IDENTITY AND MEANING-MAKING IN CHILDREN WITH PRIMARY SPEECH AND LANGUAGE IMPAIRMENTS

RENA LYONS

A thesis submitted in partial fulfilment of the requirements of the University of the West of England, Bristol for the degree of Doctor of Philosophy, PhD

Faculty of Health and Life Sciences, University of the West of England, Bristol

March 2014

Table of Contents

List of Tables and Figures

ACKNOWLEDGEMENTS

ABSTRACT

Primary speech and language impairment (PSLI) is a term used to describe children with a range of significant speech and language impairments, in the context of normal cognitive abilities. The aims of this thesis were firstly to explore identity construction in children with PSLI, and secondly to explore how these children made sense of their experiences.

Narrative inquiry was used to conduct this study. The participants were 11 children aged 9-12 years-old, presenting with PSLI. The aim was to generate storied accounts of events and happenings in their lives using interviews, supplemented with visual methods. An innovative analytical framework was designed, drawing on a range of narrative analytical methods, including an analysis of verbal and nonverbal evaluation markers, cohesion markers, as well as an analysis of agency and identities presented in the children's narratives.

The key findings were four interrelated themes, which were conceptualised in a working model comprising facilitators and potential barriers to well-being and belonging. The four themes which contributed to well-being and belonging included: relationships; autonomy, agency, and competence; identities of belonging and difference; and hope and concern for the future. Facilitators of well-being and belonging were life events and experiences that the children evaluated in positive ways, whereas potential barriers were life events and experiences which they evaluated in negative ways. Although some children evaluated their experiences in mixed and sometimes contradictory ways, their evaluations were predominantly positive.

This thesis contributes to the field in four ways. Firstly, it provides new insights into identity construction in children with PSLI. Secondly, it adds to understandings of ways in which children conceptualise communication impairment. Thirdly, it deepens understandings of the determinants of well-being and belonging in children with PSLI. Finally, this thesis highlights the value of narrative inquiry as a means for listening to the voices of children with communication impairments.

CHAPTER 1 INTRODUCTION

Many of us take our ability to communicate for granted. Some children have difficulty developing their speech, language and communication skills, which in turn can affect their ability to express themselves, learn, and develop relationships with others. There are many different types of speech, language and communication impairments. This thesis will focus on children with primary speech and/or language impairments (PSLI)[1], an umbrella term that has been used to describe children with a range of profiles, all of which include marked speech and/or language impairments, in the context of normal cognitive abilities (Botting & Conti-Ramsden, 2004; Law, Garrett, & Nye, 2004).

This thesis is written in the third-person, with the exception of the introductory chapter, in which the first-person is used. In this chapter, I am setting out my own personal background and experiences, how they informed this thesis, and in this way I am elucidating the beginnings of the story of this thesis.

My interest in identity stemmed from my clinical work as a speech and language therapist. I worked with children and young people presenting with PSLI. My role included the assessment, provision of intervention, and supporting children and their families with the transitions to preschool, primary and secondary school. Although I was primarily based in a clinical setting, I also worked in a language class setting. Language classes, which are located in mainstream primary schools, provide specialist education for children meeting the diagnostic criteria for PSLI, as set out by the Department of Education and Science (2007) in Ireland. There are junior and senior language classes[2], each with a maximum number of seven children. Children who were referred for a place in the language class were prioritised and places were allocated on the basis of need and potential to benefit from the placement. Children meeting the eligibility criteria, who are allocated a place, attend the class for a period of 1-2 years, where they receive education and therapy services specifically tailored to their needs.

---

[1] The acronym PSLI will be used throughout this thesis to refer to children presenting with primary speech and/or language impairments.

[2] Language classes are located in mainstream schools. Junior languages classes are typically for children from 5 to 8 years of age, and senior language classes are for 9-12 year old children. The researcher worked as a speech and language therapist in language classes for five years.

My clinical experience, particularly in the senior language class, suggested that children became more concerned about their identity as they grew older. They wanted to fit in with and be like their peers, and yet were aware that they were different from them in some ways. Given that children with PSLI have nonverbal abilities in the average or above average range, their abilities in this domain were comparable with their peers. However, those with speech impairments were immediately visible to others, making them different to their peers. Those with language impairments, on the other hand, may present with difficulties expressing themselves or understanding others but these children may be less immediately obvious to others because their speech may be intelligible.

Nonetheless, children with both speech and language impairments may experience academic or psychosocial difficulties, and as such may need to avail of specialist education provision, such as the language class or additional supports in school. This provision may make these children more visible and set them apart from their peers. The children who attended the senior language class were aware that they were different from their peers because they had to leave their local school to attend the class for a period of 1-2 years. The children attending the language class, as well as their peers in mainstream, often commented on differences between the language class and mainstream classes. For example, children often commented on the physical size of the class and the small number of children in the class as compared with typical classes. In addition, each child in the language class was potentially following a different curriculum that was specifically tailored to their age and needs[3], which differed from the typical practice in mainstream classes.

The children's differences from their peers were also noticeable at break-time in the school-yard, where there was a tendency for children attending the language class to play together rather than joining in with peers. Various strategies were used to promote integration of the children with PSLI with their peers in mainstream, with mixed success. It seemed that there was an understanding, sometimes unspoken, among the teaching staff, children attending the mainstream school, and those attending the

---

[3] In Ireland, children typically attend primary school for eight years. They start in junior infants and then progress onto senior infants to first class and onto sixth class. Depending on the numbers attending schools, the classes are divided up, and typically there is one class per classroom. For example, there would be a classroom for third class. In schools with larger numbers of children there may be several classrooms for one class year (for example several third classes), whereas in smaller schools there may be two class years in one classroom (for example, third and fourth class together).

language class, that the language class was different. As the children grew older, they became more concerned about what their peers thought about them. In addition, when planning for the transition from primary to secondary school, some children and young people actively resisted specialist education in secondary school, even though they were struggling to meet the demands of the curriculum. Perhaps they thought that specialist education would further distance them from their peers.

These experiences made me reflect on the importance of identity, in particular for older children. Although there has been some research on self-esteem with these children, there was very little written about identity. I became curious about how these children viewed themselves in relation to others and how they negotiated their identities with peers. I also wondered how they made sense of PSLI and whether it affected other aspects of their everyday experiences and well-being.

A second factor that triggered my curiosity in identity is my interest in the lived experience. I moved to an academic post ten years ago to set up a pre-registration BSc (Speech and Language Therapy). As part of the curriculum design process, the academic team developed a mission statement that would underpin the design and delivery of the curriculum. Several members of the team had a particular interest in the lived experience, so it was included in the mission statement for the delivery of the programme. As part of the strategy to implement the mission statement, people living with communication impairment[4] were invited to talk to students about their personal experiences.

Listening to the stories of people with communication impairment made me reflect on how their stories about their personal experiences differed from my clinical frame of reference. For example, parental hopes for their children may include participation in a play or a family wedding, or that their children would have more friends, whereas the targets in my intervention may have been on specific speech/language deficits. Listening to the stories of parents of children with speech, language, and communication parents made me reflect on the wider context of how communication impairments may have affected the children's everyday lives.

---

[4] Adults with communication impairment and the parents of children with communication impairment are invited to talk to the students. In addition, a child presenting with autism is invited to talk to the students. This talk is part of his individualised education plan, and he delivers his talk with support from his speech and language therapist, teachers, and mother.

In addition, as part of my academic role, I also participated in a course with Connect[5] to train students to be conversation partners for people with aphasia (Connect, 2012). I was struck by how Connect conceptualised people with aphasia as experts on aphasia and on their own lives, including them as teachers on the course. This conceptualisation of people with aphasia as experts and partners redressed some of the power differentials in the medical model that underpins speech and language therapy practice. Again, I was interested in listening to stories that people with aphasia told about how their identities had changed and how others treated them differently. Identity issues came to the fore again. Indeed, there is a paper written describing aphasia as identity theft (Shadden, 2005). Given that PSLI is a developmental, rather than an acquired impairment, I was curious about how children with PSLI would talk about their sense of identity, their experiences, and well-being. My particular interest is in middle childhood (9-12 years). In my view, this is a somewhat neglected group as the focus of research and intervention is often on younger children. Indeed some argue that middle childhood and the transition to adolescence are key times because identity issues come to the fore (Burden, 2008; Simkin & Conti-Ramsden, 2009).

My clinical and academic experiences stimulated my interest in identity. Although the terms 'self' and 'identity' are ubiquitous, they are also somewhat problematic and illusive. Some argue that these terms have been overused and are too vague to be valuable (Brubaker & Cooper, 2000, cited by Wickenden, 2009). While there has been some research on self-esteem with children and young people with PSLI, up until now no-one has applied identity theory to children with PSLI. Little is known about how these children construct their identities and whether they consider PSLI as part of their identity.

Few studies have explored individual children's own perspectives of what it is like to be them, and whether living with a communication impairment effects their sense of self and well-being. Although it might seem obvious that identity would be a central issue for therapists, the minimal emphasis on identity may be due to the strong influence of the medical model (Hagstrom, 2004; Kathard, 2006). Speech and language therapy, as a profession, has been strongly influenced by the medical model, with many practitioners operating from a medical frame of reference with a focus predominantly on the

---

[5] Connect is a charity for people with aphasia, which is a language impairment acquired following stroke. This organisation supports people with aphasia, as well as their families. It also raises awareness of aphasia. The work at Connect is shaped and influenced by people with aphasia.

impairment or deficit. Little is known about whether or not children with PSLI view themselves as different, and how they construct their sense of self. Up until now, practitioners in speech and language therapy have not reflected on identity in their clinical work with these children.

Much of the research to date in speech and language therapy with children with communication impairments has come from a quantitative paradigm. Researchers have investigated aspects of cognitive, linguistic, and psychosocial functioning in children with communication impairments, using quantitative measurement tools, such as standardised norm-referenced tests of speech, language, cognition, self-esteem, as well as linguistic analyses of language samples. This research has undoubtedly broadened the knowledge base about speech, language, and communication impairments. However, this research has been *on* children and, up until very recently, has largely neglected the children's own perspectives. If our ontological position is that children are social actors and experts on their own lives, then we have a responsibility to listen directly to what they have to say about their personal experiences. Qualitative paradigms are appropriate when the researcher wishes to explore how social experiences and actions are created and sustained (Damico, Simmons-Mackie, Oelschaeger, Elman, & Armstrong, 1999).

There are several qualitative methodologies, all of which share common ontological and epistemological underpinnings. Narrative inquiry is one such qualitative methodology. Narrative inquiry is used by researchers to explore identity and meaning-making for several reasons. Firstly, narratives are understood to provide us with ways of making sense of things in and through our interactions with others (Bruner, 1986; Kovarsky, 2008). Some argue that individuals can never talk about anything without making some kind of judgement or taking a perspective that reflects some kind of evaluative framework that reflects their stance (Bruner, 1986; Maybin, 2006). Secondly, others argue that people have narrative identities, which refer to the stories they construct and tell about themselves to define who they are both for themselves and others (Elliot, 2007; McAdams, Josselson, & Lieblich, 2006; Pasupathi, McLean, & Weeks, 2009; Riessman & Quinney, 2005). Thirdly, there is a temporal dimension to stories in that people tell stories in the present about themselves, events and happenings in the past, so narratives can provide insight into the person's 'take' on these events and happenings and how they present themselves over time. Finally, narrative inquiry has the potential

to provide insight into the particularity rather than the generality of individual experiences and to give voice to marginalised groups, with 'voice' referring to hearing what people in these groups have to say and letting them speak for themselves (Lincoln & Guba, 2000).

Although the arguments for the use of narrative inquiry are convincing for exploring meaning-making and identity, there were also potential challenges in relation to its use when the participants are children with communication impairments. Evidence suggests that children with speech and language impairments have particular difficulties with narrative competence (Bordreau & Chapman, 2000; Botting, 2002; Boudreau, 2008; Dodwell & Bavin, 2008; Liles, 1993; Wetherell, Botting, & Conti-Ramsden, 2007). However, closer review of this research indicated that these studies predominantly focused on the structural rather than meaning aspects of the children's narratives, and were primarily deficit-based. These studies used different approaches to elicit narratives, such as story-telling from picture description, story re-telling, with a few exploring personal narratives about the children's own experiences. In fact, some argue that children's language impairments may be less apparent in personal narratives as compared with narratives elicited using picture description (Wetherell et al., 2007). Children with language impairments may have more control over the content and style in personal narratives, and they may choose simpler syntactic and semantic structures to express themselves. This thesis is taking a position of acknowledging the children's narrative competence, in particular in personal narratives. This thesis will take a conversational rather than structural approach to narrative, acknowledging that stories are co-constructed by the researcher and participants, and will explore how children with PSLI construct their identities, and make sense of their experiences, from their own perspectives.

My journey in learning about narrative inquiry and research with children with PSLI has been challenging and thought-provoking. There is not a single way to do narrative research, or indeed research with children, but rather multiple approaches. This thesis has attempted to apply some theoretical perspectives on identity and meaning-making and the principles of narrative inquiry to children with PSLI.

This thesis will set out an overview of the complex terminology, together with an explanation of the concepts underpinning this research. In the literature review, an

overview of PSLI is set out, along with discussion of ways in which well-being is conceptualised in children. An overview of the theoretical conceptualisations of identity will be provided, with a particular emphasis on social-relational theories of identity. This thesis will set the theoretical underpinnings of meaning-making, as well as arguments that narratives can be construed as a means of making sense of experiences. The various approaches to narrative will be discussed, with particular emphasis on conversational narrative and the role of evaluative language in making emotional sense of experiences.

In the methodology chapter, the philosophical underpinnings of narrative inquiry, as well as an overview of research methods used with children, is outlined. The sampling and recruitment strategies, methods and procedures, and ethical considerations are set out. Details on the analytical framework used, including reference to the rigour incorporated into the analysis, are made explicit.

There are three findings chapters, including chapters on the themes that emerged under the aspects of life and self explored in the interviews, a chapter which elucidates higher-order themes, and a chapter on the researcher's reflections on the research process. In the discussion chapter, the findings are discussed in relation to the literature, including a discussion of the strengths and limitations of the study. In the final chapter, the conclusions and implications of this thesis for policy, practice, and research, are outlined.

With regard to the search strategies used in this thesis, a number of databases were searched (such as CINAHL, PsychInfo, Ire, Scopus) using keywords, such as: children and speech and/or language impairments, specific language impairment, communication disorders, disability, well-being, quality of life, research with children, identity, self-esteem, narrative, narrative research, narrative inquiry, qualitative research, ethics, and stigma.

Different questions were drivers for the searches at different stages in the research. When searching for papers for the literature review the search included research with children, specific speech and language impairment, well-being and children, identity, self-esteem, models of disability, narrative, and meaning-making. When planning the methodology, the search included keywords, such as research methods with children,

ethical considerations, narrative inquiry, and methods of data-analysis. Further searches were conducted for literature on themes identified in the data, such as autonomy, agency, hope, self-efficacy, and models of disability. The search for new material ended in June 2013.

CHAPTER 2 LITERATURE REVIEW

2.1 Introduction

This chapter will set out key concepts which are relevant for this thesis, including an overview of primary speech and language impairments, ways in which services are delivered to these children, the conceptual basis of well-being, and its relevance for children with primary speech and language impairments. This literature review will also set out some theoretical perspectives on identity and meaning-making, with particular reference to the relationship between narrative and the two concepts under investigation in this thesis, namely, identity construction and meaning-making. Finally, this chapter will discuss the policy and theoretical underpinnings of listening to children's own perspectives.

2.2 Primary speech and language impairment: Definitions and diagnostic indicators

Speech and language therapists (SLT) differentiate between speech, language, and communication impairments. Speech impairments refer to difficulties producing speech sounds, whereas language and communication impairments refer to difficulties understanding and using language in social contexts. Different aspects of language can be affected, such as morphology, semantics, syntax, and pragmatics. There has been debate in the literature about the terminology used to describe speech, language, and communication impairments. Authors from different theoretical perspectives may use different terms which can sometimes refer to the same conditions but there may be differences in meaning (Bowen, 2009; Norbury, Tomblin, & Bishop, 2009). A comprehensive description of the historical context of the study of child speech and language impairments is set out by Duchan (2001). In the twentieth century, the study of children's speech sound disorders can be traced back to the 1930s (Bowen, 2009), with research on specific language impairment going back to the 1960s and 1970s (Clark & Kamhi, 2010; Schwartz, 2009). The terms 'impairment' or 'needs' are used now to refer to 'delay' or 'disorder' in the child's development, because differentially diagnosing delay from disorder can be problematic in clinical practice (Dodd, 2011; Wood, 2001). Speech and language impairments can be the *primary* problem or may be

secondary to other developmental disabilities, such as autism, intellectual disability, hearing impairment, behavioural, or emotional difficulties.

Prevalence has been defined as "the percentage of cases in a given population at a specified time" (Law, Boyle, Harris, Harkness, & Nye, 2000, p. 166). Tomblin et al. (1997) used a language screening tool and estimated that the prevalence of specific language impairment was 7.4% in a sample of 7,844 kindergarten children in the United States. In an Australian study of 14,500 primary and secondary school students, the prevalence of communication disorder was estimated at somewhere between 12-13% (McLeod & McKinnon, 2007). McLeod and McKinnon (2007) identified children with communication disorder using a number of data collection methods, including teacher training and report, and confirmation of a diagnosis by documentation from relevant professionals.

Incidence, on the other hand, has been defined as "the number of new cases of speech and language disorder occurring in a given population during a specified time" (Enderby & Phillip, 1986, p. 152). There have been two studies of incidence of communication impairment in children in the United Kingdom. The incidence rate for primary communication disability was 16.3%, as reflected in the number of new cases who attended for speech and language therapy assessment in one Primary Care Trust over a 15 month period (Broomfield & Dodd, 2004). In a more recent study of incidence, two national databases (the National Pupil Database and Pupil Level School Census) were reviewed, which contain academic and demographic data on 7 and 16 year students (Meschi, Vignoles, & Lindsay, 2010). Nearly 3% of this cohort presented with speech, language and communication needs at the age of 7 years, and this number dropped to 0.63% of the cohort by the age of 16 years. According to these studies, the prevalence and incidence rates range from 0.63% to 16.3%. However, these figures need to be interpreted with caution because different definitions, methodologies, and age groups were used in studies (McLeod, 2011).

Children with speech impairments tend to be visible because others may have difficulty understanding what they are saying. There are many sub-types of speech impairment and definitions vary according to differing theoretical frameworks. In order to produce speech, an individual needs an intact articulatory system and needs to be able to produce phonemes and access the phonological system (language rules that underlie speech) of

their language. There is therefore a distinction between phonological disorders (with problems in acquiring the language rules that underlie speech) and articulation disorders (with problems producing speech sounds) (RCSLT, 2009). Speech impairments range in severity from mild to severe, which in turn influences how intelligible children are to others. Intelligibility can be influenced by the child's ability to produce the words, as well as contextual factors, such as the familiarity of the listener with the speaker, visual cues and environmental factors, such as noise (McLeod, Harrison, & McCormack, 2012). While many children will out-grow their speech impairments, some will have a persistent impairment.

Children with language impairment, on the other hand, may be less immediately visible to others. Language impairment is a developmental disorder affecting the understanding and use of language. Although children with language impairment may present with difficulties understanding language and expressing themselves, their speech may be intelligible. Some language impairments are secondary to developmental disabilities, such as autism, intellectual disabilities, hearing impairments, behavioural and emotional problems. However, language impairment may be the *primary* presenting problem, which cannot be solely attributed to other causes and developmental disabilities.

Specific language impairment is a term used to refer to the presence of a language impairment that cannot be explained by other factors, such as general cognitive impairment, sensorimotor deficits, neurological or psychiatric disorders, or lack of exposure to language (Leonard, 2000; Wood, 2001). Specific language impairment is an umbrella term for a heterogeneous group of disorders, that refers to children with a range of profiles, all of which include marked language difficulties in the context of normal cognitive abilities (Botting & Conti-Ramsden, 2004; Reed, 2005). However, the use of the term 'specific' is problematic and has been contested. There is debate in the literature about how specific a language impairment actually is (see Lyons et al., 2008 for a review). Bishop (2004) argues that co-morbidity is so widespread that the child with a truly specific disorder is the exception rather than the rule. The non-specificity of specific language impairment is clearly illustrated in the longitudinal single case study of Cody, a boy who started out with a diagnosis of specific language impairment but ended up as an adult with difficulties at multiple levels, that were not specific to language (Brinton, Fujiki, & Robinson, 2005). Some advocate the use of more inclusionary and qualitative markers for diagnosing specific language impairment

(Bishop, 2004). For example, inclusionary definitions acknowledge that there may be associated hearing, learning, environmental, and emotional difficulties, but the language impairment may not be solely attributed to them (Lees & Urwin, 1991). Indeed, there is growing evidence that specific language impairment is not specific and these children may present also with motor difficulties (Hill, 2001), visual-spatial deficits (Hick, Botting, & Conti-Ramsden, 2005), deficits in short-term memory and processing speed (Montgomery, 2006), attention deficit and hyperactivity disorders (Beitchman, Cohen, Konstantareas, & Tannock, 1996; Williams, Stott, Goodyer, & Sahakian, 2000), reading disorders (McArthur, Hogben, Edwards, Heath, & Mengler, 2000), and impairments in social interaction (Brinton & Fujiki, 1999; Fujiki, Brinton, Isaacson, & Summers, 2001).

There is also controversy in the literature about how specific language impairment is diagnosed. For example, when exclusionary criteria are applied, cognitive referencing is used as a criterion, in which a diagnosis is made when there is a discrepancy between verbal and nonverbal intelligence, with nonverbal intelligence in the average range. This criterion has been challenged because of controversy about its validity as a diagnostic criterion (Bishop, 2004; Law, 2001; Rutter, 2008). There is also controversy about the language cut-off scores required to make a diagnosis of primary language impairment. A review of articles published by ASHA in 2003-2004 indicated that the majority of researchers defined the criterion for diagnosing specific language impairment on the basis of scores between 1 and 1.5 standard deviations below the mean on one or more language tests (Spaulding, Plante, & Farinella, 2006). One of the difficulties is that criteria for diagnosing specific language impairment are often set for research rather than clinical purposes.

