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

by

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October 2006

Submitted in partial fulfillment of the requirements for the degree

Master’s of Communication Pathology in the Department of Communication Pathology

Faculty of Humanities

University of Pretoria

South Africa
“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)
**Acknowledgements**

Sincere thanks to the following people and institutions:

- Dr. Merle Mahon from University College London for providing excellent supervision and support.
- Dr. Elsie Naudé and Mrs. Nellie Venter for allowing me to develop my skills as a researcher.
- University College London for the use of their facilities and software and provision of conversation analysis data sessions.
- The Royal National Ear Nose and Throat Library in London for their assistance with literature retrieval.
- The South West Information for Clinical Effectiveness (NHS) for providing access to their electronic services.
- Dr. Dave Pothier for technical advice and support.
- The Bredenkamp and Pothier families for advice and support.
- Ms. Dunja Nieuwoudt for the recruitment of participants, technical support and review.
- Mrs. Emily Groenewald for advice and support.
- University of Pretoria for providing me with an academic achievement bursary.
- Ms. Patricia Smith and St Michael’s Hospital in Bristol for agreeing to be the sponsor of the research project.
- The Research and Development team in United Bristol Royal Infirmary for their advice and prompt replies.
- Dr. Deborah Bethlehem for her opinion and advice.
Abstract

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

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People with presbyacusis 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 presbyacusis and their conversational partners. The aim of this study is to describe conversational interactions between people with presbyacusis 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 presbyacusis and 5 frequent conversation partners. A battery of audiological assessments was completed for each participant with presbyacusis. Each participant with presbyacusis 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 presbyacusis and the conversation partners used patterns of interaction in instances of mishearings in conversation. The person with presbyacusis 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 presbyacusis. The person with presbyacusis 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 presbyacusis. This could explain why people with presbyacusis 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, presbyacusis, age related hearing loss, hearing aid, amplification, gaze, repair, mishearing.
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 of 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 gesprekspatroon 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 beskrewe 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 na-gehoorversterkinggesprekke, 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 werklige voordele van digitale gehoorapparate vir ouer kliente in daagliks gespreksituasies. Die bevindings van hierdie studie kan gebruik word om evaluasie-materiaal en intervensieprogramme te ontwikkell in die toekoms.

Sleutel terme: gesprek, interaksie, gespreksanalise, presbiakusie, ouderdomverwante gehoorverlies, gehoorapparaat, versterking, staar, herstel, misverstand.
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<tr>
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Chapter 1
Introduction: Age related hearing loss and conversation

1.1) Introduction
Presbyacusis (age related hearing loss) is the deterioration in hearing as a result of the normal process of ageing (Bayles & Kasniak, 1987). The term presbyacusis 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 presbyacusis 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 presbyacusis is mainly on interpersonal relations (Karlsson, Espmark & Hansson, 2003). Presbyacusis can be severely disabling and can lead to reduced quality of life for the person affected (Gates & Mills, 2005b). Furthermore, the impact of presbyacusis is not limited to the person with presbyacusis but also effects interpersonal relationships (Kapteyn, 1982). Family and friends of the person with presbyacusis reportedly struggle to cope
when interacting with a person with presbyacusis (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 presbyacusis 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 presbyacusis and their conversation partners.

There are currently an estimated 6,471,000 people in the UK with presbyacusis (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 presbyacusis 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 presbyacusis, 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 presbyacusis has on communication (Erdman & Demorest, 1998). It is therefore important that the effectiveness of these services and equipment are determined so that people with presbyacusis 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 presbyacusis 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 presbyacusis and a familiar communication partner; before and after hearing aid fitting.

1.2) Rationale

One of the most common problems reported by people with presbyacusis 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 presbyacusis 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, Gianopoulus & Kerr, 2001), there is a lack of published work describing the actual interactions between people with presbyacusis 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 presbyacusis 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 presbyacusis. 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 presbyacusis and their main everyday conversational partners before and after hearing aids have been fitted.

40 Participants were recruited: 20 participants with diagnosed presbyacusis and 20 frequent conversation partners of the participants with presbyacusis. Five participants with presbyacusis 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 presbyacusis 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.
Presbyacusis: “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 “presbyacusis”.

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 Presbyacusis (age related hearing loss). It also discusses the history of auditory rehabilitation of presbyacusis and the need for an ethnomethodological perspective in presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis and the need for a sociolinguistic perspective

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

2.1) Introduction
The term presbyacusis has been defined by many authors. Still valid today, however, is the definition of presbyacusis 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 presbyacusis is derived from Greek; presbus meaning old man and acusis meaning to hear. The terms presbycusis, presbyacusis and age related hearing loss are regarded as synonyms. For the purposes of this study the term presbyacusis and age related hearing loss are used interchangeably.

Different types of presbyacusis are classified into their typical histopathological correlates (Weinstein, 2002; Adams & Schulte, 1997). Neural presbyacusis occurs when the dendritic processes of the osseous spiral lamina in the cochlea are affected (Booth, 1987; Schuknecht & Gacek, 1993). Sensory presbyacusis 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 presbyacusis occurs due to atrophy of the stria vascularis and is associated with a moderate sensory-neural flat hearing loss (Weinstein, 2002). Cochlear conductive presbyacusis 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 presbyacusis find it increasingly difficult to manage conversation situations because the development of presbyacusis is progressive.

Gender differences exist in the development of presbyacusis. 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 strial 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 presbyacusis (Willott, Chisolm, & Lister, 2001b), the variables that were found to have a relationship with the severity and/or cause of presbyacusis, 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).

Presbyacusis 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 Presbyacusis in the UK

It is apposite to also consider the national statistics regarding presbyacusis 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 presbyacusis 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 presbyacusis on any given time is considered, different figures have been suggested. Weinstein mentions an estimated 6,471,000 people in the UK with presbyacusis (Weinstein, 2003). On the other hand, the US Census Bureau has estimated the prevalence of presbyacusis 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 presbyacusis in each country.
Table 2.1: Extrapolated statistics of prevalence of presbyacusis in the United Kingdom, United States of America and Republic of South Africa (US Census Bureau, 2004a; US Census Bureau, 2004b).

<table>
<thead>
<tr>
<th>Country</th>
<th>Estimated prevalence</th>
<th>Population estimation</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>2,350,557</td>
<td>60,270,708¹</td>
</tr>
<tr>
<td>United States of America</td>
<td>11,452,561</td>
<td>293,655,405²</td>
</tr>
<tr>
<td>Republic of South Africa</td>
<td>1,733,490</td>
<td>44,448,470¹</td>
</tr>
</tbody>
</table>

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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis.

Many articles in the Audiological literature have discussed communication difficulties experienced by people with presbyacusis. The methodologies used so far to investigate these communication difficulties have provided interesting and widely used information; however, information regarding communication in presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis, 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 presbyacusis 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 presbyacusis) 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 presbyacusis and an audiologist in a clinical setting. It was found that the noisier the environment, the more the woman with presbyacusis initiated turns in conversation. It was deduced that this turn taking behaviour was due to the person with presbyacusis 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 presbyacusis, in particular the question whether any recognisable features in conversation can reliably be identified in the talk of people with presbyacusis. 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 presbyacusis (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 presbyacusis but also the variables associated with increased communication difficulties in presbyacusis. The following variables have been associated with increased reported communication difficulties for people with presbyacusis:

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

As presbyacusis increases as the person gets older, the effects of the hearing loss are also reported to place increasing demands on the communication
partner\(^1\) (Lindeman & Platenburg-Gits, 1990). Significant others reportedly tend to avoid the person with presbyacusis (Smith & Kampfe, 1997). Another scenario might be that significant others start to talk about the person with presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis.
activity. It is unclear whether the perceptions of people with presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis in conversations, but these reported difficulties have not been systematically investigated by analysing actual conversation interactions between a person with presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis research is a lack of evidence regarding the communication practices of people with presbyacusis 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 presbyacusis usually includes providing the patient with amplification in an attempt to reduce the negative effects that presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis and their communication partners.

In order to investigate conversation interaction between a person with presbyacusis and a communication partner, it would be necessary to video record a conversation in a natural environment between the person with presbyacusis 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 presbyacusis in the analysis of the communication problems associated with presbyacusis.

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 presbyacusis. 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 methods.

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 (Wooffit, 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 presbyacusis 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 presbyacusis and do not, for example, provide information about the topics of conversation that people with presbyacusis 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 presbyacusis is that the results of the studies were based on techniques
where researchers were required to pre-formulate their ideas about presbyacusis 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 presbyacusis 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 patterns 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 presbyacusis 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:


  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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis.

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 presbyacusis 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 recipiency 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 presbyacusis 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 presbyacusis 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 presbyacusis. 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 presbyacusis; 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 presbyacusis. 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 presbyacusis 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. Schegloff (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 presbyacusis perform certain actions; rather they ask what the nature of conversation is between a person with presbyacusis 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 presbyacusis 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 presbyacusis, before and after amplification of hearing.

4.2.2) Objectives
- To systematically describe conversational interaction between a person with presbyacusis and a conversational partner before hearing aid fitting.
- To systematically describe conversational interaction between a person with presbyacusis 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,
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 presbyacusis 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 presbyacusis 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 participants

^participants’ refer to the people with presbyacusis 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 presbyacusis’ and any conversational partner.

Inclusion Criteria for the selection of people with presbyacusis were:
- Only patients who had been diagnosed with presbyacusis 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 presbyacusis 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 presbyacusis. 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 unnecessary\(^3\).

- As with the potential participants with presbyacusis, 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 presbyacusis at St Michael’s Hospital (in Bristol) were selected. The patients who had been identified by the otolaryngologist as having presbyacusis were approached.

All patients at St Michael's Hospital (Bristol) who have been diagnosed with presbyacusis, 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 presbyacusis (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 presbyacusis’ 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 presbyacusis, or son or daughter of the person with presbyacusis.
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 presbyacusis 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 presbyacusis 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 presbyacusis (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 presbyacusis' 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 presbyacusis' 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 presbyacusis’ 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 will 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 presbyacusis 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 & Joanette, 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 presbyacusis (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 presbyacusis 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 presbyacusis 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 ¼ of the time
- About ½ of the time
- About ¾ 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 presbyacusis in the National Health Service.
speech discrimination or reception results were therefore available as these are not routinely performed on patients with suspected presbyacusis.

4.7.5) Procedures of Audiological rehabilitation

Hearing aids were fitted according to the audiograms and individual needs of the participants with presbyacusis. 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 presbyacusis 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 presbyacusis. 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 presbyacusis 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 presbyacusis, 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 presbyacusis. 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 presbyacusis 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 presbyacusis 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 presbyacusis have been provided with a pseudonym to make it easier to distinguish between them. The following pseudonyms have been given to the participants with presbyacusis in the dyads:
  - Dyad 1021: Jill (in transcriptions referred to as J).
  - Dyad 1006: Lee (in transcriptions referred to as L).
  - Dyad 1007: Vic (in transcriptions referred to as V).
  - Dyad 1008: Ray (in transcriptions referred to as R).
  - Dyad 1001: Ben (in transcriptions referred to as B).
- The conversation partners of the participants with presbyacusis 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 presbyacusis 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 presbyacusis was higher (75 years) than for the conversation partner of the person with presbyacusis (65 years) (Table 4.1). In all except one dyad, the person with presbyacusis was older than the conversation partner.
Table 4.1: Table of participant age demographics.

<table>
<thead>
<tr>
<th>Participant demographics: Age</th>
<th>Average age</th>
<th>Median Age</th>
<th>Age range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants with presbyacusis (n=5)</td>
<td>73</td>
<td>75</td>
<td>62-82</td>
</tr>
<tr>
<td>Frequent conversation partners participants (n=5)</td>
<td>64</td>
<td>65</td>
<td>51-76</td>
</tr>
<tr>
<td>All participants (n=10)</td>
<td>68</td>
<td>66</td>
<td>51-82</td>
</tr>
</tbody>
</table>

A total number of six males and four females were included as participants in this study. One out of five of the participants with presbyacusis 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 presbyacusis. One of the conversation partners was a daughter, and another one a friend of the person with presbyacusis.

4.10.2) Audiological parameters

The full audiograms for each participant with presbyacusis 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 presbyacusis (n=5). The audiograms all show a bilateral sensory-neural hearing loss in the frequencies above 2000Hz as is expected in presbyacusis.

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.

<table>
<thead>
<tr>
<th>Categorisation of degree of hearing loss</th>
<th>Hearing Thresholds (dB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>0-25</td>
</tr>
<tr>
<td>Mild</td>
<td>26-40</td>
</tr>
<tr>
<td>Moderate</td>
<td>41-55</td>
</tr>
<tr>
<td>Moderately-severe</td>
<td>56-70</td>
</tr>
<tr>
<td>Severe</td>
<td>71-90</td>
</tr>
<tr>
<td>Profound</td>
<td>91&lt;</td>
</tr>
</tbody>
</table>

(Goodman, 1965; Northern & Downs, 1991)

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

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

<table>
<thead>
<tr>
<th>Participants with presbyacusis</th>
<th>250Hz</th>
<th>500Hz</th>
<th>1000Hz</th>
<th>2000Hz</th>
<th>3000Hz</th>
<th>4000Hz</th>
<th>6000Hz</th>
<th>8000Hz</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEN1001</td>
<td>mild</td>
<td>mild</td>
<td>mild</td>
<td>mild</td>
<td>moderate</td>
<td>moderate</td>
<td>moderate</td>
<td>severely</td>
</tr>
<tr>
<td>LEN1006</td>
<td>mild</td>
<td>mild</td>
<td>mild</td>
<td>normal</td>
<td>moderate</td>
<td>moderate</td>
<td>severe</td>
<td>severe</td>
</tr>
<tr>
<td>JILL1021</td>
<td>normal</td>
<td>normal</td>
<td>mild</td>
<td>mild</td>
<td>moderately-severe</td>
<td>moderately-severe</td>
<td>moderately-severe</td>
<td>profound</td>
</tr>
<tr>
<td>VIC1007</td>
<td>mild</td>
<td>mild</td>
<td>moderately-severe</td>
<td>moderately-severe</td>
<td>moderately-severe</td>
<td>moderately-severe</td>
<td>moderately-severe</td>
<td>moderately-severe</td>
</tr>
<tr>
<td>RAY1008</td>
<td>mild</td>
<td>moderate</td>
<td>severely</td>
<td>moderately-severe</td>
<td>moderately-severe</td>
<td>moderately-severe</td>
<td>moderately-severe</td>
<td>moderately-severe</td>
</tr>
</tbody>
</table>

The following comments are made about the participants with presbyacusis’ 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 presbyacusis; 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 presbyacusis. 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 presbyacusis. Presbyacusis 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 presbyacusis.

<table>
<thead>
<tr>
<th>Person with presbyacusis</th>
<th>Ben</th>
<th>Lee</th>
<th>Vic</th>
<th>Ray</th>
<th>Jill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ear fitted</td>
<td>Bilateral</td>
<td>Bilateral</td>
<td>Bilateral</td>
<td>Bilateral</td>
<td>Bilateral</td>
</tr>
<tr>
<td>Type of hearing aid fitted</td>
<td>Siemens® Prisma 2M</td>
<td>Siemens® Prisma 2M</td>
<td>Siemens® Prisma 2M</td>
<td>Siemens® Prisma 2M</td>
<td>Siemens® Prisma 2M</td>
</tr>
</tbody>
</table>

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 presbyacusis, expressed in percentage.

<table>
<thead>
<tr>
<th>Participant with presbyacusis</th>
<th>Initial disability</th>
<th>Handicap</th>
<th>Use</th>
<th>Benefit</th>
<th>Residual disability</th>
<th>Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lee1006</td>
<td>81.25</td>
<td>81.25</td>
<td>100.00</td>
<td>50.00</td>
<td>12.50</td>
<td>62.50</td>
</tr>
<tr>
<td>Ray1008</td>
<td>75.00</td>
<td>6.25</td>
<td>100.00</td>
<td>87.50</td>
<td>12.50</td>
<td>93.75</td>
</tr>
<tr>
<td>Vic1007</td>
<td>37.50</td>
<td>0.00</td>
<td>100.00</td>
<td>43.75</td>
<td>25.00</td>
<td>56.25</td>
</tr>
<tr>
<td>Jill1021</td>
<td>50.00</td>
<td>50.00</td>
<td>100.00</td>
<td>62.50</td>
<td>18.75</td>
<td>68.75</td>
</tr>
<tr>
<td>Ben1001</td>
<td>43.75</td>
<td>43.75</td>
<td>100.00</td>
<td>50.00</td>
<td>31.25</td>
<td>62.50</td>
</tr>
</tbody>
</table>

The GHABP shows that the participants with presbyacusis 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 presbyacusis reported that they wore their hearing aids all the time (Table 4.5). All participants with presbyacusis 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 presbyacusis 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

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 presbyacusis.

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 presbyacusis’ and utilised conversations between people with presbyacusis and a communication partner. It is therefore not necessary to narrow the population down to, for example,
women between 50 and 60 with mild presbyacusis talking to a spouse, but rather the broad category 'presbyacusis' 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 presbyacusis).

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 presbyacusis 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 if 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 presbyacusis and their conversation partners, before and after hearing amplification.
Chapter 6
A description of interaction between people with presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis. A ‘sequence’ in conversation is a section of the conversation where an action or topic of conversation was initiated and completed (Pomerantz & 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 presbyacusis 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.**

![Number of sequences](image)

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 presbyacusis 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 presbyacusis were involved. As seen in Figure 6.2, a total of 34 repairs were located where mishearing on the part of the person with presbyacusis 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 presbyacusis 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 presbyacusis.**
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 presbyacensis.

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 presbyacusis as an indicator of repair (see Figure 6.5). In 15 repairs the person with presbyacusis 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 presbyacusis. 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 presbyacusis to signal the need for repair.
- The person with presbyacusis uses a verbal request to elicit repair.
- Physical prompting by conversation partner to gain person with presbyacusis’ attention before repairing the trouble source.
6.3) Shift in eye gaze by the person with presbyacusis 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 presbyacusis 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 presbyacusis 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

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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis 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.

<table>
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<th>Data fragment:</th>
<th>BEN 1001.1.004</th>
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<td>BEN 1001.1 (Appendix 7)</td>
</tr>
<tr>
<td>Duration of data fragment:</td>
<td>0:11:67</td>
</tr>
</tbody>
</table>

527 B [...____,,
528 B [...next year,
529 P [____,
530 [...] [------ [----]
531 B [...[____,
532 B [____...
533 B [we'll be on [that one.'
534 P [.X____,.
\rightarrow 535 P [...____,
\rightarrow 536 P [you save [up all,
\rightarrow 537 B [.X____
\rightarrow 538 P
\rightarrow 539 P YOU SAVE UP ALL THE PENNIES
\rightarrow 540 B [____________________
\rightarrow 541 P [______________
\rightarrow 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
presbyacusis alone was enough for the conversation partner to perform a
repair. Although this non-verbal action by the person with presbyacusis was
subtle in that the person with presbyacusis 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 presbyacusis 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
presbyacusis 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
- BEN 1001.1.006

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.*

<table>
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<th>Data fragment:</th>
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<td>Duration of data fragment:</td>
<td>00:14:01</td>
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</tbody>
</table>

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

Page 97
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 presbyacusis 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 presbyacusis’ (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 presbyacusis’ 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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis elicited the same repair behaviour by the conversation partner. This suggests
that the person with presbyacusis’ 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 presbyacusis 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 presbyacusis 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 presbyacusis. 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 presbyacusis. 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 presbyacusis.

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 presbyacusis resulted in a repair (due to a mishearing) even though there is evidence that a mishearing did not
occur. The extract supports the theory that the shift in gaze by the person with presbyacusis is a repeatable and recognisable behaviour that can be accepted as a phenomenon.

This deviant case will now be considered. In Extract 4, P and B discuss the photo they are looking at. B is the person with presbyacusis and P is his wife (the conversation partner). The recording was made before hearing aid fitting.

**Extract 4:**

*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.*

<table>
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<th>Data fragment:</th>
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<tr>
<td>Duration of data fragment:</td>
<td>00:12:75</td>
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346 B [yes: ] “they are good.”

347 [(B nods)]

348 (2.1) ((beep from digital camera)) (0.8)

349 P s:’ the best cruise ship we ever been on, in’ i’?

350 B [--------] [yes it [is, it is. ]

351 [(B nods)]

352 P [X____________]

353 [best cruise ship]

354 [(B adjusts glasses)]

355 P aww that was a [lovey scene.

**Turn taking and turn organisation of Extract 4:**

We start by considering the turn taking in the repair sequence. In line 348 P turns a statement to a question by adding a tag, thus forming the first pair part of an adjacency pair sequence. P selects B as the next speaker by using a question. In line 350 it initially seems that B is not going to take up his selected turn because a pause is formed but after 0.9 seconds, B answers the
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 presbyacusis 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 presbyacusis’ non-verbal behaviour in this specific way. It highlights that not only is the gaze practice of the person with presbyacusis 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 presbyacusis but the person with presbyacusis’ 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 presbyacusis, 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 presbyacusis 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 presbyacusis. 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 presbyacusis as an indication for repair.**

![](image)

In summary, all of the repairs that occurred after a sudden shift in eye gaze by the person with presbyacusis 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 presbyacusis.

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 that 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).

<table>
<thead>
<tr>
<th>Participant with presbyacusis</th>
<th>Initial disability</th>
<th>Handicap</th>
<th>Use</th>
<th>Benefit</th>
<th>Residual disability</th>
<th>Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lee1006</td>
<td>81.25</td>
<td>81.25</td>
<td>100.00</td>
<td>50.00</td>
<td>12.50</td>
<td>62.50</td>
</tr>
<tr>
<td>Ray1008</td>
<td>75.00</td>
<td>6.25</td>
<td>100.00</td>
<td>87.50</td>
<td>12.50</td>
<td>93.75</td>
</tr>
<tr>
<td>Vic1007</td>
<td>37.50</td>
<td>0.00</td>
<td>100.00</td>
<td>43.75</td>
<td>25.00</td>
<td>56.25</td>
</tr>
<tr>
<td>Jill1021</td>
<td>50.00</td>
<td>50.00</td>
<td>100.00</td>
<td>62.50</td>
<td>18.75</td>
<td>68.75</td>
</tr>
<tr>
<td>Ben1001</td>
<td>43.75</td>
<td>43.75</td>
<td>100.00</td>
<td>50.00</td>
<td>31.25</td>
<td>62.50</td>
</tr>
</tbody>
</table>

Although most of the repair instances in the trend described in this section was from the conversation dyad 1001 (Ben), the person with presbyacusis 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 presbyacusis in that dyad also did not score high on the disability and handicap ratings (see Table 6.1). All participants with presbyacusis 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 presbyacusis 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 presbyacusis 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).

<table>
<thead>
<tr>
<th>Participant with presbyacusis</th>
<th>How much difficulty do you have in this situation?</th>
<th>How much does any difficulty in this situation worry, annoy or upset you?</th>
<th>In this situation, what proportion of the time do you wear your hearing aid?</th>
<th>In this situation, how much does your hearing aid help you?</th>
<th>In this situation, how much difficulty do you now have?</th>
<th>For this situation, how satisfied are you with your hearing aid?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lee1006</td>
<td>60</td>
<td>80</td>
<td>100</td>
<td>80</td>
<td>20</td>
<td>80</td>
</tr>
<tr>
<td>Ray1008</td>
<td>60</td>
<td>20</td>
<td>100</td>
<td>100</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>Vic1007</td>
<td>60</td>
<td>20</td>
<td>100</td>
<td>100</td>
<td>40</td>
<td>60</td>
</tr>
<tr>
<td>Jill1021</td>
<td>40</td>
<td>40</td>
<td>100</td>
<td>80</td>
<td>20</td>
<td>80</td>
</tr>
<tr>
<td>Ben1001</td>
<td>20</td>
<td>20</td>
<td>100</td>
<td>80</td>
<td>20</td>
<td>80</td>
</tr>
</tbody>
</table>

When the results of the GHABP are therefore considered (see table 6.1 and 6.2), the results suggest that for the participants with presbyacusis, the number of mishearings and repairs that occur in conversation do not necessarily relate to people with presbyacusis’ 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 presbyacusis did not in these cases result in a higher occurrence of a sudden shift in gaze by the person with presbyacusis 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 presbyacusis 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 presbyacusis are considered, all participants show deterioration in hearing in the higher frequencies (1000Hz or higher). The person with presbyacusis 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 presbyacusis in dyads 1021 and 1006 showed more acute hearing levels in the lower frequencies (500Hz and below) as compared to the other person with presbyacusis. Although these results can not be considered as statistically significant, it does suggest a trend in this study that person with presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis and the conversation partner made eye contact for the duration of the repair. This indicates that the shift in gaze by person with presbyacusis was interpreted as a need or initiation for repair due to mishearing.

- The person with presbyacusis 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 presbyacusis. It confirms the orientation of the
conversation partner to the gaze behaviour of the person with presbyacusis.

- The repair disrupted the organisation of turns and the topic was placed on hold until the person with presbyacusis 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 presbyacusis to obtain repair.

This section will provide a description of instances where the person with presbyacusis 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 presbyacusis 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
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 presbyacusis 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._

<table>
<thead>
<tr>
<th>Data fragment:</th>
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<tbody>
<tr>
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<td>RAY1008.1 (Appendix 7)</td>
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<tr>
<td>Duration of data fragment:</td>
<td>00:11:87</td>
</tr>
</tbody>
</table>

| 484 | P | you were driving along the gutter |
| 485 | P | | |
| 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 |
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 emphases 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 presbyacusis (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 presbyacusis is provided. The person with presbyacusis 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 presbyacusis (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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis.
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.

