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## **Final Draft**

### **Labels, Identity, and Narratives in Children with Primary Speech and Language Impairments**

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#### **Abstract**

**Purpose:** There has been debate about labels in relation to speech and language impairments. However, children's views are missing from this debate which is risky considering that labels with negative associations may result in stigma. The aim of this study was to explore the range of identities which children with primary speech and language impairments presented in their narratives and to investigate their evaluations of these identities with a view to understanding the values they attach to labels.

**Method:** Eleven children aged 9-12 years with primary speech and language impairments were recruited to the study. Fifty nine semi-structured interviews were conducted with the aim of generating storied accounts of everyday experiences. The data were analysed using thematic analysis. Two themes were identified in the data: desired identities and undesired identities.

**Result:** The findings suggest that the children were actively involved in identity construction and wanted to be seen in positive ways. They disliked labels assigned by others which they considered portrayed them in negative ways.

**Conclusion:** The debate about labels could be progressed by consulting with children themselves asking for their ideas in relation to labels in specialist education and speech and language pathology.

# **Labels, Identity, and Narratives in Children with Primary Speech and Language**

## **Impairments**

### **Introduction**

Over time, the labels used for various speech and language impairments change. For example, language impairment in children has been called developmental dysphasia/aphasia, language impairment/ disorder/delay/difficulties (Bishop, 2013). Changes in labels reflect our evolving understanding of the nature of a disorder but also the changing social context and mores. Currently a number of terms are in use for speech and language impairments which may be used differently by practitioners and researchers in education and health contexts. For example, the phrase ‘speech, language, and communication needs’ (SLCN) was coined in the UK by the Bercow review (Bercow, 2008) to encompass the widest range of these impairments. However the term is used and understood in a variety of ways by different professionals and not used at all by parents (Dockrell, Lindsay, Roulstone, & Law, 2014; Roulstone & Lindsay, 2012). The use of other labels such as specific language impairment or language delay is by no means straightforward as recent debates have illustrated (Bishop, 2014; Reilly et al., 2014). That debate reflected the views of a range of stakeholders including academics and parents (Bishop, 2014; Huneke & Lascelles, 2014; Lauchlan & Boyle, 2014). For example, from an academic perspective Reilly et al (2014) argued that the term ‘specific’ should be removed and the label ‘language impairment’ should be used, whereas Bishop (2014) was in favour of retaining the label ‘specific language impairment’ where ‘specific’ refers to unknown origin rather than excluding other disabilities. Bishop (2014) also suggested other labels such as ‘primary language impairment’, ‘developmental language disorder’ or ‘language learning impairment’. From a parental perspective, Lauchlan and Boyle (2014) argued for two labels: ‘developmental dysphasia’ or retention of the label ‘specific language impairment’ with revised criteria. They discussed the advantages and

disadvantages of labels, claiming that although parents worry that labels may have a negative effect on their children, labels were also important for parents in terms of understanding their children's difficulties and validating their concerns. While professionals debate the best label to describe language impairments, it is evident that language impairments are not well understood in the public domain when compared with other diagnostic categories such as Autism and ADHD (Kamhi, 2004).

Although many different views have been expressed on the most appropriate labels to describe children's language impairments, the voices of children themselves are missing from the debate. Little is known about children's awareness of labels, their views on the potential positive and negative consequences of these labels, and their preferences in relation to labels. The absent voices of children needs to be considered in the context of Article 12 of the United Nations Convention on the Rights of the Child (UNCRC, 1989) which states that children have the right to express views on all matters affecting their lives, in accordance with their age and maturity. In the UK, the UNCRC has been enshrined in legislation in the Children and Families Act (2014) which places a legal requirement on professionals to take account of children's views and to involve them in decision-making about the individual support that they receive and in the planning, commissioning, and reviewing of services. Thus the debate about the labels to be used in the field of speech and language impairment should take account of the views of the children and young people themselves. The importance of the child's perspective on the labelling process becomes more obvious when one takes account of the important role that labels play in identity. Identity provides a sense of belonging and is an important determinant of well-being (Simmons-Mackie, 2004; Whalley Hammel, 2009). Therefore, it is potentially risky to make decisions about which new labels to use without a full understanding of children's views.

## **Identity construction**

The process of identity construction has been widely researched and debated in the psychology and sociology literature. By way of background we focus on key aspects of this literature and explore its relevance in relation to understanding the relationship between labels and identity construction in children with speech and language impairments. In the first instance it is important to distinguish between the terms self-concept, self-esteem, and identity. The term self-concept has been used to refer to the individual's beliefs about him or herself, including mental and physical attributes, and who and what the self is, for example, attributes, such as being friendly or talkative (Baumeister, 2005). Self-concept is regarded as a 'property of the individual, and our own experience of our self is often that it sits inside our heads...providing a commentary on our actions and a narrative of our hopes, fears, and dreams' (Meadows, 2010: 65). Self-esteem has been defined as an aspect of self-cognition that reflects one's perceptions or evaluations about oneself (Jerome, Fujiki, Brinton, & James, 2002) and relates to feelings or an evaluation about those perceptions (Burden, 2008; Butler & Gasson, 2005).

In this paper we take a sociocultural theoretical perspective of identity. This perspective derives from symbolic interactionism and the work of George Herbert Mead. Mead argued that it is through interaction with the environment, that individuals are able to develop a concept of self. In other words, identity is something that we do and identity is a social product that arises through interaction with others (Acton & Hird, 2004). People act and interact in certain ways and are recognised as certain 'kinds of person' (Gee, 2000) and language plays a key role in the process of identity construction (Gee, Allen, & Clinton, 2001). Language can be viewed as constitutive of reality and therefore identity is constructed in narratives as 'storied selves' (Benwell & Stokoe, 2006; Sarbin, 1986). Indeed, Benwell and Stokoe (2006, p. 34) argue that language plays a central role as the site of identity *work* [their

emphasis]. According to sociocultural theories, identity can be viewed as a performance in socially situated contexts (Thorne, 2004) whereby individuals always exist in relation to and in dialogue with others who affirm, validate, or challenge who they are (Benwell & Stokoe, 2006; DeFina & Georgakopoulou, 2012; Gergen, 2009; Shadden, 2005). According to Jenkins (2008:71) identity construction involves an interactive process whereby

‘the individual presents herself to others...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).’

The notion of agency is also debated in identity theories. Agency refers to how much choice and power individuals have in the context of social structures such as class, gender, ethnicity, disability, and social class. For example, Bruner (1987) argues that the sociocultural context within which these interactions take place, provides resources, which shape the individual’s sense of what constitutes culturally acceptable selves (Bruner, 1987).

“Stories about life and about identity are not radically constructed. They are not stand-alone phenomena, set apart from cultural discourse. Rather, stories of life and identity are shaped by discourses of culture, and they are the bearers of these discourses.”

(White, 2011, p. 8)

In Butler’s (1983) seminal work on gender identity, she claimed that both structure and agency are intricately related in identity construction. She argued that gender is constructed in sociocultural contexts through the repetition of acts in time. In her view, there are not limitless options for gender, but rather individuals can use agency through the repetition of signs and acts in their culture which provide many, but not endless, possibilities (Benwell & Stokoe, 2006). Taking this perspective, cultures provide multiple options or menus for

identity and individuals can exercise agency by choosing identities they value and that they consider are valued by others. Bamberg (2012) agrees claiming that we can view who we are in passive ways (influenced by internal or external social factors) or we can view the self as an active agent in constructing identities. In the case of children Valentine (2011) argues that agency can be conceptualised not as a space where children can act autonomously, but rather as a construct related to power, where the child can reproduce and/or disrupt social norms. Children actively construct their own identities in and through their interactions with others, through their choices, albeit at a micro-level, within a set of cultural and structural constraints (Davis, Watson, & Cunningham-Burley, 2000; Maybin, 2006).

Most basically, a key component of identity construction is that we assign ourselves to and are assigned by others to categories with labels, which represent our belonging in that social group. For example, these identity categories may include gender, child/adult, race, ethnicity, sexual orientation, social class, normal/not normal and disability and, of course, speech and language impairments (Earls & Carlson, 2001; Hatoss, 2012). Clearly we do not assign only one category or label to ourselves or others. We construct multiple identities of who we are and how we want to be known, taking account of how *others* may try to categorise us (Antelius, 2009). In one context a child may like to be seen as a football fan, in another as a rogue, and another as a caring brother. Furthermore, identity is viewed as a social product that arises through interaction with others (Acton & Hird, 2004). We communicate to others something of ourselves (our identities) through our talk and actions and it is through our social interactions that our identities are affirmed or challenged (Jenkins, 2008).