Although controversy exists about the diagnostic criteria for specific language impairment, the Department of Education and Science (DES) in Ireland uses cognitive referencing (that is, nonverbal ability in the average or above average range) and the results of standardised testing (children must score 2 standard deviations below the norm in one or more areas of speech/language) as eligibility criteria for specialist education provision (Department of Education and Science, 2005, 2007). These criteria pose challenges for speech and language therapists in practice. Clinicians may diagnose children with specific speech, language, and communication needs based on other evidence-based criteria, such as qualitative markers (Bishop, 2004). In addition,

children may present with significant difficulties but do not meet the criteria set out for additional supports (Lyons et al., 2008). In a review of language classes for children with specific speech and language disorders in Ireland, there was some criticism of the DES rigid criteria and not all of the children attending the classes reviewed met the criteria. Nonetheless, there was concern that if the criteria were extended, the numbers of children meeting the criteria would increase, which is turn would lead to increased demand for additional resource provision (Department of Education and Science, 2005).

To overcome some of these difficulties with definitions, Law, Garrett & Nye (2004) proposed the term *primary* to describe communication impairments which are of significant concern to those involved with child development and have far-reaching implications for the child, caregiver, and school, both in terms of its immediate impact and of its long-term effects. This term is more inclusionary and acknowledges that the child may present with other co-existing difficulties. For the purposes of this study, the term primary speech/language impairment (PSLI) will be used to refer to children whose speech/language impairments are the primary problem and cannot be solely attributed to cognitive, emotional or sensory impairments.

2.3 Needs and service provision in Ireland

Evidence from longitudinal studies suggest that children may not grow out of PSLI and it can have a long-term effect on linguistic, academic and psychosocial outcomes (Clegg, Hollis, Mawhood, & Rutter, 2005; Conti-Ramsden, Botting, & Knox, 2001; Conti-Ramsden & Durkin, 2008; Durkin & Conti-Ramsden, 2010; Jerome, Fujiki, Brinton, & James, 2002; Lindsay, Dockrell, & Palikara, 2010; Lindsay, Dockrell, & Strand, 2007; Snowling, Bishop, Stothard, Chipchase, & Kaplan, 2006). Given this evidence that PSLI may persist into adulthood, there is a need for on-going service provision to meet the changing needs of older children and young people. With regard to the provision of speech and language therapy services for children with PSLI in Ireland, speech and language therapy services are delivered primarily through the Primary Continuing and Community Care (PCCC) directorate of the Health Services Executive (HSE). Children with PSLI are usually, but not always, identified in the preschool years. Some, particularly those with language impairments, may be identified later in school, when academic and social difficulties become apparent. Children and young people generally attend clinic-based speech and language therapy services.

With regard to education provision in Ireland, the primary education sector includes state-funded schools, including religious schools, non-denominational schools, multi-denominational schools and Gaelscoileanna (Irish-medium schools). For historical reasons, most primary schools are state-aided parish schools, although this pattern is changing. Children generally begin school after their 4th birthday and there is an 8 year cycle: junior infants, senior infants, 1st to 6th class (Department of Education and Science, 2013). The curriculum includes a focus on languages (Irish and English), mathematics, social, environment and scientific education, arts education, physical education, and social, personal, and health education.

The Education for Persons with Special Needs Act (2004) (EPSEN) in Ireland states that there is need to ensure that a continuum of special education provision services are provided for children with disability (IASLT, 2007). School-age children who meet the Department of Education and Science criteria for 'specific speech and language disorder' are eligible to apply for specialist resource provision, including language classes, resource teaching provision, and exemption from Irish (Department of Education and Science, 2005, 2007). The majority of language classes in Ireland, which are school-based provision for children who meet the criteria for 'specific speech and language disorder' as set out by the Department of Education and Science (2007), were set up in the 1990s. These classes are located in mainstream schools and have a pupil-teacher ratio of 7:1. Children are typically referred to the classes by speech and language therapists. Given the limited number of places, applications are prioritised by an Admissions Committee that is usually comprised of education staff from the school concerned, and health care professionals, including speech and language therapists and psychologists. Children usually spend a minimum of 1 and a maximum of 2 years in the language classes. The majority of language classes are for younger children (up to 3rd class), with fewer classes for older children (4th to 6th class). Speech and language therapy services are provided to language classes (IASLT, 2007). Children meeting the criteria for 'specific speech and language disorder' are also eligible for four hours of one-to-one resource teaching in their local school. Speech and language therapists often work in collaboration with resource teachers, providing programmes that are delivered by the resource teachers in the child's own school. Given that these specialist services may set children with PSLI apart from their peers, there has been little research on how they negotiate this difference or on exploring their experiences of specialist education.

In addition, speech and language therapy services in Ireland and the UK tend to be concentrated in the early years and decline as children get older. The Bercow Report (Bercow, 2008) found that the while 80% of SLTs were providing services to children aged 4-6 years and 7-10 years, only 20% were providing services to 11-15 year olds. There are growing arguments that a range of services need to be developed to provide support to older children and young people with PSLI, because they may have long-term difficulties and their needs may change over time (Brinton et al., 2005; Ehren, 2002; Joffe, 2005; Myers, Davies-Jones, Chiat, Joffe, & Botting, 2011; Simkin & Conti-Ramsden, 2009; Wadman, Botting, Durkin, & Conti-Ramsden, 2011).

2.4 Well-being[6]

The speech and language therapy profession has been heavily influenced by linguistic and medical models, and there has been a somewhat narrow deficit-focus in how researchers and practitioners have approached PSLI (Fletcher, 2009; McGregor, 2009). There have been recent arguments for a move away from diagnostic categories to a life perspective that focuses on the impact of speech and language impairments on everyday functioning and social life (Joffe, Cruice, & Chiat, 2008). Joffe et al. (2008) claim that this perspective requires a shift in how we view words and communication and it also broadens our professional remit to include life areas and quality of life. The evidence suggests that PSLI can have a negative effect on linguistic, academic, and psychosocial aspects of children's development, and therefore the recent interest in children's well-being and resilience are potentially useful concepts in broadening our understanding of the lives of these children. In contrast with the research on PSLI which has been predominantly deficit-focused, researchers in the field of children's well-being have advocated a shift from a focus on children's disorders and deficits to an emphasis on positive attributes, such as strengths and abilities, because these are believed to enable children to cope and thrive (Pollard & Lee, 2003).

> "Well-being is often framed within a model of child deficits rather than a model of child strengths. This emphasis might lead researchers, policy makers, and practitioners to focus research and intervention efforts on children's deficits and discount the potential to identify and promote children's strengths." (Pollard & Lee, 2004, p.69)

In addition, in a recent review of the literature on resilience in children, there is a focus on abilities, with some arguing that children possess strengths and benefit from

---

[6] The word 'well-being' is written with and without a hyphen in the literature. This thesis is following the Oxford dictionary version of well-being, which includes a hyphen.

protective factors that help them overcome adverse conditions and flourish (Zolkoski & Bullock, 2012). The literature on well-being and resilience highlights the importance of children's abilities and strengths, and these attributes are viewed as important in helping children cope with the challenges of life. Well-being and resilience are potentially useful concepts in helping us understand how children with communication impairments cope with challenges in their lives across the lifespan. The longitudinal studies on children with PSLI have primarily focused on deficits and have used quantitative tools to measure psychosocial functioning, such as self-esteem. Therefore, little is known about well-being or resilience in these children, and how they negotiate their daily lives. In this section, the conceptual basis of well-being and resilience will be explored, as well as their potential value in understanding the lives of children with PSLI.

2.4.1 Conceptual basis of well-being

Well-being is a difficult concept to define. Some claim that it lacks a conceptual basis (de Chavez, Backett-Milburn, Parry, & Platt, 2005). Others argue that well-being can be understood as quality of life (Statham & Chase, 2010) and that there are distinct domains that contribute to well-being, including physical, psychological, cognitive, social, and economic domains (Pollard & Lee, 2003). The terms objective and subjective well-being are also used in the literature (de Chavez et al., 2005). Objective well-being refers to objective measures of well-being, such as household income, health status, poverty, and educational resources (Axford, 2009; Statham & Chase, 2010). Subjective well-being refers to evaluations that people make about their lives (Shmotkin, 2005), including subjective indicators of well-being, such as happiness, perceptions of quality of life, and life satisfaction (de Chavez et al., 2005; Statham & Chase, 2010). Definitions of well-being in childhood include references to both subjective and objective well-being, including: the child's report of self-worth; feeling good about one's self; the absence of psychological distress; positive affective states, such as happiness and contentment (Fattore, Mason, & Watson, 2006; Nic Gabhainn & Sixsmith, 2005); mastery and sense of achievement (Meadows, 2010); resilience and being able to adapt to different circumstances and manage stress (Zaff et al., 2003); and constructs such as needs and rights, poverty and social exclusion (Axford, 2009). In relation to adults, well-being has been defined in terms of a sense of belonging, personal, opportunities for self-determination, meaningful occupation, maintenance of valued roles, and ability to contribute to others (Whalley Hammel, 2009). Many of these

domains, along with others, such as spiritual and moral well-being, identity, social presentation, and relationships with family and peers, have been included in definitions of children's well-being in the National Children's Strategy in Ireland (Department of Health and Children, 2000).

Having carried out a systematic review of the literature on child well-being, Pollard and Lee (2003) concluded that there were multiple definitions of well-being that vary according to disciplines, age groups, communities, and cultures. They call for a unified definition of well-being.

> "Well-being has been defined by individual characteristics of an inherently positive state (happiness). It has also been defined on a continuum from positive to negative, such as how one might measure self-esteem. Well-being can also be defined in terms of one's context (standard of living), absence of well-being (depression), or in a collective manner (shared understanding). A consistent, unified definition of well-being is needed. To further this end, well-being could be defined…at the individual level within a specific domain (physical, social, cognitive, or psychological) or the environmental level by incorporating effects of the child's environmental context." (Pollard & Lee, 2003, p.64)

This interaction between individual and environmental factors reflects the complexity of well-being, the contribution of different disciplines to the debate, and the challenges inherent in measuring well-being (de Chavez et al., 2005).

Psychological approaches to well-being have tended to focus on the individual and the internal processes involved in constructing meaning and sense of self. According to a review by de Chavez et al (2005) these approaches tend to include concepts, such as self-acceptance, sense of purpose, sense of continued growth, happiness, and a sense of being connected with others, but they neglect the influence of social and environmental factors. Others argue that social connectedness and inclusion are important aspects of well-being, emphasising the interaction between individuals and others in their environments. Some claim that research on child well-being needs to include the influence of the interaction between the children and others in their environment, including proximal relationships with family and peers, as well as the more distal context and relationships in the wider community (Earls & Carlson, 2001).

This socio-ecological model of child development stems from the work of Bronfenbrenner (1986), who viewed the child as part of a complex and interdependent environment. According to this model, four interrelated systems influence child

development and well-being, which range from the child's immediate environment, including activities and relationships with people that the child experiences regularly (for example, parents, siblings, peers, teachers) to the wider sociocultural context in which children live (level of culture or political ideology) (Hammer, 1998). This socio-ecological model locates the child with PSLI within a set of social contexts, with different environments influencing the child's development as a series of "nested spheres", with the child at the centre (McLeod, Graham, & Barr, 2013, p. 71). For a child with PSLI, this would include relationships with family, peers, community groups, health professionals, such as speech and language therapists and education professionals. This interaction between the individual and others is reflected in the definition of well-being put forward by the Government Office for Science Foresight Report on Mental Capital and Well-being (2008) (cited by Statham & Chase, 2010, p.5).

> "Well-being is a dynamic state that is enhanced when people can fulfil their personal and social goals and achieve a sense of purpose in society. Rather than being static, well-being emerges from how people interact with the world around them at different points in their lives."

Well-being is difficult to measure because of the absence of a unified definition. In a systematic review of child well-being, Pollard and Lee (2003) found that objective well-being was measured using a range of measures from educational assessments to medical records, to infant death rates. Measures of subjective well-being included the use of uni- or multidimensional scales. However, these measures have been criticised. Given the multidimensional and subjective nature of well-being, measures may not include important dimensions or consider the importance of that domain to the child. For example, some measures of well-being in the cognitive domain primarily focus on academic achievement (Pollard & Lee, 2003). However, caution is required when interpreting this in the context of well-being without considering the child's perceived competence in academic ability, and whether the child liked or valued school (Pollard & Lee (2003). Other measures in the social domain assess family and peers relationships, availability of support, and socially desirable behaviours (Pollard & Lee, 2003).

There is increasing recognition that subjective reports of child well-being are required (Statham & Chase, 2010). In a study of children's conceptualisations of well-being, the children defined well-being as feelings of happiness, but they also acknowledged the need to integrate sadness (Fattore et al., 2006). Other themes that emerged in the children's conceptualisation of well-being in the Fattore et al. study were autonomy and

agency, keeping safe and feeling secure, a positive sense of self, material resources, their physical environment and home. With regard to agency, children viewed well-being as the capacity to act freely, make choices, and exert influence in everyday situations. In addition, the children talked about ways in which their sense of self was affirmed by others, and they also talked about the importance of working 'internally' on their own well-being by taking time to relax and have space (Fattore et al., 2006). The findings of this study are important for two reasons. Firstly, they highlight the importance of listening to children's own perspectives on determinants of well-being. Secondly, they highlight the importance of the self for well-being.

Moreover, some argue that children's conceptualising of well-being may be different from that of parents and teachers. For example, in a study of the meaning of child well-being, children valued relationships with family, friends, and pets as important aspects of well-being, whereas parents and teachers placed more emphasis on other aspects of well-being, such as health, the ability to express emotions, and the importance of school (Sixsmith, Nic Gabhainn, Fleming, & O'Higgins, 2007). These findings are echoed in two studies that explored the domains that parents, professionals, and children considered were important determinants of quality of life specifically for children with speech, language and communication needs (Markham & Dean, 2006; Markham, van Laar, Gibbard, & Dean, 2009). In these studies the children considered that achievement, emotions, independence, individual needs, relationships with others, relaxation, school and support were important determinants of quality of life. Although there were common denominators in what the parents and children considered were important determinants of quality of life, there were also differences.

In a review of health-related quality of life of children with speech and language difficulties, Feeney, Desha, Ziviani, and Nicholson (2012) report that many measures of quality of life and well-being in children often utilise parent-proxy reports. These authors also discuss the challenges and discrepancies between child and parent-proxy reports of well-being. The results of these studies highlight the importance of listening directly to what children themselves consider are important determinants of well-being.

Well-being has also been used in definitions of health. For example, health was defined in 1948 by the World Health Organisation (WHO) as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO,

1999). Although this definition overcame the previous negative definitions of health as the absence of disease and included domains of mental and social, as well as physical well-being, it has been criticised for being too restrictive and out-dated (Huber et al., 2011). Huber et al. (2011) argue that the requirement for 'complete' health could be interpreted, unintentionally, as meaning that many people are actually unhealthy. They also argue that the WHO definition minimises people's ability to cope autonomously with physical, emotional, and social challenges and to function with fulfilment and a feeling of well-being in the context of living with a chronic disease or disability. They proposed an alternative definition of health as an ability to cope and self-manage, emphasising people's resilience, and ability to maintain well-being. Others also argue that the concepts of health and well-being are not mutually exclusive categories, with well-being conceptualised as a broader concept than health (Earls & Carlson, 2001).

One of the ways in which speech and language therapists attempt to measure well-being is through the use of the International Classification of Functioning, Disability, and Health (ICF) (WHO, 2001). The ICF is a system that can be used to classify health and health-related functioning in a holistic way taking account of the body, the individual and societal perspectives. The classification system comprises two lists of codes: one list of body functions and structure and a list of codes for the domains of activity and participation. Since an individual's functioning and disability occur in a context, the ICF also includes a list of environmental factors. At the level of body structures and function, children with speech, language, and communication needs may present with: difficulties listening, speaking, reading and writing; hearing difficulties; cognitive deficits; impairment in the psychological processes involved in processing speech and language; medical conditions; and a genetic predisposition to speech, language and communication impairments (Newbury & Monaco, 2009; Tomblin, 2009). At the activity and participation levels, the child may have difficulty with everyday activities, such as learning and applying knowledge, difficulties communicating effectively with others, and problems with related reading and writing skills. Restrictions in these activities may affect the child's participation in areas, such as forming and maintaining relationships, accessing the curriculum, and involvement in community activities (Campbell & Sharakis-Doyle, 2007; McLeod & Bleile, 2004; Washington, 2007).

Nonetheless, there have been criticisms that frameworks like the International Classification of Functioning (ICF) include 'well-being' categories without

consideration of whether these are meaningful in individual's lives. In addition, the categories in the ICF framework focus primarily on doing (for example, the categories of activities and participation), ignoring other important determinants of well-being, such as being, belonging, and identity (Simmons-Mackie, 2004; Whalley Hammel, 2009). Although there has been some research on quality of life and self-esteem in children with PSLI, little is known about how children with PSLI negotiate their daily lives and whether living with PSLI affects their sense of well-being.

2.4.2 Conceptual basis of resilience

The evidence suggests that PSLI is a long-term condition, and therefore resilience is potentially another useful concept in broadening an understanding of how children negotiate their daily lives in the context of living with PSLI. There are several parallels in the debates in the fields of well-being and resilience. There is debate about the definitions of each of these concepts, and indeed some definitions of well-being include resilience as a determinant of well-being (Zaff et al., 2003; Zaff & Hair, 2003). The conceptualisations of well-being and resilience include a focus on abilities and strengths rather than deficit and disorder. In a recent review of the literature on resilience, Zolkoski and Bullock (2012, p. 2296) defined resilience as follows.

> "[resilience is about] achieving positive outcomes despite challenging or threatening circumstances (Brooks, 2006; Masten, 2001; Masten et al., 1991), coping successfully with traumatic experiences, and avoiding negative paths linked with risks (Garmezy, Masten, & Tellegen, 1984; Luthar, Cicchetti, & Becker, 2000; Werner, 1992). An essential requirement of resilience is the presence of risk and protective factors helping to promote positive outcomes or reduce negative outcomes (Fergus & Zimmerman, 2005). Resilience theory is focused on strengths as opposed to deficits; rather it focuses on understanding healthy development and good outcomes in spite of exposure to risks."

Having reviewed the literature Zolkoski and Bullock (2012) argue that children who are resilient have five attributes: social competence, problem-solving skills, critical consciousness, autonomy, and a sense of purpose. Social competence helps children establish bonds and relationships with others in the context of the family, school, and community. Children need problem-solving skills to generate solutions for problems. Critical consciousness involves having an insightful awareness of what is happening and generating strategies to address problems. Autonomy is important because the individual has a sense of his or her own identity, self-efficacy, capability to act independently, and the ability to exert some control over the environment. There is some evidence that agency and a sense of belief that one can effect change in one's

environments has been associated with positive mental health (Adler, 2012). The final attribute that Zolkoski & Bullock (2012) discuss is a sense of purpose, which includes having goals, educational aspirations, and hope and belief in a bright future. In addition to individual attributes, there are also believed to be protective factors that help children to overcome adversity.

> "resilience is optimized when protective factors are strengthened at all interactive levels of the socio-ecological model (i.e., individual, family, and community)." (Zolkoski & Bullock, 2012, p.2298)

These protective factors include: individual characteristics, such as temperamental characteristics that provoke positive responses from others, the ability to regulate self, a positive self-concept, belief that things will work out, and family and community supports. As in theories of well-being, there are arguments for the importance of the socio-ecological model, in which children's resilience stems from an interaction between individual factors (such as positive self-concept, belief that things will work out, problem-solving skills) and positive relationships with others, including family, peers, and others in the wider context. Therefore, the child's relationships with others in their environments, both proximal and distal, may influence their resilience, as well as their well-being and development.

Having reviewed the literature on well-being and resilience, it is apparent that both concepts are complex and inter-related. Each focuses on abilities and strengths rather than deficits and disorders and how children cope with the challenges of daily life. The theoretical underpinning of both concepts includes a focus on the internal processes at an individual level, but also a focus on the inter-relationships between children and others in their proximal and distal environments. Therefore, children's well-being may be influenced by the opportunities provided by others for children to exercise self-determination, agency, and problem-solving abilities, as well as children's own personal attributes. The research on children with PSLI to date has focused on some of these domains considered important for well-being but these have predominantly been at an individual level, rather than focusing on the interrelatedness of children with others in their environment. Moreover, there has been little research on the broader aspects of the lives of children with communication impairments, and the potential influence of others on their well-being and resilience.

2.4.3 Well-being and resilience in children with primary speech/language impairments

Although the evidence suggests that children with PSLI may have long-term academic and psychosocial difficulties, there has been little focus on resilience in these children. There is, however, recent evidence to suggest that the well-being of children with PSLI may be compromised. In a review of studies of health-related quality of life in children with speech and language difficulties, Feeney et al. (2012) concluded that the social and emotional domains, as well as their experiences of school, may be affected by having a speech and language impairment. However, they also acknowledge that these findings are based on only seven published studies. They argue that further research is required to explore child and family factors that mediate or moderate the relationship between speech and language difficulties and quality of life, so that intervention strategies can be developed for those at risk in relation to poorer outcomes.

Roulstone and Lindsay (2012) explored the perspectives of children with speech, language, and communication needs. They used a range of tools, including interviews and KIDSCREEN-52, which is a self-report quality of life instrument for children that has ten sub-tests: physical well-being, psychological well-being, moods and emotions, self-perception, autonomy, parent relations and home life, financial resources, social support and peers, school environment, and social acceptance. They found that children with language impairments were within the average range of the normative sample on most scores on the KIDSCREEN-52, except for moods and emotions and for social acceptance/bullying. They concluded that children with language impairments have a reduced quality of life with regard to these two domains.

Roulstone and Lindsay (2012) found that the themes of mood and emotions, relationships with family and friends, bullying and social acceptance that were identified in KIDSCREEN-52 also emerged in qualitative interviews with children and their parents. However, they also identified gaps not included in KIDSCREEN-52, such as communication, inclusion, independence, staying safe, coping with change, and aspects of people's behaviour towards the children, such as listening, adapting, and accepting.