<table>
<thead>
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<th>Data fragment:</th>
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<td>RAY1008.1 (Appendix 7)</td>
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<tr>
<td>Duration of data fragment:</td>
<td>00:16:38</td>
</tr>
</tbody>
</table>

→ 220 P =at least [they’r]e able to come back now and
→ 221 R [..X________________]
→ 222 P again aren’t they?
→ 223 R __________
→ 224 R____________________
→ 225 R (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 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 presbyacusis (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 presbyacusis 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 presbyacusis 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 presbyacusis being able to determine that a mishearing has taken place. The person with presbyacusis 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 presbyacusis. 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.*

<table>
<thead>
<tr>
<th>Data fragment:</th>
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<tbody>
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<td>RAY1008.1 (Appendix 7)</td>
</tr>
<tr>
<td>Duration of data fragment:</td>
<td>00:16:38</td>
</tr>
</tbody>
</table>

→ 35 P ____________ [X______________]
→ 36 P I [was just thinking of uhm: [Alan and- Joyce
→ 37 R ____________
→ 38 P ____________
→ 39 P house.
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 presbyacusis 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 presbyacusis have now been shown. In the next example, a deviant case is considered (Extract 8). V is the person with presbyacusis 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.*

<table>
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<tr>
<th align="center">Data fragment:</th>
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<td align="center">Duration of data fragment:</td>
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</tr>
</tbody>
</table>

4 V DID I TELL YOU (. ) ERIC DYER
5 P ________________________________
6 V CAME THE OTHER ↑DAY
7 V ________________________________
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 [↑heh]
19 V ________________________________
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 ___
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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis (pre-amplification).

As demonstrated in figure 6.7, most of the verbal requests for repair by the person with presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis after a mishearing will now we summarised:

- In all of the instances accounting for this pattern of interaction, the person with presbyacusis 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 presbyacusis.
- 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 presbyacusis shows the person with presbyacusis’ orientation to a mishearing. The person
with presbyacusis 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 presbyacusis 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 presbyacusis throughout the repair.

- This pattern of interaction does not always occur in conversation where one party has presbyacusis, but is a strategy that can be exercised by the person with presbyacusis if so desired.

6.5) Physical prompt by conversation partner to gain gaze directed attention from the person with presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis’ (B’s) gaze directed attention and a repair follows.
The main features of this pattern of interaction will be discussed. B is the hearing impaired person and P is his wife. P is talking to B about birthdays.

**Extract 9:**

*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.*

<table>
<thead>
<tr>
<th>Data fragment:</th>
<th>BEN 1001.1.005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taken from:</td>
<td>BEN 1001.1</td>
</tr>
<tr>
<td>Duration of data fragment:</td>
<td>00:06:28</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line</th>
<th>Transcript</th>
</tr>
</thead>
<tbody>
<tr>
<td>550</td>
<td>P [__.]</td>
</tr>
<tr>
<td>551</td>
<td>P [so they don’t come [(P touches B on arm)] (long, ]</td>
</tr>
<tr>
<td>552</td>
<td>B [.X_]</td>
</tr>
<tr>
<td>553</td>
<td>P</td>
</tr>
<tr>
<td>554</td>
<td>P [THEY DON'T COME ALONG: THAT often. [(P waves finger in the air)] ]</td>
</tr>
<tr>
<td>555</td>
<td>P [________________________]</td>
</tr>
<tr>
<td>556</td>
<td>B [no, no:= [(B shakes head)] )</td>
</tr>
<tr>
<td>557</td>
<td>P =HE he he:</td>
</tr>
<tr>
<td>558</td>
<td>B .hh</td>
</tr>
</tbody>
</table>

**Turn taking and turn organisation in Extract 9:**
The turn taking events are first considered. In the excerpt above, P starts a turn but stops abruptly mid-turn (line 551). P then performs a repair within the turn (line 554). After P completed her turn, B takes up a turn successfully (line 556).

**Gaze related behaviour in Extract 9:**
The non-verbal and gaze practices are of particular interest. When P takes her turn in line 551, P directs her gaze at B (line 550) but B is directing his gaze at the digital camera (line 552). P stops mid-turn then leans toward B
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 presbyacusis to gain his gaze directed attention.
- The conversation partner only used this physical prompt when the person with presbyacusis 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 presbyacusis responded to the physical prompt by shifting gaze direction to look at the conversation partner.
- Both the conversation partner and the person with presbyacusis 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 presbyacusis. In the next extract (Extract 10) the conversation partner also uses physical prompting to gain gaze directed attention from the person with presbyacusis, but in addition the conversation partner also restarts her repair three times until gaze directed attention was secured from the person with presbyacusis.

In Extract 10 P is the conversation partner and B the person with presbyacusis. 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. [...]
685 P [[(B nods)]]
686 P I think, when it's [...][WHEN IT'S- [WHEN IT'S]
       (beep from [[(P touches camera)]
       B on his arm))]
687 B [...]X
688 P [...]X
689 P [[ENLARGED ] it'll be [better. ]
       [((P waves hand in the air))] [((P points to camera))]
690 B [...]X
691 B [...]X
692 P Mmm mmm.
693 P (2.0) ((beep from digital camera)) (1.4)
694 P very good.
695 B [...]X
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 presbyacusis. It was demonstrated that the conversation partner only used a physical prompt when the person with presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis.

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 presbyacusis.

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 presbyacusis 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 presbyacusis’ gaze directed attention. In other words, it occurs in scenarios where inadequate gaze attention is given by the person with presbyacusis. 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 presbyacusis 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 presbyacusis. 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 presbyacusis. This pattern of physical prompting to gain gaze directed attention from the person with presbyacusis 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 presbyacusis 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 presbyacusis.
- The conversation partner only uses this physical prompt when the person with presbyacusis 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 presbyacusis.

The person with presbyacusis responds to the physical prompt by shifting gaze direction to look at the conversation partner.

Both the conversation partner and the person with presbyacusis 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 presbyacusis 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 presbyacusis and a conversation partner before- and after- hearing aid fitting revealed patterns in interaction relating to the gaze practices of the person with presbyacusis, the non-verbal behaviour of the conversation partner and verbal requests for repair by the person with presbyacusis. 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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis resulted in a repair by the conversation partner. In this pattern the person with presbyacusis always shifted gaze to look at the conversation partner’s face. This showed that the person with presbyacusis 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 presbyacusis’ need for visual directed attention. When the person with presbyacusis 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 presbyacusis by using a physical prompt. In these instances the conversation partner only used a physical prompt when the person with presbyacusis 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 presbyacusis. The person with presbyacusis responded to the physical prompt by shifting gaze direction to look at the conversation partner. This shows that the person with presbyacusis recognised a physical prompt as an instruction to give gaze directed attention to the conversation partner. Both the conversation partner and the person with presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis).

The reliance of both parties on orientation to gaze direction have important implication for older people in general. As mentioned in the introduction, presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis. 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 presbyacusis’ 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 presbyacusis 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 presbyacusis include the following (Wayner & Abrahamson, 1996):

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

- the person with presbyacusis should pay attention to the speaker throughout the conversation.

The advice above is usually also extended to the conversation partner of the person with presbyacusis (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 presbyacusis 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 presbyacusis and conversation partners that maintaining gaze held attention in conversation could result in fewer mishearings.

The repair phenomenon where the person with presbyacusis 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 presbyacusis should be considered.

The results have shown the importance of gaze related attention by the person with presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis that a mishearing has occurred. In the third pattern described, the person with presbyacusis 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 presbyacusis will now be discussed. The verbal request for repair by the person with presbyacusis 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 presbyacusis 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 presbyacusis is aware that a mishearing has taken place. Thus whenever mishearings occur and the person with presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis. Three out of the 34 repairs occurred after the conversation partner alerted the person with presbyacusis 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 presbyacusis. 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 presbyacusis was 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 presbyacusis. 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 presbyacusis before asking people with presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis 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 everyday 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 presbyacusis’ 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 presbyacusis 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 presbyacusis (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 presbyacusis
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 presbyacusis 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 (Muller & 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 presbyacusis 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 presbyacusis 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 presbyacusis in auditory rehabilitation. One aspect that is discouraged in auditory rehabilitation, namely raising your voice when speaking to a person with presbyacusis, 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 presbyacusis 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 presbyacusis (Smith & Kampfe, 1997). From the perspective of the person with presbyacusis, this could possibly explain reports that people with presbyacusis 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 presbyacusis. 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 presbyacusis, 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 presbyacusis. This aspect, as with regards to the other repair behaviours show that person with presbyacusis 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 presbyacusis 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 presbyacusis, the number of mishearings and repairs that occur in conversation do not necessarily relate to people with presbyacusis’ 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 presbyacusis. 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 presbyacusis and a conversation partner. These results also support findings of other studies that people with presbyacusis 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 presbyacusis did not show any repairs due to mishearings. Although differences between coping strategies by woman and men who have presbyacusis 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 presbyacusis 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 presbyacusis (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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis should be analysed before conclusions are made. The results also propose that the extent of the frequencies affected in presbyacusis 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 presbyacusis 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 presbyacusis and the conversation partner were demonstrated. Adults with presbyacusis 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 presbyacusis and their conversation partners, and highlight the importance of non-verbal strategies in maintaining a conversation between a person with presbyacusis 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 presbyacusis, which could explain why people with presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis is a component of complex elderly care issues.

In particular, this study highlighted the strategies used by both people with
presbyacusis and their conversation partners. This study has contributed to a
paradigm shift in the study of presbyacusis, where previously the aims were to
discover disorders in communication of people with presbyacusis, 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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis 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 presbyacusis. 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 presbyacusis 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 Flesh 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 presbyacusis. 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 presbyacusis 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 presbyacusis and a conversation partner. In particular, the importance of gaze direction and gaze held attention was demonstrated and discussed. Adults with presbyacusis 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 presbyacusis. This could explain why people with presbyacusis 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 presbyacusis were analysed in depth and competencies in the conversations of people with presbyacusis 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 presbyacusis and their conversation partners in conversation (Perkins, 1995).
References


Helfer, K. S. 2001a, "Gender issues in audiologic rehabilitation", *Journal of the Academy of Rehabilitative Audiology*, vol. 34, pp. 41-52.


Appendices
Appendix 1

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

Corne-Louise Bredenkamp
Department of Audiology
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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
St Michael's Hospital
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: _____________________________________________
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 presbyacusis: Conversation and age related hearing loss study.

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.

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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.

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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
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: ___________________________________________
Diagnostic Hearing Screening

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______________
### GLASGOW HEARING AID BENEFIT PROFILE

<table>
<thead>
<tr>
<th>Hospital Number</th>
<th>Name</th>
<th>Address</th>
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<th>Address</th>
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</tbody>
</table>

### LISTENING TO THE TELEVISION WITH OTHER FAMILY OR FRIENDS

<table>
<thead>
<tr>
<th>Does this situation happen in your life?</th>
<th>0___ No</th>
<th>1___ Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much do you have in this situation?</td>
<td>0___ N/A</td>
<td>1___ No difficulty 2___ Only slight difficulty 3___ Moderate difficulty 4___ Great difficulty 5___ Cannot manage at all</td>
</tr>
<tr>
<td>How much does any difficulty in this situation worry, annoy or upset you?</td>
<td>0___ N/A</td>
<td>1___ Not at all 2___ Only a little 3___ A moderate amount 4___ Quite a lot 5___ Very much indeed</td>
</tr>
<tr>
<td>In this situation, what proportion of the time do you wear your hearing aid?</td>
<td>0___ N/A</td>
<td>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</td>
</tr>
<tr>
<td>In this situation, how much does your hearing aid help you?</td>
<td>0___ N/A</td>
<td>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</td>
</tr>
<tr>
<td>In this situation, with your hearing aid, how much difficulty do you now have?</td>
<td>0___ N/A</td>
<td>1___ No difficulty 2___ Only slight difficulty 3___ Moderate difficulty 4___ Great difficulty 5___ Cannot manage at all</td>
</tr>
<tr>
<td>For this situation, how satisfied are you with your hearing aid?</td>
<td>0___ N/A</td>
<td>1___ Not satisfied at all 2___ A little satisfied 3___ Reasonably satisfied 4___ Very satisfied 5___ Delighted with aid</td>
</tr>
</tbody>
</table>

| How much does any difficulty in this situation worry, annoy or upset you? | 0___ N/A | 1___ Not at all 2___ Only a little 3___ A moderate amount 4___ Quite a lot 5___ Very much indeed |
| In this situation, with your hearing aid, how much difficulty do you now have? | 0___ N/A | 1___ No difficulty 2___ Only slight difficulty 3___ Moderate difficulty 4___ Great difficulty 5___ Cannot manage at all |
| For this situation, how satisfied are you with your hearing aid? | 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 ONE OTHER PERSON WHEN THERE IS NO BACKGROUND NOISE

<table>
<thead>
<tr>
<th>Does this situation happen in your life?</th>
<th>0___ No</th>
<th>1___ Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much do you have in this situation?</td>
<td>0___ N/A</td>
<td>1___ No difficulty 2___ Only slight difficulty 3___ Moderate difficulty 4___ Great difficulty 5___ Cannot manage at all</td>
</tr>
<tr>
<td>How much does any difficulty in this situation worry, annoy or upset you?</td>
<td>0___ N/A</td>
<td>1___ Not at all 2___ Only a little 3___ A moderate amount 4___ Quite a lot 5___ Very much indeed</td>
</tr>
<tr>
<td>In this situation, what proportion of the time do you wear your hearing aid?</td>
<td>0___ N/A</td>
<td>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</td>
</tr>
<tr>
<td>In this situation, how much does your hearing aid help you?</td>
<td>0___ N/A</td>
<td>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</td>
</tr>
<tr>
<td>In this situation, with your hearing aid, how much difficulty do you now have?</td>
<td>0___ N/A</td>
<td>1___ No difficulty 2___ Only slight difficulty 3___ Moderate difficulty 4___ Great difficulty 5___ Cannot manage at all</td>
</tr>
<tr>
<td>For this situation, how satisfied are you with your hearing aid?</td>
<td>0___ N/A</td>
<td>1___ Not satisfied at all 2___ A little satisfied 3___ Reasonably satisfied 4___ Very satisfied 5___ Delighted with aid</td>
</tr>
</tbody>
</table>

| How much does any difficulty in this situation worry, annoy or upset you? | 0___ N/A | 1___ Not at all 2___ Only a little 3___ A moderate amount 4___ Quite a lot 5___ Very much indeed |
| In this situation, with your hearing aid, how much difficulty do you now have? | 0___ N/A | 1___ No difficulty 2___ Only slight difficulty 3___ Moderate difficulty 4___ Great difficulty 5___ Cannot manage at all |
| For this situation, how satisfied are you with your hearing aid? | 0___ N/A | 1___ Not satisfied at all 2___ A little satisfied 3___ Reasonably satisfied 4___ Very satisfied 5___ Delighted with aid |

### CARRYING ON A CONVERSATION IN A BUSY ENVIRONMENT

<table>
<thead>
<tr>
<th>Does this situation happen in your life?</th>
<th>0___ No</th>
<th>1___ Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much do you have in this situation?</td>
<td>0___ N/A</td>
<td>1___ No difficulty 2___ Only slight difficulty 3___ Moderate difficulty 4___ Great difficulty 5___ Cannot manage at all</td>
</tr>
<tr>
<td>How much does any difficulty in this situation worry, annoy or upset you?</td>
<td>0___ N/A</td>
<td>1___ Not at all 2___ Only a little 3___ A moderate amount 4___ Quite a lot 5___ Very much indeed</td>
</tr>
<tr>
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<td>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</td>
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<tr>
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<td>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</td>
</tr>
<tr>
<td>In this situation, with your hearing aid, how much difficulty do you now have?</td>
<td>0___ N/A</td>
<td>1___ No difficulty 2___ Only slight difficulty 3___ Moderate difficulty 4___ Great difficulty 5___ Cannot manage at all</td>
</tr>
<tr>
<td>For this situation, how satisfied are you with your hearing aid?</td>
<td>0___ N/A</td>
<td>1___ Not satisfied at all 2___ A little satisfied 3___ Reasonably satisfied 4___ Very satisfied 5___ Delighted with aid</td>
</tr>
</tbody>
</table>
**STREET OR SHOP**

<table>
<thead>
<tr>
<th>0 ___ No</th>
<th>1 ___ Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How much difficulty do you have in this situation?</strong></td>
<td><strong>How much does any difficulty in this situation worry, annoy or upset you?</strong></td>
</tr>
<tr>
<td>0 ___ N/A</td>
<td>0 ___ N/A</td>
</tr>
<tr>
<td>1 ___ No difficulty</td>
<td>1 ___ Not at all</td>
</tr>
<tr>
<td>2 ___ Only slight difficulty</td>
<td>2 ___ Only a little</td>
</tr>
<tr>
<td>3 ___ Moderate difficulty</td>
<td>3 ___ A moderate amount</td>
</tr>
<tr>
<td>4 ___ Great difficulty</td>
<td>4 ___ Quite a lot</td>
</tr>
<tr>
<td>5 ___ Cannot manage at all</td>
<td>5 ___ Very much indeed</td>
</tr>
</tbody>
</table>

---

**PEOPLE IN A GROUP**

<table>
<thead>
<tr>
<th>0 ___ No</th>
<th>1 ___ Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How much difficulty do you have in this situation?</strong></td>
<td><strong>How much does any difficulty in this situation worry, annoy or upset you?</strong></td>
</tr>
<tr>
<td>0 ___ N/A</td>
<td>0 ___ N/A</td>
</tr>
<tr>
<td>1 ___ No difficulty</td>
<td>1 ___ Not at all</td>
</tr>
<tr>
<td>2 ___ Only slight difficulty</td>
<td>2 ___ Only a little</td>
</tr>
<tr>
<td>3 ___ Moderate difficulty</td>
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<td>4 ___ Quite a lot</td>
</tr>
<tr>
<td>5 ___ Cannot manage at all</td>
<td>5 ___ Very much indeed</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>How much difficulty do you have in this situation?</th>
<th>How much does any difficulty in this situation worry, annoy or upset you?</th>
<th>In this situation, what proportion of the time do you wear your hearing aid?</th>
<th>In this situation, how much does your hearing aid help you?</th>
<th>In this situation, with your hearing aid, how much difficulty do you now have?</th>
<th>For this situation, how satisfied are you with your hearing aid?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0__ N/A</td>
<td>0__ N/A</td>
<td>0__ N/A</td>
<td>0__ N/A</td>
<td>0__ N/A</td>
<td>0__ N/A</td>
</tr>
<tr>
<td>1__ No difficulty</td>
<td>1__ No difficulty</td>
<td>1__ No difficulty</td>
<td>1__ No difficulty</td>
<td>1__ No difficulty</td>
<td>1__ Not satisfied at all</td>
</tr>
<tr>
<td>2__ Only slight difficulty</td>
<td>2__ Only slight difficulty</td>
<td>2__ Only slight difficulty</td>
<td>2__ Only slight difficulty</td>
<td>2__ Only slight difficulty</td>
<td>2__ A little satisfied</td>
</tr>
<tr>
<td>3__ Moderate difficulty</td>
<td>3__ Moderate difficulty</td>
<td>3__ Moderate difficulty</td>
<td>3__ Moderate difficulty</td>
<td>3__ Moderate difficulty</td>
<td>3__ Reasonably satisfied</td>
</tr>
<tr>
<td>4__ Great difficulty</td>
<td>4__ Great difficulty</td>
<td>4__ Great difficulty</td>
<td>4__ Great difficulty</td>
<td>4__ Great difficulty</td>
<td>4__ Very satisfied</td>
</tr>
<tr>
<td>5__ Cannot manage at all</td>
<td>5__ Cannot manage at all</td>
<td>5__ Cannot manage at all</td>
<td>5__ Cannot manage at all</td>
<td>5__ Cannot manage at all</td>
<td>5__ Delighted with aid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How much difficulty do you have in this situation?</th>
<th>How much does any difficulty in this situation worry, annoy or upset you?</th>
<th>In this situation, what proportion of the time do you wear your hearing aid?</th>
<th>In this situation, how much does your hearing aid help you?</th>
<th>In this situation, with your hearing aid, how much difficulty do you now have?</th>
<th>For this situation, how satisfied are you with your hearing aid?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0__ N/A</td>
<td>0__ N/A</td>
<td>0__ N/A</td>
<td>0__ N/A</td>
<td>0__ N/A</td>
<td>0__ N/A</td>
</tr>
<tr>
<td>1__ No difficulty</td>
<td>1__ No difficulty</td>
<td>1__ No difficulty</td>
<td>1__ No difficulty</td>
<td>1__ No difficulty</td>
<td>1__ Not satisfied at all</td>
</tr>
<tr>
<td>2__ Only slight difficulty</td>
<td>2__ Only slight difficulty</td>
<td>2__ Only slight difficulty</td>
<td>2__ Only slight difficulty</td>
<td>2__ Only slight difficulty</td>
<td>2__ A little satisfied</td>
</tr>
<tr>
<td>3__ Moderate difficulty</td>
<td>3__ Moderate difficulty</td>
<td>3__ Moderate difficulty</td>
<td>3__ Moderate difficulty</td>
<td>3__ Moderate difficulty</td>
<td>3__ Reasonably satisfied</td>
</tr>
<tr>
<td>4__ Great difficulty</td>
<td>4__ Great difficulty</td>
<td>4__ Great difficulty</td>
<td>4__ Great difficulty</td>
<td>4__ Great difficulty</td>
<td>4__ Very satisfied</td>
</tr>
<tr>
<td>5__ Cannot manage at all</td>
<td>5__ Cannot manage at all</td>
<td>5__ Cannot manage at all</td>
<td>5__ Cannot manage at all</td>
<td>5__ Cannot manage at all</td>
<td>5__ Delighted with aid</td>
</tr>
</tbody>
</table>

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

BEN1001

Audiogram - Ben1001 Right

Audiogram - Ben1001 Left
VIC1007

Audiogram - Vic1007 Right

Audiogram - Vic1007 Left
RAY1008

Audiogram - Ray1008 Right

Audiogram - Ray1008 Left
Appendix 5

Ethical clearance

30 November 2004

Dear Mrs Naudé

Project: Age related hearing loss and conversation: before and after hearing aid fitting
Researcher: C Bredenkamp
Supervisor: EC Naudé
Department: Communication Pathology
Reference number: 98019059

Thank you for the application you submitted to the Research Proposal and Ethics Committee, Faculty of Humanities.

I have pleasure in informing you that the Research Proposal and Ethics Committee formally approved the above study on 25 November 2004.

The committee requests you to convey this approval to Ms Bredenkamp.

We wish you success with the project.

Sincerely

[Signature]

Prof Brenda Louw
Chair: Research Proposal and Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
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: Presbyacusis 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
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.
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/Q2006/50 | Please quote this number on all correspondence |

Yours sincerely,

[Signature]

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).

