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# “Do they understand”? A case study of atypical institutional encounters

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## ABSTRACT

Individuals with impairments face challenges in their seeking to accomplish communicational goals. Despite continuous efforts to communicate, often they appear disregarded. A critical discussion of mutual understanding provides a basis for an investigation of institutional encounters. Video ethnography and field work were carried out in a residential care facility involving an individual with acquired brain injury and professionals. In revisiting the concept of ‘communicational understanding’, an analysis of the individual's efforts to communicate and the professionals' apparent disregard showed discrepancies. This research focused on a perceived lack of ‘communicational care’ in turning the spotlight towards the individual and mutual understanding.

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## 1. Introduction

Questions of understanding encompass beliefs of how communication works. How do we know whether we understand others and whether others understand us? The short answer to this is: communication. Firstly, this paper considers individuals with altered communicational capacities. It being the case that in prior research the individual has not been given much attention concerning mutual understanding. In a case study of atypical institutional encounters, I discuss the concept of mutual understanding. Secondly, this paper elaborates on the work of Taylor concerning mutual understanding and communicational understanding—meaning by that an overall understanding of the workings of communication. In its essence, Taylor argued (1992), mutual understanding is a misapprehension. Usually, there is no need to declare one's understanding: Dialogue can continue regardless (Love, 2017, p. 7). In his earlier work that Love is referring to, Taylor (1986) argued, it is not necessary to negotiate understanding, because it is embedded in communication itself. This paper appreciates Taylor's critical approach to mutual understanding (1992). I examine the usefulness of Taylor's approach in scrutinizing mutual understanding in data fragments taken from an ethnography. Then, I discuss the limits of Taylor's approach and its potential application in raising awareness of the need to support individuals with impairments. The critical approach to mutual understanding was developed through various of Taylor's works (1981, 1986, 1990, 1992). Foremost, I limit this investigation to the foundation of communicational understanding in his earlier work that involved paying attention to a neglected discussion of underlying presuppositions of theories of language and communication.

### 1.1. The impact of lagging understanding of the individual

Few studies consider the perspective of the individual with impairments. An important study is “Anger in the social order” (Robillard 1996). Robillard's descriptions of life with speech impairment and severe physical impairment center on being prevented from participating by ‘normal’ communicative standards in everyday life (Robillard, 1996, 1999):

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(...) over and through the course of interaction with me, as I try to effect normatively understood communicative moves 'interpretive asymmetries' (Coulter, 1975) happen between me and my interlocutors' (Robillard, 1996, p. 17).

Robillard refers to Coulter's (1975, p. 391) assumption that individuals with impairments are automatically unprivileged in relations with neurotypical individuals. This creates mistrust, where the individual's statements are automatically categorized as unbelievable, leaving the individual less entitled to make claims due to a given abnormal/normal or sick/professional relation:

The difference between a 'normal/abnormal' distinction and a 'common/uncommon' distinction cannot be exaggerated where human beings are concerned. It affects the whole range of personal relations between one individual and another. To treat a fellow human as 'abnormal' is to postulate an immeasurable gulf between this unfortunate creature and yourself. To take one example among many, a woman who had a stroke in 2008 writes: 'I have noticed the difference in how you are treated when you are unable to talk. I am often ignored by people or considered stupid.' This is not an uncommon experience (Harris, 2013, p. 103).

Problems of this sort are interpreted by Harris as disregard of fellow humans and thus categorizes them as care problems, but he also emphasizes the stigma of 'abnormal' as attached to having altered communicational capacities. The notion of 'atypical institutional encounters' in the title of this paper addresses the existence of the embedded asymmetry or discrepancy between individuals with impairments and their interlocutors without impairment. To reach their communicational goals, individuals with severe impairments need interlocutors' attention and help. The opposite picture frames a cold (communicative) world, where you live if you manage and you die if you do not (Hutton, 2017, p. 97). Unfortunately, the accounts above indicate experiences of lagging understanding, which seem to be common to individuals with impairments, including feelings of communication disjunction and of being considered stupid. We need to acknowledge that communicational capacities impact relations between one individual and another. Successful integration of individuals must depend on the interlocutors' awareness of their need of care and accomplishment of understanding.