Although the children's quality of life may be deemed to be reduced, Roulstone and Lindsay (2012) also noted that the children reported that they perceived aspects of their life to be good, such as positive relationships with families, pets and friends, having hobbies, being good at things, and having fun. Given the focus on positive factors as facilitators of well-being and resilience, it would be interesting to explore the impact of these positive aspects of their lives on their sense of well-being and outcomes.

Indeed, the importance of positive relationships with family and friends as facilitators of well-being for those with communication impairments has been documented in the literature (Durkin & Conti-Ramsden, 2007; McLeod et al., 2013; McMaugh, 2011; Northcott & Hilari, 2011; Pound, 2011). These relationships can satisfy psychological needs, provide support, information, a sense of belonging, a buffer against stress, and mediate the effects of the communication impairment.

However, there is some evidence that suggests that children with PSLI are at risk of having poorer quality friendships than peers (Brinton et al., 2005; Durkin & Conti-Ramsden, 2007; Fujiki et al., 2001). In a study of quality of life in children with speech, language, and communication needs, Markham et al. (2009) found that the children talked about a universal desire to make and maintain friendships, but also a common difficulty in doing so. However, Durkin and Conti-Ramsden (2010) caution that not all children with PSLI will have difficulties making friends.

There is also evidence that well-being may be negatively affected by bullying and victimisation, and some argue that children with PSLI may be at risk in relation to bullying and victimisation. Bullying has been defined in different ways. One definition is as follows:

> "teasing and name-calling (verbal bullying), hitting or pushing (physical bullying), intimidation through social inclusion or threats (emotional bullying), and writing offensive messages via the use of new media (cyber-bullying)." (Durkin & Conti-Ramsden, 2010, p. 110)

Definitions of bullying often include a reference to an action that occurs repeatedly over time, that is intended to be harmful, and that can also be construed as an act of gaining power over others (Sentenac et al., 2011). There is also evidence to suggest that some children are more vulnerable to bullying than others especially if they are seen to be different from peers. This difference from peers may be characterised by difference in

relation to categories, such as appearance, ethnicity, disability (Bosacki, Marini, & Dane, 2006; Devine & Kelly, 2006; Sentenac et al., 2012; Thornberg, 2011). Bullying can have a detrimental effect on health and psychological well-being (Sentenac et al., 2012; Sentenac et al., 2011). Roulstone and Lindsay (2012) reported on two studies about the impact of bullying on children, including a meta-analysis of the association between bullying and psychosomatic problems carried out by Gini and Pozzoli (2009) and a prospective study by Bond et al. (2001). The findings of the meta-analysis suggested that children who had been victimised were twice as likely to show problems, such as backache, headache, abdominal pain, sleeping problems, poor appetite, and bed-wetting. The findings of the prospective study found that the incidence of self-reported symptoms of anxiety and depression in 13-14 year olds were significantly associated with reports of victimisation the previous year. Roulstone and Lindsay (2012) acknowledge that the risks and size of the effect may be different for children with speech, language, and communication needs. Nonetheless, they claim that the findings of these studies point to the potential negative impact of victimisation on a child's emotional well-being.

There is mixed evidence about whether children with PSLI are more susceptible to bullying than other children. Some argue that children with specific language impairment are at risk in relation to bullying (Conti-Ramsden & Botting, 2004; Knox & Conti-Ramsden, 2003, 2007) and those who are bullied at 16 years have an increased risk in relation to depression (Wadman et al., 2011). Others disagree arguing that the prevalence rates for bullying for 12-year old children with a history of specific language impairment were no higher than for typically developing children and other children with other special educational needs (Lindsay et al., 2007; Lindsay, Dockrell, & Mackie, 2008). Indeed in a recent study of nine-year old children in Ireland, 40% reported that they had been bullied in the previous year (Williams et al., 2009).

However, it is difficult to compare the findings of these studies given that definitions, and the tools used to measure bullying are different. Nonetheless, the evidence suggests that children with PSLI may be at risk, as indeed are their peers, for bullying, and if they are bullied this may have a negative effect on their well-being. Again, very little is known about individual children's experiences of living with communication impairment and how they cope with challenges, such as bullying, in their everyday

lives. Little is known about their resilience in negotiating their everyday lives, and dealing with challenges, such as bullying.

Another recurring theme in the literature on well-being and resilience is the importance of self-concept and positive relationships with others. Some argue that high self-esteem in children and young people with specific language impairment can be viewed as a protective factor against mental health problems, drug abuse, and antisocial behaviour in the face of adversity in adolescence, whereas low self-esteem can be associated with negative adulthood outcomes, such as increased levels of depression (Lindsay et al., 2010). These findings are echoed by others who argue that individuals with high self-esteem are more likely to take initiative, be better able to cope with stress, whereas those with low self-esteem may be prone to anxiety and depression (Baumeister, 2005; Butler & Gasson, 2005). The literature suggests that the sense of self may well be important protective factors for both well-being and resilience. These concepts will be explored in the next section.

2.5 Theoretical perspectives on the self

In the introduction section, this thesis set the motivation and impetus for undertaking this study, namely an interest in identity stemming from the researcher's clinical and academic background as a speech and language therapist. Identity is a relatively new concept in speech and language therapy. Although it might seem obvious that identity would be a central issue for therapists, the minimal emphasis on identity may be due to the strong influence of the medical model (Hagstrom, 2004; Kathard, 2006). Given that a sense of self and identity may be important protective factors for well-being and resilience, little attention has been given to these concepts in the speech and language therapy literature. This section sets out some of the theoretical perspectives on the self and will focus in particular on some key aspects of identity that may help in understanding self-concept in children with PSLI, including: social relational theories of identity; the relationship between identity and childhood, disability, and agency; identity and narrative; and identity and autobiographical memory.

2.5.1 The self: multiple perspectives

The notion of self is complex and there has been debate about the self in different disciplines, such as philosophy, psychology, and sociology. Buckingham (2008:1) described identity as an "ambiguous and slippery term".

> "Self is a surprisingly quirky idea-intuitively obvious to common-sense yet notoriously evasive to definition by the fastidious philosopher." (Bruner, 2003, p.209)

To begin, it is necessary to provide some contextual background on theoretical perspectives on the self. It is beyond the scope of this thesis to address all of these theoretical perspectives. However, this thesis will draw on some perspectives on the self, with a view to adding to our understanding of the self in children with PSLI. Given that the concept of the self is contested, some definitions of self-concept, self-esteem, and identity (primarily from the psychology literature) are provided in Table 1. These definitions are not exhaustive but provide a flavour of how these concepts are defined.

Table 1 Sample of definitions of self-concept, self-esteem, and identity

Aspect of self	Definition
Self-concept	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). It is regarded as a "property of the individual, and our own experience of our 'self' is often that is sits inside our heads…providing a commentary on our actions and a narrative of our hopes, fears, and dreams" (Meadows, 2010, p. 65).
Self-esteem	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). This includes perceptions of the self as good or bad in specific domains, for example, I may evaluate myself as an excellent sportsperson and a poor cook. It is only when the activity or task in question is perceived as particularly important, valued or meaningful that success or failure in that activity will have a direct effect on one's self-esteem (Burden, 2008; Meadows, 2010). Some argue that we draw on sociocultural narratives, evaluating ourselves in relation to ideal characteristics and behaviours that we think we should possess, those that are valued by society.
Identity	Identity is something unique that we possess and it is what distinguishes us from others (Buckingham, 2008). Identity refers to knowledge of who we are and is about defining who we are to ourselves and to others. It refers to ways in which individuals are the same over time, which provides a sense of a continuous self over time, and ways in which individuals are different from past selves and others (Baumeister, 2005). It refers to knowledge of who you are and includes more than what is in the individual's mind, for example, a baby does not have a self-concept but has an identity (Baumeister, 2005). Therefore, who I am is based on my own biography but who I am also varies according to who I am with and in different social contexts, because I will also be defined by others (Buckingham, 2008)

Psychological and sociological perspectives of the self differ in terms of the emphasis they place on self and identity as an individual internalised process and identity as a social relational process which emerges in and through interactions with others. Meadows (2010) argued that mainstream theories of the self derived from the work of William James (1890). In his conceptualisation of self, he proposed a distinction between self as 'I' and self as 'me'. The self as 'I' is regarded as the subjective knower of self that is responsible for continuity of self over time, with the self as 'me' referring to categorical aspects of self, such as social and psychological characteristics that make up differences, and the ways in which people present themselves to others (Butler & Gasson, 2005; Meadows, 2010). Cooley (1902) (cited by Cicchetti & Beeghly, 1990) viewed the self as a 'looking glass', wherein the self is reflected through others.

When individuals present themselves, they display both a personal identity (as individuals) and a social identity (as members of groups or collectives) (van Langenhove & Harre, 1999). Identity provides people with a sense of belonging. Identity is about what is unique and distinctive about individuals, including the categories they assign themselves to, and the categories that others assign them to, such as male/female, adult/child, abled/disabled (Hatoss, 2012; Spencer-Oatey, 2007). Through and in interactions, individuals learn the meanings that are allocated to these categories and they position themselves, and are positioned by others, in terms of these categories, recognising themselves as belonging in the world in certain ways and seeing the world from that perspective (Davies & Harre, 1999). Identity is about both sameness and difference, that is, ways in which individuals are the same as and different from others (Spencer-Oatey, 2007). In addition to sameness and difference to others, some claim that individuals have a continuous sense of self, with identity representing ways in which individuals are the same as and different from ourselves, and others, over time (Baumeister, 2005).

Psychology has contributed to understandings of the cognitive and psychological processes of the self. Theories on the development of self-concept (Erikson, 1995), social identity (Tajfel & Turner, 1986), self-esteem (Harter, 1993), social learning and self-efficacy (Bandura, 1977), and autobiographical memory (Fivush & Bucker, 2003; Fivush & Nelson, 2004), to name but a few, have advanced understandings of the self. Psychological theories have primarily informed thinking about the internalised psychological and cognitive processes in the self, albeit acknowledging the interaction between individuals and others in their social worlds.

Sociological theories on the other hand, place more emphasis on the social world arguing that self is primarily influenced by social structures with people both assigning themselves to and being assigned by others to categories, such as gender, race, ethnicity, social class, disability (Buckingham, 2008; Earls & Carlson, 2001). According to social construction theories, people, living in sociocultural contexts, assign meanings to these categories. Being assigned to some categories may result in stigma and social exclusion.

There is also debate in the sociological literature on identity about agency, that is, the individual's ability to make free choices and act independently, in the context of social structures and practices that limit the choices available. A more recent theory on identity is that of narrative identity. Narrative identity refers to the stories people construct and tell about themselves, to define who they are both for themselves and others (Baddeley & Singer, 2007; Bamberg & Georgakopoulou, 2008; Holstein & Gubrium, 2000). Some claim that research on narrative identity, through the use of narrative inquiry, may provide opportunities to bridge the gap between structure and agency for several reasons. Firstly, relationships between the individual and others in the sociocultural context can be explored through analysing narratives. Secondly, the meaning of constructs, such as normality, gender, and disability, which are socially defined and understood, can be investigated in narratives. Thirdly, researchers can investigate agency and the choices individuals make in their lives in their narratives (Alsaker, Bongaadt, & Josephsson, 2009; Bruner, 1990; Elliot, 2007; Shakespeare, 2006). In addition, stories about the self and others can provide opportunities to explore how individuals align and distance themselves from others in terms of sameness (belonging) and difference, as well as a sense of continuity of the self over time (Bamberg, 2012). However, even in the literature on narrative identity, there is debate about whether identity construction is an internalised individual project (McAdams, 2001, 2003), a relational process (Gergen, 2009), or whether it lies somewhere between both (Bruner, 2006). Although conceptualisations of the relationship between self, identity, and narratives differ (Smith & Sparkes, 2008), there are two areas of agreement. Firstly, identities are shaped by the larger sociocultural context and secondly, narrative implies a social-relational world.

Theories of the self are undoubtedly wide-ranging and complex, reflecting contributions from different disciplines. It is beyond the scope of this thesis to explore all of these theories in-depth. One aspect of the self, that is, self-esteem, derived mainly from

psychological theories, has already been investigated in children with specific language impairment. The findings suggest that some children with specific language impairment may have a lower self-esteem in some domains (Jerome et al., 2002; Lindsay & Dockrell, 2000; Lindsay et al., 2010; Rannard & Glenn, 2009). However, the findings of these studies need to be interpreted with caution for a number of reasons. Firstly, tools that measure self-esteem have several shortcomings including: potential mismatches between the children whom the tool is used with and those on which the normative data were derived; the tools may measure some dimensions of self-esteem and not others; the items on the scale are usually generated by the author(s) and may or may not be considered important by the children themselves; and children at different ages may have a different sense of self, with younger children usually presenting with more positive evaluations of themselves than older children (Butler & Gasson, 2005). Secondly, Burden (2008) argues that researchers need to consider whether children value particular dimensions of self over others, then this may in turn effect their evaluations of those dimensions. For example, if a child values sports competence, then they may value achievement and success in this domain more than in others. On the other hand, if the child does not value academic competence, they may be less concerned about lack of achievement in that particular domain. In addition, the construct of self-esteem focuses mainly on the child, and neglects the influence of relationships with others.

Given that there has been research on self-esteem with children with specific language impairment, this thesis will focus on a different aspect of the self, namely identity. So far, this thesis has set out the value of the socio-ecological model, with arguments that well-being and resilience may emerge in and through relationships between the individual and others, as well as being influenced by personal attributes. Therefore, this thesis will focus in particular on social relational theories of identity, predominantly from the sociology literature. These theories offer some potential value in understanding identity in children with PSLI.

2.5.2 Identity: A social relational process

Some claim that identity is not a fixed possession within the individual but rather a social dynamic process, in which the individual and the social are inextricably interrelated. Some distinguish between selfhood and personhood, with selfhood referring to the individuals' private experience of him/herself, and personhood referring

to aspects of selves that appear publicly in relations with others, with selfhood and personhood viewed as two sides of the one coin (Gelech & Desjardins, 2010; Jenkins, 2008).

> "Who I have relationships with and the nature of these relationships - who I identify with - contributes to who I am, and says something to others about me. What's more other people can either validate who or what I claim to be, refute it or attempt to float an alternative; power and authority are critical in determining whose definition counts." (Jenkins, 2008, p.71)

Social relational theories of identity take the position that identity is fluid, multiple, and relational, constructed in and through interactions with others. Therefore, according to this viewpoint, identity is a process or something that individuals do rather than something that individuals possess or are. Jenkins (2008) argues for the term 'identification' to reflect this process of actively constructing identity. Social relational theories of identity derive 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, the self is a social product that arises through interaction with others (Acton & Hird, 2004).

> "the self is seen as a social construction, as a reflected self-internalisation of others' values, especially those presented verbally." (Meadows, 2010, p.67)

Goffman (1959, 1963) built on Mead's work claiming that there is a performative dimension in the identity formation process, whereby people do what he referred to as 'impression management'. He argued that people present themselves to others in particular ways in everyday life to enable them to achieve their goals of being seen by others in certain ways (Slattery, 2003; Smith, 2006). He described the 'interaction order', which is characterised by face-to-face interactions in which individuals present themselves to others. Goffman argues that whenever individuals are present before others, they convey to them something of themselves through the content and manner of their talk (Smith, 2006). In other words, individuals construct multiple identities of who they are and how they want to be known, taking account of how *others* may try to categorise them (Antelius, 2009). Goffman (1968) argued that identity may be spoiled, and he defined stigma as any attribute that devalues an actor's social identity in ways that exclude the individual from full social acceptance.

Goffman distinguished between 'discredited' stigma which are immediately obvious or already known, from 'discreditable' stigma which refers to characteristics that would

produce stigma, but are not known in the interaction (Acton & Hird, 2004). Difference from others, may potentially spoil identity and prevent full social acceptance. Some claim that constructs like 'normal', 'competent', 'disability', and 'attractive' are socially defined and constructed in cultures and have the potential to spoil identity. People living in a culture know what these constructs mean, how they are enacted, and the negative attitudes associated with deviations (Alsaker et al., 2009; Asaba & Jackson, 2011; Barrow, 2008; Freeman & Mathison, 2009). This in turn may influence the identities that people choose to present. 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)

Indeed, Tomblin (2009) argues that language disorder could be defined in situations in which children are unlikely to meet socially-defined expectations, such as academic and social competence, as well as behaviour and positive psychological well-being, either now or in the future because of language abilities. Failure to meet these expectations may result in children with language disorders appearing different from peers, which in turn may lead to stigma.

Although Goffman's work has contributed to the development of social-relational identity theories, there have also been criticisms of his work. Some argue that there is not a systematic body of theory, that people's presentation of self can be viewed as superficial and insincere, and he offers no account of the formation of the private self (Buckingham, 2008; Jenkins, 2008). Nevertheless, these perspectives have potential value in understanding identity in children with PSLI. There is some evidence to suggest that children's sense of self is influenced by the evaluations of others (Maybin, 2006). Fattore et al. (2006) found that children considered a positive sense of self as important for well-being and their sense of self-image was grounded in reflections from others. For example, they talked about feelings of being valued for who they were now.

What is less clear are the meanings attached to having a speech and/or language impairment by children themselves and others and whether or not having PSLI leads to stigma. Children's speech impairments may be visible to others ('discredited' stigma),

whereas those with language impairments may be less obvious ('discreditable' stigma). The issue for those with 'discreditable' stigma is whether to tell or not, which Goffman refers to as 'passing'. Bamberg (2004) argues that individuals claim positive identities when they do 'face-work' through and in interactions, and face can be either be lost or saved. It is not clear whether children with PSLI are aware of stigma and do 'impression management' or how they negotiate their identities in their interactions with others. Children with PSLI may appear different from peers because they may experience academic and social difficulties, and may need to access specialist education and therapy services. There has been little research on identity in children with PSLI and how these children negotiate this service provision in their daily lives.

Therefore, social-relational theories of identity claim that 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). Relationships with others act as co-authors in the construction of the self by providing evaluation and feedback about aspects of self. The construction of the self relies on feedback from others, as well as the person's own ability to draw on self constructs (Gelech & Desjardins, 2010).

> "As the self relies heavily on our relationships with others and our links to the social world for its construction, others are in a powerful position to delegitimate or refute many aspects of our personhood." (Gelech & Desjardins, 2010, p. 66)

Bruner (2006) argues that telling others about oneself is not a simple matter because it depends on what *we* think *they* think we ought to be like. Identity represents a pivot between the private world of the individual and the public collective space of social and cultural relations (Scott-Hill, 2004). In this inter-subjective perspective of self, identity can be conceptualised as an internal-external dialectic process between the individual and others in a sociocultural context.

> "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)." (Jenkins, 2008, p.71)

This social relational theory of identity becomes more important as children grow older because they become more concerned with how they come across to peers. Children develop their sense of self-concept by accumulating categorical labels that they both assign themselves to and are assigned to by others, in and through their interactions with

others. In middle childhood, children develop a public face and present themselves to others, managing how they may be perceived by others (Jenkins, 2008). As the children grow older the peer group, often divided by gender, begins to replace the family as the primary context in which identity develops (Maybin, 2006). Some argue that middle childhood may be a particularly important time for children's identity construction because they may make comparative assessments in which they measure their performance against that of peers (Burden, 2008; Meadows, 2010). Social interaction and feedback from others, especially peers, assist in answering the identity question of "who am I?" (Kinavey, 2006).

Maybin (2006) agrees that the problematic relationship between how we see ourselves and how others see us becomes a central concern within the social lives of older children, as they learn new skills of self-presentation and become more concerned with what their peers think. Little is known about how children with PSLI see themselves and whether having a communication impairment affects how they see themselves or how they are seen by others.

To conclude, from a social relational viewpoint of identity individuals construct who they are and how they want to be known in their interactions with others by taking account of how others may see them (Holstein & Gubrium, 2000; Riessman & Quinney, 2005). Relationships with others play an important role in constructing, affirming, and challenging identities. This view places emphasis on the construction and performance of identity with others in socially situated contexts (Thorne, 2004).

2.5.3 Identity: Childhood, disability, and agency

Having argued that identity is a social relational process and something that individuals do, this thesis will now focus on other sociological perspectives on identity. Sociological theories of the self focus on identity in the context of the power of social structures, such as gender, age, religion, ethnicity, disability, and social class, to name a few. There are also arguments that these categories intersect with each other. There has been debate about how much agency or choice individuals have in the construction of identities, in the context of these powerful social structures. This thesis will focus on two of these structures because of their relevance to this study, namely childhood and disability, mindful that there may be others that may also be relevant.

Two powerful ways in which identities are assigned to individuals in a society are the categories of adult/child and normal/disabled. The pioneers of the new sociology of childhood were Prout and James (1990), who were critical of developmental theories because they construct childhood as universal, de-contextualised, and without competence. Many psychological theories on child development have been concerned with child variables and outcomes rather than with children themselves (Greene, 2006; James & James, 2008). Indeed, predominant theories and frameworks underpinning speech and language therapy have been concerned with linguistic, cognitive, and psychosocial dimensions, have been primarily deficit-based, and have neglected children's own perspectives. From an identity point of view, there may be assumptions about the competence of children. For example, children may not be regarded as reliable reporters of their experiences and their own reports of their experiences may not be trusted (Dockett & Perry, 2007).

Proponents of sociology of childhood theories claim that assumptions about the identity category of childhood need to be challenged and re-constructed. Some claim that it is necessary to move from a narrow focus on what children will become, to a view that endeavours to take children seriously as they experience their lives now. The sociology of childhood challenged earlier thinking for treating children in terms of human 'becomings' rather than human 'beings', exacerbating the objectification of children within research, health care, and society (Driessnack, 2006; Hill, 1997). However, this dichotomy between 'being' and 'becoming' is challenged by Uprichard (2008), who claims that 'being and becoming' can be conceptualised as necessary preconditions for everyone, not only children. Nonetheless, children have not been taken seriously as beings and agents in their own right.