<table>
<thead>
<tr>
<th>Variables in conversation</th>
<th>Key</th>
<th>Transcription conventions and examples:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deviations from English as well as sound additions</td>
<td>[h uh]</td>
<td>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 (μΑ:γ≅ρεΙ:</td>
</tr>
<tr>
<td>Inaudible words</td>
<td>(hello)</td>
<td>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]</td>
</tr>
<tr>
<td>Pauses in the conversations</td>
<td>(0.8)</td>
<td>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)</td>
</tr>
<tr>
<td>Very short pauses</td>
<td>(.)</td>
<td>Very short untimed pauses were indicated with a full stop enclosed in brackets. (Richards &amp; Seedhouse, 2005) Example: (BEN1001.1, Line 20) 20 B [(.))</td>
</tr>
<tr>
<td>Overlapping speech</td>
<td>[ ]</td>
<td>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...</td>
</tr>
<tr>
<td>Feature</td>
<td>Example</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>When conversation was so continuous that one</td>
<td>Continuous bouts of conversation were indicated by equal signs (=).</td>
<td></td>
</tr>
<tr>
<td>‘bout of conversation’ was directly followed</td>
<td>(Ten Have, 1999)</td>
<td></td>
</tr>
<tr>
<td>by another</td>
<td>Example: (BEN1001.1, Lines 52-52)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>52 B yeah=</td>
<td></td>
</tr>
<tr>
<td></td>
<td>53 P =[(if you move that I can see]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(P reaches out to camera and changes angle of camera)]</td>
<td></td>
</tr>
<tr>
<td>Abruptly cut off words</td>
<td>A dash (-) at the end of the word was used when words were cut off</td>
<td></td>
</tr>
<tr>
<td></td>
<td>abruptly.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Ten Have, 1999)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Example: (VIC1007.1, Line 1133)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1133 V I’ll get- (0.4) I’ll uh: (0.8) have to give her a buzz.</td>
<td></td>
</tr>
<tr>
<td>Markedly loud words or phrases</td>
<td>Loud utterances were written in capital letters. (Ten Have, 1999)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adobe Audition 1.5 (Copyrighted) was used to determine whether a section</td>
<td></td>
</tr>
<tr>
<td></td>
<td>of speech was louder (and therefore showed a greater amplitude) when</td>
<td></td>
</tr>
<tr>
<td></td>
<td>compared to surrounding speech.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Example: (VIC1007.1, Line 1142)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1142 P YE[A:H ] BUT LIKE YOU SAY IT [↑DEPENDS</td>
<td></td>
</tr>
<tr>
<td>Emphasis</td>
<td>Noticeable speaker emphasis was underlined. The more the word is</td>
<td></td>
</tr>
<tr>
<td></td>
<td>underlined, the more emphasis was placed on it. (Heritage &amp; Atkinson,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1984)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Example: (VIC1007.1, Line 72)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>72 V oh he’s still down at the supermarket</td>
<td></td>
</tr>
<tr>
<td>Intonation</td>
<td>Intonation was marked by the usual punctuation (e.g. question mark,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>comma and full stop).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Ten Have, 1999)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Example: (VIC1007.1, Line 204)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>204 P she’s [recovering] is she?</td>
<td></td>
</tr>
<tr>
<td>Additional risings and fallings in intonation</td>
<td>Additional intonation was marked by arrows. Additional intonation is</td>
<td></td>
</tr>
<tr>
<td></td>
<td>in this circumstance referred to as any changes in intonation other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>than the instances that can be indicated by commas, full stops or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>question marks within standard orthography. A rising of intonation was</td>
<td></td>
</tr>
<tr>
<td></td>
<td>indicated by placing an upwards pointing arrow in front of the word.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fallings in intonation were indicated by placing a downwards pointing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>arrow before the word.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Features of interest</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Example: (VIC1007.1, Line 199)</td>
<td>199 V AH:TH AT UH: YEAL UH: THEY- HU HU</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Noticeably quiet speech</th>
<th>Noticeably quiet speech was indicated by small circles. The points where the quiet speech started and ended were indicated by °.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: (JILL1021.2, Line 729)</td>
<td>729 J (°something°)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Considerably quiet speech</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: (BEN1001.1, Line 691)</td>
<td>691 B [śśthat one.śś ] [(B points to camera)]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gaze</th>
<th>“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 &amp; Seedhouse, 2005, xiii)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: (BEN1001.1, Lines 445-447)</td>
<td>445 B [...____________________ 446 B [we [didn’t] like it very much.] [(B shakes head)] 447 P [.X________________]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sound elongations</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: (BEN1001.2, Line 225)</td>
<td>225 P uh:m:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Very long sound elongations</th>
<th>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</th>
</tr>
</thead>
</table>

(Ten Have, 1999)
Example: (Extract: VIC1007.1.17, Line 13) → 13 P ↑no I ↑did not.
whether a sound was both audibly and visually (spectrographically) longer than other surrounding sounds.
Example: (BEN1001.2, Line 272)

<table>
<thead>
<tr>
<th>Fast paced speech</th>
<th>&gt;</th>
<th>&lt;</th>
<th>These signs indicate that the bout of conversation was of a noticeably quicker pace than the surrounding conversation. Example: (BEN1001.2, Line 282)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slow paced speech</td>
<td>&lt;</td>
<td>&gt;</td>
<td>These signs indicate that the bout of conversation was of a noticeably slower pace than the surrounding conversation. Example: (LEE1006.2, line 28)</td>
</tr>
<tr>
<td>Milliseconds</td>
<td>---</td>
<td>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. Example: (LEE1006.2, Line 400)</td>
<td></td>
</tr>
<tr>
<td>Accents and pronunciation</td>
<td>mornin’</td>
<td>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. Example: (LEE1006.2, Line 452)</td>
<td></td>
</tr>
<tr>
<td>Comments or descriptions of non-verbal actions</td>
<td>(( ))</td>
<td>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. Example: (LEE1006.2, Line 507)</td>
<td></td>
</tr>
</tbody>
</table>
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 presbyacusis, the dyad code, followed by the number of which recording for the dyad, and finally the number of the extract, for example:

```
BEN1001.1.001
```

- **This name refers to the pseudonym used for the person with presbyacusis throughout the dissertation.**
- **This number refers to the dyad code.**
- **The number in this position refers to the whether it was the pre-amplification or post-amplification recording. A number 1 indicates it was the pre-amplification recording and a number 2 indicates the transcript is from the post-amplification recording.**
- **This refers to the extract number. If you look through the transcript, you will see the corresponding extract numbers in the column on the far right.**
**Subject:**
Ben

**Transcript number:**
BEN 1001.1

**Information on the subject:**
Ben (B) is the participant who has been identified with presbyacusis. 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 presbyacusis. 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

<table>
<thead>
<tr>
<th>Counter time</th>
<th>m</th>
<th>s</th>
<th>Line</th>
<th>Speaker</th>
<th>Talk</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td>1</td>
<td>B</td>
<td>[</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td>2</td>
<td>B</td>
<td>&quot;you: uhh should watch me&quot;</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td>3</td>
<td>P</td>
<td>[ ...... X</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td>4</td>
<td>P</td>
<td>°OK°</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td>5</td>
<td>B</td>
<td>[</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td>6</td>
<td>B</td>
<td>[&quot;n[o, [you]] tell me&quot; [.] [.] ]</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[((B points))]</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[((beep from camera))]</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td>7</td>
<td>P</td>
<td>[&quot;X</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td>8</td>
<td>P</td>
<td>[go back to] (1.0) go back, [to: ]</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[((P points))]</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[((P points))]</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td>9</td>
<td>P</td>
<td>uhmm Kelly an[d Melinda.</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td>10</td>
<td>B</td>
<td>[</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td>11</td>
<td>P</td>
<td>[yes.</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td>12</td>
<td>P</td>
<td>mm ↑mm,</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td>13</td>
<td>B</td>
<td>[</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td>14</td>
<td>B</td>
<td>&gt;yeah&lt;</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td>15</td>
<td>P</td>
<td>s: fine</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td>16</td>
<td>B</td>
<td>[</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td></td>
<td></td>
<td>17</td>
<td>B</td>
<td>[</td>
<td></td>
</tr>
</tbody>
</table>
she’s lovely in’t she?

B [(.) ______________________] “gorgeous”

[(nods head then looks to camera)]

P really good

B “gorgeous”

P [in fact] that came out better (0.9) that one

[(P points to

B [________________________,]"

00:00:30

P (0.9) than [the:] (1.5) one (wun) we

picture)]

P (1.9)

P ohh that’s lovely.

B [----------]

P [(--------)]

B th’ almost in the same position

B yes:

B [(.)

P [in fact] [that came out better (0.9) that one

[(P points to

B [________________________,]"

B took off her two weeks ago,

B ______________________)

P we’ve had taken of her.

B ______________________

B __________

B (--------)

P would you agree?

B (2.0 [- - - - - - - - ]

[P reaches out to camera and retracts])

B I like that v[ery ] much

P [yeah]

B [________]

B [uhhh ]

B [very good.]

B ""

B yeah=

P = [if you move that I can see ]

[(P reaches out to camera and changes angle of camera)

B it a bit better

B [(2.0)

[(B draws camera closer to P

and changes angle of camera)]

B mm.

B [that one, we’ve got ] to pu- in a frame,

[(P points to picture)]

B [-------------------------------------]

P and give it to [Jason [as well.]

[(B smiles)]

B [________________________]

B __________

B (0.1)

P____

B [yeah"

[(B raises
eyebrows))]
67  P   [yeah? ] [you agree? ]
68  P   [(B nods head)]
69  B   [(0.2)
   [(B nods head and looks to camera)]
   [((B nods head))]
00:01:00
70  P   tha’s the
71  P   one uh the better ones of Jess.
72  B   [.
73  B   [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   [no’ not so good as the one- previous.
84  B   [.
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)  ]
   [((P swirls her finder)]
   [((B leans towards P and raises eyebrows)]
   [((B nods))]
3
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?
101 B   [.
102 B   [(1.9)
   [((B tilts head to the side
and looks at P intently)])]
00:01:30
103 P   [......X________________
4
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)) ]
4
110 B   [.
111 B   =ahh: yes
4
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 [for a smoothy, yeah]
   [((B gestures drinking from a cup)]
121 B ______________________
122 B ______________________
123 B [not banana,    ] [for a [smo[oo]] ]
   [((B lightly touches P)][(B mimes drinking)]
124 P [.......]
125 P [mmm]
126 P (1.0)
127 P yeah, with the birds.
128 P (0.5) (beep from digital camera) (2.1)
129 P [that w[as lo[vely.  ]
   [((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)]
134 B [.....]
135 B [.....]
136 [--------)
   [((B nods and leans forward both point to photo)]
137 P [X,_______,]
138 P [TINY]
   [((both point to photo)]
139 B [.....]
140 B [.....]
141 [-------- 2.0 [--------]
   [((B nods his head, P makes a small nod))]
   [((B points to photo)]
142 P brilliant yeah:
143 B [.....]
144 B [.....]
145 B $>$massive$<$
146 P [the Oceana is big.]
   [((P points to photo)]
147 B [.....]
148 B [.....]
149 P [ve:ry very big. ]
   [((P and B nod)]
150 P [.....]
151 P (0.5)
152 P [.....]
153 P s: [quite an experience ] [wad’n it ]
   [((P taps B on the arm twice))]
Bredenkamp, C. 2006. University of Pretoria. UPeTD

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154 B [..______]
155 B
156 B (1.6)
157 P [..X______________]
158 P [QUITE [AN EX][PERIENCE. ]
   [(B nods his head
   vigorously)]
159 B ____________________________
160 B [yeah. (.) ↑yeah]
161 B [↑↓yeah ↓yeah ↓yeah<]
   [(B nods head vigorously)]
162 B sorry I’m: (0.3) sorry
163 P don’t say [sorry. ]
   [[(P taps B on his arm twice)]
164 (0.9)
165 P [si i bO] a- I bit mm say tha’
166 B
167 B [s: li- boy. ]
   [(B points to picture)]
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 [(0.8)____________________]
   [(B nods head)]
180 P _____________
181 P [and get them ]
   [(B nods head)]
182 B ______________
183 B
184 (0.2)
185 P [..X______________________]
186 P [stead of doing ‘em yourself.]
   [(B nods head)]
187 B
188 B [☐point taken☐]
189 (0.1)
190 P [yeah get them printed out.]
   [(B nods head)]
191 B __________
192 (0.1)
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 [..______,]
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'?]
218 B [((B nods))]
219 B [0.9]
220 B [((B nods))]
221 B bu was [stran[ge]
222 B ["ts very good]]
223 B [((B nods, bleep))]
224 P yeah
225 (0.1)
226 P nice memories
227 (2.6)
228 P well [yo- you know what we've] go' to
229 B [-------]
230 P do with them
231 B [-----]
232 B (1.0) [get them [brighten up a bit [1.0)]
233 P [((B lifts hand up and down)]
234 B [-----]
235 B [((P points to camera)]
236 P [-----]
237 P [that's right]
238 P [yeah ]
239 ((P nods))]
240 P [yeah ]
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.
218 B [((B nods))]
220 B [-----]
222 P [((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
228 B [-------]
229 P do with them
230 B [-----]
231 B (1.0) [get them [brighten up a bit [1.0)]
232 P [((B lifts hand up and down)]
233 B [-----]
234 B [((P points to camera)]
236 P [-----]
237 P [that's right]
238 P [yeah ]
239 ((P nods))]
240 P [yeah ]
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.
P [X
247 P [uh: [the couple that [we met]
248 P [(B rotates his...
249 P on ↑holiday )
250 B [YES: (---)
251 B [((B nods head))]
252 B [...
253 B (1.0 --------[----)
254 B [Roger, a- and
255 B [X_________
256 P [X________
257 P [Roger, a- and
258 B [Jenny.
259 B [Roger and Jenny again.
260 B [Roger and Jenny again.
261 B [Jenny.
262 P [X
263 B [(0.2)
264 B [.hh
265 B [---
266 B [Roger and Jenny again.
267 P [Roger and Jenny again.
268 B [Roger and Jenny again.
269 B [Roger and Jenny again.
270 B [Roger and Jenny again.
271 (0.9)(beep from digital camera) (1.6)
272 P [ahhw that's [nice.
273 B [---
274 P [---]
275 P that's a [luv-
276 B [---
277 B [(is okay?)]
278 B [---
279 P [---
280 B [---]
281 B [(okay?)]
282 P [---
283 B [---
284 P [---
285 B [---
286 P [[B nods head])
287 P [---]
288 P [you enjoyed ↑taking (them didn't you?]
289 B [---]
290 B [---]
291 B [[yes. °°
292 P [---]
293 P [you enjoyed taking them. ]
294 B [---]
295 B [---]
296 B [---]
297 B [---]
298 B [---]
299 B [---]
300 B [---]
301 B [---]
302 B [---]
303 B [---]
304 B [---]
B [....
297 B [.hh
298 B .....  
299 B (1.4)
300 B
301 B [Ujani], the manager and you?
302 (0.9)
303 B
304 P  hmm↑
305 B
306 B
307 B he's: nice. he was nice, 
308 P [Milla
309 B [(P points to photo)]
310 B
311 P  nice man.
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 [._  
330 P [([B points to picture])]
331 B [.....],
332 B [but last but one night.  
333 P [yee:h.  
334 (0.9)
335 P  though the [end s- for unseen ones aren't they?]  
336 B [(P points to picture)]
337 B [(0.1)  
338 P [B leans forward)]
339 P [X_  
00:04:00
340 B [UNSEEN ONES, the cooks.]  
341 B [.]  
342 B [yes  
343 P [they came out an- =]  
344 B [yes ]
[(B nods)]
345  P  [took a bough.]
346  B  [(B nods)]
347  P  [yes: they are good.°]
348  B  [(B nods)]
349  B  (2.1) [(beep from digital camera)]  (0.8)
350  B  s': the best cruise ship we ever been on, in' i'?
351  P  [(B nods)]
352  P  [(3.4) [best cruise ship]]
353  B  [(B adjusts glasses)]
354  P  aww that was a lovey scene.
355  B  [(B nods)]
356  P  [Yeah,]
357  B  [(B nods)]
358  B  [it's beautiful]
359  (0.3)
360  P  yeah.
361  (0.5)
362  P  really nice.
363  (2.0)
364  P  [we must-] once we put them in the [album]
365  B  [(P points to picture then to album)]
366  B  [(B points to picture then to album)]
367  P  [(0.8) from [there.]]
368  B  [(B points to camera)]
369  B  [(B points to album)]
370  P  [X________________]
371  P  [then we can go and show them,]
372  B  [(B points to album)]
373  P  [(B points to album)]
374  (0.4) to the rest of the [family.]
375  B  [(B points to album)]
376  P  [(B points to album)]
377  (0.5)
378  B  [(B hits head with forefinger and shakes his head)]  002
379  B  [where is this?]
380  P  ''
381  P  (0.4) that's the Cayman Islands.
382  B  ''
383  B  [(1.6) 002]
384  B  [(B points to album)]
385  B  [Cam-°]  002
386  P  [(B taps head with forefinger)]
387  B  [(B taps head with forefinger)]
388  [(B taps head with forefinger)]
and shakes his head)

389 P _______,

390 P [Cayman Islands]

391 B ______,

392 (3.9) (beep from digital camera)

393 P [___,

394 P [hh

395 P [_______,

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 (0.9)

402 [((B nods))]

403 B ___

404 P [petrified, rem]ember?˚

[((P put outstretched hand in the air))]

[((B nods))]

405 P [petrified, rem]ember?˚

[((P put outstretched 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 semi-circle in air))]

[((P nods))]

416 B ______

417 B ___

418 (0.6)

419 P [looks- 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 [____X________,

00:05:00 427 [((1.8)) [X________,

[((B nods))][((beep from digital camera)]

428 B [____X________,

429 B [beautiful view down [into the bay.]

[((B points to camera))]

430 P mm hmm,

431 P [yeah,

[((P nods head))]

432 P

433 B [____

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434 (1.5) [ ][(beep from camera)] [(1.3) (--[------])]
   [((B points to 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)]
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)
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.
473 P
474 (1.0 [---]
475 B [...]X
476 B
477 B [ye[s:    ]
   [((B points to camera)]
478 P [________
479 P
480 P
481 P
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479  P  [THA'S ] [A nice one ]
        ([B points to camera])
        [((P puts hand forward and
         withdraws)])

480  B  ___

481  B  ___

482  B  [yes;]
        [((B points to camera)]

483  P  ___

484  B  ___

485  B  yeah [the boats 'thing.'

486  P  [(3.1)

487  B  are we doing [OK for you my love?

488  P  [ Invocation ]

489  L  [(1.7)

490  P  jus- carry on

491  B  'right.'

492  B  [__]

493  P  [3.5 ------ [--------]

494  P  [X____]

495  B  you like [the:
        [((B shakes hand)]
        [yeah:]]

496  P  [ Invocation ]

00:06:00

497  P  [ Invocation ]

498  B  [ Invocation ]

499  P  [X____]

500  P  tha' [s: [of.4) [ Invocation ]
        [ Invocation ]

501  B  [ Invocation ]

502  P  ___

503  P  [ Invocation ]

504  B  [ Invocation ]

505  B  [ Invocation ]

506  P  [ Invocation ]

507  B  ___

508  P  bu' I's a happy photograph.

509  B  [ Invocation ]

510  B  [ Invocation ]

511  P  [ Invocation ]

512  P  [ Invocation ]

513  B  [ Invocation ]

514  P  [ Invocation ]

515  P  [ Invocation ]

516  B  [ Invocation ]

517  B  [ Invocation ]

518  P  [ Invocation ]

519  B  [ Invocation ]

520  P  mm↑>mm<,
yeah.

B [.....] 004
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. .] 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 [and we’ll go round.] 004
542 P [.....] 004
543 B [____] 004
544 B [ye:::s, ye:hes. [yes. .hh 004
545 P __________________________________ 004
546 P (beep from digital camera) (1.1) 004
547 P [..] 004
548 B [.(P points in air then puts hand on her chest)] 004
549 [(2.3) [(B nods) ] 004
550 P so they don’t come [a[long, .] 005
551 P [[[P touches B on arm]]] 005
552 B [_.] 005
553 P [________] 005
554 P [THEY DON’T COME ALONG:] THAT often. 005
555 P [.(P waves finger in the air)] 005
556 B [no, no:=] 005
557 P [((B shakes head))] 005
558 P =HE he he: 005
559 B .hh 005
560 B (7.6) 006
561 B [____] 006
562 B [the [t_e:n 006
563 P [_.] 006
564 [0.8] 006
565 P [..] 006
566 P [yeah. [I can- [rem- [(0.9) I CAN’T REMEMBER,] 006
567 P [[[P points to camera]]] 006
568 B [_____] 006
569 P [WHAT IT SAID. [ALL of them,=] 006
570 B [_____] 006
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00:07:00

571 B I can't read,

572 B

573 P

574 P

575 P

576 B

577 B

578 P

579 B

580 P

581 (1.8)

582 B

583 B

584 P

585 B

586 P

587 (1.4)

588 P

589 P

590 P

591 [(0.9)]

592 B

593 B

594 B

595 P

596 (1.5)

597 P

598 (1.5)

599 P

600 (1.0)

601 P

602 B

603 B [(0.4) ['yes,']

604 P

605 P

606 (0.4)

607 B

608 B

609 (4.0 [--)]

610 P

611 B

00:07:30

612 (2.6) ((beep from digital camera)) (2.6)

613 B

614 B

615 P

616 P [§§that's right. §§]
[(B and P nod)]

617 B [_.____.,,]
618 B [all glass.]

[(B points to camera)]

619 P yeah↑

620 (7.0)

621 B [.___-

622 B [sun]set.]

[(B waves outstreched 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 good,

007

630 B [._

007

631 P [..X__,,,,,,,,

007

632 P [REALLY [GOOD   ]

[(B nods)]

007

633 B [_____.,,,]

007

634 B [§§good.§§]

007

635 [(2.0)]

[(B nods)]

007

636 P [really good.]

007

637 P [Ahh:] 007

[(B nods)]

[(B points to camera)]

638 B [____]

007

639 P [yeah.]

007

[(B points to camera)]

640 B ..., 007

641 B [____]

007

642 B [better’s that one?=

[(B nodsand points to camera)]

643 P =mm.

007

644 B ..., 007

645 P [_.X__]

007

646 P [we [took the [other one [off didn’t we]

[((P points to camera)]

00:08:00

647 B [____________________]

648 P [____,,]

649 P [because he was, °°a bit z’abit dark °°]

[(B nods)]

650 B [____,____,

651 B [____,____,

652 (3.0 [-----] 00:

653 B [____,,]

654 B “yeah°

655 P [mmm.]

00:

656 B [__.]

657 [_____ 4.0 ---(--)

[((beep from camera))]
...cool night on the big night,

...very good

[6.0] (several beeps from camera lasting 6.0 seconds)]

[zh'a stern, back end.

[(0.2) [coughs]]

[P]

[00:08:30]

[Kelly said last night, KELLY SAID]

[(P points to camera)]

[[P points to camera]]

[(B nods)]

[yes= ]

[B] [X] [P]

[P=yeah.= ]

[B]

[=yes.= ]

[B]

[P I think, when it's- [WHEN IT'S [WHEN IT'S]

[bEEP FROM B on his arm]]]

[enlarged it'll be [better.]]

[(P waves hand in the air)]

[(P points to camera)]

[B [that one.]]

[mmm mmm.]

[(P points to camera)]

[(2.0) (beep from digital camera) (1.4)]

[very good.]

[(B points to camera and nods, B points to camera)]
697 P [X________.,
698 P VERY GOOD.
699 B _________
700 B Yeah
701 P very "good."
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.
710 P [hmm[:mm:mm.
711 P [very good.]
712 P [((P pushes paper around on table))]
713 P [((B starts taking out the memory stick from the camera))]
714 P [we've] taken [a lot off've there haven' we?
715 B [..X____________________
716 B [..mm:mm:mm:mm.
717 B [------ ------
718 P [\.
719 P [we've deleted [a lot, [DELETED a lot.
720 P [((B nods and wavers hand in the air))]
721 B [..X\.
722 B [\(I know yeah)\]
723 P yeah
724 B [\.
725 [1.0 1.0 1.0 1.0 1.0 1.0]
726 B ["where's this?"
727 B [((B points to camera))]
728 P [that was:. \(>that was< imm:.?]
729 B [((B points to camera))]
730 B [\.
731 B \(Camen)\]
732 P no,
733 B --
734 P [...X
735 P [that was [the French Antilles]
736 B [((B points to camera))]
737 B [\]
738 B Dutch [Antilles.
739 P [((B points forefinger in the air))]
P "Dutch Antilles."

B "Dutch"

P [yeah.]

B [yeah.]

P [that was the very first mornin', yeah?]

B [yeah.]

P [you speak through it.]

B [yes]

P [you go through it.]

B [right.

P [that was the first beach (1.0) walk.]

B [I can't tell you where it was:?]
Subject: Ben

Transcript number: BEN 1001.2

Information on the participants:
B is the participant with presbyacusis 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 presbyacusis. 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

<table>
<thead>
<tr>
<th>Counter time</th>
<th>m</th>
<th>Line</th>
<th>S</th>
<th>Talk</th>
<th>Notes</th>
</tr>
</thead>
</table>
| 00:06:00     |   | 1    |   | (11.1) [(0.2) [(5.8)                 ]
|              |   |      |   |         ] [[(B clears throat)]]
|              |   |      |   |         ] [[(B picks up book on ground)]]
| 00:06:00     |   | 2    | B | [........], |
|              |   | 3    | B | >Hi love.< |
| 00:06:00     |   | 4    | P | [Hi, ]
|              |   |      |   |         ]
|              |   |      |   |         ] [[(P walking towards B)]]
| 00:06:00     |   | 5    | B | [......], |
|              |   | 6    | B | [I was uh, looking at January the twenty seventh. |
|              |   |      |   |         ]
|              |   |      |   |         ] (2.5)
| 00:06:00     |   | 7    | B | There's a, [Carribean, ] |
|              |   |      |   |         ]
|              |   |      |   |         ] [[(P looks around the room)]]
| 00:06:30     |   | 9    | P | [Yeah ]
|              |   |      |   |         ] [[(P looks around the room)]]
| 00:06:30     |   | 10   | B | [........], |
|              |   | 11   | B | [Island, [Mexican ]
|              |   |      |   |         ]
|              |   |      |   |         ] [[(P looks around the room)]]
| 00:06:30     |   | 12   | P | *a whe' tha)*
|              |   |      |   |         |
| 00:06:30     |   | 13   | B | [It's on page, (2.0) ]
|              |   |      |   |         ] [[(B points to page)]]
| 00:06:30     |   | 14   | P | [on 's: one?= |
|              |   |      |   |         ]
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15 B [fourty fiv- no no= ]
16 P [....]
17 P [on that one? ]
18 B [on this one ]
19 P [right.]
20 P [OK]
21 B [..____,,,]
22 [(-----[---- --------) (6.0) ]
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? ]]
30 P [0.7) Mmm:
31 B [it does. ]
32 [1.6]  
33 B [two:, (0.5) places in] Mexico,=
34 P [yeah ]
35 B [______, [.....,,,,,,]  
36 B [it ] also does [New Orleans.]
37 P [Yeah, ]
38 [1.1]  
39 P [That’s nice I like that.]
40 P [>Is that the one?< ]
41 B [Yes this is the] one.]
42 P [That’s very good. ]
43 P [I like that, ]
44 B [.....,,]
45 B [Starts at [Bordavis ]
46 P [mm ↑mm ]
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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 [Ooo!]
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,
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 [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’?
85 B [.______,.]
86 B [.hh > òYeah. ó<
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 [..________,.,
00:08:00
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 [Right.]
((B points to page))
107 B ______
108 B [..___________________
109 B [And we’ve never,]
(((B points to page))
110 P [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))
114 P looks  
((B points to page))
115 B [never,]  
((B points to page))
116 P Right.
117 B [..___________________
118 B An it also says [because a net- a night there.
119 B (0.9)
120  
121 B [..___________________
122 B So du’ [book we’ve 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,
and during [the day], there.

[Right.]

[So, we can [do some sight seein'] then.

[Yeah.]

[We do know that there is one free on]

[One nine one, is vacant.]

[Definitely see- see some sight seein'.]

Now, it does say, (0.6) that,

[So, we can [do some sight seein'] then.

[Yeah.]

[We do know that there is one free on]

[One nine one, is vacant.]

[Right]

[the rear.]

[We do know that there is one free on]

[One nine one, is vacant.]
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181 B
182 (0.4)
183 P
184 B
185 B Yes
186 P
187 P Should be goo-real good.
188 B
189 B [.]
190 B and it’s the same company.
191 B
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 about the floyds,
200 B
201 P
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 B
213 P [uhm:
214 B [.]
215 P
216 (1.3)
217 B
218 B
219 P s’linking,
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’
235 B [(B nods)])
236 B [fine ]
237 P [fine ]
238 P places [like ] tha’ >(doesn’ like)<=
239 B [wha’]
[we’ll leave that then.]

