we've never,]
 [((B points to page))]
 110 [I mean we've [flown]=]
 [((B points to page))]
 111 P [no]
 112 B [.._____,'''']
 113 B [=home from [America] but [we-]
 [((B points to page))] [((B points to page))]
 [((P looks
 at her
 finger
 nails))]
 114 B [.._____,'''']
 115 B [never,] been, to New Orleans.
 [((B points to page))]
 116 P Right.
 117 B [.._____]
 118 B An it also says [because a net- a night there.
 119 B _____
 120 (0.9)
 121 B _____
 122 B So du' [book weve got there and stay there for:'
 123 P [..X_____
 124 B _____
 125 B night,
 126 P _____
 127 B _____
 128 B so we'd be able d' go out an' in the
 129 P _____,'''
 130 B _____
 131 B eve'nin,

00:08:30

132 B _____
 133 (0.8)
 134 B _____,,""
 135 B and during [the day], there.
 136 P [Right.]
 137 P [.....]
 138 P [So, w:e can [do some sight seein' then.
 139 B [.....]
 140 B yeah.
 141 P Definitely see- see some sight seein'.
 142 B Now, [it _____] does say, (0.6) that,
 143 P [(uhd dun)]
 144 (1.7)
 145 P tha-
 146 B [.....]
 147 B There's a [balcony. _____]
 [((B points to page))]
 148 P [(o- i- na.) _____]
 [((B points to page))]
 149 B _____
 150 B _____
 151 B [Yeah. _____]
 [((B points to page))]
 152 B _____
 153 B [We do know that there is one ↑free on]
 [((B points to page))]
 154 B _____
 155 B [the rear. _____]
 [((B points to page))]
 156 B _____
 157 [(0.8) _____]
 [((B points to page))]
 158 B _____,,""
 159 B [One nine one, is _____] vacant.]
 [(P wipes mouth with hand)]
 [((B points to page))]
 160 P Right
 161 B [.....]
 162 B would [you like that?
 163 B _____
 164 P [mm ↑mm]
 [((P nods))]
 165 B _____
 166 (0.2)
 167 P Yeah,
 168 B _____
 169 P [.....]
 170 P becaus- [the experience
 171 B _____
 172 P
 173 P th' we a: las' time.
 174 B _____
 175 B _____
 176 [(0.8) _____]
 [((B nods))]
 177 P
 178 B _____
 179 P
 180 P [Should be good.]
 [((B nods))]

181 B _____
 182 (0.4)
 183 P
 184 B _____
 185 B Yes
 186 P
 187 P
 188 P Sould be goo- real good.
 189 B _____
 190 B [.._____]
 191 B [and it's the same company.
 192 B _____
 193 P mm ↑hmm
 194 B _____
 195 B PNO?
 196 B _____
 197 (1.8)
 198 P [....._____
 199 P bu' havin' [sai' tha', how abou' the floyds,
 200 B _____
 201 P _____
 00:09:00 202 P There or somewhere li' that, or;,
 203 B _____
 204 P
 205 (0.9)
 206 B _____
 207 P
 208 P you know bu' um:, say,
 209 B _____
 210 P
 211 (1.3)
 212 P
 213 P [uhm:
 214 B [..._____
 215 P
 216 (1.3)
 217 B _____
 218 P
 219 P s'inking,
 220 B _____
 221 P
 222 (1.0)
 223 B _____
 224 P
 225 P uh:m;,
 226 B _____
 227 P
 228 (2.0)
 229 B _____
 230 P
 231 P I wan' a smaller one, like Denmark, an
 232 B _____
 233 P
 234 P [(0.9)] S[weden] an'
 [(B nods)]
 235 B
 236 B [fine]
 237 P
 238 P places [like] tha' >(doesn' like)<=
 239 B [wha']

240 B [=we'll leave that then.]
 [((B puts magazine down
 and picks up another one))]

241 P yeah,
 242 P bu' I do like tha',
 243 P tha' is a g- tha' wuz
 244 B this is
 245 P [Tha' is-] for major one really,
 [((P points to
 magazine))]

246 P [.._____,,,,]
 247 P [>bud I mean< for [a smaller one,
 248 B [..._____
 249 B _____
 250 B [but we will do that]
 [((B taps hand on
 magazine))]

251 P yeah, defini'ly.
 252 B _____
 253 B now [this one]
 254 P [Think i' looks promising.]
 00:09:30 255 (1.5)
 256 B [.._____,,,,]
 257 B Is, (1.0) [Princess Cruise, (0.9)
 258 B [.._____,,,
 259 B [sister company to PNO?]
 [((B points to magazine))]

260 P mm ↑mm
 261 B [.._____
 262 B [so we'll still get our (0.7) discount.
 263 P [.._____,,,,
 264 P [Oh yeah tha's a help in' i'?
 265 B _____
 266 B [.._____,
 267 B [yeah,
 268 B uhm.
 269 P 's: a help.
 270 (1.0)
 271 P [.._____,,,
 272 P [Sur↑pri:si:n',]
 [((B nods))]

273 P [surprisin' in' i'?]
 [((B nods))]

274 B [.._____,,,,
 275 B yes.
 276 B I ↑heard about,
 277 (0.7)
 278 B very similar a supersize, to wha'=-
 279 P =yeah,
 280 (0.6)
 281 B bu [um in]
 282 P [>(we have] a thing in in i')<
 283 B yea:h.
 284 (2.3)
 285 B [bu-]
 286 P [(think)] I wan' to go ↑now]
 [((P looks up to ceiling))]

287 B [.._____,
 00:10:00 288 [(------ 1.0)]
 [((B smiles))]

- 00:11:00
- 322 B [rather than, before.]
- 323 P [It- it it 'ecause it'll take some of the
 [((B points to magazine))]
- 324 P [pressure off of flyin',]
 [((B points to magazine))]
- 325 P [(0.6) all the way [to Barbados or:]
 [((B points to magazine))]
- 326 B [...._____]
- 327 P [uh- to America,=]
 [((B points to magazine))]
- 328 B _____,,"
- 329 B [=yeah.]
 [((B points to magazine
 and nods head))]
- 330 B [.._____,"
- 331 B [Takes it out [of us alone but both of them]
- 332 P [..X_____,,"
- 333 P [But, just to get on mmmm]
 [((B points to magazine))]
- 334 P [an they stop us say]
 [((B points to magazine))]
- 335 P [goin' over-, you know-, uhm travellin' up,]
 [((B points to magazine))]
- 336 P [overnight, stayin' a hotel.]
 [((B points to magazine))]
- 337 B [Well here's a small one,]
 [((B points to magazine))]
- 338 B [.._____,"
- 339 B [I say a [small one >it's a fourteen night<,
 [((B points to magazine))]
- 340 B [and that's going from Southampton,]
 [((B points to magazine))]
- 341 B [to Spain, Portugal, France,]
 [((B points to magazine))]
- 342 B [.._____]
- 343 B [Italy and [Gibraltar.]
 [((B points to magazine))]
- 344 P See that's ni[ce.]
- 345 B _____
- 346 B _____,,"
- 347 B [and,] I know that's not Venice, but-
- 348 P [.....
- 349 P [yeah but you can always do [Venice,]
 [((B points to magazine))]
- 350 P _____
- 351 P [you can do that on the cheap- cheap uhm:]
 [((B points to magazine))]
- 352 B [yeah,]
 [((B points
 to magazine))]
- 353 P _____
- 354 B [uhm page thirty]
 [((B points to magazine))]
- 355 P _____,,"
- 356 P You can do a cheap one can't you?
- 357 B [.._____,"
- 358 B [°mm ↑mm°
- 359 P [....._____]
- 360 P you know with uhm:, [>travel for the day<,
 361 P _____

00:11:30

362 P can't you you can go there [for the day
 363 B [..X_____]
 364 B ,,,,
 365 B Yes,
 366 P _,,,
 367 B [.....]
 368 B [in fact,] Bristol started doing flights there
 369 P [That's OK]
 370 P I kn↑o:w.
 371 B ,,,,,
 372 B And
 373 P [.....,
 374 P they've got >ones to<- [New York,
 375 B [._.,
 376 [(---1.0)
 377 P [._.,
 378 B hmm=
 379 P =for a day
 380 B (°°sure°°)
 381 P well no >for three days we'll have to go
 382 (wake up o[nce]<]
 383 B [in' there], ⊕dY≡w≡dj3:⊕]
 [(B points to magazine))]
 384 B [we'll do Southampton,]
 [(B points to magazine))]
 385 [(0.6)]
 [(B points to magazine))]
 386 B [then go to Vigon,]
 [(B points to magazine))]
 387 P [yeah]
 [(B points to magazine))]
 388 [(0.6)]
 [(B points to magazine))]
 389 B [then to Lisbon,]
 [(B points to magazine))]
 390 [(0.5)]
 [(B points to magazine))]
 391 P [that's my cuppa tea,]
 [(B points to magazine))]
 392 B [yeah?]
 [(B points to magazine))]
 393 B [Gibraltar?]
 [(B points to magazine))]
 394 P [Yeah.]
 [(B points to magazine))]
 395 [(0.9)]
 [(B points to magazine))]
 396 B [and Barcelona]
 [(B points to magazine))]
 397 P [yeah,]
 [(B points to magazine))]
 398 B [and, (1.0) then to Rome,]
 [(B points to magazine))]
 399 P [mm ↑mm]
 [(B points to magazine))]
 400 [(0.8)]

401 B [((B points to magazine))
 [to Naples,]
 [((B points to magazine))]
 402 P [((P leans forward))]
 [yeah]
 [((B points to magazine))]
 403 [(1.0)]
 [((B points to magazine))]
 404 B [(Portnia)]
 [((B points to magazine))]
 405 [(0.6)]
 [((B points to magazine))]
 406 P [mm.]
 [((B points to magazine))]
 407 P [Puortothenos]
 [((B points to magazine))]
 408 B [.....,,,,,,,,,,]
 409 B [°Portoguenos°]
 [((B points to magazine))]
 410 P [.._____
 411 P [That was [beautiful there >we've already]
 [((B points to magazine))]
 412 B [.....X_____
 413 P [.....,,,,,,,,,,]
 414 P [been' there Mike?<]
 [((B points to magazine))]
 415 B [_____
 416 B [.....,]
 417 B [(1.0)]
 [((B points to magazine))]
 00:12:00 418 B [yehs. Yeah]
 [((B points to magazine))]
 419 P [..,]
 420 P [yeah it's lovely.]
 421 P like a picture postcard
 422 B [.....,]
 423 B an' then [back home to Southampton,
 424 P mm.
 425 P That sounds real good.
 426 (0.8)
 427 B uhmm=
 428 P [.....,]
 429 P [= .hh:: we haven' go' enough ti:me,
 430 B mm hmm.
 431 (0.4)
 432 P [.....,]
 433 P [we want the money,]
 [((B puts hand on magazine))]
 434 P hu hu
 435 B .hh
 436 [(3.1)]
 [((B puts hand on magazine))]
 437 B If we had, [twin rooms outside with a balcony,]

00:12:30

438 B [((B points to magazine))]
 [(3.8) we] could (1.0)
 [((P looks up and
 to her right))]

439 P [carry,]
 [((P leans forward))]

440 (2.9)

441 P I don't think- it won't be as expensive as:
 442 (1.4) this the: uh the one we had.
 443 (1.1)

444 P [.....]

445 P [(because it hasn't had a trainin') [done in it
 446 B [.....X____
 447 P _____

448 P so it's not very dear.
 449 B _____,"

450 B yeah.=
 451 P _____

452 P _____

453 P =s:no' very expensive.
 454 P I- It IS, expensive
 455 P but not no' in a,
 456 B [..._____
 457 B [but its: the same [quality]
 [((B puts hand
 forward))]

458 P mm yeah
 459 B _____

460 B """"

461 B the same band- you know=
 462 P =yeah but what I'm sayin' is [it's not the]
 [((B puts hand
 on magazine))]

463 P [.....]

464 P [same [expense as you got when you go to]
 [((B keeps hand on magazine))]

465 P _____

466 P [the Carribbean or the Bahamas.
 [((B keeps hand on magazine))]

467 B [yes.]
 [((B keeps hand
 on magazine))]

468 B [Well, we should be ab[le]
 [((B keeps hand on magazine))]

469 P [It's afford]able.]
 [((B keeps hand
 on magazine))]

470 [(1.8)]
 [((B keeps hand
 on magazine))]

471 P [Hmm?]
 [((B keeps hand
 on magazine))]

472 B [(0.2)]
 [((B keeps hand
 on magazine))]

473 P [Affordable?]
 [((B keeps hand on magazine))]

00:13:00 474 B [Yes:.]
 [((B keeps hand

- on magazine))]
 475 [(0.6)]
 [(B keeps hand
 on magazine))]
 476 B [Yeah. Uhm, (1.8)]
 [(B keeps hand on magazine)]
 477 B [.....]
 478 B [one, [thousand seven hundred and three.]
 [(B keeps hand on magazine)]
 479 P [....X.....]
 480 P [Wha' each?]
 [(B keeps hand
 on magazine))]
 481 B _____
 482 B _____
 483 B [(0.4)]
 [(B nods and keeps
 hand on magazine))]
 484 P [ooh!]
 [(B keeps hand
 on magazine))]
 485 B _____
 486 B [(1.1)]
 [(B keeps hand on magazine))]
 487 B [.....]
 488 B [remember] [there's no flight,]
 [(Bpoints [(B waves hand))]
 to page))]
 489 B _____
 490 B [no extra cost on the flight,]
 [(B waves hand in air)]
 491 B _____
 492 B [no hotel stay overnight,=]
 [(B waves hand in air)]
 493 P [=no:, bu' that- (.)]
 [(P scratches head))]
 494 B _____
 495 P [by the time we've doin' all tha',]
 [(P looks up)]
 496 B _____
 497 B [.....]
 498 B [that's,] [two hundred and,]
 [(B adjusts
 glasses))]
 499 P [that's a lot of money Mike]
 500 B _____, [..X.....]
 501 B [Two hundred and seventy pound, f[the ho↑tel.]
 [(B waves hand in the air)]
 502 P [..X.....]
 503 P _____
 504 P but mind you that's a lo' of money by the time
 505 B _____
 506 P _____
 507 P you pay, your petrol going up there in your car,
 508 P _____
 509 P [to Gatwick, (0.4)]
 [(B nods)]
 510 B [....X.....]
 511 P _____
 512 P uhmm: the travellin' you know,

00:13:30

- 513 B _____
 514 P _____
 515 (0.3)
 516 B _____
 517 P _____
 518 P also you know th- the overnight stay.
 519 B _____
 520 P _____
 521 [(0.8)]
 [(B nods)]
 522 B _____
 523 P _____
 524 P [D'ya know wha' I mean?]
 [(B nods)]
 525 B _____
 526 B _____
 527 B [An' uh an-]
 [(B points into the air)]
 528 P _____
 529 P _____
 530 P [An then the the- the- cost of p-p- parking the car,]
 [(B points into the air)]
 531 B _____
 532 B _____
 533 B [plus the meals°.]
 [(B points into the air)]
 534 P _____
 535 P _____
 536 (0.5)
 537 B _____
 538 P _____
 539 P Plus your meals, yeah, plus your meals,
 540 B _____
 541 P _____
 542 [(0.7)]
 [(P scratches face)]
 543 P _____
 544 P you know it- it
 545 B [.._____]
 546 B [but is Southampton what that's:-]
 [(B points into the air)]
 547 B _____
 548 B [that's very easy.]
 [(B points into the air)]
 549 P [..X_____]
 550 P [Plus you get, (0.5) uhh [as much baggage]
 [(P puts hand in
 the air)]
 551 B _____
 552 P _____
 553 P [as you want,]
 [(P puts hand in the air)]
 554 P _____
 555 P [you're not limited like we' you are]
 [(P puts hand in the air)]
 [(B nods)]
 556 P _____
 557 P [when you go to Gatwick]
 [(P puts hand in the air)]
 [(B nods)]

- 00:14:00
- 558 B [..X_____]
 559 P _____]
 560 P [an', have to fly to-,=]
 [((P waves hand in the air))]]
 [((B nods))]
- 561 B _____]
 562 B _____]
 563 B [= 'yeah °=]
 [((B nods))]]
- 564 P _____]
 565 P _____]
 566 P [=Barbados]]
 [((B nods))]
- 567 B _____]
 568 P so, there is this pro- you know,
 569 B yea[h:.]
 570 P [Pros] and cons on i'.
- 571 B [.._____]
 572 B [and the car's looked after all day,=]]
 [((B puts hand on magazine))]
- 573 P =yeah
 574 B _____]
 575 B _____]
 576 B [but that's all in with the crude price.]]
 [((B puts hand on magazine))]
- 577 P [yeah.]]
 [((B puts hand on magazine))]]
- 578 B _____]
 579 P [See that's good, really I suppose,]]
 [((B puts hand on magazine))]
- 580 B _____]
 581 B [so:, (0.8)]]
 [((B points to page))]]
- 582 P [That sounds good du'n' i'?]]
 [((B points to page))]
- 583 B [It does. [but-]]
 [((B nods and points to page))]]
- 584 P [I] think it's going to take a li'lle bi' of-]
 [((P looks up and down. B points to age))]]
- 585 B [.._____,,]
 586 B [this one, is a [summer cruise,]]
 [((B puts hand on magazine))]
- 587 P [..X_____,,]
 588 P [thinking,] yeah.
 589 B [.....,]
- 590 B [that one, is, at January.]]
 [((B puts hand on magazine on coffee table))]]
- 591 (0.8)
 592 P [Yeah because ca- you couldn' go on tha']]
 [((P and B point to magazine on coffee table))]]
- 593 P [.._____]
 594 P [because i'- [on the news [this mornin', we've]]]
 [((P points to the back))]]
 [((B nods))]]
- 595 P _____]

- 596 P got the hurricanes goin' into- Mexico an',
 597 P _____
 598 (1.6)
 599 B [.._____,,,
 600 B [is it bad?=
 601 P _____
 602 P _____
 603 P =yeah looks. it's buildin' up,
 604 P _____
 605 P it looks quite uhh:m, .ss=
 606 B [.._____,,,
 607 B [=with all that (beenstrup) on,=
 608 P _____
 609 P _____
 00:14:30 610 P =yeah: las' year wadn' i'?'
 611 B Uh
 612 P of've Erica.
 613 (0.7)
 614 B uhm,
 615 (0.7)
 616 B So what do you think about that?
 617 P (0.7) .hh ↑mm↓mm,
 618 P wha-=
 619 B =y'r- you leave Southampton,
 620 P [wha' are the, wha are the: uhm:]
 [((P points to magazine))]
 621 B [Uh: [October.]
 [((P points to magazine))]
 622 P [the dates that they go]
 623 B wha'?'
 624 P [and the prices off t-] I suppose [the later you go,]
 [((P points to magazine)) [((P points in air))
 magazine))]
 625 B Yeah=
 626 P =cheaper is, or the dearer is.
 627 (2.9)
 628 P d's look a' those?
 629 B °no.°
 630 P [It's Puertothena.]
 [((P oints to magazine))]
 631 (1.1)
 00:15:00 632 B yeah.
 633 P Remember it now?
 634 B [yes:, (2.9) yes.]
 [((B nods))]
 635 B uhm, depart UK,
 636 B Thursday the twenty
 637 [..____,
 638 B eighth USA, bu- [April=
 639 P =yeah.
 640 P But tha'- that's not this year?
 641 B [and then your (wife had've) in May?]
 [((B points to magazine))]
 642 P [(1.0)]
 [((B points to magazine))]
 643 B [((clears throat)) [(raincroft)]
 [((B points to magazine))]
 644 P [was it TWO thousand]
 645 P [and s- (0.4) six]
 [((B points to magazine))]

- 00:15:30
- 646 **B** [Yes this is two thousand [and six, isn' it?]
 [((B points to magazine and nods head))]
- 647 **P** [oh is it? Right,]
- 648 **B** [Yeah.]
 [((B points to magazine))]
- 649 **P** [right.]
 [((B points to magazine))]
- 650 **B** [From, Saturday the fourth of June,]
 [((B points to magazine. P looks up
 and down))]
- 651 **P** [mm ↑hmm,]
 [((B points to magazine))]
- 652 **B** [.....]
- 653 **B** [to the eighteenth of January.]
 [((B points to magazine))]
- 654 **P** [↑mmm]
 [((B points to magazine))]
- 655 **B** [.....]
- 656 [(1.4)]
 [((B points to magazine))]
- 657 **B** [uhm:,]
 [((B points to magazine))]
- 658 [(1.3)]
 [((B points to magazine))]
- 659 **B** [the eighteenth of June or so.]
 [((B points to magazine and shakes head))]
- 660 **B** [The fourth of ↑June]
 [((B points to magazine))]
- 661 **B** [.....]
- 662 **B** [to the eighteenth,]
 [((B points to magazine))]
- 663 [(1.5)]
 [((B points to magazine))]
- 664 **P** [ri:ght.]
 [((B points to magazine))]
- 665 **B** [and then August the sixth,]
 [((B points to magazine))]
- 666 [(1.3)]
 [((B points to magazine))]
- 667 **B** [to the twentieth.]
 [((B points to magazine))]
- 668 **P** ↑mm
- 669 **B** [Now,]
 [((B adjusts glasses))]
- 670 (1.0)
- 671 **P** I would like to [do that one again,]
 [((B nods))]
- 672 **B** [.....]
- 673 **B** [.....]
- 674 (1.0)
- 675 **P** with Roma- with [Roman] ties
- 676 **B** [.....]
- 677 **B** [yeah]
- 678 **P** because, because that-
- 679 **P** [we've missed some of that din' we?,]
 [((P looks up))]
- 680 **P** [Because the uhm]
 [((P looks up))]
- 00:16:00 681 **B** [so, when would you like to go?]

00:16:30 682 **B** [((B points to magazine))
[May, June or August.]]
683 **P** [((B points to magazine))]
684 (2.7)

Subject:
Lee

Transcript number:
LEE1006.1

Information on the subject:

Lee (L) is the participant who has been identified with presbycusis. P is his wife, the conversation partner. They are both talking about various happenings in and around the house, including the fact that they both have colds. The conversation is taking place at the participants' home.

Nature of difficulties:

L is the person with presbycusis. He is having a conversation BEFORE amplification of hearing.

Sample date:

02 November 2004

Length of transcribed sample:

10 minutes 0 seconds

Counter time starts:

00:00:00

Counter time ends:

00:10:00

Name of transcriber:

Corné-Louise Bredenkamp

Counter time	m	Line	S	Talk	Notes
	a		p		
	r		e		
	k		a		
	e		k		
	r		e		
			r		
0:00:00		1	P	[_____	
		2		[(1.3)	
		3	L	whu she's [>out of the <u>bath</u> <,]	
				[(L nods head)]]	
		4	P	_____	
		5	P	_____	
		6		(0.9)	
		7	L	and the room ra were the ladie's <u>gone</u> .	
		8	P	_____	
		9	L	and we said all right howd' tha shu for?	
		10	P	_____	
		11	P	_____	
		12		(1.3)	
		13	L	w- ro- rotten not very good,	
		14	P	_____	
		15	P	_____	
		16		(0.3)	
		17	P	_____	
		18	P	uhh no she's no:',	
		19		(0.6)	
		20	P	everybody quiet now aren't they?	

00:00:30

21 L (0.7)
 22 L [well I was jus' [beadin' off, I know.]
 [((L nods head))]
 23 P [(coughs repeatedly)]
 24 .hmm
 25 L [whe:re do we hide her if we did her anyway?]
 [((L turns head toward P, no eye contact))]
 26 P [(2.0) c'up tuh now anyway,]
 [((P looks up and down))]
 27 (3.0)
 28 P hhh.
 29 L uhh:,
 30 (1.8)
 31 L [who uh them two my (Jesse similar) who]
 [((L turns head toward P, no eye contact))]
 32 L [arent' gonna can eat that's it.]
 [((L turns head toward P, no eye contact))]
 33 (0.9)
 34 L or try an' eat.
 35 P [.._____
 36 [(1.0)
 37 P m[m,]
 38 L [I] don't know what she's gonna have,
 39 P [.....,,""
 40 (1.5)
 41 P [sh-] she'll have nothing I don't think
 42 L [mm]
 43 P I don't think they're ready.
 44 (2.5)
 45 L Yeah.
 46 P [.._____
 47 [(1.5)]
 [((P sniffs))]
 48 P ,,""
 49 P uhh.=
 50 L [=did you ring Jason an' all?]
 [((L turns head toward L, no eye contact))]
 51 P no, not ye' no,
 52 L ohh, in tha' case I don' know wha'
 53 There's no need=
 54 P =yeah.
 55 (0.8)
 56 L yea:h.
 57 (0.7)
 58 L siri:case remember tha'?'
 59 (0.9)
 60 P I really made a wrong anyway,
 61 (1.6)
 62 P [.....,,""
 63 P [tell him what have happened that]
 64 P ,,"",,""
 65 P didn' had,
 66 (1.6)
 67 L mm
 68 (4.1)
 69 L yeah well,
 70 P [.._____
 71 P caught us whi' a [bad time din' they
 72 P _____
 73 P with a cold,=

00:01:00

74 L =yea:h 's: whad I said, yea:h.
 75 P _____
 76 (0.7)
 77 L (|μA:γ≡pɛI:| tha:ws >yuh up
 78 to the weather)<,
 79 P yeah
 80 (0.9)
 81 L <I say.<
 82 (1.3)
 83 L [says it's freezin' out in] ↑new way.
 [((L looks towards P))]
 84 L it is freezin'ou'
 85 (6.0)
 86 P [.hmm.]
 [((P looks up toward window))]
 87 L she didn' wanna come up here anyway
 88 L Lucy a[n:d' an'-]
 89 P [yeah]
 90 (2.6)
 00:01:30 91 P no.
 92 P it's best for her to stay away
 93 P when we got these colds.
 94 (1.5)
 95 L yeah:.
 96 (2.3)
 97 L you were fore:mer up the house an'
 98 then [you were]
 99 P [yeah]
 [((P looks
 up))]
 100 (3.3)
 101 P uhh.
 102 P she'll be ringing up in a minute I suspect
 103 (3.1)
 104 P uhh
 105 P [____,
 106 (6.0, [1.0, 0.4)
 00:02:00 107 L well.
 108 L [even bedduh if a child loves you?]
 [((L turns head towards P, no eye contact))]
 109 P (1.6)
 110 uhh
 111 (1.8)
 112 L she'll do no washing today (with it)
 113 L I don' think?
 114 (1.4)
 115 L well I'm sure she wouldn't.
 116 (3.9)
 117 P hh: .hh
 118 L I feel a bit nervous comin' over
 119 L but we can't help with that anyway
 120 (2.1)
 121 P as best in your (well since) [we've got]
 [((P touches
 forehead
 with palm))]
 122 [(3.5) colds,]
 [((P touches
 forehead with palm))]
 00:02:30 123 P ..hh hh [hh .hh]

[((P looks up))]

124 P [.,_,
125 [(3.5)
126 P [.hh hh::]
[((P looks to window))]
127 P [looks nice out there don' it?]
[((P looks to window)]
128 L [yea:h looks quite nice really.]
[((P and L look to window))]
129 [(5.9)]
[((P and L look to window))]
130 L [hh:]
[((L looks down in lap,
P looks out to window))]
131 [(2.6)]
[((P looks down to her lap))]
132 L .hh
133 (1.4)
134 L .hh
135 (1.7)
136 L uhh.
137 (1.1)
00:03:00 121 L ti'll be 'n hard to have a go for ten
122 L minutes,
123 (1.8)
P [.,_____
124 P [wha'd you say?
125 (0.9)
126 L the amount to say over ten minutes
P _____,''''''''
L [I'm sure.]
[((P looks to window,
L looks down))]
127 [(1.5)]
[((P looks to window,
L looks down))]
128 L [we (turn gasm) stowed uh de garden]
129 [((P looks to window, L looks down))]
L [next week some time.]
[((P looks to window,
L looks down))]
130 [(1.5)]
[((P looks to window,
L looks down))]
131 L [you're bein' left out.]
132 [((P looks to window, L looks down))]
P [yeah.]
133 [((P and L look down))]
[(2.7)]
134 [((L looks down))]
P [you can't do gardenin' in this weather]
135 [((P and L look down))]
P [aih?]
[((P and L
look down))]
136 (2.3)
137 L [yeah.]
138 [((P and L look down))]
00:03:30 139 (8.9)
140 L uhm

141 (1.2)
 142 L [went round Nici's today.]
 [((P looks up))]
 143 P yeah,
 144 (4.5)
 145 P it's a big operation he had done then?
 146 (0.8)
 147 L yea:h,
 148 (1.8)
 149 L he'll get over it though won' he?
 150 P [well, I hope so?]
 [((P looks down))]
 151 L [he has a week, he'll get over that.]
 [((L turns head slightly towards P))]
 152 (0.6)
 153 L call my call you is when you know
 154 when your getting' over it.=
 155 P =Look
 156 (2.5)
 00:04:00 157 P [that's how it goes innit?]
 [((P looks down))]
 158 (2.4)
 159 L [you take that medicine?]
 [((L turns head to P, no eye contact))]
 160 P [.....,.....,.....,.....,.....]
 161 P (0.4) yeah.
 162 (0.7)
 163 L you take it regularly mind (or I know)
 164 you sit down a bit.
 165 (2.3)
 166 L [.....,.....,.....,.....,.....]
 167 L [(don't cough [so much.)]
 [((P looks toward window))]
 168 P [.....,.....,.....,.....,.....]
 169 L _____
 170 (0.9)
 171 P no.
 172 L ,,,,,,
 173 [(6.4)]
 [((L scratches nose))]
 174 P .hh
 175 (2.8)
 176 L yeah.
 177 L [t'uh: might get use (shibad) he's in (avioli)?]
 [((L turns head toward P, no eye contact))]
 178 (0.6)
 00:04:30 179 L I figured he's just down there and
 180 L he uses it a lot.
 181 (5.6)
 182 L [would you next have it taken?]
 [((L turns head toward P))]
 183 P (4.6) uhm.
 184 (0.5)
 185 P uh i' wuz two o'clock innit?
 186 (0.4)
 187 L [wuh as long as that inni'?]
 [((L turns head toward P))]
 [((P puts hand on forehead))]
 188 (1.0)
 189 P when's the last one nine o'clock wa'n' i'?