It is through social interactions that individuals learn the meanings, roles and behaviours that are associated with labels. People living in a culture learn what particular labels mean in that context, how they are enacted and the negative attitudes associated with

some labels and deviations from these (Alsaker, Bongaadt, & Josephsson, 2009; Barrow, 2008). For example, in a school a child is labelled as a 'pupil' and there are particular expectations and rules in terms of the behaviours associated with that label. Positive enactments of these expectations attract labels such as 'normal', 'competent', and 'typical' whereas deviations from expected behaviours may be assigned labels such as 'naughty', or 'impaired' and interpreted as 'having a disability'. Children are actively involved in the process of identity construction and the pupil may internalise the labels, albeit reluctantly, and behave accordingly or may reject them. Labels have the potential to be stigmatising because they can preclude an individual from full social acceptance (Goffman, 1963). Children develop their sense of self-concept by accruing a range of self-assigned labels, as well as those assigned by others.

The issue of identity and labelling has received considerable attention in the disability field, with some communities taking a very active stance in the use of labels. There is evidence from research with adult populations that identity can be disrupted following acquired brain injury (Gelech & Desjardins, 2010), aphasia (Arnesveen Bronken, Kirkevold, Martinsen, & Kvigne, 2012) and laryngectomy (Bickford, Coveney, Baker, & Hersh, 2013). The findings of research on identity with children with disabilities suggests that children may not be passive recipients of disabling discourses, but rather active agents resisting and engaging with these discourses in their lives, with some rejecting identities of tragic, vulnerable, sad, and needy (Connors & Stalker, 2007; Kelly, 2005; McMaugh, 2011). For example, Wickenden (2010) explored identity in an ethnographic study with nine disabled young people (aged 10-18 years) who were AAC users. She found that they were more concerned about ways in which they were like others rather than different from them and they viewed themselves as teenagers rather than as disabled. Other researchers have also found that children with speech and language impairments present with positive identities and that



the impairment represents only one aspect of their multiple identities (Merrick & Roulstone, 2011; Roulstone & Lindsay, 2012). McLeod, Daniel, and Barr (2013), in a study of the public and private worlds of school-aged children with speech sound disorders, interviewed six children, their parents, siblings, a friend, teacher, and a significant other in their lives. They found that when children were in private context with family and close friends the children could be themselves. However, when they were in public contexts, the children experienced altered identities, as well as social challenges. These studies highlight the importance of paying attention to cultural contexts in which children live their lives. Indeed, Tomblin (2009) argues that language disorder can be culturally defined when children do not meet socially-defined expectations. Using this cultural framework approach to defining language disorders ‘...the locus of the disorder in a communication disorder will not be found in the characteristics or behaviour of the individual, but rather in the cultural context’ (Tomblin & Christiansen 2010, p. 40). Consistent with this stance, communication difficulties may be viewed negatively if a society values communication and this negative evaluation may lead to stigma.

### **Methodological considerations**

Research on children’s perspectives has focused on children’s experiences of speech and language impairment (McCormack, McLeod, McAllister, & Harrison, 2010; Merrick & Roulstone, 2011) and on aspects of their lives that they value or wish to change (Roulstone & Lindsay, 2012). Findings from this research contribute to our understanding of children’s perspectives on identity. However, a more specific focus on identity could add more directly to the debate on the use of labels in the field of speech-language pathology. One methodology that can be used to investigate identity construction is narrative inquiry. It comes from the view that identities are constituted through language in ‘storied selves’ which take place in interactions with others (Sarbin, 1986) and that individuals lead storied lives

(Clandinin & Connelly, 2000). We make sense of experiences through stories, and our lives can be construed as stories. Therefore, narrative researchers study the kinds of stories narrators put themselves in, the identities that are performed and claimed, how these identities are affirmed or challenged by others, and how these stories connect with wider public narratives (Benwell & Stokoe, 2006). Therefore, in narrative inquiry the phenomena of interest and units of analyses are stories. Another tenet of narrative inquiry is that narratives are viewed as socially-situated interactive performances that are produced for particular settings or contexts, for particular audiences, and for particular purposes (Chase, 2008). Therefore, we make choices in relation to which versions of stories we tell to different people in different contexts and this will be influenced by how we want to be seen by others.

We chose to use narrative inquiry because it provides insights into people's experiences of phenomena. Second, there is a focus on the individual because of the assumption that 'macro' structures are sustained from 'micro' social actions (Damico, Simmons-Mackie, Oelschaeger, Elman, & Armstrong, 1999). For example, we can learn about broader cultural beliefs, values, and practices from people's stories. Third, the epistemology underpinning narrative inquiry is interpretivist, whereby truth is constructed by different people in different ways, with no objective reality by which participant's accounts can be judged (Finlay, 2006). Narrative inquiry relies on extended accounts that are preserved and treated analytically as units, rather than fragmented into thematic categories as in other forms of qualitative analysis (Clandinin & Murphy, 2007).

Understandably, researchers may have reservations about using narrative inquiry as a methodology with children with speech and language impairments because of evidence that these children have particular difficulties in relation to narrative competence (Botting, 2002; Norbury & Bishop, 2003). For example, there is evidence that these children may have difficulties with the structure and cohesion of narratives (Pearce, James, & McCormack,

2010). Studies in speech and language pathology research typically focus on narratives produced by a single teller generated using story re-tell with or without pictures and the analysis focuses on macro and microstructures. However, in narrative inquiry, the focus is on the biographical insights that the narrative provides of the teller (Chase, 2005). In this study a conversational approach was used whereby narratives were co-constructed involving multiple, active co-tellers, and the plot lines may not have beginnings, middles and ends because the speakers try to develop the plot across turns (Ochs & Capps, 2001). Labov and Waletzky (1967, p. 28) defined a minimal narrative as a sequence of two independent clauses that are temporally ordered and ‘where a change in their order will result in a change in the temporal sequence of the original semantic interpretation’. An example of the first story told by the second author’s two-year old son illustrates a minimal narrative: ‘left book nursery, me cried’.

There is debate in identity research about whether the units of analyses should be ‘big’ life stories or ‘small’ stories e.g. stories about a particular event (Chase, 2008). Although big life stories are common in identity research there is evidence that small stories can also provide useful insights about identity (Bamberg & Georgakopoulou, 2008). In this study we focused on small stories for three reasons. First, in daily life we are more likely to tell small stories rather than full life-stories (McLean & Thorne, 2006). Second, while children can access event-specific autobiographic knowledge, some claim that they have not yet developed the cognitive skills to connect single events with each other to tell a full life-story, a skill which emerges in adolescence (Habermas & Bluck, 2000). Third, there is evidence that children’s language difficulties may be less evident in personal narratives in children as compared with those generated using other methods such as story re-tell (McCabe, Bliss, Barra, & Bennett, 2008; Wetherell, Botting, & Conti-Ramsden, 2007).

Therefore, we took the view that children with speech and language impairments would be able to tell small stories.

In summary, there is a debate about the labels we use to describe children with speech and language impairments. Little is known about the perspectives of children themselves on labels and ways in which these labels may affect their identity. In this paper, we report on a study on identity on the lived experiences of 9-12 year old children with primary speech and language impairments, that is, speech and language impairments in the absence of other developmental disabilities (PSLI). The aim of this study was to explore the range of identities that children with PSLI presented in their narratives and to reflect on the meanings associated with labels. Specific research questions were:

- What range of identities do children with PSLI present in their narratives?
- How do children evaluate these identities in their narratives?

## **Method**

### Participants

A purposeful sampling approach was used and is defined as the selection of participants that have particular characteristics which enable in-depth exploration of the research question (Creswell, 2007). A maximum variation strategy was also used whereby we determined criteria in advance that would differentiate the participants so that multiple perspectives could be explored (Creswell, 2007). Eleven 9-12 year old children with PSLI were recruited with the aim of obtaining variation in the sample (e.g. age, gender, socioeconomic background, children with both speech and language impairments, and experiences of different types of specialist education supports). This sample size is typical in narrative inquiry studies where researchers aim for depth rather than breadth (Heuchemer & Josephsson, 2006; Infanti, 2008; McNulty, 2003). This age group was selected because some claim that identity becomes

more important in middle childhood because children become more concerned about how they are perceived by others (Jenkins, 2008). The aim was to capture a range of experiences rather than profile children across a range of scores on speech and language tests. Therefore, we did not test the children's speech and language skills because we accepted that they had speech and language impairments if they met the Department of Education and Science eligibility criteria for specific speech and language impairment i.e., nonverbal intelligence score above 90 on a psychological assessment and a score of minus two standard deviations below the mean on a standardised language test (Department of Education and Science, 2005). Socioeconomic background was determined according to whether or not the children were living in areas which were designated as disadvantaged under the Revitalising Areas by Planning, Investment and Development (RAPID) programme (An Pobal, 2012).