((B puts magazine down and picks up another one))]

yeah,

bu’ I do like tha’,

tha’ is a g- tha’ wuz

this is

[Tha’ is-] for major one really,

((P points to magazine))]

[bud I mean< for a smaller one]

[Think i’ looks promising.]

(1.5)

Is, (1.0) [Princess Cruise, (0.9)

[.------------------]

[sister company to PNO?]

((B points to magazine))]

mm ↑ mm

[.------------------]

so we’ll still get our (0.7) discount.

[.------------------]

[Oh yeah tha’s a help in’ i’?]

[.------------------]

yeah,

uhm.

’s: a help.

(1.0)

[Surpri:si::n’]

((B nods))

[surprisin’ in’ i’?]

((B nods))

[.------------------]

yes.

I ↑ heard about,

(0.7)

very similar a superset, to wha’=

=yeah,

(0.6)

bu [um in ]

[we have] a thing in in i’]<

yea.h.

(2.3)

[.------------------]

[think] I wan’ to go ↑ now]

((P looks up to ceiling)) ]

[.------------------]

((B smiles))]

[----- 1.0) ]

(B smiles))]
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289 B There is one (fwhere) we could do,
290 B [..._________________________
291 B you want to do: uhm, Gibrata,
292 B 
293 B an: d, an: d,
294 P I- I >wanna do<, uhm: [Portugal, ]
\[([P counts on fingers)]
295 B 
296 P [1.0) gra- um: [Gibraltar, ]
\[([P counts on fingers)]
\[([B scratches neck)]
297 B ...
298 P [0.6) Corsica, 
\[([P counts on fingers)]
299 P (0.9) and [all o' the other ones like uhm-] 
\[([P waves hand in a circle)]
\[([B points to magazine)]
300 P [and I [would like to g' see Venice,] 
\[([P slowly looks up toward garden)]
\[([B points to magazine)]
301 P [in our lifetime, ]
\[([B points to magazine)]
302 P [yes: ]
\[([B points to magazine)]
303 B yes::
\[([P slowly looks up toward garden)]
\[([B points to magazine)]
304 P [You know I'd just go there for-, just a day.] 
\[([P slowly looks up toward garden)]
\[([B points to magazine)]
305 P [just to experience it. ]
\[([P looks down towards magazine)]
\[([B points to magazine)]
306 P [1.6) 
\[([B points to magazine)]
307 P ...
308 P >Y[ee you [agree?]<] 
\[([P points to magazine)]
[...X__
309 B 
310 B 
311 B >**yeah <<.<.
\[([B points to magazine)]
312 P ___
313 B ___
314 00:10:30 [--- 1.0)
\[([B points to magazine)]
315 P ___
316 B ........
317 B Uhhm, and it [will be good a' get to go]
\[([B points to magazine)]
318 B 
319 B [from Southampton,]
\[([B points to magazine)]
320 P Y[eah I'd like that, I'd love that.]
321 B ___

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322 B [rather than, before. ]
323 P [It- it 'ecause it'll take some of the]
324 P [pressure off of flyin', ]
325 P [(0.6) all the way [to Barbados or:]
326 B [ ………]
327 P [uh- to America,= ]
328 B [=yeah.]
329 B [….__________
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 ]
334 P [an they stop us say ]
335 P [goin' over-, you know-, uhm travellin' up,]
336 P [overnight, stayin' a hotel.]
337 B [Well here's a small one, ]
338 B […______________________,
339 B [I say a small one >it's a fourteen night<,]
340 B [and that's going from Southampton,]
341 B [to Spain, Portugal, France,]
342 B [……]
343 B [Italy and [Gibraltar. ]
344 P See that's n[ice. ]
345 B ______________________
346 B [and,] I know that's not Venice, but-
347 B [………..
348 P [yeah but you can always do [Venice, ]
349 P [you can do that on the cheap- cheap uhm:] ]
350 P [yeah, ]
351 P [you can do that on the cheap- cheap uhm:] ]
352 B [yeah,]
353 P [uhm page thirty ]
354 B [……………………
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<,}
P: can't you you can go there [for the day]

B: ...,

P: Yes,

B: Yes,

P: And

B: [.............]

P: they've got >ones to<- [New York,]

B: [],

P: [----1.0]

B: [...,]

P: [.....]

00:11:30

B: hmm=

P: =for a day

B: ("sure")

P: well no >for three days we'll have to go

B: (wake up (nce)< )

P: [in' there], ⊕dY≡w≡dj3:⊕

((B points to magazine))

B: [we'll do Southampton,

((B points to magazine))

[0.6]

((B points to magazine))

B: [then go to Vigon,

((B points to magazine))

B: [then to Lisbon,

((B points to magazine))

[0.5]

((B points to magazine))

B: [that's my cuppa tea,

((B points to magazine))

B: [yeah?]

((B points to magazine))

B: [Gibraltar?]

((B points to magazine))

P: [Yeah.]

((B points to magazine))

[0.9]

((B points to magazine))

B: [and Barcelona]

((B points to magazine))

P: [yeah,]

((B points to magazine))

B: [and, (1.0) then to Rome,]

((B points to magazine))

P: [mm ↑mm]

((B points to magazine))

[0.8]
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401 B [to Naples, ]
402 P [yeah ]
403 B [(1.0) ]
404 B [(Portnia) ]
405 B [(0.6) ]
406 P [mm. ]
407 P [Puortothenos ]
408 B [-------------,] 409 B ["Portoguenos"]
410 P ...
411 P [That was [beautiful there >we’ve already] ]
412 B [------------X---------------]
413 P ............
414 P [been’ there Mike?< ]
415 B ............
416 B [\[1.0\] ]
417 B [\[(B points to magazine)\] ]

00:12:00 418 B [yes. Yeah ]
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:mm, ]
430 B mm hmm.
431 (0.4)
432 P [-----------------------------,]
433 P [we want the money, ]
434 P hu hu
435 B .hh
436 (3.1)
437 B If we had, [twin rooms outside with a balcony,]
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([B points to magazine])

438 B [(3.8) we could (1.0)
        [(P looks up and
to her right)]]

439 P [carry, ]
        [(P leans forward)]

00:12:30 440 P I don’t think- it won’t be as expensive as:
441 (2.9)
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 = 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 Carribean 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  [poh!  ]
[(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,  
[(B points to page)]

489   B  [(B waves hand)]

490   B  [no extra cost on the flight.]
[(B waves hand in air)]

491   B  [no hotel stay overnight,=]
[(B waves hand in air)]

492   B  [=no:, bu’ that- (.)]
[(P scratches head)]

493   P  [by the time we’ve doin’ all tha’,]  
[(P looks up)]

494   B  ________

495   B  [that’s,] [two hundred and,  
[(B adjusts glasses)]

496   B  _____________

497   B  [....

498   B  [that’s,] [two hundred and,  
[(B waves hand)]

499   P  [that’s a lot of money Mike]

500   B  [Two hundred and seventy pound, f’the ho tel.]  
[(B waves hand in the air)]

501   B  [Two hundred and seventy pound, f’the ho tel.]  
[(B waves hand in the air)]

502   P  [....X__________________________

503   P  [but mind you that’s a lo’ of money by the time

504   P  [you pay, your petrol going up there in your car,  

505   B  __________________________

506   P  [to Gatwick, (0.4)]
[(B nods)]

509   P  _____

510   B  [....X_______

511   P  __________________________

00:13:30  512   P  uhm: the travellin’ you know,
also you know the overnight stay.

[D'ya know wha' I mean?]

[An' uh an-]

[An then the the-cost of p-p-parking the car,]

[°plus the meals°.]

[Plus your meals, yeah, plus your meals,]

[but is Southampton what that's:-]

[that's very easy,

[Plus you get, (0.5) uhh [as much baggage]

[as you want,]

[you're not limited like we' you are]
B [an', have to fly to-=]  

[(P waves hand in the air)]  

[(B nods)]  

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 yeah[. ]  

570 P [Pros] and cons on i'.  

571 B  

572 B [and the car’s looked after all day.=]  

[(B puts hand on magazine)]  

00:14:00  

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 l’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 points to page)]  

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)]  

595 P [(B nods)]  

596 P _______  

597 P _______  

598 P ___,

599 P ___,

600 P ___,

601 P ___,

602 P ___,

603 P ___,

604 P ___,

605 P ___,

606 P ___,

607 P ___,

608 P ___,

609 P ___,

610 P ___,

611 P ___,

612 P ___,

613 P ___,

614 P ___,

615 P ___,

616 P ___,

617 P ___,

618 P ___,

619 P ___,

620 P ___,

621 P ___,

622 P ___,

623 P ___,

624 P ___,

625 P ___,

626 P ___,

627 P ___,

628 P ___,

629 P ___,

630 P ___,

631 P ___,

632 P ___,

633 P ___,

634 P ___,

635 P ___,

636 P ___,

637 P ___,

638 P ___,

639 P ___,

640 P ___,

641 P ___,

642 P ___,

643 P ___,

644 P ___,

645 P ___,

646 P ___,

647 P ___,

648 P ___,

649 P ___,

650 P ___,

651 P ___,

652 P ___,

653 P ___,

654 P ___,

655 P ___,

656 P ___,

657 P ___,

658 P ___,

659 P ___,

660 P ___,

661 P ___,
P got the hurricanes goin’ into- Mexico an’,

(1.6)

B [....]

[is it bad?]

P [......]

P =yeah looks. it’s buildin’ up,

P ______________________

(0.7)

P =yeah: las’ year wadn’ i’?

B Uh

P of’ve Erica.

(0.7)

P uhm,

(0.7)

B So what do you think about that?

B =y’r- you leave Southampton,

(0.7) .hh [mm]m, .ss=

B [.....]

B [=with all that (beenstrup) on,=

P .............................................

P .............................................

P .............................................

P .............................................

00:14:30

P =yeah. Remember it now?

B [yes:, (2.9) yes.]

P =cheaper is, or the dearer is.

(2.9)

P d’s look a’ those?

B “no.”

P [It’s Puertothena.]

((P points to magazine))

((P points to magazine))

00:15:00

P [and the prices off t-] I suppose [the later you go, ]

((P points to magazine))

((P points to magazine))

((P points in air))

((P points to magazine))

B Yeah=

P [Uh: [October.]

((P points to magazine))

((P points to magazine))

P [the dates that they go]

P [and then your (wife had’ve) in May?]

P [(B nods)]

B uhm, depart UK,

B Thursday the twenty

[......]

B eighth USA, bu- [April=

P =yeah.

B But tha’- that’s not this year?

P [and then your (wife had’ve) in May?]

((B points to magazine))

((B points to magazine))

((B points to magazine))

((B points to magazine))

((B points to magazine))

((clears throat)) [(raincroft)]

(1.0)

[was it TWO thousand]

P [and s- (0.4) six]

((B points to magazine))
646  B  [Yes this is two thousand [and six, isn’t it?]
  [([B points to magazine and nods head])]
  [oh is it? Right,]
647  P
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  […….]
  [([B points to magazine)])
00:15:30  653  B  [to the eighteenth of January.]
  [([B points to magazine])]
654  P  [mmmm]
  [([B points to magazine)])
655  B  […….]
656  [1.4]
  [([B points to magazine)])
657  B  [uuhm;..]
  [([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  [right.]
  [([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?]
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682 B
[(B points to magazine)]
May, June or August.]

683 P
[(B points to magazine)]
(2.7)

00:16:30 684
Subject: Lee

Transcript number: LEE1006.1

Information on the subject:
Lee (L) is the participant who has been identified with presbyacusis. 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 presbyacusis. 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

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<th>Word</th>
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<td>(0.6)</td>
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<tr>
<td>20</td>
<td>P</td>
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</tbody>
</table>

P uh no she’s no.:
P everybody quiet now aren’t they?
21 L (0.7) [well I was jus’ [beadin’ off, I know. ]
   [(L nods head)]
22 L [where do we hide her if we did her anyway?]
   [((L turns head toward P, no eye contact))]
23 P [(coughs repeatedly)]
24 hmm
25 L [we’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)
00:00:30
31 L [who uh them two my (Jesse similar) who]
   [((L turns head toward P, no eye contact))]
32 L [aren’t 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 mm, ]
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 siricase 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 ...........
00:01:00
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,=
L =yeah's whad I said, yea:h.
P ____________________________
(0.7)
L (μλ glacier: that's yuh up
to the weather).<,
P yeah
(0.9)
L I say.
(1.3)
P yeah (0.9)
L [says it's freezin' out in] ↑new way.
[((L looks towards P)) ]
P [yeah ]
L it is freezin'ou'
(6.0)
P [hhmm. ]
[((P looks up toward window))] 
P [yeah ]
L she didn' wanna come up here anyway
L Lucy [nːd an']
P [yeah ]
L Lucy [nːd an']
L it is freezin'ou'
(6.0)
P [hhmm. ]
L she didn' wanna come up here anyway
P no.
L she didn' wanna come up here anyway
P it's best for her to stay away
P when we got these colds.
L yeah:
(2.3)
P [yeah ]
L you were for'te:mer up the house an'
L then [you were]
P [yeah ]
[((P looks up))] 
P [yeah ]
L she'll be ringing up in a minute I suspect
P uhh.
P she'll be ringing up in a minute I suspect
(3.1)
P uhh
P [__.]
L well.
(3.3)
P uhh.
L [even bedduh if a child loves you? ]
[((L turns head towards P, no eye contact))] 
P (1.6)
L she'll do no washing today (with it)
P uhh
L she'll do no washing today (with it)
L I don' think?
L I don' think?
(1.4)
P hh: .hh
P hh: .hh
P as best in your (well since) [we've got ]
[((P touches forehead with palm))] 
P [__.]
L I feel a bit nervous comin' over
P hh: .hh
L but we can't help with that anyway
P hh: .hh
P hh: .hh
(2.1)
L well I'm sure she wouldn't.
L well I'm sure she wouldn't.
L well I'm sure she wouldn't.
P hh: .hh
L hh: .hh
L hh: .hh
L hh: .hh
L hh: .hh
L hh: .hh
L hh: .hh
L hh: .hh
[(P looks up)]

124 P [___,
125 (3.5)
126 P [hh hh::   ]
127 P [looks nice out there don’ it?]  
128 L [yea:h looks quite nice really.]  
129 [(P and L look to window)]
130 L [hh::   ]
131 [(P and L look to window)]
132 L hh
133 (1.4)
134 L hh
135 (1.7)
136 L uhh.
137 (1.1)
00:03:00
121 L t’ill be ‘n hard to have a go for ten
122 L minutes,
123 (1.8)
124 P [___
125 (0.9)
126 L [the amount to say over ten minutes
127 P ____________________,,,,,,,
128 L [I’m sure.                    ]
129 [(P looks to window,
130 L looks down)]
131 [(1.5)
132 [(P looks to window,
133 L looks down)]
134 L [we (turn gasm) stowed uh de garden]
135 [(P looks to window, L looks down)]
136 L [next week some time.]
137 [(P looks to window,
138 L looks down)]
139 [(1.5)
140 [(P looks to window,
141 L looks down)]
142 L [you’re bein’ left out.       ]
143 [(P looks to window, L looks down)]
144 P [yeah.                             ]
145 [(P and L look down)]
146 [(2.7)
147 [(L looks down)]
148 P [you can’t do gardenin’ in this weather ]
149 [(P and L look down)]
150 P [aih?]                               
151 [(P and L look down)]
152 L [yeah.                             ]
153 [(P and L look down)]
00:03:30  139  (8.9)
140 L uhm
141  (1.2)  
142 L  [went round Nici’s today.]  

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?]  

151 L  [he has a week, he’ll get over that.]  

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?]  

158 (2.4)  
159 L  [you take that medicine?]  

160 (0.4)  
161 P  ……………………,,,,  
162 (0.7)  
163 L  you take it regularly mind (or I  
164 you sit down a bit.  
165 (2.3)  
166 L  ……………………………  
167 L  [(don’t cough [so much.])  

168 (5.6)  
169 L  ……………………,,,,  
170 (0.9)  
171 P  no.  
172 L  ………….  
173 (6.4)  

174 (2.8)  
175 P  .hh  
176 L  yeah.  
177 L  [t’uh: might get use (shibad) he’s in (avioli)?]  

178 (0.6)  
179 L  I figured he’s just down there and  

00:04:30  
180 L  he uses it a lot.  
181 (5.6)  
182 L  [would you next have it taken? ]  

183 (4.6)  
184 (0.5)  
185 P  uh i’ wuz two o’clock innit?  
186 (0.4)  
187 L  [wuh as long as that inni’? ]  

188 (1.0)  
189 P  when’s the last one nine o’clock wa’n’ i’?
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190  [(P puts hand on forehead)]
191  [(1.0)]
192  [(P puts hand on forehead)]
193  [look- ((coughs))] (wuh one o’clock).
194  [(P puts hand on forehead)]
195  [from one o’clock the next lot.]
196  (0.8)
197  L nine.
198  (1.0)
199  L [____________________]
200  L [every three hours idn’t it?]
201  L __,

00:05:00
202  [(1.3)]
203  [(P nods)]
204  [(P nods)]
205  L nine ten,
206  (1.2)
207  L ↑ no:
208  P [____
209  P four hours,
210  P [____
211  L a’ nine.
212  (0.7)
213  P ______
214  P every four hours.
215  P [(1.2)]
216  L [an’ when do you take it, ten o’clock?  ]
217  [(L turns head toward P, no eye contact)]
218  (2.2)
219  P nine o’clock Ron.
220  (1.2)
221  L one o’clock okay nevermin’.
222  (2.3)
223  L mm.
224  (2.3)
225  L yeah that’ll be all right then.
226  (1.9)
227  L yeah.
228  (2.3)
229  L hh
230  (2.1)
231  P .hh

00:05:30
232  P ≈ uhh::oo
233  (2.3)
234  P right,
235  P [___
236  [(4.8)]
237  L [uhh: ]
238  P ___,,
239  (2.9)
240  L [uhh ]
((L looks up to camera))

241

(7.8)

242 L [I should imagine half the people that]

((L turns head toward P))

243 L [sees 'urance 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)

247 L ain't many young people go deaf is there?

00:06:00

248 (0.6) [(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))

254 L =mm:.

00:06:30

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[g[hing 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)]

((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)
[(L and P looks toward window)]
284  L  [bein' back next door ha' you heard it?]
     [(P looks down, L looks toward P)]
285  P  [no ((coughs 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)
291  P  hh
00:08:00
292  P  (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  P  (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  P  ___
310  P  .hh
311  (5.0)
312  P  .hh
313  (2.3)
314  P  hh
00:08:30
315  P  (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)
324  L  hh
00:09:00
325  P  (7.2)
326  P  .hh
327  (23.3)
328  L  uhh.
00:09:30
329  (2.2)
330  [4.5) ]
      [((P coughs repeatedly))]
331  (0.5)
332  L  [hh
333  P  [___]
334  P  ___
335  (1.5)
L uhh
P ___,
(1.6)
P hh.
(5.5)
L [you finished with everythin’ ou’r: d’ere?]
[(L turns head toward P)]

P [__________________________,,,,,,,

L it’s a luxury ↑met now though,
L a very luxury I prefer. ((noise from camera))

00:10:00 T all right,
Subject:
Lee

Transcript number:
LEE1006.2

Information on the subject:
Lee (L) is the participant who has been identified with presbyacusis. 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 presbyacusis. 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:
Corne-Louise Bredenkamp

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<th>Talk</th>
<th>Notes</th>
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<td>00:05:00</td>
<td></td>
<td>1</td>
<td>L</td>
<td>[Anyway what wha the ↑leg wuh like this]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>P</td>
<td>[((L looks down to P’s leg))]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>L</td>
<td>[morning now.=]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4</td>
<td>P</td>
<td>[((L looks down to P’s leg))]</td>
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<td></td>
<td></td>
<td>5</td>
<td>P</td>
<td>[ss: terrible.]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6</td>
<td></td>
<td>[((P and L look down))]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7</td>
<td>L</td>
<td>[Really?]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8</td>
<td>P</td>
<td>[((P and L look down))]</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>9</td>
<td></td>
<td>[((P and L look down))]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>10</td>
<td>L</td>
<td>[Is it any- got any bigger have it?]</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>11</td>
<td>P</td>
<td>[((P and L look down))]</td>
<td></td>
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<td></td>
<td></td>
<td>12</td>
<td></td>
<td>[((P and L look down))]</td>
<td></td>
</tr>
<tr>
<td>00:06:30</td>
<td></td>
<td>13</td>
<td>L</td>
<td>[You don’ know.]</td>
<td></td>
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</tbody>
</table>
14 L [__._____
15 L [We goin’ up to Tesco or wha’?
16 P [____________________X______________
17 P
18 P ↑No.; not too bad.
19 L
20 P
21 (0.6)
22 L Okay.=
23 P ______
24 P =So um a:rm [I’m not goin’- ] =
25 L [Anything tha’ I would like]
26 P [X____
27 P [=I’m not- I: <don’t> know [doctors
28 L [.____________________
29 P
30 P that’s what [you ] thinks.
31 L ________
32 L [Uhh.]
33 L
34 P You whu goin’ down (there) this Monday,
35 P
36 L (1.0) we might co- come back the longest way
37 P [____________________X______________
38 L an’call in [there an’ see if they got anymo:re.
39 P
40 P __________________
41 P
42 P (2.3)
43 L ___
44 P ______________
45 P [Oh yeah, now now the um:] new=
46 L [hu (arrh) ______]  
47 P =new c[atch ]
48 L ______________
49 L __________________
50 L [want to try] an get another one haven’ I.
51 P Yeah,
52 L _____
53 L _____
54 L _____
55 L _____
56 L (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) [(P shakes head)]]
68 L __________
69 L cause you’ve godda pay [more I’m ‘nna pay
70 P [.X__,
71 L __________,
72 L more ain’ it?
73 P [_____]
74 P [Yeah. ]
75 P [((P smiles))]  
76 (1.8)
77 L Yeah.
78 P _____
79 P (0.9)
80 P _______
81 P [Mind your (arranges) allright, ]
82 [((L looks toward P)) ]
83 (0.6)
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 pluh.
97 (0.3)
98 L We’ll soon find out if Jason comes home with
99 L 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,]
116 [((L looks toward P)) ]
117 L [___________]
118 L you [wanna go to that club?
119 L P Not really.
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____________________,++]
But then i' is not really fair on the children.

[Ca]use they wants a go don’t they=

We both goes out ru jus' ted by, ‘avin’ a drink and them du come away.

[Yeah] =We both goes out ru jus’ ted by, ‘avin’ a drink and them du come away.

[Yeah,=]

Not like las’ time [wait for him to come home, I don’t, =

[No.]

that’s wrong.

Yeah.

No you can’t lie.

[I think you’ve got tuh s’dance an up now, Aih?] ([L adjusts armband])

We’ll get it better for when we go to the (benedol thing).

Oh no, when we goes to u:hm,

hu hu hu hu hu.

That’s [diffe]rent.

We’ll get it better for when we go to the (benedol thing).

Oh no, when we goes to u:hm,
L: Uhn we don' going down to the old cays love.
L: choose it you woulda think you bedda ring iduh
L: be all that ↑great,
L: (1.5)
P: Yea:h.
L: [phone] up next week.
L: [duhn ]

00:08:30
L: now what's it called now after I see,
L: [...]
L: (0.2) [now- [urs- (0.5) taplur-
L: [...]
L: (1.5)
P: Oh yeah after the eleventh,=
L: =i don' wanna see him really but (0.8) the
P: Oh ↑ye↓a:h.
L: [.....]
L: Of course you have.
L: (2.0)
P: mm.

216 P: Did you [tell Irene that you won't be over
P: [...]
L: (1.1)
P: YEAH,
L: [...]
L: yes.
L: (0.9)
L: was that's his housesitter,

232 L: good f'them: uh l'en yuh [ladie's ] [comin', is? ]
[(L nods)]

00:09:00
L: =n'again [and uh more like that.
L: [...]
L: (0.3)
P: Yeah.
L: She could've stopped comin over here
L: I'm gonna stop goin' over there.
L: (1.5)
P: Wh[↑↓at.]
L: [Woul]dn't surprise me anyway.
P: Ahh
P [...] [cause you [told her about- Benedor, X___________________________

P [didn’ you?]

L __________,......,

L [Yeah. ] Yeah.

P __________

P Las’ Friday [didn’ you?]

L [I think ] she wannuh do it

P ______________________

L that’s wha’ I think.

P __________________

P ________,,,,,,,,,

L _________

P Ahh they can [c]ome,

P __________

P (0.8)

P ______________________

P we ain’t ↑stoppin’ ’em,

L ________,,,,,,,,,

L I don’ wanna mix with them righ’ now and again.

P hu hu hu hu hu

L I don’ wan’ nobody duh mix with Jason he’s:=

P =Ahh Jason’s allright with Irene,

L (((P looks down))

P (1.1)

00:09:30

P He’s allright [with ] other people around.

L [mm.]

P (1.0)

P __________

P (0.7)

P There’s only uh- uh- jus’ us isn’ i- isn’ it

P [he’s allright with everybody else.]

L (((P looks down))

P (2.0)

P [__________________________]

P Wouldn’ [ask so many mates if he wouldn’ round,

P (0.7)

P __________

P (0.8)

P ‘Ye:s’.

P __________

P __________

P we don’t nothin to but go to a road to

P (0.9)

L uhm one is uhm one lady ‘s gone

L but- oh ↑nowhere if we don’t have Jesus

P [No. ]

P (1.9)

P __________

P =No shan’t go out today.