190 [((P puts hand on forehead))]
 [(1.0)]
 [((P puts hand
 on forehead))]
 191 P [look- ((coughs))] (wuh one o'clock).
 [((P puts hand
 on forehead))]
 192 P [_____
 193 (3.0 [----])
 194 P _____,
 195 P from one o'clock the next lot.
 196 (0.8)
 197 L nine.
 198 (1.0)
 199 L [....._____
 200 L [every three hours didn't it?
 201 L _____,
 00:05:00 202 [(1.3)]
 [((P nods))]
 203 L nine ten,
 204 (1.2)
 205 L ↑no:
 206 P [_____
 207 P [four hours,
 208 P _____
 209 (0.7)
 210 L a' nine.
 211 P _____
 212 P _____
 213 P every four hours.
 214 P _____
 215 (1.2)
 216 L [an' when do you take it, ten o'clock?]
 [((L turns head toward P, no eye contact))]
 217 P _____,
 218 (2.2)
 219 P nine o'clock Ron.
 220 L one o'clock okay nevermin'.
 221 (1.2)
 222 L mm.
 223 (2.3)
 224 L yeah that'll be all right then.
 225 (1.9)
 226 L yeah.
 227 (2.3)
 228 L hh
 229 (2.1)
 230 P .hh
 00:05:30 231 (2.1)
 232 P °°uhh::°°
 233 (2.3)
 234 L right,
 235 P [_____
 236 [(4.8)]
 [((L looks into camera))]
 237 L [uhh:]
 [((L looks down))]
 238 P _____,
 239 (2.9)
 240 L [uhh]

241 [((L looks up to camera))]
 (7.8)
 242 L [I should imagine half the people that]
 [((L turns head toward P))]
 243 L [sees 'surance agency tomorrow would]
 [((L's head is turned towards P))]
 244 P [.....,.....]
 245 L [be dere anyway.]
 [((L's head turned
 towards P))]
 246 (1.6)
 00:06:00 247 L ain't many young people go deaf is there?
 248 (0.6) [(4.0)] (4.0)
 [((L coughs repeatedly))]
 249 L .hh
 250 (3.6)
 251 L mm.
 252 (0.3)
 253 P [was an ever long time our colds innit?=
 [((P looks up toward window))]
 00:06:30 254 L =mm:.
 255 (16.1)
 256 L .hh
 257 (6.5)
 258 L [yeah.]
 [((L looks up))]
 259 (7.0)
 260 L ay George an' I 'thve go both to war for
 261 ('d arguin' id like that now [they weak.]
 [((P looks away))]
 262 (7.7)
 263 P ((cou[ghing repeatedly])
 264 L [yeah]
 00:07:00 265 (3.3)
 266 L [(choose) she's here why not TV]
 [((L turns head toward P))]
 267 L [(ag' kno:ws it?)]
 [((L's head is turned toward P))]
 268 (1.7)
 269 P look, she went brought one didn' she?
 270 L [(1.9)] yeah
 [((L nods head))]
 271 P hh hh:
 272 (3.8)
 273 P hh
 274 (4.0)
 275 P hh .hh: hh::
 00:07:30 276 (7.9)
 277 L no uh
 278 (1.6)
 279 L [no I rummaged there,]
 [((L turns head toward P,
 P stares to window))]
 280 L [yeah'r I'm sure.]
 [((L's head is turned towards P))]
 281 [(1.8)]
 [((L looks toward window))]
 282 L [uhh]
 [((L and P looks toward window))]
 283 [(2.0)]

284 L [((L and P looks toward window))]
 [bein' back next door ha' you heard it?]
 [((P looks down, L looks toward P))]
 285 P [no ((cou[ghs repeatedly]))]
 [((L and P look down))]
 286 L [past now's seven weeks.]
 287 P yeah.
 288 (1.0)
 289 P .hh now that
 290 (1.2)
 00:08:00 291 P hh
 292 (0.8)
 293 P [now that the house is sold]
 [((P looks up and toward L))]
 294 (1.0)
 295 P [.....]
 296 P [nobody have moved in there yet
 297 L no.
 298 P —
 299 P —,
 300 (2.9)
 301 L I have to go.
 302 (1.8)
 303 L [all right then move next door]
 [((L nods))]
 304 (2.5)
 305 P [....]
 306 P [early go back home don' you?
 307 L [yeah.]
 [((L nods))]
 308 P —,
 309 (1.2)
 310 P .hh
 311 (5.0)
 312 P .hh
 313 (2.3)
 00:08:30 314 P hh
 315 (4.8)
 316 P hh
 317 (1.9)
 318 P [hh::] [(4.1)]
 [((P looks down))] [((P coughs repeatedly))]
 319 (1.4)
 320 P .hh hh
 321 (1.0)
 322 P hh
 323 (9.3)
 00:09:00 324 L hh
 325 (7.2)
 326 P .hh
 327 (23.3)
 00:09:30 328 L uhh.
 329 (2.2)
 330 [(4.5)]
 [((P coughs repeatedly))]
 331 (0.5)
 332 L [.hh
 333 P [.—
 334 P —
 335 (1.5)

336 L uhh
337 P _____,
338 (1.6)
339 P hh.
340 (5.5)
341 L [you finished with everythin' ou'r: d'ere?]
[((L turns head toward P)]
342 P [..._____,""""]
343 P yeah.
344 (4.2)
345 P hh.
346 P it's a luxury ↑met now though,
347 L a very luxury I prefer. ((noise from camera))
00:10:00 348 T all right,

Subject:
Lee

Transcript number:
LEE1006.2

Information on the subject:

Lee (L) is the participant who has been identified with presbycusis. P is his wife. They are both talking about various happenings in and around the house. The conversation is taking place at the participants' home.

Nature of difficulties:

L has presbycusis. He is having a conversation AFTER amplification of hearing.

Sample date:

2 July 2005

Length of transcribed sample:

11 minutes 36 seconds

Counter time starts:

00:05:00

Counter time ends:

00:16:36

Name of transcriber:

Corné-Louise Bredenkamp

Counter time	m	Line	S	Talk	Notes
	a		p		
	r		e		
	k		a		
	e		k		
	r		e		
00:05:00		1	L	[Anyway what wha the ↑leg wuh like this] [((L looks down to P's leg))]	
		2	P		
		3	L	[<u>morning now.=</u>] [((L looks down to P's leg))]	
		4	P		
		5	P	[=ss: terrible.] [((P and L look down))]	
		6		[(0.3)] [((P and L look down))]	
		7	L	[Really?] [((P and L look down))]	
		8	P	[(0.2) mm:.] [((P and L look down))]	
		9		[(0.8)] [((P and L look down))]	
		10	L	[Is it any- got any bigger have it?] [((P L leans forward))]	
		11	P	[(0.3) No: I don't know?] [((P and L look down))]	
		12		[(0.3)] [((P and L look down))]	
00:06:30		13	L	[You don' know.]	

14 L [((L leans back in in chair))]
 15 L [.._____
 16 L [We goin' up to Tesco or wha'?
 17 P [.....X_____
 18 P _____
 19 P ↑No:, not too bad.
 20 L _____,''''''''
 21 P _____
 22 (0.6)
 23 L Okay.=
 24 P _____
 25 P =So um a:rm [I'm not goin'- _____] =
 26 L [Anything tha' I would like]
 27 P [X_____
 28 P [=I'm not- I: <don't> know [doctors
 29 L [.._____
 30 P _____
 31 P that's what [you] thinks.
 32 L _____,''''''''
 33 L [Uhh.]
 34 P _____
 35 L You whu goin' down (there) this Monday,
 36 P _____
 37 L (1.0) we might co- come back the longest way
 38 P _____
 39 L [.....X_____
 40 L an'call in [there an' see if they got anymo:re.
 41 P _____
 42 P _____
 43 (2.3)
 44 L _____
 45 P _____,''''''''
 46 P [Oh yeah, now now the um:] new=
 47 L _____
 48 L [hu (arrh) _____]
 49 P =new c[atch _____]
 50 L _____
 51 L _____
 52 L [want to try] an get another one haven' I.
 53 P Yeah,
 54 L _____
 55 L _____
 56 (0.7)
 57 P Yeah.
 58 L _____
 59 L _____,''''''''
 60 L Alth- Althoug I s'pect they got them in a
 61 L [...._____
 62 L sport shop in town [why they gotta be dear
 63 L _____
 64 L [being] gonna get nothin' for a pound in there.
 65 P [Yeah.]
 66 L _____
 67 [(0.6) _____]
 68 L [((P shakes head))]
 69 L cause you've godda pay [more I'm 'nna pay
 70 P [X_____
 71 L _____,''

00:07:00

72 L more ain' it?
 73 P [.._____
 74 P [Yeah.]
 [((P smiles))]
 75 P _____
 76 (1.8)
 77 L Yeah.
 78 P _____
 79 P _____
 80 (0.9)
 81 P _____,''''
 82 P [Mind your (arranges) allright,]
 [((L looks toward P))]
 (0.6)
 83
 84 P [.._____
 85 P [or] d've they gone in town.
 86 L [↑hmm]
 87 P _____
 88 L He lives jus' down the (birthplane)
 89 P _____
 90 L oh yea:h
 91 P _____
 92 L he come ins every m↑orning,
 93 P _____,''''''
 94 (1.8)
 95 P I doubt i'?'
 96 L ptuh.
 97 (0.3)
 98 L We'll soon find out if Jason comes home with
 99 Ethan, don' it?
 100 P Oh yeah we might have to track him mightn't we?
 101 L yea:h.
 102 (1.9)
 103 yeah,
 104 P we shall know then.
 105 P [.._____
 106 P If they [don' come down
 107 P _____
 108 P with Ethan then that that means their
 109 P _____
 110 P (sayin they haven't got-),
 111 P _____
 112 P they're they've taken him or somethin' innit?
 113 L yea:h >I think so<,
 114 P _____,''''''
 115 L [what you wanna do though,]
 [((L looks toward P))]
 116 L [.._____
 117 L you [wanna go to that club?
 118 P Not really.
 119 L _____
 120 L _____
 121 (1.1)
 122 P Well I can't really-
 123 L _____
 124 P (0.3) dance with me leg.=
 125 L _____
 126 L _____,
 127 L [=No: you can't can you.
 128 P [.X_____,''''

00:07:30

129 P [But then i' is not really fair on the ↑child↓ren.
 130 L [.....
 131 P [..X
 132 [(0.6)
 133 L _,'''
 134 L Yeah [well.]
 135 P _____
 136 P _____
 137 P [Cause] they wants a go don't they?=
 138 L =We both goes out ru jus' ted by, 'avin' a
 139 P _____
 140 L drink and them du come away.
 141 P _____
 142 P _,'''
 143 P Yeah,=
 144 L [.._____
 145 L =Not like las' time [wait for him to come
 146 L _____
 147 L home, I don't, =
 148 P =No.
 149 L _____
 150 L _____,'
 151 L that's wrong.
 152 P Yeah.
 153 (2.4)
 154 L No you can't lie.
 155 L [I think you've got tuh s'dance an up now, Aih?]
 [((L adjusts armband))]
 00:08:00 156 P [.....
 157 P [No ↑I wo:n't.
 158 L [Well you will until your leg gets better,]
 [((P smiles))]
 159 P _____
 160 P _____,'''''''''''
 161 P hu hu hu hu hu.
 162 (0.5)
 163 P That's [diffe]rent.
 164 L [uhm]
 165 (0.9)
 166 L We'll get it better for when we go to
 167 the (benedoli thing).
 168 L [.....
 169 [(1.8)]
 [((L smiles))]
 170 L _____
 171 L Oh no, when we goes to u:hm,
 172 L _____
 173 (1.0)
 174 P [....X
 175 P [Butlins
 176 L _____
 177 L _,'''
 178 L Butlins,
 179 P _,'''
 180 L yeah.
 181 L Butlins.
 182 (2.0)
 183 L Uhn [that-]
 184 P [n' Oc]tober though is it?
 185 L yea:h.

186 (1.6)
 187 L Uhn we don' going down to the old cays love.
 188 L choose it you woulda think you bedda ring iduh
 189 L be all that ↑great,
 190 L (1.5)
 191 P Yea:h,
 192 P [phone] up next week.
 193 L [duhn]
 00:08:30 194 L now what's it called now after I see,
 195 L [.._____
 196 L (0,2) [now- [urs- (0.5) tapplur-
 197 P [X_____
 198 P _____
 199 P Oh yeah after the eleventh,=
 200 L _____
 201 L =I don' wanna see him really but (0.8) the
 202 P _____
 203 L answer (°but there is now°).
 204 L [...._____
 205 L [I can't say no can I?
 206 P Oh ↑ye↓a:h.
 207 L _____
 208 P Of course you have.
 209 (2.0)
 210 L mm.
 211 P [....._____
 212 P Did you [tell Irene that you won't be over
 213 P _____
 214 P this mornin'?
 215 L (1.5) YEAH,
 216 P _____
 217 P '',''
 218 (1.1)
 219 L yes.
 220 (0.9)
 221 L was that's his housesitter,
 222 P [.....
 223 [(2.0)
 224 L good f'them: uh l'en yuh [[ladie's] [comin', is?]
 [((L nods))]
 225 P _____
 226 P [>Yeah yeah.<]
 227 (1.5)
 228 L We:ll she didn' come and see me:
 229 P _____
 230 L l:'ve [wish] id've shouted versin over=
 231 P [↑no]
 232 L [.....
 00:09:00 233 L =n'again [and uh more like that.
 234 L _____
 235 (0.3)
 236 L She could've stopped comin over here
 237 L I'm gonna stop goin' over there.
 238 P Yeah.
 239 (1.5)
 240 L I think she had a idea of what was comin'.
 241 (1.4)
 242 P Wh[↑↓at.]
 243 L [Woul]dn't surprise me anyway.
 244 P Ahh

245 P [.._____

246 P well [cause you [told her about- Benedor,

247 L [X_____

248 P _____

249 P [didn' you?]

250 L _____

251 L [Yeah.] Yeah.

252 P _____

253 P _____

254 P Las' Friday [didn' you?]

255 L [I think] she wannuh do it

256 P _____

257 L that's wha' I think.

258 P _____

259 P _____

260 (0.7)

261 L I won't be surprised.

262 P _____

263 (1.5)

264 P [.._____

265 P Ahh they can [c↑↓ome,

266 P _____

267 (0.8)

268 P _____

269 P we ain't ↑stoppin' 'em,

270 L [.._____

271 L I don [wanna mix with them righ' now and again.

272 P hu hu hu hu hu

273 L I don' wan' nobody duh mix with Jason he's:=

274 P =Ahh Jason's allright with Irene,

275 (1.1)

00:09:30 276 P He's allright [with] other people around.

277 L [mm.]

278 (1.0)

279 P [.._____,,,

280 P There's only uh- uh- [jus' us isn' i- isn' it

281 P [he's allright with everybody else.]

[(P looks down)]

282 (2.0)

283 P [.._____

284 P Wouldn' [ask so many mates if he wouldn' round,

285 P _____

286 (0.7)

287 L °Ye:s°.

288 P _____

289 L we don't nothin to but go to a road to

290 (0.9)

291 L uhm one is uhm one lady 's gone

292 L but- oh ↑nowhere if we don't have Jesus

293 gonna go in do [you?]

294 P [No.]

295 (1.9)

296 L Mm=

297 P =No shan't go out today.

298 (2.5)

299 L Anyway.

300 (2.4)

00:10:00 301 L °You're gonna come to dinner and then at

302 the end you're all[righ'. °]

303 P [>°Yeah°<.]

304 (1.6)
 305 P [.....]
 306 P [Whas' there duh talk about?
 307 L (1.0)
 308 P _____
 309 P _____
 310 P Hu [hu hu hu] hu hu
 311 L [↑ don't know,]
 [((L looks toward
 P and back to
 window))]
 312 L I don't know
 313 (1.3)
 314 L hmm.
 315 L Where's 'a?
 316 P That's Sue-
 317 P [Sue told Angela las' night,
 [((P turns head toward L))]
 318 L [.....]
 319 P [.....X.....],,,,,
 320 P [you know Sue Wat°kins° uh that.
 321 L _____
 322 P [X.....],, [..X.....]
 323 P She said; (0.8) [your mother is [a lovely lady.
 324 L _____
 325 L _____
 326 (0.5)
 327 L _____
 328 L Hu [hu]
 329 P _____
 330 P [she] said.
 331 L _____
 332 P _____
 333 P Because uht she still sends now,
 334 L _____
 335 P _____
 336 P to my three girls, their birthday cards.
 337 L _____
 338 L mm.
 339 P _____
 340 P _____
 341 (1.0)
 342 P _____
 343 P ↑Ye:|ah, she let her know,
 344 (0.8)
 345 L I wonder what she was doin' up there
 00:10:30 346 L I don' know if (she was received there)?
 347 P [.....]
 348 P She's [at the Richester,
 349 L mm.=
 350 P _____
 351 P _____
 352 P =you know, Chris.
 353 P _____
 354 (4.8)
 355 L Tha[t's it].
 356 P _____
 357 P _____
 358 P [She] comes down this area a lot
 359 P _____

00:11:00

360 P Late[↑]ly [↓but] she still lives at- there=
 361 L [yeah]
 [(L nods)]

362 P _____
 363 P =she hasn't changed her address cause she
 364 P _____
 365 P woulda told me if she did,
 366 P _____
 367 P [wouldn't she?]
 368 L [Yeah wuh you would]
 369 L ah see that Chris' husband a lot-
 370 P ''''''''
 371 L [..._____]
 372 L [I never sees him then?
 373 P Uh I shouldn't recognise em now I don't think.
 374 L _____, ''''''''''''''''''''
 375 L No:.
 376 P I don't think I can re- recognise them.
 377 (2.0)
 378 P A long time innit?
 379 L yea:h.
 380 (2.4)
 381 L They girls uhm:, (0.3) Angela was with
 382 L 'em las' night uh.
 383 (1.5)
 384 L [.._____]
 385 L [I thought it was home [uhn it was she
 386 P [.._____]
 387 L _____
 388 L was [(↑obv↓ious)]
 389 P [N↑↓to:]
 390 L _____
 391 (0.5)
 392 P [..X _____]
 393 P [That's what she said she said oh just out
 394 L _____
 395 P _____
 396 P with the [lot of them]
 397 L _____, ''''''''''''''''''''
 398 L [Yea- -eh -eh -eh.]
 399 P _____, ''''''''
 400 (2.0 ----)
 401 L [...._____]
 402 L More I'm drinkin [(↑'en)]
 403 P [then I ↑said] to her I said
 404 L _____
 405 P [..X _____]
 406 P Ron to let you- goin' out [with old wuh- muh-
 407 L _____
 408 P _____, ''''''''''
 409 P like- like- old ↑women like meself
 410 L _____
 411 P and °she sai° [↓I'm ↑not she said I'm the ↓oldest
 412 L _____, [...._____],
 413 P [.._____]
 414 P out o' a [↑lot of them.
 415 P _____
 416 (1.0)
 417 L Hm.
 418 P _____,

419 (0.2)
 420 P [.._____
 421 P How are they in their forties [and ↑thi:rt↓ies.
 422 P _____
 423 (1.3)
 424 P _____
 425 P u[h.]
 426 L [Well] yea:h:.
 00:11:30 427 (1.6)
 428 Mm.
 429 (0.5)
 430 P [..X_____
 431 P You didn't see the: the- [dark [lady did you?
 432 L [.._____,''''
 433 L NO I MISSED HER NO: I [missed her.]
 434 P _____''''''''''''''''
 435 P [We's thought] she's
 436 P [nice.
 437 L [.._____
 438 P [.....X_____
 439 P [I've met her several times
 440 L _____
 441 P _____''''
 442 P [when lv'e] been up to me (Anderfrins) =
 443 L _____
 444 L [Have you?]
 445 P [..X_____
 446 P and I've met her [several times in town as well,
 447 L _____
 448 L _____
 449 L Y↑ea: ↓e↑ah
 450 P ''''
 451 P [....._____
 452 P ever s'ch a nice fellar. wu- -uh -uh: [woman.
 453 L _____''''
 454 L ''''
 455 (1.2)
 456 P _____
 457 P 'as the one who brings the- (0.8) black
 458 P _____
 459 P puddin stuffin=
 460 L =↑O:h: >yeah yeah yeah °yeah yeah°.<
 461 P _____''''''''''''''''''''''''''''
 462 (1.2)
 463 L The black puddin',
 464 P Yeah:,
 465 P she's ever so nice.
 466 (3.1)
 00:12:00 467 L Uh well it's HARD to do work uh clever
 468 L I don't think she wants to go back up to
 469 L Jason's she wants to
 470 L go back up her own house don't she?
 471 P I don't know.
 472 (0.4)
 473 P Or, (0.2) if Jason uhd take her back home
 474 P [.._____
 475 P [with the children.
 476 P _____
 477 (1.3)
 478 P _____

479 P sh that's what she wants Jason uh do,
 480 P _____
 481 (0.7)
 482 L [X _____]
 483 L [Take her to her ↑own house. [yes,]
 484 P _____
 485 P _____ [Yeah.]
 486 P _____
 487 (0.5)
 488 L _____
 489 L ,,,,
 490 L Yeah.
 491 P ,,,,,,
 492 (2.2)
 493 L I s:pect she wi:ll.
 494 (0.7)
 495 L Pretty good uh?
 496 P (1.0) °I don't ↑kno:w°
 497 (1.5)
 498 P °I don't know Ron.°
 499 (3.7)
 00:12:30 500 P But if she do did go up there I godda go round
 501 because, she can't be up manage on her ↑own
 502 P she ↑said th↓↑at,
 503 (1.1)
 504 P [_____]
 505 P She can't go up to the ba:rn [and leave
 506 P _____]
 507 P [the children can she?]
 [((L turns head toward
 P and then turns head
 away))]
 508 L (1.5) No.
 509 P _____
 510 (5.7) ,,,,
 511 L We got there.
 512 (0.3)
 513 L [_____]
 514 L besides whe:ve [got to sit ↑down there ↑don' you?
 515 P °↑mm°
 516 (2.0)
 517 P [It's nice to see them all innit?
 518 L [_____]
 519 L [_____]
 520 L [(1.8) [Yea:h.]
 521 P [Right.]
 522 (3.8)
 00:13:00 523 P So you don't ↑kno:w
 524 P [_____]
 525 (3.0 [------])
 526 P _____
 527 P [a: ha ha ha ha:lri:gh']
 [((P rubs leg))]
 528 (4.0)
 529 L [°You don't see°]
 530 P [I don't think] Angela liked it when-
 531 P [_____]
 532 P [because they way put [Mr: Cox,
 533 L [_____]
 534 L a:hh:w that °that that [(can't be done)°]

- 535 P _____
- 536 P [That's- that-]
- 537 P _____
- 538 P that- played on my mind that did.
- 539 L I don't know why I don't [give a mind]
- 540 P [Hard un]
- 541 (0.7)
- 542 P [.....]
- 543 P ↑No [it can't be ↑wrong because it was
- 544 P _____]
- 545 P addr↑essed to you Ron.
- 546 (1.8)
- 547 L [↑Tha:t's all ↓eas↑ier I don't take a] notice uh
 [((L turns head toward P))]
- 548 things like that,
- 549 (1.4)
- 00:13:30 550 P °Uh you ↑should do,°
- 551 (9.8)
- 552 L Mm.
- 553 (5.7)
- 554 P You're not doin' [your gardening today?
- 555 P [.....]
- 556 L [.....]
- 557 L ↑Q:h: nō not doin' anythin today.
- 558 (1.3)
- 559 L and I'm about to cover them ↓furs I wanna
 560 go water as well,
- 561 (0.6)
- 562 L [.....]
- 563 L [put one in the lilac tree?
- 564 P (0.6)
- 565 L _____
- 566 L [.....]
- 567 L ↑uh: hu hu hu hu.
- 568 (0.9)
- 569 P Yeah.
- 570 (4.5)
- 00:14:00 571 L got plenty uh stones you wanna duh hold to.
 572 [Looks l↑i:ke,]
- 573 P [°won't be right] no more°
- 574 (0.4)
- 575 L noh ↑ho:h:
- 576 (1.3)
- 577 L [.....]
- 578 L might [BE pretty eas↑y it's ↑in ↓the ↓system,
- 579 L _____]
- 580 (1.2)
- 581 P Yeah.
- 582 L [.....]
- 583 (2.8)
- 584 L [.....]
- 585 L Ahw they put them in [the CAR obviously
- 586 L it was quite ↑eas↓y.
- 587 [(5.4)]
 [((P peers in direction of window,
 L looks toward window))]
- 588 P Cause there ↑Ang↓ela fillin' [in round there,]=
 589 L [↑A:nd I did yeah,]
- 590 P =hu hu it's not [though hu] hu.
- 591 L [And I did.]

592 (2.2)
 593 L Will she ever really go away?
 594 P (0.2) °↑Yeah I ↑kno:w°
 595 (0.7)
 596 L [..._____]
 597 L She can [eat anytime.
 598 P Yeah.
 599 L _____
 600 L _____
 601 (0.5)
 602 P Prawn last night uhn.
 603 L _____
 604 L _____
 605 (0.8)
 606 P [...X_____]
 00:14:30 607 P Had that big [ro:le with the hague in an'
 608 L _____,''''
 609 P _____
 610 P sauce and then she had cheeck [tuh
 611 L _____ [X_
 612 P _____
 613 P take chocolate éclair,
 614 L _____
 615 P _____
 616 (0.6)
 617 L ''''
 618 P _____,''''''''
 619 P hu [hu] hu hu hu
 620 L [huh.]
 621 (0.5)
 622 L [..._____]
 623 L Now let [me take that,
 624 L _____
 625 (0.4)
 626 P and oh yeah:. ↑and tomatoes,
 627 L _____
 628 L _____
 629 (0.6)
 630 L __,''''
 631 L Ah::
 632 (1.6)
 633 P ↑Yeah,
 634 (1.4)
 635 L [and as soon as she got out a spau:nish]
 [((L turns head toward P))
 636 she might have sandwich.
 637 (3.6)
 638 P No
 639 P [..._____]
 640 P she she [had two- (0.3) ↑bacon rolls.
 641 L [.....X_____]
 642 L _____
 643 L ↑Yea:h
 644 P _____
 645 L _____
 646 L ↓two bacon rolls
 647 P _____
 648 L _____,
 649 L yeah,
 650 P _____,''''

651 (2.6)
 652 L [...
 653 L She's [had bacon (my mad)
 654 L
 655 L I do I told you it was perfectly,
 656 L
 00:15:00 657 L (0.6) (minuz') workin on that this week-
 658 L
 659 L can't got mea:t sauce as dessert can't get any,
 660 [(1.7)]
 [((L looks away))]
 661 P We could've gotten this morning were
 662 [°we stayed.°]
 663 L [Yea:h well,] (0.4) go away.
 [((L turns head
 toward P and
 then away))]
 664 (3.9)
 665 L Godda eat some more
 666 L >(likes its all th'll helps)<.
 667 P Yea:h.
 668 (4.5)
 669 P Oh huhu-
 670 P [I said to Janet up there about-
 671 L [..
 672 P [..X
 673 P (0.6) our son [Trajun.
 674 L
 675 P
 676 (1.0)
 677 L
 678 P
 679 P Getting down with the trolley the other day,=
 680 L
 681 L
 682 L =hmm. (0.8)
 683 P s: huh (0.2) with the son thuh with us out
 684 L
 685 P there, (0.4) I didn't see him,
 686 L
 687 (0.2)
 688 L
 00:15:30 689 P [.....X
 690 P he said [excuse me lady
 691 L
 692 P
 693 (1.0)
 694 L
 695 L
 696 L Me:.
 697 P
 698 P [.....X
 699 P He said if I- I been reported [once from nearly
 700 L
 701
 702 P
 703 P knocking you down and I don't want to be
 704 L
 705 P
 706 P reported again thank you very much.

707 L _____
 708 L ''''''
 709 L mm.=
 710 P _____
 711 P _____''''''''''''''''
 712 P =Hu hu hu hu hu hu hu [hu h]u hu
 713 L [mm.]
 714 P [..____
 715 P Ha's just what hes zat's the [exact
 716 P _____
 717 P words he said to me he he.
 718 L [..._____
 719 L First one [across the road eh?
 720 P _____''''''''
 721 P [..X____
 722 P (0.1) [↑Yea:h.
 723 L _____
 724 L _,'''''''''
 725 L Ahw whay.
 726 P _____
 727 (0.4)
 728 P _____
 729 L [..X____
 730 L What was he [doin' duh
 731 P _____
 732 L _____
 733 L tryin her again then.
 734 P _____
 735 P _____
 736 P (1.5) He ↑WORKS there don' he::
 737 L _____
 738 L _____
 739 L OH DO HE?
 740 P _____
 741 P _____
 742 P (0.4)
 743 L _____
 744 L _____
 745 L He works in the Tesco?
 746 P _____
 747 P _____
 748 P (0.3) ↑Yea::h=
 749 L _____
 750 L _____''''''''''''''''
 751 L =Oh I didn't know that.
 752 P _____
 753 P _____'''''''' [..X_____
 754 P Ah: [Ron he'd been there [six months and more.
 755 L [.._____
 756 L _,'''
 757 L Oh I don't know I don't go in there (anyway).
 758 P _____
 759 (0.5)
 760 P _____
 761 P _____
 762 P You do with the [↑dark one.
 763 L [..X_____
 764 P _____
 765 (0.3)
 766 L _____

00:16:00 767 P _____
 768 P D[ark ↑hair one not the fair] one=
 769 L _____
 770 L [uh yea::h.]
 771 P _____
 772 P =not the one who works over Angela's
 773 P ↓place ↑the ↑other one.
 774 (4.2)
 775 L A:hw I didn't know that?
 776 (1.2)
 777 P Cause he [wants to be a vet don't he?
 778 P [.._____
 779 L _____
 780 L (0.8)
 781 P [No he] don't want to be co- he- he didn't=
 782 L _____
 783 L [No he]
 784 P [.._____
 785 P =pass his [exams for a [vet now]
 786 L [Yeah I'll go]
 787 L he'll get a vet young, yet he:- that won't he?
 788 P _____
 789 P (0.2) No,
 790 P [.._____
 791 P but he can- ge' it for lookin' [after animals.
 792 P _____
 793 (0.6)
 794 L O[h Yeah.]
 795 P _____
 796 P [Crisis] it sounds for that,=
 797 L =he wants to go long weekend don't he?
 798 (0.8)
 799 P Well he've tried all these places but they've
 00:16:30 800 don't got no vacancies.
 801 (0.4)
 802 L Yeah..
 00:16:36 803 (4.3)

Subject:
Vic

Transcript number:
VIC1007.1

Information on the participants:

Vic (V) is the participant who has been identified with presbycusis and P is the conversation partner. V is having a conversation with his friend (P) in their living room.

Nature of difficulties:

V has presbycusis. He is having a conversation BEFORE amplification of hearing.

