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## Using Personal Narratives to Explore Well-being and Identity Construction in Children with Language Disorders

Recorded August 4th, 2020

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SpeechPathology.com Course #9410

- [Amy] And it is a pleasure to introduce our guest editor, Trisha Self, and our presenter today, Dr. Rena Lyons who's presenting day two of our virtual conference that is in partnership with the American Board of Child Language and Language Disorders. Dr. Trisha Self is an associate professor and chair in the Communication Sciences and Disorders Department at Wichita State University in Wichita, Kansas. She's a board certified child language specialist, and coordinator of the Autism Interdisciplinary Diagnostic and Treatment Team Lab at WSU. So Trisha, it's great to have you back with us today and the floor is yours.

- [Trisha] Thank you, Amy. As Amy mentioned, this continuing education event is in partnership with the American Board of Child Language and Language Disorders, also known as ABCLLD. I'm on the board of ABCLLD and just want to mention to today's attendees that if you think you have advanced knowledge, skills and leadership in child language and are interested in becoming a certified child language specialist, you'll find resources at our website that describe the process. The web address is [www.childlanguagespecialist.org](http://www.childlanguagespecialist.org). Those of us who are specialists have found many benefits to being certified as an expert in child language, one being that we're all dedicated to ensuring that children receive-high quality services.

So, I invite you to become a specialist. I'd like to thank all of you for joining us today. We are fortunate to have Dr. Rena Lyons with us who will discuss Using Personal Narratives to Explore Well-being and Identity Construction in Children with Language Disorders. Now it's my pleasure to introduce our speaker. Dr. Rena Lyons is a certified speech and language therapist and a senior lecturer in the discipline of speech and language therapy, school of health science, college of medicine, nursing and health sciences at the National university of Ireland Galway. She has over 30 years of clinical, teaching and research experience in speech and language therapy. She is currently

program director for the bachelor of science in speech and language therapy at the National University of Ireland Galway. She earned her doctorate in 2014 under the supervision of Professor Sue Roulstone. The focus of her doctoral studies was on exploring identity construction and wellbeing in children with speech and language disorders. She has expertise in qualitative research. She has edited one book and published in international peer review journals. She has been awarded two editors prizes for papers published from her doctoral studies; one from the "Journal of Speech, Language and Hearing Research" and the other from the "International Journal of Speech-Language Pathology." Welcome, Dr. Lyons; we are looking forward to your presentation today.

- [Dr. Lyons] Thank you very much, Trisha, for that introduction and thank you to Amy and Kathleen for their behind-the-scenes support with getting me on this webinar. So it gives me great pleasure to be here and to have this opportunity to talk with you. I feel very honored and humbled in the company I'm keeping. So I'm a huge fan of Carol Westby, so it's a real honor to be presenting in this series alongside her. And I've also had the honor of working with Marlene Westerveld through the IALP Child Language Committee. So I'm also very honored to be speaking in the same series as her. And during my PhD research, I came across Allyssa McCabe's work, so again, so all of these are very big names to me so it's a real honor to be here and presenting in such esteemed company.

So I'm gonna be talking about exploring personal narratives, using personal narratives to explore wellbeing and identity construction in children with language disorders. And I suppose my interest in this topic came from my clinical work as a speech language therapist. In Ireland, we have language classes which are specialist provisions for children with language disorders. So when they meet certain criteria, they may be referred to a language class. So they leave their local national school and would spend a year, maybe two years, in this class and then return to their local school. So I worked

as a speech and language therapist in one of these settings and was really struck by the issues that children faced in terms of identity and fitting in because in some ways they became more different from peers because they were struggling more with schoolwork. So that's what really got me interested in this topic and it was the focus of my PhD. I'd like to just acknowledge the work supervision of my, my supervision team, so Sue Roulstone and Mat Jones, and this presentation is based on papers that I published with Sue. So the learning outcomes for this webinar are that you will be able to describe narrative inquiry as a methodology, as well as its advantages and disadvantages, that you'll be able to identify ways in which children with developmental language disorders construct multiple identities in their personal narratives, and that you'll be able to list the potential facilitators and barriers to wellbeing in children with developmental language disorders that came up in my research.

So speech and language therapists, or speech language pathologists, already know a lot about narrative. So certainly from my clinical experience, I was aware of macro and micro structure of narratives. I was aware of different modes of elicitation of narratives. So for example, speech language therapists may use story re-tell tasks with or without a naive condition where the child is telling the story in you, or they're retelling a story you've already told.

The narratives may be elicited using picture description and personal narratives would be children's own stories. And there is some evidence to suggest that children's language difficulties, so if you're using narratives for assessment, that story re-tell may be a better mode of elicitation because children's difficulties may be more apparent than when they're telling their personal narratives. We also know that we can use narratives in assessment and intervention, and they're a really good medium for integrating lots of different goals and they're ecologically valid, because we tell stories, we use them every day. So they're a good way of, I suppose, helping children to meet

their goals. And we also know that narratives are important for literacy ability. So there's a lot that we know about narratives, but what I'm going to be talking to about today is applying a different lens to what we mean by narratives. And certainly through my doctoral work and through using narrative inquiry, you do learn to look at narrative, listen to narratives in a different way, maybe than what we're used to in speech language pathology, so I'm going to share that experience with you today. So just to start out and talk about developmental language disorders, and I'm sure many of you are aware of the work that has been done by Dorothy Bishop and colleagues in the CATALISE project around defining language disorders and trying to find terminology or common terminology, because that is a challenge because different terms can be used to describe this disorder.