P (2.5)

P __________

P __________

P __________

P __________

00:10:00

L ‘You’re gonna come to dinner and then at

P [the end you’re all[righ’].

P (0.8)

P [>Yeah<.]
304 P [__________]
306 P [Whas’ there duh talk about?
307 L (1.0)
308 P ______
309 P ____________,
310 P Hu [hu hu hu hhu 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 Watkins uh that.
321 L __________,]
322 P ______________________
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 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
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 That[’s it].
356 P ______
357 P ______
358 P [She ] comes down this area a lot
359 P ______________________
Late\ly she still lives at- there=
[yeah ]
[((L nods))]

= she hasn't changed her address cause she

woulda told me if she did,

[ wouldn't she? ]

[Yeah wuh you would]

ah see that Chris' husband a lot-

..........,

[I never sees him then?]

Uh I shouldn't recognise em now I don't think.

No;

I don't think I can re- recognise them.

(2.0)

A long time innit?

yeh.

(2.4)

They girls uhm; (0.3) Angela was with

'em las' night uh.

(1.5)

I thought it was home [uhn it was she

was [[\s\o\v\j\i\o\u\s\s\i\u\s\]]

[Nono: ]

[.X______________________________

[That's what she said she said oh just out

[._________

out o' a lot

[._____]

Ron to let you- goin' out [with old wuh- muh-

[.______________________________

like- like- old \t\w\o\m\e\n\p\l\e\n\i\k\e]\n
[._________

[\t\l\o\t\ of them.

(1.0)

Hm.

P ___,
419 P  How are they in their fourties [and thirdies.]
420 P
421 P
422 P
423 P
424 P
425 P
426 L  [Well] yea:h::
427 P
428 P
429 P
430 P
431 P
432 L
433 L
434 P
435 P
436 P
437 L
438 P
439 P
440 L
441 P
442 P
443 L
444 L
445 P
446 P
447 L
448 L
449 L
450 P
451 P
452 P
453 L
454 L
455 P
456 P
457 P
458 P
459 P
460 L
461 P
462 L
463 L
464 P
465 P
466 P
467 L
468 L
469 L
470 L
471 P
472 P
473 P
474 P
475 P
476 P
477 P
478 P

00:11:30

00:12:00
479  P  sh that's what she wants Jason uh do,
480  P
481  L  [X  (0.7)
482  L  [Take her to her own house. [yes, ]
483  P  [Yeah.]
484  P
485  P
486  P  (0.5)
487  L  ___
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 know'
497  (1.5)
498  P  'I don't know Ron.'
499  (3.7)
500  P  But if she do did go up there I godda go round
501  [00:12:30] 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 barn [and leave
506  P
507  P  [the children can she?]  
508  L  [((L turns head toward
509  P  P and then turns head away))]
510  (1.5) No:
511  (5.7)
512  L  We got there.
513  (0.3)
514  L  besides whe:ve [got to sit down there don’ you?
515  P  'um
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)
523  P  So you don’t know
524  P
525  (3.0 [-[-[-]
526  P
527  P  [a: ha ha ha:li:gh']  
528  [((P rubs leg))]
529  (4.0)
530  L  ['You don’t see-]
531  P  [I don’t think  ] Angela liked it when-
532  P
533  L  [__________,]
534  L  a:hh:w that *that that [(can’t be done)*]
That's that played on my mind that did. I don't know why I don't [give a mind] [Hard un]

00:13:30

Uh you should do,.

You're not doin' [your gardening today?]

L got plenty uh stones you wanna duh hold to.

[Looks ↑↓✿:ike,]

[won't be right] no more

does ho:h:

L might [BE pretty easy it's ↑in ↓the ↓system,]

L Ahw they put them in [the CAR obviously it was quite ↑easy↓]

[(P peers in direction of window, L looks toward window)]

Cause there ↑Ang↓ela fillin' [in round there, ]= ↑And ↓did yeah,

=hu hu it's not [though hu] hu.

[And ↓ did.]
Will she ever really go away?

Yeah I know.

She can eat anytime.

Yeah.

Prawn last night uhn.

She can eat any time.

Yeah.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.

Prawn last night uhn.

She can eat any time.
651 (2.6) L [...]
653 L She's had bacon (my mad)
654 L I do I told you it was perfectly.
655 L L
656 L (0.6) (minuz') workin on that this week-
657 L L
658 L can't get meat sauce as dessert can't get any,
659 L [L looks away])
660 P We could've gotten this morning were
661 L [(we stayed.-]...
662 L L [Yea:h well,] (0.4) go away.
663 L [((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 P 4.5)
669 P Oh huhu-
670 P P I said to Janet up there about-
671 L [...]
672 L P [L]
673 P (0.6) our son [Trajun.
674 L L
675 P (1.0)
676 L L
677 L L
678 P L Getting down with the trolley the other day,
679 P L
680 L L
681 L =hmm. (0.8)
682 P s: huh (0.2) with the son thuh with us out
683 L L
684 L P there, (0.4) I didn't see him,
685 L L
686 L L
687 L (0.2)
688 L L
689 P P he said [excuse me lady
690 L L
691 L L
692 L L
693 (1.0)
694 L L
695 L L
696 L L Me:
697 P L
698 L P He said if I- I been reported once from nearly
699 L L
700 L L
701 P L
702 P knocking you down and I don't want to be
703 L L
704 L P reported again thank you very much.
Ha’s just what he’s zat’s the exact words he said to me he he.

First one [across the road eh?

What was he [doin’ duh

tryin her again then.

(0.4) (1.5) He [WORKS there don’ he::

OH DO HE?

(0.4)

You do with the [↑dark one.

(0.3)
D[ark hair one not the fair one=] [uh yea::h.  ]

=not the one who works over Angela's ↑place ↑the ↑other one.

Ah:hw I didn't know that?

Cause he [wants to be a vet don't he?]

[No he] =pass his [exams for a [vet now ]]

[No he]

[No he]

but he can- ge' it for lookin' [after animals.

[O:h Yeah.]

[Crisis ] it sounds for that,=

=he wants to go long weekend don't he?

Well he've tried all these places but they've
don't got no vacancies.

Yeah::
Subject: Vic

Transcript number: VIC1007.1

Information on the participants:
Vic (V) is the participant who has been identified with presbyacusis and P is the conversation partner. V is having a conversation with his friend (P) in their living room.

Nature of difficulties:
V has presbyacusis. 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

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<td>P</td>
<td></td>
<td>p</td>
<td>Huh</td>
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<td>P</td>
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<td>e</td>
<td></td>
<td></td>
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<td>3</td>
<td>V</td>
<td></td>
<td>k</td>
<td></td>
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<td>V</td>
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<td>6</td>
<td>V</td>
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<td>8</td>
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<td>9</td>
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<td>10</td>
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<td>(0.6)</td>
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<td>11</td>
<td>V</td>
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<td>12</td>
<td>P</td>
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<td>13</td>
<td>P</td>
<td></td>
<td></td>
<td>↑no I ↑did not.</td>
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<td>14</td>
<td>V</td>
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<td>15</td>
<td>P</td>
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<td>16</td>
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<td>(0.5)</td>
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<td>17</td>
<td>V</td>
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<td>18</td>
<td>V</td>
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<tr>
<td>19</td>
<td>V</td>
<td></td>
<td></td>
<td>↑[heh]</td>
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<td>20</td>
<td>P</td>
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<td>21</td>
<td>P</td>
<td></td>
<td></td>
<td>[u:hm] I think you’ve just mentioned</td>
<td></td>
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<tr>
<td>22</td>
<td>V</td>
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<td>23</td>
<td>P</td>
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<tr>
<td>24</td>
<td>P</td>
<td></td>
<td></td>
<td>(0.3) it really bit I’d- you didn’t say much about it</td>
<td>17</td>
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</tbody>
</table>
V __________________________________________
P __________________________________________
(0.4)
V _____
V yea:h.
P _____
(1.2)
V _____
V he tells me he’s uhm
P ________________________________
P ________________________________
(0.6)
V _____
P (0.5)
P ______
P ______
P really?
P _____
V ______
P (.) mmm.
P ______
P was it-
P _____
P (0.4)
P ______
P ______
P ______
P ______
P ______
P ______
P ______
P ______
P ______
P (1.0)                   
[[(V leans toward
P and frowns)]]
P ________________________________
P [where is- WHERE IS HE WORKING NOW.]  
[[(V keeps leaning forward and frowns,
P leans forward towards V )]]
P __________________________________________
P __________________________________________
P __________________________________________
P __________________________________________
P __________________________________________
P __________________________________________
P __________________________________________
P __________________________________________
P (0.5)
P _____
P (0.3)
P _____
P [yeah ]
V yeah.
P ______
P all right
V ______
V yeah
P ______
(0.8)
P ______
[P [so: when is he due to retire.]
[(V frowns)]
]
V ______________________
P ______
(0.6)
V ______
V next year I think
P ______
(0.2)
V ______
V but he's A BIT UNDECIDED as to-
P ______
(0.3)
V ______
V to [what he's going to do] he was asking
[(V shakes head)]
]
V ______________________
P ______
V me because I've been retired for so long.
P ______________________
P ______
[P [yeah.]
[(P nods)]
]
V ______
P ______
(0.2)
V ______
P ______
[P does he [think]]
V ______________________
V [WHAT] he considered (0.1) would be
P ______________________
P ______
(0.7)
V ______
V a good pathway to follow but
P ______________________
P ______
V (0.7) you know [(0.4)] uhh like we been
[(P nods)]
P ______________________

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..X____________________________________

V discussing now everybody's needing situation is

P __________________________

V slightly ↑different

P ____________

V (1.0)

P ____________

P [because _______________

[[(V leans forward))]]

V __________________________

V [it huh ______________]

V ____________

V (0.6)

P ____________

P ____________

P DOES HIS ↑WIFE ↑WORK ↑NOW

V __________________________

V _________

V (1.7)

P ____________

V ...X_____________________

00:01:00

V [well she’s been ILL for hhh uhm

P __________________________

P __________________________

V (0.5)

V ____________

P oh ↑right=

V ____________

V ____________

V =a good year (0.4) or more

V ____________

V __________________________

V ____________

V (0.3)

V ____________

V _________

P [mm hmm ]

[[(P nods))]

V ____________

V ____________

V (0.2)

V ____________ ...

V with uhm (1.4) o:h [something to do with

V ____________

V ____________

V [her ] heart [I think __________

P __________________________

P [§yeah§] [yeah __________

[[(P nods))]

V ____________

V (0.7)

V ____________

V ____________

V [but]

V ____________

V [but] I THOUGHT they’d been ↑AWAY
she's [recovering] is she?

or that- that was some sort of recovery period for

what when they went [away.]

[yeah.]

[u:hm]

[w] it [AFTER she was ill or before.

"..."

...X

↑no.: when uh [when you say that they been

00:01:30

aw- aw- [away do you mean that

uhh li- like uhh just- just recently cause they've

been up in ↑Scotland. [but that's ] nothing to

[oh ↑right ]

do with (0.4) with Ruth or anything like ↑that
that was done: purely and simply because (0.7)

uhh [Ruth's son] and [Eric's stepson]

that was been up there very long livin'

is an a Naval engineer

and (. ) up there I think he said it was

a CROYD (0.4) something [like that ]

[yeah. ]

[uh huh ]

oh right

[he's working. (0.3) you know

[yeah. ]

was he BEEN UP THERE VERY LONG LIVIN'

is there [something else]

[Eric thinks ] he'll (0.7)

probably be there for the next seven years.

really.
but he doesn't want to come back

he enjoys it obviously [he likes]

HE LIKES the Scottish people

HE LIKES the Scottish people

[↑YEAH WELL]

HE LIKES the Scottish people

[↑YEAH WELL]

HE LIKES the Scottish people

[↑YEAH WELL]

HE LIKES the Scottish people

[↑YEAH WELL]

HE LIKES the Scottish people

[↑YEAH WELL]

HE LIKES the Scottish people

[↑YEAH WELL]

HE LIKES the Scottish people

[↑YEAH WELL]

HE LIKES the Scottish people

[↑YEAH WELL]
no: no they took one of these uh cheap \(\text{flight}\)s

[from ]

[\(\text{really}\)]

from here look like uhm Adrian and \(\text{Eva}\)

do to go to \(\text{Dublin}\).

(0.3)

\(\text{fly into then.}\)

\(\text{fly into then.}\)

\(\text{Glasgow}\)

uh: n then I suppose they \(\text{meet}\) them.

mm hmmm

\(\text{they'll meet them}\) [then]

\(\text{they'll meet them}\) [then]
[It is (0.1)] the son will meet them

(((P nods)))

I think Ruth

(((V shakes his head)))

[I think Ruth]

(((V shakes his head)))

and [Eric like it] there but (0.6) they're

(((V shakes his head)))

(I think Ruth)

(((V shakes his head)))

is on the market so he says

((V frowns))

I THOUGHT IT'D BEEN ON FOR A WHILE

ANYWAY ISN'T IT BECAUSE

THEY GOT AN APARTMENT INNIT

[they ]
[THEY] [HAVEN'T GOT A HOUSE] they've [X disappeared] got an apartment
[round in the middle of it]
[uhh: that's right.]
[(V and P nod)]
(0.7)

they put it on I think and then when

[uhh: that's right.]
[(V and P nod)]
(0.7)

they waited for her to get a little bit better

which (0.2)

[yeah.]

(0.9)

and uh:

[yeah.]

(0.4)

what did they wanna go through th- come

[WE:LL ERIC WAS]

[did the city not work for them.]

[uhh: I'll never]

[LAUGHING WHEN he [says to me I'll never]

thought I'd say this but we want a garden. hu [hu]
cause uhm obviously they [haven't got a]... [((P shakes her head))] ([[(V shakes his head)]])
garden where they are at the moment...
well no because that uh- uh- the situation... what actually happened is (0.3)... when they lived at Nailsea they [sold the house.]... their own house. [((V shakes his head))]
Bredenkamp, C. 2006. University of Pretoria. UPeTD

nods))]

587 V withdrew the bungalow
589 P
590 P
591 (1.0)
592 V ___
593 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 give
599 P
600 P (0.4)
601 V ___
602 V ___
603 V ___
604 V the estate agent (0.3) [sort of a (0.3) ]
605 P (((V shakes his head)))
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 ___ [about six ] I [think
621 V] [___
622 P (0.9)
623 ___
624 ___
625 ___
626 V [so this [was ] the place he came ↑up with eh-
627 P 003
628 P 003
629 V 003
630 V uhm and they thought that they might stay
631 P 003
632 V 003
633 V here for a ↑year
634 P 003
635 P ___
636 (0.2)
637 V ___
638 V ___
639 V and then move ↑on but they haven’t done
640 P 003
641 V 003
642 V anything about it you know like we all [do some-
643 P 003
644 P [NO: I ] 003

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P (0.4) [I think I know roughly where they live.]

(V frowns and P nods her head)

P I think I know roughly where their apartment is

(V shakes his head)

P in the centre more isn’t it (0.5) I think

(V looks at her watch)

P [they’re what.]

(V looks at her watch)

P [I haven’t got a clue myself]

(V looks at her watch)

P [you got] a feeling that they’d like to- (0.5)

(V looks at her watch)

P [yeah ]

(V looks at her watch)

P to move uh: [into Wells. (0.2) you] (0.6)

(V looks at her watch)

P [mm. ]

(V looks at her watch)

P s: where he did the- is that further down=

(V looks at her watch)

P =YOU KNOW when you was on that course last

(V looks at her watch)

P [week at Tinsbury]
[(V frowns)]

00:05:00

701 P ____________
702 P ____________
703 P (0.2) [yes.]
704 V ____________
705 V ____________
706 (0.2)
707 P ____________
708 V ____________
709 V I mentioned it to [Eric and Eric says] oh: I got
710 P ____________
711 V an Aunt lives there so
712 V ____________
713 P ____________
714 P ____________
715 P [yea:h that once]
716 V ____________
717 V ____________
718 (0.2)
719 P ____________
720 V ____________
721 V he feels that
722 P ____________
723 V ____________
724 V (1.1)
725 P ____________
726 V ____________
727 P [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 supp*ose
740 P ____________
741 P ____________
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 ____________
(0.8)  
759  P  
760  P  
761  P  oh right 
762  V  
763  V  and uhm (0.4) you know (0.7) so (0.4) [they feel 
764  V  and does the garden it’d be more conv"enient 
765  P  
766  V  
767  V  that (0.6) [with aunt at Tins]bury and he goes 
768  P  
769  V  
770  V  who’s widowed (0.4) 
771  P  
772  V  yeah. 
773  P  
774  V  
775  V  and if they: (.) have (0.3) suitable 
776  P  
777  V  accommodation they can 
778  P  
779  P  [GET TO] EVERYBODY (.) [†YEAH ] 
780  V  [offer ] [†mm ] 
781  V  
782  V  
783  V  
784  V  
785  V  
786  P  
787  V  
788  V  
789  P  
790  P  
791  P  [GET TO] EVERYBODY (.) [†YEAH ] 
792  V  [offer ] [†mm ] 
793  V  
794  V  
795  V  
796  P  
797  P  [oh: †right [that’s] †OK †then] 
798  V  [((P leans back into chair)) ] 
799  V  
800  V  [yeah ] 
801  V  
802  V  yeah 
803  P  
804  V  
805  V  
806  P  
807  V  
808  V  so there we are. 
809  P  
810  P  (0.3) 
811  P  
812  P  WELL [YOU’LL HAVE TO] GET [U- YOU’LL] 
813  P  forward and
raises eyebrows)]

814 V [X_____________________________]
815 V [these ↑others] [he said ]
816 P ________________________________
817 P HAVE TO GET ↑USED TO doin’ the garden
818 V ________________________________
819 P again then because they haven’t u- u-
820 P if them had a garden for six or seven years
821 V ________________________________
822 P and he’s ↑that much [older ]
823 P [(P nods)]
824 V ________________________________
825 P [we’ll [(0.3) it depend on the ↑size really]
826 P [(P leans forward)]
827 V ________________________________
828 V (1.0)
829 V ________________________________
830 P [the much ↑yeah= ]
831 V [                                                                              ][(V nods)]
832 V [                                                                              ]
833 P ________________________________
834 P ________________________________
835 V ↑doesn’t it you know. but then (0.5)
836 P ________________________________
837 P ↑yelp.
838 V ________________________________
839 V ________________________________
840 V Eric’s: [father [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 [(yelp= ]
848 P [(V nods)]
849 V ________________________________
850 P ________________________________
851 V ________________________________
852 V [I mean ] he’s brought up as a
853 P ________________________________
854 P ________________________________
855 V ________________________________
856 V ________________________________
857 P ________________________________
858 P ________________________________
859 V ________________________________
860 V ________________________________
861 V ________________________________
862 V ________________________________
863 P ________________________________
864 V ________________________________
865 V ________________________________
00:06:00 865 V speaks (0.5) [with affection (0.4)
I'm not sure whether I'd like (0.2)

[yeah how awful]

[believe I've met] his mum

(0.7)

[not ↑not ↑sure]

(1.0)

[I can] remember going there [but you know]

[[[P shakes her head]]]

[↑huh]

[to his parents but I can't (0.5)]

[[[P shakes her head]]]

[rememeber] when [died]

[[[P shakes her head]]]

[yeah] [uh]

(1.1) saw-

(yeah)

[I'm sure I only sawn his mum]

[[[P shakes her head]]]

(0.5)

mm hmmm

(2.0)

[s]do not do it he said[s]

[but he was asking about Jenny and Eric and that]

[not]

(0.6)

because he'd done a journey ↑to their place.

(0.5) and he'd previously been in contact

with them.
00:06:30
and they said (0.3) Eric was in (0.7)
[...X...
[Plymouth Hospital I think
[([P nods])]

[yeah.
[([P nods])]

[yeah what

[ears or something]
[...X...
[what yeah...
[one in the oven [yeah

[well...three:] or something like that well he was
[([V shakes his head,
P nods])]

on going on a holiday to Cornwall so he

hung about

[yeah.
[([P nods])]

[...X...
[.X...

but (0.5) Je:nnny has since [told him that they

[st:randed in the hospital]
((V shakes his head))

974 P ____________________________
975 V
976 (0.5)
977 P
978 V
979 V till [about] three o’clock
980 P ____________________________
981 P [yeah]
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.

1004 P
1005 P
1006 V
1007 (0.5)
1008 P
1009 V
1010 V he was asking 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
1023 V
1024 V
1025 (0.4)
1026 P
1027 V
1028 V [hmm]
1029 P
they were due to come up weren't they.

Jenny was comin' up

she [said- they were gonna come up] last month

weren't they originally hoping to

yea:h but a lot depends on [whether uhr it- ]

[however it begins]

tah it must be his eyes because

(0.3) he had his cataracts done didn't he and uh

(0.9)

(0.2)

will dri:ve at-night- if you remember the last time
they come up she (0.3) [she didn’t want to drive] 

[[(V shakes his head)]]

[so (0.9) [NOW NONE OF US ARE SURE] TO] 

[[(V shakes his head)]]

[NO: THAT’S RIGHT]

[yeah ] that’s true. (.) [that’s true] 

[[(P nods)]]

[it’s almost] [certain she’ll]

[...]

make a journey out between now and ↑Christmas.

[[(V frowns)]]

[yea:h I thought she was-] I didn’t know whether

[[(V frowns)]]

they come up when I was away or no.

[away]

↑no

(0.8)

[X__]

[I [was-]

[that ] week you know] because [bein’] as

[[(P nods)]]

I was away the end of October,

[end]

(0.3)

[I’ll get- (0.4) I’ll uh: (0.8) have to give her a buzz.

[have]]

(0.3) you see if they are comin’ up (0.7)

[are]

↑know (1.1)

[...]

YE[A:H ] BUT LIKE YOU SAY IT ↑DEPENDS
A LOT DEPends if she feels she
[[((V nods))]]

yeah but if Eric’s OK it’s no prob[lem she’ll]
[[((V shakes his head and raises his shoulders))]]

she just [do that] and and and come up
[[((V raises his shoulders))]]

[=well certainly won’t want to do that
[journeying (0.2) uh:m (0.6) not (1.0)]

you know () ○ comin’ up () and then sort of

(0.6) moochin’ around maybe [do some]

shopping (0.3) and then that and then I’ve

trying to think of: get comfortable and then I

[X.

have to [:h: sort of drive them all the way]
[[((V nods his head))]]

[back cause]

[[((V nods))]]

↑mm.
although they've got sort of a good car

and that it's still you still got tuh get mm-

(X drive innit it's a bit like).hh me when I'm in

London you get comfortable and think uh:

[although once you're on the road you

don't not- don't- [it's ] not so much]

you still got tuh get mm-

(X)

[mm.]

[mm.]

think o:h: I gotta move [now and drive back and]

if (where or cold us)

but his [other so:n. ( ) Eric's [other stepson

>yeah.<

he:'s u:hm (1.0) in cha:rg[e of a (2.3) sort of

[X]
V (1.0) youth section.

P _______________________

V (0.5)

P ____________

V [down: not too] far from where they are he did ((V shakes his head))

P _______________________

V [tell me where they were but-] ((V shakes his head))

P _______________________

V really

P _______________________

V was THAT full time or- (0.3) that's a-

P _______________________

V full time position.

P _______________________

V [a:th: full [time.]

P (0.8)

P _______________________

V yeah.

P (1.1)

P _______________________

P _______________________

P _______________________

P _______________________

P _______________________

P _______________________

V SO THERE we are. that's- THAT'S briefed you

P _______________________

V [on Eric's visit innit]

P (0.6)
I was just tryin’ to think the last time we saw him but uhm (1.6) [that’s bad for anybody yeah]

[Mike is uh a:ll]

a big as I have’n’t seen him for twelve months I thought he looked a little (1.0) older (1.6) he lost a bit of his hair

[he was LOSING THAT HUH ↑ANYWAY ]

[he was LOSING THAT HUH ↑ANYWAY ]

[he was LOSING THAT HUH ↑ANYWAY ]

wasn’t it he he lost [uh .hh we GONNA] SAY] [(P smiles)]

[(P smiles)]

[(P smiles)]

[(P smiles)]

[(P smiles)]

[(P smiles)]

[(P smiles)]

[(P smiles)]

[(P smiles)]

[(P smiles)]

[(P smiles)]

[(P smiles)]

[(P smiles)]

[(P smiles)]

[(P smiles)]

[(P smiles)]
you know he just touched in the uh- on those days of (0.1) [yesteryear]

you know (0.2) how much (0.6) you know

cause we must have known him what (0.4)

oh: [dear]

[quite] a few years isn’t [yeah a long time.]

(((P nods)))
Subject:
Vic

Transcript number:
VIC1007.2

Information on the participants:
Vic (V) is the participant who has been identified with presbyacusis and P is the conversation partner. V is having a conversation with his friend (P) in their livingroom.

Nature of difficulties:
V has presbyacusis. 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

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<th>Counter time</th>
<th>m</th>
<th>Line</th>
<th>S</th>
<th>Talk</th>
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<td>00:01:04</td>
<td></td>
<td>1</td>
<td>V</td>
<td>no:w.</td>
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<td></td>
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<td>V</td>
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<td>4</td>
<td>(0.9)</td>
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<td>5</td>
<td>V</td>
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<td>6</td>
<td>V</td>
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<td></td>
<td>7</td>
<td>V</td>
<td>what you been doing yesterday they ↑go</td>
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<td>8</td>
<td>P</td>
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<td>10</td>
<td>P</td>
<td>[u:h i] [I can’t remember]</td>
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<td></td>
<td></td>
<td>11</td>
<td>V</td>
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<td></td>
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<td>12</td>
<td>V</td>
<td>[I didn’t] ↑see [you last night] ↑did I?</td>
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<td>14</td>
<td>P</td>
<td>no: I ↑was going to- I was gonna phone you</td>
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<td>V</td>
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<td>17</td>
<td>P</td>
<td>but then we had to go: uhm (0.8) let’s do a run up</td>
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<td>18</td>
<td>V</td>
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<td>19</td>
<td>P</td>
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<td>20</td>
<td>P</td>
<td>to ↑Hereford</td>
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<td>21</td>
<td>V</td>
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<td>22</td>
<td>P</td>
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<td></td>
<td>23</td>
<td></td>
<td>[(0.5)]</td>
<td></td>
</tr>
</tbody>
</table>
(1.5) we [had to] do a delivery up to (0.9)

(0.8)

so: (0.3) we left about (0.6) uhm: (0.4)

I didn’t find it [before ] because (1.5) you know:

(0.6) m- messin’ around and that and then uhm

[sevenish maybe]

just haven’t got there about (0.8)

no but it [must have been about seven]

(or there abouts]

[got me some ] package [of some [point] is it?