Sample date:

12 November 2004

Length of transcribed sample:

10 minutes 18 seconds

Counter time starts:

00:00:00

Counter time ends:

00:10:18

Name of transcriber:

Corné-Louise Bredenkamp

Counter time	m	Line	S	Talk	Notes
	a		p		
	r		e		
	k		a		
	e		k		
	r		e		
00:00:00		1	P	Huh	
		2	P	_____	
		3	V	_____	
		4	V	DID I TELL YOU (.) ERIC DYER	
		5	P	_____	
		6	V	_____	
		7	V	CAME THE OTHER ↑DAY	
		8	P	_____	
		9	P	_____	
		10		(0.6)	
		11	V	_____	
		12	P	_____	
		13	P	↑no I ↑did not.	
		14	V	_____	
		15	P	_____	17
		16		(0.5)	17
		17	V	_____	17
		18	V	_____	17
		19	V	[↑heh]	17
		20	P	_____	17
		21	P	[u:hm] I think you've just mentioned	17
		22	V	_____	17
		23	P	_____	17
		24	P	(0.3) it really bit I'd- you didn't say much about it	17

25	V	_____	
26	P	_____	
27		(0.4)	
28	V	_____	
29	V	_____	
30	V	↑yea:h.	
31	P	_____	
32	P	_____	
33		(1.2)	
34	V	_____	
35	V	_____	
36	V	he tells me he's uhm	
37	P	_____	
38	P	_____	
39		(0.6)	
40	V	_____	
41	V	_____	
42	V	going to retire.	
43	P	_____	
44	P	_____	
45		(0.5)	
46	V	_____	
47	P	_____	
48	P	really?	
49	V	_____	
50	V	_____	
51	V	(.) mmm.	
52	P	_____	
53	P	_____	
54	P	was it-	
55	V	_____	
56	P	_____	2
57		(0.4)	2
58	V	_____	2
59	P	_____	2
60	P	↑where's he actually ↑working now.	2
61	V	_____	2
62	P	_____	2
63		[(1.0)] [((V leans toward P and frowns))]	2
64	V	_____	2
65	P	_____	2
66	P	[where is- WHERE IS HE WORKING NOW.] [((V keeps leaning forward and frowns, P leans forward towards V))]	2
67	V	_____	2
68	P	_____	2
69		(0.5)	2
70	V	_____	2
71	V	_____	2
72	V	oh he's still down at the supermarket	2
73	P	_____	2
74	P	_____	2
75		(0.3)	2
76	V	_____	2
77	V	_____	2
78	V	[yeah]	2
79	P	_____	
80	P	[↑yeah]	

00:00:30

81 V _____
 82 V yeah.
 83 P _____
 84 P _____
 85 P all↑right
 86 V _____
 87 V _____
 88 V yeah
 89 P _____
 90 P _____
 91 (0.8)
 92 V _____
 93 P _____
 94 P [so: ↑when is he due to retire.]
 [((V frowns))]
 95 V _____
 96 P _____
 97 (0.6)
 98 V _____
 99 V _____
 100 V next ↑yea:r I think
 101 P _____
 102 P _____
 103 (0.2)
 104 V _____
 105 V _____
 106 V but he's A BIT UNDECIDED as to-
 107 P _____
 108 P _____
 109 (0.3)
 110 V _____
 111 V _____
 112 V to [what he's go- he's going to do] he was asking
 [((V shakes head))]
 113 P _____
 114 V _____
 115 V me because I've been retired for so long.
 116 P _____
 117 P _____
 118 P [yeah.]
 [((P nods))]
 119 V _____
 120 P _____
 121 (0.2)
 122 V _____
 123 P _____
 124 P does he [think]
 125 V _____
 126 V [WHAT] he considered (0.1) would be
 127 P _____
 128 P _____
 129 (0.7)
 130 V _____
 131 V _____
 132 V a good pa:thway to ↑follow but
 133 P _____
 134 V _____
 135 V (0.7) you know [(0.4)] uhh like we been
 [((P nods))]
 136 P _____

137 V [..X _____]
 138 V [discussing now e:verybody's needing situation is
 139 P _____]
 140 V _____
 141 V slightly ↑different
 142 P _____
 143 V _____
 144 (1.0)
 145 P _____
 146 P _____
 147 P [because _____]
 [((V leans forward))]
 148 V _____
 149 V [it huh _____]
 150 V _____
 151 (0.6)
 152 P _____
 153 P _____
 154 P DOES HIS ↑WIFE ↑WORK ↑NOW
 155 V _____
 156 V _____
 157 (1.7)
 158 P _____
 159 V [..X _____]
 00:01:00 160 V [well she's been ILL for hhh uhm
 161 P _____]
 162 P _____
 163 (0.5)
 164 V _____
 165 P _____
 166 P oh ↑right=
 167 V _____
 168 V _____
 169 V =a good year (0.4) or more
 170 P _____
 171 P _____
 172 (0.3)
 173 V _____
 174 P _____
 175 P [mm hmm]
 [((P nods))]
 176 V _____
 177 P _____
 178 (0.2)
 179 V _____
 180 V _____, [..X _____]
 181 V with uhm (1.4) o:h [something to do with
 182 P _____]
 183 V _____
 184 V [her _____] hea:rt [I think _____]
 185 P _____
 186 P [šyeahš] [yeah _____]
 [((P nods))]
 187 P _____
 188 (0.7)
 189 V _____
 190 V _____
 191 V [but]
 192 P _____
 193 P [but] [I THOUGHT they'd been ↑AWAY

194 V [..X_____]
 195 P _____
 196 (1.8)
 197 V _____
 198 V _____
 199 V AHH ↑THAT UH: YEA:H UH: THEY- HU HU
 200 P _____
 201 P _____
 202 (0.2)
 203 P _____
 204 P she's [recovering] is she?
 205 V [...X_____]
 206 V [NO:::]
 207 P _____
 208 (0.4)
 209 V _____
 210 P _____
 211 P or that- that was some sort of recovery period for
 212 V _____
 213 P _____
 214 P her
 215 V _____
 216 P _____
 217 (0.5)
 218 V _____
 219 V _____
 220 V what when they went [away.]
 221 P _____
 222 P [yeah.]
 [(P nods)]
 223 _____
 224 V [u:hm]
 225 P _____
 226 P [was] it [AFTER she was ill or before.
 227 V [..X_____]
 228 P _____
 229 (1.6)
 230 V ''''
 231 V [...X_____]
 232 V ↑no:. when uh [when you say that they been
 233 P _____
 234 V _____
 00:01:30 235 V aw- aw- ↓away do you mean that
 236 P _____
 237 V _____
 238 V uhh li- like uhh just- just recently cause they've
 239 P _____
 240 V _____
 241 V been up in ↑Scotland. [but that's] nothing to
 242 P _____
 243 P [oh ↑right]
 [(P nods)]
 244 V _____
 245 V do with (0.4) with Ruth or anything like ↑that
 246 P _____
 247 P _____
 248 (0.3)
 249 V _____
 250 P _____
 251 P mm ↑hmm

308 P _____
 309 (0.6)
 310 V _____
 311 V _____
 312 V but he doesn't want to come back
 313 P _____
 314 P _____
 315 (1.3)
 316 V _____
 317 P _____
 318 P he enjoys it obviously [he likes _____]
 319 V _____
 320 V _____ [↑YEAH WELL]
 321 V _____
 322 V HE LIKES the Scottish people
 323 P _____
 324 P _____
 325 (0.6)
 326 V _____
 327 P _____
 328 P mm
 329 V _____
 330 P _____
 331 (0.3)
 332 V _____
 333 V _____,,,,,,, [...X____
 334 V he likes the: terrain
 335 P _____
 336 P _____
 337 (0.4)
 338 V _____
 339 P _____
 340 P mm hmm
 341 V _____
 342 V _____
 343 V and
 344 P _____
 345 P _____
 346 (0.4)
 347 V _____
 348 V _____
 349 V he enjoys his [↑JOB I PU- I] PRES↑UME
 [(↑V raises his
 shoulders)]
 350 P _____
 351 V _____
 352 V you ↑know
 353 P _____
 354 P _____
 355 (0.6) 001
 356 V _____ 001
 357 P _____ 001
 358 P they DIDN'T DRIVE UP THOUGH did ↑they 001
 359 V _____ 001
 360 P _____ 001
 361 (0.8) 001
 362 V _____ 001
 363 P _____ 001
 364 P did they ↑DRIVE ↑UP 001
 365 V _____ 001

	366	V	_____	001
	367	V	<u>no: no</u> they took one of these uh cheap ↑ <u>flights</u>	001
	368	P	_____	001
	369	V	_____	001
	370	V	[from]	001
	371	P	_____	001
	372	P	[↑ <u>really</u>]	001
	373	V	_____	001
	374	V	from here look like uhm <u>Adrian</u> and ↑ <u>Eva</u>	001
	375	P	_____	001
	376	V	_____	001
	377	V	do to go to ↑ <u>Dublin</u> .	001
	378	P	_____	001
	379	P	_____	001
	380		(0.3)	001
	381	V	_____	001
	382	P	_____	001
00:02:30	383	P	[AHH: ↑ <u>RI:GHT</u> YEAH.] [((P shifts backwards in chair))]	001
	384	V	_____	001
	385	V	_____	001
	386	V	[yeah.] [((P nods))]	001
	387	P	_____	
	388	P	_____	
	389	P	IT'S QUITE ↑ <u>GOOD</u> THOUGH IF THEY	
	390	V	_____	
	391	P	_____	
	392	P	DIDN'T FLIED- (0.3) ↑ <u>WHERE</u> would they	
	393	V	_____	
	394	P	_____	
	395	P	fly ↑ <u>into</u> then.	
	396	V	_____	
	397	P	_____	
	398		(0.2)	
	399	V	_____	
	400	P	_____	
	401	P	WHAT- WHICH PART (0.4) [which airport do] [((V frowns))]	
	402	V	_____	
	403	P	_____	
	404	P	they fly [in-]	
	405	V	_____	
	406	V	[↑ <u>GLASG</u> ↓ <u>OW</u>]	
	407	P	_____	
	408		(1.2)	
	409	V	_____	
	410	P	,,, [X	
	411	P	uh:n then I suppose they ↑ <u>meet</u> them.	002
	412	V	_____	002
	413	P	_____	002
	414		(1.0)	002
	415	V	_____	002
	416	V	_____	002
	417	V	mm hmm	002
	418	P	_____	002
	419	P	_____ [X	002
	420	P	they'll ↑ <u>meet</u> them [then] [((P nods))]	002
	421	V	_____	002

476 P [THEY] [HAVE'NT GOT A HOUSE they've
 477 V [..X_____]
 478 P _____
 479 P got an apartment
 480 V _____
 481 P _____
 482 P [round in the middle of it]
 483 V _____
 484 V [uhh: that's right.]
 [((V and P nod))]
 485 P _____
 486 (0.7)
 487 V _____
 488 V _____
 489 V they put it on I think and then whe- when
 490 P _____
 491 V [..X_____]
 492 V Ruth was- (0.6) was uh: (0.2) a- [poorly
 493 P _____
 494 V _____
 495 V they waited for her to get a little bit better
 496 P _____
 497 V _____
 498 V which (0.2)
 499 P _____
 500 P _____
 501 P [yeah.]
 [((P nods))]
 502 V _____
 503 V _____
 504 V she is now.
 505 P _____
 506 P _____
 507 (0.7)
 508 V _____
 509 V _____
 510 V and uh:
 511 P _____
 512 P _____
 513 (0.9)
 514 V _____
 515 V _____ [..X_____]
 516 V they p- put it back [on the ↑market again.
 517 P _____
 518 P _____
 519 (0.4)
 520 V _____
 521 P _____
 522 P what did they wanna go ↑through th- come
 523 V _____
 524 P _____
 525 P through the ↑rent
 526 V [WE:LL ERIC WAS]
 527 P _____
 528 P [did the city not work for them.]
 529 V [..X_____]
 530 V LAU:GHING WHEN he [says to me I'll never
 531 P _____
 532 V _____ [..X_]
 533 V thought I'd say this but we want a ga:rden. hu [hu

00:03:30

534 P _____
 535 P _____
 536 (0.5)
 537 V _____
 538 P _____
 539 P oh really.
 540 V _____
 541 V _____
 542 V ↑YEAH
 543 P _____
 544 P _____
 545 (0.2)
 546 V _____
 547 P _____
 548 P cause uhm obviously they [haven't ↑got a _____]
 [((P shakes her head))]
 549 V _____
 550 P _____
 551 P garden where they are at the moment
 552 V _____
 553 V _____, , , , [..X
 554 V well no because that uh- uh- the situ[ation
 555 P _____
 556 V _____
 557 V what actually happened is (0.3)
 558 P _____
 559 V _____
 560 V when they lived at Nailsea they [↑sold the house.]
 [((V shakes his
 head))]
 561 P _____
 562 P _____
 563 P [yeah.]
 [((P nods))]
 564 V _____
 565 P _____
 566 (0.3)
 567 V _____
 568 V _____
 569 V because they had a ↑bungalow.
 570 P _____
 571 P _____
 572 (0.3)
 573 V _____
 574 V _____, , , , ,
 575 V well by the ti:me they got the (0.7)
 576 P _____
 577 V [..X
 578 V [↑you know (0.7) their own house.
 579 P _____
 580 P _____
 581 (0.9)
 582 V _____
 583 V _____
 584 V [sold] and that] (0.2) [the person] had
 [((V shakes
 his head))]
 585 P _____
 586 P [sold] [the bungalow]
 [((P

nods))]
 587 V _____
 588 V withdrew the bungalow
 589 P _____
 590 P _____
 591 (1.0)
 592 V _____
 593 V _____
 594 V [so they were] u- there in Wedmore with ↑no
 595 P _____
 596 P [oh ↑no]
 597 V _____
 598 V place to live without a givey
 599 P _____
 600 P _____
 601 (0.4)
 602 V _____
 603 V _____
 00:04:00 604 V the estate agent (0.3) [sort of a (0.3)]
 [(V shakes his head)]
 605 P _____
 606 P _____
 607 P yeah.
 608 V _____
 609 P _____
 610 (0.8)
 611 V _____
 612 V _____
 613 V TELL HIM THAT ↑HEY you know we-
 614 P _____
 615 P _____
 616 P well they've been there quite a few ↑years
 617 V _____
 618 P _____
 619 P now though ↑aren't [they really]
 620 V _____
 621 V [about six] I [think
 622 P [_____
 623 (0.9)
 624 V _____
 625 V _____
 626 V [so this [was] the place he came ↑up with eh- 003
 627 P _____ 003
 628 P [↑mm.] 003
 629 V _____ 003
 630 V uhm and they thought that they might stay 003
 631 P _____ 003
 632 V _____ 003
 633 V here for a ↑year 003
 634 P _____ 003
 635 P _____ 003
 636 (0.2) 003
 637 V _____ 003
 638 V _____ 003
 639 V and then move ↑on but they haven't done 003
 640 P _____ 003
 641 V _____ 003
 642 V anything about it you know like we all [do some-] 003
 643 P _____ 003
 644 P [NO: I] 003

	645	P	_____	003
	646	P	(0.4) [↑think I know roughly where they live.] [((V frowns and P nods her head))]	003
	647	V	_____	003
	648	P	_____	003
	649		(0.5)	003
	650	V	_____	003
	651	V	_____	003
	652	V	↑mm	003
	653	P	_____	003
	654	P	_____	003
	655	P	I ↑th:ink I know <u>roughly</u> where their apartment ↑is	003
	656	V	_____	003
	657	P	_____	003
	658		(1.1)	003
	659	V	_____	003
	660	P	_____	003
	661	P	in the centre more isn't it (0.5) I think	003
	662	V	_____	003
	663	P	_____	003
	664	P	[they're wha-]	003
	665	V	_,,,,,, [..X_____]	003
00:04:30	666	V	[I haven't got a [clue] myself] [((V shakes his head))]	003
	667	P	_____	003
	668	P	_____	003
	669		(0.4)	003
	670	V	_____	003
	671	P	_____	003
	672	P	I think their apartment 's more in the <u>centre</u> .	003
	673	V	_____	003
	674	V	_____	003
	675	V	[↑yeah] [((P nods))]	003
	676	P	[..X_____]	003
	677	V	_____	003
	678		(1.0)	003
	679	P	_____	003
	680	V	_____	003
	681	V	[you got] a <u>feeling</u> that they'd like to- (0.5)	003
	682	P	_____	003
	683	P	[↑yeah]	003
	684	V	[..X_____]	003
	685	V	to mo:ve uh: [into <u>Wells</u> . (0.2) you ↑know (0.6)	003
	686	P	_____	003
	687	P	_____	003
	688	P	[mm.] [((P nods))]	003
	689	V	_____	003
	690	V	_____	003
	691	V	because.	003
	692	P	_____	003
	693	P	_____	003
	694	P	s: where he did the- is that ↑further ↑down=	003
	695	V	_____	003
	696	V	_____	003
	697	V	=YOU ↑KNOW when you was on that course last	003
	698	P	_____	003
	699	V	_____	003
	700	V	[week at Tinsbury]	003

701 P [((V frowns))]
 702 P _____
 703 P (0.2) [yes.]
 [((P nods))]
 704 V _____
 705 V _____
 706 (0.2)
 707 P _____
 708 V _____,..... [..X_____
 709 V I mentioned it to [Eric and Eric says ↑oh: I got
 710 P _____
 711 V _____
 712 V an ↑Aunt lives there so
 713 P _____
 714 P _____
 715 P [yea:h that once]
 [((P nods))]
 716 V _____
 717 V _____
 718 (0.2)
 719 P _____
 720 V ,, [..X_____
 721 V he [feels that
 722 P _____
 723 V _____
 724 (1.1)
 725 P _____
 726 V _____
 727 V [his SISTER-]
 728 P _____
 729 P [YEA:H IT'S REALLY] different
 730 V _____
 731 V _____
 732 V his SISTER is STILL unmarried and- (0.7)
 733 P _____
 734 V _____
 735 V [gets a] little bit (0.6)
 736 P _____
 737 P [oh well]
 738 V _____
 739 V lonely I sup↑pose
 740 P _____
 741 P _____
 00:05:00 742 P where is she to?
 743 V _____
 744 V _____
 745 V (0.7)
 746 P _____
 747 V _____
 748 V she ↑still lives out in Long Ashton as far
 749 P _____
 750 V _____
 751 V [as I am aware]
 752 P _____
 753 P [↑really]
 754 V _____
 755 V ↑yeah
 756 P _____
 757 V _____

758 (0.8)
 759 P _____
 760 P _____
 761 P oh ↑right
 762 V _____
 763 V _____,,,, [..X
 764 V and uhm (0.4) you know (0.7) so (0.4) [they feel
 765 P _____
 766 V _____, [..X
 767 V that (0.6) [with aunt at ↑Tins↓bury and he goes
 768 P _____
 769 V _____,,,, [..X
 770 V and does the garden it'd [be more conv↑enient
 771 P _____
 772 V _____
 773 (0.7)
 774 P _____
 775 V _____
 776 V and then: Ruth has got a sister (0.4)
 777 P _____
 778 V _____
 779 V who's widowed (0.4)
 780 P _____
 781 P _____
 782 P yeah.
 783 V _____
 784 V _____
 785 V and if they: (.) have (0.3) suitable
 786 P _____
 787 V _____
 788 V accommodation they can
 789 P _____
 790 P _____
 791 P [GET TO] EVERYBODY (.) [↑YEAH]
 792 V _____
 793 V [offer] [↑mm]
 794 V [((V nods))]
 795 (0.7)
 796 P _____
 797 P _____
 798 P [oh: ↑ri:ght [that's] ↓OK ↑then]
 799 V [((P leans back into chair))]
 800 V [yeah]
 801 V _____
 802 V yeah
 803 P _____
 804 V _____
 805 (0.4)
 806 P _____
 807 V _____,,,,,,
 808 V so there we are.
 809 P _____
 810 (0.3)
 811 P _____
 812 P _____
 813 P WELL [YOU'LL HAVE TO] GET [U- YOU'LL]
 [((V leans forward and

00:05:30

raises
eyebrows))]

814 V [..X
815 V [these ↑oth↓ers] [he said]
816 P _____
817 P HAVE TO GET ↑USED TO doin' the ga:rden
818 V _____
819 P _____
820 P again then because they haven't u- u-
821 V _____
822 P _____
823 P if them had a ga:rden for six or seven years
824 V _____
825 P _____
P and he's ↑that much [o:lder]
826 [(P nods))]
827 V _____
828 V _____
829 (1.0)
830 P _____
831 V [we:ll [(0.3) it depend on the ↑si:ze really]
832 [(P leans forward)]
833 P _____
834 V _____
835 V ↑doesn't it you know. but then (0.5)
836 P _____
837 P ↑ye↓a:h.
838 V _____
839 V _____
840 V Eric's: [f:ather [was]
841 P [.._____
842 P [I was] gonna say he's used
843 V _____
844 P _____
845 P havin' a garden.
846 V _____
847 V _____
V [↑yeah=]
848 [(V nods))]
849 P _____
850 P _____
P =[when he] (.) [you know]
851 [(P nods))]
852 V _____
853 V [I mean] he's brought up as a
854 P _____
855 V _____
856 V boy with a gard↑en
857 P _____
858 P [YEA:H] that's true that's true
859 [(V and P
nod))]
860 V _____
861 V _____
862 V and uh (0.6) I ↑didn't [↓meet his dad but he
863 P [.._____
864 V [..X
865 V speaks (0.5) [with affection (0.4)

00:06:00

866 P _____
 867 P _____,,,,,,,,,,,,,,
 868 P I'm not sure whether I'd a like (0.2)
 869 V _____
 870 V _____
 871 V [yeah how awful]
 872 P [believe I've met] his mum
 873 V _____
 874 V _____
 875 (0.7)
 876 P [...X_____]
 877 P [↑not ↑not ↑sure
 878 V _____
 879 V _____
 880 (1.0)
 881 P _____
 882 P _____
 P [I can] remember going there [but you know
 [(P shakes
 her head))]
 883 V _____
 884 V _____
 885 V [↑huh]
 886 P _____,,,,,,,,,,,,,,
 P [to his parents but I ↑can't (0.5)]
 887 [(P shakes her head)]
 888 V _____
 P [remember] when [died]
 889 [(P shakes her head)]
 890 V _____
 891 V [yeah] [uh]
 892 P (1.1) saw-
 893 V _____
 894 V _____
 895 V yeah
 P [I'm sure I only sawn his mum]
 896 [(P shakes her head)]
 897 V _____
 898 V _____
 899 (0.5)
 900 V _____
 901 V mm hmm
 902 V _____
 903 (2.0)
 904 P šdo not do it he saidš
 905 V _____
 906 V _____
 907 V [but he was asking about Jenny and Eric and that
 908 P [...X_____]
 909 V _____
 910 (0.6)
 911 P _____
 912 V _____
 913 V because he'd done a journey ↑to their place.
 914 P _____
 915 V _____
 916 V (0.5) and he'd previously been in contact
 917 P _____
 918 V _____
 919 V with them.
 920 P _____

00:06:30

921 V _____
 922 (0.4)
 923 P _____
 924 V _____
 925 V and they said (0.3) Eric was in (0.7)
 926 P _____
 927 V [..X _____
 928 V [Plymouth ↑Hospital I think
 929 P _____
 930 P _____
 P [yeah.]
 931 [((P nods))]
 932 V _____
 933 V _____
 934 (0.4)
 935 P _____
 936 V _____
 V [or- or one of [these] day things to check up on]
 937 [((P nods))]
 938 P _____
 939 P [yeah.]
 940 V _____
 V [his uh (0.4) I don't [↑know though is it eyes or]
 941 [((P nods))]
 942 P _____
 943 P [yeah what]
 944 V _____
 945 V [ears or something]
 946 P _____ [.._____
 947 P [what yeah] ↑one in the oven [↑yeah
 948 V _____
 949 V _____
 950 (0.6)
 951 P _____
 952 V _____ [..X_____
 953 V and they said they'd be back at about [(0.5)
 954 P _____
 955 V _____
 V [well ↑three:] or something like that well he was
 [((V shakes
 his head,
 P nods))]
 956
 957 P _____
 958 V _____
 959 V on going on a holiday to Cornwall so he
 960 P _____
 961 V _____
 962 V hung about
 963 P _____
 964 P _____
 P [yeah.]
 965 [((P nods))]
 966 V _____
 967 (0.1)
 968 P _____
 969 V [..X_____
 970 V but (0.5) Je:nny has since [told him that they
 971 P _____
 972 V _____
 973 V got [s:tranded in the hospital]

[((V shakes his head))]

974 P _____

975 V _____

976 (0.5)

977 P _____

978 V _____

979 V till [ab↑out] three o'clock

980 P _____

981 P [yeah]
[((P nods))]

982 V _____

983 (0.6)

984 P _____

985 P _____

986 P yeah

987 V _____

988 V _____

989 V you know ↑so,

990 P _____

991 P _____

992 P so they must be BACK in contact again

993 V _____

994 V _____

995 (0.5)

996 P _____

997 P _____

998 P uh: a ↑little bit

999 V _____

1000 V _____

1001 (0.3)

1002 P _____

1003 V _____

00:07:00 V [↑YEAH (0.2)] YEAH I would think so.
[((V nods his head))]

1004 P _____

1005 V _____

1006 (0.5)

1007 P _____

1008 V _____

1009 V _____

1010 V he was a:sking me to update him which I which

1011 P _____

1012 V _____

1013 V I was able to ↑do you know.

1014 P _____

1015 V _____

1016 (0.6)

1017 P _____

1018 V _____

1019 V Yeah

1020 P _____

1021 P _____

1022 P we can say they're due to come up weren't ↑they 13

1023 V _____ 13

1024 V _____ 13

1025 (0.4) 13

1026 P _____ 13

1027 V _____ 13

1028 V [↑hmm] 13
[((V frowns))]

1029 P _____ 13

1030	P	_____	13
1031	P	they were due to come ↑up weren't they.	13
1032	V	_____	13
1033	V	_____	13
1034		(0.9)	13
1035	P	_____	13
1036	V	_____	13
1037	V	hu- hu:	13
1038	P	_____	13
1039	P	_____	13
1040	P	(0.1) Jenny	
1041	V	_____	
1042	V	_____	
1043		(0.6)	
1044	P	_____	
1045	P	_____	
1046	P	Jenny was comin' ↑up	
1047	V	_____	
1048	V	_____	
1049		(0.5)	
1050	P	_____	
1051	P	_____,____ [..X_	
1052	P	in their [email.	
1053	V	_____	
1054	V	_____	
1055		(1.1)	
1056	P	_____	
1057	P	_____	
1058	P	she [said- they were gonna come up] last month	
1059	V	_____	
1060	V	[uh- ye:s uh]	
1061	V	_____	
1062		(0.4)	
1063	P	_____	
1064	P	_____	
1065	P	weren't ↑they originally hoping to	
1066	V	_____	
1067	V	_____	
1068		(0.9)	
1069	P	_____	
1070	V	_____	
1071	V	yea:h but a lot depends on [whether uhr it-]	
1072	P	_____	
1073	P	_____ [however it begins]	
1074	V	_____	
1075	V	↑ahh it must be his eyes because	
1076	P	_____	
1077	V	_____	
1078	V	(0.3) he had his cataracts done ↑didn't he and uh	
1079	P	_____	
1080	V	_____	
1081	V	(0.2)	
1082	P	_____	
1083	P	_____,____	
1084	P	O[K.]	
1085	V	_____	
00:07:30	V	[it] must be whether or not (0.2) uh: [JEAN	
	P	_____ [.._____	
	V	_____	
1089	V	will dri:ve at- night- if you remember the la:st time	

1090 P _____
 1091 V _____
 V they come up she (0.3) [she didn't ↑want to drive]
 1092 [(V shakes his head)]
 1093 P _____
 1094 V _____
 V [so (0.9) [NOW NONE OF US ARE SURE] TO]
 1095 [(V shakes his head)]
 1096 P _____
 1097 P [NO: THAT'S RIGHT]
 1098 P _____
 P [yeah] that's true. (.) [that's true]
 [(P
 1099 nods)]
 1100 V _____
 1101 V [it's almost] [certain she'll
 1102 P [.._____]
 1103 V _____
 1104 V make a journey out between now and ↑Christmas.
 1105 P _____
 1106 V _____
 1107 (1.6)
 1108 P _____
 1109 P _____
 P [↑yea:h I thought she was-] I didn't know whether
 1110 [(V frowns)]
 1111 V _____
 1112 P _____
 1113 P they come up when I was away or no.
 1114 V _____
 1115 V ,,,
 1116 V ↑no
 1117 P _____
 1118 (0.8)
 1119 P _____
 1120 V [.X_____
 1121 V [I [was-]
 1122 P _____
 P [that] week you know] because [bein'] as
 1123 [(P nods)]
 1124 V _____
 1125 V [mm.]
 1126 P _____
 1127 P I was away the end of October,
 1128 V _____
 1129 V _____
 1130 (0.3)
 1131 P _____
 1132 V _____
 1133 V I'll get- (0.4) I'll uh: (0.8) have to give her a buzz.
 1134 P _____
 1135 V _____
 00:08:00 1136 V (0.3) you see if they are comin' up (0.7)
 1137 P _____
 1138 V _____
 1139 V you ↑know (1.1)
 1140 P _____
 1141 P _____
 1142 P YE[A:H] BUT LIKE YOU SAY IT [↑DEPENDS
 1143 V _____

1144 V [but-]
 1145 P _____
 P A LOT DEPends if she- (0.2) [she feels she]
 1146 _____ [(V nods)]
 1147 V _____
 1148 P _____
 1149 P want to drive up ↑innit or:
 1150 V _____
 1151 V _____,..... [..X _____
 V yeah but if Eric's ↑OK [it's no ↑prob[↓lem she'll-]
 _____ [(V shakes his head and
 _____ raises his shoulders))]
 1152 _____
 1153 P _____
 1154 V _____
 V she just- (1.0) [do that] and and and come ↑up
 _____ [(V raises
 _____ his
 _____ shoulders))]
 1155 _____
 1156 P _____
 1157 V _____
 1158 (0.5)
 1159 P _____
 1160 P _____,.....
 1161 P i:yeah šyeah yeahš
 1162 V _____
 1163 V _____
 1164 (0.3)
 1165 P _____
 1166 V _____
 1167 V but=
 1168 P _____
 1169 P [..X _____
 1170 P [=well ↓ certainly won't want to do that
 1171 V _____
 1172 P _____
 1173 P journeying (0.2) uh:m (0.6) not (1.0)
 1174 V _____
 1175 P _____
 1176 P you know (.) ☺ comin' u:p (.) and then sort of
 1177 V _____
 1178 P _____,..... [..X _____
 1179 P (0.6) moochin' arou:nd šmaybe [do someš
 1180 V _____
 1181 P _____
 1182 P shopping (0.3) and then that and then I've
 1183 V _____
 1184 P _____
 1185 P trying to think ↓o:h: get comfortable and then I
 1186 V _____
 1187 P _____,..... [..X _____
 P have to [h: sort of drive them all the way]
 _____ [(V nods his head)]
 1188 _____
 1189 V _____
 1190 P _____
 P [back cause ☺]
 _____ [(V nods)]
 1191 _____
 1192 V _____
 1193 V _____
 1194 V ↑mm.
 1195 P _____

00:08:30

1196 V _____
 1197 (0.5)
 1198 P _____
 1199 P _____
 1200 P although they've got sort of a: (0.7) good car
 1201 V _____
 1202 P _____,,,,,,
 1203 P and that it's still you still got tuh get mm-
 1204 V _____
 1205 P [.X_____
 P [dri:ve innit it's a bit like] .hh me when I'm in
 1206 [((V nods))]
 1207 V _____
 1208 P _____,,,,,,
 1209 P London you get comfortable and think ☺uh: ☺
 1210 V _____
 1211 P [..X_____
 1212 P (1.1) [although once you're on the road you
 1213 V _____
 1214 P _____
 P don't noti- don't- [it's] not so much
 1215 [((V nods))]
 1216 V _____,,,,,,
 1217 V [mm.]
 1218 V [..X_____
 V [mm.]
 1219 [((V nods))]
 1220 P _____
 1221 P _____
 1222 P but it's just that you're comfortable and you
 1223 V _____
 1224 P _____,,,,,, [..X_____
 P think o:h: I gotta move [now and drive [back and]
 1225 [((V nods))]
 1226 V _____
 1227 P _____
 P if (0.2) [(where or cold us) ↑huh]
 1228 [((V looks on his watch))]
 1229 V _____,,,,,,
 1230 (0.4)
 1231 P _____
 1232 V [.._____
 1233 V [mm.=
 1234 P _____
 1235 P _____,,,,,,
 1236 P =you know (.) [↑so]
 1237 V _____,,,,,,
 1238 V [↑mm]
 1239 (0.8)
 1240 V _____ [..X_____
 00:09:00 1241 V but his [↑other so:n. (.) Eric's [other stepson
 1242 P [.._____
 1243 V _____
 1244 (0.5)
 1245 P _____
 1246 P _____
 1247 P >yeah.<
 1248 V he:'s u:hm (1.0) in cha:rge of a (2.3) sort of
 1249 P _____
 1250 V [...X_____

1251 V (1.0) [youth section.
 1252 P _____
 1253 V _____
 1254 (0.5)
 1255 P _____
 1256 V _____
 V [down: not too] ↑fa:r from where they are he ↑did
 [((V shakes
 his head))]

1257
 1258 P _____
 1259 V [..X_____
 V [tell me where they were but-]
 [((V shakes his head))]

1260
 1261 P _____
 1262 P _____
 1263 P ↑really
 1264 V _____
 1265 V [...X_____,,,
 1266 V [slipped my mind at the moment
 1267 P _____
 1268 P _____
 1269 P [WAS THAT FULL time or:- (0.3) that's a-
 1270 V [..X_____
 1271 P _____
 1272 P a [full time position.]
 1273 V _____,.,, [..X_,,,
 1274 V [↑a:h: full [time.]
 1275 (0.8)
 1276 P _____
 1277 V yeah.
 1278 P _____
 1279 (1.1)
 1280 P _____
 1281 P _____
 1282 P [↑uh:]
 1283 V [..X_,,
 1284 V [mm.]
 1285 (2.1)
 1286 P _____
 1287 V _____ [..X_____
 1288 V SO THERE we a:re. that's- [THAT'S briefed you
 1289 P _____
 1290 V _____
 1291 V [on Eric's visit ↑innit]
 1292 P _____
 1293 P [I was gonna say that] Brook brought brought
 1294 V _____
 1295 P _____
 1296 P me up a b-
 1297 V _____
 1298 V _____
 1299 V ↑mm
 1300 P [..X_____
 00:09:30 1301 P [because- uh- (0.5) when was the la- (0.2) ↑uh:
 1302 V _____
 1303 P _____
 1304 P well we saw him (1.9) yeah.
 1305 V _____
 1306 V _____
 1307 (0.6)

1308 P [..X_____]
 1309 P [I was just tryin' to think the last time we saw
 1310 V _____
 1311 P _____
 1312 P him but uhm (1.6) [that's bad for anybody yeah]
 1313 V _____
 1314 V [↑Mike is uh a:ll _____]
 1315 V _____
 1316 V a big as I have'nt seen him for
 1317 P _____
 1318 V _____
 1319 V twelve months I thought he looked a little
 1320 P _____
 1321 V _____
 1322 V (1.0) older (1.6) he lost a bit of his hair
 1323 P _____
 1324 V _____
 1325 V hu ↑hu ↑hu hu
 1326 P _____
 1327 V _____
 1328 V (0.2)
 1329 P _____
 1330 P _____
 P well he did [uh .hh we GONNA] SAY
 1331 [((P smiles)) _____]
 1332 V _____
 1333 V [hu ↑hu ↑hu ↑hu]
 P [he was LOSING THAT HUH ↑ANYWAY]
 1334 [((P smiles)) _____]
 1335 V _____
 1336 P [...X_____]
 1337 P [wasn't it he he
 1338 V _____
 1339 V _____
 1340 V ↓yea:h ↑yeah
 1341 P _____
 1342 P _____
 1343 P I was gonna say he- he was to go .hh
 1344 P [losing] that anyway
 1345 V [mm mm.]
 1346 V yeah.
 1347 P [but WHEN I saw- last saw him I didn't (0.3)
 1348 V [.....
 1349 P [.....X_____]
 P [he ↑CHANGED BUT- AND GOT TO look]
 1350 [((P smiles)) _____]
 1351 V _____
 1352 P _____
 P [older but it's- you could still (0.2) see that]
 1353 [((P smiles)) _____]
 1354 V _____
 1355 P _____ [..X_____]
 P [it was (0.4) [sort of [him _____]
 1356 [((P smiles)) _____]
 1357 V _____
 1358 V [so he goes back]
 1359 V _____
 1360 V (0.2)
 1361 P _____
 1362 V _____,,,,,,,,,,,,,,

00:10:00

1363 V you know he just touched in the uh- on those
 1364 P _____
 1365 V [..X_____]
 1366 V days of (0.1) [yesteryear
 1367 P _____
 1368 V _____
 [(0.9) _____]
 1369 [((V shakes his head))]
 1370 P _____
 1371 V _____
 1372 V you ↑know (0.2) ho:w much (0.6) you ↑know
 1373 P _____
 1374 V [..X_____]
 1375 V [↑cause we must have ↑known him ↑what (0.4)
 1376 P _____
 1377 V [..X_____]
 1378 V [oh: [↑dear]
 1379 P _____
 1380 P _____ [..X_____]
 P [quite] a few yea:rs isn't [yea:h a long time.]
 1381 [(P nods) _____]
 1382 V _____
 1383 V _____
 00:10:18 1384 (0.7)

Subject:
Vic

Transcript number:
VIC1007.2

Information on the participants:

Vic (V) is the participant who has been identified with presbycusis and P is the conversation partner. V is having a conversation with his friend (P) in their livingroom.