## 1.2. Mutual understanding

Commonly, declaration of understanding is only necessary when doubts emerge. When doubts are invoked meta-discursive remarks can be made about understanding. These can take many forms from a simple 'yes'/'no' to elaborate explanations revealing what a speaker perhaps assumed a hearer was understanding. Below, a short introductory extract of the ethnography, which is analyzed later, presents an institutional encounter involving two professionals and a resident with acquired brain injury (ABI). The professionals present an idea for a future activity, which is a local version of tilting at the rings [*ringridning*]. It refers to a medieval sport that is practiced in Southern Denmark during a seasonal festival, where horsemen with a lance ride at full speed while attempting to grab a small metal ring on a string with their lance. In the extract below, the professionals explain how tilting at the rings can be done using a wheelchair. The full data fragment is analyzed later in this paper.

### Data extract (from Data fragment 4: Tilting like on a horse in a wheelchair)

29 Social worker: then you just sit in the wheelchair  
 30 Resident: eh yes-  
 31 Occ. therapist: instead of on the horse  
 32 Resident: yes- yes-  
 33 Social worker: ((walks back to write it up on the board list))

When the resident responds with 'yes- yes-' (turn 32), the professionals stop explaining the activity (turn 29 '*then you just sit in a wheelchair*' and turn 31 '*instead of on the horse*') supposedly having accomplished their communication of how tilting with a wheelchair can be done, and the social worker returns to a prior activity of writing up activities on a board (in turn 33). However, analytically problems arise when metadiscursive remarks are examined detached from their emergence. We do not know what they are talking about from this extract without explanation, despite the resident's verbal response, which may be perceived as a declaring understanding at the verbal level. But we do not really know what is understood and by whom. Then a philosophical question arises, which invokes a different level of analysis: 'Do communicators ever really understand each other?' (Taylor, 1992, p. 18). Later, it showed that the resident is expressing concern about his physical capability to participate in tilting at the rings using his wheelchair, beginning at this point. This was elaborated over several turns and through several data fragments due to aphasia. Yet, we cannot see from this fragment that he did not accomplish his communicational goal even if he may have been responded to as having declared understanding.

In elaborating on the presuppositions of interaction analysis, Taylor's critique of mutual understanding can take analysis further than the verbal level. Relevant to this study is therefore Taylor's discussion of the unstated semiology underlying the idea of mutual understanding in conversation (Taylor, 1981). Understanding *something*, for instance, 'tilting at the rings using a wheelchair instead of a horse' presupposes a level of similarity of linguistic signs and their meaning for speaker and hearer, or at least to some of 'the interactants', namely the professionals in this case. They stop elaborating explanations when the resident's response may be taken to declare understanding of what their version of tilting is about. The constellation of two, a

pair, an initiative and a response adjacently imposing a question and an answer, a mutual linguistic connection is taken as given, which is the core of the problem, since it is an unquestioned assumption, following an integrationist train of thought. Taylor addressed the presupposition of ‘understanding something’ as a problem together with Harris and the school of integrationism (Harris, 1981; Taylor, 1981, 1986, 1990, 1992). Taylor’s critical approach to mutual understanding informs my interaction analysis that is underpinned by ethnographic observations. I believe that this combination can take analysis further and show the potential of integrationism.

### 1.3. *The individual under scrutiny*

Understanding the individual requires field work to go beyond a sequential perspective (Taylor and Cameron, 1987). Understanding of a community’s rituals and habits is embedded in ethnographic fieldwork’s practice-based approach (Malinowski, 1923). Similarly, analysis involving individuals with impairments benefits from ethnography and field work, simply because it provides the analyst richer material to report on. The approach adopted explores communication as a process involving a resident with ABI in communicational training. Using ethnography, this researcher analyst’s own interpretation is foregrounded in reporting a focus on the experience of the individual with impairments. The approach of institutional ethnography (Smith, 2001, 2005) is adopted as it concerns the context of the individual and has no fixed ontology. The actualities of people’s lives focus this study (Smith, 2005, p. 3) and their experience defines the direction of the ethnographer (Smith, 2005, p. 31). This ethnographic approach is underpinned by Taylor’s approach to communicational understanding (1981, 1986, 1990, 1992), which entails scrutinizing the professionals’ communicational understanding of the individual analytically.