[yeah]

[uh like ] was it necessary

[a package]

no. yeah [((P nods))]

(0.1)
were ABOUT to GO up to a village. (0.3)

[were beyond (0.5) [uh: (0.3) Leminster I think]

[I don't know when these days are (0.6)]

[([P shakes her head])]

a:nd ([P coughs]) and it was funny because

probably about quarter to nine ten to nine [a:nd

[mm hmm]

of [left]

[[yeah]

so u:hm (0.9) we thought well we'll go and have

something to eat (0.6) but u:hm THEY [had some

[where ]

[([P shakes her head])]

[([P shakes her head])]

and (0.3)
what sort [then] apparently they have uh- uhd- (0.2)

U:H: Every (0.3) [LAST FRIday in the month]

they- this time they had uhm (0.2) t-

[a- a]pparently they have uh- uhd- (0.2)

[a Rod Steward impersona- you know when

[AND he was absolutely [brilliant he was]

[unlike good. (0.2) uhm (1.2) he came on about-

[definitely, (0.4) so [by the time we- GOT a table because

[obviously because this was on it was packed

and it was like a local pub (0.7) little

[man aged to find us a table when they knew that

,,,,,,,, we've sort of [come up (0.5) and uh: (0.4) we sort

of sat uhr had our meal and then: he came on

[(0.5) like their up stage (1.3) a:nd [that-]

[(P smiles))

[(P smiles))

[about half past [eleven so hu we got there]

[(P smiles))

[(P smiles))

[(P smiles))
[at quarter to nine .hh: (0.6) half past eleven we]

((P smiles))

(1.0) and then sort of started chatting to some

V

(0.6) how to taken everything on today (0.8) and

V

uhm (0.6) then we [started] chatting to the

V

local people and they were sort of telling us

V

how to taken everything on

V

and then sort of started chatting to some

V

local people and they were sort of telling us

V

(1.0) and then sort of started chatting to some

V

local people and they were sort of telling us

V

one so we actually got back into Bristol

V

00:03:30

SO [THERE’S] QUITE A LONG we- we were

V

[ah: ]

V

sort of out about eight [eight- hours or so by the

V

time we’d]

V

[we wouldn’t want that sort of journey in that]

V

((V shakes his head))

V

sort of time of night

V

(0.7)
(0.1) it was quite - it was light and everything and we sort of came across cutting round and up as far as Gloucester and then we - went across country uhm up through Leinester and then - we got a little bit I was map reading so we got a [little] bit lost and [we sort of] straight up through which was FINE we came [back] down through like so COMING BACK it wasn’t [such windy]' sort of little villagey roads so I’ll say you [were getting] tired as well [†no wonder it was] yea:h. I was tired [I must admit] [(P nods)] because sort of †going to work like at nine and then †finishing and then (0.3) we were - (.) 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 V (0.7)
314 V
315 P [...]
316 P but 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 [...]
322 V [...]
323 P [...]
324 V [was there much ] traffic ↑about
325 V
326 P
327 P [...]
328 P [there wadn’t]
329 V [...]
330 V (0.3)
331 V [...] [there ↑wadn’t too much either way not really]
332 P [...]
333 V [...]
334 P [...]
335 V [...]
336 P [...]
337 P 00:05:00 [bad and comin’ back obviously at [that time in the]
338 V [...]
339 P 00:05:00 ...
340 P [...]
341 V [...]
342 V [...]
343 V [...]
344 P [...]
345 P [...]
346 P [...]
347 V [...]
348 P [...]
349 V [...]
350 V [...]
351 V [...]
352 V [...]
353 P [...]
354 P [...]
355 P [...]
356 V [...]
357 P [...]
358 V [...]
359 V [...]
360 V what [did you go in your ↑]car or: going
P [.....X_____________________
362  V [in a van ]
363  V [in the van.]
364  P [((P nods))]
365  P (0.4)
366  V [yeah.]
367  V [yeah.]
368  V [huh ((V clears throat))]
369  P [took one in the van. ]
370  V [. . .]
371  V [yeah [I know]
372  V [((V nods))]
373  P [it’s ] one of them times you sort of
374  V wished yourself a:hw wished you didn’t have to
375  V [drive back but of course at that time in the
376  V morning when you realise (1.1) it’s getting near
377  V midnight you can’t really check into anywhere
378  V [local a B’nB or anything like that]
379  V [((P smiles and laughs))]
380  P [bu’ it woulda been idéal to (0.7]
381  V [((V nods))]
382  V [who drove- did you drive?
383  V [((P shakes her head))]
384  P [no.]
385  P [no ] I didn’t
386  V [but you ↑did the other day though when you-]
[((V frowns))

416 V

417 V when you was \textsuperscript{\downarrow}down

418 (0.3)

419 V

420 V

421 V Cornwall coming up from Cornwall yeah

422 P O YEAH I drove that that \textsuperscript{\tiny 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 \textsuperscript{\small he} for his (his good stand)

430 V

431 V \[mm.\]

432 V

433 V and what- (0.1) [this is a:- \textsuperscript{\small 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 \textsuperscript{\uparrow}suppose it cause it’s like a \[little \textsuperscript{\uparrow}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

451 P \(0.4\) it was like (0.2) the village \[pub=

452 V

453 V

454 V \[was this (0.7) \[one \textsuperscript{\small } \] \[performer \[.X\]

455 P \[>and it was<\]

456 P

457 V

458 V was he [the \textsuperscript{\tiny .h ONLY POSSIBLE}

459 P

460 P \[\textsuperscript{\tiny yeah yeah.}\]

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 \[isn’t Rod Steward that chap that’s got a sort\]

468 P \[((V frowns))\]

469 V

470 V

471 P

472 P \[if you [think I’M SEXY] AND I AM sailing and
things like [that] 

[ufhh] 

((V frowns)) 

((P sings to the tune)) 

((P nods))

(UH (0.1) [YEAH] 

((P sings to the tune)) 

(six feet six the- it's them 

(0.2) he's just- [uh=

(yeah. ] 

(1.0) 

(0.4) 

(yeh. ] 

(1.0) 

but this GUY though he: uhm (1.2) he was 

(saying that they- (0.3) [they'd (0.7) 

driven up from Weymouth to go to that one
528 P (0.1) THEY may have another hour another hour
529 V ____________________________
530 P and a half on (0.7) when ↑they left they had
531 V ____________________________
532 P another (.) hour and a half [to ↑travel (0.7)]
533 V ____________________________
534 P [(V frowns) ]
535 V ____________________________
536 P to get back ↑home
537 V ____________________________
538 P (0.2)
539 V ___
540 V what to- not to Weymouth
541 V ____________________________
542 P (0.3)
543 V ___
544 P no=
545 V ____________________________
546 P ___
547 P =no to where they were coming
548 V ____________________________
549 P [(from (.) because] they’d obviously done (0.4)
550 V ____________________________
551 P [(V nods) ]
552 V [uh: ↑yeah     ]
553 P [something there and then- he’d obviously]
554 V [(V nods) ]
555 P ____________________________
556 V [done something there (0.3) and it must have]
557 V [(V nods) ]
558 V ____________________________
559 P ____________________________
560 P [something there and then- he’d obviously]
561 V [(V nods) ]
562 P ____________________________
563 V ____________________________
564 P ____________________________
565 V [X__________________________
566 P been his [wife (0.4) who did the driving
567 V ____________________________
568 V ____________________________
569 P ____________________________
570 V __________
571 P [X__________________________
572 P .hh so they’d come up from there- (0.1) ↑gone
573 V ____________________________
574 V ____________________________
575 P ____________________________
576 P into this pub and then they had to go back
577 V ____________________________
578 V ____________________________
579 V (0.3)
580 P ____________________________
00:07:00 581 P another- (0.2) hour and a half up country again
582 V ____________________________
583 P ____________________________
[and then they would going off again]

[it's amazing innit]

but his [obviously] (. ) very good because he-

(P shakes H er head))

they were sort of sayin' how they (0.5)

[gone down (0.4) the- they- [did some time down

[in Spain and that]

[(V nods)]

[t- u:hm obviously [he did ]]

[it's amazing] how

people [make a]

[†yeah ] but he was [absolute- ] [he was

[it is isn't it]

[brilliant he really was brilliant. Uhm

(0.6) and (0.8) DRESSED and look wise he was-

[it was †amazing really

(0.2)

(0.2)

†yeah it was it was really †good .hh but they

uh- (0.5) the †next one they got on: which is

[the end of July (0.5) they were saying they

[were all already booked up for uhm and I think

[that's why I could (0.3) Tina Turner take off (0.1)
you know (0.1) her music

[doing Tina Turner] songs and that

I wouldn't know [anything]

SO (0.4) because we were saying ↑:o:h:

you know it’s worth coming - worth coming

↑up [like ] for

[duh]

.hh and she said (0.3) already. (0.5) ↑because

(0.8) it- they bluh- it was a ↑pub and they had

↑...

tumor: (0.1) a ↑big restaura- ↑well not [a big

restaurant. ↑hm

(0.3)

(0.5) BAR area and then they- (0.3) on the

other side of the bar they had like a pool

ta- pool room in that .hh so .hh it WASN’T ↑huge

(0.2) but it was (0.2) it [wasn’t small.]

[adequate ]

[(0.3) either (0.2) and they had like the stage]

[(↑:V nods)]

and the restaurant area and ↑that

(0.6)

but we were lucky because (0.5) ↑when we

got there I said to the guy ↑hm (1.3) have you-
have you got any tables and he said (0.4) no: he said it mm it's gonna be at least half an hour three quarters of an hour before I can get you a table (0.5) and I said t- 

o:h: dear. (1.0) I said you know we (1.0) I- I- sort of said to him (0.2) we just driven up (0.6) brought your delivery up and he said o:h: really good they sort of within about ten minutes quarter of an hour u:hm he said oh we've got a party which hasn't turned up (0.6) we've laid- got a table laid up (0.6) [uhm (1.5) use that one because you know they're obviously (0.1) not gonna turn up now so we had that table and then we've eaten our meal (1.0) uhm he said (0.3) did we mind sharing our table with some people (0.2) other people (0.2) who wanted to come in like and watch the entertainment [(0.9) so uhm (.)] we sort of all [[(V nods)]]

00:08:30

00:09:00
P and their daughter (0.7) local people. hh:

...X____,,,          ...X____,,,,,,

so we sort of spend the evening- rest of the

evening talking talking to them (0.6) and then

they went on to tell us like today was their village

fete and

aah=

=how (0.4)

that's=

=one was gonna do this and one would be

doing this and they would be [but-

[good] feature innit

in- with village life really but that

[.....

[they they've still] haven't [lost the

[we'll ] we drove

(0.4) a lot of the

[old (0.3) traditional things]

[but you drove through all this like we drove

all the villages and everything looked [sleepy:

you know you think oh dear everybody’s

[gone to bed about eight o'clock you-

[because you don’t see any body

(0.6) but (1.5) uhn then you get [to us: (.)
[get to a place like that what]

[go and look at a tele | I suspect]

no you | get to place like that.

(0.9) and (0.5) whether it's almost [like all the

[village have come (0.6) to this place for that]

((P smiles))

([night= ]

((P smiles))

=yeah.

(0.7)

good I suppose really they have to: uhm

(0.6) do: (0.6) | quite well

(0.5)

[...] either make their [money on (0.5) uhm the

meals or (0.5) people | drinking and that

because (0.4) to (0.8) [I have somebody like that

(0.8) is quite- would be (0.6) quite expensive

how I would | think

(0.2)

[just but that because] (0.6) he must perform he

((V nods))

must been on stage probably

(1.9)

uh.

(1.0)

[...]
an hour (0.2) a- well- there an hour and a half
because (1.0) probably a bit above half past
and then he went of for a break (0.4) and the:n
uhm (1.0) t- he came back on again (0.6) to
about (1.5) something past eleven (0.5) and he
came back a †couple of times cause people
was you know yeah do you want another one uhn
[...X]
[and he- [he said you wanna-]
[cause it’s very ] [taxing ]
[=((V frowns))]}

on the voice innit [to (break off)]

[†↓↓↓yeah ]

(0.5)

for:=

=‐and in the sort of u- but as I †say (0.7)
even (on donald go on) the adult the actions
in tha-uhn- it was †good .hh:

but as we were saying though (0.2) [they need

to make some (0.6) money [just to cover uh]

[=((V nods)) ]

[†his costs really] and the cost of the inn
[=((V nods)) ]

but I suppose they do it on meals and as I said
(1.0) when †we got there there were quite a lot of
people (0.1) wu- there were people obviously
it was full up with people eating and then they...

[but there were a lot] of people [just drinking

and I said
Subject:

Jill

Transcript number:
JILL1021.1

Information on the participants:
Jill (J) is the participant who has been identified with presbyacusis and P is her conversation partner. J is having a conversation with her partner (P) in their living room.

Nature of difficulties:
J has presbyacusis. 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

<table>
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<th>Talk</th>
<th>Notes</th>
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<td>___</td>
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<td>↑mm huh hu hu</td>
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<td>___</td>
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<td>J</td>
<td>___</td>
<td></td>
<td></td>
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<td>00:10:06</td>
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<td>J</td>
<td>↑so</td>
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<td>P</td>
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<tr>
<td>00:10:06</td>
<td>8</td>
<td>P</td>
<td>well I'll ↑tell you something that happened this</td>
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<td></td>
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<td>00:10:06</td>
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<td>J</td>
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<td>00:10:06</td>
<td>22</td>
<td>J</td>
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<td>00:10:06</td>
<td>23</td>
<td>(0.9)</td>
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<td>00:10:06</td>
<td>24</td>
<td>P</td>
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</table>
I: uh (1.1) went in and I was preparing things in the vestry

J: mm.

P: and David Talks this ordinant student

(0.8) said oh who’s doing the reading this morning

J: mm.

P: this morning

J: mm.

P: this morning

J: mm.

P: and uhm (0.4) I had a look hu hu hu (0.5) 

((J sniffs))

P: and uh (1.3) I was- that was it- fine I thought

P: right I’m- (0.5) I’ll be ready to do them

(1.0) anyway. (0.8) when it came to the point
where (0.9) I was going to do them (0.8) I walked out (0.9) and who should be walking to meet me (0.6) but uhm (1.8) uhh the wife of uhm (0.7) Birswell Headmaster in (1.6) of uhm (Pulka\textsuperscript{\dagger}bons) Jenny Beabs yea he he hes Jenny Bea he he (0.4) and then we looked at each other (0.6) uh hu hu hu and she said oh oh. (0.5) you changed with me (1.0) I ha remembered that (0.5) we she phoned up and asked me and asked me to change with her and I've [done it] [and- ] and you've totally forgotten SO HO [hu (0.7) all this took (0.5) place in front of the congregation (0.6) \textsuperscript{\dagger}yeah besides a (lecture) (0.7) and so I said \textsuperscript{\dagger}oh fine and then went \textsuperscript{\dagger}back and so
(1.5) I don’t know what the congregation made of it but Mary Spencer was giving me some

I bet she was [hu hu hu]

(0.1)

I don’t think [Jill even noticed it actually]

It provides [a little bit of diversion doesn’t it]

[it was hu hu hu ca ha ha ra ter] hu hu ↑

I was startled hu hu hu

00:12:00

(0.4)

↑↓
hmm yeah (0.5) yeah (0.2) the things that happen

(1.0)

I know

(1.7)

hmm.

(1.0)

well I was a bit flummoxed last night

because the readings that we normally have

we ↑ didn’t ↑ have

(1.1)
[and I] thought where I am [I (0.2) you know

hu (0.3) have I got in the wrong (1.5)

the wrong week (1.6) and I must have

missed (0.6) uhm (0.5) [Richard saying because

00:12:30
everything was going to be changed (1.6)

oh I see

yeah (0.5) uhm but I haven’t mean I hadn’t

spotted it

(1.3)

yea:h hmm (0.7) so: (0.4)

oo: Diana wanted (0.5) duly prepared these

prayers you know for the- about the

Disaster

that’s right.

Diana said oo: you must- (0.6) include about

uhm (0.5) the olympics (1.2)

[the olympics.] [why would she ]

[mm ye:s. ] [I thought it was]

(0.8)
264 P totally (0.4) wrong you know
265 J __________
266 J [.]X_
267 J it [.]is.
268 P __________
269 J ____________
270 (0.8)
271 P __________
272 P __________
273 P __________
274 P so anyway uh she didn’t 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 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 ↑gather 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 ____________
308 P ____________
309 J ____________
310 J ____________
311 P ____________
312 J ____________
313 J ↑terrific horrors of the: (0.7) of the last war that
314 J ____________
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 ____________
you know uhm (1.2) I sort of got (1.3) 

they didn’t say perils in (0.6) significance but uhm

(0.7) you know (0.7)

well (0.5) uhm the thing is that (0.6)

in those days it wasn’t brought into your

sittingroom (0.4) immediately

00:14:00

no: [you didn’t see us ]

[(you’ll find we both of us] returning at all

(0.4)

No

[seeds]

are behind) the newspapers.

mm. ]

at some point

[.X

or [heard] a [bit but i- (0.2) in any case (0.4) they

[jyeah. ]

during the war they played it down.

(0.7)

they didn’t tell you much=

they didn't tell you. you didn't
[know the half of it did you]
[because they didn't] want to: get
everybody worked [up]
___________________________
______________________
[the half of it did you]
becaus:e they didn't want to: get
everybody worked [up]
[because they didn't want to: get]
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and even the casualties [casualties] the whi-
the [c]ivilian casualties during world war
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were astrotomical
[especially England.]
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I suppose that [the only- y- you know the
"\[\] thing about (0.6) [Thursday (0.7) uhm (0.6)
___________________________
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that Tony Blair was saying that (0.6) uhm in
___________________________
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you know the whole horror had got a face
J ___
444 (1.0)
P ___
P ___
P [yes ]
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
457 P ___
458 P
459 P hmm
460 J ___
461 J ___
462 J
463 P ___
464 P

J
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
486 P ___
487 P ___
488 P ↑adding a lot of (0.6)
489 J ___
490 J ___
491 J
492 P ___
493 J ___
494 (1.5)
495 P ___
496 J ___
497 J
498 P ___
499 P ___
500 P [you- actually are hearing ↑ everything I’m saying.]
501 J ___
502 P ______________
with my normal voice=

cause I'm looking at you=

yes

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ighthow chatting...
sitting over there with your right ear (0.5) in this
[direction and [I'm ] here
[yes]
[.X__]
[.X__]

you ↑then have (1.4) like if I spoke in this (0.5)

tone you know you- you wouldn’t be ↑hearing.

(0.4)

well I’m speaking normally and not raising my

[voice]

[yeah] yeah .h but I’m having to concentrate

very (1.4)-

did you notice yourself]

[.X__]  

you know as: you’re speaking very careful now

[(did you you notice yourself)]

[.X__]

no I ↑ah want to speak quite clearly
though [it was]

[yes ] it works around from here

better you were saying

[yes ]

we (met) constantly

we would uh (0.4) but uh (0.3) there are

people who (0.6) sort of (0.7) raise

we would uh (0.4) but uh (0.3) there are

their voices and speak at (0.5) you know

(0.4) goodness knows how many decibels

more and it [(1.0)] hurts

[((J shakes head))]

[funny business]

mm.

funny business

le- let me in

will-=
J ___
679 J ___
680 J =we’ll get there
681 P ___
682 J ___
683 P (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 P (1.2)
693 P ___
694 J ___
695 J there’s my ↑ mother.
696 P ___
697 J ___
698 P (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 P (1.2)
729 J ___
730 J ___
731 J [u:h just to be perverse  ]
[[[J puts left hand up to mouth)]]
732 P ___
733 P ___
734 P [(2.0)
[[[J keeps left hand up to mouth)]]
but you don’t remember her  
((J keeps left hand up to mouth))

[[1.0] asking for repetition all the time]  
((J keeps left hand up to mouth))

no. my Aunty Bets she- come to think of it my  
((J keeps left hand up to mouth))

Auntie Bets was very deaf

oh was she

yes.  
((J puts left hand up to mouth))

but my ↑father maintained that she ↑wasn’t as  
((J keeps left hand up to mouth))

deaf as she made out she just [wouldn’t] listen  
((J keeps left hand up to mouth))

uh huh  
[(0.8)]

uh uh [huh huh huh ↑huh]  
((J keeps left hand up to mouth))

[u:h hu hu hu]  
[(0.3)]

yeah.  
((J keeps left hand up to mouth))

↑we’ll  
((J keeps left hand up to mouth))
I’d like to anima) grandmothers these days

P

J

yes

P

J

hmm

P

J

yes but she’s having some [0.7] (0.7)

P

J

operation isn’t she

P

no: you know but that was the night (0.3)

P

mother’s sister my aunt died

P

right.

P

P [my great aunt (0.5)

P

[...X

P

P

was stone deaf.

P

J

(0.6)

P

J

mm.

P

P

was stone deaf.

P

J

(0.6)

P

J

mm.

P

P

P

J

and (0.1) uh (0.2) you know she- all she could do

J

and (0.1) uh (0.2) you know she- all she could do

J


was lipread she couldn't hear [anything] [yes. ]

my grandmother (1.0) virtually ended up having (0.2) this trumpet this she- (0.6) [used

but at a small child I remember (1.2) if she didn't have the [trumpet (1.4) I'd be raising

my voi- I mean she could hear (0.4)

=if you raised your- you had to raise your voice considerably.

mm but the same with my aunt

but then (0.1) she had (1.2) she was of the era
J,,[X____________________

P when she could have hearing aids

J_____________________

J,,,yes.

P_____________________

J_[now he’s here.______]

P([(J and P look toward cat)])

J 1.2 Money

J It is

P ↑Po↓ly (0.5) t- t-

J (1.7)

J come on.

J (2.5)

J[..]

J [why’s ↑you ↑been uh oh: [I ↓suppose you’ve

P [X____________________

J been out then

P_____________________

P_____________________

P(0.4)

J____

J[..] ________________

J drive thr[ough

P_____________________

P_____________________

P(1.0)

J____

J_____________________

P→yeah→.

J_____________________

J(0.8)

J____

J____

J____

Jyes.

J____

P____

P____

P(0.7)

J____

P_____________________

P some day cat has been out the mysterious leaves

J_____________________

J_____________________

P[oh hah               ]

J______________

J[uh huh huh huh ↑huh]

P____

00:19:00   953 (0.3)

P____

Phey

Jyeah

P____
the girls have cleared off.

in this world (.) he'll be on my bed asleep

yes. it was strange about uhm (0.5) that (0.2)

article in that magazine about that cat

that had (0.6) pancreatitis.

(0.5)

†oh yeah (0.2) and- and goodness knows what

†i've never heard of them.

[†i've never heard of them.

 a cat's happy (and thank my ties)

but then I can't get rid of the dog

ye:s.

((bell rings)) †no:

no.

no.

untill†nose dog

ye:s.
I noticed Mo going down (1.4) down the road [with (1.3) uh: (0.6) Cassey this ↑morning]

(would she was in the church)

↑why she wasn't in the church

↑no ↑father wanted to say it was ↑awful.

[(2.3)

[X_

oo:h that's hard.

she's usually at the pharmacy.

uhsh- sh- sh- she's in the ↑pharmacy

yeah

mm. ↑mm

---------
there were (0.6) exactly three of us in the choir all woman this morning.

↑mm (3.0) yes.

↑must be a bit depressing for John.
Subject:
Jill

Transcript number:
JILL1021.2

Information on the participants:
Jill (J) is the participant who has been identified with presbyacusis and P is her conversation partner. J is having a conversation with her partner (P) in their living room.

Nature of difficulties:
J has presbyacusis. 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

<table>
<thead>
<tr>
<th>Counter time (m:s)</th>
<th>Line (S)</th>
<th>Talk</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>00:08:10 1</td>
<td>P</td>
<td>yeah I've just been- sending an email to Jeff.</td>
<td></td>
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<td>2</td>
<td>J</td>
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<td></td>
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</tr>
<tr>
<td>6</td>
<td>J</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>J</td>
<td>o:h yes.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>J</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>(0.4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>J</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>J</td>
<td>is this about the: uhm (0.8) newly found uh</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>J</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>J</td>
<td>(0.5) grandfather. (0.5) or ↑great grandfather.</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>P</td>
<td>well ↑yes</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>J</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>J</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>(1.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ye:s it’s very interesting.

you hate it because uhm (1.4)

he’s got them both: (0.3) in a bing in Bolton together.

(1.4)

both the age of fifty.

in a- (0.5) in a road called Lunn Street that

now seems to have been (0.3) [been de-] [demolished]

as usual

with (0.7) uhm (0.6) a daughter

that seems to have been his daughter
by previous marriage

(0.4)

mm "hmm

(0.4)

and he's found (0.7) his previous marriage

(1.0) and he's also found- (0.3) his parents

(1.5) so it's goes back to seventeen and

ninety something

tgood Lord.