Nature of difficulties:

V has presbycusis. He is having a conversation AFTER amplification of hearing.

Sample date:

25 June 2005

Length of transcribed sample:

10 minutes 14 seconds

Counter time starts:

00:01:04

Counter time ends:

00:11:18

Name of transcriber:

Corné-Louise Bredenkamp

Counter time	m	Line	S	Talk	Notes
	a		p		
	r		e		
	k		a		
	e		k		
	r		e		
00:01:04		1	V	no:w.	
		2	V	_____	
		3	P	_____	
		4		(0.9)	
		5	V	_____	
		6	V	_____	
		7	V	what you been doing yesterday they ↑go	
		8	P	_____	
		9	P	_____	
		10	P	[u:h] [I can't remember]	
		11	V	_____	
		12	V	[I didn't] ↑see [you last night] ↑did I?	
		13	P	_____	
		14	P	no: I ↑was going to- I was gonna phone you	
		15	V	_____	
		16	P	_____	
		17	P	but then we had to go: uhm (0.8) let's do a run up	
		18	V	_____	
		19	P	_____	
		20	P	to ↑Hereford	
		21	V	_____	
		22	P	_____	
		23		[(0.5)]	

24 V _____
 25 V _____
 26 V [↑what]
 [(V frowns))
 27 P _____
 28 P _____
 29 P last night.
 30 V _____''''
 31 P _____
 32 (1.5)
 33 V ''''
 34 P _____
 35 P we [had to] do a delivery up to (0.9)
 36 V [..x _____
 37 V [great]
 38 P _____
 39 P Hereford last night.
 40 V _____
 41 P _____
 42 (0.8)
 43 V _____
 44 P _____''''''''''
 45 P so: (0.3) we left about (0.6) u:h: (0.4)
 46 V _____
 00:01:30 47 P I didn't find it [before] because (1.5) you know
 [(V frowns))
 48 V _____
 49 P (0.6) m- messin' around and that and then uhm
 50 V _____
 51 P [..... _____
 52 P (0.6) we left about (0.7) [sevenish m:aybe
 53 V _____
 54 P _____
 55 P just have- just haven't got there about (0.8)
 56 V _____
 57 P _____
 58 P no but it [must have been about seven]
 [(P nods)]
 59 V _____
 60 P _____
 61 P [or there abouts]
 62 V _____, '''' [..x _____
 63 V [got me some] package [of some [point] ↑is it?
 64 P _____''''''''''
 65 P [yeah]
 66 V _____, '''' [..x _____
 67 V [uh like] [was it necessary
 68 P [.... _____
 69 P [a package]
 70 P _____
 71 P [no. yeah]
 [(P nods))
 72 V _____
 73 P _____
 74 (0.1)
 75 V _____
 76 V _____''''
 77 V sh:::

00:02:00

78 P _____
 79 P _____
 80 P [were ABOUT to GO up to a village. (0.3)
 81 V [.._____
 82 P [..X_____
 83 P beyond (0.5) [uh: (0.3) Leminster I think
 84 V _____
 85 P _____
 86 P [I don't know when these days are (0.6)]
 [((P shakes her head))]
 87 V _____
 88 P a:nd ((P coughs)) and it was funny because
 89 V _____
 90 P [.....X_____
 91 P when we [got ↑there (1.0) we got there
 92 V _____
 93 P _____
 94 P probably about quarter to nine ten to nine [a:nd
 95 V _____ [..x_____
 96 P _____
 97 P u:hm (0.8) t- in the b- (0.1) little pub (0.9)
 98 V _____
 99 P _____
 100 P that we were gonna call in and get some supper
 101 V _____
 102 P _____
 103 P because I thought by the time we get back I
 104 V _____
 105 P [.....X_____
 106 P didn't particularly [want to cook and it- [sort]
 107 V _____
 108 V [mm ↑hmm]
 109 P _____
 110 P of [left]
 111 V [..x_____
 112 V [↑yeah]
 113 P _____
 114 (0.7)
 115 V _____
 116 P _____
 117 P so u:hm (0.9) we thought well we'll go and have
 118 V _____
 119 P _____
 120 P something to eat (0.6) but u:hm THEY [had some
 121 V _____ [..x_____
 122 P _____
 123 P entertainment ↑on (0.3) which was quite ↑good
 124 V _____
 125 P [....X_____
 126 P [it- it turned [out to be] quite ↑good
 127 V _____
 128 V [where]
 129 P _____
 130 (0.4)
 131 V _____
 132 V _____
 133 V ↑yeah
 134 P _____
 135 P _____
 136 (0.3)

137 V _____
 138 V _____
 139 V what sort [then]
 140 P _____
 141 P [a- a]pparently they have uh- uhd- (0.2)
 142 V _____
 143 P [..X_.,,,,]
 144 P U:H: EVerY (0.3) [LAST FRIday in the month
 145 V _____
 146 P they- this time they had uhm (0.2) t-
 147 V _____
 148 P [..X
 00:02:30 149 P [a Rod Steward impersona- you know when
 150 V _____
 151 P _____
 152 P [we was- (1.4)]
 [((V frowns))]
 153 V _____
 154 V ,,,, [....X
 155 V ↑yeah [↓yeah.
 156 P _____
 157 P _____
 158 P impersonating [Rod- ye:ah]
 [((P nods))]
 159 V _____ [..X
 160 V [vaguely.] vaguely [vaguely.
 161 (0.6)
 162 V _____
 163 P [AND he was absolutely ↑brilliant he was]
 [((P smiles))]
 164 V _____
 165 P really good. (0.2) uhm (1.2) he came on about-
 166 V _____
 167 P [..X _____
 168 P (0.4) so [by the time we- GOT a table because
 169 V _____
 170 P obviously because this was on it was packed
 171 V _____
 172 P and it was like a local pub (0.7) little
 173 V _____
 174 P [....X
 175 P villagey pub (0.5) and uhm (1.0) [they've
 176 V _____
 177 P _____
 178 P managed to find us a table when they knew that
 179 V _____
 180 P _____
 181 P we've sort of ↑come up (0.5) and uh: (0.4) we sort
 182 V _____
 00:03:00 183 P of sat uhr had our meal and then: he came on
 184 V _____ [..X
 185 P [(0.5) like their up stage (1.3) a:nd [that-]
 [((P smiles))]
 186 V _____ [..X
 187 P (0.1) I suppose he must have finished
 188 V _____
 189 P [..X
 190 P [about half past [↑eleven so hu we got there]
 [((P smiles))]
 191 V _____

192 P _____

193 P [at quarter to nine .hh: (0.6) half past eleven we]
 [((P smiles))]

194 V _____

195 P _____

196 P (1.0) and then sort of started chatting to some

197 V _____

198 P _____,,,,,,,

199 P local people and they were sort of telling us

200 V _____

201 P _____

202 P how to taken everything on ↑today (0.8) [a:nd

203 V _____,,,,,,, [..X_

204 P uhm (0.6) then we [started] chatting to the

205 V _____

206 V [↑yeah]

207 P landlord and that (0.7) a:nd we eventually left (.)

208 V _____

209 P _____ [..X_____

210 P well it must have been [about] (0.8) [something
 [((V
 frowns))]

211 V _____

212 P _____

00:03:30 213 P to ONE well I- (0.2) I- I thought it was at

214 V _____

215 P _____

216 P (0.7) must have been about something to

217 V _____

218 P _____

219 P one so we actually got back into Bristol

220 V _____

221 P _____

222 P (1.4) about half past two this ↑morning

223 V _____

224 P _____

225 (0.7)

226 V _____

227 P _____

228 P SO [THERE'S] QUITE A LO:NG we- we were

229 V _____

230 V [ah:]

231 P _____

232 P sort of out about eight [eight- hours or so by the

233 V _____,,,,,,, [.._____],,,,,,

234 P _____

235 P time we'd

236 V [..X_____

237 V [I wouldn't want that sort of journey in that]
 [((V shakes his head))]

238 P _____

239 V _____

240 V sort of time of night

241 P _____

242 P _____

243 (0.7)

244 V _____

245 P _____,,,,,,,

246 P ↑we:ll (0.9) it was ↑OK going up because it was

247 V _____

248 P
 249 P (0.1) it was quite- it was light and everything
 250 V _____
 251 P [...X_____
 252 P and [we sort of ca:me across cutting round and
 253 V _____
 254 P _____
 00:04:00 255 P up as far as Gloucester and then we- went
 256 V _____
 257 P _____
 258 P (0.7) accross country (0.8) u:hm up through
 259 V _____
 260 P [...X_____
 261 P to (0.1) u:hm (0.4) [Leincester (0.4) and then
 262 V _____
 263 P _____
 264 P >sort of< straight up through which was FINE
 265 V _____
 266 P we got a little bit- I (0.3) I was map reading so we
 267 V _____
 268 P got a [little] bit lost
 269 V _____
 270 V [uh:]
 271 P .hh: on the last bit (.) a:nd then uhm coming
 272 V _____
 273 P [...X_____
 274 P BACK we stuck to the sort of [bigger roads and
 275 V _____
 276 P _____
 277 P we came [back] down through (0.1) like
 278 V _____
 279 V [yeah.]
 280 P (1.4) I think we did Hereford and then Ross
 281 V _____
 282 P [...X_____
 283 P [down in Gloucester and then through down
 284 V _____
 285 P [...X_____
 286 P (0.4) so ↑COMING BACK it wasn't [such windy
 287 V _____
 00:04:30 288 P _____
 289 P sort of little villagey roads ↑so
 290 V _____
 291 V _____
 292 V I'll say you [were getting ↑tired as
 293 P [...X_____
 294 V _____
 295 V well [(↑no wonder it was)yea:h.]
 296 P _____, [..X_____
 297 P [I was tired [I must admit]
 [((P nods))]
 298 P _____
 299 P (0.5)
 300 V _____
 301 P _____
 302 P because sort of ↑going to work like at nine and
 303 V _____
 304 P then (0.5) finishing and then (0.3) we were- (.)
 305 V _____
 306 P [going out again.

307 V [.._____]
 308 (0.6)
 309 V _____
 310 P uh you know we went out again [last] ↑night
 311 V _____
 312 V _____ [mm.]
 313 (0.7)
 314 V _____
 315 P _____ [..._____]
 316 P bu:t it's one of them [↑things innit it's a long day
 317 V _____
 318 P _____
 319 P for (0.8) I was [allright] [yeah] (0.4) [but uhm] (1.0)
 320 V _____
 321 V _____ [i-] [if I] [yeah]
 322 P _____ [..X_____]
 323 P [↓yea:h [I wa-]
 324 V _____
 325 V [was there much] traffic ↑about
 326 P _____
 327 P _____
 328 P [there wadn't]
 [((P shakes
 her head))]
 329 V _____
 330 (0.3)
 331 V _____
 332 P [there ↑wadn't too much either way not really]
 [((P shakes her head))]
 333 V _____
 334 P going across country going up it wadn't too
 335 V _____
 336 P _____ [...X_____]
 00:05:00 337 P bad and comin' back obviously at [that time in the
 338 V _____
 339 P _____
 340 P [morning it wadn't (0.6)]
 [((P shakes head))]
 341 V _____
 342 V _____
 343 V No
 344 P _____
 345 P _____
 346 P it wadn't a problem ↑either.
 347 V _____
 348 P _____
 349 (0.8)
 350 V _____
 351 V _____
 352 V No
 353 P _____
 354 P _____
 355 P [u:hm but we certainly were glad when]
 [((P smiles and nods))]
 356 V _____
 357 P [šwe got backšin-]
 [((P smiles and nods))]
 358 V _____
 359 V _____
 360 V what [did you go in your ↑car or: going

361 P [.....X_____]
 362 V _____
 363 V [in a van]
 364 P _____
 365 P [in the van.]
 [((P nods))]
 366 P _____
 367 (0.4)
 368 V _____
 369 P _____
 370 P [yeah.]
 371 V _____
 372 V [yeah.]
 373 V _____
 374 V [hhh ((V clears throat))]
 375 P _____
 376 P [took one in the van.]
 377 V [.._____]
 378 V [yeah [I know]
 [((V nods))]
 379 P _____
 380 P [it's] ↑one of them times you sort of
 381 V _____
 382 P wished yourself a:hw wished you didn't have to
 383 V _____
 384 P [...X_____]
 385 P [drive back but of course at that time in the
 386 V _____
 387 P _____
 388 P morning when you realise (1.1) it's getting near
 389 V _____
 390 P _____
 391 P midnight you can't really check ↑into anywhere
 392 V _____
 393 P [..X_____]
 394 P [local a B'nB or anything like that]
 [((P smiles and laughs))]
 395 V _____
 396 P _____
 397 (0.4)
 398 V _____
 399 P _____
 400 P [bu' it woulda been idteal to (0.7)]
 [((V nods))]
 401 V _____
 402 V _____
 403 V who drove- did you drive?
 404 P _____
 405 P _____
 406 P [no:..]
 [((P shakes her head))]
 407 V _____
 408 (0.4)
 409 V _____
 410 V _____
 411 V [no.]
 412 P [no] I didn't
 413 V _____
 414 V _____
 415 V [but you ↑did the other day though when you-]

00:05:30

416 V [((V frowns))]
 417 V _____
 418 V when you was ↑down
 419 V (0.3)
 420 V _____
 421 V Cornwall coming up from Cornwall yeah
 422 P O YEAH I drove that that [little] car because we
 423 V _____
 424 V [yeah]
 425 P [..X_____
 426 P [brought that uh WELL u:hm he brought
 427 V _____
 428 P _____,''''''''''
 429 P [that car didn't [he] for his (his good stand)
 [((V leans forward))]
 430 V _____
 431 V [mm.]
 432 V _____
 433 V and what- (0.1) [this is a:- a feature up there
 434 P [....X_____
 435 V _____
 436 P you said they have it every other (0.2)
 437 P _____
 438 P _____,''''''''
 439 P every- (0.2) NO with some (0.5) is just that
 440 V _____
 441 P [..X_____
 442 P .hh I ↑suppose it cause it's like a [little ↑village
 443 V _____
 444 P _____
 445 P really they have their entert- (0.5) y- we think
 446 V _____
 447 P _____
 448 P you go in to the village and nothing goes on but
 449 V _____
 450 P _____ [..X_
 451 P (0.4) it was like (0.2) the village [pub=
 452 V _____
 453 V _____ [.._____
 454 V =was this (0.7) [one] [performer
 455 P _____ [..X_____
 456 P [>and it was <]
 457 V _____
 458 V was he [the .h ONLY POSSIBLE]
 459 P _____
 460 P [↑yeah yeah.]
 461 P _____,''''''''''
 462 P it it was like I say he was sort uh like uhm
 463 V _____
 464 P (0.3) take off of uh- Rod Steward
 465 V _____
 466 V _____
 467 V [isn't Rod Steward that chap that's got a sort]
 [((V frowns))]
 468 P [.....X_____
 469 V _____
 470 V of [a]
 471 P _____
 472 P [if] you [think I'M SEXY] AND I AM sailing and

00:06:00

473 V _____
 474 V [froggy sort]
 475 P _____
 476 P things like [that]
 477 V _____
 478 V [↑uhh]
 [(V frowns)]
 479 P _____
 480 (.)
 481 V _____
 482 P _____
 483 P singing the song- [oh I am sai:ling]
 [(P sings to the tune)]
 484 V _____
 485 P _____
 486 (0.5)
 487 V _____
 488 P _____
 489 P you know that ↑one
 490 V _____
 491 V _____
 492 V [no:...]]
 [(V shakes his head)]
 493 P _____
 494 P _____
 495 P UH (0.1) [YEAH]
 [(P nods)]
 496 V [.._____]
 497 (0.6)
 498 V _____
 499 P [..X_____]
 500 P [it was his ↑SPIKEY hair lo:ng spikey hair
 501 V _____
 502 P _____, [..X_____]
 503 P (0.2) he's just- [uh=
 504 V _____
 505 V _____
 506 V =sharp features=
 507 P _____
 508 P _____
 509 P =six feet six the- it's them
 510 V _____
 511 P _____
 512 (0.4)
 513 V _____
 514 P _____
 515 P [yeah.]
 [(V nods)]
 516 V _____
 517 P _____
 518 (1.0)
 519 P _____
 00:06:30 520 P [but this GUY though he: uhm (1.2) he was
 521 V [...X_____]
 522 P [...X_____]
 523 P saying that they- (0.3) [they'd (0.7)
 524 V _____
 525 P _____
 526 P driven up from Weymouth to go to that one
 527 V _____

528 P _____
 529 P (0.1) THEY may have another hour another hour
 530 V _____
 531 P _____
 532 P and a half on (0.7) when ↑they left they had
 533 V _____
 534 P _____
 535 P another (.) hour and a half [to ↑travel (0.7)]
 [(V frowns)]
 536 V _____
 537 P _____
 538 P to get back ↑home
 539 V _____
 540 P _____
 541 (0.2)
 542 V _____
 543 V _____
 544 V what to- not to Weymouth
 545 P _____
 546 P _____
 547 (0.3)
 548 V _____
 549 V _____
 550 V no=
 551 P _____
 552 P _____
 553 P =no to where they were coming
 554 V _____
 555 P _____
 556 P [↑from (.) because] they'd obviously done (0.4)
 557 V _____
 558 V [uh: ↑yeah]
 [(V nods)]
 559 P _____
 560 P [something there and then- he'd obviously]
 [(V nods)]
 561 V _____
 562 P _____
 563 P [done something there (0.3) and it must have]
 [(V nods)]
 564 V _____
 565 P _____ [..X_____
 566 P been his [wife (0.4) who did the driving
 567 V _____
 568 P _____
 569 (0.5)
 570 V _____
 571 P _____ [...X_____
 572 P .hh so they'd come up from there- (0.1) [↑gone
 573 V _____
 574 P _____
 575 P into this pub and then they had to go back
 576 V _____
 577 P _____
 578 (0.3)
 579 V _____
 580 P _____
 581 P another- (0.2) hour and a half up country again
 582 V _____
 583 P _____

00:07:00

584 P [and then they would going off again]
 585 V _____
 586 V [it's amazing innit]
 587 P _____
 588 (0.3)
 589 V _____
 590 P _____
 591 P but his [↑obviously] (.) very good because he-
 [(P shakes
 H er head))]
 592 V _____
 593 P they were sort of sayin' how they (0.5)
 594 V _____
 595 P [..X_____
 596 P gone down (0.4) the- they- [did some time down
 597 V _____
 598 P _____
 599 P [in Spain and that]
 [((V nods))]
 600 V _____
 601 P _____
 602 (1.0)
 603 V _____
 604 P _____
 605 P t- u:hm obviously [he did]
 606 V _____
 607 V [it's amazing] how
 608 P _____
 609 V _____
 610 V people [make a]
 611 P _____ [..X_____
 612 P [↑yeah] but he was [absolute-] [he was
 613 V _____
 614 V [it is isn't it]
 615 P [..X_____
 616 P (0.2) [↑brilliant he rea:lly was brilliant. Uhm
 617 V _____
 618 P _____
 619 P (0.6) and (0.8) DRESSED and look wise he was-
 620 V _____
 621 P _____
 622 P it was ↑amazing really
 623 V _____
 624 P _____
 625 (0.2)
 626 V _____
 627 P _____
 628 P ↑yeah it was it was really ↑good .hh but they
 629 V _____
 630 P uh- (0.5) the ↑next one they got on: which is
 631 V _____
 632 P [..X_____
 633 P [the end of July (0.5) they were saying they
 634 V _____
 635 P [..X_____
 636 P [were allready booked up for uhm and I think
 637 V _____
 638 P [.....X_____
 639 P [that's why I could (0.3) Tina Turner take off (0.1)
 640 V _____

00:07:30

641 P _____
 642 P you know (0.1) her music
 643 V _____
 644 P _____
 645 (1.1)
 646 V _____
 647 P _____
 648 P [doing Tina Turner _____] songs and that
 649 V _____,,,,,, [...._____
 650 V [I wouldn't know [anything]
 651 P _____,,,,,,
 652 P .hh ↑SO (0.4) because we were saying ↑o:h:
 653 V _____
 654 P you know it's worth coming- worth coming
 655 V _____
 656 P ↑up [like] for
 657 V _____
 658 V [duh]
 659 P _____ [..X____,,""
 660 P .hh and she said (0.3) already. (0.5) [↑because
 661 V _____
 662 P (0.8) it- they bluh- it was a ↑pub and they had
 663 V _____
 664 P _____ [..X__
 665 P uhm: (0.1) a ↑big restaura- ↑well not [a big
 666 V _____
 667 P _____,,",,,,,
 668 P restaurant. u:hm
 669 V _____
 670 (0.3)
 671 V _____
 672 V _____
 673 V eating area like=
 674 P [....X_____
 675 P [=an eating area and then it had like you
 676 V _____
 677 P _____
 00:08:00 678 P (0.5) BAR area and then they- (0.3) on the
 679 V _____
 680 P _____
 681 P other side of the bar they had like a pool
 682 V _____
 683 P _____,," [..X__
 684 P ta- pool room in that .hh so .hh it WASN'T [huge
 685 V _____
 686 P _____
 687 P (0.2) but it was (0.2) it [wasn't small.]
 688 V _____
 689 V [adequate]
 690 P _____,,",,,,,
 691 P [(0.3) either (0.2) and they had like the stage
 [(V nods)]
 692 V _____
 693 P and the restaurant area and ↑that
 694 V _____
 695 (0.6)
 696 V _____
 697 P but we were lucky because (0.5) t- ↑when we
 698 V _____
 699 P got there I said to the guy uhm (1.3) have you-

700 V _____
 701 P have you- have you ↑got any tables and he
 702 V _____
 703 P said (0.4) no: he said it mm it's gonna be at
 704 V _____
 705 P least half an hour three quarters of an hour
 706 V _____
 707 P [...X _____],,,,,
 708 P [before I can get you a table (0.5) and I said t-
 709 V _____
 00:08:30 710 P _____ [...X _____]
 711 P o:h: dear. (1.0) I said you ↓know [we (1.0)
 712 V _____
 713 P _____
 714 P I- I- sort of said to him (0.2) we just driven up
 715 V _____
 716 V _____
 717 V mm.
 718 P _____
 719 P _____
 720 P (0.6) brought your delivery up and he said ↑o:h:
 721 V _____
 722 P _____,,,,,,
 723 P (0.4) and they were ↑really good they sort of
 724 V _____
 725 P (0.4) within about ten minutes quarter of an hour
 726 V _____
 727 P _____ [...X _____]
 728 P (0.4) u:hm he said oh we've [got a party
 729 V _____
 730 P _____
 731 P which hasn't turned up (0.6) we've laid- got
 732 V _____
 733 P _____, [..X _____]
 734 P a table laid ↑up (0.6) [uhm (1.5) use that one
 735 V _____
 736 P _____
 737 P becaus:e you know they're obviously (0.1)
 738 V _____
 739 P _____,,,,,,
 740 P not gonna turn up ↑now so we had that table
 741 V _____
 742 P and then we've eaten our ↑meal (1.0) uhm
 743 V _____
 744 P _____ [...X _____]
 745 P he said (0.3) did we [mind sharing our table
 746 V _____
 747 P _____
 00:09:00 748 P with some people (0.2) other people (0.2) who
 749 V _____
 750 P _____
 751 P wanted to come in like and watch the
 752 V _____
 753 P _____
 754 P ↑entertainment [(0.9) so uhm (.)] we sort of all
 [(V nods)]
 755 V _____
 756 P _____,,,,,,
 757 P moved up and then we met this other couple
 758 V _____

818 V _____

819 P _____

820 P [get to a place like that what]

821 V _____

822 V [go and look at a tele ↑] suspect]

823 P _____

824 P no [you ↑get to place like that.

825 V [...X_____

826 P _____ [..X_____

827 P (0.9) and (0.5) whether it's almost [like a:ll the

828 V _____

829 P _____

830 P [↑village have come (0.6) to this place for that]
 [((P smiles))]

831 V _____

832 P _____

833 P [↑night=]
 [((P smiles))]

834 V _____

835 V _____

836 V =yeah.

837 (0.7)

838 V _____

00:10:00 839 P ↑good I suppose really they have to: uhm

840 V _____

841 P (0.6) do: (0.6) ↑quite we:ll

842 V _____

843 (0.5)

844 V _____

845 P _____ [...X_____

846 P either make their [money on (0.5) uhm the

847 V _____

848 P _____ [..X_____

849 P meals or (0.5) people [drinking and that

850 V _____

851 P _____ [...X_____

852 P because (0.4) to (0.8) [↑have somebody like that

853 V _____

854 P _____

855 P (0.8) is quite- would be (0.6) quite expensive

856 V _____

857 P _____

858 P how I would ↑think

859 V _____

860 P _____

861 (0.2)

862 V _____

863 P _____

864 P [just but that because] (0.6) he must perform he
 [((V nods))]

865 V _____

866 P must been on stage probably

867 V _____

868 (1.9)

869 V _____

870 P uh.

871 V _____

872 (1.0)

873 V _____

874 P [.....X_____

00:10:30

875 P [an hour (0.2) a- well- there an hour and a half
 876 V _____
 877 P _____
 878 P because (1.0) probably a bit above half past
 879 V _____
 880 P nine (0.5) and then: (0.5) he stayed on stage
 881 V _____
 882 P and then he went of for a break (0.4) and the:n
 883 V _____
 884 P uhm (1.0) t- he came back on again (0.6) to
 885 V _____
 886 P about (1.5) something past eleven (0.5) and he
 887 V _____
 888 P came back a ↑couple of times cause people
 889 V _____
 890 P was you know yeah do you want another one uhn
 891 V _____
 892 P [...X
 893 P [and he- [he said you wanna-]
 894 V _____
 V [cause it's very] [taxing]
 895 [(V frowns))]
 896 P _____
 897 V _____
 898 V on the voice innit [to (break off)]
 899 P _____
 900 P [↑↑↑yeah]
 901 P _____
 902 (0.5)
 903 V _____
 904 V _____
 905 V for:=
 906 P _____
 907 P _____
 908 P =-and in the sort of u- but as I ↑say (0.7)
 909 V _____
 910 P even (on donold go on) the adult the actions
 911 V _____
 912 P in tha-uhn- it was ↑good .hh:
 913 V _____
 914 P [...X_____
 915 P but as we were saying though (0.2) [they need
 916 V _____
 917 P _____
 00:11:00 P to make some (0.6) money [just to cover uh]
 918 [(V nods)]
 919 V _____
 920 P _____
 P [↑his costs really] and the cost of the inn
 921 [(V nods)]
 922 V _____
 923 V _____
 924 V ↑mm
 925 P _____
 926 P _____
 927 P but I suppose they do it on mea:ls and as I said
 928 V _____
 929 P (1.0) when ↑we got there there were quite a lot of
 930 V _____
 931 P people (0.1) wu- there were people obviously

932 V _____
933 P it was full up with people eating and then they-
934 V _____
935 P [..X _____
P [but there were a lot] of people [just drinking
936 [((V frowns))]
937 V _____
938 P _____
00:11:18 939 P and I said

Subject:
Jill

Transcript number:
JILL1021.1

Information on the participants:

Jill (J) is the participant who has been identified with presbycusis and P is her conversation partner. J is having a conversation with her partner (P) in their living room.

Nature of difficulties:

J has presbycusis. She is having a conversation BEFORE amplification of hearing.