Speech-language pathologists (SLPs) in one geographic region were requested to distribute information sheets and consent forms to parents of potential participants who met the following inclusion criteria: children aged between 9 and 12 years with PSLI and who met the Department of Education and Science criteria for specific speech and language disorder; and children who currently or had attended speech and language therapy and who had received specialist education supports, e.g. resource teaching (i.e. one-to-one teaching for four hours a week in the local school) or placement in special class for children with specific speech and language disorders (i.e. full-time placement in a specialist language class for a period of one to two years). Special classes for children with specific speech and language disorders are attached to mainstream schools and have a reduced ratio of one teacher to seven children. Children also receive intensive speech and language therapy. The aim of the classes is to address the children's specific needs in the context of a broad and balanced curriculum in a primary school context (Department of Education and Science, 2005).

See table I for a profile of the participants.

Insert table I about here

Ethical approval was obtained from the University of the West of England.

### **Procedures**

Narrative inquiry was used in this study with a focus on small stories which were co-constructed between the interviewer and the children. Each participant selected a pseudonym. The first author generated narratives with the participants through semi-structured interviews using a flexible topic guide which was designed following a pilot study (See appendix I). Narratives were generated using the techniques shown in table II.

Insert table II about here

Parents and children were offered choices in relation to where the interviews would be held e.g. clinics, schools, and the children's homes (See table I). Five-six interviews were conducted with each child and 59 interviews in total were carried out. Each interview lasted between 45-60 minutes. Interviews were audio-recorded, with assent from the children, on an Olympus Voice Recorder DS-2400. The interviews took place over a six-month period (May to October) so that the researchers could generate data before and after the transition to a different class or school in September. This time period was of interest because of the potential impact on identity construction e.g. when the children moved to or from a specialist setting or moved classes in mainstream where they potentially met new people.

### **Rigour**

First we conducted multiple interviews with each child as recommended in narrative inquiry so that the researcher can develop a relationship with the participants (Plummer, 2001; Riessman, 2008). Multiple interviews also increased the likelihood of data saturation. Data saturation is reached when no new ideas are evident in the data and when the theory has

been fully tested and validated (Green & Thorogood, 2005). However, in practice the process of theory construction is potentially limitless (Green & Thorogood, 2005) and in narrative inquiry data saturation is difficult to achieve (Josselson & Lieblich, 2002). We were mindful that because the children's lives were unfolding, the possibilities for new narratives and the process of identity construction were potentially limitless. We tried to balance the collection of rich data without being too demanding on the children's time and considered that 5-6 interviews with each child generated sufficient data to answer our research questions without the expectation of reaching data saturation.

A second strategy which we used to strengthen the rigour of the study was participant checking. Our aim was to stay as close to the children's meanings as possible during the analysis phase (Heuchemer & Josephsson, 2006) and over multiple interviews topics were revisited. These opportunities to verify and clarify the researcher's understandings of the data from the participant's perspective can potentially strengthen the trustworthiness of the analysis (Brewster, 2004). The first author checked that she had understood the gist of the children's stories by summarising her understanding of the participant's stories and looking for feedback and clarifications from the transcripts. In the final interviews, the first author summarised the children's stories with a focus on the multiple identities which the children presented. The children were invited to comment on and change these stories and there was a discussion about what would be kept in or left out of their stories. One of the participants wished to change his mind in relation to a story in a previous interview when he had said that he was upset when others could not understand him, where he denied that he was upset. We had a discussion about whether or not to delete the 'upset' from the narrative. He decided to leave it in.

## Data analysis

The analytical framework included content analysis of the narratives (i.e. what was said and how this reflected the children's identities), as well as analysis of how they said it by paying attention to syntactic markers of agency, and evaluative language (Fairclough, 2001; Kleres, 2010; Peterson & McCabe, 1983). Although the analysis is described as a series of three phases, the process was not linear but rather a recursive process, with movement back and forth between phases (Braun & Clark, 2006).

In phase one, the data were organised in preparation for analysis using QSR NVivo 8. Small stories were identified in each participant's narratives and were coded into categories representing the domains explored in the interviews e.g. stories about self in different contexts such as family, school, and leisure. Some claim that everything that the narrator says serves to express or confirm this claimed identity, the narrative analyst searches for statements related to the narrator's identity through the account (Ely, Melzi, Hadge, & McCabe, 1998; Mishler, 1986). Therefore, in phase two, the content of each small story was analysed and coded in relation to identities the children presented e.g. hero, helper, competent. The structure of the narratives were coded in relation to the following markers: agency i.e., identifying the protagonist's role in pursuit of goals, in other words who is doing what to whom (Bamberg 2004); compulsion verbs (e.g. 'had to') (Fairclough, 2001; Kleres, 2010); and evaluative language e.g. words used to represent emotions, negative markers (which provided insight into what participants expected would happen but did not), direct speech, and prosodic markers such as whispering, emphasis, or loudness (Peterson & McCabe, 1983). In this phase the analysis focused on identifying themes *within* each participant's short stories in relation to what identities were presented and the emotional tone of the narrative (e.g. positive or negative). See Appendix II for examples of the coding process.



Phase three of the analysis involved identification of themes *across* participants, looking for commonalities and differences in relation to ways in which identities were presented (Braun & Clark, 2006). This process was iterative whereby emerging themes were cross-checked against the data, with the aim of staying as close to the children's meanings as possible (Heuchemer & Josephsson, 2006). In addition, themes were reviewed, cross-checked, and refined in consultation with the second author. This process of refining themes is consistent with the notion that categories are tested and retested until they are the 'best fit' for the data (Polkinghorne, 1995).

## **Result**

Two broad themes were identified which reflected the multiple identities the children presented in their narratives: desired and undesired identities. Under the theme of desired identities, there were three sub-themes which reflected identities which had positive evaluations: competent, being good, and socially attractive. Under the theme of undesired identities, there were two subthemes which reflected negative evaluations associated with identities: being different when assigned labels by *others* and undesired identities assigned *to* others.

### **Desired identities**

#### ***Competence***

The children presented their competence in a variety of ways e.g. taking up meaningful roles in family and school contexts, such as helping out with chores. They presented themselves in heroic and villain roles, overcoming obstacles to bring about successful outcomes and attain goals. For example, Torres, who presented with a speech impairment, told stories about his relationship with his brother. Although his brother made fun of him, Torres clarified that he never made fun of his speech. In this excerpt, Torres presented

himself in an agentic and heroic role where he achieved his goal of deliberately getting his brother into trouble with his father (I: is used to represent the Interviewer and P: was used to represent the Participant; the square brackets [ ] provided details about the context; and capital letters were used to represent a loud voice). He used direct speech, a jeering tone, and volume in this narrative to represent himself as competent.

### **Torres, Interview 1**

I: And then do you ever make fun or tease him? [your brother]

P: Yea

I: What would you say to him?

P: ‘Na na na na na you you cannot you can’t get me’. Then I run right into the the kitchen and when daddy there he say ‘COME BACK’ he say ‘what did you say [name of brother]?’ [his father says]. Then he get into trouble with my dad.

Competence also emerged in leisure and academic contexts. For example, Dawn and Mary appeared proud when their competence was acknowledged and affirmed in public ways e.g. when they won prizes for sports achievements. Dawn was also proud when she was selected for the lead role in a school play. Chantelle, Dawn, and Blade presented identities of competence in relation to their academic ability. For example, the following excerpts from Blade, who presented with a language impairment, illustrate his desire to be seen as competent. In the first interview, he presented himself as being competent in relation to reading saying that he can read ‘really hard stuff’ as opposed to easy work. He used direct speech to give examples of easy work. In the second interview he reported that he can learn maths quickly.

### **Blade, Interview 1**

P: 'I'm able to read like, I'm able to read hard stuff not like baby, like 'the man went to bed' or, like 'the man got an apple', the 'girl got a teddy' or something like that.  
Really easy, really hard stuff'

### **Blade, Interview 3**

P: Maths is not hard. It easy but some chapters are hard. So it's basically easy if it's only a couple of chapters.

I: Ok and what's learning stuff like for you Blade?

P: It doesn't, I don't really take slow. It won't take me around two minutes.

In relation to desired future identities, competence also emerged as a theme. For example, Kevin wanted to be a business man, and Blade, Torres and Sara wanted to be rich.