(0.5)

so that's given me: a great great (0.8)

from my father

twhy did he: find this information that you hh

that's been in (newding that you could) so long

o:h I think he found it all on the internet. he-

he- he has got various: uhm (0.8) programmes

that [he ] can go into

[mm. ]

"mm hmm.

(0.2)
I mean sinc:e we were doing it. (.) there was
so much o:n
___________
so much o:n
________
_________________
__________
they only had up to now
[.X________
[mm hmm. things [have moved on a
_________________
[lot [haven't they.]
00:09:30
[I mean he's ] bee:n able to look in the
_________________
sensi- he got this particular information from
_________________
the sensus this (0.4) about them living
_________________
together
_________________
yeah.
_________________
(0.3)
_________________
_________________
they're living together aged fifty both them.
_________________
(0.9)
_________________
_________________
[did you say (0.7) [both of them
_________________
(0.8) father- grandfather type Tatton:
_________________
_________________
(0.5) great grandfather and great grandmother
_________________
_________________
and great grandmother
_________________
_________________
(0.6)
_________________
_________________
_________________
and they're [both aged [fifty ]
_________________
_________________
_________________
_________________
[Anne] Griffiths
they're both age fifty

what's that

it was only later that she reverted to it though
J yes.
P 
J (0.4)
P 
J for which then- it’s quite right because she
J 
J (0.5)
P 
J .”,
P no:
P 
J (2.2)
P [..X]
P J it’s ↑still got [a bit of a mystery up there
P 
J [still ↑hasn’t it.]
P P [no; and what I] want now is [I’m hoping he’ll]
J [((P scratches her head))]
P 
J 
J (0.6)
P 
J [.X]
P J [yes.
P 
J (0.9)
P 
J 
P hmm.
P 
J 
P (0.8)
P 
P then maybe I can send for a
J 
P [↑marriage certificate.]
P 
P [ye:s. ]
P J 
P (2.0)
P 
P 
P 
P 
P 
P 
P 
P 
P then may be I can send for a
J 
P [↑marriage certificate.]
P 
P [ye:s. ]
P J 
P (2.0)
P 
P [↑mm]
if they were married

[They ought to have]

Hope

[mm.

married after eighteen-thirty-seven.

[X]

[X] mm but at least if it's (0.4) it [takes you some

stages ↑further

[X]

[↑doesn’t it if- if you’ve got this]

[X] it looks as if she may ↑not have been

[yes. ]

[[J nods)]

[X] he's been able to follow up

[his- this Tatton daughter] ↑too

[[P touches her head)]

what's ↑her name
Mary Jayleigh Tatton.

how [d- you (.) you haven’t †known there was

a [Mary Jane in this world did you ]

[no:- no: well I didn’t know anything.]

I didn’t know anything

no.

I was ab†out to (1.0) the great grandfather

I [mean I ] know that

[mm †hmm]

uh uhm (0.6) Anna Griffiths when she was

married to Thomas Griffiths they had (0.7)

two daughters cause (0.4) you and I †found

those we went to uhm (0.4) Liverpool.

(1.5)

to that Library in Liverpool.

did †we

[(3.9) ]

[(P touches her head)]

(0.7)
J, oh, yes that's right of course
P [we did (.) yes ]
P [from the †local office] or whatever it was
P in Liverpool
J that's right †yes
P (0.7)
P = we found that she had uhm=
J (I remember) now that's why [we †went
P (0.4)
P yes that's right.
J
P (0.4)
P
P they lived in (0.3) Lime Street or [something]
J [yes. ]
P so she married (0.8) this Thomas Griffiths
P [with] a (sweep [by the roof]) ]
J [right] [by the railway] station.
P
J
P (0.6)
P
P †mm
J
J
P (0.6)
P
P
P well it is a railway station now [there's]
J [yes ]
P
00:12:00
P no lack of street †left
J
J [†yes ]
[[[P looks at hand]]]

517 P so I’m hoping- if he- if he finds the marriage
518 J _____________________________
519 P (0.4) the other thing he’s found is that [this (0.1)]
520 P (0.4) the other thing he’s found is that [this (0.1)]

521 J _____________________________
522 P [that a Francis] Griffiths (0.4) died in Bolton
523 P [that a Francis] Griffiths (0.4) died in Bolton

524 J (0.4) the other thing he’s found is that [this (0.1)]
525 P (0.4) the other thing he’s found is that [this (0.1)]

526 P aged seventy.
527 P _____________________________
528 J _____________________________
529 J _____________________________
530 J _____________________________
531 J _____________________________
532 J _____________________________
533 P _____________________________
534 J _____________________________
535 P _____________________________
536 J _____________________________
537 J _____________________________
538 P _____________________________
539 P _____________________________
540 P _____________________________
541 J _____________________________
542 J _____________________________
543 J _____________________________
544 P _____________________________
545 J _____________________________

00:12:30 546 J yes but it’s a rather unlikely uhm (0.4)
547 P _____________________________
548 J _____________________________
549 J _____________________________
550 P _____________________________
appart from Bethany

(0.6)

\[\text{ye:s.}\]

(0.5)

well the strange thing is that uhm (1.9) uhm

(0.5) Smith my- my great-grandfather on that

side or great great. (1.5) great great

[Smith (0.4)]

mm hmm.

mm. [must have]

[came from a (1.0) a (1.0)]

weekly (1.8)

\[\text{must have been something going on if people}\]

were sort of (0.8) else whereing from

Yorkshire into Bolton.

(0.6) into Bolton.

(0.7)

cause I [can’t quite remember what uhm]
[((P touches her head))

611 J

612 P (1.6) 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 J (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 J (0.5)

648 P

649 P

650 P Hazel don’t ↑know of him.

651 J

652 J

653 J (0.8)

654 P

655 J [...X____________________________

656 J all I know is it’s got a [mainstrip.

657 P

658 J

659 J (0.7)

660 P

661 P uh huh

662 J

663 J

664 J (0.3)

665 P ...

666 P

667 P has it

668 J

669 J
J [(0.6) yes.]
[(((J nods)))]

P _______

J (0.3)

P _______

P every means to that’s [right ]

J [yes ]
[(((J nods)))]

J _______

P (0.7)

J _______

P and (Wakefield) I don’t know what to (0.7)

J ____________________________

P we ↑ went there ↑ children. (.) we ↑ went to

J ____________________________

P Wakefield.

(0.7)

P _______

J I ↑ don’t remember going (0.2) to Wakefield.

P ____________________________

J (1.5) u:hm (2.1) [I have a feeling those at

P ____________________________

J __________,,

00:14:00

J Wakefield is: (0.2) uhm (2.0) is u:hm (0.3)

P ____________________________

J of weaved a [weaving type place you

P ____________________________

J know (0.2)

P _______

P _______

P is it

J _____

J _____

J of some kind.

P _______

J _______

J _______

J _______

P _______

P we certainly ↑ went to Wakefield.

J ____________________________

J _______

J (1.5)

P _______

P you and I

P _______

J _______

J ______”

J (5.0 -----)

P _______

P ____________________________
we went over with that uhm (1.0)

something

connecting road what was it called

a main (0.5) road that goes over the Pennines.

(1.7)

ohh.

that's right ye:s to Wakefield.

[when] you walked around it seemed quite

[yes ]
	nice actually.

(0.3)

ty:es

(2.0)

[.....X

[oh it's important)

(1.0)

what that top road have [become]

[ye:s ]

(1.6)

it's quite a sort of burrowing kind of road

([out there]) I think

[very. ]

[mm. ]

[very] but very uhm (0.2) busy you know

main road

(0.3)
J yes.
P
(1.5)
P

and [uhm (1.6) I don’t know whether we had-]

P

[...X____________________________]

I don’t think we went and looked for [Fawnes]
P

[cause it’s part of Wakefield. (0.5) called Fawnes]

J

[...X____________________________________]

P

[and] (without a grandfather clock) (1.5)

P

[mm.]

J

P has got fawnes on it.

J

(0.4)

P

P so I never thought= 

J

[=that’s right ↑yes ] 

P

[([J points in the air])]

P

that they lived [in a ↑cage before ]

J

[so indeed they had ]

J

J

ye:s.

P

J

(0.7)

P

P

P

Fawnes is part of Wakefield.

J

J

J

J

J

J

J

J

J

J

(2.0)

P

P

P

yeah.

(1.9)

P

J

uhm (why [one])

P
[yes ] I had a feeling (. ) he was (. ) uhm

(0.5) a (0.5) he was a (0.4) a joiner.

(1.7)

cconcerning me (0.4) somehow natural

to hope that he was (1.1) I do believe

they were (0.6) [weaving.

[..........X_

(1.0)

P thanks

J ______

J no.

P ___

J ___

(2.0)

P ___

great great grandfather's son

J ____________

J mm:.

P ___

J (5.5)

P ___

P ______

P you know (0.1) it's ↑great grandfather Smith

J __________________________

J (0.4)

not great

J ____________

(0.5)

t↑great grandfather Smith

(2.0)

I think he was in his (0.1) I think [he was [in the ]

[......]

[hmm.]

(1.0)

[......]

sort of (0.1) ↑building trade

J ________________

J ____________

(0.5)

J ___

J ___________

mm.

P ___

(1.6)

P ___

[...X___________________]
907  J  oh [Jeff was really exhaustion
908  P  
909  J  
910  J  (0.7)
911  P  
912  J  going at it for long [isn’t it]
913  P  
914  P  [yes] well it’s very
915  J  
916  P  
917  P  nice cause I can’t do it.
918  J  
919  J  
920  J  (0.2)
921  P  
922  J  that’s right
923  P  
924  J  
925  P  
926  J  (0.4)
927  P  
928  P  
929  P  
930  P  um I don’t know how to (look it all week
931  J  
932  P  [be called east Arthur])
933  P  [(P points in the air) ]
934  J  
935  J  (2.6)
936  P  
937  J  no.
938  P  
939  P  (4.1)
940  P  
941  P  
942  P  hmm.
943  P  [(2.2)
944  P  [(P rubs
945  J  her nose)]
946  P  
947  P  [(2.2)
948  P  [(P points in the air)]
949  J  oh (0.6) [makes me want to get going on my]
950  P  [(J puts hand in front of her mouth)]
951  J  
952  P  [(1.8)
953  J  [(J puts her hand in front of her mouth)]
954  P  
955  P  
956  P  [(J puts her hand in front of her mouth)]
[(0.5) I can't go in on these things on the]  
[(J puts her hand in front of her mouth)]

[Internet but (0.8) I don't mind sending for uhm]  
[(J puts her hand in front of her mouth)]

[(0.7) marriage and death certificates if I know]  
[(J puts her hand in front of her mouth)]

where to find [them]  
[mm.]

[(J scratches her head)]

[(1.8) ]  
[(J scratches her head)]

he's even- he's got (0.5) this miss Francis

Gregory says she's find- (0.6) found died age

[seventy in Bolton ]  
[(P touches her face)]

[(1.2) ]  
[(P touches her face)]

[he's got uhm (.) a date for that]  
[(P touches her face)]

I suppose] I could send for a (1.0)  
[mm.]

ye's.

I don’t think Francis Griffiths is a terribly common

name but t’hassle that

(2.8)

I don’t mean Francis Griffiths

[mm.]

[no I ] wouldn't think

it was common.]
I don’t think it’s a very common
[no I wouldn’t think] [it was]
[[[bell sounds]]]
yeah
[yea:]
[no: Francis Tatton.]
[[[bell sounds]]]
[4.7]
[[[bell sounds]]]
no it was on the whole (0.4) sort of with
the names on it.
(0.3)
 […]X
[it makes it territorial †would it]
‌
00:17:30
(0.3) yes (0.1) her (tadmonks) used to be a
Yorkshire man
‌
(0.5)
‌
†hmm mm.
‌
[(1.7) ]
[[[J nods]]]
yes.
‌
(2.3)
‌
yeah.
‌
(1.2)
‌
[perhaps I’ll send (1.2) [to: (1.5) Southport]
‌
[[[P touches her face]]]
[.X]
[(2.1) or well I could send it to Bolton couldn't]
\[((P \text{ touches her face}))\]

[I if he died in Bolton ]
\[((P \text{ touches her face}))\]

[0.3]
\[((P \text{ touches her face}))\]

I was going to say he's [been to i: ]
\[((P \text{ touches her face}))\]

[not as ex'tensive]

as that

(0.2)

and his hope- was his terribly expense [for it ]

[yeah.]

(1.8)

[0.7]

[0.2]

I've [forgotten that]

[...X_______]

(0.8)

[how you send for more info to do with it]

[yeah.]

[so long since I did it. ]

[3.2]

[I think that we'd have the wrong basefoot=]

[1.8]
well you (0.8) you do a send with all
the information
(1.4)
Information on the participants:
Ray (R) is the participant with presbyacusis and P is the conversation partner. R is having a conversation with his partner (P) in their living room.

Nature of difficulties:
R has presbyacusis. He is having a conversation BEFORE amplification of hearing.

Sample date:
16 April 2005

Length of transcribed sample:
10 minutes 0 seconds

Name of transcriber:
Corné-Louise Bredenkamp

<table>
<thead>
<tr>
<th>Counter time</th>
<th>Line</th>
<th>Talk</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>00:00:00</td>
<td>L</td>
<td>just-</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td>P</td>
<td>(one)</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td>L</td>
<td>carry on.</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td>R</td>
<td>[.______</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td>L</td>
<td>just-</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td>R</td>
<td>__,</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td>P</td>
<td>[__.</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td>P</td>
<td>[hu. hu hu] hu hu.</td>
<td>(laughing))</td>
</tr>
<tr>
<td>00:00:00</td>
<td>R</td>
<td>[___________________</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td>R</td>
<td>[hu hu hu]</td>
<td>(laughing))</td>
</tr>
<tr>
<td>00:00:00</td>
<td>L</td>
<td>I've just started it now. Š:..h: okayš</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td>R</td>
<td>[___________________</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td>P</td>
<td>[.X____________________</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td>P</td>
<td>[quite a quiet couple really are we</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td>R</td>
<td>[__________________________</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td>P</td>
<td>________________</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td>P</td>
<td>we don’t uh</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td>R</td>
<td>________________</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td>R</td>
<td>we don’t talk [no it’s terrible isn’t it? but uhmm]</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td>P</td>
<td>[__________________________</td>
<td></td>
</tr>
<tr>
<td>00:00:00</td>
<td>P</td>
<td>[no we hehe don’t ]</td>
<td></td>
</tr>
</tbody>
</table>
we just- [go round with each other]
[going back out ]
[that's right ↑yeah, yeah n-ohh .hmm
[got (practical) something we [↑talking about]
[......_____________________________,
[Uh hu hu ↑]
[mmm. 001
huh, 001
got (practical) something we [↑talking about
uhh, 001
[......_____________________________,
[Uh hu hu ↑]
[Ala]n and- Joyce
[......_____________________________,
[Uh hu hu ↑]
[Alan and Joyce House last week?
[......_____________________________,
[Uh hu hu ↑]
[Yeah yeah. 001
[(inaudible utterance) ] 001
[......_____________________________,
[Uh hu hu ↑]
[like that. would be nice to have bigger rooms.
[......_____________________________,
[Uh hu hu ↑]
[I'd like the- (0.7) bigger room.
[......_____________________________,
[Uh hu hu ↑]
[↑yeah=]
83 R =yes
84 P ______
85 R [yeah]
86 P ______
87 R [yeah]
88 P ______
89 R [yeah]
90 R that sounds- (0.1) ↑better now 002
91 P ____________________________ 002
92 (0.2) 002
93 P ______
94 P ______
95 P ↑yeah:
96 (0.4) 002
97 P not far from work [for him 002
98 R [..X____
99 R ______
100 (0.7) 002
101 R [he'll be (there swept project lisa on)
102 P [X________________________
103 R ______
104 P ______
105 (0.7) 002
106 P ______
107 R ______
108 R yeah (0.6) yeah helping 002
109 P ______
110 (0.6) 002
111 P [..________________________ 002
112 P [commited to it if he doesn't help us 002
113 R [..X________________________
114 P ______
115 (0.4) 002
116 R ______
117 R ______
118 R what was that? 002
119 P ______
120 P ______
121 P BOB HAD COMMITTED TO IT 002
122 R ____________________________ 002
123 P ______
124 (0.3) 002
125 R ______
126 R ______
127 R COMMITTED [to it.] 002
128 P ____________________________ 002
129 P [yes] 002
130 R ______
131 R yeah [yeah that’s right] 002
132 P ______
133 P [yes I have ]
134 P ______
135 P yeah 002
136 R ______
137 R ______
138 R yeah. (it had us)
139 P ______
140 (0.8) 002
141 R [..X________________________
142 R [but [it needs that doesn't it because of-
P: ... ........................................
R: (0.2)

R: ... no good one doing it [now he's getting fed up.
P: ..........................................................
R: .......................................................... (0.3)

R: he has no good one
R: ...,,,,
R: no good one doing it [now he's getting fed up.
P: ..........................................................
R: .......................................................... (0.6)

P: yeah
R: [,]
R: needed that money [to do it ↑too
P: ...
R: ...
R: (0.5)

P: when you're halfway through because
R: ⌂X..........................................................
R: ...,,
R: uhm, (1.1) there's a- a lot more to be done
P: ...........................................................
R: ..........................................................

R: yeah
R: ...
R: [when you're halfway through because
R: needed that money [to do it ↑too
R: ...
R: ...
R: (0.5)

P: when you're halfway through because
R: [when you're halfway through because
R: uhm, (1.1) there's a- a lot more to be done
P: ..........................................................
R: ..........................................................

R: yeah
R: ...
R: [when you're halfway through because
R: needed that money [to do it ↑too
R: ...
R: ...
R: (0.5)

P: well I suppose if [he's retired (0.7) he
R: ...
R: ...
R: (0.7)

R: [we:ll they're] both retired uhn
R: ...
R: ...
R: (0.6)

P: well I suppose if [he's retired (0.7) he
R: ...
R: ...
R: (0.7)

R: [we:ll they're] both retired uhn
R: ...
R: ...
R: (0.6)

00:01:30
R: then the parents will worry no more [won't they?
P: no:
R: ...
R: (1.9)

R: ...
R: ...
P: join us as a [family that's the only thing
R: ...
R: ...
R: (0.4)

R: ...
R: ...
R: (0.4)

R: this- ↑yea:h ↓yea:h .hh
P  ________________
204 R  ________________
205 R  she misses 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
221 R  [..X_________________  2
222 P  again aren’t they?  2
223 P  ________________  2
224 R  ________________  2
225 (1.3)
226 R  ________________  2
227 R  [what was that?______ ]
228 P  [(R turns head to right!)]
229 R  [..X_________________  2
230 P  [they were able to come back.  2
231 R  ________________  2
232 R  oh yeah they were able to come
233 P  ________________  2
234 R  ________________  2
235 R  back. yeah ye:ah
236 P  ________________
237 P  ________________
238 P  uhm Francis had [uhm (0.8) preferred this
239 R  [..X_________________  2
240 P  ________________  2
241 P  this place away in we have a visit
242 R  __________
243 R  __________
244 R  no: 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 P  [(1.1)__________________]
251 R  [(P and R look at the cat)]
252 P  [..X______  2
253 P  she’s not- [not been [quite so bad then has she?
254 R  [..__________________]____
255 (0.6)
256 P  ________________
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
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 R  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]
288 P  [(R coughs for 3.0 seconds
289 R  and P look at cat)]
290 [...X_____________________
291 R  ______________]
292 P  _____________
293 P  [wonderin' what it's all ab'out
294 R  [...X____________________
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  _________________________
308 P  our lady did she
309 R  _________________________
310 R  ________
311 R  no, no hard feelings no,
312 P  _________________________
313 (1.2)
314 P  [________
315 P  [prefers [men really [don't you
316 R  [X_______,  [...X____
317 R  __________________________
318 R  [what [was that?]
[((R turns his head to his left))]

P

[X_________________________]

003

[R it's a man's cat really.]

P

[(R keeps head turned to his left)]

003

[R a man's cat, yeah yeah.]

P

003

[R (1.1)]

003

[P not Sophie Sophie's [anyone's cat]

003

[R (0.6)]

003

[P (1.0)]

003

[R I like you]

003

[R (0.6)]

003

[R I didn't know there'd [be uhh

003

[R [(2.8)]

003

[R it's a job to think of things to say

003

[P ]

003

[P ]

003

[P [hu hu hu hu hu hu hu it's about time

003

[P [hu hu hu hu hu hu hu]

003

[R (0.5) ↑yeah

003

[P (0.5)]

003

[P [that we were]

004

[P [that we were].hh

004

[P we don't [have awkward silences it just

004

[R [X_________________________]

004

Page 365
[we do what?]  
[(R turns head to his left)]

R

we don’t have awkward silences,

P

[it’s just

R

[oh no we don’t] have awkward silences

P

companiable silences

R

yea:h but manageable

P

manageable.=

393 R

=that’s right hu hu

394 R

[. . .]

395 P

[no I said [companiable (.)]

00:03:30

P

[companiable] what was that

401 R

yea:h that’s right.

403 R

[ ...]

404 P

hu hu .hhh

405 P

(0.4)

406 R

[ it uhm [.hmm

407 R

[ h u h h h h h u h h h h h h h h ]

409 P

[ ...]

410 R

[ ...]

411 R

been be- [it’s been allright havin’ her

412 R

[ ...]

413 P

[coming when we were in that car

415 R

[]

417 R

(0.7)

418 P

[]

419 P

just after I dropped you innit

421 R

[uh hu hu hu hu]

424 P

[uh hu hu hu hu]

425 R

[uh hu hu hu]

426 P

[oh [that was just-]

427 R

[when you was gonna get out]

429 R

[uh [hu hu hu hu]

430 R

[uh hh yes ]

431 P

[an old day]

432 P

[.]

433 R

[hu hu [hu hu]

434 R

[..X ]
well it’s- (0.4) it’s a [bit hairy wasn’t it
(0.8)
I know [but you couldn’t see- (0.6)
the cars on my side of the road ↑could you
(0.5)
no: not so much it’s true
(0.9)
I think you were [so concentrating on (0.6)
___ [parked]
[the the] they uhm
(1.4)
they [they were getting’ a bit close I
though at times an of course ↑I think we
were all a bit closer then< wouldn’t it
___
(1.0)
___ [,] [yeah but you-] you were gettin’
[I thought so ]
too close the: uhm to the other side
mm mmm yea:h
you were driving along the gutter
quite often
(0.5)
[he was what? ]
((R turns his head
to his right))
___________________________
you were driving- driving along the gutter
(0.6) quite often=

=well that's what you said it didn't appear

to be you know what I mean

but uhhmm

(0.7) grit [there wasn’t [there

well there was yeah. (0.2) that’s true

we could here the [grit on the wheels then

we were driving

uhm we’ve [got them ]

we weren’t] used to them

(0.5)

[mm yeah.]

uhh we’ve [got them ]

[we weren’t] used to them

[...]}
P       drivin' on that side of the road [o- over the (0.6) 006
R       [._ ______ ] 006
P       [uh what do you want? ] 006
R       [((R turns head to his right))] 006
P       ______________________ 006
P       ______________________ 006
P       [you weren't used to driving on that [side] 006
R       [((R keeps head turned to the right)] 006
R       ___________________________ 006
P       [of the road= ] 006
R       [((R keeps head turned to the right)] 006
R       ___________________________ 006
R       [no that's right ] 006
R       [((R keeps head turned to the right)] 006
P       ________________________ 006
P       [or the ↑man↓ ual car ] 006
R       [((R keeps head turned to the right)] 006
R       ___________________________ 006
R       [yeah yeah [th-uh that's right ] 006
R       [((R keeps head turned to the right)] 006
P       ________________________ 006
P       [with the- ] 006
P       ________________________ 006
P       [with the gear stickin' in- on the ri 006
R       [((R keeps head turned to the right)] 006
R       ___________________________ 006
R       [hand side of you. ] 006
R       [((R keeps head turned to the right)] 006
R       ___________________________ 006
R       [yeah yeah that's it yeah yeah ] 006
R       [((R keeps head turned to the right)] 006
P       ________________________ 006
R       [yeah you were talkin' from that side as well, 006
P       ________________________ 006
(0.2)
P       ______ 006
P       ______ 006
P       'cos 006
P       ______ 006
P       [0.2) 006
R       [..X 006
R       [yeah you were talkin' from that side as well, 006
P       ________________________ 006
(0.5)
P       ______ 006
R       ______ 006
P       yeah. that's the 006
R       ______ 006
P       ______ 006
P       [side you can't hear anything from] 006
R       ____.,,,,,,[..X____ 006
R       [I was used to you talking from ] [that side 006
P       ________________________ 006
yeah and you can hear a bit better that side

I suppose so yeah'r more ↑ used to it

mm: I hope so

I suppose so yeah'r more ↑ used to it

(i might made a difference)

[i might have done.]

yeah I [sh-]

[Go-] go by sea next time we can

take the ↑ car for this

(1.1)

... [.X]

well yeah [that's right h- i'm glad she's a little

...]

thin hu hh hu hu hu [that it's a choice] between

[what's š]

on [that side] [hanging and sitting on that side]

[.X]

(1.1)

yeah,

... [.X....]

but (0.6) [at ↑ least you'll- you'll know the car:]

... [X]

won't you

already< know the car it is true.