Sample date:

10 July 2005

Length of transcribed sample:

10 minutes 0 seconds

Counter time starts:

00:10:06

Counter time ends:

00:20:06

Name of transcriber:

Corné-Louise Bredenkamp

Counter time	m	Line	S	Talk	Notes
	a		p		
	r		e		
	k		a		
	e		k		
	r		e		
			r		
00:10:06		1	P	X_____	
		2	P	↑mm huh hu hu	
		3	J	_____	
		4	J	_____	
		5	J	↑so	
		6	P	_____	
		7	P	_____	
		8	P	well I'll ↑tell you something that happened this	
		9	J	_____	
		10	P	_____	
		11	P	morning (0.1)	
		12	J	_____	
		13	J	_____	
		14	J	yeah	
		15	P	_____	
		16	P	_____	
		17	P	in church (0.2)	
		18	J	_____	
		19	J	_____	
		20	J	yeah	
		21	P	_____	
		22	J	_____	
		23		(0.9)	
		24	P	_____	

25 P _____

26 P I: uh (1.1) went in and I was prepa:ring things in

27 J _____

28 P _____

29 P the: vestry

30 J _____

31 J _____

32 J mm.

33 P _____

34 P _____

35 P a:nd David Talks this ordinant student

36 P _____

37 P _____

38 P (0.8) said oh ↑who's doing the: (0.8) reading

39 P _____

40 P _____

41 P this morning

42 J _____

43 J _____

44 J mm.

45 P _____

46 P _____

00:10:30 47 P looked on me and said it's uh Hagrivid (0.7)

48 J _____

49 P _____

50 P so I said is ↑it HU hu

51 J _____

52 J _____

53 J hu hu hu ↑hu

54 P _____

55 J _____

56 (0.6)

57 P _____

58 P _____

59 P [and uhm] (0.4) I ↑had a look hu hu hu (0.5)
 [((J sniffs))]

60 J _____

61 P _____

62 P u:h there's my ↑name (0.1) so I said oh well in

63 J _____

64 P _____

65 P ↑that case I better just go and have a look

66 J _____

67 P _____

68 P at it (0.8) so I went to the: ↑rect↓ory and turned

69 J _____

70 P _____

71 P up the: old testament and new testament

72 J _____

73 P _____

74 P readings and read them through. (0.9)

75 J _____

76 P _____

77 P a:nd uh (1.3) I was- that was it- fi:ne I thought

78 J _____

79 P _____

80 P right I'm- (0.5) I'll be ready to do them

81 J _____

82 P _____

00:11:00 83 P (1.0) anyway. (0.8) when it came to the point

84 J _____
 85 P _____
 86 P where (0.9) I was going to do them (0.8) I ↑walked
 87 J _____
 88 P _____
 89 P out (0.9) a:nd who should be walking to meet
 90 J _____
 91 P _____
 92 P me (0.6) but uhm (1.8) uhh the ↑wi:fe of uh
 93 J _____
 94 P _____
 95 P (0.7) Birsweel Headmaster in (1.6) of uhm
 96 J _____
 97 P _____
 98 P (Pulka↑bons)
 99 J _____
 100 J _____
 101 J Jenny Beabs
 102 P _____
 103 P _____
 104 P yea he he hes Jenny Bea he he (0.4) and then we
 105 J _____
 106 P _____
 107 P ↑looked at each other (0.6)
 108 J _____
 109 J _____
 110 J uh hu hu hu
 111 P _____
 112 P _____
 113 P and she said ↑oh oh. (0.5) you changed
 114 J _____
 115 P _____
 116 P with me (1.0) I ha remembered that
 117 J _____
 118 P _____
 119 P (0.5) we she- phoned up and asked me and
 120 J _____
 121 P _____
 122 P asked me to change with her and I've
 123 J _____
 124 P _____
 125 P [done it]
 126 J _____
 127 J _____
 128 J [and-] and you've totally forgotten
 129 P _____
 130 P _____
 131 P SO HO ↑hu [hu (0.7) all this took (0.5) place
 132 J -, [.._____
 133 P _____
 134 P in front of the congregation (0.6)
 135 J _____
 136 J _____
 137 J ↑yeah
 138 P _____
 139 P _____
 140 P besides a (lecture) (0.7) a:nd so I said
 141 J _____
 142 P _____
 143 P ↑oh fine and then went ↑back and so

00:11:30

144 J _____
 145 J _____
 146 J hu hu
 147 P _____
 148 P _____
 149 P (1.5) I don't know what the congregation made
 150 J _____
 151 P _____
 152 P of it but Mary Spencer was ↑giving me some
 153 J _____
 154 J _____
 155 J I bet she was [hu hu hu]
 156 P _____
 157 P _____
 158 P [hu hu hu hu]
 159 J _____
 160 J _____
 161 (0.1)
 162 P _____
 163 P __, [..X _____
 164 P I don't think [Jill even ↑noticed it actually
 165 J _____
 166 J __,, [....X _____
 167 J it provides [a little bit of diversion doesn't it
 168 P _____
 169 J _____
 170 J [it was hu hu hu ca ha ha ra ter] hu hu ↑hu
 171 P _____
 172 P _____
 173 P [I was startled hu hu hu]
 174 J _____
 175 P _____
 00:12:00 176 (0.4)
 177 J _____,,""
 178 J ↑↓hmm yeah (0.5) yeah (0.2) the things
 179 P _____
 180 J that happen
 181 P _____
 182 P _____
 183 (1.0)
 184 P _____
 185 P I know
 186 P _____
 187 (1.7)
 188 P _____
 189 P hmm.
 190 P _____
 191 (1.0)
 192 J well I was a bit (0.5) flummoxed last last night
 193 P _____
 194 J [..X _____
 195 J because the [readings that we normally have
 196 P _____
 197 J _____
 198 J we ↑didn't ↑have
 199 P _____
 200 J _____
 201 (1.1)
 202 P _____
 203 J _____,,"" [..X _____

00:12:30

204 J [and I] thought where ↑am [I (0.2) you know
 205 P _____
 206 P _____
 207 P [yeah]
 208 J _____
 209 J _____
 210 J hu (0.3) have I got in the wrong (1.5)
 211 P _____
 212 J _____
 213 J the wrong week (1.6) and I must have
 214 P _____
 215 J _____,,,,,, [..X_____
 216 J missed (0.6) u:hm (0.5) [↑Richard saying because
 217 P _____
 218 J _____
 219 J of the- what happened on Thursday (0.3)
 220 P _____
 221 J _____
 222 J everything was going to be ↑changed (1.6)
 223 P _____
 224 P _____
 225 P oh I see
 226 J _____
 227 J _____
 228 J yeah (0.5) uhm but I haven't mean I hadn't
 229 P _____
 230 J _____
 231 J spotted it
 232 P _____
 233 P _____
 234 (1.3)
 235 J _____
 236 P _____
 237 P yea:h hmm (0.7) ↑so: (0.4)
 238 J _____
 239 P _____
 240 P oo: Diana wanted (0.5) duly prepared these
 241 J _____
 242 P _____
 243 P prayers you know for the- about the
 244 J _____
 245 P _____
 246 P Disaster
 247 J _____
 248 J _____
 249 J that's right.
 250 P _____
 251 P _____
 252 P Diana said oo: you ↑must- (0.6) include about
 253 J _____
 254 P _____
 255 P uhm (0.5) the olympics (1.2)
 256 J _____
 257 J _____,,,,,, [..X_____
 258 J [the ol↑ympics.] [why would [she]
 259 P _____
 260 P [mm ↑ye:s.] [I- I thought it was]
 261 P _____
 262 (0.8)
 263 J _____

264 P _____

265 P totally (0.4) wrong you know

266 J _____

267 J [.X_

268 J it [↑is.

269 P _____

270 J _____

271 (0.8)

272 P _____

273 P _____

00:13:00 274 P so anyway uh she didn't hu hu hu hu

275 J _____

276 J _____

277 J she ↑didn't no [I think]

278 P _____

279 P _____

280 P she she did [include something about the

281 J [.X_

282 P _____

283 P first world war you know because [(1.0)

284 J _____] [X_

285 P _____

286 P [today] (0.5) at five o'clock this evening

287 J _____

288 J _____

289 J [↑mm]

290 P _____

291 P _____

292 P they're going to ring the church bells

293 J _____

294 J _____

295 J hmm [so I ↑gath↓er ye:s (0.6)] uhh.
 [(J touches her shoulder))]

296 P _____

297 P _____

298 P if because of that (0.4) ↑yeah

299 P _____

300 (1.2)

301 J yeah I was thinking this morning you know (0.4)

302 P _____

303 J about (0.9) last ↓Thursday hmm yeah

304 P _____

305 J (0.7) you know (2.6) you know the- the h- horror

306 P _____

307 J of course you can't sort of (0.9) ↑uhm (0.8)

308 P _____

309 J [.X_

00:13:30 310 J [overlook (0.8) but thinking of the: (0.7) u-

311 P _____

312 J _____

313 J ↑terrific horrors of the: (0.6) of the last war that

314 P _____

315 J _____

316 J (1.1) you know some (0.2) some

317 P _____

318 J _____

319 J people ↑went through [in violence] (0.8)

320 P _____

321 P [oh yes]

322 J _____

00:14:00

323 J you know uhm (1.2) I sort of got (1.3)
 324 P _____
 325 J _____ [..X _____]
 326 J they didn't say perils in (0.6) [significance but uhm
 327 P _____
 328 J _____
 329 J (0.7) you know (0.7)
 330 P _____
 331 P _____
 332 P well (0.5) u:hm the ↑thing is that (0.6)
 333 J _____
 334 P _____
 335 P in ↑those days it wasn't brought into your
 336 J _____
 337 P _____
 338 P sittingroom (0.4) immediately
 339 J _____
 340 J _____
 341 J no: [you didn't see us _____]
 342 P _____
 343 P [(you'll find we both of us)] returning at all
 344 J _____
 345 J _____
 346 (0.4)
 347 P _____
 348 J _____
 349 J No
 350 P _____
 351 J _____
 352 (1.0)
 353 P _____
 354 P _____
 355 P a:nd (you've invited that some of the [seeds]
 356 J _____
 357 J _____ [mm.]
 358 P _____
 359 P are behind) the newspapers.
 360 J _____
 361 J _____
 362 J mm.
 363 P _____
 364 P _____
 365 P at some point
 366 J _____,,"""
 367 (0.4)
 368 P _____
 369 P _____
 370 P or [heard] a [bit but i- (0.2) in any case (0.4) they
 371 J _____ [..X _____]
 372 J [yeah.]
 373 P _____
 374 P during the war they ↑played it down.
 375 J _____
 376 J _____
 377 (0.7)
 378 P _____
 379 P _____
 380 P they didn't tell you much=
 381 J _____
 382 J _____

- 383 J =they didn't ↑tell you. you didn't
- 384 P _____
- 385 J _____
- 386 J [know the ↑half of it did you]
- 387 P _____
- 388 P [becaus:e they didn't _____] want to: get
- 389 J _____
- 390 P _____
- 391 P everybody worked [↑up]
- 392 J _____
- 393 J _____ [no] no.
- 394 P _____
- 395 J _____
- 396 (0.4)
- 397 P _____
- 398 P _____
- 399 P and even the casualties (0.5) the whi-
- 400 J _____
- 401 P _____
- 402 P the ↑civilian casualties during world war
- 403 J _____
- 404 P _____
- 405 P were astro↑nomical
- 406 J _____
- 407 J _____,,,,, [..X_____
- 408 J °oh they were [yes°=
- 409 P _____
- 410 P _____
- 411 P =especially England.=
- 412 J _____
- 413 J _____
- 414 J =↑yes
- 415 P _____
- 416 J _____
- 00:14:30 417 (0.6)
- 418 P _____
- 419 J _____
- 420 J yes.
- 421 P _____
- 422 J _____
- 423 (1.2)
- 424 P _____
- 425 J _____,,,,,,
- 426 J I suppose that [the only- (0.4) y- you know the
- 427 P _____, [.._____
- 428 J _____ [..X_____
- 429 J thing about (0.6) [Thursday (0.7) u:hm (0.6)
- 430 P _____
- 431 J _____
- 432 J ↑was (0.2) you knows uhm (1.6) was it it-
- 433 P _____
- 434 J _____
- 435 J that Tony Blair was saying that (0.6) uhm in
- 436 P _____
- 437 J _____,,,,, [..X_____
- 438 J the war (0.6) uhm (0.9) [we had a face (1.2)
- 439 P _____
- 440 J _____
- 441 J ↑you know the whole horror had got a face
- 442 P _____

443 J _____
 444 (1.0)
 445 P _____
 446 P _____
 447 P [yes]
 448 J _____
 449 J _____
 450 J [where as] uhm terrorism hasn't.
 451 P _____
 452 P _____
 453 P yeah it just (0.2) comes over the (border)
 454 J _____
 455 J _____
 456 J yeah
 457 P _____
 458 P _____
 459 P hmm
 460 J _____
 461 J _____
 462 J yeah
 463 P _____
 464 P _____
 00:15:00 465 P yes when everything is (.) so say normal
 466 J _____
 467 J _____
 468 J ↑hmm
 469 P _____
 470 P _____
 471 P some (0.2) frightful (0.5) happening to you
 472 J _____
 473 P _____
 474 P >I suppose< (0.4) [there is] all no war bu-
 475 J _____
 476 J [yes]
 477 P _____
 478 P other than you expecting something [terrible]
 479 J _____
 480 J [ye:s]
 481 J _____
 482 (0.1)
 483 P _____
 484 J _____
 485 J that's right
 486 P _____
 487 P _____
 488 P ↑adding a lot of (0.6)
 489 J _____
 490 J _____
 491 J yeah
 492 P _____
 493 J _____
 494 (1.5)
 495 P _____
 496 J _____
 497 J yes
 498 P _____
 499 P _____
 500 P you- actually are hearing ↑everything I'm saying.
 501 J _____
 502 P _____

503 P with my normal voice=
 504 J _____
 505 J _____
 506 J =cause I'm looking at you=
 507 P _____
 508 P _____
 509 P =yes
 510 J _____
 511 J _____
 512 (0.8)
 513 P _____
 514 J _____
 515 J ↑yes.
 516 P _____
 517 P _____
 518 P mm.
 519 J _____
 520 J _____
 521 J you see if (0.1) if I (1.4) if ↑I look at you (1.0)
 522 P _____
 523 J _____
 524 J and there's ↑nobody else trying to butt in
 525 P _____
 526 J _____
 00:15:30 527 J (1.0) uh: or ↑nobody else in the room (0.8)
 528 P _____
 529 J _____
 530 J as- a backroom chat (1.0) background chat=
 531 P _____
 532 P _____
 533 P =mm.
 534 J _____
 535 J _____
 536 J then I'm OK.
 537 P _____
 538 J _____
 539 (1.0)
 540 P _____
 541 P _____
 542 P not only tha:t but (.) uhm (0.4) your left
 543 J _____
 544 J _____
 545 ((coughing from next door))
 546 P _____
 547 P _____
 548 P ear (0.1) is
 549 J _____
 550 J _____,.,.,. [X_____
 551 J [my ↑left ear's better] [than the]
 [((J points to left ear))][((J points to
 right ear))]
 552 P _____
 553 P [more] towards me
 554 P _____
 555 P than your [right]
 556 J _____
 557 J [is better] than the right [yeah]
 558 P _____
 559 P [when] you are
 560 J _____

561 P _____

562 P sitting over there with your right ear (0.5) in this

563 J _____

564 P [.X _____]

565 P [direction and [I'm] here

566 J _____

567 J [yes]

568 J [.X _____]

569 J [mm.]

570 P _____

571 P _____

572 P you ↑then have (1.4) like if I spoke in this (0.5)

573 J _____

574 P _____

575 P ↑tone you know you- you wouldn't be ↑hearing.

576 J _____

577 J _____

578 (0.4)

579 P _____

00:16:00 580 P _____

581 P hear what I ↑said

582 J _____

583 J _____

584 J no.

585 P _____

586 P _____

587 (0.2)

588 J _____

589 P _____

590 P well I'm speaking normally and not raising my

591 J _____

592 P _____

593 P [voice]

594 J _____

595 J [yeah] yeah .h but I'm having to concentrate

596 P _____

597 J _____

598 J very (1.4)-

599 P _____

600 P _____

601 P [ye he he hes you look as though you]
 [((J makes fists with both hands))]

602 J _____

603 J _____

604 J mm:: [uh hu hu hu hu hu hu ↑hu]
 [((J leans forward))]

605 P _____

606 P [hu hu hu hu hu hu hu ↑hu]

607 P _____

608 P uh hu hu hu hu hu ↑hu hu: hu hu hu

609 J _____

610 P _____

611 P you know as: you're speaking very careful now

612 J _____

613 P _____

614 P [(did you you notice yourself)]

615 J _____

616 J [could really you to _____]

617 J _____

618 J no I ↑ah want to speak quite clearly

619 P _____
 620 J _____
 621 J though [it was]
 622 P _____
 623 P [yes] it works around from here
 624 J _____
 625 P _____
 626 P better you were saying
 627 J _____
 628 P _____
 629 P yes
 630 J _____
 631 P _____
 632 P we (met) constantly
 633 J _____
 634 J _____
 635 J we would uh (0.4) but uh (0.3) there are
 636 P _____
 637 J _____
 638 J people who (0.6) sort of (0.7) raise
 639 P _____
 640 J _____
 00:16:30 641 J their voices and speak at (0.5) you know
 642 P _____
 643 J _____
 644 J (0.4) goodness knows how many decibels
 645 P _____
 646 J _____
 647 J more and it [(1.0)] hurts
 [(J shakes head)]
 648 P _____
 649 J _____
 650 (0.2)
 651 P _____
 652 P _____
 653 P ye:s hurts (0.5) ye:s
 654 J _____
 655 J _____
 656 J ↑funny business
 657 P _____
 658 J _____
 659 (0.5)
 660 P _____
 661 J _____
 662 J funny business
 663 P _____
 664 P _____
 665 P mm.
 666 J _____
 667 J _____
 668 (0.6)
 669 P _____
 670 J _____
 671 J le- let me in
 672 P _____
 673 J _____
 674 (0.4)
 675 P _____
 676 P _____
 677 P will-=

678 J _____
 679 J _____
 680 J =we'll get there
 681 P _____
 682 J _____
 683 (2.1)
 684 P _____
 685 P _____
 686 P >I want to know< ↑did you say there's deafness
 687 J _____
 688 P _____
 689 P in your family
 690 J _____
 691 J _____
 692 (1.2)
 693 P _____
 694 J _____
 695 J there's my ↑mother.
 696 P _____
 697 J _____
 698 (1.0)
 699 P _____
 700 P _____
 701 P ↑how did you- (0.2) speak to her did you have to
 702 J _____
 703 P _____
 704 P raise your voice
 705 J _____
 706 J _____
 00:17:00 707 J [(2.2) ↑u:hm (2.3) I don't re↑member.]
 [((J scratches nose))]
 708 P _____
 709 J _____
 710 J (0.4) well there were a number about of course
 711 P _____
 712 J _____
 713 J but u:h (0.5) she always had to: (0.7)
 714 P _____
 715 J _____
 716 J uh: walk on a particular side (0.2) of my father.
 717 P _____
 718 J _____
 719 J (0.8) and it was the (0.4) naturally (0.4) the side ↑
 720 P _____
 721 J _____
 722 J wanted to walk
 723 P _____
 724 P _____
 725 P oh dear
 726 J _____
 727 P _____
 728 (1.2)
 729 J _____
 730 J _____
 731 J [u:h just to be perverse]
 [((J puts left hand up to mouth))]
 732 P _____
 733 J _____
 734 [(2.0)]
 [((J keeps left hand up to mouth))]

735 P _____

736 P _____

737 P [but you ↑don't remember her]
 [((J keeps left hand up to mouth))]

738 J _____

739 P _____

740 P [(1.0) a:sking for repetition all the time]
 [((J keeps left hand up to mouth))]

741 J _____

742 J _____

743 J [no. my Auntie Bets she- come to think of it my]
 [((J keeps left hand up to mouth))]

744 P _____

745 J _____

746 J Auntie Bets was very deaf

747 P _____

748 J _____

749 (0.3)

750 P _____

751 P _____

752 P oh was she

753 J _____

754 J _____

755 J [yes.]
 [((J puts left hand up to mouth))]

756 P _____

757 J _____

758 [(2.1)]
 [((J keeps left hand up to mouth))]

759 P _____

00:17:30 760 J _____

761 J [but my ↑father maintained that she ↑wasn't as]
 [((J keeps left hand up to mouth))]

762 P _____

763 J _____

764 J [deaf as she made out she just [wouldn't] listen]
 [((J keeps left hand up to mouth))]

765 P _____

766 P [uh huh]

767 P _____

768 P [uh uh [huh huh huh ↑huh]
 [((J keeps left hand up to mouth))]

769 J _____

770 J [u:h hu hu hu hu]

771 J _____

772 [(0.8)]
 [((J keeps left hand up to mouth))]

773 P _____

774 J _____

775 J [yeah.]
 [((J keeps left hand up to mouth))]

776 P _____

777 J _____

778 [(0.3)]
 [((J keeps left hand up to mouth))]

779 P _____

780 P _____

781 P [↑we:il]
 [((J keeps left hand up to mouth))]

782 J _____

783 J _____
 784 [(1.7) _____]
 [((J keeps left hand up to mouth))]
 785 P _____
 786 P _____
 787 P I'd like to (anima) grandmothers these days
 788 J _____
 789 J _____
 790 J ↑yes
 791 P _____
 792 J _____
 793 J ↑hmm
 794 P _____
 795 P _____
 796 P a:nd my who was sister
 797 J _____
 798 J _____
 799 (0.2)
 800 P _____
 801 P _____
 802 P was stone deaf
 803 J _____
 804 J _____
 J yes but she's having some [(0.7) _____]
 [((J shakes right hand))]
 805 _____
 806 P _____
 807 J _____
 808 J operation isn't she
 809 P _____
 810 P _____
 811 P no: ↑you know but that was the night (0.3)
 812 J _____
 813 P _____
 814 P mother's sister my aunt died
 815 J _____
 816 J _____
 817 J right.
 818 P _____
 819 P _____
 820 P [my ↑great aunt (0.5)
 821 J [...X _____]
 822 J _____
 823 J mm.
 824 P _____
 825 P _____
 826 P was stone deaf.
 827 J _____
 828 J _____
 829 (0.6)
 830 P _____
 831 J _____
 832 J mm.
 833 P _____
 834 J _____
 835 (1.0)
 836 P _____
 837 P _____
 838 P a:nd (0.1) uh (0.2) you know she- all she could do
 839 J _____

00:18:00

840 P _____
 841 P was lipread she couldn't hear [anything]
 842 J _____
 843 J [yes.]
 844 J _____
 845 (1.4)
 846 P _____
 847 P _____
 848 P my grandmother (1.0) virtually ended up
 849 J _____,,,,,,,,,,
 850 P _____
 851 P having (0.2) this trumpet this she- (0.6) [used
 852 J [..X_____
 853 J _____
 854 (1.8)
 855 P _____
 856 J _____
 857 J yes.
 858 P _____
 859 P _____
 860 P but at a small child I remember (1.2) if she
 861 J _____,
 862 P _____
 863 P didn't ↑have the [trumpet (1.4) I'd be raising
 864 J [..X_____
 865 P _____
 866 P my voi- I mean she ↑could hear (0.4)
 867 J _____
 868 J _____
 869 J yeah=
 870 P _____
 871 P _____
 872 P =if you raised your- you had to raise your voice
 873 J _____
 874 P _____
 875 P considerably.
 876 J _____
 877 J _____
 878 (0.4)
 879 P _____
 880 J _____
 881 J yes.
 882 P _____
 883 J _____
 884 (1.0)
 885 P _____
 886 P _____
 887 P mm but the same with my aunt
 888 J _____
 889 J _____
 890 (0.7)
 891 P _____
 892 J _____
 893 J ↑mm
 894 P _____
 895 J _____
 896 (1.8)
 897 P _____
 898 P _____
 899 P but then (0.1) she [had (1.2) she was of the era

00:18:30

900 J ,, [..X_____]
 901 P _____
 902 P when she could have hearing aids
 903 J _____
 904 J ____,
 905 J yes.
 906 P _____
 907 (2.6)
 908 P _____
 J [now he's here.]
 909 [((J and P look toward cat))]
 910 P _____,
 911 P (1.2) Money
 912 J It is
 913 (0.7)
 914 P ↑Po↓lly (0.5) t- t-
 915 (1.7)
 916 J come on.
 917 (2.5)
 918 J [.._____]
 919 J [↑why's ↑you ↑been uh oh: [↓suppose you've
 920 P [..X_____]
 921 J _____
 922 J been out then
 923 P _____
 924 P _____
 925 (0.4)
 926 J _____
 927 J ____, [..X_____
 928 J drive through
 929 P _____
 930 P _____
 931 J (1.0)
 932 J _____
 933 P _____
 934 P °yeah°.
 935 J _____
 936 P _____
 937 (0.8)
 938 J _____
 939 J _____
 940 J yes.
 941 P _____
 942 P _____
 943 (0.7)
 944 J _____
 945 P _____
 946 P some day cat has been out the mysterial leaves
 947 J _____
 948 P _____
 949 P [oh hah _____]
 950 J _____,
 951 J [uh huh huh huh ↑huh]
 952 P _____
 953 (0.3)
 954 P _____
 955 P hey
 956 J yeah
 957 P _____
 958 P _____

00:19:00

959 (1.2)
 960 P _____
 961 P the [↑girls have cleared off.
 962 J [..X_____
 963 J _____,..... [..X_____
 964 J in this world (.) [he'll be on my bed asleep
 965 P _____
 966 P _____
 967 (1.2)
 968 J _____
 969 P _____
 970 P yes. it was ↑strange about uhm (0.5) that (0.2)
 971 J _____
 972 P _____
 973 P article in that magazine about that ↑cat
 974 J _____
 975 P _____
 976 P that had (0.6) pancreatitis.
 977 J _____
 978 P _____
 979 (0.5)
 980 J _____
 981 J _____
 982 J ↑oh yeah (0.2) and- and goodness knows what
 983 P _____
 984 J _____
 985 J else
 986 P _____
 987 P _____
 988 P well hepatitis something or other and inflamed
 989 J _____
 990 P _____
 991 P bowel
 992 J _____
 993 J _____
 994 J yeah [uh _____]
 995 P _____
 996 P [↑I've ↓never] heard of them.
 997 P _____
 998 (1.1)
 999 J _____
 1000 J _____
 1001 J a cat's happy (and thank my ties)
 1002 P _____
 1003 P _____
 1004 P but then I can't get rid of the ↑dog
 1005 J _____
 1006 J _____
 00:19:30 1007 J ((bell rings)) ↑no:
 1008 P _____
 1009 P _____
 1010 (0.2)
 1011 P _____
 1012 P no.
 1013 P _____
 1014 (1.2)
 1015 P _____
 1016 P untill ↑nose dog
 1017 J ye:s.
 1018 P _____

1019 P _____
 1020 (0.4)
 1021 P _____
 1022 P palate .hh
 1023 P _____
 1024 (1.2)
 1025 J I noticed Mo going down (1.4) down the
 1026 P _____
 1027 J [..X _____
 1028 J road [with (1.3) uh: (0.6) Cassey this ↑morning
 1029 P _____
 1030 P _____
 1031 P ((P coughs)) (0.3) ye:s
 1032 J _____
 1033 P _____
 1034 (0.5)
 1035 J _____
 1036 J _____
 1037 J not in ↑church
 1038 P _____
 1039 P _____
 1040 (1.0)
 1041 J _____
 1042 J _____
 1043 J oh.
 1044 P _____
 1045 P _____
 1046 (0.4)
 1047 J _____
 1048 P _____
 1049 P wonder ↑why she wasn't in the church
 1050 J _____
 1051 P _____
 1052 (0.4)
 1053 J _____
 1054 J _____
 1055 J ↑no ↓father wanted to say it was ↑awful.
 1056 P _____
 1057 P _____
 1058 [(2.3)
 1059 J [..X_
 1060 P _____
 1061 P oo:h that's hard.
 1062 J _____
 1063 P _____
 1064 (1.1)
 1065 J _____
 1066 P _____
 1067 P she's usually at the pharmacy.
 1068 J _____
 1069 J _____
 1070 J uhsh- sh- sh- she's in the ↑pharmacy
 1071 P _____
 1072 P _____
 1073 P yeah
 1074 J _____
 1075 P _____
 1076 P mm. ↑mm
 1077 J _____
 1078 P _____

00:20:00

1079 (0.3)

1080 J ,,,,

1081 P _____

1082 P there were (0.6) [exactly ↑three of us in the choir

1083 J [..X _____

1084 P _____

1085 P all woman

1086 J _____

1087 P _____

1088 (0.5)

1089 J _____

1090 P _____

1091 P this morning.

1092 J _____

1093 J _____

1094 J ↑mm

1095 P _____

1096 P _____

1097 (3.0)

1098 J _____

1099 P _____

1100 P yes.

1101 J _____

1102 J _____

1103 J ↑must be a bit depressing for John.

1104 P _____

Subject:
Jill

Transcript number:
JILL1021.2

Information on the participants:

Jill (J) is the participant who has been identified with presbycusis and P is her conversation partner. J is having a conversation with her partner (P) in their living room.

Nature of difficulties:

J has presbycusis. She is having a conversation AFTER amplification of hearing.