So Bishop described children with DLD as children who are likely to have significant language problems enduring into middle childhood and beyond with significant impact on everyday social interactions or educational progress. We know that they're relatively common and yet can be invisible because they may not be very obvious to people. And the prevalence rate can be from seven to 12%, depending on what criteria are used as cutoff points and also in terms of the age group of children being assessed. We also know that language disorders can persist into adulthood and can have longterm effects on linguistic, academic and psychosocial outcomes.

And there've been some really interesting longitudinal studies from McCormick et al. and Le et al. that have followed children, cohorts of children, from the ages of four, right through to eight and nine years old, and we can see that these children can have persistent difficulties across a range of domains. But we also know that we actually know very little about children's own experiences and their own perspectives on what it's like to be them. So, much of the research and that has been carried out is looking at linguistic, academic and psychosocial outcomes using ranges of standardized tests and tools. But very little is known, actually, about what it's like to be a child with a

language disorder. And Brinton and Fujiki talked about the importance of putting a face on communication disability. So again, our research papers, our academic papers are really important and help us understand this condition, but we actually also need to understand it from the perspective of the children themselves. So why should we listen to children's perspectives? So there are theoretical drivers for why we should listen to children to hear their perspectives. So according to "The Sociology of Childhood", children should be conceptualized as social actors who are actively making sense of their own experiences. And they need to be viewed of human beings and not human becomings. So not that we wait and we'll ask them what they think when they're older, because, really, they wouldn't know very much now. According to "The Sociology of Childhood," we need to listen to children in the here and now and see them as human beings, not human becomings.

And in Lundy's model of child participation, she has four components in her model. So she talks about the importance of having space, so creating opportunities for children to express their views; giving them voice, so facilitating children to express their views, and this is particularly important for children with communication disability; audience, so that children will have people who will listen to them; and also influence, so that their views and their thoughts and what they say is actually taken seriously and not just listened to, but actually acted upon.

And also the social model of disability says that we need to understand personal experiences. So really seeing the patient as expert and seeing the child as an expert on their lives, and really trying to understand their perspectives. From a human rights point of view, we also know that Article 12 of the Convention on the Rights of the Child and the UN Declaration of Human Rights, again, say that it's important that we give children an opportunity to express views on matters that concern them according to their level. So again, that's important that children are given voice and have voice. In evidence-based practice, there are three pillars. So one of the pillars is external

evidence and that's the research papers that tell us whether interventions work or not and the reliability and validity of diagnostic tools. We also know that one of the pillars is about clinical experience, and the third pillar is about client values and preferences. So how would we know what clients' values and preferences are if we don't ask children and parents about what those preferences are? And it's really interesting if we go to the evidence-based maps on the website, which are absolutely fantastic, there are actually very few papers that deal with client values and preferences. And yet, it's a really important part of evidence-based practice. We know that proxy reports, so that's where we ask parents how they think children are coping.

We know that there can be differences between what parents say about children and what children say themselves. So proxy reports may not represent children's views, and again, highlighting the importance of listening to children directly. And there are also policy drivers that are underpinned by all of the other factors that tell us that it's important that we listen to children's perspectives. So, in education, in health, in designing new buildings, they talk about the importance of hearing the voice of the child in terms of influencing the planning and design.

So again, it's really important and I think to date, there probably has been, that has been aspirational more than an actual reality. So there can be challenges as well in terms of listening to children's experiences. However, the children's views and especially those with speech and language disorders, are rarely reported in the literature. And there can be an assumption that children, because of their communication disability, may not actually be able to share their views or their views may not be trustworthy or reliable. And again, I think that the research would challenge that and that children and children with language disorders can also have views that need to be heard. So there are lots of drivers for why we need to listen to children's perspectives. So my PhD interest was in the area of identity and I think identity is something we all know what it is, and yet, it's actually something that's quite difficult to

describe. So identity is, I think in the pediatric world, we don't really talk very much about identity in child language disorders. I think it is used more as a concept in areas like aphasia; so where identity may be changed, or somebody has a traumatic brain injury, but we don't really talk about it in terms of children's disorders. So identity, what is it and why is it important? So just to start, there is a difference between self esteem and identity. So self esteem refers to self evaluations or perceptions of the self as good or bad in specific domains. So for example, a self esteem assessment may ask a child to rate how good they are on things like reading or math or sports. So it's a judgment about how good you are, if you like, or bad you are on specific domains. But it's really important that you understand how important that domain is to the child before we can really interpret the findings.

So if a child thinks they're not good at math, but they don't really care about math, well, then that would be less, maybe, significant than a child who rated themselves as poor at math but they really wanted to be good at math. So, it is a judgment about how good or bad you are along a specific domain, and I think we're familiar with the notion of self esteem in child language disorders. But identity is different and identity is about how we see ourselves and how others see us.