#### Being good

Being good was defined in relation to narratives about good behaviour, benevolence, and moral values. Mary, Sara, Dawn, and Torres presented themselves as well behaved. This is illustrated in one of Sara's narratives. Sara presented with a language impairment. She presented herself as being well behaved and she disapproved of her peer's behaviour.

### **Sara, Interview 3**

P: Well, well at school I'm always quiet, not shouting out answers like a few people in my class. Actually all the sixth class, well kind of, but they shouldn't be like and

I: So the sixth class are shouting out the answers.

P: Well a few boys and that. But sometimes when it's quiet time they would talk to each other and every time when teacher want to make them quiet, every time she turns her back, her back, they would just continue.

I: Talking and does she get cross?

P: Yeah. And sometimes she has this little patience up to here.

Benevolence also emerged as a theme in several children's narratives. For example, Chantelle and Dawn wanted to help old people and Kevin wanted to help poor people and get Ireland out of the recession.

#### **Kevin, Interview 4**

I: What would you do if you were a billionaire?

P I would help the poor

I What would you do to help the poor?

P Give the (unintelligible) money

I Give the?

P Charities

I Give the charities money. What else would you do with all of your money if you were billionaire?

P Help Ireland to get out of the recession

In relation to moral values, Torres, Dawn, Chantelle, Blade, and Mary children presented themselves as doing the right thing and valuing fairness, honesty, and justice. For example, in this excerpt Blade presents himself as defending others who were being bullied.

#### **Blade, Interview 3**

P: No like, well there's a couple of them like, three of them like, he's and he's, [name of child] has a couple of people with him like, he's, you know like, he (unintelligible) friends to push on him like say in a gang or something like that. So when [name of child] was pushing on them, I don't know did I go over there and did I say stop to them, I'd say leave them alone

I: So you'd stand up for those kids?

P: Yeah I wouldn't let them get pushed round like.

I: So it sounds to me like Blade that you kind of like to stand up for what's right and what's fair.

P: Yeah.

### ***Socially attractive***

The theme of socially attractive is defined in terms of narratives about gendered selves, and having lots of friends. In relation to narratives about gendered selves, Torres, Blade and Enda talked about their size, bravery, and strength e.g. being bigger and stronger than others. Dawn and Sara valued appearance and they talked about their hair, jewellery, clothes, and make-up. On the other hand, Chantelle was selective about the clothes she wore because she was often called a 'tom-boy', a label she accepted, and she did not wish to appear too 'girly'. The following excerpt illustrates that Sara was pleased when she perceived that her attractiveness was affirmed by her peers at a disco.

### **Sara, Interview 3**

I: Are these bracelets? [she was showing me her jewellery box]

P: Yeah there's supposed to be twenty but the last day of camp, we had a disco and wore these, this and a few, earrings, which is in another place. And make up.

I: Oh you wore makeup?

P: And everybody keep, everybody looked at me and stuff.

I: And why do you think they were looking at you?

P: Because I was pretty.

Some children also presented their social attractiveness in narratives about being popular and having lots of friends. For example, Blade wanted to be seen in this way. In this excerpt during an interview when he was in the special class for a second year, Blade counted his friends, including those who had been in his mainstream class.

### **Blade, Interview 3**

P: I do have more friends [he had named some friends]

I: That's a lot of friends.

P: I have another thirty-four. Then I'll actually have more.

I: Are they the thirty-four, the ones that are in [name of local school]?

P: They are only my class, I still have more.

In relation to desired identities for the future, Dawn and Sara would have liked to get married and have babies and Blade hoped that he would have a girlfriend.

### **Undesired identities**

The theme of undesired identities emerged in the children's narratives and reflected ways in which their identities and the identities of others were undesirable. Two sub-themes emerged: being different when assigned labels *by others* and undesirable labels assigned *to others*.

#### ***Being different when assigned labels by others***

Torres and Kevin, both of whom presented with speech impairments, reported that they were teased by others because of their speech. For example, Torres used direct speech and a jeering tone to illustrate how others teased him about his speech, saying '*na na na na na you can't talk properly*'. The use of the adverb 'properly' again suggests a comparison with some

normative standard. In the excerpt below this teasing took the form of name-calling with references to his intelligence and academic ability ('...' indicated that some parts of the interview were omitted). Torres also used repetition and compulsion verbs to illustrate his frustration when others did not understand him and he 'had' to say the word several times.

### **Torres, Interview 1**

P: Well once I was playing soccer

I: Yea

P: And I did not pass the ball then after a guy said 'you you you cannot talk properly' and 'you dumb and you don't know how to count'

.....

I: Tell me a bit about your speech

P: Like sometime it hard to like some people can't really understand me eh really hard to say it like maybe I got say it around ten times and it be annoying and everything.

I: You might have to say it ten times before somebody would know what you said.

P: Or more than ten times.

I: Or more than ten times.

Some of the children with language impairments were unsure in relation to whether they had difficulties with talking. The participant's difference from peers was apparent in narratives about specialist educational supports. For example, Dawn was unsure about why she was in the language class because her 'talk' and her 'voice' was good. She was looking forward to returning to her 'normal' class to see her friends. In the following excerpt, Blade used direct

speech to give example of what his speech was like when he was younger which justified why he attended the language class. However, he did not view himself as having problems now. He also uses the word 'properly' suggesting comparison with a normal standard. . Blade strongly disliked his time in the language class and did not wish to be associated with peers in the language class, one of whom he considered was 'acting weird'.

### **Blade, Interview 1**

P: Well, when I went there [referring to language class]. I know I could remember my speech but I know it has to be really bad cause I had to go to school then. My speech like, cause when I was like a little baby or something, I don't know, like four or five, I say to my mum, 'need go toilet' and when I was half way up the stairs I forgot, why did I want to go upstairs. I actually wanted to go up to the toilet but

I: But you'd forget?

P: Yeah.

...

P: And like, some people can't even understand me like and I can't really put my words in a sentence. Like, you can't make it too long because like you don't know what words to put in a sentence, like in a better way to say.

I: Ok, so if you wanted to explain something.

P: Yeah explain it (unintelligible) I'd find hard like, so I, like, I say something then I have to start all over again, like, just can't think.

I: And what's that like for you?



P: Well it's alright like but only a small little bad thing. I just can't really explain stuff. If it's the easiest thing it would be easy to explain.

I: How is your speech now?

P: Brilliant. I find it easy with just some. Just, the only thing like I have, I couldn't say it like, the only thing wrong like, I have to think something in a sentence like I just (unintelligible) like or something like that but yes, I'm able, well I have to just think. The only thing I find wrong like, I have to think first. Like I have to, I like, when I say like, I just say, 'no I wasn't thinking of it properly'. You know what I mean? ....Yeah I get stuck but most of my sentence I find them ok like. I'm able to talk properly as well like.

Four participants talked about having a diagnosis of dyslexia. One of the children did not disclose this label to peers and another participant rejected this label saying that he was not that 'd' word.

Some were also unhappy when there was a mismatch between their own perceived and identities assigned by others e.g. when their identities in relation to competence, gender, vulnerability, and being good were challenged. For example, Dawn rejected the label 'tom-boy'. In this excerpt Sara, who was proud of her abilities in art, was unhappy about her teacher's evaluation of 'very good' for art when she considers this should be 'excellent'.

### **Sara, Interview 1**

P: Yeah. I'm not happy about art.

I: Why are you not happy about art?

P: She said 'very good', because I'm excellent and yeah, visual art and drama and musical all 'very good'.

I: You think it should have been excellent?

P: Because I was good at drama

I: Yes.

P: Good at music and good at art. They must have mis-spelled it or something.

I: Ok ok and what about, and what things are hard for you in school Sara?

P: Well geography and history. They're kind of hard, but teacher said 'good'. And 'shows great interest in them'.

Some participants also rejected identities which were assigned to them that represented them in vulnerable ways. For example, in the following excerpts Blade explicitly rejected identities of 'sad', 'special', and the need for additional help in school. He argued that children with speech and language difficulties should not be excluded and should not feel ashamed. His use of a negative marker as an evaluative device suggested that he thought that children with speech and language difficulties *do* feel ashamed and *are* excluded. He claimed that there are lots of children who have similar difficulties so children should not feel alone. Blade spoke explicitly about the importance of being hopeful that things would improve.

### **Blade, Interview 5**

I: Are you going to get any extra help then in this school Blade?

P: I don't need extra help. I'm not like a special person, I just, I'm just like the rest of the people in my class.

I: Ok, ok cause I think some kids might go to like, a resource teacher or

P: Yeah Miss Kelly [a pseudonym] she's called. She helps loads of people. No, my one's just about the reading. My reading is fine. She's not about reading, I don't know what she's helping me about cause I'm fine with it.