I could tape
but I was getting used to that car by the time you finished

it wasn’t more or less not so much the car

no it was very good really wasn’t it.

we were just [uhm (2.2) been] drivin’ about in it wasn’t thinkin’ so much about the car

no it was a lot of drivin’

no yes

no it’s a nice little car

it’s- it’s bigger than that Yaris that we saw yesterday

[bigger that the- the Yaris (.) we saw yesterday]

[uhh] [yeah was that four doors but that]
[((R keeps head turned to the right))]

714  R _____________________________________________
715  P _____________________________________________
716  P [one when we had *two didn’t it ]
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 _____________________________________________
726  R _____________________________________________
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  P (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 00:06:30
750  R [that’s] right yeah yeah
751  P _____________________________________________
752  P [mark ]
753  R [....]
754  R [not [yet down the ]]
755  P _____________________________________________
756  P [not [since supermarket]
757  P _____________________________________________
758  P (1.3)
759  R [....]
760  R [....]
761  R [what was that]
762  P _____________________________________________
763  P [((R turns head
to his right))]
764  P [....] 008
765  R _____________________________________________
766  R _____________________________________________
767  R yeah yeah that’s right 008
that's a good (0.4) [↑place]
yeah

(0.4)

it was nice [wasn't it that soup room

yeah he he he

uh uh when we couldn't understand

the labels on the- [on the] things [hu hu hu

it was nice [wasn't it that soup room

yeah he he he

uh uh when we couldn't understand

the labels on the- [on the] things [hu hu hu

yeah.

(0.9)

[.....X

[hu hu hu hu]

[hu hu hu hu]

and what she's trackin' ↑ on about when

she's on about. hh you should have

been in that queue,

[hu hu hu hu]

[hu hu hu hu]

and what she's trackin' ↑ on about when

she's on about. hh you should have

been in that queue,

[hu hu hu hu]

[hu hu hu hu]

and what she's trackin' ↑ on about when

she's on about. hh you should have

been in that queue,

[hu hu hu hu]

[hu hu hu hu]

and what she's trackin' ↑ on about when

she's on about. hh you should have

been in that queue,

[hu hu hu hu]

[hu hu hu hu]

and what she's trackin' ↑ on about when

she's on about. hh you should have

been in that queue,

[hu hu hu hu]

[hu hu hu hu]

and what she's trackin' ↑ on about when

she's on about. hh you should have

been in that queue,
828 R it uhm-
829 P [...X_____________________
830 P [we we [we moan at people that do that
831 R [...________________________
832 P [we we [we moan at people that do that
833 P here †don’t we
834 R __________
835 R __________
836 R that’s right yeah
837 (0.2) 009
838 R hmm=
839 P =and then when they’re .hh
840 P in the [queue ] for ten
841 R [>(have they got<)]
842 P [...____________________
843 P people [hu hu hu [hu hu________ hu ]
844 R [((R turns his head
to his right))]
845 R [..X____________________
846 P [hmm †hmm]
847 P [in the queue for ten it†ems]
848 R [((R keeps head turned to his right))]
849 R [((R keeps head turned to his right))]
850 R [†that’s †right †yeah]
851 P ______________________
852 R [((R keeps head turned to his right))]
853 R I †got-]
854 P [and then ] we go there with a trolley ]
855 P [((R keeps head turned to his right)) ]
856 R ______________________
857 P [full of stuff ]
858 R [((R keeps head
turned to his right))]
859 R ______________________
860 R ______________________
861 R [((R keeps head turned to his right)) ]
862 P [hu hu ]
863 P hu hu ]
864 R [((crunching noise in background,
865 P to look to direction of noise))]
866 R [...X____________________
867 P I †got what she meant when she picked up
868 P […____________________]
869 P ______________________
870 R [that (0.6) thing of carrots uh
871 P ______________________
872 P [we hadn’t weighed it .hh ] [and that’s
873 P [hu hu ]
874 R [((R keeps head turned to his right))]
875 R [oh yes we went down at once]
876 P ______________________
877 R ______________________
R turn round like ↑here uhn but off
P __________________________
880 R ..............................
881 P (0.4)
882 R ____
883 R ____

00:07:30
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↑out 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 ______
906 P __________________________
907 P __________________________
908 P ↑mm↓mm
909 R (0.9)
910 R [yea:h  ]
911 P [________________________]
912 P [(she up)] [I don’t think she was very
913 P __________________________
914 P __________________________
915 R no:
916 P [_.
917 R (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 [________________________
923 P __________________________
924 P (0.2) we weren’t holding anybody up were we
925 R __________________________
926 P __________________________
927 R (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 __________________________
[Yea:h] yea:h

to towards the end there

[.hh] I was [too- too worried]

[nice couple I think they was thinking]

(0.5)

[((R turns head to his right))]

((R keeps head turned to his right))

([Yeah he he he he] [ehhh]

((R keeps head turned to his right))

(0.9)

I think [they were] [putting it down and thinking]

[((R keeps head turned to his right))

oh [they more the English like that]

[hu hu hu and that] [hu hu hu hu hu hu hu]

[hu hu hu hu]

[.hh]

[Iike what been] happening [when he came]

[.X]

up and were still on that

 what you got on the nights

(1.3)

[.hh]

[yeh]

[.hh]

[[like what been] happening [when he came]

[.X]

[uh he] [he’s seen it from- quite a bit-

[.X]

(0.2) puffy like that I mean

[.X]

[wondering] the dandy’s dragged the
[yeah and then] cattles through the window I didn't have a clue [what he was on about.]
you know [when he realised we were English] (what get a couple right)
he was allright [hu hu]
[a:hw ] [I guessed it was (what get a couple right)]
about the light because haven't moved
__________________
__________________
it was allright [hu hu]
__________________
[gh gh gh]
[(R clears throat)]
__________________
__________________
I thought he was telling us we should have
__________________
__________________
gone on the red light
__________________
__________________
__________________
[0.9]
__________________
[gh gh] [I guessed it was]
__________________
yea:h it wasn't [yeah ]
__________________
[It wasn't] [was it
__________________
__________________
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[0.5]
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weg out by the sense
__________________
__________________
__________________
think or or (0.9) w- we hadn’t (0.3) touch
__________________
__________________
__________________
__________________
__________________
__________________
[0.7]
__________________
__________________
__________________
a sensor
[.X____
1061 R a sensor ↑yeah it's not working yeah
1062 P __________________________
1063 P __________________________
1064 P __________________________
1065 R ______
1066 R __________________________
1067 R ______
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 .
1088 P ______
1089 R ______
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
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 ______
to the centre that was

in fact I thought I might have done it

anyway.

oh there was [a lot of traffic on that main

road at the top ]

[(R turns his

head to his right)]

[so uhm (0.5) [no you’re [frightened to go

in [case]

[mm [hmm

[(R keeps his

head to his right)])]

[you were frightened to go too [far forward

[(R keeps head turned to his right)]

[yeah cause that stuff was coming

[(R keeps his head turned to his right)]]

[round the corner.]

[(R keeps his head

turned to the right)]

that’s [yeah I didn’t ] know how
1162 R _____________
1163 R [¡yea:h yeah]
1164 P much was [gonna come 'round.
1165 R [._........................
1166 R yea:h come round a bit quick
1167 P mm.
1169 R [._____________
1170 R [that's why I [think what's in a lifetime
1171 P [._X___________________
1172 R yeah you [know] what I mean
1173 P [mm ]
1174 P [.__________________]
1176 R ____________________
1177 R cause they've seen me [hh coming round
1178 P _____________________
1180 R the corner a bit quick= 
1181 P [mm ]
1182 P [.__________________]
1183 P =the road was a bit narrow
1184 R [._mm]
1185 P (0.2)
1186 R [._
1187 P [._
1188 R [._
1189 R [yeah]
1190 P [but ] uhm
1192 R mm.
1193 P (1.8)
1194 R [hh
1195 P (0.4)
1196 R yeah
1197 P (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 P (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 P (0.9)
1213 P we've managed quite well [I think
1214 R [._
1215 R [....
1216 R mm.
1217 P (1.3)
1218 P [....
1219 P [but uhm
1220 P [X____
1221 P [..
<table>
<thead>
<tr>
<th>Time</th>
<th>Code</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>00:10:00</td>
<td>P</td>
<td>I didn't have to worry about</td>
</tr>
</tbody>
</table>
Information on the participants:
Ray (R) is the participant with presbyacusis and P is the conversation partner. R is having a conversation with his partner (P) in their living room.

Nature of difficulties:
R has presbyacusis. 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

<table>
<thead>
<tr>
<th>Counter time</th>
<th>m</th>
<th>Line</th>
<th>S</th>
<th>Talk</th>
<th>Notes</th>
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<tr>
<td>00:06:08</td>
<td></td>
<td>1</td>
<td>P</td>
<td>([2.1]</td>
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<td>4</td>
<td>P</td>
<td>it [was nice to have the photo’s this morning</td>
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<td></td>
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<td>5</td>
<td>R</td>
<td>[.X___________]</td>
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<td>7</td>
<td>P</td>
<td>wasn’t it</td>
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<td>8</td>
<td>R</td>
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<td>9</td>
<td>R</td>
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<td>10</td>
<td>R</td>
<td>↑wa:s wasn’t it (. ) [↑yea:h] yeah that’s now</td>
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<td>11</td>
<td>P</td>
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<td>12</td>
<td>P</td>
<td>[yeah ]</td>
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<td>13</td>
<td>R</td>
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<td>14</td>
<td>R</td>
<td>very ↑nice</td>
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<td>15</td>
<td>P</td>
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<td>17</td>
<td>P</td>
<td>yeah [it did yea:h]</td>
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<td>18</td>
<td>R</td>
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<td>19</td>
<td>R</td>
<td>[in the end ]</td>
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<td>20</td>
<td>R</td>
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<td>21</td>
<td>R</td>
<td>yea:h some good ones in there</td>
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<td>22</td>
<td>P</td>
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<td>23</td>
<td>P</td>
<td>(0.4)</td>
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<td>24</td>
<td>P</td>
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</tbody>
</table>
[shook my size up (0.4) look hu hu hu]

hu hu hu hu hu hu hu hu hu hu hu

[bit dissapointed with that hu hu hu]

hu hu

hu (it was a bit dissapointing [then wasn't it)

[.X]

[yes ]

[well I've lost five [pounds since then]

[.X]

[yeah i was wondering]

[yes ]

[yes ]

[what's going on]

[00:06:30]

[that's right yea:h]

[...X]

[Whiteladies Road]

[no:]

[wasn't it]

[(0.7)]

[wasn't it]?
she was quite shocked when she came in and saw everybody there that's right [yeah]

[when-] when we appeared after (0.5) tellin' her that uhm [(0.6)

we weren't gonna be able to see her we won't be able to see her ↑ that's right

(0.5)

yeah [I- I- said (0.6) uhm (0.3)

he worked out to say that the're gonna take

(1.0) uhh Deln up to- up to [Swindon

(0.5)

P

yeah he

(0.2)

P

yeah=

=yeah that was a good excuse [wasn't it ]

[that was a]

good excuse to be away wasn't or- or

[.....X____

figuring out for things like that

he did [yeah]

[yeah] yeah

[yeah] it was like- it was lovely for her [wadn’t it]

[mm: ]

was nice of Neil to put the (0.6)
P the barbeque on for her
R __________
R ________
R oh: yea:h [yeah   ] wasn't it.
P __________
P [wasn't it]
R and of [course you got a charge for a portion
P __________
P __________
R of it
R __________
R __________________
R oh: yea:h [yeah     ] wasn't it.
P ___________________
P ___________________
P __________
P __________
P __________
P __________
P __________
R __________
R __________
R __________________
R oh: he's got all the space there ♀ hasn't he.
P ___________________
P ___________________
P ___________________
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[Joan. she said happy birthday
(0.3)
uh hu hu hu [hu hu hu hu]
[uh hu hu] hu
(want’s to go there)

you [can't change it]

[when you said ] the lady from [St. Michael’s
she has it .hh: [but it was done the the-
[.X__________________

they’ll think (I’ve got forlong) from the Church

or something

Uh hu hu hu ↑hu hu hu ↑hu hu hu [hu hu hu]
[ha ha   ]
______________

[that’s in uhm ]

[won’t be well enough]

[the bedminster’s some†where

[†yea:h that’s r ight

[and think- when I was there that’s right yea:h]

[despite the fallen angels hu hu hu hu hu ]

I would that you [done that] being the spotlite huh

yeah he

Hm hm hm

it uhm

(0.5)
(0.1)

[despite the fallen angels hu hu hu hu hu ]

what we saying about

[.]________________

[00:08:30

[.]________________

(0.5)
cause we had those other photo's
that's right
that we had that [we took. [they- they were
quite good
they were very good
I think [uhm- (0.9) when Mike
(0.3) and Eve come tonight (0.8)
uhh they'll be very [pleased with those (0.6)
you've got (0.5) [all [the (wall) from ]
[(R moves hand up and down))]
yeah [1yea:h]
the yard outside (0.3)
yeah [1yea:h]
and you've also got [the- the [front entrance ]
[the front one ]
and all that and
(0.7)
Bredenkamp, C. 2006. University of Pretoria. UPeTD

320 P
321 P [and tu:h]
322 P
323 R (0.3)
324 R
325 P 
326 P no d-uh (0.1) you can’t really ex↑plain to
327 R -----------------
328 P ---------------------

00:09:00
329 P people that you go in- on the ground floor.
330 R (0.2)
331 R ((coughs))
332 P but when you [get to-] their [apartment ]
333 P [[[R clears ]]
334 P 
335 P (((R clears throat))]
336 P
337 P
338 R ______________
339 R [↑yeh] yea:h
340 P
341 P [huh ]
342 P
343 P it’s uhm (0.2)
344 P
345 P [↑yeh that’s right]
346 R [yeh] that’s right
347 P
348 P ground sort of slopes [away ]
349 R [↑the ground]
350 R slopes away. an the ↑end [had done]
351 P __________
352 P [↑mm]
353 P uhm- around ↑there
354 P Lucky
355 R [__]
356 R [↑it u.h]
357 P [↑X,]
358 P [↑(1.2)]
359 R [[[P points in the direction of R’s feet]]]
360 R __________
361 R [↑it u.h (.)]
362 P [↑X__,] [↑__]
363 P uh hu hu hu [hu ]
364 R [↑huh]
365 P__
366 (0.6)
367 R [↑yeh]
368 P [yeh ( ] I- I think they’ll be pleased with that
369 P don’t you
370 R I think they ↑will ↑yeh↑ they’ll be ↑very pleased
371 R with that
372 R (0.8)
373 P ______________
374 P Michael said [that- ] they’re packing at the↑ moment
375 P
376 P ___
Bredenkamp, C. 2006. University of Pretoria. UPeTD

(0.3) R ____
(0.3) 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__________________________
00:09:30 394 R [pick up there were assigned another
395 P [.....__________________________
396 R __________________________
397 R date in a [(flowering) summer ]
398 P ______________[oh we’ve- we’ve worked]
399 P _____________________________
400 P all that out haven’t we [hu hu hu hu hu hu]
401 P [hu hu hu hu ye he] he he
402 R ye[a:h]
403 R ye[a:h]
404 P yes
405 P (0.5)
406 R I’ll [send them in]
407 R [...._______________________
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 ye[a:h I thought she is.
415 P _____________________________
416 (0.5)
417 P ye[a:h.
418 (0.8)
419 P [.....]
420 P Uh- uh- [the- you know (.) he asked 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 ye[a:h]
426 P ____________________________
427 P [give him a ring and that]
428 P _____________
429 (0.3)
430 R ye[a: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 [.....__________________________
you [put up with him for a few minutes come
[walkin’ in]
[ahh yeah]

[hu hu hu]
[even] [taught the hind leg off a donkey
[hu hu hu hu]
[.hh hu hu hu]

↑ we can talk [but uh
[…___

(0.8)

he takes over doesn’t he when
[he goes there yea:h]
[he does yes uh ]
(0.1)

[…………_________

mm †hmm hm
mm †hmm hm [hm hm hm ]
[.hh uh hu hu]

[…………_________

I can’t play †deaf an all that he’ll tell us right.
(0.1)

[…X___________________

[no: no: you’ll listen now won’t you]
[hu hu hu hu hu hu hu hu hu hu ]

now you can hear what he’s saying [now ]
[that’s]

right †yea:h
[can’t] pretend that you
[yea:h]

no: no can’t carry up that (.) no:
Huh
hm mm
(0.7)
mm=
=it uhm
(2.0)
[yea:h]
[.____
[§yes§]

[perhaps Ned’ll ring later on
[.X___________________

(1.6)
R: oh he might yeah he [might] pop down I think.
P: [yea:]

P: who Neill?
R: (0.2) yea: h
P: ___________
P: (0.4)

R: I heard that ] peep when you were up there
P: [you ↑think so]
P: ___________
P: (0.6)

P: yea: h [↑oh: ]
P: [not uh]
R: (0.6)
P: _______
P: did he say that
R: (0.3) not ↑really no no I didn’t they wouldn’t let
P: ___________________

P: nothing on
R: [↑]  
P: [(1.0)]
R: I know I forgot what they said now that
P: ___________________

R: seem to
P: (5.0)
R: well I just I didn’t- uh thought- thought
R: that they ↑might be there
R: (1.3)
R: yea: h
P: it looks like Anne and Anne that see her
R: [↑]  
P: [uh Sarah and her mother
R: (0.4)
R: ___________________

R: ___________
P: [.X_____
P: [a:llright
R: _______
P: ____________,
R: this weekend that’s right
P: ___________________

P: yeah.
P: ___________
P: (0.6)

R: a:nd they thought uhm
P: ___________________
R: [↑X_________{
P: (0.4) [they might pop in
P: ___________________
R: ___________

00:11:00
mm might uhn wouldn’t they
[yeah they won’t] have done it [because of
they didn’t get a card from him this morning.
no: no I wouldn’t be sayin’ that love
[weren’t not (†have we heard from Ethel now)
[the photo’s and that came from]
[has she delivered them ]
†oh that’s right yea:h [yeah:]
and the one from uhm
we’ll see it all [from (Cav and Les)
[we’ll see it all [from (Cav and Les)
[yeah]
[yeah yeah keeping this going [uh: ]
[yeah]
[yeah]
sh- she said she’ll phone later
[yeah]
[yeah]
[yeah (0.3)] [yeah:]
[yeah]
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  they were ↑big on their football now ↑will ↑they
628  P  ___
629  (1.4)
630  R  shouldn’t have thought so
631  P  ________________
632  P  ________________
633  P  ________________
634  (1.2)
635  R  it uhm (0.3) I don’t know whether
636  P  ____________________________
637  R  uh they they do [patient games or something
638  P  ____________________________
639  R  ________________
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)
yea:h that- same as the [light brown-]

[barre Brown belt]]

barre- brown [belt ↑yea:h

[they’re brown]

[the black one’s the next.

that’s it yeah means you’ve got to go through

[the stages of that middle book

the dams isn’t it

mm that’s right [yea:h. ]

[šyeahš]

mm hmm

hmm hmm mm

but uhm

it’s nice [because she can stand up for herself

I mean [she’s- not a very: uhm

[oh: won’t she- defend herself ↑now]

(0.8) not very [(1.0) thick is you know

broa-

no [how not]

[broad ]

(0.3)

no [she’s not]

[looking ]

no no

and she’s very strong

very strong yeah [yeah ] she is for a [girl

[yea:h]
R and ↓ has [she uhm (0.7) uhh Neil had

P ..._________________________________

R her over on the gras there

P ________________

R (0.6)

R ___

P ___

P mm.

R ___

R __________

R uhh I was saying what uhh (0.6) what was their

P __________________________

R moves and that

P ________________

P (0.5)

R ____

P ____

P yea:h

R ____

R ___

R ___

R ___

R and uhh

P ______

P ___

P (1.1)

P she was showing them ↑ then [wasn’t she

R ...X________

R ________________

R yea:h she was showing them then th- uh- uh-

P __________________________

R (1.0)

R [it uhm (0.3)

P ...______________

P I [noticed that Joseph went up and tried to

R ...X____________________________

P (0.5) to fight her (0.4)

R ______________________

R ___

R α:h=

P ___

P __________________________

P =you know tried to- [↑messing] around

R __________________________

R [mm ]

R (0.5)

P ...___________________

P and she had him [on the] [ground before

R ...X_______

P __________________________

P you could [say the ↑name .hh he he he he]
R ye he he he he
P she he he
(0.2)
R yea:h she uhm [pulled him]
P [cause] [Joseph's quite]
R [strong isn't he [he's a strong boy.]
R [oh yeah (.) yeah ] he's he
R [yeah (.) yeah ] he's he
R very very [quick but uhm (0.2)
P []
R I came about that night but uhm (0.9) [he'd uhm
P []
(1.4)
R said she's getting [moves off now
P []
P [yea:h]
R because she (0.9)
R yea:h
R put [a blast on (0.9) competition [she was in
P []
R yeah [she was second] wasn't she
R [the best ]
R yeah:s she took that uh
P []
(0.7)
R took that [girl on that uh
P []
P (1.3)
R who's a [couple of years ]older.
P []

00:13:30  (0.6)
make sure somewhat a big thing when-

When you get the children young

usually as their age makes them

that much better you know what I mean

because of their size and things like that

so if you go up in age and like that

yeah it'll strenghten experience

don't you that's right and if you can look after yourself

when you are taken up before a knuckle

it works very good I'm pleased with her

bless her

it's nice for little girls to be able to
defend themselves easily's
yeah.

(0.1)

yes

(0.1)

CAUSE WHEN SHE WENT THAT TIME

(0.5) what was that- [twelve months ago was that

..........,[.._____________________

(0.6)

when she went to [Cardiff

[..X_

she went to Cardiff (0.2) she didn’t get

____________________

on so well there

____________________

________________________

they didn’t [select the ↑team]

[oh no I think ]

(0.3)

____________________

____________________

____________________

____________________

____________________

____________________

her purse and [that- ]

[that’s] true. that’s true isn’t ↑it

____________________

mmm and that sort of (0.2) put her off a bit

yeah

(0.3)

yes

(0.9)

but uhm I mean she lost- well a [third of [weights

[..___,][..____,,

↑yeah

(0.6)

[.__

[mm.

(0.4)

____________________

but uh this [time well not know

[..____________________

____________________

____________________

[________________________

and it [when up a (0.7) you know a couple
...[X____________________]...

979 \textbf{R} \textit{of years} \textit{older (0.2) [girls]}

981 \textbf{P} \textit{[mmm]}

988 \textbf{R} \textit{yeah}

999 \textbf{R} \textit{[.hmm]}

1000 \textbf{R} \textit{yeah it was}

1003 \textbf{R} \textit{but uhm}

1005 \textbf{P} \textit{[but she's she's quick to learn anyway isn't she?}

1006 \textbf{R} \textit{[...X____________________]}

1007 \textbf{R} \textit{[...]

1008 \textbf{R} \textit{oh yeah.}

1009 \textbf{P} \textit{____}

1011 \textbf{R} \textit{I know she's she's very clever.}

1013 \textbf{P} \textit{[hmm]}

1014 \textbf{R} \textit{(0.8)}

1015 \textbf{P} \textit{you know she's a clever girl}

1016 \textbf{R} \textit{(0.1)}

1017 \textbf{R} \textit{[yea:h yeah.]

1019 \textbf{R} \textit{I hope she get's on well with this [new school}

1020 \textbf{P} \textit{[...X________]}

1021 \textbf{P} \textit{____}

1022 \textbf{R} \textit{(0.3)}

1023 \textbf{R} \textit{____}

1024 \textbf{P} \textit{____}

1025 \textbf{P} \textit{[I hope \textit{so}}

1026 \textbf{R} \textit{____}

1027 \textbf{R} \textit{____}

1028 \textbf{R} \textit{yea:h you got temporary}

1029 \textbf{P} \textit{____}

1030 \textbf{P} \textit{(0.5)}

1031 \textbf{R} \textit{it uhm}

1032 \textbf{P} \textit{I'm sure she will when she's (0.4)

1033 \textbf{P} \textit{[...]

1034 \textbf{P} \textit{the sort [isn't she will apply herself}

1035 \textbf{P} \textit{____}

1036 \textbf{P} \textit{(0.3)}
I mean when you're a very small thing

they were always (0.9) could always

(mixing equip) the with children (didn't they.

they were allways (0.9) could always

(mixing equip) the with children (didn't they.

oh yeah

you know what I mean you know what I (mean)

they've never been [uhm]

(0.2)

[never been molly cuddled] or anything like [that

[never been (babying) ]

no: it was always

they were allways [in like uh

new p- new duhm new duh (groups and anything

weren't they

that's (right

(0.3)

in a straight=

=yeah:

in a straight line [we won't know ]

[well we wouldn't know]
1097 R ...X
1098 P where [stand back ones
1099 R                
1100 P                
1101 P mm.
1102 R ...
1103 P remember when we took them to that- uhm
1104 P _
1105 P (0.9)
1106 P
1107 P
1108 P uh: [aquarium place in Weston
1109 R ...
1110 R t:o:h yeah that's right.
1111 P               
1112 P               
1113 P they- they were in there and in that
1114 P               
1115 P               
1116 P pool pond before [you could]
1117 P               
1118 R               [uhh: ]
1119 R               
1120 P               
1121 R [hah that's right yeah yeah ]
1122 P               
1123 P [look 'round huh and that shoes off]
1124 P               
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 ...
1133 R we still [stunned their parents out [there looking ]
1134 P               [yea:h looking]
1135 P               
1136 P               
1137 P at her
1138 R               
1139 R               ...
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               ...
1148 P               
1149 P at [uhtm big church]
1150 R               
1151 R [oh yea:h that- ] [that- watch that went wrong
1152 P               
1153 P               
1154 P               R with [(that big thing) ]
1155 P               )))R makes a sliding
1156 P               movement with his
right hand))]

1155 P [(yea:h that sliding)]
1156 P that sliding [yea:h ] I mean
1157 R [(P coughs)]
1158 P .....
1159 P that they finished
1160 P [...
1161 P [that they ] made [friends with the
1162 R [((R coughs))] [.X________
1163 P __
1164 P (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 yeah.
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 P (0.5)

00:16:10

1200 R no l- l- (0.4) consider the other (0.8)
1201 P __________________
1202 R consider we’d just stand up there
1203 P __________________

00:16:15

P no:
Appendix 8

Recordings of conversation data extracts and electronic copy of the study.