## 2. Data and analytical framework

Over the course of one year between 2012 and 2013, fieldwork took place at a care home facility for adult residents with severe ABI in Denmark including videorecording of a series of meetings, breaks and one excursion (30 h). We had just begun the recordings at the site at this point and were getting familiar with the staff, the residents, and the administration beyond making appointments. One of the first activities was to introduce the research project to the staff and residents. This was done in the conference room used for communicational training and meetings. Written informed consent was given by all participants and/or their legal guardians. Legal bystanders validated consent given by those individuals that were legally deauthorized. Two weeks after it was restated with the participants in another session. This video ethnography forms part of a larger study on everyday institutional life. Co-participants in this part of the study included individuals with severe impairments after ABI, occupational therapists, social workers, students of occupational therapy and participant researchers. In the analysis below, I conducted an ethnography of one case resident, a male in his 40’s with ABI after trauma 20 years prior. This individual had sensory disturbances in one side of the body, partial paralysis and spasticity and used a wheelchair to move around with help from a carer. The individual’s talk was marked by aphasia: stuttering/repetitions and trouble with producing/retrieving words. In addition, this individual had cognitive challenges and memory deficiency. Here, I focus on the interaction between the social worker and the case resident, since the resident is reacting and interrupting the social worker leading the meeting during an activity of writing up on a board that was visible to everyone in the room. I focus on the resident’s perspective. In dismissing the fixity focus on mutuality with an integrationist critique, I discuss the extension of such applied perspective:

(...) determining what someone says and what it means is not on a par with determining whether it is raining, or where Africa is, or whether Napoleon was defeated at Waterloo. Nor can linguistic facts (...) be established by agreement between Observer A and Observer B. For both Observers can do no more than interpret, on the basis of their individual linguistic experience, what is said or written. They may entertain no doubts about the well-foundedness of their own interpretations. But that does not automatically promote what they agree upon into an independent ‘fact’ about the language in question (Harris, 2013, p. 43).

According to Harris, data sessions and cumulative interpretations of the individual’s understanding cannot account for the individual’s understanding when reduced to conversational mechanisms. To begin the exploration of the individual’s perspective, I therefore disregard standard conversational mechanisms and foreground ethnographical aspects. Instead, I apply ideas from institutional ethnography (Smith, 2005) to discuss the data. The ideas that I borrow from Smith serve a threefold purpose:

- I see institutional ethnography as an alternative to the objectified subject of knowledge of established social scientific discourse
- I consider institutional ethnography ‘a point of entry’ to people’s experience as a primary focus for my data interpretation and as defining my research steps (Smith, 2005, p. 31)
- With institutional ethnography, I consider the affordance of the integrational approach to mutual understanding in institutional settings for an approach to investigate communicational understanding

I offer an English translation of the Danish data extracts since translation is not the focus of the analysis. Getting closer to the people communicating and their experienced understandings enhances awareness of their communicative situation. I derive interpretations from searching my memory and from my fieldnotes scribbled over the course of the fall of 2012, and from reexamining recordings.

### 3. Analysis

In this part of the study, the individual is present with other people in the conference room. It is at the beginning of the project on our first day of recording encounters with the professionals and the residents. Two other residents have left the room after the prior session along with one other student of occupational therapy who chose to follow the other residents' routines. This study's key residents are now left in the room with us. Present around the table are a number of people; a social worker who is standing up and leading the discussion, an occupational therapist, two residents, the case resident, and an additional resident, two participant researchers, including me, and one student of occupational therapy is left in the room. In the long rectangular room there is a long, large table. At the end of the table towards the windows and the door, the case resident is sitting in his wheelchair; next to him is the student and next to her the research leader, who is facing the other end of the table; and the social worker, who is standing up ready to list input at a paper board with colored pens at the opposite end of the table from the case resident facing him diagonally. At the other side of the table towards the wall and bookshelves sit the occupational therapist, the other researcher, me, and facing the case resident at the end of the table is the other resident seated. After the introduction of the research project before the break, the next activity up was the planning of a local sports event marking an important milestone at the center. The social worker introduced the activity during communicational training and emphasizes the importance of the residents' role in decision-making for the event.

#### 3.1. Introduction to discussion of a future activity: tilting at the rings

These extracts I titled 'Tilting at the rings' since a discussion of this activity (tilting at the rings) for a future sports event unfolds and the concept of the medieval sport tilting at the rings turns out to play a crucial role in the social worker's attempt at scaffolding the dialogue. Prior to this discussion, talk at the table was revolving around making up a list of seven to eight choices for the future activities that the residents could contribute to and choose from. Several activities were suggested by the residents and the social worker: darts, egg race, bowling, how medals should be designed with input from the residents. Among the list of activities, the social worker now reminds the participants that she earlier had been suggesting tilting at the rings as an activity herself. There is a reaction from the case resident to the listing of this activity. The social worker had previously said that she tried this activity at another workplace earlier and had fun memories of this activity with the residents. The analysis centers on the case resident and how they express their concern for this activity and how this is attended to/disregarded by the social worker and the co-participants sitting at the table. This is done to explore the relation between the individual with impairments and the professionals' communicational understanding. When the social worker starts writing up 'tilting' on the board, the case resident starts expressing concern about the physical aspects about him participating in tilting from a wheelchair. I divided the extract into seven fragments, which I comment on throughout.