**Blade, Interview 5** [the researcher was clarifying her understanding of what he said in previous transcripts]

I: And the other thing I remember you said, Blade that I remember is, you said it is important not to be ashamed.

P: And not to be left out.

I: And not to be left out.

P: And not to be don't be sad if you think you are the only one that's speech, language, if you have problems, but you don't. 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.

Some participants were also upset when their identities in relation to 'being good' were challenged by others. For example, in this excerpt Torres was upset when his friend reported that he had used bad language and that he had hit him, allegations he strongly denied. He emphasised the word 'not'.

**Torres, Interview 2**

P: [name of boy, his friend] was (unintelligible) he was telling lies. He actually saying that I said f word to him and hit him and I did not

I: He said that you said the f word and hit him

P: And I did not. Then after teacher went to the classroom. The teacher was going on  
[name of boy] side

I: The teacher was on [name of boy] side

P: The teacher was shouting at me

I: How did that feel?

P: Sad

One of the unintended outcomes during the participant checking process was that Torres' identity in relation to talking was challenged in a positive way. In these excerpt, Torres used a number of nonverbal evaluative devices, such as laughing and smiling, suggesting that he was pleasantly surprised by the length of the transcripts. The length of the transcripts appeared to challenge his identity of himself as a talker, in a positive way.

### **Torres, Interview 2**

I: I wrote out some things. There were a few things I wanted to check with you I wasn't sure that I got them right so I wanted to check. The last day we talked for 25 pages. Remember we had our chat the last day we talked for 25 pages. We were talking like [he was smiling]. Are you surprised?

P: Yea [Smile]

### **Torres, Interview 3**

I: And the first time we met we were talking for about 45 minutes but we were talking for nearly an hour the last time.

P: Oh ho ho [laughs]

I: I will have it done the next day I promise [the previous interview had not been transcribed]

P: Ok

I: You are a fantastic talker

P: Thank you

I: You have a lot to say

P: Yea [laughs]

I: Do you think that you are a chatterbox?

P: Not really. Well sometimes I watch TV and I don't I don't really talk that much

### ***Undesired identities assigned to others***

When children assigned labels associated with disability, they were aware of the negative associations with some labels such as 'handicapped'. For example, Chantelle asked permission to say a word to describe her friend's sister, whispered the word 'handicapped', and immediately revised it to 'special needs'. Others described people they knew with disabilities as 'sick' and presented positive identities of family members with disabilities by reporting that they were funny and kind.

### **Chantelle, Interview 3**

P: Oh she has a sister called [name]

I: And she has a sister called?

P: [name] but she, I can't say, will I say it?

I: Do, try it.

P: Handicapped [whispered the word]

I: Is she?

P: Yeah.

I: What does that mean? What does it mean she's handicapped?

P: No, like she's special needs.

## **Discussion**

The aim of this study was to explore the range of identities which children with PSLI. We were interested in ways in which children constructed their identities through language (Gee et al., 2001) and we used a conversational approach to narrative whereby the narratives were co-constructed by the researcher and participants (Mishler, 1986). We investigated children's evaluations of these identities with a view to understanding the values they attach to labels. The findings suggest that the children presented with multiple identities and wanted to be seen in positive ways. Although some children used the label dyslexia, they did not use any specific labels when they described their speech and language impairment. With regard to undesired identities, the children disliked some labels assigned by others which they considered portrayed them in negative ways or were a mismatch with their own self-perceptions. They were aware of negative associations with disability and described people they knew with disabilities in positive ways perhaps providing counter-narratives to the dominant negative discourse about disabilities.

The findings of this study are similar to the findings from other studies in following ways: the children presented positive identities; most did not use specific speech and language labels; some rejected identities assigned to them; some did not disclose labels to others; and they wanted to be like everyone else. With regard to positive identities, other

researchers have also found that children and adults with disabilities or chronic conditions focused on positive aspects of their identities rather than their illness, impairment, or disability (Connors & Stalker, 2007; Lewis, Parsons, & Smith, 2007; Marshall, 2005; Wickenden, 2010; Williams, Corlett, Dowell, Coyle, & Mukhopadhyay, 2009). . This finding is also not surprising in that some claim that 9-11 year old children may reveal a more positive image than they really feel because they may not want to admit to themselves, or others, that they have undesirable qualities or display signs of vulnerability (Bergese, 2008; Morison, Moir, & Kwansa, 2000). Indeed, this phenomenon may not be restricted to children because adults also act in ways to maintain a positive self-image and are unlikely to disclose experiences that involve negative emotions, especially if they are at odds with a positive self-image (Pasupathi, McLean, & Weeks, 2009). The children may not have wanted to be seen as vulnerable, which is also an identity issue. With regard to the use of specific labels to describe speech and language impairments, Roulstone and Lindsay (2012) also found that children did not use specific labels.

Other researchers have also reported that children may exercise agency by rejecting labels and choosing not to disclose them to others. For example, there is evidence from a range of studies of epilepsy, disability and dyslexia that people may want to keep impairments private, particularly when these were less visible, because of feelings of shame and embarrassment, as well as concern about how they would be seen by others (Lewis et al., 2007; McNulty, 2003). Our findings differed from those of McMaugh (2011) who found that some children with illnesses and disability disclosed their impairments to peers so that they can represent their disability or health condition in the manner they chose. We did not find evidence that children told others about their speech and language impairments or dyslexia.

There was evidence that some identity labels were associated with stigma. For example, there was evidence for the stigmatising mechanism of shading whereby the effects

of disability are overgeneralised and associated with vulnerability (Downs, 2011). Some of the labels which were assigned to the children suggested that they were not intelligent or normal because they could not talk properly and that they were vulnerable (e.g. special or sad). Some children explicitly rejected these identities which they perceived as portraying them as needy and lesser in some way to peers. Some researchers caution against the use of the label 'special' when describing children because it portrays a sentimental image (Connors & Stalker, 2007). Nonetheless, the term 'special' is used widely in education. Clearly the concept of 'special' is also used in images in fund raising advertising for children with disabilities which conjures public narratives of pity and sorrow (Bunning, 2004). However, three of the children in this study were clearly upset when they were assigned labels of sad or special and did not wish to be represented in this way. As has been found in the disability literature, they were active agents resisting and engaging with discourses in their lives, rejecting identities of vulnerable, sad, needy (Kelly, 2005).

Many children with speech and language impairments receive specialist education to address their academic needs. The provision of interventions can differentiate children from their peers and undermine their passing as normal (Williams et al., 2009). 'Doing being ordinary' is a pervasive feature and recurrent pattern in everyday social life because we want to fit in and belong (Sacks, 1985). Some children in this study rejected the need for additional help. This finding has also been reported in a study of the experiences of two young people who were identified as having language impairment and had not received speech and language therapy (Spencer, Clegg, & Stackhouse, 2010). Both young people rejected the need for help with language, with one arguing that additional help may impede her independence and the other considered that he could talk and therefore did not need help with language. Children may take perceive that receiving additional help in school visibly differentiates them from their peers and may be stigmatising. This presents a challenge for SLPs and teachers



who provide well-intentioned assistance to children. In a discussion about ethics in health care, Baines (2008) claims that adults may have the child's best interests at heart and may either not consult them or may overrule them in decisions because of concerns that the child's decision may be influenced by short-term advantages rather than long-term gains.

There are many advantages to the use of labels and they are embedded in speech and language therapy practice. Having a label may make it easier to conceptualise and understand the problem, may lead to appropriate resources, and may have positive psychological and social consequences because it may legitimate problems (Damico, Müller, & Ball, 2010). However, it is important to be aware of the potential negative effects which labels, albeit unintentionally, may have on children (Bishop, 2014; Lauchlan & Boyle, 2014). Labels may localise the problems within the individual, may lower expectations of that individual, may reflect ways in which a social stratification systems work to keep people in their place, and may have negative consequences for the individual's psychological health and identity (Damico et al., 2010). Furthermore, Riddick (2000) argues that stigma can arise from difference from others whether or not there is a label e.g. differences from peers in relation to writing, spelling, social interactions, and educational supports will be visible to others. Indeed, the psychological effects of language impairments (with or without labels) was evident in a qualitative study of adolescents with language problems who talked about feeling dumb (Sanger, Moore-Brown, Montgomery, Rezac, & Keller, 2003). On a positive note, one of the unintended outcomes of the participant checking process was that the researcher challenged (unintentionally) one of the participant's identities in relation to talking in a positive way. This highlights the key roles which parents, peers, teachers, therapists, and researchers play as 'co-authors' (Gelech & Desjardins, 2010) in children's identity construction in positive and negative ways.