So whether we're aware of it or not, people are seeing us and categorizing us in certain ways and doing that really almost subconsciously and applying labels and putting us into boxes. And, and that's how we jump to conclusions, if you like, about people's identities. It's about ways in which we're the same as others because I think identity is about fitting in and belonging, but it's also about difference from others. So being able to stand out and so it's about both sameness and differences. And we also all have multiple identities, so we're not just one thing. We don't have one identity, we have multiple identities. So that could be gender identities, race identities, occupation identities, where we're from, and I know any of us who are interested in sports, then we'd be cheering on our local sports team and identity can be really that sense of

belonging and getting behind our team. That's all about identity. Sociocultural theories of identity construction would argue that it's through our interactions with others that we're able to develop a concept of self. Again, there are different theories of identity construction. So, there are psychological theories but the theories that underpinned my work were sociocultural theories of identity construction. So according to these theories, it's something relational. So for example, when I am who I am in relation to my students, I'm seen as a professor. I am a daughter when I'm relating to my mother, I'm a sister when I'm relating to my sister, I'm an aunt. So our identities depend on who we're interacting with and identity is something that we actually do. So we do identity work in terms of how we talk about ourselves, the stories we choose to tell about ourselves, the way we dress, the way we present ourselves, all says something about who we are. So it's something that we're actually doing, and again, probably, without being aware that we're doing it.

Benwell and Stokoe and Sarbin talked about that we construct identity in narratives as storied selves, and when I started my PhD work I was really interested in the area of identity and I didn't set out to do a narrative inquiry study, but all of the literature brought me to narrative and story because of that notion that we tell stories and that's what our identity is. We construct our identities through our stories and that's something I know that Carol spoke about yesterday.

So, Jenkins talked about this internal-external dialectic process. So, I'm going to read out this quote and just give you an example. So, she said that "The individual presents herself to others, and that that presentation is accepted, or not, becoming part of her identity in the eyes of others, or not, the responses of others to her presentation feed back to her reflexively, they become incorporated into her self identity, or not." And the example I give to our students is when they're student speech and language pathologists and they go on placement and when a parent would relate to the student as a therapist and address the student as a therapist. Well then, that parent, if you like,

is affirming that identity of the student being a therapist and that's how we build our identity. On the other hand, if the parent perhaps relates to the supervisor and not to the student; well then, that identity that the student is presenting can be kinda challenged, which can be disconcerting. So again, I think this process that, again, it's something that's happened in and through our interactions with others is really interesting. That's something happening all the time, but we may not even be aware of it. So we construct who we are and how we want to be known, taking account of how others may try to categorize us. So there are cultural factors that will influence what identities are important and valued.

And again, I think Carol's presentation yesterday really talked about that, that the way cultures can influence identity. And again, we draw on cultures, we don't construct our identities in a vacuum. We draw on our culture to help us know what identities are desirable and which ones are not. So cultures provide frameworks for narrating lives, so cultures inform individual narrative identities, and individual narrative identities inform cultural form. So there is that interaction between these wider cultural narratives, if you like, and individual narratives. And stigma then can arise when identity is spoiled.

So when there's an attribute that excludes the individual from full social acceptance, and Goffman, who was a sociologist, does a lot of work in this area. And he talked about when, yeah, that identity can be spoiled. And if the problem, if you like is, is obvious; so for example, if a child had a speech difficulty, that may be obvious straight away, or if somebody stutters, their speech difficulty may be obvious straight away. Whereas some disabilities, if you like, are hidden. So for example, dyslexia, a language disorder may not be very obvious to somebody at the outset. And in those cases, it may be then the individual may have to maybe declare or say that they have this disability. And I think what's interesting is that sometimes the interventions for disorders like dyslexia or language disorder are actually what sets the child apart or

makes the child different from others, rather than the disability itself, if that makes sense. And Graham and Tancredi wrote a really interesting paper about dilemmas of difference in education, because when we assess children and when we identify children as having difficulties, we put supports in place for those children. And that's the dilemma is that sometimes the supports can be potentially stigmatizing, and certainly that came through in my research that was news to me is that when I would have done an assessment so that a child had met criteria and was eligible for additional provision, I was very happy with myself and thought I had done a great job. And it was only when I spoke to the children that I realized for some children that was actually really problematic because it singled them out as being different, but not in a good way. So, it's a challenge in that stigma can be there inadvertently, even though our intentions are well, our interventions are well-intentioned. I'm also gonna talk a little bit about wellbeing.

And that was another thing I was interested in exploring with children. So wellbeing can be defined in objective or subjective terms or and subjective terms in both. So objective terms, in the literature, there can be records of their wellbeing can be measured in objective ways, for example, through medical records, infant death rate, measures of poverty. But wellbeing can also be defined in subjective terms, which is how children conceptualize it in their own way. And that's like a judgment call in terms of how the child would describe their wellbeing. There has been some really interesting research with typically developing children. So some colleagues of mine in Galway, Nic Gabhainn and Sixsmith and in 2005, and also some work from Fattore. They asked children to talk about what makes them happy and what's important for wellbeing, and children talked about feeling good about yourself, having positive affective states, absence of psychological distress, but also talked about integrating sadness with happiness. So children were, able to, yeah, talked about the need to integrate sadness and happiness which is kind of interesting. Speech-language therapists may use quality of life measures to measure wellbeing. And, and again, Markham and Dean did

some interesting work in the UK to develop a quality of life measure. And again, they did some research asking adults and children how they conceptualized quality of life. And not surprisingly, parents and children prioritize different things. So relaxation came up as important for children, whereas academic progress was more important for parents, so, again, proxy reports can be tricky. And quality of life measure is focused on the individual with little information on ways in which children cope with their experiences. So again, a measure will tell you maybe a child judges how, on a scale whether their quality of life is good or poor, but it doesn't tell us how children cope with their experiences. And that's where the whole whole area of resilience is interesting as a process of adaptation when children are exposed to adverse conditions. So Ungar in his model talks about the ecological model, which refers to the individual's capacity to cope with adversity, but also the capacity of their social ecology.