#### Data fragment 1: Remember we talked about tilting?

- 1 Social worker: And  $\uparrow$ ti::lting $\uparrow$  at the rings (.) ((writing))
- 2 Therapist:  $\downarrow$ (noise)
- 3 Resident: eh he
- 4 Social worker: Do you remember what we talked about=that we talked about ti:lting $\uparrow$  at the rings $\downarrow$  ((with her back towards the table speaking towards the board))
- 5 Resident: Eh yes (.)
- 6 Social worker: it was me who had experienced it before at another placed where I worked once
- 7 Resident: Yes

At the initiation of the social worker's writing up of 'tilting', the resident started making vocal sounds in turn 3. Supposedly he wanted to participate or to catch the social worker's or anyone else in the room's attention, being present or indicating that this talk about 'tilting' may be of concern to him. Something seemed to be stirring him. The social worker, however, did not perceive this reason to respond to this sound-making as anything stirring. Rather, in the following turn 4 she responded to him by reminding him that they had been talking about 'this activity' (tilting) just minutes before, when they had started listing the activities. In doing this, she may have been presupposing that he did not remember what they talked about just

minutes earlier, which presupposed and invoked his cognitive disability in her doing so. She did this with her back against him, without turning towards him at any point, while continuing her writing on the board. So, she must have been calm about it. I wondered whether this was a routine communication they had with her reminding him of what just happened minutes before. However, I noticed that he responded with 'eh yes'. Supposedly to state 'yes I do remember'. Yet, I was puzzled as she continued repeating what she had said earlier as if he still had not quite understood or remembered what 'tilting' was about '*it was me who had experienced it before at another placed where I worked once*'. To which he asserted 'yes'. Reasserting that he in fact did get it, probably, I concluded. But he was still engaged and wanted to take the floor again without being able to tell what was up, which demonstrated in him attempting and being cut off twice in the following (*yes-/eh yes-*), as she went on elaborating on about how to perform tilting at the rings using a wheelchair to which he altered his response to asserting two shorts 'hm-'s:

**Data fragment 2: Funny using wheelchair for tilting**

- 8 Social worker: It was whee:lchair tilting at the rings=  
 9 Resident: yes-  
 10 Social worker: It was just so funny ((smiles))  
 11 Resident: eh yes-  
 12 Social worker: Then we had a sort of ((raises right arm)) like when you do tilting on horses ↑ - then the whee:lchair was just the horse  
 13 Resident: hm-  
 14 Social worker: and then the idea was (.) that you should (.) drive down to a ((raises arm to indicate the lance)) certain tilting station and then ((closes hand to grab)) grab that little ring (.) ((lowers elbow and leans it inwards against body)) and then back again  
 15 Resident: hm-

I noticed closer how the social worker elaborated richly in explaining how the activity was carried out. That '*It was whee:lchair tilting at the rings=*', in turn 8, to which the resident again asserted 'yes-' – but here he was cut off by the social worker who continued talk about her memories '*It was just so funny ((smiles))*'. With hesitation, the resident said 'eh yes'. Perhaps, trying to take the floor again. Yet, the social worker kept going '*Then we had a sort of ((raises right arm)) like when you do tilting on horses ↑ - then the whee:lchair was just the horse*'. I thought that she was presuming that the resident did not understand the content of the activity that she tried to present still. Or maybe she was trying to explain to the other co-participants this activity in the case that she suspected that this was all new to us. However, we were also there before, when she mentioned it the first time, which is a part left out of this extract. Interestingly, in this long elaboration no eye-gaze was being sought between the two, I noticed also reviewing the video again. The resident upgraded his response to two times 'hm-', which I did not interpret as complying with the course of the interaction nor did it indicate him being satisfied with this sequence. Notably, I noticed throughout the recordings that it took him a long time usually to initiate a story or a telling, as it turned out that he was about to do. This was due to his aphasia. Yet, she kept going with another elaborate telling of how to perform 'tilting' in the extensive turn 14 in her attempt at scaffolding the dialogue: '*and then the idea was (.) that you should (.) drive down to a ((raises arm to indicate the lance)) certain tilting station and then ((closes hand to grab)) grab that little ring (.) ((lowers elbow and leans it inwards against body)) and then back again*' to which the resident finally responded with a final 'hm-'. Hereafter, she went into a detailed explanation of how you can actually catch the ring from a wheelchair. Notice a change in the following, that once she mentioned 'Tilting on a horse' he asserts twice very briefly 'yes- yes-', which I interpreted as a sign of him demonstrating that he 'got it right' understanding 'tilting', still, but this was not what he wanted to address as I observed later.