Sample date:

16 October 2005

Length of transcribed sample:

10 minutes 5 seconds

Counter time starts:

00:08:10

Counter time ends:

00:18:15

Name of transcriber:

Corné-Louise Bredenkamp

Counter time	m	Line	S	Talk	Notes
	a		p		
	r		e		
	k		a		
	e		k		
	r		e		
			r		
00:08:10		1	P	yeah I've just been- sending an email to Jeff.	
		2	J	_____	
		3	P	_____	
		4		(0.7)	
		5	P	_____	
		6	J	_____	
		7	J	o:h yes.	
		8	P	_____	
		9	J	_____	
		10		(0.4)	
		11	P	_____	
		12	J	_____	
		13	J	is this about the: uhm (0.8) newly found uh	
		14	P	_____	
		15	J	_____	
		16	J	(0.5) grandfather. (0.5) or ↑great grandfather.	
		17	P	_____	
		18	P	_____	
		19	P	well ↑yes	
		20	J	_____	
		21	J	_____	
		22		(1.0)	
		23	P	_____	
		24	P	_____	

00:08:30

25 **P** ye:s it's very ↑interesting.
 26 J _____
 27 J _____
 28 (0.4)
 29 P _____
 30 J _____
 31 **J** you hate it ↑because uhm (1.4)
 32 P _____
 33 P _____
 34 **P** he's got them both: (0.3) in a bing in Bolton
 35 J _____
 36 P _____
 37 **P** together.
 38 J _____
 39 J _____
 40 (0.8)
 41 P _____
 42 P _____
 43 **P** both the age of fifty.
 44 J _____
 45 J _____
 46 (2.0)
 47 P _____
 48 P _____
 49 **P** in a- (0.5) in a road called Lunn Street that
 50 J _____
 51 P _____
 52 **P** now seems to have been (0.3) [been de-]
 53 J _____
 54 **J** _____ [demolished]
 55 J _____
 56 **J** as usual
 57 P _____
 58 J _____
 59 (0.4)
 60 P _____
 61 P _____
 62 **P** yea:h it's in Monmouth but it's not in Yoville
 63 J _____
 64 J _____
 65 **J** yeah.
 66 P _____
 67 J _____
 68 (0.7)
 69 P _____
 70 J _____
 71 **J** and uhm
 72 P _____
 73 J _____
 74 (0.9)
 75 P _____
 76 P _____
 77 **P** you know- they're ↑living there together.
 78 J _____
 79 P _____
 80 **P** (0.4) mm: wi:th (0.7) uhm (0.6) a daughter
 81 J _____
 82 P _____
 83 **P** that seems to have been his daughter
 84 J _____

85 P _____
 86 P by previous marriage
 87 J _____
 88 J _____
 89 (0.4)
 90 P _____
 91 J _____
 92 J mm ↑hmm
 93 P _____
 94 J _____
 95 (0.4)
 96 P _____
 97 P _____
 98 P and he's found (0.7) his: previous marriage
 99 J _____
 00:09:00 100 P _____
 101 P (1.0) and he's ↑also found- (0.3) his ↑parents
 102 J _____
 103 P _____
 104 P (1.5) so it's goes back to seventeen and
 105 J _____
 106 P _____
 107 P ↑ninety something
 108 J _____
 109 J _____
 110 J ↑good Lord.
 111 P _____
 112 J _____
 113 (0.5)
 114 P _____
 115 P _____
 116 P so that's given me: a great great (0.8)
 117 J _____
 118 P _____
 119 P from my father
 120 J _____
 121 J _____
 122 (0.5)
 123 P _____
 124 J _____
 125 J ↑why did ↑he: find this information that you .hh
 126 P _____
 127 J _____
 128 J that's been in (newding that you could) so long
 129 P _____
 130 P _____
 131 P o:h I think he found it all on the internet. he-
 132 J _____
 133 P _____
 134 P he- he has got ↑various: uhm (0.8) programmes
 135 J _____
 136 P _____
 137 P that [he] can go into
 138 J _____
 139 J [mm.]
 140 J _____
 141 J ↑mm hmm.
 142 P _____
 143 J _____
 144 (0.2)

145 P _____

146 P _____

147 P I mean sinc:e we were doing it. (.) there was

148 J _____

149 P _____

150 P so much o:n

151 J _____

152 J _____

153 J ye:s well

154 P _____

155 P _____

156 P they only had up to now

157 J [..X_____]

158 J ↑mm hmm. things [have moved on a

159 P _____

160 J _____

161 J [lot ↑haven't they.]

162 P _____

00:09:30 163 P [I mean he's _____] bee:n able to look in the

164 J _____

165 P _____

166 P sensi- he got this particular information from

167 J _____

168 P _____

169 P the sensus this (0.4) about them living

170 J _____

171 P _____

172 P together

173 J _____

174 J _____

175 J yeah.

176 P _____

177 J _____

178 (0.3)

179 P _____

180 P _____

181 P they're ↑living together aged fifty both them.

182 J _____

183 J _____

184 (0.9)

185 P _____

186 J _____ [..X_____]

187 J did you say (0.7) [both of them

188 P _____

189 J _____

190 J (0.8) father- grandfather type Tatton:

191 P _____

192 P _____

193 P (0.5) great grandfather and great grandmother

194 J _____

195 J _____

196 J and great grandmother

197 P _____

198 (0.6)

199 P _____

200 P _____

201 P and they're ↑both aged [fifty]

202 J [..X_____]

203 J [Anne] Griffiths

204 P _____

205 J _____
 206 (0.4)
 207 P _____
 208 P _____
 209 P yes.=
 210 J _____
 211 J _____
 212 J =Yes.
 213 P _____
 214 J _____
 215 (0.9)
 216 P _____
 217 P _____
 218 P they're ↑both age fifty
 219 J _____
 220 J _____
 221 (0.6)
 222 P _____
 223 J _____
 224 J °manifesto.°
 225 P _____
 226 P _____
 00:10:00 227 P she's is down as Heir Atadmun
 228 J _____
 229 J _____
 230 (0.4)
 231 P _____
 232 J _____
 233 J what's that
 234 P _____
 235 J _____
 236 (0.7)
 237 P _____
 238 J _____
 239 J yes:.
 240 P _____
 241 J _____
 242 (0.6)
 243 P _____
 244 P _____
 245 P it was only ↑later that she reverted to it though
 246 J _____
 247 J _____
 248 (1.1)
 249 P _____
 250 P _____
 251 P her other na:me- Griffiths.
 252 J _____
 253 J _____
 254 (1.5)
 255 P _____
 256 P _____
 257 P and is she- (0.3) on [this- (0.4) entry in the
 258 J _____,....., [..X_____
 259 P _____
 260 P sensus (.) my grandfather's bride.
 261 J _____
 262 J _____
 263 (0.6)
 264 P _____

265 J _____
 266 J yes.
 267 P _____
 268 J _____
 269 (0.4)
 270 P _____
 271 P _____
 272 P for which then- it's quite right because she
 273 J _____
 274 P _____
 275 P didn't have ↑entrancies forty five.
 276 J _____
 277 J _____
 278 (0.5)
 279 P _____
 280 J „,“
 281 J no:
 282 P _____
 283 (2.2)
 284 P _____
 285 J [...X_____]
 286 J it's ↑still got [a bit of a mystery up there
 287 P _____
 288 J _____
 289 J [still ↑hasn't it.]
 290 P _____
 291 P [no: and what I] want now is [I'm hoping he'll]
 [(P scratches
 her head)]
 292 J _____
 293 P _____
 294 P look for the marriage.
 295 J _____,“““““
 296 (0.6)
 297 P _____
 298 J [..X_]
 299 J [yes.
 300 P _____
 301 J _____
 302 (0.9)
 303 P _____
 304 P _____
 305 P hmm.
 306 J _____
 307 J _____
 308 (0.8)
 309 P _____
 310 P _____
 311 P then maybe I can send for a
 312 J _____
 313 P _____
 314 P [↑marriage certificate.]
 315 J _____
 316 J [ye:s. _____]
 317 J _____
 318 (2.0)
 319 P _____
 320 J _____
 321 J ↑mm
 322 P _____

00:10:30

323 P _____
 324 P if they were married
 325 J _____
 326 J _____
 327 (2.3)
 328 P [They ought to have]
 329 J _____
 330 J [Hope]
 331 J [mm.
 332 P [..____
 333 P _____
 334 P [married after eighteen-thirty-seven.
 335 J [..X_____
 336 J _____
 337 (0.5)
 338 P _____
 339 J _____ [..X_____
 340 J mm but at least if it's (0.4) it [takes you some
 341 P _____
 342 J _____
 343 J stages ↑further
 344 P _____
 345 J _____
 346 J [↑doesn't it if- if you've got this]
 347 P _____
 348 P [it does it looks as if she may]
 349 P _____
 350 P you know where as I was thinking he was
 351 J _____
 352 P _____
 353 P illegitimate it looks as if he may ↑not have been
 354 J _____
 355 J _____
 356 (0.4)
 357 P _____
 358 J _____
 359 J [yes.]
 [((J nods))]
 360 P _____
 361 [(1.7)]
 [((J nods))]
 362 P _____
 363 J [↑mm mm.]
 [((J nods))]
 364 P _____
 365 (0.6)
 366 P _____
 367 P _____
 368 P and uhm (1.6) [he's been able to follow up
 369 J [..X_____
 370 P _____
 00:11:00 371 P [this- this Tatton daughter] ↑too
 [((P touches her head))]
 372 J _____
 373 J _____
 374 (3.2)
 375 P _____
 376 J _____
 377 J what's ↑her name
 378 P _____

379 P _____
 380 P Mary Jayleigh Tatton.
 381 J _____,
 382 J ''''''''
 383 (1.9)
 384 P _____
 385 J [..X
 386 J how [d- you (.) you haven't ↑known there was
 387 P _____
 388 J _____
 389 J a [Mary Jane in this world did you]
 390 P _____
 391 P [no:- no: well I didn't know anything.]
 392 J _____
 393 (0.4)
 394 P _____
 395 P _____
 396 P I didn't know anything
 397 J _____
 398 J _____
 399 J no.
 400 P _____
 401 P _____
 402 P I was ab↑out to (1.0) the great grandfather
 403 J _____
 404 P _____
 405 P I [mean I] know that
 406 J _____
 407 J [mm ↑hmm]
 408 J _____
 409 (1.2)
 410 P _____
 411 P _____
 412 P uh uhm (0.6) Anna Griffiths when she was
 413 J _____
 414 P _____
 415 P married to Thomas Griffiths they had (0.7)
 416 J _____
 417 P _____
 418 P two daughters cause (0.4) you and I ↑found
 419 J _____
 420 P _____
 421 P those we went to uhm (0.4) Liverpool.
 422 J _____
 423 J _____
 424 (1.5)
 425 P _____
 426 P _____
 00:11:30 427 P to that Library in Liverpool.
 428 J _____
 429 J _____
 430 [(3.9)]
 [((P touches
 her head))]
 431 P _____
 432 J _____
 433 J ↑did ↑we
 434 P _____
 435 P _____
 436 P (0.7)

437 J _____
 438 J _____,..... [..X____
 439 J ↑oh ↑yes that's right of [course
 440 P _____
 441 J _____,.....
 442 J [we did (.) yes]
 443 P _____
 444 P [from the ↑|local office] or whatever it was
 445 P _____
 446 P in Liverpool
 447 J that's right ↑yes
 448 P _____
 449 (0.7)
 450 P _____
 451 J [..X_____,.....
 452 J yeah [I forgot about being to Liverpool=
 453 P _____
 454 P _____
 455 P =we found that she had uhm=
 456 J _____ [..X_____
 457 J =(I remember) now that's why [we ↑went
 458 P _____
 459 J _____
 460 (0.4)
 461 P _____
 462 P _____
 463 P yes that's right.
 464 J _____
 465 J _____
 466 (0.4)
 467 P _____
 468 P _____
 469 P they lived in (0.3) Lime Street or [something]
 470 J _____,.....
 471 J _____ [ye:s.]
 472 P _____
 473 P so she married (0.8) this Thomas Griffiths
 474 P _____
 475 P [with] a (sweep [by the roof])
 476 J _____ [...X_____
 477 J [right] [by the railway] station.
 478 P _____
 479 J _____
 480 (0.6)
 481 P _____
 482 P _____
 483 P ↑mm
 484 J _____
 485 J _____
 486 (0.6)
 487 P _____
 488 P _____
 489 P well it is a railway station now [there's]
 490 J _____
 491 J _____ [yes]
 492 P _____
 493 P no lack of street ↑left
 494 J _____
 495 J _____,.....
 496 J [↑yes]

00:12:00

497 P _____
 498 (3.3)
 499 P _____
 500 J ↑mmm.
 501 P _____
 502 (1.9)
 503 P _____
 504 J [.....X_____]
 505 J ↓we:ll ↑well [↑well I should ↓go and ↑che:ck
 506 P _____
 507 J _____
 508 (0.1)
 509 P _____
 510 P _____
 511 P ↑ye:s.
 512 J _____
 513 J _____
 514 (0.8)
 515 P _____
 516 P _____
 517 P so I'm ↑hoping- if he- if he finds the marriage
 518 J _____
 519 P _____
 520 P (0.4) the other thing he's found is that [this (0.1)]
 [(P looks at hand)]
 521 J _____
 522 P [..._____]
 523 P [that a Francis] [Griffiths (0.4) died in Bolton
 [(P looks at hand)]
 524 J _____
 525 P _____
 526 P aged ↑seventy.
 527 J _____
 528 J _____
 529 [(2.0)]
 [(J nods)]
 530 P _____
 531 J _____
 532 J u:h ↑huh (.)
 533 P _____
 534 J will he go up and ta:lk to you
 535 P _____
 536 J [..X_____,,,,,,
 537 J (0.3) from Yorkshire [into: to Bolton.
 538 P _____
 539 P _____
 540 P (0.8) well- [he was a millwright
 541 J [..X_____
 542 J _____
 543 (0.8)
 544 P _____
 545 J _____
 546 J yes but it's a ↑rather unlikely uhm (0.4)
 547 P _____
 548 J [..X_____
 549 J sort of transfer [↑isn't it in tho:se ↑days
 550 P _____

00:12:30

551 P _____
 552 P apart from Bethany
 553 J _____
 554 J _____
 555 (0.6)
 556 P _____
 557 J _____
 558 J ↑ye:s.
 559 P _____
 560 J _____
 561 (0.5)
 562 P _____
 563 P _____
 564 P well the stra:nge thing is that uhm (1.9) uhm
 565 J _____
 566 P _____
 567 P (0.5) Smith my- my great- grandfather on ↑that
 568 J _____
 569 P _____,,,,,,,,,,,,,,
 570 P side or great great. (1.5) ↑great great
 571 J _____
 572 P [..X _____
 573 P grandfather. (.) [Smith (0.4)
 574 J _____
 575 J _____
 576 J mm hmm.
 577 P _____
 578 P _____
 579 P (0.5) came (0.4) into from Yorkshire isn't it?
 580 J _____
 581 J _____
 582 J (0.8)
 583 P _____
 584 P _____
 585 P tuh to Bolton.
 586 J _____,,"
 587 (4.1)
 588 P _____
 589 J [..X _____
 00:13:00 590 J mm. [must have]
 591 P _____
 592 P [came] (0.3) from a (1.0) a (1.0)
 593 J _____
 594 P _____
 595 P weekly (1.8)
 596 J _____
 597 J _____
 598 J ↑must have been something going on if people
 599 P _____
 600 J _____
 601 J were sort of (0.8) else whereing from
 602 P _____
 603 J _____
 604 J Yorkshire into (0.6) into Bolton.
 605 P _____
 606 J _____
 607 (0.7)
 608 P _____
 609 P _____,,,,,,,,,,,,,,
 610 P cause I [can't quite remember what uhm]

[((P touches her head))]

611 J _____

612 P (1.6) great gra- great great grandfather Smith

613 J _____

614 P [..X_____]

615 P [did I- [I even] got to see what his ↑job

616 J _____

617 J [ye:hehe]

618 P _____

619 P [was] but uh (3.8) but I hear he brought

620 J _____

621 J [yeah.]

622 P _____

623 P his mother in law and then possibly his

624 J _____

625 P _____

626 P sister as ↑well=

627 J _____

628 J _____

629 J =ye:s.

630 P _____

631 J _____

632 (0.5)

633 P _____

634 P _____

00:13:30 635 P but uh (2.6) Beverly in uh uhm (1.8)

636 J _____

637 P _____

638 P I must ↑look at Beverly and see what- goes

639 J _____

640 P _____

641 P on in Devon.

642 J _____

643 J _____

644 J mm.

645 P _____

646 J _____

647 (0.5)

648 P _____

649 P _____

650 P Hazel don't ↑know of him.

651 J _____

652 J _____

653 (0.8)

654 P _____

655 J _____,,,,,,,,,,,,,,,,,, [..X_____]

656 J all I know is it's got a [mainstrip.

657 P _____

658 J _____

659 (0.7)

660 P _____

661 P uh huh

662 J _____

663 J _____

664 (0.3)

665 P _____

666 P _____

667 P has it

668 J _____

669 J _____

670 J [(0.6) yes.]
 [(J nods)]

671 P _____

672 J _____

673 (0.3)

674 P _____

675 P _____

676 P every means to that's [right]

677 J _____

678 J _____ [yes]
 [(J nods)]

679 J _____

680 (0.7)

681 P _____

682 P _____

683 P and (Wakefield) I don't know what to (0.7)

684 J _____

685 P _____

686 P we ↑went there ↑children. (.) we ↑went to

687 J _____,,",,,,,"

688 P _____

689 P Wakefield.
 (0.7)

690 P _____

691 P _____

692 J I ↑don't remember going (0.2) to Wakefield.

693 P _____

694 J _____ [...X_____]

695 J (1.5) u:hm (2.1) [I have a feeling those at

696 P _____

697 J _____,,",,,,,"

00:14:00 698 J Wakefield is: (0.2) uhm (2.0) is u:hm (0.3)

699 P _____

700 J _____ [...X_____]

701 J of weaved a [weaving type place you

702 P _____

703 J _____

704 J know (0.2)

705 P _____

706 P _____

707 P is it

708 J _____

709 J _____

710 J of some kind.

711 P _____

712 J _____

713 (0.3)

714 P _____

715 P _____

716 P we certainly ↑went to Wakefield.

717 J _____

718 J _____

719 (1.5)

720 P _____

721 P _____

722 P you and I

723 J _____

724 J _____,

725 (5.0 -----)

726 P _____

727 P _____

00:14:30

728 P we ↑went over with that uhm (1.0)
 729 J (°something°)
 730 P _____
 731 (1.5)
 732 P _____
 733 P _____
 734 P connecting road °what was it called°
 735 P _____
 736 P a main (0.5) road that goes over the Pennines.
 737 (1.7)
 738 P _____
 739 J ↑ohh.
 740 P _____
 741 (2.2)
 742 P _____
 743 J ↑that's ↓right ↑ye:s: to Wakefield.
 744 P _____
 745 (0.8)
 746 P _____
 747 P _____
 748 P [when] you walked around it seemed quite
 749 J [yes]
 750 P _____
 751 P ↑nice actually.
 752 (0.3)
 753 P _____
 754 J ↑ye:s
 755 P _____
 756 (2.0)
 757 P _____
 758 J [.....X_____]
 759 J [°Q:h it's important°
 760 P _____
 761 J _____
 762 (1.0)
 763 P _____
 764 P _____
 765 P what that top road have [become]
 766 J _____
 767 J _____ [ye:s]
 768 J _____
 769 (1.6)
 770 P _____
 771 J _____
 772 J it's quite a sort of burrowing kind of road
 773 P _____
 774 J _____
 775 J [(out there)] I ↑think
 776 P _____
 777 P [very.]
 778 J _____
 779 J [mm.]
 780 P _____
 781 P [very] but very uhm (0.2) busy you know
 782 J _____
 783 P _____
 784 P main road
 785 J _____
 786 J _____
 787 (0.3)

00:15:00

788 P _____
 789 J _____
 790 J ye:s:
 791 P _____
 792 P _____
 793 P across the ↑top
 794 J _____
 795 J yes.
 796 P _____
 797 (1.5)
 798 P _____
 799 P _____
 800 P and [uhm (1.6) I don't know whether we had-
 801 J [...X _____]
 802 P _____ [.._____]
 803 P I don't think we went and looked for [Fawnes
 804 P _____]
 805 P [cause it's part of Wakefield. (0.5) called Fawnes
 806 J [...X _____]
 807 P _____
 808 P [and] (without a grandfather clock) (1.5)
 809 J _____
 810 J [mm.]
 811 P _____
 812 P has got fawnes on it.
 813 J _____
 814 J _____
 815 (0.4)
 816 P _____
 817 P _____
 818 P so I never thought=
 819 J _____
 820 J _____
 821 J [=that's right ↑yes]
 [((J points in the air))]
 822 P _____
 823 P _____
 824 P that they lived [in a ↑cage before]
 825 J _____
 826 J [so indeed they had]
 827 J _____
 828 J ye:s.
 829 P _____
 830 J _____
 831 (0.7)
 832 P _____
 833 P _____
 834 P Fawnes is part of Wakefield.
 835 J _____
 836 J _____
 837 J mm.
 838 P _____
 839 (2.0)
 840 P _____
 841 P _____
 842 P yeah.
 843 (1.9)
 844 P _____
 845 J uhm (why [one])
 846 P _____

00:15:30

847 P [yes] I had a feeling (.) he was (.) uhm
 848 P _____
 849 P (0.5) a (0.5) he was a (0.4) a joiner.
 850 (1.7)
 851 P _____
 852 P _____
 853 P concerning me (0.4) somehow natural
 854 P _____
 855 P to hope that he was (1.1) I do believe
 856 P _____
 857 P they were (0.6) [weaving.
 858 J [.....X_
 859 J _____
 860 (1.0)
 861 P _____
 862 P _____
 863 P tha:nks
 864 J _____
 865 J _____
 866 J no.
 867 P _____
 868 J _____
 869 (2.0)
 870 P _____
 871 P _____
 872 P great great grandfather's son
 873 J _____
 874 J _____
 875 J mm:.
 876 P _____
 877 J _____
 878 (5.5)
 879 P _____
 880 P _____,''''''
 881 P you know (0.1) it's ↑great grandfather Smith
 882 J _____
 883 J _____
 884 (0.4)
 885 P not great
 886 J _____,''''''
 887 (0.5)
 888 P ↑great grandfather Smith
 889 (2.0)
 890 P I think he was in his (0.1) I think [he was [in the]
 891 J [.....
 892 J [hmm.]
 893 J _____
 894 (1.0)
 895 P [.....
 00:16:00 896 P sort of (0.1) [↑building trade
 897 J _____
 898 J _____
 899 (0.5)
 900 P _____
 901 J _____,''''
 902 J mm.
 903 P _____
 904 (1.6)
 905 P _____
 906 J [..X_____

907 **J** ↑oh [Jeff was really ↓exhaustion
 908 **P** _____
 909 **J** _____
 910 (0.7)
 911 **P** _____
 912 **J** _____
 913 **J** going at it for long [isn't it]
 914 **P** _____
 915 **P** [↑ye:s] well it's very
 916 **J** _____
 917 **P** _____
 918 **P** nice cause ↑I can't do it.
 919 **J** _____
 920 **J** _____
 921 (0.2)
 922 **P** _____
 923 **J** _____
 924 **J** that's ↑right
 925 **P** _____
 926 **J** _____
 927 (0.4)
 928 **P** _____
 929 **P** _____
 930 **P** uhm ↓ don't know how to (look it all week
 931 **J** _____
 932 **P** _____
 933 **P** [be called east ↑Arthur]
 [((P points in the air))]
 934 **J** _____,,,,,,
 935 (2.6)
 936 **P** _____
 937 **J** ↑no.
 938 **P** _____
 939 (4.1)
 940 **P** _____
 941 **P** _____
 942 **P** hmm.
 [(2.2)]
 [((P rubs
 her nose))]
 943 _____
 944 **P** _____
 945 **J** [..X_____,,,,,,
J oh (0.6) [makes me want to get going on my]
 [((J puts hand in front of her mouth))]
 946 _____
 947 **P** _____
 00:16:30 **J** [(1.2) family history ag↑ain because I (0.6)]
 [((J puts her hand in front of her mouth))]
 948 _____
 949 **P** _____
 950 **J** [.....X_____,,,,,,
J [just can't [sort of get myself going on it.]
 [((J puts her hand in front of her mouth))]
 951 _____
 952 **P** _____
 [(1.8)]
 [((J puts her
 hand in front
 of her mouth))]
 953 _____
 954 **P** _____
 955 **P** _____
P [no:. (0.2) well ↑I can't I mean I don't mind to go]
 956 [((J puts her hand in front of her mouth))]

957 P _____
 P [(0.5) I ↑can't go in on these things on the]
 958 [(J puts her hand in front of her mouth)]
 959 P _____
 P [Internet but (0.8) I don't mind sending for uhm]
 960 [(J puts her hand in front of her mouth)]
 961 P _____
 P [(0.7) marriage and ↑death certificates if I know]
 962 [(J puts her hand in front of her mouth)]
 963 P _____
 964 P where to find [↑them]
 J [mm.]
 965 [(J scratches her head)]
 [(1.8)]
 [(J scratches
 her head)]
 966 P _____
 967 P _____
 968 P _____
 969 P [he's even- he's ↑got (0.5) this miss Francis
 970 J [..X _____]
 971 P _____
 972 P Gregory says she's find- (0.6) found died age
 973 J _____
 974 P _____
 P [seventy in Bolton]
 975 [(P touches her face)]
 976 J _____
 977 J _____
 [(1.2)]
 [(P touches
 her face)]
 978 P _____
 979 P _____
 980 P _____
 P [he's got uhm (.) a date for that]
 981 [(P touches her face)]
 982 J _____
 983 J _____
 00:17:00 984 (3.2)
 985 P _____
 986 P _____
 987 P [I suppose] I could ↑send for a (1.0)
 988 J _____,,,,,,,,,,
 989 J [mm.]
 990 J ''''
 991 J ye:s.
 992 P _____
 993 P _____
 994 P I don't think Francis Griffiths is a terribly common
 995 P _____
 996 P name but °t'hassle that°
 997 (2.8)
 998 P _____
 999 P _____
 1000 P I don't mean Francis [Griffiths]
 1001 J [.....X _____]
 1002 J [no I] ↑wouldn't think
 1003 P _____
 1004 J _____
 1005 J [it was common.]
 1006 P _____

1007 P [Francis Tatten]
 1008 J _____
 1009 (0.9)
 1010 P _____
 1011 J _____
 1012 J yeah
 1013 P _____
 1014 P _____
 1015 P I don't think it's a very common
 1016 J _____
 1017 J [no I wouldn't think] [it wa:s]
 [(bell sounds)]
 1018 P _____
 1019 P [yea:h]
 1020 P _____
 1021 P [no: Francis Tatton.]
 [(bell sounds)]
 1022 J _____
 J [uh.]
 [(bell sounds)]
 1023 J _____
 1024 P [(4.7)]
 [(bell sounds)]
 1025 P _____
 1026 P _____
 1027 P _____
 1028 P no it was on the whole (0.4) sort of with
 1029 P _____
 1030 P the names on it.
 1031 (0.3)
 1032 P _____
 1033 J [...X _____]
 1034 J [it makes it territorial ↑would it
 1035 P _____
 1036 P _____
 00:17:30 1037 P (0.3) yes (0.1) her (tadmonks) used to be a
 1038 J _____
 1039 P _____
 1040 P Yorkshire man
 1041 J _____
 1042 J _____
 1043 (0.5)
 1044 P _____
 1045 J _____
 1046 J ↑hmm mm.
 1047 P _____
 [(1.7)]
 1048 [(J nods)]
 1049 P _____
 1050 J yes.
 1051 P _____
 1052 (2.3)
 1053 P _____
 1054 P _____
 1055 P yeah.
 1056 (1.2)
 1057 P _____
 1058 P _____
 1059 P [perhaps I'll send (1.2) [to: (1.5) Southport]
 [(P touches her face)]
 1060 J [..X _____]

1061 P _____
P [(2.1) or well I could send it to ↑Bolton couldn't]
 1062 [((P touches her face))]
 1063 J _____
 1064 P _____
P [I if he died in Bolton]
 1065 [((P touches her face))]
 1066 J _____
 1067 J _____
 [(0.3)]
 [((P touches
 her face))]
 1068
 1069 P _____
 1070 J _____
J [well I was going to say he's [been to i:]
 1071 [((P touches her face))]
 1072 P _____
 1073 **P** _____ [not as ex↑tensive]
 1074 P _____
 1075 **P** as that
 1076 (0.2)
 1077 P _____
 1078 **J** and his hope- was his terribly expense [for it]
 1079 P _____
 1080 **P** _____ [yeah.]
 1081 (1.8)
 1082 P _____
 1083 **J** t'is
 1084 P _____
 1085 (0.7)
 1086 P _____
 1087 P _____
 1088 **P** mm.
 00:18:00 1089 (2.0)
 1090 P _____
 1091 P _____
 1092 **P** I've [forgotten that
 1093 J [...X_____
 1094 J _____
 1095 (0.8)
 1096 P _____
 1097 P _____
P [how you send for more info to do with it]
 1098 [((P touches her face))]
 1099 J _____
 1100 J _____
 [(0.4)]
 [((P touches
 her face))]
 1101
 1102 P _____
 1103 J _____
J [so long since I did it.]
 1104 [((P touches her face))]
 1105 P _____
 1106 (3.2)
 1107 P _____
 00:18:10 **J** [I think that we'd have the wrong basefoots=
 1108 [((P touches her face))]
 1109 P _____
 1110 P _____

00:18:15 1111 P =well y- you (0.8) you do a send with all
1112 P _____
1113 P the information
1114 (1.4)
1115 P _____

Subject:
Ray

Transcript number:
RAY 1008.1

Information on the participants:

Ray (R) is the participant with presbycusis and P is the conversation partner. R is having a conversation with his partner (P) in their living room.

Nature of difficulties:

R has presbycusis. He is having a conversation BEFORE amplification of hearing.

Sample date:

16 April 2005

Length of transcribed sample:

10 minutes 0 seconds

Counter time starts:

00:00:00

Counter time ends:

00:10:00

Name of transcriber:

Corné-Louise Bredenkamp

Counter time	m	Line	S	Talk	Notes
	a		p		
	r		e		
	k		a		
	e		k		
	r		e		
00:00:00		1	L	just-	
		2	P	(one)	
		3	L	[carry on.	
		4	R	[._____	
		5	L	[just-	
		6	R	__,	
		7	P	[.____,	
		8	P	__,	
		9	P	[hu. hu hu] hu hu. (laughing)	
		10	R	[._____	
		11	R	[hu hu hu] (laughing)	
		12	L	I've just started it now. š.h: okayš	
		13	R	_____,,,,,,	
		14	P	[..X_____	
		15	P	[quite a quiet couple really are we	
		16	R	[._____	
		17	P	_____,,,,,,	
		18	P	we don't uh	
		19	R	_____,,,,,,	
		20	R	we don't talk [no_it's terrible isn't it? but uhmm]	
		21	P	[._____	
		22	P	[no we hehe don't]	

	23	P	_____,""	
	24	P	we just- [go round with each other]	
	25	R	[going back out]	
	26	R	[.._____,""	
	27	R	[that's right ↑yeah, yeah n-ohh .hhm	
	28	R	[got (practical) something we [↑talking about]	
	29	P	[....._____,""	
	30	P	[Uh hu hu]	
	31	P	[._____	
	32	P	[mmm.	001
	33	R	uhh,	001
	34	P	_____	001
	35	P	_____ [X_____	001
	36	P	I [was just thinking of uhm: [Alan and- Joyce	001
	37	R	[X_____	001
	38	P	_____	001
	39	P	house.	001
	40	R	_____	001
	41	R	_____	001
	42		(0.6)	001
	43	P	_____	001
	44	P	_____	001
00:00:30	45	P	[last week]	001
	46	R	_____	001
	47	R	_____	001
	48	R	[think of who?]	001
	49	P	_____	001
	50	P	_____	001
	51	P	Alan and Joyce <u>House</u> last week?	001
	52	R	_____	001
	53	R	_____	001
	54	R	[↑ohh: ↓yeah yeah I remeber it last week]	001
	55	P	_____,""	001
	56	P	[(inaudible utterance)]	001
	57	R	_____	001
	58	R	_____,""	001
	59	R	Yeah yeah.	001
	60		(0.8)	001
	61	R	allright yeah.	001
	62		(0.8)	
	63	R	[it uhm	
	64	P	[.._____	
	65	P	_____	
	66		(1.6)	
	67	P	_____	
	68	P	would like [bigger rooms wouldn't they?	
	69	R	[..X_____	
	70	P	_____,"" [X_____	
	71	P	like that. would [be nice to have bigger rooms.	
	72	R	_____	
	73	R	_____	
	74		(0.7)	
	75	P	_____	
	76	R	_____	
	77	R	I'd like the- (0.7) <u>bigger</u> room.	
	78	P	_____	
	79	P	_____	
	80	P	↑yeah=	
	81	R	_____	
	82	R	_____	

83 **R** =yes
 84 **P** _____
 85 **R** _____
 86 **R** [yeah]
 87 **P** _____
 88 **P** [yeah]
 89 **R** _____''''
 90 **R** that sounds- (0.1) ↑better now 002
 91 **P** _____ 002
 92 (0.2) 002
 93 **P** _____ 002
 94 **P** _____'''' 002
 95 **P** ↓yea:h 002
 96 (0.4) 002
 97 **P** not far from work [for him 002
 98 **R** [.X_____ 002
 99 **R** _____ 002
 100 (0.7) 002
 101 **R** _____ 002
 102 **R** [he'll be (there swept project lisa on) 002
 103 **P** [.X_____ 002
 104 **R** _____ 002
 105 (0.7) 002
 106 **P** _____ 002
 107 **R** _____'' 002
 108 **R** yeah (0.6) yeah helping 002
 109 **P** _____'''' 002
 110 (0.6) 002
 111 **P** [.._____ 002
 112 **P** [committed to it if he doesn't help us 002
 113 **R** [...X_____ 002
 114 **P** _____ 002
 115 (0.4) 002
 116 **R** _____ 002
 117 **R** _____ 002
 118 **R** what was that? 002
 119 **P** _____ 002
 120 **P** _____ 002
 121 **P** BOB HAD COMMITTED TO IT 002
 122 **R** _____ 002
 123 **P** _____ 002
 124 (0.3) 002
 125 **R** _____ 002
 126 **R** _____ 002
 127 **R** COMMITTED [to it.] 002
 128 **P** _____ 002
 129 **P** [yes] 002
 130 **R** _____ 002
 131 **R** yeah [yeah that's right] 002
 132 **P** _____ 002
 133 **P** [yes I have] 002
 134 **P** _____ 002
 135 **P** yeah 002
 136 **R** _____ 002
 137 **R** _____'''' 002
 138 **R** yeah. (it had us) 002
 139 **P** _____'''' 002
 140 (0.8) 002
 141 **R** [.X_____ 002
 142 **R** [but [it needs that doesn't it because of-

00:01:00

143 P [.._____

144 P _____

145 (0.2)

146 R _____

147 P _____

148 P he has no good one

149 R _,'''''

150 R [..X_____

151 R no good one doing it [now he's getting fed up.

152 P _____

153 P _____

154 (0.3)

155 R _____

156 P ''''

157 P yeah

158 R _____

159 R _____

160 R [when you're halfway through because

161 P [..X_____

162 R _,'''

163 R uhm, (1.1) there's a- a lot more to be done

164 P _____,'''''''

165 (0.6)

166 P yeah

167 R [.._____

168 R [needed that money [to do it ↑to

169 P [..X_____

170 P _____

171 (0.5)

172 R _____

173 P _,'''''''''

174 P oh yes

175 R _,'''

176 (0.7)

177 P [.._____

178 P well [I suppose if [he's retired (0.7) he

179 R [..X_____

180 R _____,'''''

181 R [we:ll they're] both retired uhn

182 P _____

183 P [nothing]

184 R that [for this kind of thing ↑yeah]

185 P _____,'''''''''

186 P [from social services]

187 P put together

188 (0.6)

189 R [.._____

00:01:30 190 R then the parents will worry no more [won't they?