So homeschool and social context that would facilitate children to cope with adverse experience. So for example, if a child had a negative experience in one domain, if they have positive experiences in other domains, that can mitigate that negative experience or that adverse experience. It's important to understand protective factors for wellbeing. So, for example, there's some research that would say that individual traits such as temperament, autonomy, ability to act independently and agency, and we'll talk about this a little bit later, belief in a bright future and social capital or relationships are all really important protective factors.

And this is very relevant for children with language disorders, given that we know that language disorders can be longterm and that children can go on to have, these difficulties can persist into adolescence and on into adulthood. And for that reason, we need to understand children's views on their experiences, and children are active makers of meaning who interpret adversity using lenses that practitioners need to understand. So again, another argument for really trying to understand the children's perspective. And again, when I was reading the literature about making sense of

experiences, it also brought me to narrative and narrative inquiry. So, all paths led to narrative. So narrative; so Bruner talked about two modes of cognitive functioning. So one mode of functioning is the logical scientific, so when we have a problem, we come up with hypotheses, we test them, we try and figure out the problem in a very logical, scientific way. But he says that we also have a narrative understanding mode, so when something goes wrong, when we have a problem, we tell a story about it and we draw on stories we've heard already in our culture that will help us with making sense of that experience. So we tend to tell a story when something goes wrong or where we're trying to make sense of an experience. Bruner argues that each provides distinctive ways of ordering experience and they compliment each other. So one isn't better than another, they are just two different ways that we actually make sense of experience and it's a way that we construct reality.

Narratives are quite complex from the point of view that there's lots of definitions and lots of different types of narratives. So for example, Labov and Waletzky were pioneers in the area of narratives and they talked about the structural aspects of narratives. So, they would say that there's an abstract, which is kind of a summary of the story, there's the orientation, which tells you the setting, there's a complicating action, which is the problem, if you like, and what instigated what the story's about; there's the evaluation, which is what the narrator thought about it; how the problem was resolved, and the coda, which is like a kind of resetting. The story is over, so now we're gonna start a new story. And that's really useful where you've got a single teller and where you've got a standalone story. Whereas Ochs and Capp talked about the notion of conversational narratives. So that their conversational narratives are messier, and the plot is not necessarily linear as it would be in structural narrative, because the plot is what the interlocutors are trying to weave, if you like, or negotiate in conversation. And certainly from my research, that was going to be a better way of generating narratives, was actually through conversational narrative. So, and again, acknowledging that I would be also co-constructing those narratives with the children. And it was interesting that

some children needed more support. So for some children, I needed to take a bigger role in co-constructing the stories; whereas with other children, I asked them just tell me a story and they took off and told me really long stories, whereas other children didn't. And so, my tellership, if you like, varied according to, varied according to the children's responses to prompt as opposed to tell stories. In narrative inquiry, the unit of analysis can be stories. And, they may be big stories, so again, Carol talked about the work of McAdams.

So he talks about these big life stories where we tell a story of our lives, and that in adolescence, adolescents have the capacity and the cognitive capacity to begin to develop an autobiographical identity because they can reflect back over their stories to date and think about where they want to go in the future. So, adolescents have that kind of cognitive capacity to, I suppose, have an autobiographical identity. But Bamberg also talks about small stories. So small stories are the everyday stories that we tell in everyday conversation. And he would argue that we also do identity construction in these small stories.

So when I was doing my research, I suppose my focus was on conversational narrative, so more everyday small stories that the children were taking because they were too young to actually be able to reflect back at an autobiographical level. And there were also were also small stories, so conversational stories, narratives in small stories. So key elements of narrative. So Labov and Waletzky said that one of the defining features of a narrative that it's a sequence of two independent clauses that are temporally ordered. So if you change the order, the meaning of the story changes, so the sequence is important. We also know that stories have a temporal dimension. So in narrative, we talk about this notion of a threefold present. So, we tell stories in the present based on stories that have happened or things that have happened in the past, but we also have an eye to the future. And again, from a language point of view, it's really interesting to look at how children signal temporal dimensions in their narratives.

And again, this was a whole new way for me of looking at children's narratives. So for example, one of the children told, "Well, when I was four, I used to talk like this, but now I'm fine." Now, from a speech and language pathology assessment on our assessments, we wouldn't say the child was fine, but that was the way he saw himself, so he was comparing himself as when he was four and what he's like now. So again, how children indicated temporal dimensions and narratives is interesting. Another key element of a narrative is that it's an organization of events into a coherent plot, so there is usually a problem.

So narratives are about characters, their predicaments, their problems, and their motive, so why they did what they did. And that's what makes a script different to a narrative. So a script can be kind of just, for example, we might write a script and I know we use sequencing cards and ask children to just sequence how you make a cup of tea, for example; whereas some would argue that that's not really a story because there isn't a problem.