### **Limitations of the study**

The findings of this study need to be interpreted in the context of the strengths and limitations of this research. As is the case with other qualitative research, we are not claiming that the findings can be generalised and they need to be interpreted cautiously. The findings may, or may not, have resonance for other children. A strength of the study lies in the volume of data generated: although there were only 11 children in the sample, data were generated in a range of contexts across 59 interviews. In addition, the use of multiple interviews provided opportunities for stories to emerge over time. A further strength was the in-depth analyses of the children's language use in their narratives which provided rich insights into their identity construction. However, the narratives were generated in response to the researcher's questions in an interview context rather than naturally occurring talk between the children and their families, peers, and teachers. What is accessed in narrative inquiry is not the 'life' or 'experience' but rather the 'life as told' (Plummer, 2001). Nonetheless, narrative inquiry provide insights into which stories people *choose* to tell and stories can elucidate ways in which individuals assign meaning to experiences.

The use of participant-checking is a potential strength, providing the opportunity to check our understanding of the children's meanings. However, this process was somewhat problematic. Some children's evaluations changed over time, some felt distanced from the text, and could not remember what they said or meant. This may reflect Ricoeur's notion of distanciation, where there is a distance between the transcript and the speaker (Moen, 2006; Thompson, 2009) and is not an unusual phenomenon in children's qualitative research (Dockett & Perry, 2007). Therefore, further consideration is required in relation to using alternative formats in which the stories of children could be returned to them e.g. audio format, comic-strip format or restoried narratives.

## **Conclusion**

In the light of these children's perspectives, future consideration should be given to whether the labels that we use reinforce children's desired identities and whether there are labels which we could use that construe them in positive ways. Bishop (2014) argues that we need to find ways of avoiding the negative consequences of labelling and one way is to shift the focus to children's strengths across a range of domains beyond academic success. One of the implications of this study is that the debate about labels could be progressed by consulting with children themselves, both those with speech and language impairments and their typically developing peers, asking for their ideas in relation to labels in specialist education and speech and language pathology. For example, what could we call language classes, resource teachers, and what labels would be desirable. Partnerships with children and young people might lead to innovative problem solving of the labelling issue. The issue of labels is complex and there are no guarantees that changing a label (e.g. for speech and language impairment) will also change the beliefs, values, attitudes and actions associated with that concept. Hence, there is a need for further research and exploration of this issue as it relates to speech and language pathology.

A second implication is that it is necessary for SLPs, teachers and parents to be aware of the key role which they play as co-authors in the identity construction process, in positive and negative ways, by affirming and challenging identities. Parents and practitioners need to be sensitive to ways in which diagnostic labels and specialist education services can set children apart from their peers, potentially negatively affecting children's sense of belonging and well-being.

A third implication is the need for greater public awareness of PSLI. In this study we investigated children's individual narratives. However, according to sociocultural theories of identity construction does not take place in a vacuum but rather in a sociocultural context in

which we draw on public narratives when narrating experiences because they can serve as summaries of socially-shared understandings (Barrow, 2011). However, there is evidence to suggest that there is a lack of public awareness in relation to communication impairments in general and in relation to language impairments specifically. For example, in a recent study, there was evidence for the invisibility of communication impairment in public narratives, as reflected in the paucity of references to communication impairment in Irish newspaper articles about illness and disability over a one-year period (Coleman & O'Malley-Keighran, 2013). Bishop (2013) also discusses the invisibility and lack of public awareness of specific language impairment. If this is the case, children with PSLI may not have cultural scripts or public narratives to guide their meaning making and may have fewer public narratives to 'lean on' when making sense of impairments (Bruner, 1990). Positive public narratives about children with speech and language impairments can challenge negative stereotypes and associations of labels. This highlights the importance of public awareness campaigns such as the RALLI campaign (Conti-Ramsden, Bishop, Clark, Norbury, & Snowling, 2014), and the International Communication Project which promotes visibility and understanding of communication disorders (<http://www.internationalcommunicationproject.com/>).

Engagement with public bodies such as broadcasters may encourage initiatives such as 'See Amazing in All Children' from Sesame Street, which aims to increase understanding and reduce the stigma associated with autism. Further initiatives like this are needed to promote public understanding and acceptance of childhood speech and language impairments.

- Acton, C., & Hird, M. (2004). Toward a sociology of stammering. *Sociology*, 38(3), 495-513.
- Alsaker, S., Bongaadt, R., & Josephsson, S. (2009). Studying narrative-in-action in women with chronic rheumatic conditions. *Qualitative Health Research*, 19(8), 1154-1161.
- An Pobal. (2012). FAQs about RAPID. Retrieved 10th December 2012, from <https://www.pobal.ie/FAQ/Pages/RAPID.aspx>
- Antelius, E. (2009). *Different voices-different stories: communication, identity and meaning among people with acquired brain damage*. Unpublished PhD. Linköping University. Sweden.
- Arnesveen Bronken, B., Kirkevold, M., Martinsen, R., & Kvigne, K. (2012). The aphasic storyteller: Coconstructing stories to promote psychosocial well-being after stroke. *Qualitative Health Research*, 22(10), 1303-1316.
- Baines, P. (2008). Medical ethics for children: Applying the four principles to paediatrics. *Journal of Medical Ethics*, 34, 141-145.
- Bamberg, M. (2012). Why narrative? *Narrative Inquiry*, 22(1), 202-210.
- Bamberg, M., & Georgakopoulou, A. (2008). Small stories as a new perspective in narrative and identity analysis. *Text and Talk* 28(3), 377-396.
- Barrow, R. (2008). Listening to the voice of living with aphasia: Anne's story. *International Journal of Language and Communication Disorders*, 43(S1), 30-46.
- Barrow, R. (2011). Shaping practice: The benefits of really attending to the person's story. In R. Fourie (Ed.), *Therapeutic processes for communication disorders: A guide for clinicians and students* (pp. 19-34). Hove: Psychology Press.
- Baumeister, R.F. (2005). Self-concept, self-esteem, and identity. In V. J. Derlega, B. A. B.A. Winstead & W. H. Jones (Eds.), *Personality: Contemporary theory and research* (2nd ed., pp. 246-280). Belmont: Thomson/Wadsworth.

- Benwell, B., & Stokoe, E. (2006). *Discourse and identity* Edinburgh Edinburgh University Press
- Bercow, J. (2008). *Interim report: review of children and young people (0-19) with speech, language and communication needs*. Secretary of State for Health, UK.
- Bergese, R. (2008). *Understanding 10-11-year-old year olds*. London: Jessica Kingsley Publishers.
- Bickford, J., Coveney, J., Baker, J., & Hersh, D. (2013). Living with the altered self: A qualitative study of life after total laryngectomy. *International Journal of Speech-Language Pathology, 15*(3), 324-333.
- Bishop, D. (2013). SLI: The invisible neuro-developmental disorder. *Bulletin, April*, 14.
- Bishop, D. (2014). Ten questions about terminology for children with unexplained language problems. *International Journal of Language and Communication Disorders, 49*(4), 381-415.
- Botting, N. (2002). Narrative as a tool for the assessment of linguistic and pragmatic impairments *Child Language Teaching and Therapy, 1-21*.
- Braun, V., & Clark, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.
- Brewster, S. (2004). Putting words into their mouths? Interviewing people with learning disabilities and little/no speech. *British Journal of Learning Disabilities, 32*, 166-169.
- Bruner, J. (1987). The transactional self. In J. Bruner & H. Haste (Eds.), *Making sense-the child's construction of the world* (pp. 81-96). Abingdon: Routledge.
- Bruner, J. (1990). *Acts of Meaning*. London: Harvard University Press.
- Bunning, K. (2004). *Speech and language therapy interventions: Frameworks and processes*. London: Whurr Publisher.

- Burden, R. (2008). Is dyslexia necessarily associated with negative feelings of self-worth? A review and implications for future research. *Dyslexia, 14*, 188-196.
- Butler, R., & Gasson, S. (2005). Self esteem/self concept scales for children and adolescents: A review. *Child and Adolescent Mental Health, 10*(4), 190-201.
- Chase, S. (2005). Narrative inquiry: multiple lenses, approaches, voices. In N. Denzin & Y. Lincoln (Eds.), *Handbook of Qualitative Research* (3rd ed., pp. 651-680 ). London: Sage Publications
- Chase, S. (2008). Narrative inquiry: multiple lens, approaches, voices In N. Denzin & Y. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (pp. 57-94). London: Sage Publications.
- Clandinin, J., & Connelly, F.M. (2000). *Narrative inquiry - experience and story in qualitative research* San Francisco: Jossey-Bass.
- Clandinin, J., & Murphy, M.S. (2007). Looking ahead - conversations with Elliot Mishler, Don Polkinghorne, and Amia Lieblich. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry - mapping a methodology* (pp. 632-650). London: sage.
- Coleman, M., & O'Malley-Keighran, M.P. (2013). "You cannot create experience, you must undergo it": A qualitative exploration of the lived experience of illness as portrayed through personal narratives in Irish newspaper media. Paper presented at the Irish Association of Speech and Language Therapists Conference, Talking heads: Speech and language therapy in the current context Dublin.
- Connors, C., & Stalker, K. (2007). Children's experiences of disability: pointers to a social model of childhood disability. *Disability & Society, 22*(1), 19-33.
- Conti-Ramsden, G., Bishop, D., Clark, B., Norbury, C., & Snowling, M. (2014). Raising awareness of specific language impairment: The RALLI Internet campaign. *Psychology of Language and Communication, 18*(2), 143-148.