Indeed, listening to the voices and views of children is one of the most neglected aspects of child developmental research (Greig, Taylor, & MacKay, 2007). The sociology of childhood advocates the need to work with children in ways that respect their particular competence and expertise on their own lives (Thomas & O'Kane, 2000). From an identity point of view, children can be conceptualised as social actors and agents who are actively constructing and making sense of their own lives in particular cultural contexts, and influencing their worlds. Therefore, they need to be recognised as competent reporters of their own experiences (Dockett & Perry, 2007; France,

Bendelow, & Williams, 2000; Goodenough, Williamson, Kent, & Ashcroft, 2003; Greene, 2006; Prout, 2002).

With regard to the identity category of disability, the origins of the social model of disability were claims that it was not the impairment that was the main cause of disabled people's problems, but rather the ways in which society responded to people as an oppressed minority (Finkelstein, 2004; Oliver, 2004; Shakespeare, 2006). According to this model, there are many ways in which society excludes people with disabilities, including physical barriers and attitudes. Many, including researchers with disabilities, reject the personal tragedy model of disability, and resist identities as tragic victims. Thomas (2004) argued for a social relational model of disability, in which disability involves a network of relationships between those categorised as impaired or not-normal and those categorised as not impaired or normal. She claimed that disability resulted from *both* impairment and barriers. The impairment may result in restrictions to people's lives, but more importantly the impairment or deviation mediates relationships with others (Thomas, 2007, cited by Worth, 2012).

It is not clear whether PSLI is viewed as a disability by children themselves or by others. The categorisation of PSLI as a disability depends on the definition used. There has been some recent evidence that children with PSLI attributed some restrictions in activities and participation to themselves and others to barriers created by others (Connors & Stalker, 2007; McCormack, McLeod, McAllister, & Harrison, 2010; Merrick & Roulstone, 2011). Thomas (2004) argued that there are 'barriers to doing' and 'barriers to being', referring to the latter as psycho-emotional dimensions of disability. While not underestimating the importance of social barriers, she argues that there are also psycho-emotional dimensions of disability, or internal psychological and emotional constructions of disability. In other words, people will make sense of their impairments internally, which may undermine their well-being.

> "Disability is a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional well-being." (Thomas, 2004, p.25)

These psycho-emotional dimensions may affect identity construction if people with disabilities are made to feel of lesser value by others. There is some evidence that social and emotional domains of well-being may be compromised in children with PSLI. There is some evidence to suggest that they may be at risk of negative reactions by

peers through social exclusion and bullying (as discussed in Section 2.2.2). Nonetheless, little is known about how children conceptualise PSLI and whether they view it as a disability.

There is also debate about the relationship between agency and social structures in identity construction. For example, 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 stylized 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, choosing identities they value and that they consider are valued by others.

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, and constituted by the social processes, where the child can reproduce and/or disrupt social norms. Children may actively construct their own identities in and through their interactions with others, through their choices, albeit at a micro-level, and within a set of cultural and structural constraints (Davis, Watson, & Cunningham-Burley, 2000; Maybin, 2006). This is further exemplified in the disability studies literature, where there is debate about individual agency in the context of the power of the social structure of disability. For example, Allan (1996), using a Foucauldian approach to analyse special education, argued that children were construed as objects of power through structural practices, such as surveillance, testing, and judgements about normality. However, Foucault's work has been criticised because it neglects individual agency (Benwell & Stokoe, 2006).

On the other hand, there is some evidence 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). Therefore, children may make some choices about their identities, even though they may be restricted in the choices available. There has been research on identity in some developmental

disabilities, such as stuttering (Corcoran & Stewart, 1998; Daniels & Gabel, 2004; Kathard, 2006), dyslexia (Burden, 2005), other disabilities, such as intellectual impairment and epilepsy (Rhodes, Nocon, Small, & Wright, 2008; Scott-Hill, 2004). There has also been research on identity and changes in self-concept following acquired brain injury (Antelius, 2009; Gelech & Desjardins, 2010). Indeed, Shadden (2005) describes aphasia as 'identity theft'. The findings of another study showed that a woman with aphasia was concerned about what others thought of her and was afraid of being categorised as simple and uninteresting (Arnesveen Bronken, Kirkevold, Martinsen, & Kvigne, 2012). There has been little research on whether having a developmental impairment, such as PSLI affects identity. Little is known about whether children with PSLI view themselves or are viewed by others as having a disability.

2.5.4 Identity: A narrative perspective

Identity is undoubtedly a challenging construct to explore given the different theoretical frameworks and its elusive nature. However, there have been promising developments in the use of narrative inquiry as a means of exploring narrative identity. Some claim that narratives provide opportunities for presentations of self (Curtin, 2006; Lieblich, Tuval-Mashiach, & Zilber, 1998; Maybin, 2006). 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 master or public narratives (Benwell & Stokoe, 2006; Somers, 1994). Many argue that narrative is constitutive of reality and therefore identity is constructed in narratives as 'storied selves' (Benwell & Stokoe, 2006; Sarbin, 1986).

Storied narrative approaches to identity view identity as a psychosocial project, developing through engagement with others in a sociocultural context (Thorne, 2004). In addition, some argue that when individuals reflect on events and happenings in their narratives, they come to conclusions about their identities (White, 2011). Bruner (1986, 1999) cited by Maybin (2006) argues that stories enable individuals to account for and explain their actions and the events they experience. Narratives also help individuals to develop a sense of their place in the social world.

The work of the French philosopher Ricoeur has also been influential in narrative, in particular with regard to the relationship between narrative, identity, and time (Ricoeur, 1980). At a basic level, the temporal dimension of narratives is reflected in the notion

that stories represent sequences of events that are chronologically connected. The notion of the 'three-fold present' was described by St. Augustine, an early philosopher. Ricoeur wrote about the temporal aspect of narratives, whereby individuals construct who they are now (present) by reflecting on memories of the past and looking forward to the future (Ricoeur, 1980, 1984). Therefore, the past and future co-exist with the present in the mind of the narrator, through memory and expectation (Riley & Hawe, 2005). Ricoeur's work is also important for identity construction, and one of the key strengths of narrative is that storied selves are in a state of both being and becoming at any time (Mattingly, 1998). The temporal aspect of narrative and experience is important because all experience and stories are connected through time (that is, they have a present, past and future), are continuous, and unfinished (Clandinin & Rosiek, 2007).

> "Personhood is elaborated, notably, through narrative forms that reflect on the self across time, from its origin to its projected ending." (Gelech & Desjardins, 2010, p. 65)

Therefore, narratives provide opportunities for researchers to explore continuity of self over time (Bamberg, 2012). The notion of the future in narratives is important because it provides a space for imagined possibilities. Future selves are uncertain, thereby providing opportunities for hope and optimism for positive endings and potential future selves (Gelech & Desjardins, 2010; Mattingly, 1998). As already discussed, hope and belief for a bright future are some of the attributes that facilitate resilience in children (Zolkoski & Bullock, 2012). Meaning is constructed in the present, in light of past experiences, along with expectations for the future, as individuals attempt to create coherence and give meaning to their lives (Bruner, 1986; Josephsson, Asaba, Jonsson, & Alsaker, 2006; Watson, 2008). The activity of narrating a life therefore involves the restructuring or reconfiguring of past events in light of the present and future (Elliot, 2007).

There is further debate in the field of narrative identity about whether the units of analysis should be big autobiographical life stories or small stories. Big autobiographical stories may be a full-book account of a person's life, in which the individual connects events and happenings into a coherent life story. On the other hand, narratives may be short stories about a particular event, or an extended story about a significant aspect of one's life, for example, schooling, marriage (Chase, 2008), and these short stories may take much less time (up to 3 hours) (Plummer, 2001). Small

stories are gaining increasing recognition in identity research. Some argue that anecdotes provide an especially good opportunity for the presentation of the self (Goffman, 1969). Small stories focus on the stories individuals tell in passing in their everyday encounters about mundane and everyday occurrences, tellings of ongoing events, of future or hypothetical events, shared (known) events, deferrals of telling, and/or refusals to tell (Bamberg & Georgakopoulou, 2008; Phoenix, 2008; Phoenix & Sparkes, 2009). These tellings are typically small, when compared with big life-story interviews, and yet they can provide valuable insight into identity construction.

> "It is the small stories that we think are missing in the narrative study of identity and it is in the small stories that identity is also created. In daily life we do not hear someone's life story; instead we hear bits and pieces which provide us with enough detail to infer more about a person." (McLean & Thorne, 2006, p. 121)

Some argue that individuals are only able, motivated, and have the cognitive ability to understand their lives as full-fledged, integrative narratives of the self when they reach adolescence (Habermas & Bluck, 2000; Habermas & Paha, 2001; McAdams, 2003). These big life stories involve the integration of multiple experiences that are of personal significance into a coherent life story that encompasses an overall life, and some argue that this skill develops in adolescence. Habermas and Bluck (2000) differentiate between life narratives (which are full-life stories structured by the individual not the interviewer), and autobiographical reasoning (which is the process of reflecting on the personal past in an attempt to relate one's personal past to present). They claim that while children can access event-specific autobiographic knowledge, they do not yet have the cognitive skills and organisational means or reasoning to connect single events with each other to achieve a global coherence, a skill that emerges in adolescence. Habermas and Paha (2001) contend that while there is extensive evidence on the development of narratives of single events, there is little research on children's ability to narrate entire lives. They explored the notion of coherence (or indicators which tie the past to the present self) in the life narratives of older children and adolescence and claimed that framing of one's life only begins to emerge in mid-adolescence.

Narratives, irrespective of whether they deal with one's life or an episode or event in the life of someone else, always reveal the speaker's identity (Bamberg, 2004). Bamberg (2004) is critical of theories that claim that children cannot construct integrative narratives of the self until they reach adolescence. He claims that children and young adolescents simply have not had enough practice to work their way up to the challenge

of stepping back, choosing from all those that are tellable episodes, and organising them into a life story with an overarching theme that gives (more or less) coherence (Bamberg, 2004). Furthermore, he argues that these theories of identity place children in the developmental slot of 'not-yet-adult' and do not acknowledge children's position as 'experts' on their own lives and subjective experiences. Bamberg (2004, p.368) claims that within a socially-situated relational perspective that includes small stories, children can be viewed as active identity constructors.

> "[if] we take everyday, small, narratives to be the primary territory where co-conversationalists seek ways to ….fashion a different portrayal of themselves that are interactionally useful, we draw on a different kind of subject and identity. Rather than seeing narratives as intrinsically oriented toward coherence and authenticity, and inconsistencies and equivocations as an analytic nuisance, we turn the latter into what is most interesting. They offer ways of examining how story tellers are bringing and managing a sense of themselves in contexts that require interactive accounting."

However, others are critical of this approach. Habermas (2012) compared big life narratives with small stories in children and adolescents. He contended that although small stories may be more natural, spontaneous, and relevant, nonetheless they are fleeting and not connected with the rest of the individual's life. He argues that life-stories represent a more complete form of identity because they require reflection on all aspects of life over time. Therefore, the disagreement between the two viewpoints reflects differences in whether the units of analysis in identity research should be big or small stories.

This thesis adopts the position that children construct their identities in small stories, and the units of analysis will be small stories, for the following reasons. The age-group of children under investigation in this thesis are 9-12 year-olds, who may not yet be able to provide full autobiographic accounts of their lives. Furthermore, on a day-to-day basis, individuals do not tell their full life-stories. Typically individuals tell small stories that say something about who they are to others. Phoenix and Sparkes (2008) argue that neither big nor small stories are any better or 'truer' than each other. Rather they tell about different but related aspects of experience and can complement each other.

So far this thesis has argued that identity is a social relational process, or something that people do in and through their interactions with others. There is some evidence that children can exercise some choice, albeit at a micro-level, in constructing their multiple identities in the context of powerful social structures. Researchers can study narrative

identity by analysing how individuals present themselves in big or small stories, and ways in which they exercise agency and choice in the context of master narratives. In addition, there are internal cognitive processes that may affect identity construction, such as autobiographical memory and a sense of a continuous self over time. Individuals draw on past experiences to make sense of present experiences, drawing on memories. Given that there is some evidence that children with PSLI have memory difficulties, this potentially may affect their identity construction (Dodwell & Bavin, 2008; Tompkins & Jeffrey Farrar, 2011). The relationship between identity and autobiographical memory will be discussed in the next section.

2.5.5 Identity: Autobiographical memory

Memory serves important social functions, such as creating and sharing past experiences with others. There are different aspects of memory, such as short-term memory, long-term memory, working memory and autobiographical memory. When individuals tell stories about themselves over time, they draw on autobiographical memories which make up the stories of their lives. Autobiographical memory requires explicit memory of an event that occurred in a specific time and place in one's past (Fivush & Nelson, 2004). Fivush & Nelson (2004) differentiate between memory for specific episodes and autobiographical memory, which is more concerned with defining the self over time. Nelson (1993) claims that general event memory (for example, the script for familiar events which specifies a sequence of actions and empty slots for roles and props) provides a schema for episodic memory (that is, something that happened at one time), which is required for autobiographical memory.

Fivush and Nelson (2004) claim that language and dialogue are critical in the development of autobiographical memory for several reasons. They contend that language is not simply the way in which memories are expressed, but is influential in providing an organisational structure for personal experience. When a child and adult experience an event together, the adult provides the linguistic scaffold that helps to focus the child's attention and organise the event into a coherent whole, providing an organisational framework for recall. In addition to providing an organisational framework for remembering the experience, one could also argue that parents may influence or control how the experience is interpreted. There is some evidence that parental scaffolding and rehearsal of children's narratives can strengthen children's recall and recounting of their personal past experiences (Fivush, Habermas, Waters, &

Zaman, 2011; Fivush & Nelson, 2004; Nelson, 2003). This dialogue with others about memories highlights for children the fact that memories are representations of events that occurred at specified points in the past, that they can be evaluated from multiple perspectives and thus children may become aware that memories are subjective representations.

> "The stories about a child's past experiences which are told to children, or told collaboratively by parent and child to a third party, may constitute not only reflections of but also contributions to the child's sense of self." (Snow, 1990, p. 213)

Autobiographical memory typically develops between the ages of 3-6 years, and helps to establish a unique self-history, one that differentiates us from others.

> "Through examining autobiographical narratives we gain access to individual's construction of their own identity. What individuals chose to tell, what information they select to report, provides converging evidence of how individuals conceptualise their lives...these narratives are not static entities; autobiographical narratives and self-identity are fluid and dynamic, changing both developmentally as well as situationally." (Fivush & Bucker, 2003, p. 149)

In addition, autobiographical memories have a social function and are created in social interactions with others that are formed and informed by social and cultural frames (Fivush et al., 2011). Children, as well as adults, develop a sense of who they are through their routine participation in master narratives that are culturally organised narrative practices in which personal experiences are told (Ahn & Filipenko, 2007; Miller, Potts, Fung, Hoogstra, & Mintz, 1990).

> "cultures provide organisational and evaluative frameworks for narrating lives...these cultural tools inform the ways individuals narrate their own personal experiences within local social interactions. These interactions begin very early in development between parents and children and within families, and facilitate the development of autobiographical narratives that help define memory, self and identity......These relations are, at points, dialectical...cultures inform individual narrative identities and individual narrative identities inform cultural forms....autobiographical narratives are the point at which the individual and the culture intersect." (Fivush et al., 2011, p. 323)

When telling autobiographical narratives, the child talks about an event or experience that happened in the past by temporally sequencing events and providing contextual information to the listener, a process which requires a mental representation of the event (Tompkins & Jeffrey Farrar, 2011). There is some evidence that children with specific language impairment have difficulty with working memory (Dodwell & Bavin, 2008), as well as difficulty producing autobiographical memories without the scaffolding of an

adult (Tompkins & Jeffrey Farrar, 2011). What is not clear is how this may effect identity construction in children with PSLI.

In summary, identity is a complex concept with different theoretical perspectives stemming from different disciplines. There has been little research on identity in children with PSLI. This thesis has set out arguments for a social relational view of identity and one that sees identity construction as a fluid, complex, and dynamic process and something that people do in their interactions with others, taking account of others may categorise them. This view of identity is socially-situated, and others can affirm or challenge the identities presented. Identity is about ways in which people are the same as and different from others. Identity can provide a sense of belonging and contribute to well-being. Children may be assigned to categories that may demean their identity, resulting in social exclusion and stigma. Little is known about how children with PSLI construct their identities and how PSLI is viewed by children themselves or others. The sociocultural context provides templates of identities from which people choose, and individuals in society know what these identities mean and whether or not they are valued. This thesis has argued that children are agents and can make choices, albeit at a micro-level, about what identities they choose to present. In addition, autobiographical memory is important for identity construction because memories of personal events and experiences are drawn upon when presenting ourselves to others. Autobiographical memory provides people with a sense of self over time. However, there is some evidence to suggest that children with PSLI have difficulties with memory. Children presenting with speech and language difficulties may not have the language skills to encode early autobiographical memories, and it is unclear how this may affect their identity construction.

2.6 Theoretical perspectives on making sense of experiences

Having reviewed the literature on identity, this thesis will now turn to the second research question, that is, an investigation into how children with PSLI make sense of their experiences. Little is known about how children with PSLI make sense of their everyday experiences and how they negotiate living with PSLI. Like identity, the notion of 'making sense' of experiences is also complex. There are arguments that insights into how people make sense of experiences can be gained through listening to their narratives.

"As we make our way through life, we have continuous experiences and dialogic interactions both with our surrounding world and with ourselves. All of these are woven together into a seamless web, where they might strike one as being overwhelming in their complexity. One way of structuring these experiences is to organise them into meaningful units. One such meaningful unit could be a story, or narrative. For most people, storytelling is a natural way of recounting experience, a practical solution to a fundamental problem in life, creating reasonable order out of experience. Not only are we continually producing narratives to order and structure our life experiences, but we are also constantly bombarded with narratives from the social world we live in." (Moen, 2006, p. 2)

In this section, the role of narrative in making sense of experience will be elucidated. In addition, this thesis will argue that conversational narratives and analysing evaluative language in narratives may be particularly useful tools for understanding how children with PSLI make sense of their personal experiences. In addition, the potential challenges of using a narrative approach with children with PSLI will be discussed in light of the literature that suggests that these children may have difficulties with narrative competence.

2.6.1 Narrative and making sense

This thesis has already set out the concept of narrative identity and the potential that narrative inquiry provides to researchers when exploring identity construction in big or small stories (as discussed in Section 2.5.4). Narrative can be also be construed as a mode of thinking. Sarbin (1986) proposed the term 'narratory principle', claiming that human beings think, perceive, imagine and make major moral choices using narratives. Bruner (1986) claimed that there are two complementary modes of thought that order experience and construct reality, that is, paradigmatic and narrative modes. Paradigmatic thought is objective, rational, and based on hypothesis-testing. Narrative thought, on the other hand, deals with the 'vicissitudes of life' where intention and emotion predominate over reason (Bruner, 1986:16). Furthermore, narrative can be construed as an organiser of human experience, and some claim that it is possible to infer what it feels like to be in the story-world of the story-teller (Mattingly, 1998).

There is some agreement that narratives are a primary way of making emotional sense of breaches or unexpected turns of events and of creating meaning (Bonsall, 2011; Mattingly, 1998; Park, 2008). Narratives are often about trouble, the unexpected, and there are many possible outcomes to our narratives. They are often about both actions (for example, the intentions, goals and actions of the narrator) and about consciousness

(for example, what the narrator knows, thinks or feels) (Bruner, 1986). Narratives can give us explanatory insight into actions and we can learn why the person and others acted the way that they did (Sakiyama, Josephsson, & Asaba, 2011).

Narrative thought leads to stories that may not necessarily be true. Many scholars argue that every representation of experience involves selective emphasis or evaluation of that experience, and that there is a difference between narrative truth and historical truth. Some distinguish between a life as 'lived', 'experienced', and 'told'.

> "A life lived is what actually has happened. A life experienced consists of the images, feelings, sentiments, desires, thoughts, and meanings known to the person whose life it is. A life told is a narrative or several narratives influenced by the cultural conventions of telling, by the audience, and by the social context…..in real life there are inevitable gaps between reality, experience and expression." (Moen, 2006, p.8)

Plummer (2001) claims that what is available to researchers is not the life but rather the 'life as told'. Although experience is difficult and perhaps impossible to access, storied descriptions can provide insights into the realm of people's experiences because they can elucidate ways in which individuals assign meaning to and evaluate their experiences (Polkinghorne, 2007; Mishler, 1986; Benwell & Stokoe, 2006). How people talk about events and happenings in their lives and the lives of others, tells something about their stance or take on them.

There is also acknowledgement that language plays a central role in meaning-making and ways in which the actions and experiences of the narrator and others are interpreted (Crossley, 2003; Frank & Polkinghorne, 2010; Vygotsky, 1978). Bruner (1987) argues that language has the capacity to create realities and the relation of words with each other constitutes meaning. Bruner views meaning-making as a process of disambiguation, in which participants try to overcome ambiguities in meaning or utterances and negotiate inter-subjective meaning. Bruner (1986) contends that language can never be neutral and will always include a perspective and stance on how we view things.

> "Language not only transmits, it creates or constitutes knowledge or 'reality'." (Bruner, 1986, p.122)

> "The constitutiveness of language creates and transmits culture and locates our place in it. Language consists not only of a locution, of what is actually said, but

of an illocutionary force, a conventional means of indicating what is intended by making that locution under those circumstances." (Bruner, 1987, p.89).

This epistemology is consistent with social constructionism, which acknowledges that there are multiple realities (Mills, Bonner, & Francis, 2006). Most narrative work is based on a constructionist understanding of discourse, with emphasis on the social construction of meaning and the power of language and discourse in shaping this meaning (Benwell & Stokoe, 2006). One of the assumptions underpinning a social constructionist view is that children (and adults) are social actors who seek to understand their experiences through their words, images, and actions in their interactions with others (Freeman & Mathison, 2009). As already discussed in relation to identity, Bruner (1990) argues that individuals draw on sociocultural resources and master narratives to make sense of their experiences. Meaning is given to experiences, by drawing on broader master narratives, and experiences are located in time and space (Bruner, 1986). It is through participation in cultural worlds that individuals construct meaning.

