

Labels, identity, and narratives in children with primary speech and language impairments

Background

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 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 academics, clinicians, educators, and parents (Bishop, 2014; Huneke & Lascelles, 2014; Lauchlan & Boyle, 2014). 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 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.

This paper considers the links between labels and identity and examines what has already been found about identity construction in the field of disability and more specifically, regarding children with speech and language impairments. The paper goes on to suggest that one way to gain insight into children's perspectives on labelling is to examine how they represent themselves to others in their personal narratives. The paper then presents a study of the personal narratives of children with speech and language impairments and considers the findings in terms of the implications for the use of labels and the process of labelling in speech and language pathology.

The process of identity construction has been widely researched and debated primarily in the 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. 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 also through social interactions that individuals learn the meanings, roles and behaviours that are associated with labels. People living in a culture know what labels such as ‘normal’, ‘competent’, and ‘disability’ mean in that context, how they are enacted, and the negative attitudes associated with some labels and deviations (Alsaker, Bongaadt, & Josephsson, 2009; Barrow, 2008). For example, in school a child is labelled as a pupil; there are particular expectations and rules in terms of what behaviours are expected for the individual to function in that context. Deviations from those behaviours will be recognised by others and may lead to other labels such as ‘naughty’ or not normal in some way. 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 labels that they both assign to themselves and are assigned to 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) and aphasia (Arnesveen Bronken, Kirkevold, Martinsen, & Kvigne, 2012). 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 young people 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 and have normal lives. 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). In this way, communication difficulties may be viewed negatively if a society values communication and this negative evaluation may lead to stigma.

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 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 in 'storied selves' 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.

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 that was part of a larger study 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 is the range of identities which children with PSLI present in their narratives?
- How do children evaluate these identities in their narratives?

Ethical approval

Ethical approval was obtained from [anonymised for peer review].

Methodology

The methodology was narrative inquiry which shares common features with other qualitative traditions. First, narrative inquiry 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 is used whereby narratives involve 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) define 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’.

Furthermore, 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 are focusing 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.

Participants.

A purposive sampling strategy was used to recruit 9-12 year old children with PSLI, 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) so that multiple perspectives could be explored. We aimed to recruit 10-12 participants and conduct multiple interviews. 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 (Department of Education and Science, 2005) for specific speech and language impairment i.e., nonverbal intelligence score above 90 on a psychological assessment and a score of minus 2 standard deviations below the mean on a standardised language test. 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 and language pathologists 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.
- 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 a language class (i.e. full-time placement in a specialist language class for a period of one to two years).

See table 1 for a profile of the participants.

Insert table 1 about here

Procedures.

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 1). Narratives were generated using the techniques shown in table 2.

Insert table 2 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 1). 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.

Five to six interviews were conducted with each participant (see table 1). It is recommended that researchers have repeated rather than one-off interviews with participants, especially children, so that the researcher can develop a relationship with the participants (Plummer, 2001; Riessman, 2008). The likelihood of data saturation also increases with multiple interviews. 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 research, 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 in terms of 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.

Participant checking strategies were used to strengthen the trustworthiness of the study. Over multiple interviews topics were re-visited. 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.

Data analysis.

The analytical framework included analysis of the content 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 content categories representing the domains explored in the interviews e.g. stories about self in different contexts such as family, school, and leisure. In phase two, each small story was analysed and coded in relation to identity i.e. ways in which the child presented themselves and others in their stories. In addition, agency markers were coded in each story to analyse whether the children presented themselves in active or passive ways. Compulsion verbs (e.g. 'had to') were coded because they suggest diminished agency (Fairclough, 2001; Kleres, 2010). Evaluative language was coded to explore the emotional tone of the stories e.g., words used to represent emotions; negative markers which provided insight into what participants expected would happen but did not; and prosodic markers e.g. whispering, emphasis, or loudness (Peterson & McCabe, 1983).

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. 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).

Findings

Eleven participants took part in this study and total of 59 interviews were conducted. Three broad themes were identified which reflected the multiple identities the children presented in their narratives: desired identities, undesired identities, and just the way I am. Under the theme of desired identities, there were three sub-themes which reflected positive evaluations: competent, good, and socially attractive. Under the theme of undesired identities, there were two subthemes which reflected negative evaluations: being different when assigned labels by *others* and undesired identities assigned *to* others. The theme of just the way I am represented identities of themselves in relation to talking and did not appear to be evaluated as either desirable or undesirable. See table 3 for an overview of themes, definitions of the themes, and sub-themes with extracts from the data.