- Creswell, J.W. (2007). *Qualitative inquiry and research design - choosing among five approaches* (2nd ed.). London: Sage Publications.
- Damico, J., Müller, N., & Ball, M. J. . (2010). Social and practical considerations in labeling. In J. Damico, N. Müller & M. J. Ball (Eds.), *Handbook of Language and Speech Disorders* (pp. 11-37). Oxford: Blackwell.
- Damico, J., Simmons-Mackie, N., Oelschaeger, M., Elman, R., & Armstrong, E. (1999). Qualitative methods in aphasia research: basic issues. *Aphasiology*, *13*(9-11), 651-665.
- Davis, J., Watson, N, & Cunningham-Burley, S. (2000). Learning the lives of disabled children: developing a reflexive approach In P. Christensen & A. James (Eds.), *Research with children - perspectives and practices* London: RoutledgeFalmer.
- DeFina, A., & Georgakopoulou, A. (2012). *Analysing narrative: Discourse and sociolinguistic perspectives* Cambridge: Cambridge University Press.
- Department of Education and Science. (2005). An evaluation of special classes for pupils with specific language disorder. Retrieved 8th December 2012, from [http://www.education.ie/en/Publications/Inspection-Reports-Publications/Evaluation-Reports-Guidelines/insp\\_ssld\\_report\\_pdf.pdf](http://www.education.ie/en/Publications/Inspection-Reports-Publications/Evaluation-Reports-Guidelines/insp_ssld_report_pdf.pdf)
- Dockett, S., & Perry, B. (2007). Trusting children's accounts in research. *Journal of Early Childhood Research*, *5*(1), 47-63.
- Dockrell, J., Lindsay, G., Roulstone, S. , & Law, J. (2014). Supporting children with speech, language and communication needs: an overview of the results of the Better Communication Research Programme. *International Journal of Language and Communication Disorders*, *49*(5), 543-557.
- Downs, D. (2011). How audiologists and speech-language pathologists can foster and combat stigma in people with communication disorders. In R. Fourie (Ed.), *Therapeutic*



- processes for communication disorders: A guide for clinicians and students* (pp. 105-121). Hove: Psychology Press.
- Earls, F., & Carlson, M. (2001). The social ecology of child health and well-being. *Annual Review of Public Health*, 22, 143-166.
- Ely, R., Melzi, G., Hadge, L., & McCabe, A. (1998). Being brave, being nice: themes of agency and communion in children's narratives. *Journal of Personality*, 66(2), 257-284.
- Fairclough, N. (2001). *Language and power* (2nd ed.). Harlow, Essex: Pearson Education Limited.
- Finlay, L. (2006). 'Going exploring': the nature of qualitative research. In L. B. Finlay, C. (Ed.), *Qualitative Research for Allied Health Professionals - Challenging Choices* (pp. 3-8). Chichester: John Wiley and Sons Ltd.
- Gee, J.P. (2000). Identity as an analytic lens for research in education. *Review of Research in Education*, 25, 99-125.
- Gee, J.P, Allen, A., & Clinton, K. (2001). Language, class, and identity: Teenagers fashioning themselves through language. *Linguistics and Education*, 12(2), 175-194.
- Gelech, J., & Desjardins, M. (2010). I am many: the reconstruction of self following brain injury. *Qualitative Health Research*, 21(1), 62-74.
- Gergen, K. (2009). *Relational being - beyond self and community* New York: Oxford University Press.
- Goffman, E. (1963). *Stigma - notes of the management of spoiled identity*. London: Penguin Group.
- Green, J., & Thorogood, N. (2005). *Qualitative Methods for Health Research*. London: Sage Publications.

- Habermas, T., & Bluck, S. . (2000). Getting a life: the emergence of the life story in adolescence. *Psychological Bulletin*, 126(5), 748-769.
- Hatoss, A. (2012). Where are you from? Identity construction and experiences of 'othering' in the narratives of Sudanese refugee-background Australians. *Discourse and Society*, 23(1), 47-68.
- Heuchemer, B., & Josephsson, S. (2006). Leaving homelessness and addiction: Narratives of an occupational transition. *Scandanavian Journal of Occupational Therapy*, 13(3), 160-169.
- Huneke, A., & Lascelles, L. (2014). Terminology mayhem: Why it matters-the ramifications for parents and families. *International Journal of Language and Communication Disorders*, 49(1), 410-412.
- Infanti, J. (2008). *Telling lives: Children's stories of hope, loss, love, and violence in Aotearoa/New Zealand*. Unpublished PhD. Massey University Palmerston North, New Zealand.
- Jenkins, R. (2008). *Social identity* (3rd ed.). London: Routledge.
- Jerome, A., Fujiki, M., Brinton, B., & James, S. (2002). Self-esteem in children with specific language impairment. *Journal of Speech, Language, and Hearing Research*, 45, 700-714.
- Josselson, R., & Lieblich, A. (2002). A framework for narrative research proposals in psychology. In R. Josselson, A. Lieblich & D. McAdams (Eds.), *Up close and personal: The teaching and learning of narrative research* (pp. 259-274). Washington DC: American Psychological Association.
- Kamhi, A. (2004). A meme's eye view of speech-language pathology *Language, Speech, and Hearing Services in Schools*, 35, 105-111.

- Kelly, B. (2005). 'Chocolate ... makes you autism': impairment, disability and childhood identities. *Disability & Society*, 20(3), 261-275.
- Kleres, J. (2010). Emotions and narrative analysis. *Journal of the Theory of Social Behaviour*, 1-19.
- Labov, W., & Waletzky, J. (1967). Narrative analysis. In J. Helm (Ed.), *Essays on the verbal and visual arts* (pp. 12-44). Seattle, WA: University of Washington Press.
- Lauchlan, F., & Boyle, C. (2014). To label or not to label: Is this the question? *International Journal of Language and Communication Disorders*, 49(4), 399-400.
- Lewis, A., Parsons, S., & Smith, P. (2007). *Understanding of epilepsy by children with, or without, epilepsy*. University of Birmingham. Birmingham
- Marshall, S. (2005). *What's it like being us: stories of young New Zealanders who experience difficulty learning* (Master of Health Science Master of Health Science ), Auckland University of Technology, Auckland.
- Maybin, J. (2006). *Children's voices: talk, knowledge and identity*. Basingstoke Palgrave Macmillan
- McCabe, A., Bliss, L., Barra, G., & Bennett, M. (2008). Comparison of personal versus fictional narratives of children with language impairment. *American Journal of Speech-Language Pathology*, 17, 194-206.
- McCormack, J., McLeod, S., McAllister, L., & Harrison, L. (2010). My speech problem, your listening problem, and my frustration: The experience of living with childhood speech impairment. *Language, Speech, and Hearing Services in Schools*, 41, 379-392.
- McLean, K., & Thorne, A. (2006). Identity light: entertainment stories as a vehicle for self-development. In D. McAdams, R. Josselson & A. Lieblich (Eds.), *Identity and story - creating self in narrative* (pp. 111-127). Washington DC: American Psychological Association

- McLeod, S., Daniel, G., & Barr, J. (2013). "When he's around his brothers..he's not so quiet": The private and public worlds of school-aged children with speech sound disorder. *Journal of Communication Disorders, 46*, 70-83.
- McMaugh, A. (2011). En/countering disablement in school life in Australia: children talk about peer relations and living with illness and disability. *Disability & Society, 26*(7), 853-866.
- McNulty, M. (2003). Dyslexia and the life course. *Journal of Learning Disabilities 36*(4), 363-381.
- Merrick, R., & Roulstone, S. (2011). Children's views of communication and speech-language pathology. *International Journal of Speech-Language Pathology, 13*(4), 281-290.
- Mishler, E. (1986). The analysis of interview-narratives. In T. R. Sarbin (Ed.), *Narrative psychology -the storied nature of human conduct* (pp. 233-255). London: Praeger.
- Moen, T. (2006). Reflections on the narrative research approach *International Journal of Qualitative Methods, 5*(4), 1-11.
- Morison, M., Moir, J., & Kwansa, T. (2000). Interviewing children for the purposes of research in primary care. *Primary Health Care Research and Development, 1*, 113-130.
- Norbury, C., & Bishop, D.V.M. (2003). Narrative skills of children with communication impairments. *International Journal of Language and Communication Disorders, 38*(3), 287-313.
- Ochs, E., & Capps, L. (2001). *Living narrative - creating lives in everyday storytelling*. London: Harvard University Press.
- Pasupathi, M., McLean, K., & Weeks, T. (2009). To tell or not to tell: Disclosure and the narrative self. *Journal of Personality, 77*(1), 89-123.