**Data fragment 3: You get the ring ((raises arm and pokes the air with three fingers))**

- 16 Social worker: Then you had to- (.) one had to -see if you could ((raises arm and pokes the air with three fingers and nods)) get the ring ((lowers arm towards body))  
 17 Resident: hm-  
 18 Social worker: like- on a horse  
 19 Resident: hm ↓  
 20 Social worker: if you have seen that sometime  
 21 Resident: hm ↓  
 22 Social worker: Tilting on a horse  
 23 Resident: yes- yes-

In the next phase the occupational therapist joins in and addresses the other resident by asking whether she was familiar with this activity 'being such a horse girl'

**Data fragment 4: Tilting like on a horse in a wheelchair**

- 24 Occ. therapist: ((directing herself towards the other resident)) You must have seen that [name of Resident2]  
 25 Resident2: yes=  
 26 Occ. therapist: being such a horse girl  
 27 Resident2: yes=  
 28 Resident: eh yes=  
 29 Social worker: then you just sit in the wheelchair

- 30 Resident: eh yes-  
 31 Occ. therapist: instead of on the horse  
 32 Resident: yes- yes-  
 33 Social worker: ((walks back to write it up on the board list))

Our case resident tried to join in halfway through in the turns 28, 30 and 32 but was cut off both by the therapist and by the social worker who now returned to writing on the board. This, however, became a turning point for our case resident:

**Data fragment 5: I cannot do this ><We will push you**

- 34 Resident: **OH e::h↑ e:::h =eh (.)** [name of social worker] ↓ ((raises arm and index finger and points into the air))  
 35 Social worker: lmmm::  
 36 Resident: this=I (.) =this=I=must=comment↓ ((grabs left arm with right arm))  
 37 Resident: this=I=would=not=be=able=to=do=since=I=can=only=use=my=right=arm- ((holds right hand on left hand))  
 38 Social worker: **Do you not think so-**  
 39 Occ. therapist: **↑we will push you-** ((raises arm above head))  
 40 Social worker: **↑yes you can- you can do it anyways**  
 41 Resident: eh he=ha::

In the following the case resident exclaimed '**OH e::h↑ e:::h =eh (.)**', which I perceived as a routine of his for taking the floor and reading from the social worker's relaxed response to this emphasized initiation: In overlap with his pronunciation of the social worker's name, she simply responded 'mmm::' in turn 35. Then, he finally got to explain what his concern was about 'tilting': '**this=I (.) =this=I=must=comment↓ ((grabs left arm with right arm))**' and following up: '**this=I=would=not=be=able=to=do=since=I=can=only=use=my=right=arm- ((holds right hand on left hand))**' to which the social worker had a peculiar response in my interpretation '**Do you not think so-**'. Even stranger, this is followed up by the therapist with '**we will push you- ((raises arm above head))**' and again the social worker reasserted '**yes you can- you can do it anyways**'. Both, elaborating on the general performance of the activity, while the case resident expressed concern about his right arm. I thought this was still targeting them supposing him misunderstanding the activity type in question. My interpretation is reasserted in the following phase of the extract, where the social worker continued to explain to him how to aim with the arm, while he was still holding the arm with, maybe in an attempt at emphasizing his concern.