Insert table 3 about here

In relation to desired identities, the children presented their competence in a variety of ways. They presented themselves in heroic and villain roles, overcoming obstacles to bring about successful outcomes and attain goals e.g. dealing with bullying, flouting rules and not getting caught, or deliberately getting others into trouble. They also appeared to be proud when their competence was acknowledged and affirmed by others, sometimes in public ways, such as winning medals for attendance, behaviour, sports, and being selected as the lead role in a school play. When asked about their wishes for the future, one child reported that he would like his speech to be better. Others wished for successful careers, relationships, and that they would be rich and famous.

In relation to undesired identities some children disliked when others assigned labels which challenged their desired identities. For example, some participants were teased by peers and were assigned labels which were hurtful (e.g. ‘you are dumb’, ‘you can’t count’). One participant was upset about being labelled ‘special’ and ‘sad’. One participant said that children should not feel ashamed and left out if they have speech or language difficulties. The

use of a negative marker suggests that he may have associated shame with having a speech and language impairment. One of the children appeared reluctant to show vulnerability in relation to his speech impairment, talking in one interview about being upset when others could not understand him and denying this in a subsequent interview. 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. The participant's difference from peers was apparent in narratives about specialist educational supports. For example, one participant 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'. Two participants rejected the need for additional help in school stating that they were like everyone else. When children assigned labels to others they were aware of the negative associations with some labels such as 'handicapped'. For example, one child 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.

In relation to the theme just the way I am, children described their own speech and language impairments without evaluation. One of the children with language impairments was uncertain about their identity in relation to whether she belonged to a category of 'speech and language'. Two of the children who talked about having dyslexia did not mind having this label.

Discussion

The aim of this study was to explore the range of identities which children with PSLI presented in their narratives and to investigate their 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 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. 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).

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; they construed the impairment as just the way they are; 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). Some researchers have found that having a communication impairment or disability may be seen as normal for children because they have no experience of not having the impairment or condition (Roulstone & Lindsay, 2012; Stalker & Connors, 2004). 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 reject labels and choose not to disclose them. 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 young people with speech and language impairment, some of whom rejected the need for help (Spencer, Clegg, & Stackhouse, 2010).

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 whether or not there is a label. 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). 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.

In the light of these children's perspectives, future consideration should question whether the labels that we use reinforce children's desired identities and whether there are labels which 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. The debate about labels could be progressed by consulting with children themselves, both those with speech and language impairments and their non-impaired 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.

If we accept that we draw on public narratives when narrating experiences because they can serve as summaries of socially-shared understandings (Barrow, 2011), then children with PSLI may not have cultural scripts 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 (<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.

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Table 1

Profile of the participants, number and location of interviews

Participant s	Gender	Age in year s	Diagnosis ¹	Education placement over the course of the interviews (May- December 2010)	Place of residence²
1	F	10	PLI	Moved to language class from local school	Urban area
2	M	11	PLI	Returned to local school in September, having spent two years in the language class	Urban area
3	F	10	PLI	Moved from 3 rd to 4 th class in the language class	Urban area, designated as socially disadvantaged
4	F	11	PLI	Moved from 4 th to 5 th class in the language class.	Urban area, designated as socially disadvantaged
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
6	F	9	PLI	Returned to local school after two years in the language class.	Rural area
7	M	11	PSI	Moved from 4 th to 5 th class in his local school. Had previously attended the language class	Urban area, designated as socially disadvantaged
8	M	10	PSI	Moved from 3 rd to 4 th class in local school. Had previously attended the language class	Urban area
9	F	12	PLI	Moved to the language class from local school	Rural area
10	F	11	PLI	Moved to the language class from local school	Urban area
11	F	11	PLI	Moved from 5 th to 6 th class and was attending local school. Had attended the language class previously	Rural area

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

² 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.

Table 2

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 e 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.