- Pearce, W., James, D., & McCormack, P. (2010). A comparison of oral narratives of children with specific language impairment and non-specific language impairment. *Clinical Linguistics and Phonetics*, 24(8), 622-645.
- Peterson, C., & McCabe, A. (1983). *Developmental psycholinguistics - three ways of looking at a child's narrative*. London: Plenum Press.
- Plummer, K. (2001). *Documents of life 2 - an invitation to critical humanism* London: Sage.
- Polkinghorne, D. (1995). Narrative configuration in qualitative analysis. *Qualitative Studies in Education*, 8(1), 5-25.
- Reilly, S., Tomblin, B., Law, J., McKean, C., Mensa, F., Morgan, A., . . . Wake, M. (2014). Specific language impairment: A convenient label for whom? *International Journal of Language and Communication Disorders*, 49(4), 416-451.
- Riddick, B. (2000). An examination of the relationship between labelling and stigmatisation with special reference to dyslexia. *Disability and Society*, 15(4), 653-667.
- Riessman, C. (2008). *Narrative methods for the human sciences*. London: Sage Publications.
- Roulstone, S., & Lindsay, G. (2012). The perspectives of children and young people who have speech, language and communication needs, and their parents *Better Communication Research Programme* Retrieved 05/03/12, from <https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RR247-BCRP7>
- Sacks, H. (1985). On doing 'being ordinary'. In J. Maxwell Atkinson (Ed.), *Studies in emotion and social interaction* (pp. 413-429). Cambridge: Cambridge University Press.
- Sanger, D., Moore-Brown, B., Montgomery, J., Rezac, C., & Keller, H. (2003). Female incarcerated adolescents with language problems talk about their own communication behaviours and learning. *Journal of Communication Disorders*, 36, 465-486.

- Sarbin, T.R. (1986). The narrative as a root metaphor for psychology. In T. R. Sarbin (Ed.), *Narrative psychology - the storied nature of human conduct* (pp. 3-21). London: Praeger.
- Shadden, B. (2005). Aphasia as identity theft: Theory and practice. *Aphasiology*, 19(3/4/5), 211-223.
- Simmons-Mackie, N (2004). Cautiously embracing the ICF. *Advances in Speech-Language Pathology*, 6(1), 67-70.
- Spencer, S., Clegg, J., & Stackhouse, J. (2010). 'I don't come out with big words like other people': interviewing adolescents as part of their communication profiling. *Child Language Teaching and Therapy*, 26(2), 144-162.
- Thompson, J.B. (2009). *Paul Ricoeur Hermeneutics and the Human Sciences*. Cambridge: Cambridge University Press.
- Thorne, A. (2004). Putting the person into social identity. *Human Development*, 47, 361-363.
- Tomblin, J. B., & Christiansen, M. H. . (2010). Explaining developmental communication disorders. In R. Paul & P. Flipsen (Eds.), *Speech sound disorders in children: In honor of Lawrence D. Shriberg* (pp. 35 – 49). San Diego, CA: Plural Publishing.
- Tomblin, J.B. (2009). Validating diagnostic standards for specific language impairment using adolescent outcomes. In C. Norbury, J. B. Tomblin & D. Bishop (Eds.), *Understanding developmental language disorders-from theory to practice* (pp. 93-114). Hove: Psychology Press.
- UNCRC. (1989). United Nations Convention on the Rights of the Child Retrieved 19/12/08, from <http://www.unicef.org/crc/>
- Valentine, K. (2011). Accounting for agency. *Children and Society*, 25, 347-358.
- Wetherell, D., Botting, N., & Conti-Ramsden, G. (2007). Narrative in adolescent specific language impairment (SLI): a comparison with peers across two different narrative

genres. *International Journal of Language and Communication Disorders*, 42(5), 583-605.

Whalley Hammel, K. (2009). Self-care, productivity, and leisure, or dimensions of occupational experience? Rethinking occupational "categories". *Canadian Journal of Occupational Therapy*, 76(2), 107-114.

White, M. (2011). *Narrative practice: Continuing the conversations*. London: W.W. Norton & Company Ltd.

Wickenden, M. (2010). *Teenage worlds, different voices: an ethnographic study of identity and lifeworlds of disabled teenagers who use AAC*. Unpublished PhD. Unpublished PhD. University of Sheffield.

Williams, B., Corlett, J., Dowell, J., Coyle, J., & Mukhopadhyay, S. (2009). "I've never not had it so I don't know what it's like not to": nondifference and biographical disruption among children and young people with cystic fibrosis. *Qualitative Health Research*, 19, 1443-1455.

Table I

*Profile of the participants, number and location of interviews*

<b>Participants</b>	<b>Sex</b>	<b>Age in years</b>	<b>Diagnosis<sup>1</sup></b>	<b>Education placement over the course of the interviews (May- December 2010)</b>	<b>Place of residence<sup>2</sup></b>	<b>No. of interviews</b>
1	F	10	PLI	Moved to language class from	Urban area	5

<sup>1</sup> This diagnosis was provided by the speech and language therapy service. PLI refers to primary language impairment and PSI refers to primary speech impairment.

<sup>2</sup> Urban in this context included residence in housing estates in cities, as well as large and smaller towns. Rural referred to residences not in housing estates.

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local school							
2	M	11	PLI	Returned to local school in September, having spent two years in the language class	Urban area	5	
3	F	10	PLI	Moved from 3 <sup>rd</sup> to 4 <sup>th</sup> class in the language class	Urban area, designated as socially disadvantaged	5	
4	F	11	PLI	Moved from 4 <sup>th</sup> to 5 <sup>th</sup> class in the language class.	Urban area, designated as socially disadvantaged	6	
5	M	9	PLI	Attended local school. He was offered a place in the language class in September, but this family decided not to accept the offer.	Urban area	5	
6	F	9	PLI	Returned to local school after two years in the language class.	Rural area	6	
7	M	11	PSI	Moved from 4 <sup>th</sup> to 5 <sup>th</sup> class in his local school. Had previously attended the language class	Urban area, designated as socially disadvantaged	6	
8	M	10	PSI	Moved from 3 <sup>rd</sup> to 4 <sup>th</sup> class in	Urban area	6	



				local school. Had previously attended the language class		
9	F	12	PLI	Moved to the language class from local school	Rural area	5
10	F	11	PLI	Moved to the language class from local school	Urban area	5
11	F	11	PLI	Moved from 5 <sup>th</sup> to 6 <sup>th</sup> class and was attending local school. Had attended the language class previously	Rural area	5

Table II

*Techniques used to generate narratives*

Technique	Example
Funnelling including grand and mini-tours (Plummer, 2001). Grand tours were used to set a wide and broad agenda (See appendix A) and mini-tours involved more specific probing about topics.	A grand tour may include ‘tell me about your family’ and a mini-tour would involve asking the child more specific details in relation to his or her family ‘tell me about something you did with your brother’.
Focus on actions rather than attributes because actions are a feature of narrative accounts (Wetherell et al., 2007)	‘Tell me about a game of basketball that you played in’

Topic extensions	‘Can you tell me more about that?’; ‘Can you tell me about another sport that you like?’
Repetition of the child’s sentence with a rising and expectant intonation	‘You said that you get teased by your brother?’
Active listening e.g. use of nonverbal and verbal cues	‘Uh huh’, ‘really’, ‘and then what happened’, nodding, eye contact, summarising what the child had said
Visual methods with the aim of generating narratives	The children were given disposable cameras and were asked to take photographs of things of interest to them. If a child took photographs of their dog, we could ask the child to tell us more about their dog. Other activities included drawing, brainstorming, use of post-it coloured stickers, and looking at family photograph albums.
Avoidance of strategies which could discourage narrative	Switching topic, over-use of closed or specific questions, and intolerance of silences.

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