> "It is man's participation *in* [his emphasis] culture and the realisation of his mental powers *through* [his emphasis] culture that makes it impossible to construct a human psychology on the basis of the individual alone…..By virtue of participating in culture, meaning is rendered *public* and *shared* [his emphasis]. Our culturally adapted way of life depends upon shared meanings and shared concepts and depends upon shared modes of discourse for negotiating difference in meaning and interpretation." (Bruner, 1990, p. 12)

> "Master narratives are schematic representations that contain abstracted information about the cultural standards that individuals should follow and use to position themselves while constructing/sharing an autobiographical narrative." (Fivush et al., 2011, p. 334)

Therefore, master narratives reflect culturally-generated knowledge of the world and create templates or guidelines for narrators to draw on when making sense of their experiences (Bonsall, 2011; Mattingly, 1998). According to Bakhtin, a Russian philosopher, none of the things that individuals say or do takes place in a vacuum, and always exist in relation to others. He contends that when individuals speak, they reflect the words and voices of others that have been experienced previously in life and culture (Maybin, 2006; Moen, 2006). Therefore, narratives reflect the beliefs and values of the community or culture in which individuals live, and sociocultural or master narratives influence how individuals make sense of their experiences.

Little is known about how communication impairments, such as PSLI, are understood by people living in different cultural contexts. Notably, in a recent study no parent used speech and language diagnostic labels, commonly used by speech and language therapists, when they talked about their children, but used other diagnostic labels, such as Asperger's syndrome, ADHD or dyslexia (Roulstone & Lindsay, 2012). This finding raises questions about how speech, language, and communication impairments are understood by people in society and what, if any, master narratives are available for children to help them to make sense of PSLI.

2.6.2 Narratives: Multiple definitions

Narrative, like identity, is also a complex concept. At the simplest level, narrative involves a representation of a past experience by matching verbal clauses with the sequence of events which reportedly actually occurred (Labov, 1968), as reported by Peterson and McCabe (1983). Labov and Waletsky (2004) define a minimal narrative as a sequence of two independent clauses that are temporally ordered. Definitions of what constitute narrative range from the most inclusive definition, which refers to any spoken or written presentation, to narrower definitions that present narrative as the kind of organisational scheme expressed in story (Polkinghorne, 1988). Other definitions of narrative range from long stories of a person's entire life story, to a discrete unit of discourse, such as an answer to a question (Plummer, 2001; Riessman & Quinney, 2005). Furthermore, others claim that story-telling typically involves a longer turn at talk in conversation than is usual (Riessman & Speedy, 2007).

There has been debate about whether there is a difference between narrative and story and about what counts as a story. Some argue that the terms 'stories' and 'narrative' can be used interchangeably (Andrews, 2010; Richmond, 2002). Others disagree, arguing that they are different. Definitions of what count as stories influence the methods researchers use (Pinnegar and Daynes, 2007). Frank (2010) contends that in a narrative, one event follows another, as in a weather report. He argues that people tell stories not narratives and that there is a 'bed-time test' for a story, which refers to what you can get away with to make a bed-time story.

The definition of what constitutes a story is linked with the tellability dimension (Ochs & Capps, 2001), or what stories are worth telling. Some stories may have high

tellability (such as story about trouble or something unusual), whereas other stories may have low tellability because they may refer to more ordinary, mundane events or scripts (Ochs & Capps, 2001). Others argue that narratives are social acts, governed by social norms. Therefore, stories must be interesting and worth telling, otherwise narrators may be judged negatively by their audiences and may lose face (Lampropoulou, 2011).

There is some consensus that people construct stories to make sense of experiences that disrupt assumptions, when there is trouble or deviation from the expected (Andrews, 2010). Some researchers make finer distinctions. Hudson & Shapiro (1991) differentiate between scripts (that is, accounts of what usually happens), personal narratives (that is, where the narrator draws primarily on a memory of single episode) and stories (that usually include some kind of problem to be resolved). They argue that scripts are used to explain and direct action, whereas personal narratives and stories are told to share an experience with another and to tell something about yourself. Some argue that plot differentiates between a chronology of events and a narrative, in that the plot transforms a listing of events into a meaningful whole, by assigning causality and highlighting the contribution that these events make to the overall story (Ricoeur, 1980). Others contend that the plot is the central theme in the story, responsible for the emotional affect (McNulty, 2003). Otherwise, each event would be a separate entity.

> "It is the plot that gathers together these events into a coherent and meaningful unity and thereby gives context and significance to the contribution that the individual episodes make towards the overall configuration of that person. The whole of an individual human existence is articulated in the narrative plot; it is much more than a simple chronicle of life occurrences." (Polkinghorne, 1988, p.152)

Stories also have characters and stories are often about how the character of the characters is tested. Stories are always told from a point of view, are inherently moral, providing insight into the moral stance assumed by the teller or protagonist (Ochs & Capps, 2001). Narrators often present themselves confronting problems and challenges and dealing with moral issues, and often present themselves in a positive light (Maybin, 2006). Indeed, some call this the 'the looking good' principle, in which narrators present themselves as moral protagonists (Ochs, Smith, & Taylor, 1989).

In summary, there are differing definitions as to what constitutes a narrative, with some differentiating between narratives as a series or chronicle of events and stories usually centre around a breach of expectations or problematic events and have a plot structure

(Bruner, 2006; Frank, 2010; Ochs & Capps, 2001; Polkinghorne, 1988). The aims of this study were to explore identity and meaning-making in children with PSLI. For the purposes of this study, the term personal narratives is used in the broadest sense to refer to narratives about personal experiences, including scripts and stories. In the next section, the role of evaluative language is explored as a potentially useful framework for exploring meaning-making in children's personal narratives.

2.6.3 Evaluative language

Labov and Waletzky (1967) were pioneers in the study of personal narratives. They argued that narratives had two functions: reference, that referred to relating information to the listener, and evaluative functions, which tell the listener something about what the events meant to the narrator or something about the narrator him/herself. Labov and Waletzky's (1967) claimed that a coherent narrative is one that is organised around a "high-point" or key moment in the story and their structural model of event narratives is presented in Table 2.

Table 2 Overview structural model of event narratives

Element of the narrative	Description
Abstract	What was this narrative about? A summary at the outset
Orientation	The who, what, when, where, of the story
Complicating action	Series of events which lead up to and including the evaluative high point
Resolution	The sequence of events following the evaluative high point
Coda	Return to the present – end of story
Evaluation	The high-point of the narrative. Why it was told, what the narrative is getting at, or what the narrative meant to the teller

(Labov and Waletzky, 1967)

Some argue that narrative coherence is linked to Labov and Waletky's (1967) model. Reese et al. (2011) define coherence in terms of the three dimensions of context, chronology, and coherence. Context refers to details about when and where the event took place; chronology refers to whether the listener can infer the order in which actions within an event took place, evidenced by the sequencing of the events or by linguistic temporal markers; and coherence refers to the inclusion of a high-point accompanied by affective and evaluative information. Evaluations normally centre around and may indicate the high point of the story. The high point is the key event that functions as the

climax and is the reason why the story is told (Labov and Waletzky, 1967; Norrick, 2000; Peterson and McCabe, 1983). According to Labov the evaluation emerges out of a host of devices that speakers use to communicate 'the point' of the story. Therefore, by focusing on the evaluative aspect of narratives, researchers can gain insight into the narrator's stance, an explanation for actions, and the emotional meaning that the narrator assigns.

> "While sharing of simple facts engages the listener to some extent, it is the speaker's "take" on the "facts" that stimulates real interest in the listener, and involves the listener in the speaker's world." (Armstrong & Ulatowska, 2007, p. 764)

> "Language used for expressing opinions and feelings - so-called evaluative language - is essential to the expression of the individual's identity. An individual's attitudes, judgements, and values are typically apparent in everyday discourse and are central to that individuals' expression of who they are." (Armstrong & Ulatowska, 2007, p.763)

Evaluation provides the emotional tone of an experience and what it meant to the speaker (Peterson & Biggs, 2001). Evaluation is underpinned by the assumption that language can never be neutral. Individuals can never talk about anything without making some kind of judgement or taking a perspective that reflects some kind of evaluative framework and the narrator's stance (Bruner, 1986; Maybin, 2006). Peterson and McCabe (1983), in their study of children's narratives, identified 21 types of evaluative devices (these are described in Table 3). Grove (2007) summarised evaluative devices into two categories: verbal, which refers to explicit references to emotions, feelings, and judgements (for example, "I was so angry"); and nonverbal evaluations which are conveyed through emphatic stress, pitch change, pause, gestures, and facial expressions.

Patterson (2008) described three types of evaluation that were originally proposed by Labov: external evaluation in which the narrator stops the complicating action, stands outside the story to tell the listener what the point was, for example, "it was really the most awful feeling"; embedded evaluation in which the narrator tells how he/she felt at the time; and evaluative action in which the narrator stays firmly in the story by reporting actions that reveal emotions, for example, using direct speech "I burst into tears".

Others have also written about how evaluative language can provide insight into the emotional meaning of narratives (Kleres, 2010) and ways in which grammatical structures can provide insight into the narrator's perspective on agency, coherence, and causality (Fairclough, 2001; Habermas & Paha, 2001). Furthermore, the evaluative and referential aspects of stories are not separate entities but rather interwoven threads that emerge over the course of interactions. See Table 3 for an overview of evaluative devices.

Table 3 Overview of types of evaluative devices

Evaluative devices	Examples
Structure of narratives	Dramatic structure, order of events and how they are temporally and causally related (Fairclough, 2001; Kleres, 2010); progressive, stable, regressive narrative structures (Gergen & Gergen, 1986)
Agency	Self as agent or object; attribution of agency to individual or more anonymous agent (for example, they); active/passive voice; verbs of necessity or compulsion (for example, had to); grammatical limiters of agency, such as "just"; nominalisations (Davies & Harre, 1999)
Lexical choice	Emotion words, emotion expressing words, such as "yuck" (Fairclough, 2001; Kleres, 2010). Similes and metaphors; emphasis, for example, repeating the word for emphasis; words themselves may be evaluative, for example, nouns, verbs, adjectives, and adverbs, such as "finally" (Peterson & McCabe, 1983).
Syntax	Use of comparisons, intensifiers, metaphors (Kleres, 2010); the modes used, such as declaratives, imperatives (Fairclough, 2001); coherence and causal connections (Habermas & Paha, 2001; Peterson & McCabe, 1983); gratuitous terms to intensify or modify words, for example, "very", "just", "really"; negatives and modified negatives. These events did not happen. In any given situation an infinite number of things will not happen. Therefore events that the narrator said did not happen are evaluative as they say something about the speakers' expectations (Peterson & McCabe, 1983).
Prosody	Characteristics of voice, such as loudness and pitch; emphasis (such as loudness, elongating words); aspects of vocal style, such as separation of syllables "puh-lease"; Intensifying or underling the importance of things, such as use of stress, loudness, whisper (Peterson & McCabe, 1983).
Other	Exclamations, such as "oh boy!"; onomatopoeia, for example, "it went bam"; attention-getter to focus listener's attention on important pieces of information, for example, "Listen" "Do you know what?"; intentions, purposes, desires, and hopes (Peterson & McCabe, 1983); direct speech, quoting what others said.

Some claim that emotions have been largely neglected in the predominant frameworks underpinning speech and language therapy practice (such as linguistic and psycholinguistic frameworks, evidence-based practice), and these frameworks do not provide a comfortable place for emotions (Duchan, 2011). However, by exploring children's use of evaluative language in their narratives, it may be possible to gain insights into how they make emotional sense of their experiences.

2.6.4 Conversational narratives

While structural frameworks to narratives are useful in definable stories that have neat beginnings, middles and ends, they have also been the subject of criticism. The work of Labov and Waletzky was based on stories elicited in interviews from a single teller, with a particular question about an event (Norrick, 2000). There have been arguments that this structural model neglects the interactional context within which narratives are generated (DeFina, 2009; Mishler, 1986). Conversational approaches, in contrast to structural approaches, refer to story-telling that occurs spontaneously in the course of naturally occurring conversation (Norrick, 2000; Ochs & Capps, 2001). Ochs and Capps (2001) argue that conversational narrative routinely involves questions, clarifications, challenges and speculations, and they argue for a dimensional rather than structural approach to narrative.

> "Rather than identifying a set of distinctive features that always characterise narrative, we stipulate dimensions that must be always *relevant* to a narrative, even if not elaborately manifest. Each narrative dimension establishes a *range* [their emphasis] of possibilities …we use these dimensions to analyse how different interlocutors shape the telling of a narrative and how life events are structured through narrative form." (Ochs and Capps, 2001, p.19)

They argue that personal narrative is so varied that it resists definition in terms of a set of fixed, generic, and defining features. They proposed narrative dimensions that account for the ways in which personal narratives are realised in everyday social life (See Table 4). Ochs and Capps (2001) claim that narrative research has traditionally centred on narratives at one end of these dimensions, that is narratives with one active teller, high-tellability, and with temporal progression of events and plot lines that encompass beginnings, middles and ends. Some narratives have plots to provide order and coherence (Czarniawska, 2004; Polkinghorne, 1995). Others contend that the plot lines in conversational narratives may not encompass a neat beginning, middle and end, given that the plot is what interlocutors are attempting to craft (Ochs and Capps, 2001). Ochs and Capps (2001) claim that narratives become an interactional achievement and interlocutors become co-authors as they seek to make sense of the story.

> "understanding narrative however compels going beyond these exemplars [stories with one active teller and distinct plot lines] to probe less polished, less coherent narratives that pervade ordinary social encounters and are a hallmark of the human condition." (Ochs and Capps, 2001, p.56)

Table 4 Narrative dimensions and possibilities

Dimensions	Definition	Possibilities
Tellership	The degree of involvement of the story teller and listener in the story telling enterprise	One active teller → multiple active co-tellers
Tellability	Usually report on human events that touch our lives	High (story of great interest to the audience) → low (mundane, everyday story)
Embeddedness	Whether the narrative is detached or embedded in the conversation	Detached → embedded
Linearity	A personal narrative may organise events into a coherent, linear story with a clear beginning, middle and end; nonlinear narration opens narration to multiple truths and perspectives.	Closed temporal and causal order → open temporal and causal order
Moral stance	Narrators often shape the narrative to make themselves appear morally superior to that of another protagonist, what Ochs, Smith and Taylor (1989) call the 'looking good' principle.	Certain, constant → uncertain, fluid

(Ochs and Capps, 2001, p.54)

Ochs and Capps (2001) argue that conversational narratives may involve multiple, active co-tellers, moderately tellable accounts, embedded in surrounding discourse and activity, nonlinear temporal and causal organisation and uncertain, and fluid moral stance. Proponents for an interactional approach argue that narratives are a joint venture and the outcome of negotiation by interlocutors (DeFina & Georgakopoulou, 2008). DeFina (2009) argues strongly for the need to pay attention to the interactional aspect of the narrative, contending that we

> "need to know how the interviewer reacted to a narrative, how those narratives developed and how, in turn, the story telling related to and shaped or modified the roles of interlocutors. What kind of power relations existed and how did the relationship between the interlocutors affect the kinds of stories and the way that they are told….how much negotiation there appeared to be, how much imposition of the interviewer's agenda, how much co-construction took place, how topic shifts and re-routings repositioned the interlocutors, what kinds of presuppositions were present." (DeFina, 2009, p. 253-255)

This point is clearly illustrated in a study by Sota, Hartman, & Wilkins (2006) who studied the narratives of Heidi, a child with a physical disability. They contended that if they were to use a purely structural account, without consideration for her interlocutor's contribution to the overall discourse, their findings might indicate that the child showed severe problems on all narrative discourse dimensions. Indeed, they claim that the

quality of Heidi's narratives may be as much a reflection on her interlocutor's skills to elicit the narrative as they are of her own skills to produce them.

There are some parallels between the previous discussion of big and small stories in relation to narrative identity, with big autobiographical stories reflecting coherent narratives with structure, including beginnings, middles and ends, whereas small stories more closely resemble conversational narratives.

Conversational approaches to narrative overcome some of the difficulties with structural aspects of narrative. Some argue that not all narrative data, particularly data generated in interviews or in conversations, may fit into a structural approach (Frost, 2009; Patterson, 2008). Not all stories will contain all of Labov's structural elements (Patterson, 2008). There have been arguments that analytical approaches which focus exclusively on the structural aspects of the story may miss important content aspects of the story (Bleakley, 2005; Patterson, 2008). In addition, some suggest that Labov and Waletzky's (1967) model assumed a one-to-one correspondence between a narrative and the events it describes, whereas speakers may construct events through narratives in different ways, at different times. DeFina and Georgakopoulou (2008) argue that Labov and Waletzky's (1967) model is based on presuppositions of what makes a good story and has resulted in a tendency to recognise narratives only as texts that appear coherent and well organised with a beginning, middle and end, that are teller-led. Therefore, conversational narratives may be a more useful means of exploring how children make sense of their experiences. However, there is some evidence to suggest that children with PSLI may have particular difficulties with narrative competence. In the next section, this thesis will explore what is known about the narrative competence of children with PSLI.

2.6.5 Narratives and children with primary speech and language impairments

There is an underlying assumption that there are some universal properties of narratives that children learn. However, there may also be cultural specific elements of narratives (RCSLT, 2009). Nonetheless, much of the research on children's narratives has come from studies on white, middle-class, English-speaking populations (Ochs & Capps, 2001). Some contend that story-telling or narrative is a complex task requiring the

successful integration of skills, such as linguistic skills (such as verb tense, linguistic connectives, temporal words), cognitive skills (such as attention, memory and organisational abilities to organise and recall specific episodes), the use of world knowledge, and an awareness of the listener's needs in order to convey successfully both the message and information about the characters or events involved (Hudson & Shapiro, 1991; Wetherell et al., 2007).

Ochs and Capps (2001) claim that the study of children's conversational narratives is limited in at least three ways. Firstly, they argue that developmental studies of narrative tend to focus on one pole of dimensions of tellership (one active teller), tellability (high), embeddedness (detached from discourse), linearity (narratives with beginning, middle, and end) and they often neglect the moral stance in children's narratives. These studies have tended to ignore narratives as naturally occurring in everyday contexts (DeFina & Georgakapolou, 2012).

Given these limitations, there is evidence that the stories children tell about personal experiences grow in complexity and detail as they move through childhood and into adolescent and young-adult years. With increasing exposure to more mature discourse and developing linguistic abilities, children tell stories that are more complex. Children develop their use of cohesion as they get older using linguistic devices to tie meaning across sentences (Bordreau & Chapman, 2000). Some argue that children do not tell well-formed stories until they are 10 years old (Liles, 1993; Liles, Duffy, Merritt, & Purcell, 1995; Sarbin, 2000). Driessnack (2006) found that children aged 7-8 years old were able to construct narratives, but they overused certain linguistic elements, omitted resolution clauses, used present rather than past tense, and there was a predominance of orienting phrases.

As already discussed in Section 2.5.5 some argue that it is not until adolescence, that individuals are able and motivated to conceive of their lives as full-fledged, integrative narratives of the self (Habermas & Bluck, 2000; McAdams et al., 2006). There has been debate about the kinds of stories children tell and how different kinds of stories may result in different dimensions of narrative or story-telling. For example, stories about some events may be told in a linear way, whereas others may be told in a less coherent way.

"Developmental studies suggest…that as children grow older, their inclination to narrate habitual events is subsumed by the tendency to recount norm violations, and single utterances give way to temporally ordered, causally coherent narrative sequences. On the other hand, when children use narrative as a medium for making sense out of events, they are less willing to produce a seamlessly linear account and more prone to doubts, questioning, and weighing alternative possible versions of an incident." (Ochs & Capps, 2001, p.111)

There have been few studies on the narrative abilities of children with speech impairment. Indeed, some studies on children with speech impairment have tended to exclude those with language impairments and vice versa, even though speech and language impairments may co-exist. Studies of the narratives of children with specific language impairments (SLI) have focused predominantly on the structural aspects of narratives and three features of their narratives have been found to be problematic: organisational structure, cohesion, and the information content (Pearce, James, & McCormack, 2010).

In addition, researchers have explored whether narrative deficits can be of diagnostic value in differentiating between children with SLI and other groups of children (see Appendix 2 for a summary of studies on narratives of children with language impairments). For example, some researchers have found that syntactic errors and complexity in narratives may be useful diagnostic indicators for older children with SLI (Botting, 2002; Norbury & Bishop, 2003). These studies have compared the narratives of children with SLI with typically developing children and have used quantitative measures of narratives at a macro-organisational level (similar to the story structure described by Labov and Waletzky, 1967) and at a micro-organisational level focusing on more specific linguistic elements, such as cohesive devices that join sequences of the text together. The findings suggest that children with SLI have particular difficulties with their narrative skills.

However, caution is required when interpreting the findings of these studies. As already discussed in section 2.6.2, narrative is an umbrella term and there are multiple definitions of narrative. The studies of the narrative abilities of children with specific language impairment have used a range of methods to elicit narratives, including the use of the Conversational Map Elicitation Procedure (which consisted of story prompts) (Peterson & McCabe, 1983), use of wordless picture books (Epstein & Phillips, 2009; Wetherell et al., 2007), and fictional stories (McCabe, Bliss, Barra, & Bennett, 2008). In

addition, the sample sizes, measures used, and severity of language impairment varied across the studies. In addition, all of these studies focused on linguistic and structural aspects of the children's narratives, mainly in story generation tasks using picture books.

There have been few studies that have explored how children evaluate narratives. Those that have focused on evaluations of narratives, have investigated narratives generated from wordless picture-books rather than personal narratives (Ukrainetz & Gillam, 2009; Norbury & Bishop, 2003). These studies show that children with specific language impairment may use fewer evaluation elements than typically developing children. However, there are no norms for evaluative language (Armstrong & Ulatowska, 2007).

Most of the studies of narratives in children with PSLI have been primarily deficit-focused, have focused on the structural aspects of narrative, and have not investigated how children make sense of their personal experiences through their narratives. Therefore, it is necessary to listen to *what* these children say in their narratives as well as to how they say it.