Table 3

Overview of themes

Overall theme	Subthemes	Examples of subthemes	Extracts from the data
Desired identities	Competence	<ul style="list-style-type: none"> • Being given responsibility, taking up meaningful roles, and contributing at home and at school • Success in attaining goals e.g. getting others into trouble • Academic ability e.g. reporting that they were ‘smart’, ‘brilliant’ and able to do school work • Success in leisure activities e.g. sports, art • Viewing speech and language therapy as easy • Desired identities for the future e.g. being a successful business man 	<p>Participant 8 (male), Interview 1</p> <p>I: And then do you ever make f</p> <p>P: Yea</p> <p>I: What would you say to him?</p> <p>P: ‘Na na na na na you you can the the kitchen and when dad you say [name of brother]?’ [my dad.</p> <p>Participant 6 (female), Interview</p> <p>P: When I was playing a matc</p> <p>I: You scored a goal on the g happened?</p> <p>P: My team passed it.</p> <p>I: Your team passed it, yeah.</p> <p>P: Then I scored.</p> <p>I: Then you scored. What hap</p> <p>P: We won.</p>
	Being good	<ul style="list-style-type: none"> • Good behaviour e.g. presenting themselves as well behaved in comparison with peers. • Benevolence e.g. being kind and helpful to others they considered vulnerable. • Moral values e.g. doing the right thing and valuing fairness, honesty, and justice. 	<p>Participant 11 (female), Interview</p> <p>P: Well, well at school I’m alv few people in my class. Ac they shouldn’t be like and</p> <p>I: So the sixth class are shouti</p> <p>P: Well a few boys and that. I would talk to each other and them quiet, every time she t continue.</p>
	Socially attractive	<ul style="list-style-type: none"> • Gender e.g. many of the girls valued appearance and they talked about their hair, jewellery, clothes, and make-up. One was selective about the clothes she wore because they did not wish to appear too ‘girly’. The boys talked about appearance in relation to attributes, such as size, strength, and bravery. • Having lots of friends e.g. two children presented themselves as having lots of friends, whereas the others would like to have more friends. Some hoped that they would have boyfriends/girlfriends and get married when they were older. 	<p>Participant 11, (female), Interview</p> <p>I: Are these bracelets? [she w</p> <p>P: Yeah there’s supposed to be disco and wore these, this a And make up.</p> <p>I: Oh you wore makeup?</p> <p>P: And everybody keep, every</p> <p>I: And why do you think they</p> <p>P: Because I was pretty.</p>

Overall theme	Subthemes	Examples of subthemes	Extracts from the data
Undesired identities	Being different when assigned labels <i>by others</i>	<ul style="list-style-type: none"> • References to standard of normality and lack of intelligence e.g. one of the children was told that he was dumb and couldn't count because he could not talk properly; another child had been assigned a label of dyslexia and rejected it saying that he was not "that d word". • Being seen as different from peers because they had to attending specialist education. • Mismatch between identity assigned by others and their own evaluation in relation to: <ul style="list-style-type: none"> ○ competence (e.g. a rating of 'very good' rather than 'excellent' in art by a teacher when the child thought that she was 'excellent') ○ Gender (e.g. some girls rejected the identity of 'tom-boy') ○ Vulnerability (e.g. being told that they were sad or special by peers) ○ Being good (e.g. when told that they were 'bold' or a 'liar') 	<p>Participant 4, (female), Interview 5</p> <p>P: I don't think I like should b talk is good.</p> <p>I: Yeah, you don't think you s</p> <p>P: My talk is good.</p> <p>Participant 2, (male), Interview 5</p> <p>I: So it's ok [the homework] a in this school?</p> <p>P: I don't need extra help. I'm the rest of the people in my</p>
	Undesired identities assigned <i>to others</i>	<ul style="list-style-type: none"> • Labels of 'handicapped', 'just handicapped', 'not well yet' 'special needs', 'sick' used to escribe disability in others 	<p>Participant 3, (female), Interview 5</p> <p>I: And she has a sister called?</p> <p>P: [name] but she, I can't say, will</p> <p>I: Do, try it.</p> <p>P: Handicapped [whispered the wo</p> <p>Participant 4, (female), Interview 5</p> <p>P: Yeah I have two sick uncles</p> <p>I: Oh really?</p> <p>P: They're her [Granny's] son</p> <p>I: They're her sons. And do th</p> <p>P: Yeah they're not, like, they</p> <p>I: They're not well.</p> <p>P: Like they're not well yet.</p> <p>I: Are they not? And what's v</p> <p>P: They are just handicapped.</p> <p>I: Oh they are handicapped ar</p> <p>P: Yeah they were just born li</p> <p>I: They were born like that, of</p> <p>P: Yeah but they are very funn</p>

Overall theme	Subthemes	Examples of subthemes	Extracts from the data
Just the way I am	Labels and descriptions of speech and language impairments (and dyslexia) which were not evaluated as desirable or undesirable.	The children described their speech and language impairments using a range of words e.g. ‘speech’, ‘voice’, ‘talk’, ‘can’t say the words’, ‘hard’, ‘forget’, ‘just can’t think’, ‘get mixed up’, ‘can’t put words into sentences’, ‘can’t say the word right’, and difficulty thinking of a subject to talk about. One participant reported that he had dyslexia and was ambivalent about this label.	<p>Participant 9, (female), Interview</p> <p>I: Ok and how did you get to [met in the yard]</p> <p>P: Well, well the girls introduced</p> <p>I: Ok</p> <p>P: I can’t really say that word</p> <p>I: I think you said it ok.</p> <p>P: Introduced.</p> <p>I: That’s exactly how you say</p> <p>P: I know but it’s just, sometimes words.</p>