191 P no:

192 R _____

193 (1.9)

194 R ''''

195 P [..X_____

196 P join us as a [family that's the only thing

197 R [.._____

198 P _____

199 (0.4)

200 R _____

201 R _____

202 R this- ↑yea:h ↓yea:h .hh

	203	P	_____	
	204	R	_____	
	205	R	she missess the family	
	206	P	_____	
	207	P	_,,,,,,	
	208	P	yeah	
	209	R	____,	
	210	R	,,,	
	211	R	yea:h.	
	212		(0.9)	
	213	R	ye:s I think	
	214		(1.5)	
	215	P	we'll [see]	
	216	R	[but] uhm	
	217		(2.4)	
	218	R	but uhm=	
	219	P	[.._____],,,,,,	
	220	P	=at least [they're able to come back now and	2
	221	R	[..X_____]	2
	222	P	again aren't they?	2
	223	R	_____	2
	224	R	_____	2
	225		(1.3)	2
	226	R	_____	2
	227	R	[what was that?]	2
			[((R turns head to right))]	
	228	P	[..X_____]	2
	229	P	[they were able to come <u>back</u> .	2
	230	R	_____	2
	231	R	_____	2
	232	R	oh yeah they were able able to come	2
	233	P	_____	2
	234	R	_____,,,,,,	2
	235	R	<u>back</u> . yeah ye:ah	2
	236	P	_____	2
	237	P	_____	2
	238	P	uhm <u>Francis</u> had [uhm (0.8) preferred this	2
	239	R	[..X_____]	2
	240	P	_____	2
	241	P	this place away in we have a visit	
	242	R	_____	
	243	R	_,,,,,,	
	244	R	<u>no</u> : no	
	245	P	____,	
	246	P	[.._____]	
00:02:00	247	P	[it's only an hour away isn't it	
	248	R	well that's right. he'll soon fly across	
	249	P	_____,,,,,,	
	250		[(1.1) _____]	
			[((P and R look at the cat))]	
	251	R	[..X____, [.._____]	
	252	R	she's not- [not been [quite so bad <u>then</u> has [she?	
	253	P	[.._____],,,,,,	
	254	R	_____	
	255		(0.6)	
	256	P	no	
	257	R	,,,	
	258	R	just a little bit but uhm=	
	259	P	=just a ↑little bit you still got ↑bad ↑toes yeah?	
	260	R	hm hm hm	

00:02:30

261 P .hh
 262 R Hmm
 263 P (architect)
 264 R a ha
 265 (0.6)
 266 R [..X_____]
 267 R she that's what [she- (0.3) [just- (0.6)
 268 P [.._____]
 269 R ,,,, [..X_____]
 270 R don't jump [sometimes if quicker
 271 P _____,,,,
 272 R _____,,,,
 273 R [than she is]
 274 P [..X_____],,
 275 P [no [she's] thinkin' about it a bit more.
 276 R yea:h
 277 (1.0)
 278 P hardly ever thinkin' about it
 279 (0.9)
 280 R mm hmm
 281 (2.1)
 282 R [I know] when he come in there d'look us
 283 P [great]
 284 (1.1)
 285 R (un there's Lom) [comin' in to have a loo:k,
 286 P [.._____]
 287 R [uhhh uhh uhh uh [UH UH UH]
 [((R coughs for 3.0 seconds
 R and P look at cat))]
 288 P ,,,, [.._____]
 289 (1.1)
 290 P _____
 291 P _____
 292 P [wonderin' what it's all ab↑out
 293 R [..X_____]
 294 R _____
 295 R hmm yea:h.
 296 P _____,,,,,,
 297 (0.6)
 298 P ohw
 299 (0.8)
 300 P [.._____]
 301 P the lady [out there [didn't] finish
 302 R [didn't work]
 303 P _____,,,, [.._____]
 304 P [with them .hh] not [with the [children
 305 R [..X_____]
 306 R [couldn't work- she said]
 307 P _____ 003
 308 P our lady did she 003
 309 R _____ 003
 310 R _____,,,, 003
 311 R no, no hard feelings no, 003
 312 P _____,,,,,, 003
 313 (1.2) 003
 314 P [.._____],,
 315 P [prefers [men really [don't you 003
 316 R [..X_____],,,, [..X_____ 003
 317 R _____ 003
 318 R [what [was that?] 003

		(((R turns his head to his left)))	
	319	P [..X_____	003
	320	P _____	003
	321	P [it's a man's cat really.]	003
		(((R keeps head turned to his left)))	
	322	R _____	003
	323	R _____,"	003
	324	R a man's cat, yeah yeah.	003
	325	P _____,"""""	003
	326	(1.1)	003
	327	P not Sophie Sophie's [anyone's cat	003
	328	R [.._____	003
	329	R _____	003
	330	(0.6)	003
	331	P _____	003
	332	R _____	003
	333	R I like you	003
	334	P _____	003
	335	R _____	003
	336	[(1.0)	003
	337	P [..X__	003
	338	R _____	003
	339	R not anyone ah	003
	340	P _,""	003
	341	R _____	003
	342	(0.6)	003
	343	R _,""	003
	344	R hm [hm hm] hm	003
	345	P [°yeah°]	
00:03:00	346	(1.3)	
	347	R but uhm	
	348	[(3.0 -----)	
	349	P [.._____,"""	
	350	R I didn't know there'd [be uhh	
	351	P [.._____	
	352	R [..X__	
	353	[(2.8)	
	354	P _____	
	355	R _____	
	356	R it's a job to think of things to ↑↓say	
	357	P _____	
	358	P _____	
	359	P uh hu hu hu hu hu hu [it's about time	
	360	R _____,""" [..X_____	
	361	P _____	
	362	P we start speaking to each other don't we	
	363	R _____,""""	
	364	R [he he he he he]	
	365	P _____	
	366	P [hu hu hu hu hu]	
	367	R uhm (0.5) ↑yeah	
	368	P _____	
	369	(0.5)	
	370	P _____	
	371	R [that we were]	004
	372	P _____	004
	373	P [that we were] .hh	004
	374	P _____	004
	375	P we don't [have awkward silences it just	004
	376	R [..X_____	004

00:03:30

377 R _____ 004
 378 R [we do what? _____] 004
 [((R turns head to his left))]
 379 P _____ 004
 380 P _____ 004
 381 P we don't have awkward silences, 004
 382 R _____ 004
 383 P _____ 004
 384 P [it's just _____] 004
 385 R _____ 004
 386 R [oh no we don't] have awkward silences 004
 387 P _____ 004
 388 P _____,,",","," 004
 389 P companiable silences 004
 390 R _____ 004
 391 R _____,,",","," 004
 392 R yea:h but manageable 004
 393 P manageable.= 004
 394 R =that's right hu hu 004
 395 P [.._____] 004
 396 P [no I said [companiable (.)] 004
 397 R [..X_____] 004
 398 P _____ 004
 399 P com[pani a ble _____] 004
 400 R _____,,",","," 004
 401 R [companiable] what was that 004
 402 P _____ 004
 403 R yea:h that's right. _____ 004
 404 P _____,,",","," 004
 405 P hu hu .hhh 004
 406 (0.4)
 407 R it uhm [.hmm 004
 408 P [..... 004
 409 (2.3)
 410 P _____ 004
 411 R [..X_____] 004
 412 R been be- [it's been allright havin' her 004
 413 P _____ 004
 414 R _____ 004
 415 R coming when we were in that car 004
 416 P _____ 004
 417 R _____ 004
 418 (0.7)
 419 P _____ 004
 420 R _____ 004
 421 R just after I dropped you innit 004
 422 P _____ 004
 423 P _____ 004
 424 P uh hu hu hu hu ↑hu 004
 425 R _____ 004
 426 P _____,,",","," 004
 427 P oh [that was just- _____] 004
 428 R _____,,",","," 004
 429 R [when you was gonna get out] 004
 430 R uh [hu hu hu hu hu] 004
 431 P [uh hh yes _____] 004
 432 P [↑an old day _____] 004
 433 R [.._____] 004
 434 R [hu hu [hu hu] 004
 435 P [..X_____],," 004

00:04:00

436 P well it's- (0.4) it's a [bit hairy wasn't it
 437 R _____,""
 438 R (0.5) well [it seemed to be for you more than ↑me
 439 P [.._____,,""
 440 (0.8)
 441 P [.._____,,""
 442 P I know [but you couldn't see- (0.6)
 443 R [..X_____,,""
 444 P _____,""
 445 P the cars on my side of the road ↑could you
 446 (0.5)
 447 R no: not so much it's true
 448 (0.9)
 449 P [.._____,,""
 450 P I think you were [so concentrating on (0.6)
 451 P _____
 452 P driving along the- (0.4) the road
 453 P _____
 454 P that weren't- (0.5) sure about-
 455 P _____
 456 P (0.8) the cars on the right hand side
 457 P _____
 458 P ↑were you
 459 P _____,""
 460 P the the the [parked]
 461 R [.._____,,""
 462 R [the the] they uhm
 463 R _____
 464 (1.4)
 465 R _____
 466 R they [they were getting' a bit close I
 467 P [..X_____,,""
 468 R _____
 469 R though at times an of course >I think we
 470 P _____
 471 R _____
 472 R were all a bit closer then< wouldn't it
 473 P _____
 474 P _____
 475 (1.0)
 476 R _,""
 477 P _,"" [.._____,,""
 478 P mmm: [yeah but you-] you were gettin' 005
 479 R [I thought so] 005
 480 P _____ 005
 481 P too close the: uhm to the other side 005
 482 R mmm yea:h 005
 483 P _____ 005
 484 P _____
 485 P you were driving along the gutter 005
 486 P _____ 005
 487 P quite often 005
 488 P _____ 005
 489 (0.5) 005
 490 R [..X_____,,"" 005
 491 R [he was what?] 005
 [((R turns his head
 to his right))]
 492 P _____ 005
 493 P _____ 005

	494	P	you were driving- driving along the gutter	005
	495	R	_____	005
	496	P	_____	005
	497	P	(0.6) quite often=	005
	498	R	_____	005
	499	R	_____	005
	500	R	=well that's what you said it didn't appear	005
	501	P	_____	005
	502	R	_____	005
	503	R	to be you know what I mean	005
	504	P	_____	005
	505	R	_____	005
	506	R	but uhmm	005
	507	P	_____	005
	508	P	_____	005
00:04:30	509	P	hmm well it's because there's a lot of	005
	510	R	_____	005
	511	P	_____ [.._____]	005
	512	P	(0.7) grit [there wasn't [there	005
	513	R	well there was yeah. (0.2) that's true	005
	514	P	_____	005
	515	P	_____	005
	516	P	we could here the [grit on the wheels then	005
	517	R	[..X_____]	005
	518	R	_____,,,,,,	005
	519	R	yea:h yeah.	005
	520	P	_____	005
	521	P	_____	
	522		(0.9)	
	523	P	_____	
	524	P	and the grid was mostly in the gutter wasn't it	
	525	R	(0.7) [uh huh] [((R clears throat))]	
	526	P	_____	
	527	P	_____	
	528		(1.4)	
	529	R	when I went [hmmhh] [((R clears throat))]	
	530	P	_____	
	531	P	_____	
	532		(0.8)	
	533	R	[..X_____]	
	534	R	[I couldn't look at that mirror so I can reconed	
	535	P	_____	
	536	R	_____,,,,,, [..X_____]	
	537	R	take me eyes [of the road part of tryin' to	
	538	P	_____	
	539	R	_____,,,,,, [..X_____]	
	540	R	concentrate on [with the car that I got	
	541	P	_____	
	542	R	_____	
	543	R	[I hope]	
	544	P	_____	
	545	P	[mm yeah.]	
	546	R	_____,,,,,,	006
	547	R	uhm we've [got them]	006
	548	P	_____,,,,,,	006
	549	P	[we weren't] used to them	006
	550		(0.5)	006
	551	P	[.._____]	006

	552	P	drivin' on that side of the road [o- over the (0.6)	006
	553	R	[.._____]	006
	554	R	[uh what do you want?] [((R turns head to his right))]	006
	555	P	_____	006
	556	P	_____	006
	557	P	[you weren't used to driving on that [side] [((R keeps head turned to the right))]	006
	558	R	_____	006
	559	R	_____ [no.]	006
	560	P	_____	006
	561	P	[of the road= _____] [((R keeps head turned to the right))]	006
	562	R	_____	006
	563	R	_____	006
	564	R	[=no that's right] [((R keeps head turned to the right))]	006
	565	P	_____	006
	566	P	_____	006
	567	P	[or the ↑man↓ual car] [((R keeps head turned to the right))]	006
	568	R	_____	006
	569	R	_____	006
00:05:00	570	R	[yeah yeah [th-uh that's right] [((R keeps head turned to the right))]	006
	571	P	_____	006
	572	P	[with the- _____]	006
	573	P	_____	006
	574	P	[with the gear stickin' in- on the right] [((R keeps head turned to the right))]	006
	575	R	_____	006
	576	P	_____	006
	577	P	[hand side of you. _____] [((R keeps head turned to the right))]	006
	578	R	_____	006
	579	R	_____	
	580	R	yeah yeah that's it yeah yeah	
	581	P	_____	
	582	P	_____	
	583	P	(0.2)	
	584	P	_____	
	585	P	'cos	
	586	P	_____	
	587	P	(0.2)	
	588	R	[..X_____]	
	589	R	[yeah you were talkin' from that side as well,	
	590	P	_____	
	591	P	_____	
	592	P	(0.5)	
	593	R	_____	
	594	P	_____	
	595	P	yeah. that's the	
	596	R	_____	
	597	P	_____	
	598	P	[side you can't hear anything from]	
	599	R	_____ [..X_____]	
	600	R	[I was used to you talking from] [that side	
	601	P	_____	
	602	P	_____	

603 P yeah and you can hear a bit better that side
 604 R _____
 605 R _____
 606 R I suppose so yeah'r more ↑used to it
 607 P _____
 608 P _____
 609 (0.2)
 610 R _____
 611 P _____,''''
 612 P mm: I hope so
 613 R _____
 614 (0.2)
 615 R _____
 616 R _____,''''''
 617 R i:t might made a difference
 618 (0.3)
 619 P ↑might have done.
 620 R [...X
 621 R yeah I [sh-]
 622 P [.._____
 623 P [Go-] go by sea next time we can
 624 R _____
 625 P _____
 626 P take the ↑car for this
 627 R _____
 628 P _____
 629 (1.1)
 630 R _____
 631 R __, [..X_____
 632 R well yea:h [that's ri:ght h-l'm glad she's a little
 633 P _____
 634 R _____
 00:05:30 635 R thin hu .hh hu hu hu [that it's a choice] between
 636 P _____,''''''
 637 P [šwhat'sš]
 638 R ,, [.....X_____
 639 R on [that side [hanging and sitting on that side
 640 P [..X_____,
 641 (1.1)
 642 P [.._____
 643 P [yeah,
 644 R [..X_____,
 645 P _____
 646 (0.3)
 647 R yeah
 648 P _____
 649 P ,, [.._____, [.._____
 650 P but (0.6) [at ↑least you'll- [you'll [know the ca:r.
 651 R [...X_____
 652 P _____
 653 P won't you
 654 R _____
 655 P _____
 656 (0.2)
 657 R _____
 658 R __,''''
 659 R I >already< know the ca:r it is true.
 660 P _____,''''''
 661 P I could tape

662 R _____ [.._____]
 663 R [but I was getting [↑used to that car by the
 664 P [.._____]
 665 R _____
 666 R time you finished
 667 P _____
 668 P _____
 669 P ↑no it was very good really ↑wasn't it.
 670 R _____
 671 R __,'''
 672 R yea:h I got- I got used to it then
 673 P _____,''''''''
 674 (1.1)
 675 R _____ [..X _____]
 676 R we were just [uhm (2.2) been [drivin' about in
 677 P [.._____]
 678 R _____
 679 R it wasn't it more or less not so much the car
 680 P _____,'''
 681 R _____
 682 R [wasn't thinkin' so much about the car
 683 P [...X _____]
 684 R _____
 685 R no it was a lot of drivin'
 686 P _____
 687 R __,'''
 688 P no yes
 689 P _____,'''
 690 R šuhhš 007
 691 P no it's a nice little car 007
 692 R [↑yea:h 007
 693 P [.._____ 007
 694 P _____ 007
 00:06:00 695 P it's- it's bigger than- that- Yaris that 007
 696 P _____ 007
 697 P we saw yesterday 007
 698 R [.._____ 007
 699 R [it was what?] 007
 [((R turns his head
 to the right))]
 700 P _____ 007
 701 P _____ 007
 702 P [bigger that the- the Yaris (.) we saw yesterday] 007
 [((R keeps head turned to the right))]
 703 R _____ 007
 704 R _____ 007
 705 R [oh yea:h seen the view didn't it] 007
 [((R keeps head turned to the right))]
 706 P _____ 007
 707 P _____ 007
 708 P [uhh] 007
 [((R keeps head
 turned to the right))]
 709 R _____ 007
 710 R _____
 711 R [uhh the four doors] 007
 [((R keeps head
 turned to the right))]
 712 P [..X _____
 713 P [yeah was that four doors but that]

714 R [((R keeps head turned to the right))]
 715 P _____
 716 P [one when we had ↑two didn't it]
 [((R keeps head turned to the right))]
 717 R _____
 718 R _____
 719 R [that's right yea:h were] it made any difference
 [((R keeps head
 turned to the right))]
 720 P _____
 721 R [.._____]
 722 R to the ↑size but uhm (0.9) [it would certainly
 723 P _____,X_____
 724 R _____
 725 R made a difference in rep↑airing people
 726 P _____
 727 R _____
 728 R you know [they] will keep getting out
 729 P _____
 730 P [yea:h]
 731 R [.._____]
 732 R [more that their [share]
 733 P _____
 734 P [we uhm]
 735 P _____
 736 (0.8)
 737 R _____
 738 P _____
 739 P we never had to- worry about the back seat
 740 R _____
 741 P _____
 742 P really
 743 R _____
 744 R _____
 745 R [no [↑no] no we didn't no
 746 P [...X_____
 747 P [we just]
 748 P _____
 749 P put- put on the shopping on it didn't we
 750 R [that's] right yeah yeah
 751 P _____
 752 P [mark]
 753 R [.._____] 008
 754 R [not [yet down the] 008
 755 P [.._____] 008
 756 P [not [since supermarket] 008
 757 P _____ 008
 758 (1.3) 008
 759 R _____ 008
 760 R _____ 008
 761 R [what was that] 008
 [((R turns head
 to his right))]
 762 P _____ 008
 763 P _____ 008
 764 P .hh when we went to the supermarket 008
 765 R _____ 008
 766 R _____,X_____ 008
 767 R yeah yeah that's right 008

00:06:30

768	P	_____	008
769	P	_____	008
770	P	(that's a goo:d (0.4) [↑place])	008
771	R	[yeah]	008
772	P	_____	008
773		(0.4)	008
774	P	_____	008
775	P	it was nice [wasn't it that soup room	008
776	R	[...X_____	008
777	R	_____	008
778	R	yeah he he he he	008
779	P	_____	008
780	P	_____	008
781	P	uh uh when we couldn't understand	008
782	R	_____,",,,,,"	008
783	P	_____,",,,,," [.._____	
784	P	the labels on the- [on the] things [hu hu hu	
785	R	[hu hu]	
786	R	yeah.	
787	P	_____	
788	P	_____	
789		(0.9)	
790	R	[.....X_____	
791	R	[hu hu hu hu]	
792	P	_____	
793	P	[hu hu hu hu]	
794	R	_____	
795	R	and what she's trackin' ↑on about when	
796	P	_____	
797	R	_____	
798	R	she's on about. .hh you should have	
799	P	_____	
800	R	_____	
801	R	been in that queue,	
802	P	_____	
803	P	_____	
804		(1.0)	
805	R	_____	
806	P	_____,",,,,,"	
807	P	o:h ye:s that wa- that was that was uh the	
808	R	_____	
809	P	[..X____,,	
810	P	o:ther one [wasn't it	
811	R	_____	
812	R	_____	
813	R	oh ↑yea:h yeah.	
814	P	[...X_____	
815	P	[when we didn't even know that she was saying	
816	R	_____	
817	P	_____	
818	P	we were- we were in the wrong queue	
819	R	_____	
820	P	_____,",,,,,"	
821	P	she was just .h [nattering to us wasn't she]	
822	R	_____,",,,,,"	
823	R	[yea:h:]	
824	R	I didn't know [what she was on ↑about	
825	P	[..._____,",,,,,"	
826		(0.7)	
827	P	šyeahš	

00:07:00

828 R it uhm-
 829 P [...X_____]
 830 P [we we [we moan at people that do that
 831 R [..._____]
 832 P _____,,,,,,
 833 P here ↑don't we
 834 R _____
 835 R _____,,,,,,
 836 R tha:t's right yeah
 837 (0.2) 009
 838 R hmm= 009
 839 P =and then when they're .hh 009
 840 P in the [queue _____] for ten 009
 841 R [(>have they got<)] 009
 842 P [..._____]
 P people [hu hu hu [hu hu _____] hu] 009
 [((R turns his head
 to his right))]
 843
 844 R [...X_____] 009
 845 R [hmm ↑hmm] 009
 846 P _____ 009
 P [in the queue for ten it↑ems] 009
 [((R keeps head turned to his right))]
 847
 848 R _____ 009
 849 R _____ 009
 R [↑tha:t's ↓right ↑yeah]
 [((R keeps head turned to his right))]
 850
 851 P _____
 852 R _____
 853 R I [I've ↑got-]
 854 P _____
 P [and then] we go there with a trolley]
 [((R keeps head turned to his right))]
 855
 856 R _____
 857 P _____
 P [full of stuff _____]
 [((R keeps head
 turned to his right))]
 858
 859 R _____
 860 R _____,,"
 R [that's right [uh huh _____]]
 [((R keeps head turned to his right))]
 861
 862 P _____,,",,,,,
 P [hu hu _____] hu]
 [((crunching noise in background,
 P to look to direction of noise))]
 863
 864 R [...X_____]
 865 R I [got what she meant when she picked up
 866 P [..._____]
 867 R _____
 868 R that (0.6) thing of carrots uh
 869 P _____
 870 R _____
 871 R [we hadn't weighed it .hh _____] [and that's
 872 P _____,,",,,,,
 [.....X_____]
 873 P [oh yes we went down at once]
 874 R _____
 875 R not typical of a (0.2) or she couldn't just
 876 P _____
 877 R _____

00:07:30

878 **R** turn round like ↑here uhn but off
 879 **P** _____
 880 **P** _____
 881 (0.4)
 882 **R** _____
 883 **R** _____
 884 **R** [we uhh]
 885 **P** _____
 886 **P** [no] or asked somebody to come
 887 **R** _____
 888 **P** _____
 889 **P** over and weigh it for us
 890 **R** _____
 891 **R** _____
 892 **R** ↑yea:h that's right [↑yeah]
 893 **P** _____
 894 **P** [no]
 895 **P** _____
 896 **P** we just had to go with↑ou:t it.
 897 **R** _____
 898 **R** _____
 899 **R** (just had to- just had to put it down ain't she)
 900 **P** _____
 901 **P** _____
 902 **P** ↑ye↓ah
 903 **R** _____
 904 **R** _____
 905 **R** that's ↑your fault unlucky
 906 **P** _____
 907 **P** _____
 908 **P** ↑mm↓mm
 909 (0.9)
 910 **R** [yea:h]
 911 **P** [.._____
 912 **P** [(she up)] [I don't think she was very
 913 **P** _____
 914 **P** happy with us.
 915 **R** [no:
 916 **P** [.._____
 917 (0.3)
 918 **R** [.._____,,,,,,
 919 **R** no [not very happy at all not yeah
 920 **P** [.._____
 921 **P** no [but there was ↑nobody behind us and-
 922 **R** [...X_____
 923 **P** _____
 924 **P** (0.2) we weren't holding anybody up were we
 925 **R** _____
 926 **P** _____
 927 (0.6)
 928 **R** _____
 929 **R** _____
 930 **R** no: there was towards the end a couple
 931 **P** _____
 932 **R** _____
 933 **R** who come wasn't there
 934 **P** _____
 935 **P** _____
 936 **P** was there? [I didn't know]
 937 **R** _____

938 **R** [Yea:h] yea:h
 939 **P** ''''''
 940 **R** _____, ''''''
 941 **R** towards the end there
 942 **P** [.. _____]
 943 **P** .hh [I was [too- too worried _____]
 944 **R** [..X _____]
 945 **R** [nice [couple I think they was thinking]
 946 **P** _____
 [(0.5) _____]
 947 [((R turns head to his right))]
 948 **R** _____
 949 **P** _____
P [I was too worried about her attitude ↑really]
 950 [((R keeps head turned to his right) _____]
 951 **R** _____
 952 **R** _____
 00:08:00 **R** [yeah he he he he] [ehhh]
 [((R keeps head
 953 turned to his right))]
 954 **P** _____, ''''''
 955 **P** [hu]
 956 (0.9)
 957 **R** [.. _____]
 958 **R** I think [they were [putting it down and thinking
 959 **P** [..X _____]
 960 **R** ____, [..X _____]
 961 **R** oh [they more the English like tha-
 962 **P** _____
 963 **R** _____
 964 **R** [hu hu hu and that] [hu hu hu hu hu hu
 965 **P** _____, '''''' [..X _____, ''''''
 966 **P** [hu hu hu hu]
 967 **R** ''''''
 968 **R** [.hh]
 969 **P** [.hh] huh .hh
 970 **R** [.. _____]
 971 **R** [(like what been) happening [when he came
 972 **P** [..X _____]
 973 **R** _____
 974 **R** up and were still on that
 975 **P** _____
 976 **P** _____
 977 (1.3)
 978 **R** _____
 979 **R** _____, ''''''
 980 **R** what you got on the nights
 981 **P** _____
 982 **P** _____, ''''''
 983 **P** yea:h.
 984 (0.4)
 985 **R** [... _____]
 986 **R** [uh he [he's seen it from- quite a bit-
 987 **P** [..X _____]
 988 **R** _____
 989 **R** (0.2) puffy like that I mean
 990 **P** _____
 991 **R** _____, ''''''
 992 **R** [wondering] the dandy's dragged the
 993 **P** _____

994 P _____
 995 P [yeah and then]
 996 R cattles through the window I didn't have a
 997 P _____
 998 R [...X_____]
 999 R clue [what he was on about.
 1000 P _____
 1001 P _____
 1002 P you know [when he realised we were English]
 1003 R _____
 1004 R [(what get a couple right)]
 1005 P _____
 1006 P he was allright [hu hu]
 1007 R _____
 1008 R [a:hw] [I guessed it was
 1009 P [.._____]
 1010 R about the light because haven't moved
 1011 P _____
 1012 P _____
 00:08:30 1013 (0.9)
 R [gh gh]
 1014 [((R clears throat))
 1015 P _____
 1016 P _____
 1017 (0.5)
 1018 P _____
 1019 P [I thought he was telling us we should have
 1020 R [..x_____]
 1021 P _____
 1022 P gone on the red ↑light
 1023 R _____
 1024 P _____
 1025 (0.3)
 1026 R _____
 1027 R _____
 1028 R yea:h it wasn't [yeah]
 1029 P _____
 1030 P [It wasn't] [was it
 1031 R [..X_____
 1032 P _____
 1033 P it was just that [uh]
 1034 R _____
 R [no] no] he was trying to tell
 [((R shakes
 his head))]
 1035 _____
 1036 P _____
 1037 R [..X_____]
 1038 R us something .hh [move forward I]
 1039 P _____
 1040 P [we went out by the sense]
 1041 R _____
 1042 R think or or (0.9) w- we hadn't (0.3) touch
 1043 P _____
 1044 R _____ [.._____]
 1045 R the (1.0) the thing [to uhm
 1046 P _____
 1047 P _____
 1048 (0.7)
 1049 P _____
 1050 P [a sensor

1051 R [..X_____

1052 R _____''''''''

1053 R a sensor ↑yeah it's not working yeah

1054 P _____

1055 P _____

1056 (1.1)

1057 R [..X_____

1058 R anyway (0.3) he'd- he [shouldn't worked out

1059 P _____

1060 R _____

1061 R what he had done

1062 P _____

1063 P ''''''

1064 P šye:sš

1065 R _____

1066 R _____

1067 R hm hm hm hm

1068 R _____

1069 R [he got us out] didn't he

1070 P [..X_____

1071 P [we would still be]

1072 R _____

1073 R [really]

1074 P _____''''''''

1075 P [we would] still been there ↑now

1076 R _____''''''''

1077 R well we would've still uh been ↑there ↑yeah

1078 (0.4)

1079 P gh hu

1080 R hu hu hu

1081 P [..._____

1082 P [well I think we would've worked something

1083 P _____''''''''

1084 P out by then

1085 R ri:ght better then yeah

1086 P hmm mm

1087 R but if you were [on about as we starling .h

1088 P [..._____

1089 R [..X_____

1090 R [creep ↑forward (1.1) wasn't that

1091 P _____

1092 R _____

1093 R he been saying

1094 P _____

1095 P _____

1096 (0.3)

1097 R _____

1098 R _____

1099 R uhm creep forward [(.)] so as we
 [(P nods)]

1100 P _____

1101 R _____

1102 R crept forward I might have ↑gone

1103 P _____

1104 P _____

1105 P yes.

1106 R _____

1107 P _____

1108 (0.2)

1109 R _____

00:09:00

1110 R _____

1111 R to the centre that was

1112 P _____

1113 P _____

1114 (0.5)

1115 R _____

1116 P _____

1117 P well that's right yeah

1118 R _____

1119 R _____

1120 R in fact I thought I might have done it

1121 R ↑anyway.

1122 P [.._____

1123 P [↑hmm

1124 P _____

1125 (0.6)

1126 P _____

1127 P oh there was [a lot of traffic on that main

1128 R [...X_____

1129 P _____

P [road at the top]

[(R turns his

head to his right))]

1130

1131 R _____

1132 P _____

1133 (0.7)

1134 R _____

1135 R _____

1136 R yeah that's right yeah 010

1137 P _____ 010

1138 P _____ 010

1139 (0.9) 010

1140 R _____ 010

1141 P _____ [..X_____ 010

1142 P so uhm (0.5) [no you're [frightened to go 010

1143 R _____ [.._____ 010

1144 P _____ 010

1145 P ↑too far forward (0.2) in [case] 010

1146 R _____ 010

R [mm ↑hmm] 010

[(R turns his

head to his right))]

1147

1148 P _____ 010

1149 (0.5) 010

1150 R _____ 010

1151 P _____ 010

P [you were frightened to go too [far forward] 010

1152 [((R keeps head turned to his right))]

1153 R _____ 010

1154 R [yea:h that's right] 010

R [yeah cause that stuff was coming] 010

1155 [((R keeps his head turned to his right))]

1156 P _____ 010

1157 R _____ 010

00:09:30 R [round the ↑corner.] 010

[(R keeps his head

turned to the right))]

1158

1159 P _____ 010

1160 P _____ 010

1161 P that's ↑right [yeah I didn't] know how 010

1162 R _____,,",",","
 1163 R [↑yea:h yeah] 010
 1164 P much was [gonna come ↑round. 010
 1165 R [.._____ 010
 1166 R _____,,",","
 1167 R yea:h come round a bit quick
 1168 P mm.
 1169 R [.._____
 1170 R [that's why I [think what's in a lifetime
 1171 P [..X_____
 1172 R _____
 1173 R yeah you [know] what I mean
 1174 P _____
 1175 P [mm]
 1176 R __,,"," [..X_____
 1177 R cause they've seen me [.hh coming round
 1178 P _____
 1179 R _____
 1180 R the corner a bit quick=
 1181 P _____
 1182 P _____
 1183 P =the road was a bit narrow
 1184 R _____
 1185 P _____
 1186 (0.2)
 1187 R _____,
 1188 R ,,","
 1189 R [yeah]
 1190 P ,,",",",","
 1191 P [but] uhm
 1192 R mm.
 1193 (1.8)
 1194 R .hh
 1195 (0.4)
 1196 R yeah
 1197 (0.5)
 1198 R but uhm=
 1199 P [..X_____
 1200 P =we didn't [have too many [problems ↑did we.
 1201 R [.._____,""
 1202 P _____
 1203 (0.3)
 1204 R [.._____
 1205 R [didn't have too many problems ↑no: ↑no:
 1206 P _____,",",","
 1207 P ,,","
 1208 P no
 1209 R __,"
 1210 R _____
 1211 R no that's right
 1212 (0.9)
 1213 P we've managed quite well [I think
 1214 R [.._____
 1215 R __,,","
 1216 R mm.
 1217 (1.3)
 1218 R [.._____,
 1219 R [but uhm
 1220 P [..X_____
 1221 P _____

00:10:00 1222 (1.0)
1223 P _____
1224 P I [didn't have to worry about
1225 R [.._____

Subject:
Ray

Transcript number:
RAY 1008.2

Information on the participants:

Ray (R) is the participant with presbycusis and P is the conversation partner. R is having a conversation with his partner (P) in their living room.