So, some distinguish between stories and narrative and some would argue that a story has to have a problem, otherwise it's not worth telling. And we also through narratives find out the motives of the characters and why they did what they did. Also, another key element is that it's a sense-making device. So, again, we make sense of experiences through telling stories. Greenhaigh has also wrote into, Greenhaigh is a GP, and she's an advocate of narrative and narrative inquiry as a methodology that's complementary to other methods. So she says narratives engage the listener and reader, so there's suspense. They can have an emotional impact through different genres, so narratives or stories can make us cry, they can make us laugh, so, we can really connect emotionally through stories. And they also have a moral dimension. So stories are often about doing the right thing, hero saving the day, villains being punished. And again, there are probably cultural differences in terms of those genres or those, I suppose, the moral dimension or what the stories are about. Again, that can be

culturally dependent so I'm really interested to hear more about that when Alyssa speaks. The key functions of narratives are to relate information, so to tell somebody what happened, but also they have an evaluation function because they tell the listeners something about what the event meant to the narrator. So, if you like, the what is relating the information, so what happened. And how is how the person, how the child tells the story, because that says something about what the event meant. And Bruner and Maybin talked about language can never be neutral, so there'll always be a spin. And while sharing the simple facts engages the listener to some extent, it's the speaker's take on the facts that stimulates real interest in the listener and involves the listener in the speaker's world. So how we tell the story is actually really interesting as well. So, getting onto my research; so my research questions were what identities do children with language disorders construct in their narratives, and particularly in their small stories? How do children with language disorders talk about their experiences, with a particular focus on potential risks to wellbeing and protective factors that may facilitate resilience?

So I was really interested to hear children's stories about their experiences and to see how they coped with those experiences, and what insight could we get from really listening carefully to their stories. This work is based on, that I'm presenting is based on two papers that have been published. So, the methodology that I used was qualitative research and qualitative research is used, I suppose, it's not used as much in speech language pathology as quantitative research, but qualitative research is suited to answering what and how questions. And qualitative research uses words as data, collected and analyzed in different ways and usually using thematic analysis. Whereas quantitative research, in contrast, uses numbers as data and analyzes them using statistical techniques. So the data in qualitative research are words. And qualitative research is underpinned by social constructionism, so the epistemology underpinning qualitative and quantitative research are different. So social constructionism acknowledges that we all construct our realities in different ways. So

the way I construct language disorder may be different to the way Trisha constructs language disorder, may be a bit different to the way a parent's construct language disorder, which may be different to the way a child constructs language disorder. They're all different; one isn't better than the other, but we all construct things in different ways and there are multiple realities and in qualitative research, we're really trying to understand that. So narrative inquiry, which is the methodology that I used, is a type of qualitative research. Arguments for narrative inquiry come out of a view of human experience in which humans, individually and socially, lead storied lives and story is the portal by which experience of the world it's interpreted and made personally meaningful.

So we can tell a lot by listening to people's stories and narrative inquiry is a portal to human thinking and experience implicated in practically every aspect of human communication, social interaction, and cultural experience. So, we tell stories about our experience. And narrative inquiry can be about analyzing those stories, so that's called analysis of narratives, which is the methodology that I used; but narrative inquiry can also be where the outcome of the research is story.

So where the data that you collect isn't necessarily story, but the outcome of the research, the findings, is in story format. So it's a really interesting methodology and again, quite a different lens, I think, to what I was used to. So the advantages to narrative inquiry are that the stories are a sense-making device, so we can tell a lot by listening to how people tell their stories. They can convey nuance, so we can find out the detail about what an experience meant to somebody through their story. They're always perspectival, so I will hear somebody's version of the story, and there may be different versions to that story. They can capture tacit knowledge, they're nested in wider meta-narratives. So that's interesting that narrative is kind of hard to put your finger on them, they're kind of out there and they're not very tangible, but we do draw on these stories. So in our small stories, we draw on wider meta-narratives. Narratives

usually have an ethical/moral dimension, so again, they're kind of about doing the right thing. They're open-ended because they're always open to re-interpretation with new information, and I had that experience when I was doing my research where children talked about stories that had happened and then spoke to their families about those experiences and then new information emerged, which then made the child reinterpret that story in a different way. So they're open-ended and I really liked this notion of bumping that Clandinin talks about. So, stories can bump against institutional plotlines and can bump within ourselves.

So for example, there may be institutional stories about this is how we do things, but there may be individual narratives that say, well, this is actually what it's like, and stories can bump against ourselves. So for example, some stories that we hear, and certainly that I heard during my research, weren't comfortable for me to listen to. Because, for example, when children talked about the difficulty with negotiating their difference with specialist education and when children asked me, had I pushed children in the language class, because he had didn't have good memories of being different in that way, can be challenging.

So they certainly, and again, that goes back to that kind of notion that stories can evoke an emotional response. The disadvantages of narrative inquiry are that definitions of narrative can differ and there's lack of how-to-do-it guides to analysis, so it's really quite tricky to do analysis in narrative inquiry because there isn't a guide. And that's why I was so glad to find Peterson and McCabe's book from 1983 that was really helpful for me. Data are often lengthy and can be difficult to condense, and what's important to acknowledge is that stories are not necessarily true. We're not looking for historical truth because there's a difference between a life as experienced, a life as lived and the life as told. So we will tell a version to the researcher who's somebody that you don't know, and that may depend on your mood, it may depend on the type of story, your type of experience. Arthur Frank, who has written about

narrative in medicine, talked about when he had his diagnosis of cancer and how he told that. He gave that news to his colleagues in lots of different ways. He talks about the notion of stories being recipient-designed. So we design our stories according to who we're telling them. So they're not an undistorted window to people's experiences and perspectives, but they do tell us what somebody has chosen, what version they have chosen to tell us in this particular context. And there is a tellability factor, which is what's worth telling. And again, this comes back to stories are usually about trouble and is it worth telling? And if you want to explore everyday experiences, people may not feel that they're worthy of stories. So for example, if you ask a child, "How was your day at school?" the child may say "Fine", because for them, nothing out of the ordinary happened or was tellable.