Nonetheless, there is some evidence that children with specific language impairment may also have narrative abilities. Although Ripich & Griffith's (1988) study is somewhat dated, they found that 7-12 year old children with language disorders did as well as nondisabled children on three dimensions of narrative: the amount of information they recalled, the amount they included in their self-generated stories, and the organisation of their stories into a story grammar. All participants in their study had the greatest difficulty including the feelings and goals of the main characters.

In a more recent study, Wetherell et al. (2007) also found that there was no difference in length of narrative, measures of lexical diversity, or number of complex sentences, between those with specific language impairment and typically developing children. They also concluded that when given more control over the content and style of the narrative, such as in personal narratives, young people with specific language impairment reveal less about their language difficulties. They claim that when children are required to produce more restricted style and content in their narratives, such as in story generation tasks using picture stimuli, their persistent language difficulties are more evident. McCabe et al. (2008) concur and found that the quality of personal

narratives in children with language impairment exceeds the quality of fictional narratives.

Therefore, the evidence on the narrative abilities of children with specific language impairment is mixed, albeit with some studies suggesting that personal narratives may be an area of relative strength. Therefore, the use of conversational approach to narrative, with a focus on evaluations of personal narratives, may provide insights into how these children make sense of their experiences.

2.7 Listening to children's perspectives

This thesis has set out arguments for exploring identity construction and how children with PSLI make sense of their everyday experiences. Up until recently, children's views have been neglected in speech and language therapy practice. In this section, the drivers for listening to children will be explored, as well as ways in which children's views could inform practice.

Firstly, policy developments advocate greater participation of children in all aspects of their lives. The United Nations Convention on the Rights of the Child (UNCRC, 1989) provides a framework for listening to the views of children and young people. According to Article 12 of the UNCRC, children have the right to express their views on all matters affecting their lives, in accordance with their age and maturity. This right means that children should be given a chance to express their wishes, feelings, and needs about aspects of their lives that affect them, such as education and health. However, some claim that participation requires more than simply expressing views because action in response to these views may also be required (Thomas & Percy-Smith, 2010). Article 12 of the UNCRC was ratified in Ireland in 1992 and formed the basis for the Irish National Children's Strategy (Department of Health and Children, 2000). This strategy represents a significant policy commitment to children and young people (Pinkerton, 2004), advocating that children in Ireland will be respected as young citizens with a valued contribution to make and a voice of their own. The vision for the Irish National Children's Strategy is as follows:

> "(an) Ireland where all children are respected as young citizens with a valued contribution to make and a voice of their own; where all children are cherished and supported by family and the wider society; where they enjoy a fulfilling childhood and realise their potential." (Department of Health and Children, 2000, p.10)

This strategy advocates that children's views should be taken into account in decisions about matters that concern them. One of the principles underpinning the strategy is adopting a 'whole child' approach when working with children.

> "The acknowledged importance of children as active contributors to their own lives, and to the lives of those around them, makes it clear that the National Children's Strategy must be centrally concerned with putting in place more formal and systematic mechanisms for obtaining and ensuring respect for children's views." (Department of Health and Children, 2000, p.28)

Although there is increasing recognition that children's voices should inform practice (Garth & Aroni, 2003; Mitchell & Sloper, 2001; Whitehurst, 2006), the reality is that children are not routinely asked for their views and if they are it is not clear how their views inform policy and practice. Giving children an opportunity to voice their views can be challenging for service providers and researchers. Practitioners need to provide a safe and trusting environment where children can express their views which may in turn influence ways in which the service for that child progresses, and indeed how the service in general proceeds. However, there is debate about whether children's voices really influence policy, because their views are rarely included in the final decision-making (Percy-Smith, 2011). Truly listening to children brings with it a responsibility for service providers and researchers to be reflexive. This requires openness to understanding children's point of view, and a willingness to act upon these views, possibly changing policy and practice. Practitioners and researchers need to remain open to children's agendas, rather than being driven by problem-oriented adult questions (Christensen, 2004; Davis & Edwards, 2004; Gallagher, 2008; Morrow & Richards, 1996). This was exemplified in a study by Miskelly and Roulstone (2011), who were challenged to re-frame their research questions which focused on the difficulties of young people with communication impairments. They found that the young people wanted to be represented on their own terms.

If practitioners and researchers really value children's perspectives, then they will want to find out more about how children understand, interpret, negotiate, and feel about their daily lives (Greene and Hill, 2005). There are many ways in which listening to children's views could inform speech and language therapy practice. Understanding the nature and the impact of the impairment from the child's perspective may provide new insights that would inform how practitioners work with these children. Children's views may also challenge and enhance professional practice, and interventions need to be responsive to children's specific needs and focus on what is important and meaningful

to them in their lives (Fourie, Crowley, & Oliviera, 2011; McLeod et al., 2013; Merrick & Roulstone, 2011; Sanger, Moore-Brown, Montgomery, Rezac, & Keller, 2003).

In addition, the new sociology of childhood and the social model of disability advocate greater participation of children in matters that concern them. Children can be viewed as unique experiencers of their own worlds (Greene and Hill, 2005). Therefore, there is an obligation to listen to what they have to say and value their experiences. Furthermore, children have been virtually excluded as active participants in the research process, and up until recently, they were rarely asked to tell their own stories (Grover, 2004). By the nature of their difficulties, those with communication difficulties are even more vulnerable to being disempowered, silenced, and marginalised within society and research (Lloyd, Gatherer, & Kalsy, 2006; Rabiee, Sloper, & Beresford, 2005).

Taking the ontological position that children are social agents and experts on their own lives requires practitioners and researchers to listen directly to children's own perspectives. There have been some recent studies in which children and young people with speech, language and communication impairments have been asked for their own views and perspectives (Coad & Hambly, 2011; Markham et al., 2009; McLeod, McCormack, McAllister, Harrison, & Holliday, 2011; Merrick & Roulstone, 2011; Roulstone & Lindsay, 2012; Wickenden, 2010). Children with more severe communication impairments are also being included in research through use of supportive communication tools (Rabiee et al., 2005) and proxies or people who have detailed knowledge of the child and speak on behalf of the child. However, use of proxies can be problematic. Goldbart and Marshall (2011) advise that the proxies' interpretations of the child's feelings and views need to be validated because the perspectives of children and parents may differ. Practitioners and researchers need to be resourceful and must find ways of facilitating the inclusion of children's views in matters that concern them both in practice and research. In addition, they need to be open to finding meaningful ways of involving children in decision-making and acting on their views in meaningful ways.

2.8 Summary

There is evidence to suggest that PSLI is a persistent long-term condition. Children with PSLI may be at risk in relation to having academic difficulties, as well as problems in the psychosocial domain, potentially impacting negatively on their sense of well-being

and identity. This thesis has argued for a socio-ecological perspective on well-being and identity that views the child at the centre of a complex and interdependent environment of interrelated systems, which range from the child's immediate environment, including relationships with people that the child experiences regularly, to the wider sociocultural context in which children live.

There is some evidence to suggest that the well-being of children with PSLI may be compromised, particularly with regard to psychosocial and emotional well-being. The literature on well-being and resilience advocates a focus on strengths rather than difficulties, and to date much of the research on children with PSLI has focused on their deficits. Some of the determinants that contribute to positive well-being, resilience and positive outcomes for children include factors within the child, such as self-efficacy, problem-solving skills, a positive sense of self, and hope, as well as positive relationships with others.

This thesis has outlined the complexity of identity. Identity is a relatively new concept in speech and language therapy. As a clinical profession that helps people, it would seem logical and important that identity is a central issue for speech and language therapists (Kathard, 2006). Yet there has been minimal emphasis on identity. While clinicians answer "what" questions to meet diagnostic requirements that often underpin practice, they also need to ask the "who" question (Duchan, 2004). This sentiment is echoed by Hagstrom and Wertsch (2004), who question whether clinicians need to know who the client is, an identity concept, or what the client is, a diagnostic label.

There is at present a limited knowledge base on the social construction of identity in the field of speech and language therapy (Daniels & Gabel, 2004). Little is known about how children with PSLI construct their identities. Many of these children may appear different from their peers because their communication impairment may be visible to others and because they attend specialist services. Little is known about how these children negotiate this difference and make sense of their everyday experiences.

Narrative inquiry provides opportunities to explore identity and meaning making. While experience may be difficult, some may argue impossible, to access, it may be possible to gain insights into how people make sense of events and happenings in their lives through listening to how they evaluate their narratives. Narratives provide opportunities

to explore how people present themselves over time. In addition, analysis of the use of evaluative devices may provide insight in to the narrator's stance and world. Conversational, as opposed to structural, approaches to narrative acknowledge that story-tellings occur spontaneously in the course of naturally occurring conversation. Although there is some evidence to suggest that children with PSLI have difficulties with narrative competence, there is also some evidence to suggest that their personal narratives may be an area of relative strength.

> "Current models of evidence-based practice (EBP) marginalise and even silence the voices of those who are potential beneficiaries of assessment and intervention…narratives of personal experience are proposed as a unit of analysis for capturing this missing perspective …the aim is not to supplant more traditional, objective units of measurement, but rather to enhance our ability to interpret the ecological validity of evidence by listening to the voices from our client's worlds." (Kovarsky, 2008, p.48).

This thesis set out to explore identity and meaning-making in children with PSLI using a narrative inquiry approach.

CHAPTER 3 METHODOLOGY

3.1 Study design: Narrative inquiry

> "Ontology..[refers to] theory about the nature of being, of what is..epistemology [refers to] theory about the nature of knowledge and how it can be acquired ..methodology [refers to] a set of procedures and principles for obtaining knowledge about the world."(Gallagher, 2009, p. 66)

So far arguments have been set out for the ontological and epistemological underpinnings of the concepts under investigation in this thesis, namely children's meaning-making and identity construction, and their relationship with narrative (see Sections 2.5.4, 2.6.1 to 2.6.4). Therefore, narrative inquiry was selected as a suitable methodology to answer the research questions in this thesis. In this chapter, an overview of narrative inquiry is provided, including its philosophical underpinnings and distinctive features. This chapter will also include discussion about the use of narrative inquiry with children with communication impairments, as well as details of how the study was conducted.

3.2 Narrative inquiry: Overview and philosophical underpinnings

Narrative inquiry is a methodology that comes under the umbrella of qualitative research.

> "Qualitative research has been defined as a set of systematic and interpretive practices designed to seek answers to questions that stress how social actions and social experiences are created and sustained" (Damico, Simmons-Mackie, Oelschlaeger, Elman, & Armstrong, 1999, p. 652)

The ontological position of much research with children with communication impairments is closely aligned with positivist epistemologies. In these paradigms, research is typically quantitative and experimental, with objective data and control of variables, and researcher bias is minimised (Gallagher, 2009). Qualitative research, on the other hand, can provide insights into people's experiences of phenomena. Damico et al. (1999) argue that qualitative research addresses five main objectives. Firstly, the researcher is in a learner role when studying a phenomenon and asks questions about 'what' is going on. Secondly, qualitative researchers seek to answer 'how' questions and understand how things work. Thirdly, researchers present rich descriptions of

behaviours, contexts, and actions, to answer 'what' and 'how' questions. Fourthly, there is a focus on the individual because of the assumption that 'macro' structures are sustained from 'micro' social actions. Finally, qualitative research aims to describe and understand the mundane. Qualitative research includes many different methodologies, such as ethnography, grounded theory, narrative inquiry, discourse, and conversational approaches. While these methodologies share common epistemological and ontological underpinnings, each has some distinctive features.

Narrative inquiry began to gain momentum in the 1980s (DeFina & Georgakapoulou, 2012). One of the driving forces behind the development of narrative inquiry was the argument that narrative is a fundamental way of making sense of reality, based on emotion (Bruner, 1986; Sarbin, 1986). Narrative inquiry shares some of the philosophical underpinnings of other qualitative methodologies. For example, the epistemology underpinning narrative inquiry is interpretivist, in which truth is considered relative, multiple, constructed by different people in different ways, with no objective reality by which participant's accounts can be judged (Finlay, 2006; Greene & Hill, 2005; Hodge, 2008). Another fundamental aspect of narrative inquiry, similar to other qualitative methodologies, is that it may help to redress some of the power differentials inherent in the research process. Czarniawska (2004) argues that the power imbalance during life-story work can be redressed because informants are considered experts on their own lives and are therefore in the driving seat. The researcher may have particular aims and topics that they wish to explore. However, narrative inquiry necessitates following the participant's lead and providing opportunities of extended narration, which can be challenging for researchers (Riessman, 2008).

Like other qualitative methodologies, the research relationship is important to maximise the possibilities that the participant will reveal meanings that are important and authentic (Frank, 2004; Josselson, 2004; Moen, 2006; Riessman, 2008). The importance of building relationships is emphasised in many qualitative methodologies. In narrative inquiry, as in other qualitative methodologies, it is recommended that researchers have repeated conversations with participants rather than one-off interviews (Plummer, 2001; Riessman, 2008).

There are however some distinctive features of narrative inquiry. Narrative inquiry is underpinned by the assumption that selves and identities are constituted in 'storied

selves' in interactions with others (Sarbin, 1986). Therefore, narrative inquiry has been recognised as a useful methodology for capturing the detailed experiences of a single life or the lives of a small number of individuals through their stories (Clandinin & Connelly, 2000; Polkinghorne, 1988). Narratives therefore have the potential to give voice by bringing out hidden and marginalised stories (Susinos, 2007). Narrative approaches provide opportunities to hear how people interpret their own experiences, as well as the experiences of others, in the form of a story. Therefore, the units of analyses in narrative inquiry are stories.

> "Arguments for …narrative inquiry come out of a view of human experience in which humans, individually and socially, lead storied lives. People shape their daily lives by stories of who they and others are and as they interpret their past in terms of these stories. Story.. is a portal..by which..experience of the world is interpreted and made personally meaningful. Looked at in this way, narrative is the phenomenon studied in inquiry. Narrative inquiry, the study of experience as story, then, is first and foremost a way of thinking about experience…To use narrative inquiry methodology is to adopt a particular narrative view of experience as phenomenon under study." (Connelly & Clandinin, 2006, p. 477)

Narrative inquiry has also been used in identity research and in this context can be conceptualised as an umbrella term encompassing different methodologies, such as discourse analysis, critical discourse analysis, and narrative analysis.

> "[these approaches, that is, discourse analysis, critical discourse analysis, and narrative analysis] all share a common focus on the central role of language as the site of identity *work* [their emphasis], although they vary in the extent to which identity is actually theorised and treated as an analytic priority." (Benwell and Stokoe, 2006, p.34)

Another distinctive aspect of narrative inquiry is that it is about understanding the individuality rather than the generality of experience. Instead of locating themes across interviews, narrative approaches respect individual agency by keeping individual stories intact and analysing themes within cases, before theorising across cases (Chase, 2008; Frost, 2009; Riessman, 2008). 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 (Chase, 2008; Clandinin & Murphy, 2007; Riessman, 2008).

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; Clandinin & Connelly, 2000; Elliot, 2007; Lieblich et al., 1998). Each story told is influenced by a number of

factors, including the context within which it is narrated, such as the context of an interview, the nature of the audience, the relationship formed between the teller and listener, and the mood of the narrator (Lieblich et al., 1998). With regard to contexts, narrative involves representations and reconstructions and stories, that are performed differently in different social contexts (Squire, 2008). Stories must also be considered within the context of the historical and cultural context within which they are told, and ways in which meaning is assigned to them (Holstein & Gubrium, 2000; Riessman, 2008).

With regard to the audience, Frank (2010) argued that all stories are recipient-designed and that narrators tell different versions of stories, depending on whom they are telling the story to. With this in mind, some narrative researchers emphasise the role of the researcher in the co-construction or generation of the data, acknowledging that the responses of the interviewer to the interviewee may shape the direction of the interview (Benwell & Stokoe, 2006; Holstein & Gubrium, 2000; Mishler, 1986). The interviewees may also talk about what they think the interviewer wants to hear. Others claim that narrative represents an attempt both from the teller and the listener to co-create meaning (Mossige, Jensen, Gulbrandsen, Reichelt, & Tjersland, 2005; Ochs & Capps, 2001; Wells, 2011). Therefore, for some researchers analysis of the interactional context within which narratives evolve is important, including interview contexts (DeFina, 2009).

There is acknowledgment that the life 'as told' in the narrative interview is but one instance of the life-story, with multiple versions and constructions possible (Lieblich et al., 1998). While stories may appear to present a coherent self, if only momentarily, they are in fact more like a snapshot of a particular moment within a process of social construction of self (Maybin, 2006). Indeed, some claim that narratives may be incomplete and are often unfinished (Gergen & Gergen, 2010). Therefore, researchers need to be cautious about making definitive interpretations of people's stories.

Several narrative researchers have been influenced by Bakhtin's ([1935] 1981) writings on narrative and dialogism. He claimed that individuals do not speak in a vacuum, arguing that everything that is said is in response to what was said before and in anticipation of what will be said next. Frank (2005) argues that research, in the simplest

terms, is one person's representation of another. Frank (2005) cites the words of Bakhtin (1984, p.59) who stated that,

> "as long as a person is alive he lives by the fact that he is not yet finalised, that he has not yet uttered his ultimate word."

Therefore, Frank (2005) contends that dialogue begins with recognition of the other's unfinalisability and a research report should not be a,

> "final statement of who the research participants are, but as one move in a continuing dialogue through which those participants will continue to form themselves, as they continue to become who they may yet be …within a dialogical relation, one person can never say of another "this is who such a person *is*"[his emphasis]. One can say at most "this is how I see this person now, but I cannot know what she or he will *become*" [his emphasis]. Dialogue depends on perpetual openness to the other's capacity to *become someone other* [his emphasis] than whoever she or he already is." (Frank, 2005, p.967)

In summary, although narrative inquiry is underpinned by many of the same assumptions as other qualitative methodologies, it also has some distinctive characteristics, rendering it an appropriate methodology to answer the research questions in this thesis.

3.3 Narrative inquiry: A methodological choice with children with communication impairments

A methodological consideration when carrying out research with children is the selection of appropriate research paradigms, a choice that will be influenced by the nature of the research questions. Several researchers have used a range of qualitative methodologies to explore the perspectives of children with communication and learning disabilities (Fourie et al., 2011; Markham et al., 2009; McLeod et al., 2011; Merrick & Roulstone, 2011; Palikara, Lindsay, & Dockrell, 2009; Wickenden, 2010). However, few have used narrative inquiry to explore these children's lives. This is probably not surprising given that narrative inquiry has primarily been used with adults and competent narrators who can tell their stories coherently.

However, there are growing arguments that this methodology can and should be used with other groups, including those with potential difficulties producing coherent narratives (Antelius, 2009; Atkinson & Walmsley, 1999; Barrow, 2008; Davis, 2007; Marshall, 2005; Owens, 2007; Westling Allodi, 2002). Owens (2007) argues that if one of the requirements for narrative research is that the participant should be coherent, be

able to provide descriptions of experiences, and have a good story to tell, then people with learning or communication difficulties who do not meet these criteria may not have their voices heard. However, if research is positioned within a disability rights perspective, then excluding people who are unable to verbalize, are inarticulate or unable to provide a coherent account, means that the researcher may exclude people with disabilities, thus replicating the inequalities in society (Owens, 2007).

Researchers need to move outside the boundaries of conventional methodological fields to ensure that the voices of vulnerable groups are heard, including children and adults with disabilities (Aldridge, 2007; Garth & Aroni, 2003). However, this flexible use of methodologies does not equate with an 'anything goes' approach to research. Researchers need to be explicit about their ontological and epistemological positions and apply rigour in their studies (Mason, 2002).

In recent years, narrative inquiry has been used with individuals with communication difficulties, who may have had difficulties producing coherent narrative accounts. For example, narrative inquiry has been used with adults with dementia (Crichton & Koch, 2011), aphasia and brain injury (Antelius, 2009; Armstrong & Ulatowska, 2007; Arnesveen Bronken et al., 2012; Barrow, 2008; Gelech & Desjardins, 2010), and children and young people with developmental disabilities (Blumenreich, 2004; Curtin, 2006; Davis, 2007; Marshall, 2005; Sota et al., 2006; Westling Allodi, 2002). In addition, narrative inquiry has been used to explore sensitive topics, such as children's experiences of sexual abuse (Mossige et al., 2005; Westcott & Kynan, 2004).

For the purposes of the current thesis, narrative inquiry was deemed a suitable methodology to answer the research questions. Even though there is some evidence to suggest that children with PSLI may have particular difficulties with narrative competence (see Section 2.6.5), this thesis has taken the position that these children have the right to tell their stories and have these stories heard, albeit with supports and scaffolding if necessary. Although this position may be regarded as a moral one, as Mason (2002) states, methodological rigour is also required when applying any methodology with any participant group.

3.4 Pilot study

3.4.1 Overview and aims

Given the exploratory nature of this research, a pilot study was conducted. In this section, an overview of the aims of the pilot study, the participants and the recruitment process, as well as the methods used will be set out. This section will also outline the themes that were identified, which sensitised the researcher to topics which required further investigation in the main study. However, these themes will not be presented in any detail because of word limitations. Finally, this section will provide an overview of the lessons that were learned from the pilot study. The aims of the pilot study were:

1. To explore the feasibility of narrative inquiry as a methodology, including the piloting methods to generate narratives and piloting data-analytical tools
2. To identify themes to inform and refine the research questions for the main study.

3.4.2 Recruitment and participants

Ethical approval for the pilot study was obtained through the University of the West of England. The initial plan was to recruit participants through education staff or 'gatekeepers' in the language classes, because the children there would have met the criteria for specific speech and language disorder, as set out by the Department of Education and Science (2007). However, this plan changed because the schools did not provide consent to assist with the recruitment process, quoting logistical difficulties.

Therefore, the researcher approached a speech and language therapy manager in the health services, requesting assistance with the recruitment of 5 participants to the pilot study. Information sheets, consent, and assent forms were sent to the manager, requesting that these would be circulated to two speech and language therapists, working in a designated urban area. These therapists were asked to distribute the documentation to the parents of children on their caseloads, who met the following criteria: children between the ages of 9-12 years; children who had attended speech and language therapy and were still on their caseloads; and children who met the criteria of primary speech and language impairment, that is, average nonverbal ability on psychological assessment, and speech and language impairments that could not be

solely attributable to hearing impairment, autism, behavioural difficulties or intellectual disability.