**Data fragment 6: You just have to aim > < ((holds left arm))**

- 42 Social worker: you just have to aim  
 43 Resident: eh he = ha: ((holds left arm with right arm))  
 44 Social worker: with that one arm there  
 45 Resident: ha  
 46 Occ. therapist: yes ((touches hair and collects hair behind head))  
 47 Social worker: aim-  
 48 Resident: yes

The resident's participation was seemingly interpreted as minimal response by the professionals: Since they did not get any verbal response from him they seemed to identify a need to scaffold his understanding of the performance of the future activity further by stating '*and of course there will be someone who helps you push*' in the following turn 49, but rather this demonstrated to me their communicational understanding and them assuming him still not understanding the signing of 'tilting' as a doable activity for him:

**Data fragment 7: Of course someone helps you push >< ((still holding left arm))**

- 49 Social worker: and o:course there will be someone who helps you push  
 50 Resident: ((mumbles)) ((holding left arm with right arm))  
 51 Occ. therapist: ((holding hair behind head)) it is pure luxury ((lowers arms))  
 52 Resident: **ye::ah ha ha** ((still holding left arm))  
 53 Social worker: Then it was the one with find most possible words for places

Considering my many reviews of the recordings across the dataset, this response in turn 52 from the case resident '**ye::ah ha ha** ((still holding left arm))' had me interpreting that he was giving in with this asserting followed by no changes in bodily posture. This



I derived from observing his routines. Surprisingly, this was not responded to as anything that needed attention, since the social worker continued her listing with no break or disruption in the final turn 53 *'Then it was the one with find most possible words for places'*, referring to the next activity on the list. Hereafter, the discussion moved to continuing the listing of activities, which included a proper noun memory game, boot throwing, and another memory game. By the end of the listing, nine activities featured on the board. To what extent did the professionals understand him and his attempt at communicating concern, I asked myself. Putting focus on him in this institutional ethnography makes it matter whether they paid attention to his expression of concern. There seemed to be no verbal nor multimodal attention directed towards his arm nor towards his worry. Rather, their concern was whether he by their standards had understood properly the meaning of the word 'tilting', and whether he had understood that they were talking about a special version of it, which was 'tilting using a wheelchair'. So, three questions are pending discussion: 1) To what extent was his communication successful, 2) whose responsibility was it to scaffold its success, and 3) to what extent was the professionals' communicational understanding and their engagement with the resident successful?

#### 4. Discussion of communicational understanding in the data fragments

I am convinced that the professionals acted to the best of their knowledge of what they considered the right thing to do in this situation where they had to do an activity involving many recipients, including students and researchers. However, in this fragment of ethnography, focusing on the individual, there is also demonstrated a biproduct of representationalism in declaring understanding as the main activity. This seemed to distract the dialogue. It could appear that the professionals disregarded the resident instead of engaging with them in their own attempt at participating in the dialogue with researcher-bystanders. This revealed unnoticed aspects of the professionals' underlying presumptions of communication. In their best attempt at scaffolding the dialogue, apparently a declaration had to be made. In observing the professionals' directedness towards declaring linguistic signification in their professional practice, the workings of representationalism are thus uncovered. By applying institutional ethnography to situated interactions, we can emphasize the presupposed ontology of language demonstrated in the enacted communicational understanding. This may derive from the training of professionals and their professional practice affording interactional consequences for the resident, which could be fixed by attending to the training of professionals. The potential application of Taylor's approach to communicational understanding links to underlying, undiscussed practices. By scrutinizing these, a voice can be given to the individual in raising awareness of commitment to scaffold individuals with impairments. Underpinned by a Taylorian critical approach to mutual understanding, the professionals' invocation of representationalism is shown to inhabit institutional discourse, which they managed, but at the cost of their appreciation of the resident's communicative efforts. The invoked ontology of language in professional practice thus impacted the resident negatively in their attempt at reaching communicational goals. The professionals appeared to disregard the resident in scaffolding their communication, because they appeared grounded in their own perspective, which for both professionals concerned elaborating on declaring the linguistic meaning of 'tilting', rather than engaging with the resident's concern.

In an attempt at turning the spotlight, this analysis focused on the individual, which should be seen as preliminary and not as an entirely unfolded communicational view. Simply put, this analysis considered primarily an encounter between professionals and a resident, although other participants were involved, and the institutional setting was considered and investigated as part of the encounter's processual unfolding. Zooming in on the professionals and the resident was why I chose institutional ethnography as methodology, underpinned by a critical approach to mutual understanding. The seven data fragments featuring as extracts were transcribed using basic transcription conventions and derived from my selection of focus, which also directed my commentary, which drew on reports derived from the field work. The field notes themselves did not feature in the data extracts nor in my commentary, but they framed my interpretations since it is from these that I derived my focus on the resident and on the apparent communicational problems that emerged during a series of sessions across the dataset. The case resident was emphasized with analytical interest in my study. Specifically, I interpreted the data fragments in demonstrating deliberately how the case resident was responded to by the institutional representatives (the social worker and the therapist) to consider their communicational understanding indicated by their metadiscursive remarks directed at this resident as hearer. From this focus, I considered his attempts at integrating in the dialogue and interpreted these to capture his perspective. I will now move further into the institutional ethnography analytically.