So sometimes I think researchers will combine observation or ethnographic methods where they will actually observe children or adults, and then interview them about those experiences to get at those ordinary experiences that people may not see as tellable. So the participants in my sample were 11 nine to 12 year old children, four boys and seven girls. One presented with a speech disorder, one with both speech and language disorder, and nine presented with developmental language disorders. All were receiving additional educational support because of their speech language impairments. Some were in mainstream, some had had experience of being in that language class that I talked about earlier. So again, in my sample, I looked for variation, I looked for boys and girls and I looked for children in rural and urban areas and children who had and hadn't had experience in language classes. So I was interested in getting a range of experiences. I conducted five to six semi-structured interviews with each child over a six-month period which included the transition to the next class, so September. So I had a total of 59 interviews altogether. I really wanted to understand the children's daily experiences, so I interviewed them primarily in their homes, sometimes in school settings. Settings, once in a fast food restaurant, which I do not recommend from an audio recording point of view. So I really wanted to get out

of the clinical school context where possible to really try and understand their experiences and being in their homes and being able to draw on memorabilia and photographs and looking at photograph albums was actually really helpful. Because Carol talked about that yesterday is that children with language disorders can have difficulties remembering autobiographical events. So having photo albums was really helpful in terms of being able to discuss those and discuss events. So I had a topic guide and I used what they talk about grand and mini-tours. So, for example, I would ask the child, "Okay, can you tell me about your family?" And then I would say, "Can you tell me a story about something you did as a family?"

Or I would ask about tell me about your interest and if a child said basketball, I would say, "Can you tell me about a time when you played basketball?" So really probing for stories, looking for storied accounts where possible. So in the data analysis, I looked at the structure of narratives and I use Gergen and Gergen's plot structure. So progressive means that there was a problem and it got resolved, regressive means there was a problem and it got worse and stable means that there was a problem, but it stayed the same.

And it was really interesting because I anticipated that the children we're going to have mainly, maybe regressive narratives where they had a lot of problems. But most of the narratives were actually progressive, so there was a problem, but it had resolved. And again, I reflected on that and thought, well, actually, maybe I will be the same. Maybe I would only tell stories about things where the problem had resolved, because we want to save face, we don't want to present as struggling with problems in the moment. One of the children, her narratives were stable, so they didn't get better or worse, they stayed the same, and I'll give you an example. I said, "You told me before you had eczema when you were a baby. Tell me about a time you went to the doctor." "The doctor had to check for my eczema." And I said, "Check for your eczema?" And she said, "Yeah, then he gave me this big tube of cream, but it didn't work." I said, "It didn't

work?" And she said "I keep putting it on and it doesn't work." And it was really interesting; a lot of her narratives were like that. So there was a problem, but it didn't get resolved, and that was unusual because in the majority of narratives, children, actually, the problem was resolved. I also looked at agency, so how did the child present themselves and their story? Were they the agent, being proactive, doing things? Or did they present themselves in passive roles? And this was really interesting 'cause quite a few children actually presented themselves in passive roles. I also looked at compulsion verbs.

So if a child said, "I have to do my homework", that says something about what they think about doing their homework. I looked for lexical choice, so words the children used specifically, where sometimes they didn't use the word, but I was able to interpret it or infer what they may have meant. I also looked at syntax, and again, this is thanks to Peter and McCabe's work. So negative markers, so if a child said something didn't happen, it signified something about what they thought was important. So for example, one of the children talked about his friend who was teased, but he didn't have a speech problem.

So that showed that he expected that children were teased because they have speech problems. I looked at cohesive devices, so conjunctions, so because. So again, some kids said "I don't have friends because of my speech problem." If I was one of them, so again, some of the kids didn't see themselves in that category of having a speech language difficulty. Temporal markers were interesting, so "When I was four." Intensifiers and adjectives, so very, really, really mad, says something about how annoyed you were. Modal verbs, so for example, when things happen. So for example, when they were bullied children use modal verbs to say that those children should be punished, they must be punished, which again, says something about what it meant to them. And also adverbs. Children use direct speech and use that very effectively to use bad language. So, you know, it wasn't that I said it; he said blah-blah-blah. And

children whispered words that they thought may not be socially acceptable, which was interesting. So I coded the children's small stories using a software package called NVIVO and I identified themes within and then across the participants. And I also am engaged in rigor, so really making sure that I was aware of my own biases and assumptions throughout the process. So in terms of potential risks, so one of the risks was around communication impairment and disability. These are risks to wellbeing. So communication impairments referred to how the children described their own communication difficulties. So for example, Blade, who had a language disorder, talked about rehearsing what he wants to say, getting mixed up, having difficulty thinking, he used the compulsion verb have to when he had to start over again, which signaled frustration.