The documentation was sent to 8 families and 5 participants were recruited to the study. The sample included 3 boys and 2 girls, ranging in age from 9-12 years-old. All of the children presented with primary language impairment because no consent forms were returned from the parents of children with speech impairments. One of the children was described by the speech and language therapist as presenting with 'delayed' language. Two of the participants had attended the language class, and two of the participants were siblings.

3.4.3 Methods

The methods used were semi-structured interviews, supplemented with activities and visual methods, such as the children taking photographs with disposable cameras and drawing[7]. Three interviews were held with each child in an attempt to reach data saturation. Each of these interviews was approximately 45 minutes in length, with 15 interviews carried out in total. Parents and children were offered a choice of venues for the interviews, with all selecting the clinical setting. Refreshments were offered to the children in an effort to create a comfortable and relaxed atmosphere.

A topic guide was designed to explore the personal narratives of the participants, including the ways in which they talked about themselves and their daily lives, for example, their likes, dislikes, things that they were good and not good at, narratives about their talking, family, peers, school, and leisure activities. In addition, a life-line activity was used to explore children's sense of self over time (See Appendix 2, for further details).

With regard to talking about communication impairments, the researcher made a decision not to ask the children directly about their talking[8] in the first interview. When researching children's experiences of sensitive phenomena, such as sexual abuse (Mossige et al., 2005) or disability (Connors & Stalker, 2007), others have also taken the approach of waiting to see whether the child raises a potentially sensitive topic in

---

[7] Further details about these research methods are provided in Section 3.7 in the main study.
[8] A decision was made to use the word 'talking' when interviewing the children about their communication. This decision was informed by the findings of studies by Owen et al. (2004) and Merrick (2010).

the first instance, and if they do not then the topic is raised by the researcher. The interviews commenced with less-threatening and safer topics (Morison, Moir, & Kwansa, 2000).

All of the interviews were audio-recorded, with consent, and transcribed. Narrative analysis is complex because different analytical methods are described by different authors. For example, Polkinghorne (1995) differentiated between 'analysis of narratives' (where the data are narratives which are analysed and coded) and 'narrative analysis' (where the analysis of the data produces stories). Both approaches to analysis were used in the pilot study. The researcher immersed herself in the data by reading the transcripts, and listening to the audio-recordings several times. In keeping with the 'narrative analysis' paradigm, the children's narratives were analysed using a re-storying approach described by Clandinin and Connelly (2000). In this analysis, the children's stories were analysed for key elements in the story (for example, time, place, plot, and scene) and re-storied into a chronological order. In keeping with the 'analysis of narratives' approach, the content (what is said) and structure (how it is said) of the children's narratives were analysed by adapting story-maps (Marshall, 2005; Richmond, 2002). These story-maps provided a framework for analysing stories by coding aspects of the narratives into categories, such as what was the story about, how did the story end (resolutions), how were characters and identities represented in the story, and the temporal aspects of the narratives (for example, were they set in the past, present, or future). Themes were then identified firstly within and then across participants' narratives, by locating patterns.

3.4.4 Findings and discussion

3.4.4.1 Feasibility of narrative inquiry

The findings of the pilot study suggested that narrative inquiry would be an appropriate methodology for exploring identity and the everyday lives of children with PSLI. In particular, a focus on small stories and the use of a conversational approach to narrative inquiry, which acknowledges the role of the researcher in the co-construction of the data, provided rich data on the children's identities and experiences. A detailed review of the pilot study can be found in Appendix 2.

The pilot study yielded valuable data on facilitators and barriers to generating narrative accounts. With regard to the methods, it was useful to include a range of activities in the interviews to maintain the children's interest. However, these methods yielded mixed results with regard to generating narratives, and the generation of narratives had as much to do with the researcher's questioning style as with the methods themselves. Although clinicians may be skilful at asking questions in the clinical context, they need to be aware of their communication style and role when carrying out research (Burck, 2005).

The researcher learned about the skills required in the generation of storied accounts, such as specifically asking for storied accounts, and ways in which scaffolding and questioning can support children to tell their stories. Different levels of tellership were required from the researcher, to support children in telling their stories. She also learned about her tendency to fill silences with questions. Although she aimed to be child-centred, she realised when analysing the transcripts, that, on occasions, she inadvertently changed topics. Valuable lessons were learned about the need to tolerate silences and the need to be mindful of ways in which the agendas of the children and the researcher are balanced. The researcher also identified a need to learn more about interview techniques, in particular ways in which storied accounts could be generated. Some children also found it difficult to talk about their communication impairment. On reflection, this may have been due to the nature of the methods used to generate this data because they involved too many closed and decontextualised questions. These learning points were all taken into account for the main study in terms of designing interview questions and strategies for generating narrative accounts (see Section 3.7.3.1 Interviews for further detail).

With regard to activities, the use of a flexible topic guide and a range of questions, supported with activities, such as flip-charts, post-it coloured stickers, drawing, scrap-books, games, concrete materials like photographs to discuss, were all useful in maintaining the children's interest and in generating data. Although the lifeline activity (see Appendix 2) provided valuable data, some children could not remember significant events in their lives. The use of drawing also yielded mixed results, because some children were self-conscious about their drawing and others did not like drawing. This finding highlights that researchers should not make assumptions that all children like drawing (Coad & Hambly, 2011; Gallagher, 2009).

Participant-validation was useful because it provided an opportunity for the researcher to check her understandings of the stories with the children and it provided the children with a sense of being listened to. Moreover, some claim that this process of participant-validation can strengthen the trustworthiness of the data (Coad & Lewis, 2004; Kirova, 2003; Whyte, 2006).

However, the challenges in relation to the analysis of the data were evident. The use of the 'narrative analysis' approach of re-storying was challenging. When this approach was used, the richness of the original data appeared to be compromised and the children's own voice was somewhat muted. Although the researcher tried to stay as close to the children's language and meanings, the re-storied account appeared like a summary of the children's stories in the researcher's language. Researchers need to consider power in the data analysis process and ways in which they may intrude on the stories of the participants (Plummer, 2001).

The 'analysis of narratives' approach and the use of story-maps were promising in terms of being useful analytic frameworks for the main study because they provided a structured and systematic means to facilitate in-depth analysis. However, these approaches also appeared to fragment the children's stories into categories, by breaking them up into micro-components, thus compromising the richness of the data. There were also challenges in relation to presenting the findings, for example, whether to present themes for individual participants or themes across participants. From the pilot study, the analysis of narratives held potential as an appropriate analytical framework. However, the researcher identified the need to further develop her knowledge and hone her skills in using these analytical approaches.

3.4.4.2 Themes to inform the main study

One of the aims of the pilot study was to sensitise the researcher to themes which would require further investigation in the main study. A number of themes were identified in the children's narratives in relation to their everyday lives, including relationships (positive and negative), the importance of independence, and ways in which they presented multiple identities. Although the researcher was particularly interested in how the children would talk about communication impairment, none of the children brought up the topic of their communication impairment spontaneously. When the topic was raised by the researcher, some children found it difficult to talk about their talking. On

reflection, the researcher considered that it may be useful to include fewer specific closed-questions about communication impairment in the main study, but rather focus on other aspects of the children's lives. While general questions about the children's communication impairment would be included, the researcher would explore ways in which the children's communication impairment may emerge in narratives about other aspects of their lives.

3.4.4.3 Other lessons

A number of other valuable lessons were taken from the pilot study, including lessons in relation to recruitment of participants, the challenges in defining primary language impairment, the need to generate data in more informal settings, and ethical considerations.

The researcher encountered difficulties recruiting participants through the education system. Others have also found that researchers may experience barriers when trying to recruit children, particularly those with impairments or disabilities (Morris, 2003; Rabiee et al., 2005; Watson, Abbott, & Townsley, 2006). However, recruitment of participants through the health system was successful.

One of the children in the pilot study presented with a language delay, according to the speech and language therapist, even though she had met the eligibility criteria for language disorder and had attended the language class. This highlighted the challenges in relation to defining primary language impairment (see section 2.2), and the need to address this in the inclusion and exclusion criteria for the main study.

All of the interviews were conducted in the clinical setting because this location was convenient for the parents of the children. However, the researcher was aware that this clinical setting may have accentuated the power differentials between the adult researcher and the child participants, and may also have influenced the nature of the data generated. Therefore, the researcher would be more proactive for the main study, actively exploring the viability of other locations for the interviews with children and their parents.

In relation to ethical considerations, the researcher had requested that the parents discussed the information sheets and assent forms with the children prior to the interviews. Furthermore, the researcher went through this documentation with each of the participants, in particular the request for assent, at the beginning of each interview. However, this process did not appear to take place in one case in the pilot study. One participant appeared reluctant to partake, as demonstrated by minimal answers to questions, despite having provided assent. In a subsequent interview, his mother explained that initially he did not wish to partake but that she had strongly encouraged him to do so. This was discussed with the participant, and he reported that although he was reluctant to participate initially, the experience was more enjoyable than he had anticipated. This experience highlights the power differentials between adult researchers, parents, and child, and how difficult it may be for children to dissent (Curtin, 2006). This experience also confirmed the importance of paying attention to both verbal and nonverbal communication, which may indicate that the child is uncomfortable or does not wish to participate.

3.5 Research questions for main study

Informed by the findings of the pilot study, the research questions for the main study were:

1) What identities do children with PSLI present in their narratives?
2) How do children with PSLI construct identities in their narratives?
3) What experiences do children with PSLI talk about in their narratives?
4) How do children with PSLI make sense of these experiences in their narratives?

3.6 Participants

3.6.1 Sampling strategy

The participants were recruited primarily using a purposeful sampling strategy. Purposeful sampling is useful because it allows researchers to choose samples. These samples are chosen because they illustrate the processes that researchers are interested in (Silverman, 2005) and have particular features or characteristics that will allow detailed exploration and understanding of the topics under investigation (Ritchie & Lewis, 2006).

The aim of the sampling strategy was not to obtain a representative sample but rather to obtain variation in the sample so that multiple perspectives could be explored. A number of parameters were considered important to reflect variation in the sample. These parameters included a mix of gender, so that potential differing perspectives could be reflected in the sample. Children with speech impairments may be more visible than those with language impairments because of potential difficulties with intelligibility, which may in turn affect identity construction and meaning-making. Therefore, the sampling strategy aimed to include children with speech impairments, as well as those with language impairments. In addition, the sampling strategy aimed to include children who had been in receipt of a range of specialist education services for PSLI, to enable exploration of their experiences of these services. A further consideration in relation to reflecting variation in the sample was the inclusion of children from different socioeconomic status groups. For the purposes of this study, this would be determined by whether the children lived in areas designated as disadvantaged under the Revitalising Areas by Planning, Investment and Development (RAPID)[9] programme.

Deciding on the sample size for a qualitative study is a problematic issue (Steward, 2006).

> "an adequate sample size in qualitative research is one that permits - by virtue of not being too large – the deep, case-oriented analysis that is the hallmark of qualitative inquiry, and that results in - by virtue of not being too small - a new and richly textured understanding of experience." (Sandelowski, 1995, p.183)

Some claim that a guiding principle in sampling in qualitative research should be saturation, that is, the collection of data until the point of saturation when no new codes or themes emerge, thereby enabling the construction of a robust theory, with no gaps or unexplained phenomena (Saumure & Given, 2008). However, saturation can be challenging to implement (Mason, 2010). Rather than specifying a number of interviews, Mason (2005) argues that the sample size should enable the researcher to address the research questions. There may also be ethical and practical considerations because people may not have time for long or multiple interviews. In narrative inquiry, typically, the sample tends to be small including several interviews with the participants

---

[9] The RAPID programme is a Government initiative targeting 51 of the most disadvantaged areas in Ireland. RAPID areas are urban areas designated as disadvantaged by reference to a range of socio-economic criteria, including the levels of early school leaving; the proportion of one parent households; the unemployment rate; the proportion of social housing; and the age dependency rate. The aim of the programme is aimed at improving the quality of life and opportunities available to the residents of the most disadvantaged communities in Ireland (An Pobal, 2012).

(Squire, 2008). For example, the sample size in narrative inquiry can range from 1-12 participants (Alsaker & Josephsson, 2010; Gelech & Desjardins, 2010; Heuchemer & Josephsson, 2006; Infanti, 2008; McNulty, 2003), depending on the nature of the data generated and the depth of the analysis.

All participants were recruited at one time (May-June 2010). It was difficult to predict when data saturation would be achieved at the outset. Therefore, it was considered that a sample of 8-10 participants, reflecting variation in the parameters described, should be adequate to answer the research questions. Because this thesis aimed to explore the depth rather than the breadth[10] of individual experiences, the plan was to conduct multiple interviews with each participant.

3.6.2 Recruitment

Given the challenges in relation to recruiting participants through the education system in the pilot study, contact was made with a speech and language therapy service based in the health services, which agreed to assist with the recruitment process. Ethical approval was obtained through the University of the West of England. (See Figure 1 for an overview of the recruitment process).

As discussed in the literature review (see section 2.2), there are no universally agreed diagnostic criteria for primary language impairment and it can be difficult to differentiate between language delay and disorder. Therefore, following consultation with the speech and language therapy team, a short survey was designed, with the aim of exploring the viability of recruiting a sample, using certain inclusion and exclusion criteria for primary language impairment. Data were collected on the profile of 9-12 year-old children who were currently on speech and language therapy caseloads, exploring variables, such as the numbers of children who did and did not meet Department of Education and Science (2007) inclusion criteria for special education provision[11], numbers of children who were currently or had previously attended language classes, and the length of time that they had attended speech and language therapy. The findings of this survey suggested that there were potentially 44 children

---

[10] The limitations of the sampling strategy are discussed in Section 7.8.2.1.

[11] For example, the numbers of children who met and did not meet the minus 2 standard deviations cut-off point on standardised language tests and the cut-off score of 90 on nonverbal intelligence scales.

(52% male; 48% female) in the catchment area, who met the criteria for PSLI, as set out by the Department of Education and Science.

Ethical approval	University of West of England (UWE)	February 2010
Decision on inclusion and exclusion criteria	Meeting with SLT Manager and SLT team	April 2010
	A survey was conducted to explore the profile of children aged 9-12 years on the SLT caseload in the designated area	
	There was a 66% response rate (n=12), indicating that there were 44 children who met the criteria for PSLI	
Recruitment of participants	Speech and language therapists were requested to distribute information sheets and consent forms to parents of children on their caseload who met the criteria for PSLI	May-June 2010
	Parents returned consent forms directly to the researcher, who made telephone contact to arrange a meeting	
Data-collection	Interviews with each participant in contexts familiar to them, with a view to achieving data saturation (5-6 interviews)	May–December 2010

Figure 1 Overview of recruitment and data-collection process

The speech and language therapists were then requested to distribute the information sheets and consent forms (see Appendix 3) to potential participants meeting the following criteria:

- Children between the ages of 9 and 12 years presenting with PSLI[12]
- Children who currently or have attended speech and language therapy in the past two years
- Children who currently or had attended language classes
- Children with speech and/or language impairments.

The exclusion criteria were children who were presenting with speech and language impairments that were considered, by the speech and language therapists, secondary to other conditions, such as autism, learning disability, emotional difficulties, or hearing impairment.

The parents of 11 children made direct contact with the researcher, providing consent for their children to be included in the study. All 11 participants were included for two reasons. Firstly, variation was represented in the sample. Secondly, the inclusion of additional participants would counter-balance potential attrition. A profile of participants' demographic profile (such as age, speech and language therapy diagnoses, education placement, and place of residence) can be found in Table 5.

Given the relatively small sample, and the potential that participants may be identified, some specific details about participants were deliberately withheld to protect their anonymity. For example, some participants had other medical conditions and diagnoses, such as dyslexia. Others had particular family circumstances, such as family members with disabilities. These data are not attached to specific participants to protect their anonymity.

No information about the children's scores on speech and language tests was requested. The researcher was satisfied that as long as the children met the broad criteria for *primary* speech/language impairments, they were suitable for inclusion in the study. All of the children met the Department of Education and Science (2007) criteria for

---

[12] PSLI in this context refers to children whose speech/language impairments are marked and are the primary problem, that is, they are not considered secondary to other conditions, such as autism, learning disability, or sensory impairment (for example, hearing impairment).

'specific speech and language disorder' because all were in in receipt of specialist education. The children's test scores were not considered relevant to the research questions, and the researcher did not wish to be influenced by test scores.

Table 5 Profile of the participants

Name	Age in years	Speech and language therapy diagnosis[13]	Education placement over the course of the interviews (May-December 2010)	Place of residence[14]
Amy	10	Primary language impairment	Moved to language class from local school	Urban area
Blade	11	Primary language impairment	Returned to local school in September, having spent two years in the language class	Urban area
Chantelle	10	Primary language impairment	Moved from 3rd to 4th class in the language class	Urban area, designated as socially disadvantaged
Dawn	11	Primary language impairment	Moved from 4th to 5th class in the language class.	Urban area, designated as socially disadvantaged
Enda	9	Primary language impairment	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
Hannah	9	Primary language impairment	Returned to local school after two years in the language class.	Rural area
Kevin	11	Primary speech impairment	Moved from 4th to 5th class in his local school. Had previously attended the language class	Urban area, designated as socially disadvantaged
Torres	10	Primary speech impairment	Moved from 3rd to 4th class in local school. Had previously attended the language class	Urban area
Mary	12	Primary language impairment	Moved to the language class from local school	Rural area
Dawn (2)[15]	11	Primary language impairment	Moved to the language class from local school	Urban area
Sara	11	Primary language impairment	Moved from 5th to 6th class and was attending local school. Had attended the language class previously	Rural area

---

[13] This diagnosis was provided by the speech and language therapy service.

[14] 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.

[15] Two children selected the pseudonym name Dawn. Rather than asking them to change their names, one of the children is referred to as Dawn and the other as Dawn (2).

3.7 Methods and procedures

3.7.1 Introduction

When researchers take the ontological position that children are social actors, this position obligates them to listen directly to children's own perspectives rather than those of proxies (Christensen, 2004; Docherty & Sandelowski, 1999; France et al., 2000; Grover, 2004; James, 2001; Tisdall, Davis, & Gallagher, 2009). This section will outline some of methodological and ethical issues in research with children, namely managing power differentials in research with children, selection of appropriate research methods, and ethical considerations.

3.7.2 Managing power differentials

One of the recurring themes in the literature on research with children is that of the obvious power differentials that exist between adult researchers and children (Christensen, 2004; Davis, 2007; Emond, 2006; Hill, Davis, Prout, & Tisdall, 2004; Mauthner, 1997). Some claim that power can be regarded as a negotiated process rather than a fixed entity (Emond, 2006; Hill et al., 2004). Taking this view requires researchers to reflect on ways in which power is exerted, shared, and negotiated in the research process, and ways in which this power may influence the research findings. Being child-centred and relinquishing power can be challenging for researchers because they have their own research agenda to pursue, as the researcher had learned in the pilot study.

In this thesis, the researcher addressed power differentials in two ways. Firstly, the researcher paid attention to ways in which power was negotiated throughout the research process, through the use of a reflective diary (for example, reflection on the context of the interviews, level of involvement of children in the research process, and the researcher's assumptions and feelings). The second way in which power differentials were addressed was by scrutinising ways in which the agenda was negotiated in the interview context, for example, through the analysis of topic management in the interviews.

With regard to the context within which the interviews were conducted, the researcher was cognisant of debates about inherent power dynamics between children and adults in

research, and how these may be accentuated in different contexts. For example, some claim that the school is an adult-led environment and that children who are asked to participate in research may not feel in a position to dissent (Morrow & Richards, 1996). On the other hand, Coad and Lewis (2004) argue that schools may be perceived as neutral ground and one which is familiar to the children.

In this thesis, the researcher had a preference to see the children in their homes rather than schools or clinics, because of the potential for the researcher to be construed as a teacher or therapist in school or clinical contexts (Davis & Edwards, 2004; Docherty & Sandelowski, 1999; Ireland & Holloway, 1996; Irwin & Johnson, 2005; Jokinen, Lappalainen, Merilainen, & Pelkonen, 2002). Parents and children were offered choices about where the interviews would be held, with the majority selecting their homes (n=7). In some instances, the initial interviews were held in the clinic, with later interviews conducted in other settings, such as schools, playground, and hotels (see Appendix 6).

The researcher presented herself as an interested adult, with naïve curiosity, mindful of power differentials. She introduced herself as a speech and language therapist, emphasising that the interviews would not be speech and language therapy sessions. When interviews were conducted in the children's homes, the researcher was typically offered refreshments and spent some time with the children and their families before and after the interviews, building relationships. When interviews were conducted in the school context, the researcher emphasised that she was not a teacher in her introductions to the participants. Moreover, the researcher was careful to minimise disruption to the school timetable, carefully negotiating times for interviews that were convenient for both the children and their teachers.

Some claim that children should be given greater involvement in the planning, design, analysis and dissemination of research, thereby empowering them and enabling them to participate in research on their own terms (Alderson, 2000; Davis, 2009; Driessnack, 2006; Hill, 2005; Mauthner, 1997; Nic Gabhainn & Sixsmith, 2005, 2006; Thomas & O'Kane, 2000; Ward, 1997). Participation in research can be construed as a metaphorical ladder, ranging from manipulation and tokenism, to semi-participation, and finally full participation (Hart, 1992). Coad and Evans (2008) go further providing a

continuum for involving children in the data-analysis phase, ranging from exclusion to fully involving them.

In this thesis, children were involved in the research process in the following ways. The children's feedback on information sheets and activities in the pilot study was used in the design of material and activities for the main study. Children's assent to participate in the study, as well as assent to participate in activities in the interviews, was obtained on an on-going basis (see Section 3.7.4). Children were given choices throughout the research process, such as choices about the selection of pseudonyms, the timing and location of interviews, activities, and choices about opting out. Assent was obtained from the children to audio-record the interviews, and they were offered the option of turning on and off the recorder. Thomas and O'Kane (2000) suggest that entrusting children with control over the tape recorder may be conducive to sharing power with children. Other ways in which the power balance was addressed was by valuing and thanking children for their time. In addition, children were invited to comment on and change the researcher's understandings of their stories.