Nature of difficulties:

R has presbycusis. He is having a conversation AFTER amplification of hearing.

Sample date:

2 July 2005

Length of transcribed sample:

10 minutes 7 seconds

Counter time starts:

00:06:08

Counter time ends:

00:16:15

Name of transcriber:

Corné-Louise Bredenkamp

Counter time	m	Line	S	Talk	Notes
	a		p		
	r		e		
	k		a		
	e		k		
	r		e		
			r		
00:06:08		1		[(2.1)	
		2	P	[.____	
		3	P	_____	
		4	P	it [was nice to have the photo's this morning	
		5	R	[..X_____	
		6	P	_____	
		7	P	wasn't it	
		8	R		
		9	R	_____	
		10	R	↑wa:s wasn't it (.) [↑yea:h] yeah that's now	
		11	P	_____	
		12	P	[yeah]	
		13	R	_____	
		14	R	very ↑nice	
		15	P	_____	
		16	P	_____	
		17	P	yeah [it <u>did</u> yea:h]	
		18	R	_____	
		19	R	[in the end]	
		20	R	_____,,,,,	
		21	R	yea:h some <u>good</u> ones in there	
		22	P	_____	
		23		(0.4)	
		24	P	_____	

00:06:30

25 P _____
 26 P [shook my size up (0.4) look hu hu hu
 27 R [..X_____
 28 R _____
 29 R hu hu hu hu hu
 30 P _____
 31 R _____
 32 R [hu hu hu hu hu hu hu hu hu hu]
 33 P _____
 34 P [(bit dissapointed with that hu hu hu)]
 35 P hu hu hu
 36 R _____ [.._____
 37 R hu (it was a bit dissapointing [then [wasn't it)
 38 P [..X_____
 39 R _____
 40 R hu hu
 41 P _____
 42 P _____
 43 P well I've lost five [pounds since then
 44 R [..X_____
 45 R _____
 46 R ↑yea:h it has has [↑yeah] I was wondering
 47 P _____
 48 P [yes]
 49 R _____
 50 R what's going on
 51 P _____
 52 P _____
 53 P it's a good thing ↑innit
 54 R what- yea:h
 55 (0.5)
 56 R Yeah
 57 (1.2)
 58 R it was [uhm
 59 P [.._____
 60 R [..X_____
 61 R yeah it was nice to see [everybody
 62 P _____
 63 R _____
 64 R the weekend
 65 P _____
 66 P _____
 67 P that's right yea:h
 68 R [..X_____,,,,,, [..X_____
 69 R she [pushed Catherine out to [Whiteladies Road
 70 P [.._____
 71 P _____ [.._____
 72 P she didn't no [it] was a little surprise for her
 73 R ''''
 74 R [no:]
 75 P _____
 76 P wasn't it
 77 (0.7)
 78 P _____
 79 R it was wasn't it?
 80 P _____
 81 P _____
 82 P ye:s [I think uhm (0.5)
 83 R [..X_____
 84 P _____

00:07:00

85 P she was quite shocked when she came in
 86 R _____,,,,,,,,,,
 87 P _____
 88 P and saw everybody there
 89 R that's right [yea:h]
 90 P _____
 91 P [when-] when we appeared after
 92 P _____,,,,,,,,, [.._____
 93 P (0.5) tellin' her that uhm [(0.6)
 94 P _____
 95 P we weren't gonna be able to see her
 96 R we won't be able to see her ↑that's right
 97 P _____,,,,,,,,,,
 98 (0.5)
 99 R yeah [I- I- said (0.6) uhm (0.3)
 100 P [.._____
 101 R he worked out to say that the're gonna take
 102 P _____
 103 R _____ [..X_____
 104 R (1.0) uhh Deln up to- up to [Swindon
 105 P _____
 106 R _____
 107 (0.5)
 108 P _____
 109 P _____
 110 P yeah he
 111 R _____
 112 R _____
 113 (0.2)
 114 P _____
 115 R _____
 116 R yeah=
 117 P _____
 118 P _____,,,,,,,,,,
 119 P =yeah that was a good excuse [wasn't it]
 120 R _____
 121 R _____ [that was a]
 122 R _____,,,,,,,,,, [.._____
 123 R good excuse to be away [wasn't or- or
 124 P _____ [.....X_____
 125 R _____,
 126 R figuring out for things like that
 127 P _____
 128 P _____,
 129 P yeah
 130 R out in the sun
 131 (0.4)
 132 R [.._____
 133 R yea:h. it [all worked out [right
 134 P _____ [..X_
 135 P _____
 136 P he did [yeah]
 137 R _____,,,,,,,,,,
 138 R [yeah] yeah
 139 P _____,
 140 P yea:h it was like- it was lovely for her [wadn't it]
 141 R _____ [mm:.]
 142 P [.._____
 143 P and it [was nice of Neil to put the (0.6)
 144 R [..X_____

145 P _____
 146 P the barbeque on for her
 147 R _____
 148 R _____
 149 R oh: yea:h [yeah] wasn't it.
 150 P _____
 151 P [wasn't it]
 152 R and of [course you got a charge for a portion
 153 P _____
 154 R of it
 155 P _____
 156 P _____
 157 P oh: he's got all the space there ↑hasn't he.
 158 R yeah [that's right [yeah (0.5)
 159 P [.._____,,,, [.._____,,,,
 160 R [.._____,,,, [.._____,,,,
 00:07:30 161 R it was just that the sun [didn't come out and
 162 P [.._____,,,,
 163 R _____
 164 R [((unintelligible utterance))]
 [((phone rings loudly))]
 165 P _____
 166 (1.8)
 167 [(1.2)]
 [((two phone rings))]
 168 R [.._____,,,,
 169 R [oh got it
 170 P uhh sorry
 171 R _____
 172 R _____
 173 R got it [hu hu hu hu hu hu]
 [((phone rings))]
 174 R _____
 175 (0.7)
 176 R _____
 177 R ↑hmm (0.2) take him for a ↑wa:lκ
 178 R _____
 179 (0.2)
 180 R _____
 181 R not that [long]
 182 P [↑no]
 183 R _____
 184 R ↑uhh
 185 R _____
 186 (1.5)
 187 P you allright? (0.6) right thank you.
 188 R _____
 189 R [.._____,,,,
 190 [(1.9)
 191 P a:lright oh can- (1.0) yeah. can you ring
 192 R _____
 193 P me ↑back cause we've got the- lady
 194 R _____
 195 P from St. Michael's here at the moment.
 196 R _____
 197 (0.3)
 198 P that's OK (0.3) can ring you back (1.0)
 199 P OK right.
 00:08:00 200 (1.3)
 201 P [.._____,,,,

202 P [Joan. she said happy birthday
 203 R [...X_____,,,,
 204 R _____
 205 (0.3)
 206 R uh hu hu hu [hu hu hu hu]
 207 P [.._____,,
 208 P [uh hu hu hu] hu
 209 R (want's to go there)
 210 P ''''
 211 P you [can't change it]
 212 R _____ [.....
 213 R [when you said] the lady from [St. Michael's
 214 R _____
 215 R she has it .hh: [but it was done the the-
 216 P [..X_____
 217 R _____
 218 R they'll think (I've got forlong) from the Church
 219 P _____
 220 R _____
 221 R or something
 222 P _____
 223 P _____
 224 P Uh hu hu hu ↑hu hu hu ↑hu hu hu [hu hu hu]
 225 R _____
 226 R _____ [ha ha]
 227 R _____,
 228 R they'll say [↑what church is that then.
 229 P _____ [.._____,,
 230 P [.._____,,
 231 P [.hh [hu hu hu hu hu]
 232 R [ha hu hu hu hu]
 233 P [.._____
 234 P [that's in uhm]
 235 R _____
 236 R [won't be well enough]
 237 (0.5)
 238 P ''
 239 P [.....
 240 P [the bedminster's some↑where
 241 P _____
 242 (0.2)
 243 R ↑yea:h that's r ight
 244 P _____
 245 R [..X_____,,
 246 R [and think- when I was there that's right yea:h]
 247 P _____,
 248 P [despite the fallen angels hu hu hu hu]
 249 R I would that you [done that] being the spotlight huh
 250 P [hu hu]
 251 P yeah he
 252 R Hm hm hm
 253 (0.5)
 254 R it uhm
 255 (1.0)
 256 P [..X_____
 257 P [what we saying about
 258 R [.._____
 259 R _____
 260 (0.5)
 261 P _____

00:08:30

262 P _____
 263 P cause whe- we had those †other photo's
 264 R _____
 265 P _____,''''
 266 P the other day didn't we from-
 267 R _____
 268 R _____,''''''''''
 269 R that's †right
 270 (0.4)
 271 P _____ [...X_____]
 272 P that we had- that [we took. [they- they were
 273 R _____ [.._____]
 274 P _____
 275 P quite †good
 276 R _____
 277 R _____,''''''''''
 278 R they were very good
 279 P _____,''''''''''
 280 P yeah=
 281 R =I think [uhm- (0.9) when Mike
 282 P _____ [..._____]
 283 R _____
 284 R (0.3) and Eve come tonight (0.8)
 285 P _____
 286 R _____ [..._____]
 287 R uhh they'll be very [pleased with those (0.6)
 288 P _____
 289 P _____
 290 P huh their apartment
 291 R _____
 292 R _____,''''
 293 R huh their apartment [†yea:h]
 294 P _____,''''
 295 P _____ [yeah.]
 296 R that gives it- I mean you got some
 297 P [.._____
 298 [(1.0)
 299 R _____ [..._____]
 300 R you've got (0.5) [all [the (wall) from]
 [(R moves hand up
 and down))]
 301 P _____
 302 R _____
 303 R the yard outside (0.3)
 304 P _____
 305 P _____
 306 P yea:h=
 307 R _____
 308 R _____,'''' [...X_____]
 309 R =and you've also got [the- the [front entrance]
 310 P _____
 311 P _____ [the front one]
 312 R _____
 313 R and all like that and
 314 P _____
 315 P _____
 316 (0.7)
 317 R ''''
 318 R [...X_____]
 319 R [†yea:h]

00:09:30

377 (0.3)
 378 R _____
 379 R _____
 380 R oh [he's got that]
 381 P _____
 382 P [so that is]
 383 (0.5)
 384 R _____
 385 R _____
 386 R ↑yeah
 387 P ye[a:h]
 388 R _____
 389 R [yeah]
 390 R _____
 391 R oh he'll be pleased then.
 392 (0.4)
 393 R [...X_____
 394 R [pick up there were assigned another
 395 P [..._____
 396 R _____
 397 R date in a [(flowering) summer]
 398 P _____
 399 P [oh we've- we've worked]
 400 P _____
 401 P all that out haven't we [hu hu hu hu hu hu]
 402 R [hu hu hu hu ye he] he he
 403 P yea:h
 404 R yea:h
 405 P yes
 406 (0.5)
 407 R I'll [send them in]
 408 P [.hh I think-] [(0.4)
 409 R [.._____
 410 P [...X_____
 411 P [think- Eve's a bit worried about leavin' her dad
 412 R _____
 413 R _____
 414 R yea:h I thought she is.
 415 P _____
 416 (0.5)
 417 P yeah.
 418 (0.8)
 419 P [.._____
 420 P Uh- uh- [the- you know (.) he a:sked if we could
 421 P _____
 422 (0.5)
 423 P _____
 424 P pop in and ↑see him sometimes and-
 425 R we:ll that's [right yea:h]
 426 P _____
 427 P [give him a ring and that]
 428 P _____
 429 (0.3)
 430 R yea:h yeah it uh
 431 P _____
 432 (1.6)
 433 R I said to him no trouble with ↑that really
 434 P no: no
 435 (0.7)
 436 P [..._____

00:10:00

437 P you [put up with him for a few minutes come
 438 P _____
 439 P [walkin' in]
 440 R [ahh yeah]
 441 P _____
 442 P hu hu hu
 443 R [hu hu hu]
 444 P [.._____, [....._____,,,,,,
 445 P [even] [taught the hind leg off a donkey
 446 R [hu hu hu hu]
 447 P [.hh hu hu hu]
 448 R ↑we can talk [but uh
 449 P [.....
 450 P _____
 451 (0.8)
 452 R he takes over doesn't he when
 453 P _____
 454 R [he goes there yea:h]
 455 P _____
 456 P [he does yes uh]
 457 (0.1)
 458 P [....._____
 459 P let you get a word in [↑edge↓ways does he
 460 R yea:h that's right
 461 P _____
 462 P mm ↑hmm hm
 463 R mm ↑hmm hm [hm hm hm]
 464 P [.hh uh hu hu]
 465 R [....._____
 466 R I can't play [↑deaf an all that he'll tell us right.
 467 (0.1)
 468 R _____
 469 P [...X_____,,,,,,
 470 P [no: no: you'll listen now won't you]
 471 R _____
 472 R [hu hu hu hu hu hu hu hu hu hu]
 473 P now you can hear what he's saying [now]
 474 R [that's]
 475 R right ↑yea:h
 476 (0.6)
 477 P [can't] pretend that you
 478 R [ye:s]
 479 (0.3)
 480 P can't hear him
 481 R no: no can't carry up that (.) no:
 482 P Huh
 483 R hm mm
 484 (0.7)
 485 P mm=
 486 R =it uhm
 487 (2.0)
 488 R [yea:h]
 489 P [.....
 490 P [šyesš]
 491 P _____
 00:10:30 492 (1.6)
 493 P _____
 494 P [perhaps Ned'll ring later on
 495 R [..X_____
 496 P _____

497 (0.6)
 498 R _____
 499 R _____
 500 R o:h he might yeah he [might] pop down I think.
 501 P _____
 502 P _____ [yea:h]
 503 P _____
 504 (0.4)
 505 P _____
 506 P who Neill?
 507 R (0.2) yea:h
 508 P _____
 509 P _____
 510 (0.2)
 511 R [I heard that] peep when you were up there
 512 P _____
 513 P [you ↑think so]
 514 P _____
 515 (0.6)
 516 P _____
 517 P yea:h [↑oh:]
 518 R [not uh]
 519 P _____
 520 (0.6)
 521 P _____
 522 P did he say that
 523 R (0.3) n:ot ↑really no no I didn't they wouldn't let
 524 P _____
 525 R nothing on
 526 P [_____
 527 [(1.0)
 528 R I know I forgot what they said now that
 529 P _____
 530 R seem to
 531 (5.0)
 532 R well I just I didn't- uh thought- thought
 533 R that they ↑might be there
 534 (1.3)
 535 P yea:h
 536 R it looks like Anne and Anne that see her
 537 R [..._____
 538 R [uh Sarah and her mother
 539 (0.4)
 540 R _____
 541 P [..X_____
 542 P [a:lright
 543 R _____
 544 R _____
 545 R this weekend that's right
 546 P _____
 547 P _____
 548 P yeah.
 549 P _____
 550 (0.6)
 00:11:00 551 R a:nd they thought uhm
 552 P _____
 553 R [...X_____
 554 R (0.4) [they might pop in
 555 P _____
 556 P _____

557 (0.2)
 558 R _____
 559 P _____
 560 P mm might uhn wouldn't they
 561 R _____
 562 R _____,
 563 R yeah [it's true]
 564 P _____, [...X _____
 565 P [yeah they won't] have done it [because of
 566 P _____
 567 P (0.4) they didn't get a card from him this morning.
 568 R no: no I wouldn't be sayin' that love
 569 P _____
 570 P _____
 571 (0.9)
 572 R [...X _____
 573 R [weren't not (↑have we heard from Ethel now)
 574 P _____
 575 P _____
 576 (0.5)
 577 R _____
 578 P _____,
 579 P yeah.
 580 R _____
 581 R _____,
 582 R [oh: that all
 583 P [..X_.,
 584 P ↑yeah that's what-
 585 (0.2)
 586 P [...X _____
 587 P [the photo's and that came from]
 588 R [... _____
 589 R [has she delivered them]
 590 R _____,
 591 R ↑oh that's right yea:h [yeah:]
 592 P _____,
 593 P _____ [yeah]
 594 P and the one from uhm
 595 (1.0)
 596 P [...X _____
 597 P we'll see it all [from (Cav and Les)
 598 R [.. _____
 599 R _____,
 600 R oh ↑yeah yeah keeping this going [uh:]
 601 P _____,
 602 P _____ [yeah]
 603 (0.5)
 604 R [it uhm
 605 P [.. _____
 606 P _____
 607 (1.0)
 608 P _____
 609 P sh- she said she'll phone later
 610 P _____
 611 (0.3)
 612 R oh ↑yeah (0.3) [yeah.]
 613 P _____,
 614 P _____ [yeah]
 615 (0.8)
 616 P [.. _____,

00:11:30 617 P [cause] she uhm
 618 R [(it uh)]
 619 (0.7)
 620 P [...
 621 P [they were just going [out
 622 R [.X_,
 623 P
 624 (0.2)
 625 R no
 626 P
 627 P
 628 P they were ↑big on their football now ↑will ↑they
 629 P
 630 (1.4)
 631 R shouldn't have thought so
 632 P
 633 P
 634 (1.2)
 635 R it uhm (0.3) ↓ don't know whether
 636 P
 637 R [.....X
 638 R uh they they do [patient games or something
 639 P
 640 R
 641 R you know [the one]
 642 P
 643 P [yeah]
 644 P
 645 P sum- it'd be [something] sporty I expect
 646 R [like ↑this]
 647 P
 648 P ((cough))
 649 R expect something like that [yea:h] yea:h
 650 P
 651 P [yea:h]
 652 (0.6)
 653 P yeah.
 654 (0.7)
 655 R it uhm
 656 P [.....X
 657 P [never ↑known such a sporty ↑family
 658 R [...
 659 P
 660 P [.hh hu hu hu]
 661 R [hm hm hm hm hm.]
 662 P
 663 P [they all do something don't they as
 664 R that's right [ye:s]
 665 P
 666 P [Jess] with her uhm
 667 (0.7)
 00:12:00 668 R she's getting [a bit old] for that isn't ↑she
 669 P [grouty]
 670 P ↑yea:h she is still [in it]
 671 R [yea:h.]
 672 (0.2)
 673 R I'll wait and [see.
 674 P [..
 675 P
 676 (0.5)

737 (0.5)
 738 P yea:h
 739 (0.4)
 740 R [.._____
 741 R and ↓has [she uhm (0.7) uh- [uh Neil had
 742 P [.._____
 743 R _____
 744 R her over on the gras there
 745 P _____
 746 P _____
 747 (0.6)
 748 R _____
 749 P _____
 750 P mm.
 751 R _____
 752 R _____
 753 R uhh I was saying what uh (0.6) what was their
 754 P _____
 755 R _____
 756 R moves and that
 757 P _____
 758 P _____
 759 (0.5)
 760 R _____
 761 P _____
 762 P yea:h
 763 R _____
 764 R _____
 765 R and uh
 766 P _____
 767 P _____
 768 (1.1)
 769 P _____
 770 P she was showing them ↑then [wasn't she
 771 R [..X_____
 772 R _____
 773 R yea:h she was showing them then tha- uh- uh-
 774 P _____
 775 (1.0)
 776 R [it uhm (0.3)
 777 P [.._____
 778 P _____
 779 P I [noticed that Joseph went up and tried to
 780 R [..X_____
 781 P _____
 782 P (0.5) to fight her (0.4)
 783 R _____
 784 R _____
 785 R o:h=
 786 P _____
 787 P _____
 788 P =you know tried to- [↑messing] around
 789 R _____
 790 R [mm]
 791 (0.5)
 792 P [....._____
 793 P and she had him [on the [ground before
 794 R [..X_____
 795 P _____
 796 P you could [say the ↑name .hh he he he he he]

00:13:00

797 R _____,,,,,,,,,,,,,,

798 R [ye he he he he he]

799 P šhe he he heš

800 (0.2)

801 R yea:h she uhm [pulled him]

802 P ['cause] [Joseph's quite

803 R [.....]

804 P [...X.....,,,,,,,,,,,,,,

805 P [strong isn't he [he's a strong boy.]

806 R _____,,,,,,,,,,,,,,

807 R [oh yeah (.) yeah] he's he

808 R [...X.....]

809 R very very [quick but uhm (0.2)

810 P [........]

811 P _____

812 P mm:

813 R _____

814 R _____,

815 R course I ended getting used to one

816 P _____

817 R _____

818 R another though

819 P _____,,,,,,,,,,,,,,

820 (0.5)

821 R I came about that night but uhm (0.9) [he'd uhm

822 P [........]

823 P _____

824 (1.4)

825 R [...X.....]

826 R said she's getting [moves off now

827 P _____

828 P _____,

829 P oh yea:h

830 R _____

831 R _____,

832 R because she (0.9)

833 P yea:h

834 R [...X.....]

835 R put [a blast on (0.9) competition [she was in

836 P [........]

837 P _____

838 (0.7)

839 R _____

840 P _____

841 P yeah [she was second] wasn't she

842 R _____

843 R [the best]

844 R _____,,,,,,,,,,,,,,

845 R šyeahš she took that uh

846 P _____,

847 (0.7)

848 R took that [girl on that uh

849 P [........]

850 P _____

851 (1.3)

852 R [...X.....]

853 R who's a [couple of years †older.

854 P _____

855 P _____

856 (0.6)

857 R _____
 858 P _____
 859 P yea:h
 860 R _____
 861 P _____
 862 (0.4)
 863 R _____
 864 R _____,,,,,,,,,,
 865 R make sure somewhat a ↑big thing when-
 866 P _____,,,,,,,,,,
 867 R _____ [.._____
 868 R When you get the children [↑young
 869 P _____ [..X_____
 870 P _____
 871 (0.7)
 872 R _____
 873 R _____,,,,,,,,, [..X_____
 874 R usually as their- their age (0.3) [makes them
 875 P _____
 876 R _____
 877 R that much better you [know what I mean]
 878 P _____
 879 P _____ [mm hmm]
 880 R _____,,,,,,,,,,
 881 R because of their size and things like that
 882 P _____
 883 P _____
 884 (0.9)
 885 R _____ [..X_____
 886 R so if you- (.) go [up- (.) in age and [uhm] like that
 887 P _____
 888 P _____ [yea:h]
 889 P _____
 890 (0.2)
 891 R _____
 892 P _____
 893 P yeah it'll strenghten uhm (0.6) experience
 894 R _____,,,,,,,,,,
 895 P _____,,,,,,,,,,
 896 P [don't you]
 897 R [that's right] and if you can look after yourself
 898 R _____ [.....
 899 R when you ↑are [taken up before a knuckle
 900 P _____ [..X_____,,,,,,
 901 R _____,,,,,,,,,,
 902 R for any protection
 903 P _____
 904 R (1.2) it- it works very good I'm pleased with her
 905 P mm.
 906 (0.6)
 907 R bless her
 908 P mm.
 909 (0.7)
 910 P _____ [..X_____
 911 P it's [nice for little girls to be able to (0.4)
 912 R _____ [.....
 913 P _____
 914 P defend themselves [easily's]
 915 R _____,,,,,,,,,,
 916 R _____ [o:h yeah]

00:14:00

00:14:30

977 P _____,..... [..X_____]

978 R _____

979 R of years ↑old↓er (0.2) [girls]

980 P _____

981 P _____ [mmm]

982 P _____

983 (0.4)

984 R _____

985 P _____

986 P yeah

987 R _____,.....

988 P _____

989 (0.4)

990 P _____,.....

991 P [she got] a bit of experience [now as well]

992 R [yeah] [yea:h and]

993 R and [we not know tha- tha- it was very good

994 P [..._____]

995 R for her ↑yea:h

996 P _____

997 P _____,.....

998 P ↑I think so [šyea:hš]

999 R [hmm]

1000 (0.6)

1001 R yeah it was

1002 (1.8)

1003 R but uhm

1004 P _____ [..X_____]

1005 P [but she's she's quick [to learn anyway isn't she?

1006 R [...._____]

1007 R _____,.....

1008 R oh yeah.

1009 P _____

1010 P _____

1011 (0.3)

1012 R I know she's she's very clever.

1013 P _____,.....

1014 (0.8)

1015 P you know she's a clever girl

1016 (0.1)

1017 R ↑yea:h yeah.

1018 R _____ [..._____]

1019 R I hope she get's on well with [this [new school

1020 P _____ [...X_____]

1021 P _____

1022 (0.3)

1023 R _____

1024 P _____

1025 P ↑↓ hope ↑so

1026 R _____

1027 R _____,.....

1028 R yea:h you got temporary

1029 P _____,.....

1030 (0.5)

1031 R it uhm

1032 P I'm sure she ↑wi:l when she's (0.4)

1033 P [..._____]

1034 P the sort [isn't she will apply herself

1035 P _____

1036 (0.3)

00:15:00

1037 R well tha[t's right]
 1038 P _____
 1039 P [it's right]
 1040 R I mea:n when you'r a very small ↑thing
 1041 P _____
 1042 P _____
 1043 (0.8)
 1044 R they were allways (0.9) could always
 1045 P _____
 1046 R [...X_____
 1047 R [(mixing equip) the with children ↑didn't they.
 1048 P _____
 1049 P _____
 1050 P oh yeah
 1051 R _____
 1052 R _____
 1053 R you know what I mean you know what I [mean]
 1054 P _____
 1055 P _____ [yeah]
 1056 R _____
 1057 R [if you're away _____] somewhere
 1058 P _____,,,,,, [..X_____
 1059 P [they've never been [uhm]
 1060 P _____
 1061 (0.2)
 1062 R _____
 1063 P _____,,,,,, [.._____
 1064 P [never been molly cuddled] or anything like [that
 1065 R _____,,,,,,
 1066 R [never been (babying) _____]
 1067 P _____
 1068 [(0.1)
 1069 R [..X_____
 1070 R _____
 1071 R no: it was always
 1072 P _____
 1073 P _____
 1074 P šrightš
 1075 R _____
 1076 R _____,,,,,, [..X_____
 1077 R that they were allways [in like uh
 1078 P _____
 1079 R _____,,,,,, [..X_____
 1080 R new p- new duhm new duh ↑groups and [anything
 1081 P _____
 1082 R _____
 1083 R weren't they
 1084 P _____
 1085 P _____
 1086 P that's ↑ri:ght
 1087 R _____,,,,,,
 1088 P _____
 1089 (0.3)
 1090 R in a straight=
 1091 P _____
 1092 P _____
 1093 P =yea:h
 1094 R in a straight line [we won't know _____]
 1095 P _____
 1096 P _____ [well we wouldn't know]

1097 R [..X_____]
 1098 R where stand back ones
 1099 P _____
 1100 P _____
 1101 P mm.
 1102 R _,,
 1103 P _____
 1104 P remember when we took them to that- uhm
 1105 P _____
 1106 (0.9)
 1107 P _____
 1108 P uh: aquarium place in Weston
 1109 R [...X_____]
 1110 R _____
 1111 R ↑o:h yeah that's right.
 1112 P _____
 1113 P _____
 1114 P they- they were in there and in that
 1115 R _____
 1116 P _____
 00:15:30 1117 P pool pond before [you could]
 1118 R _____
 1119 R [uhh: _____]
 1120 R _____
 1121 R [hah that's right yeah yeah _____]
 1122 P _____
 1123 P [look ↑round huh and that shoes off]
 1124 P [..X_____]
 1125 P and [in they [went _____]
 1126 R [.._____]
 1127 R [yea:h but there's] a couple of
 1128 P _____
 1129 R _____
 1130 R s: a couple above her age aren't we
 1131 P _____
 1132 R [...X_____]
 1133 R we still [stunned their parents out [there looking]
 1134 P _____
 1135 P [yea:h looking]
 1136 P _____
 1137 P at her
 1138 R _____
 1139 R _____, ,, [...X_____]
 1140 R but I was has had their shoes off [and then we're
 1141 P _____
 1142 R _____
 1143 R in there you know first thing wasn't it
 1144 P _____
 1145 P _____
 1146 P that's why I'm ↑not [uhm (0.4) horse railed
 1147 R [..X_____]
 1148 P _____
 1149 P at [uhm big church]
 1150 R _____ [....X_____]
 1151 R [oh yea:h that- _____] [that- watch that went wrong
 1152 P [.._____]
 1153 R _____
 R with [(that big thing) _____]
 [((R makes a sliding
 1154 movement with his

right hand))]
 1155 P _____
 1156 P [(yea:h that sliding)]
 R that sliding [yea:h _____] I mean
 1157 [(P coughs))]
 1158 P _____
 1159 P that they finished
 1160 P [..._____
 P [that they _____] made [friends with the
 1161 [(R coughs))]
 1162 R _____ [..X_____
 1163 P _____
 1164 (0.8)
 1165 R _____
 1166 P _____
 1167 P some- [boys there aren't they _____]
 1168 R _____
 1169 R [some of the- that's right that] was
 1170 P _____
 1171 R _____
 1172 R going [down like there] was there
 1173 P _____
 1174 P [hu hu hu _____]
 1175 R was some chap I do believe
 1176 P who were (0.5)
 1177 R going up and down
 1178 P [very] sociable
 1179 R [yeah]
 00:16:00 1180 R oh yea:h.
 1181 P [....._____
 1182 P [wish I'd been like [that when I was ↑her ↑age
 1183 R [..X_____
 1184 R _____
 1185 R hu hu
 1186 P _____
 1187 P _____
 1188 P [.hh hu hu hu hu]
 1189 R _____
 1190 R [hm hm hm hm]
 1191 R yea:h.
 1192 P [..X_____
 1193 P I don't [think we would [have-
 1194 R [.._____
 1195 P _____
 1196 P that much encouraged were we to-
 1197 R _____
 1198 P _____
 1199 (0.5)
 00:16:10 1200 R no I- I- (0.4) consider the other (0.8)
 1201 P _____
 1202 R consider we'd just stand up there
 1203 P _____
 P _____
 00:16:15 P no:

Appendix 8
Recordings of conversation data extracts and electronic copy
of the study.