#### 5. Discussion of the interpreter analyst

At this point in time, when this recording was made, we, the researchers, were new to the institutional setting, and I was alert and indicating my active listening with minimal linguistic response, laughter, shift of eye gazing and frequent nodding to assert my participation in activities during meetings with the residents and professionals. More than once each session, I had a dialogue with the case resident. I quickly realized that this resident was an eager discussant and competent in interacting regardless of aphasia and physical impairments. He was always participating. However, often I was left with the feeling that he was treated as incompetent and corrected by the professionals, which intrigued me. Therefore, I have investigated recordings with him several times and compared them with my field notes, which scaffolded this perception. I discussed this



with the research leader who gave explanations about social order as possible reasons. I was continually puzzled by the practices evolving around him, and why I felt he was neglected somehow, communicationaly. Time passed before I was sufficiently acquainted with him and the professionals' perception of him and the impact of the setting to say anything substantial about these communicational routines. One thing that struck me from examining the incidents where I felt he was disregarded was that there seemed to be almost a ritualistic pattern around these processes. From my observation, they can be perceived as patterned. I noticed that the problems that I identified always began with a routine: First, a vocal initiation was done by him accompanied by gesturing, which was responded to by one of the professionals, either the social worker or the occupational therapist with hesitation. Secondly, I noticed a routine of telling that emerged from the ongoing activity that I interpreted as recurrent and done by the professionals or researchers that this resident used as hang-on strategy (Klemmensen, 2020). Then, a discussion would unfold driven by his second storytelling in the form of a report of an experience/concern by which he apparently demonstrated a point, which was often interpreted asymmetrically by the professionals as criticisms (Klemmensen, 2020, 2022). His reported experiences would be stated over several turns due to aphasia. I started listening carefully to his storytelling and paid more attention to the professionals' response to his stories, in order to conceptualize the patterned routines around their communicational understanding. Focusing on him and disregarding other aspects, I increasingly conceptualized the steps I would take in this study of institutional encounters. As a result, this anchored my focus on the consequences of his impairments in observing the professionals' engagement/disengagement with him. For obvious reasons, I could not investigate his mind, but I perceived when he engaged, upgraded his engagement and when he withdrew from participating and considered reasons that would be relevant to understanding his perspective, which was deemed to be my interpretation of it. Similarly, I also took another interpretive route in starting to pay attention to how the professionals routinely would treat his initiation of engagement, further engagement and how his exits would be responded to in interpreting these structures (Klemmensen, 2022).

After some time, I noticed that the professionals, in their following up of his upgrading his engagement, would engage in direct and instructive discussion with him and in the end close the discussion either by explicitly stating that they should continue this talk later on or by contradicting him, reminding him of his deficient memory, making the discussion a laughing matter to others (the researchers) or as in this case, simply moving on with another or continue the activity. This happened over two months of observation with regular longer drawn-out visits on a biweekly basis (cf. Klemmensen, 2020). Regardless, he would withdraw from the dialogue, stop participating actively and pick up his cup and drink tea and stay silent for a longer while as he did in the above extract after the social worker's return to the listing of activities.

My suggestion is that we observe the individual's response habits and consider more closely how professionals respond to the concerns they raise. It requires ethnography and long stretches of data to inform the interpreter analyst of previous events that may connect to and inform the interpretation of present invocations. Otherwise, the analyst is bound to study only semantic (in)determinacy on a scattered – and linguistic – basis. Rather, the participants' contributions in the transcripts of video data compared with field notes should not be analyzed merely as attempts at participating in social interaction (cf. Taylor, 1986), but as attempts to interpret the individual's integration of their temporary expressed/unexpressed understandings as they were processed and displayed explicitly/implicitly in interaction:

(...) we must learn not to study the public face of verbal interaction simply for the value it supposedly has as a window on the private events of the mind, where the 'real' and essential activity is occurring (Taylor, 1986, p. 180).

Ideally, the ontology of language and communication underpinning any study of interaction should be demonstrated analytically to Taylor's standards. Revisiting Taylor's early work makes data analysis possible within the boundaries of integrational principles.