So he said, "And I try to say it out in my mind, and then I just try to say something. And then I get all mixed up with the words like you can't make it too long because you don't know what words to put into a sentence, like in a better way to say." And I said, "Okay, so if you wanted to explain something?" He said, "Yeah, explain it. I find it hard, like, so I say, when I have to say, start all over again, just can't think." And disability referred to social barriers, so where are they attributed the communication breakdown to others.

So for example, in my conversations with Sarah, when I went back to her with some of the transcripts where I wasn't really sure what she meant or the reference weren't clear, sometimes she attributed communication breakdown to a third person, so she said things like "It's so confusing." Sometimes she attributed communication breakdown to both the researcher and herself. So for example, "How could we get confused, actually?" And then sometimes she attributed blame with the communication breakdown to me. She said, "How come you get confused?" Some children had concern about academic achievement. So for example, Kevin talked about the increased workload when he moved fourth to fifth grade in mainstream school and he used compulsion verbs when he talked about the amount of work he had to get

through before the next academic year. And he was disappointed that there were fewer physical education classes, which he really enjoyed, and that he was worried about falling behind. So I said, "Kevin what's it like?" And he sighed, and he said "Very hard." And I said, "How come?" He said, "Fifth class is way harder than third and fourth class put together. And I said, "Really? What's hard about it?" He said, "The work, there are whole lot of books we have to get finished."

Again, compulsion verb, "like this much", and he showed me with gesture that we have to get done before the year is out. Okay, "And we got twice as many, twice as much PE, we got twice as much PE last year than this year." So I said, "Not much time for PE? So it's much more work. Are you worried that you'll fall behind or do you think you're doing okay?" And he said, "I'm worried I'll fall behind." So again, one of the things that came through for the children as a potential risk to wellbeing as well was difficulty with relationships. And again, a lot of the children, nine of the 11 children, had experienced bullying in school. And this is just a sample then from Sarah. So I said, "Your mam was saying that school-"

And she said, "It was not the greatest place. I get, in with, I get trouble in with friends." I said, "You get into trouble with friends." So you can see how I have to just clarify what she meant. "No, like I don't really have much friends. I get alone lots of time, but I don't really have much to talk to, much people to talk with. So then there's not really much people to play with." And again, in a later narrative, she talked about, "They don't tell me things." So she positioned herself in a passive way. The final theme then in terms of potential risks to wellbeing was about on desired identity, and this is where the children were assigned identities that they didn't see as valued or desirable. And these related to things like their speech language, their intelligence, vulnerability. So for example, for one of the children, he really rejected an identity of being sad. It wasn't clear who said he was sad, but I think that notion of pity he really rejected. And Sarah then talked about not being happy about the evaluation from her teacher. So she said, Sarah said,

"I'm not happy about art. She said, very good, because I'm excellent, and your visual arts and drama and musical all very good. They must have misspelled it or something." So again, for her going back to that internal-external dialectic, she saw herself as being really excellent at art and drama, whereas the teacher had attributed it as very good. So that challenged her identity. And Tara said, "Once, I was playing football and I didn't pass the ball and then after a guy said, 'You can't talk properly and you're dumb and you don't know how to count.'" So again, that's where your intelligence is called into question is with an undesired identity. Protective factors then, were hope. And again, I hadn't anticipated hope coming up in my research. So Blade explicitly talked about hope. So he said, "Don't be sad if you think you're the only one that's speech and language if you have problems, but you don't." And again, you see that if, that conditional.

He doesn't see himself, actually, as having problems. "You don't have to worry because there will be people you will probably know who exactly have that type of speech. There's a problem with it, so if I was them, I wouldn't be sad. You have to keep your hopes up and it will improve." So again, I was quite struck by hope and again, a lot of the children's stories were progressive, so the problem got resolved. Agency was another protective factor, so were children were proactive and positioned themselves in active roles in their narratives. So for example, Dawn talked about making friends and she said, when we started, "We were playing basketball. I went over and said, 'Do you want to play?' And she said, 'No.' And then she said, 'Can I play?' and I said, 'Yeah.' And then we scored goals, and then we won, and then we started being friends." But she actually initiated that interaction. And positive relationships were important, and again, some of the children to find positive relationships in terms of people who defended them when they were bullied or teased. So for example, Tara said, "If someone was mean, he would say, 'Don't say that to him.' Some people make fun of me and then after, my other friends say, like, 'It's not his fault, he can't talk properly.'" So it worked where they were defended, the friends defended them. And in terms of

desired identities, children really wants to be seen as competent. So for example, Blade said "I'm able to read, I'm able to read hard stuff, not like baby stuff, like man went to bed or like the girl got the teddy or something like that." And they also wanted to be seen as good. So Sarah talked about others in her class who might be shouting out answers. She says, "Well, at school I'm always quiet, not shouting out answers like the other people in my class." So again, positioning herself as good in comparison with her peers. So the implications: it's really important to listen to children's stories. And I think listening to what they're saying and how they're saying it, and cognizant that children may be reluctant to express emotions that may reflect vulnerability.

Some children in my study talked about being sad when people didn't understand them, and when I came back to talk about that, they kind of denied that. So it's not cool to admit vulnerability. So we may have to listen for implicit meanings. And Charon talks about the importance of being prepared to honor stories and their meaning, and to be able to respond to children's and clients' stories. It's important to harness positive relationships because we know that positive relationships can mitigate negative experiences.