### 5.1. *Mutual understanding as default in interaction analysis: towards a new direction*

The part of Taylor's critique of presupposed mutual understanding that I have been occupied with turned out to rely on a more general, historically embedded principle of intersubjectivity, which was explored in another context by Harris and Taylor (1989) and the school of integrationism. According to Taylor (1981), a presupposition of mutual understanding is demonstrated in traditional analyses by their strong focus on the participants' supposed achievement of understanding through negotiating meaning. Detaching the principle of intersubjectivity from the default setting in the engagement with data, for instance, by moving in the direction of ethnography, can potentially open up the development of a refined approach to individuals with impairments and refocus the challenges they face in a way that might enlighten healthcare research. No other approach than the integrational has so profoundly scrutinized the consequences of underlying presuppositions of interpretative frameworks including the problem of representationalism within the language sciences, which encompass all interpretive frameworks because of the reflexivity of language and its discursive dominance. Moving beyond presupposed mutual understanding would afford the promotion of the individual's experience and rights. However, this encompasses changing people's (and researchers) minds about language. Potentially, this could help solve problems for individuals who, because of ABI or other impairments, repeatedly encounter problems because they do not behave normatively and accountably in communication processes.

Despite commitment to inclusivity policies in society, communication involving participants with impairments recurrently features problems leading to consequences for the individual's *quality of life* [QOL] (Goode 1994; WHO 1995). Much work lies ahead in devising an approach that can capture the individual from within the social more accurately and convincingly. The United Nations [UN] (2006, 2022) and World Health Organization [WHO] (2001, 2013) are currently removing the burden of responsibility for impairments from the individual. In contrast, the modern language sciences are lagging in the study of the individual. A leap of faith is necessary to experiment and implement policy level innovations and translate them to the analytical level. Potentially, such a turn could impact QOL for individuals with impairments, give them voice and commit people to engage with impairments usefully and beneficially. A not fully developed, modest attempt was done in this paper at laying out the individual's perspective inspired from Taylor's work.

## 6. Conclusion

This paper is a pilot attempt at institutional ethnography based on Taylor's approach to communicational understanding. However, bringing forward the individual analytically is of crucial importance as it is a neglected perspective. In the first part of this paper, I presented Taylor's problematization of a given correlation between understanding and intersubjectivity. A refocused study of communication directed towards metadiscursivity in conceptualizing communicational understanding can dismiss the examination of discourse as representational of ideas. This shift is a way towards focusing on the individual analytically and in avoiding what I referred to as 'a logistics perspective'. The second part of this paper discussed the ethnography, focusing on an individual with ABI. Taylor's critical approach to mutual understanding focused mainly on communicational understanding and metadiscursivity. The analysis considered the interpretive consequences of pre-supposed mutual misunderstanding. In foregrounding the individual analytically, I suggested an approach to the individual based on ethnography and Taylor's critical examination of underlying principles of sign theory. Problems of understanding *what* are different from understanding *how* or *whether* (Taylor, 1992). Thus, the focus was turned away from linguistic aspects of the data (what) towards communicational understanding (how/whether) in conceptualizing the individual's perspective. With Taylor and the integrational approach to language as personalist, this paper calls for a stronger researcher commitment to tackling the individual's perspective as promoted in international guidelines from UN and WHO at the policy level. This was sought by introducing tangible aspects of the individual's understanding as publicly shared at the analytical level.

This change of focus from linguistic representationalism to the individual's perspective afforded a macro-framing of the interaction, the professionals' communicational understanding and its consequences for the resident. This paper's discussions derived from my interpretation of an early Taylorian approach to a possible way of elaborating on an 'analytical perspective' on the individual in communication. I argued that individuals with impairments need 'communicative care', since they often experience being disregarded. Furthermore, it demonstrated that often no such care is given (Harris, 2013; Robillard, 1996); this was underpinned by this study's analysis. However, lack of communicative care cannot be remedied in a theoretical discussion. Notwithstanding this, Taylor's work on communicational understanding and metadiscursivity (Taylor, 1992, 2012) are useful in starting a discussion of caregiving to individuals with impairments in communicational understanding.

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## Transcription key

h[ave they]	start/end of overlapping talk
↑	high-tone pronunciation
↓	low-tone pronunciation
(.)	micro-pause, less than a second.
(3.0)	pause in whole seconds
small-	cutoff
know=	aphasic talk with no breaks
WELL	high volume
(sound)	uncertain hearable
((gazes))	multimodal comments
[C]	name of participant mentioned
Eh:	long vowel pronunciation

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