So we need to seek out, harness and strengthen children's positive relationships and seek out those who will advocate and support children. We also need to be aware of the importance of hope and it's something I wouldn't have thought about before doing this research. And Mattingly talks about us all being in the process of striving to become something more than what we are and that therapy addresses that gap between where we are and where we want to be. And what gives therapeutic activities their significance is how they plot onto broader life narratives. So how is what we're doing in intervention plotting onto children's hopes and dreams and their life stories? And we also need to be cognizant that children are actively constructing identities. So what messages do we give children about their identities? We have a key role, whether we're aware of it or not, as coauthors in the identity construction process by affirming

and challenging identities, and being aware that labels and specialist education can be inadvertently, unintentionally stigmatizing. So just being aware of that and that children may be reluctant to disclose vulnerability and the importance of strength-based approach. Children want to be seen as competent and able. So further research is needed. I think we're only scratching the surface of this topic, but I think stories are a really valuable way of tapping into those experiences and really listening maybe with a different ear or with a different lens to what children are saying and the importance of honoring and bearing witness to children's stories. So that's it, I want to thank everybody for coming, and I'm very happy to take some questions if anybody has any questions.

- [Amy] All right, thank you so much, Rena. I personally love the idea of giving hope to these kids, so I find that really wonderful. So thank you so much for sharing that with us. We will give it just a few moments to see if there are any questions. In the meantime, I'd like to thank all of our participants for joining us and let you know that if you are unable to join us for the remaining three days or if you weren't able to join us yesterday, those will be available as recorded courses in our library so that you can enjoy the entire virtual conference. And let's see. Again, we have a person typing in "It was really great and thank you so much. Such insightful work, so thank you so much."

- [Dr. Lyons] Thank you; yes, I would definitely encourage you to listen to children's stories maybe in a different way, because I think certainly as a speech language pathologist, we tend to look through a deficit lens. So I think it's really interesting to maybe change that lens a little bit and really listen to what children are saying and try to understand their experience.

- [Amy] Absolutely. Margaret is asking, "What is the name of your language center?" She really loves this and wish we had it in the United States.

- [Dr. Lyons] So the language class, I think, is that what she's referring to? So we have in the Department of Education in Ireland, we have mainstream classes and we have language classes where children would attend for one or two years where they have specialist instruction and there will be a speech and language therapist who is involved. So that would be the language class. And I don't know if she's referring to where I'm based, so I'm based in NUI Galway in the West of Ireland. So yeah, on a wet, drizzly afternoon in Galway.

- [Amy] Very nice. So one other question, did you go back and share with the children, the findings of your research about them?

- [Dr. Lyons] Yeah, so one of the things I did along the way was when I transcribed children's stories from each interview, I needed to go back and check that I understood their intended meaning. So I didn't share, there is debate about whether you, in qualitative research, so there's member-checking is where you go back to your participants with your thematic analysis, and some people think that's a good idea and some people don't. So I didn't go back because I think my analysis is at a higher level, more abstract, and I'm not sure that the children would have been able to relate to it. But I certainly checked at each session whether I understood their intended meanings. So that's the advantage of doing repeated interviews. So you could go back and say, just want to check the last thing you talked about, can you just clarify that. I'd actually, for one of the children, when he saw the transcript, he was beaming. He was smiling from ear to ear and he said, "Did I say all of that?" And he was absolutely thrilled that there were 25 pages of transcripts that he said. That was the amount he talked and he wanted to show it to his mom and and I think what I inadvertently did was I actually presented a positive talking identity to him without even realizing I had done it.

- [Amy] That's wonderful. And kind of on the same note, did you share any of this with the parents and what was their feedback?

- [Dr. Lyons] I certainly had, because again, from a confidentiality point of view, what the children told me was what they told me and that was confidential. And I was only going to share information that the children were happy for me to share, or if I had any ethical concerns about the children's wellbeing. But certainly I think that parents were surprised, I think, at how positive the children's stories were. Because I think, again, I think we all have maybe a deficit mode and we're thinking about these children's difficulties. Whereas I think if we kind of, children were actually very good at telling their stories and talking about their experiences. And I think that they sometimes struggled if they felt that they weren't being heard. So for example, parents may have wanted children to do additional work to keep up with their schoolwork and kids really didn't want to do that, so I think sometimes children's views conflicted with what parents wanted. And I think that's maybe one of the fears of actually asking children what they think and for their views, because we're not really sure what they're going to say, and they may conflict with our views. And children would probably go for the short term benefits and say, "Well, I really don't want to go to speech and language therapy." They may see the short term benefit rather than the longer term benefit, but I think it's still worth having that conversation.

- [Amy] Sure. And then if you did have any concerns about a student, did you work with the school counselor?

- [Dr. Lyons] Yeah, where I had concerns about any of the children, so for example, that particular child where I think her narratives were mainly stable, I was quite worried about her from the point of view that there just didn't seem to be any positive outcomes to her stories. So yeah, I followed up with her parents and the school about her, because again, I think that was interesting how you could tell from the narratives that there was, yeah, I wondered could she be depressed? Yeah.

- [Amy] Absolutely. All right, well, that does bring us to the end of all of our questions for today. And again, on behalf of speechpathology.com, Rena, thank you so much for joining us. Really wonderful presentation today.

- [Dr. Lyons] Thank you for having me.

- [Amy] Absolutely, and that brings us to the end of today. So we can go ahead and log off for the session. Thanks, everyone, for joining us.