With regard to negotiating the agenda, Christensen (2004) claims that researchers need to retrain their attention so that they do not dominate conversation, as adults often do. Achieving this requires researchers to be open and reflective. The researcher, cognisant of her role in the co-construction of the data, reflected on how the agenda was negotiated through analysis of interactions in the interviews, for example, through examination of topic initiation, maintenance, and shifts (see Chapter 6).

3.7.3 Research methods

A range of research methods, including interviews and visual methods, have been used in research with children (see Appendix 5, for an overview and critique). In narrative inquiry, the researcher is particularly interested in participant's stories, and this data are usually generated through interviews, or naturally occurring talk, over multiple interviews. Interviews and visual methods were used in the data-generation process.

Although there are some criticisms of interviews, they were considered an appropriate method of generating narratives in this thesis, particularly when combined with other

methods and resources, such as activities, using paper, pens, drawing and pictures, as well as sensitive and skilful questioning techniques (Kelly, 2007; Watson et al., 2006). Moreover, interviews can provide researchers with opportunities to explore the narrator's evaluations of what happened, which may differ from their evaluations at the time of the event.

> "[Post-event interviews] can help to identify people's face sensitivities and evaluative reactions, and they can also provide insight into the cognitive underpinnings of their reactions." (Spencer-Oatey, 2007, p. 654)

Interviews can also be conceptualised as meaningful interactional contexts, providing opportunities to explore how participants present themselves to the researcher in the interactional context of the interview (DeFina, 2009; Koven, 2002; Mishler, 1986). In this way, interviews can be viewed as a context where accounts are co-constructed between researcher and participant, rather than a process of 'unearthing things' (DeFina & Georgakopoulou, 2008, 2012; Dockett & Perry, 2007; Mishler, 1986), consistent with the notion of data-generation rather than data-collection (Graue & Walsh, 1998). Therefore, it is necessary for researchers to consider ways in which they may influence the data-generation process (see Chapter 6).

Data were generated over a six-month period from May to December 2010. This period was selected because it included the transition to a new class or school in September, which could potentially affect identity construction and meaning-making. Refreshments and games were used in the interviews to provide variety and create a relaxed atmosphere.

3.7.3.1 Interviews

Type of interviews and topic guide

Interviews can be construed along a continuum from structured, semi-structured, to unstructured (Greig et al., 2007). The primary data for this study were narratives generated through semi-structured interviews, using the methods that had been piloted in the pilot study (see Appendix 2).

A flexible topic guide was designed to explore how the children talked about events, happenings, and relationships in different contexts, such as home, school, leisure contexts, over time. (See Figure 2, and Appendix 6). The flexibility of this topic

framework provided scope for the participant's ideas to come to the surface (Greig et al., 2007).

What identities and **how** are they presented?
What identities are presented (for example, group membership of certain categories; attributes, such as likes and dislikes)? *How* are these identities presented (for example, how identities are presented, affirmed, contested, and negotiated)?

Where?
Home, school, leisure activities, interview context

When?
Past, present, future

Children's narratives

Identities and experiences in relation to whom?
Parents, siblings, extended family, peers (friends and bullies), teachers, SLTs, the researcher

What experiences and **how** are they evaluated?
W*hat* experiences do children talk about (for example, relationships with others, conflicts, friendships, academic-work, PSLI, bullying, participating in leisure activities)? *How* do children evaluate these experiences in their narratives?

Figure 2 Aspects of self and experiences explored in the interview context

Interviews typically lasted between 45 minutes and 1 hour. The number of interviews depended on when data saturation was reached, with a minimum of 5 and a maximum of 6 interviews conducted with each child, resulting in 59[16] interviews in total (see Appendix 6). The interviews were primarily individual interviews, with one group interview with three children following a bowling activity (see section 3.7.4), and one paired interview[17].

Over multiple interviews, topics were re-visited, and the researcher checked that her understandings of the participant's stories matched their intended meaning. In the final

---

[16] There were 59 interviews in total. This comprised 40 hours and 45 minutes of audio-recorded interviews, in addition to detailed field-notes from 5 one-hour interviews with one participant, who did not provide assent to audio-record the interviews, and field-notes from 2 other interviews that were not audio-recorded.
[17] Both children knew each other and were attending joint speech and language therapy sessions. Therefore, a paired interview was arranged in the clinic following one of their appointments.

interviews, the participants were invited to comment on and change stories about them presented by the researcher. Detailed field-notes were kept after each interview, recording reflections on what had worked or not worked well in the interviews, topics and clarifications that required follow-up in the next interview, as well as reflections on the researcher's feelings and assumptions.

Researchers need to be open, sensitive, and flexible, particularly when generating data with children with disabilities and communication impairments (Begley, 2000; Brewster, 2004). Researchers need to be aware that linguistic and cognitive factors, such as memory, question type, and words used, may affect the interview process (Dockrell, 2004; Dockrell & Lindsay, 2011). For example, there is some evidence that children with specific language impairment have difficulty producing autobiographical memories without the scaffolding of an adult (Tompkins & Jeffrey Farrar, 2011).

Therefore, in this thesis, resources were used to assist children to remember events, such as use of photographs in their homes or school, as well as prompts and questions from the researcher. There is also some evidence that children may have subtly different representations of words or that words may be used in different ways. Notably, Dockrell (2004) found that the concept of 'friend' may be different for children with learning disability. Owen et al. (2004) found that children with communication impairments used the word 'talk' when referring to communication, whereas 'speak' had connotations of being in trouble. However, these findings may not be specific to children with communication or learning difficulties because all individuals may have specific meanings attached to words. Therefore, the meanings of words were not taken for granted in this thesis, with clarifications sought and analysis of the context within which words were used.

Interviewing techniques

From the pilot study, it was apparent that the style of questioning, in addition, to the methods used, can facilitate or hinder the generation of narrative accounts. A number of techniques were used to generate narratives, including the funnelling technique (Plummer, 2001), the use of open-ended questions, including questions relating to the structural aspects of narratives, as well as active listening skills.

The funnelling technique, described by Plummer (2001), was used in which grand and mini-tours of topic areas were conducted. Grand tours set a wide and broad agenda (for example, "tell me all about your family?"), which were followed by more intensive interviewing or mini-tours around specific areas (for example, "tell me about something you did with your brother?"). Some claim that a focus on actions can be useful in the generation of narratives, because actions rather than attributes are considered by some to be part of the definition of narratives (for example "think of the most annoying person you can?" as compared with "tell me what they do that is annoying?" (Wetherell et al., 2007). Therefore, in the data-generation process, the researcher focused on asking children about actions (for example, if the child talked about playing football, the researcher may ask "can you tell me about a time when you played in a football match?"). Combining broad and mini-tours can be useful because participants may find it easier to talk about specific times and events rather than being asked about broad topics.

Open-ended questions were used to generate narratives, with a focus on some of the structural aspects of narratives, such as prompts about the complicating action (such as "what happened?") and the evaluation (such as "what did you think about that?" or "how did you feel about that?") (Snow, Powell, & Murfett, 2009). In addition, temporal words (for example, "what happened first..then what happened?", and "what happened in the end?") were used to help children focus on the chronological order of events and to maintain momentum in the narratives (McCabe et al., 2008). Other strategies were used to encourage narratives, for example, topic extensions ("tell me about another time that happened?"), and repetition of the child's sentence with a rising and expectant intonation (Grove, 2000, 2005).

The use of active listening skills was also used to support children to express their stories. Some claim that by confirming the children's utterances and using active listening, researchers can provide a scaffold to make it safer for the child to move into areas of difficult experiences (Mossige et al., 2005).

The researcher was also cognisant of strategies that may discourage narrative, such as the researcher switching topic, over-use of closed or specific questions, and lack of tolerance for silences. In addition, the researcher tried to avoid repeating questions in exactly the same way because children may change their responses, thinking that the

first answer was wrong (Coad & Lewis, 2004; Docherty & Sandelowski, 1999; Greig et al., 2007; Irwin & Johnson, 2005; Westcott & Littleton, 2005).

The interviews were recorded, with the children's assent, on an Olympus Voice Recorder DS-2400. Translating dynamic talk into linear written language is not an easy or straight-forward process (Riessman, 2008). The transcription conventions used in this thesis are described in Appendix 7. The initials followed by a colon (I: and P:) were used to represent the interviewer and the participant in the transcripts. A transcriber was employed to transcribe the interviews, with the exception of the interviews with children with speech impairments, which were transcribed by the researcher. The researcher listened to all of the audio-files several times, comparing them with the transcripts and field-notes, noting evaluative markers, such as stress for emphasis, and nonverbal markers, such as sighs, laughs, noticeable silences, and whispering.

3.7.3.2 Visual methods

Visual research methods have been used in research with children with the aim of obtaining their interest in research topics. While there has been some criticism of visual methods when used in isolation, others claim that when combined with other methods, they have a lot to offer (Christensen & James, 2000) (see Appendix 4 for advantages and disadvantages of visual methods).

A range of visual methods were used in this thesis to complement interviews. Although these methods have the potential to shift control to the participant, consideration was given to how directive the researcher was when using these methods (Gallacher & Gallagher, 2008). For example, the children were given disposable cameras and were asked to take photographs of things of interest to them[18]. Two sets of photographs were developed, with one copy given to the children[19]. The children were asked to talk about their photographs, for example, why they had taken them, and what the photograph represented for them. The children were also offered opportunities to draw pictures representing different aspects of their lives. Other activities included brainstorms, use of post-it coloured stickers to represent their perceived strengths and weakness, as well as their likes and dislikes. These activities provided opportunities to generate narratives.

---

[18] Some principles about taking photographs, particularly of others, were discussed with the children. For example, they were encouraged to ask for permission if they were taking photographs of others.
[19] For the purpose of confidentiality, the photographs were not presented in the findings of this thesis.

For example, if a child reported that one of their strengths was in a particular sports activity, the researcher followed up by asking the children to tell a story about a time when they engaged in this activity. A circle of friends activity was also used (Bercow, 2008). Mindful that some participants may have had difficulty with writing activities, the participants were reassured that spelling did not matter. When using visual methods, the focus of analysis was on the narratives produced in response to the visual methods, rather than an analysis of the visual methods themselves.

3.7.4 Ethical considerations

Researchers with children need to pay attention to ethical considerations because of inherent power differentials. The ethical principles of autonomy, beneficence, non-maleficence, and justice which apply to all research and are also relevant in research with children (Baines, 2008; Hibbert, Coupland, & MacIntosh, 2010). Although ethical-mindedness is embedded throughout the thesis, this section sets out some of the ethical considerations in this study.

According to the Declaration of Helsinki (World Medical Association, 2004), even though a child may not be regarded as legally competent to give consent, researchers should obtain informed assent. Several researchers advocate that consent and assent are viewed as a respectful relationship and an on-going process rather than a once-off event (Christensen, 2004; Emond, 2006; Hill, 2005; Jokinen et al., 2002; Scott, Wishart, & Bowyer, 2006; Ward, 1997). In accordance with the guidelines in the literature (Ireland & Holloway, 1996; Scott et al., 2006), parents were asked for consent for their children to take part in the study. When parents provided consent, the children were asked for their assent to partake in the study. Accessible information, consent, and assent material were designed to assist parents and children in making an informed decision about participation (see Appendix 3). Request for assent to audio-record was sought at the beginning of each interview. The children's assent was sought to spend time with them in the classroom and the school-yard during break-times.

Children were informed that they had choices about whether to participate, that they had the right to withdraw at any time, and that they could 'pass' on any question or activity, including audio-recording. Cognisant of power differentials, as well as the possibility that children may find it difficult to say no to an adult researcher, it was reiterated in

each interview that these choices were available. When the children refused to partake in any activity, including audio-recording, they were not asked to partake in that activity again, mindful that such a request may be perceived as coercion. There was a possibility that sensitive issues could be raised for participants. Aware of the potential delicate balance between expressing interest and what may be perceived as coercion (Merrick, 2011), the researcher was careful not to intrude into material that the participants may not have wished to share.

Researchers need to be sensitive to children's verbal and nonverbal cues that may reflect ways of expressing dissent (Lewis, 2011; Tanggaard, 2009). Therefore, the researcher looked for verbal and nonverbal communication that may have signalled that the participants were uncomfortable or disinterested, for example, changing the topic of conversation, looking away, yawning, and short answers to questions.

The importance of confidentiality is stressed in many research governance guidelines (Baines, 2008; Barnardos, 2008). The researcher had a duty of care to talk to the children's parents if it was considered that information needed to be passed onto them in the child's best interest, for example, if child protection issues emerged (Coad & Lewis, 2004; Connors & Stalker, 2007). When the children talked about sensitive subjects in the interviews, like bullying, the researcher asked their permission to discuss this with their parents or teachers. Confidentiality was explained and the children were assured that the data would be confidential and that the researcher would not be sharing the contents of the interviews with their parents or others, unless they wished to do so.

Indeed, it was necessary for the researcher to reflect how her actions could be perceived by children from an ethical and power perspective. There is general consensus that the provision of incentives may be problematic when carrying out research with children, because these incentives may be viewed as manipulative and unfair (Hill, 2005). In this study, incentives for participation were not provided. A thank-you card was sent to all participants at the end of the data-collection phase. However, refreshments and fun activities were used to gain children's trust and interest, as well as to create a relaxed atmosphere. Some participants interviewed in the school context clearly enjoyed partaking in the sessions, including the refreshments and fun activities provided. However, provision of refreshments and fun activities raised ethical considerations in relation to those children in the class who were not participating in the study. In an

effort to address this potential perceived unfairness, the researcher brought refreshments and games for all of the children in the class, with the teacher's approval.

Another ethical dilemma emerged in relation to a bowling activity. Three children, who knew each other and had lost contact, expressed an interest in meeting each other[20]. Following consultation with the participants concerned and their parents, it was agreed to meet to play bowls. This decision required consideration from an ethical point of view because this activity could be, unintentionally, viewed as an incentive. However, participation in this activity was at the participant's request and was entirely voluntary. The opportunity to generate data in a naturalistic setting, as well as facilitating the children to meet, was regarded as beneficial because it provided a forum to generate naturally occurring talk between the participants. Moreover, the activity took place towards the end of the interviews. Nonetheless, the researcher made a decision not to audio-record the session because of the informality of the setting, and her desire not to take advantage of the situation for her own interests.

3.8 Data analysis

3.8.1 Introduction

There is general agreement that narrative analysis is not easily defined because multiple approaches to analysis have been developed in different disciplines, with different theoretical underpinnings (Benwell & Stokoe, 2006; Smith & Phoenix, 2010). Indeed, this complexity was evident in the data-analysis phase in the pilot study. Therefore, narrative analysis refers to a family of methods for interpreting texts that have in common a storied form. Smith and Sparkes (2006) highlight a distinction between the 'whats' and 'hows' of story-telling. Denzin (1997) (as cited by Smith & Sparkes, 2006) distinguishes between the content of the story that refers to 'what' happened, and discourse that refers to 'how' the story is told (see Table 6).

Many researchers advocate multiple layers of analysis, in which the researcher interrogates the data several times focusing on different questions in each layer of the analysis (for example, focusing initially on 'what' and then on 'how' questions) (Chase, 2008; Holstein & Gubrium, 2000). This multi-layered interpretive process can facilitate the researcher to assemble a more complete picture of language use. This analysis of

---

[20] They knew about each other's involvement in the study through meeting at speech and language therapy.

language use is important in narrative analysis because of arguments that language constitutes reality. Therefore, researchers need to pay close attention to explicit (literal) and implicit (unstated) meanings (Frank & Polkinghorne, 2010).

Table 6 Summary of approaches to narrative analysis

Aspect of narrative	Example of research questions	Type of analysis
Content, meaning, or semantics of the narrative	Focus on what is said from the viewpoint of the narrator and the meaning that the story conveys	Thematic analysis (Riessman, 2008; Lieblich, 1998)
Structure, form, or syntax of the narrative	Focus on how the narrative is produced	Structural analysis (Labov & Waletksy, 1967) entailing analysis of the plot, the sequencing of events, its relation to the time axis, its complexity and coherence, the choice of metaphors or words (for example passive versus active voices) (Lieblich et al, 1998); Critical discourse analysis (Fairclough, 2001)
Interactional or performative dimensions of the narrative	Focus on how the narrative is told, accomplished, and performed	The contributions of the participant and listener or questioner are included because both are involved in the story-telling process (Mishler, 1986; Riessman, 2008). Positioning analysis (van Langenhove & Harre, 1999) Interactional analysis (DeFina, 2008). Conversation and discourse analysis

(Elliot, 2007; Riessman, 2008; Smith & Sparkes, 2008; Wells, 2011)

The approach to data analysis used in this thesis was informed by the paradigmatic 'analysis of narratives' (Polkinghorne, 1995), with the aim of generating knowledge about a collection of stories. The analytical framework used in this thesis was informed by all three aspects of narrative analysis described in Table 6. The analytical framework included analysis of the content of the narratives (that is, what the children said), as well as analysis of structural aspects of the narratives (that is, how they said it), by paying attention to syntactic markers of agency, coherence (such as causality and temporality), and evaluative language. In addition, there was analysis of how the narratives were co-constructed, albeit without using formal conversation or discourse analytical frameworks.

3.8.2 Data-analytic framework and procedures

A full description of the data-analytic framework and procedures can be found in Table 7. The approach to data-analysis was inductive, albeit informed by particular theoretical perspectives on identity, meaning-making, and narrative. The aim of the analysis was to move from description, to analysis, to interpretation (Braun & Clark, 2006; Wolcott, 1994). 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).

The analysis was underpinned by the hermeneutics of faith or restoration proposed by Ricoeur, and subsequently discussed by Josselson (2004), with the aim of highlighting meanings and understanding the children's lives as told in their narratives.

> "We believe that the participants are telling us, as best as they are able, their sense of their subjective experience…we assume that the participant is the expert on his or her own experience and is able and willing to share meanings with the researcher...putting aside the problems inherent in knowing another and the fact that the eye of the beholder always constructs what is seen, that the...researcher influences what is told, that there will always be gaps and partial truths as well as power dynamics, the aim is nevertheless to try to understand the Other as they understand themselves." (Josselson, 2004, p.5)

Table 7 Data-analytic framework and procedures

Analytic task	Rationale	Procedure
Phase 1 Organisation of the data		
Organisation of the data	Preparation of the data for analysis.	Internal source files were created for each child, using their pseudonyms, in QSR NVivo 8. Data for each child were imported to their individual files. Small stories in each participant's narratives were identified and coded under topic headings explored in the interviews, for example, narratives about family, and peers, in different contexts. The aim was to keep small stories intact insofar as possible. Some narratives about the same topics emerged over a number of interviews and these story parts and revisions were coded together. Other data that were not in storied form were coded to categories in each child's tree node, for example, descriptions of people, likes, and dislikes.
Phase 2 Identification of themes within cases under the headings of the topics explored in the interviews (linguistic focus, initially within and then across cases)		
Identification of evaluative devices	Evaluative devices are used to tell the listener something about what the events meant to the narrator or something about the narrator him/herself. Evaluation is about	The researcher immersed herself in the data by reading and re-reading transcripts and listening to audio-files. Nonverbal and verbal evaluations (Armstrong & Ulatowska, 2007; Kleres, 2010; Peterson & McCabe, 1983) were noted in the already coded small stories, using the annotations tool in NVivo 8. Nonverbal evaluations that were used to intensify or underline the importance of events or happenings were noted, such as stress, loudness, pauses, silences, smile, and laughing.

Analytic task	Rationale	Procedure
	why the narrative was told (Grove, 2007; Kleres, 2010; Peterson & McCabe, 1983).	Verbal evaluations were noted in narratives, including repetition (for sake of emphasis), lexical choices to describe feelings, happenings (for example, adjectives, adverbs, description of emotional states, judgements), use of negatives (these events did not happen and are evaluative because they inform the listener of either personal or general expectations that were not met in the situation), and expression of hopes and intentions. In addition, direct speech, which involved the narrator reporting the speech of characters or of him/herself is evaluative as it brings the story to life (Armstrong & Ulatowska, 2007) and examples of direct speech were coded in small stories, using the annotations tool.
Identification of agency	Identifying the protagonist's role in pursuit of goals, in other words who is doing what to whom (Bamberg, 2004; Elliot, 2007; Polkinghorne, 1988; Tuval-Mashiach, 2006).	The agents of actions in narratives were identified and coded in terms of whether the narrator was the active or passive. For example, use of pronouns such as 'I', 'we', 'they', and the agent of the action was identified and coded. Different types of verbs were identified and coded, such as verbs of compulsion or duty ('had to') that may suggest diminished agency. Modal verbs which represent probability of a representation of reality were identified (for example, the verb predicate 'try to', as well as, other modal verbs, such as should and must) (Fairclough, 2001; Kleres, 2010; Peterson & McCabe, 1983).
Identification of coherence: causal connections and temporality	Narrative is a way in which meaning can be created through time (meaning is created from past or present experiences with expectations for the future), and it is a way of assigning causality and order to the events of everyday life (Alsaker et al., 2009; Bonsall, 2011; Josephsson et al., 2006).	Causal connections between happenings were coded using annotations in NVivo8 (for example, use of conjunctions of 'because', 'so') (Habermas & Paha, 2001; Peterson & McCabe, 1983). The researcher also looked for ways in which stories were linked with each other to get a sense of causal links. Temporal markers were coded (for example, 'once', 'now', past tense) in order to get a sense of how the children positioned themselves in their narratives over time (past, present, and future) and how their evaluations changed over time.
Identification of identities presented, contested, or affirmed	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).	Identities presented, contested, affirmed in the narrative chunks were coded.
Exploration of ways in which power was negotiated	Narratives can be viewed as co-constructed and therefore some claim that there is need to explore the interactional context in the interview (DeFina &	Analysis of topic management in the narratives, for example, who introduced or changed topics.

Analytic task	Rationale	Procedure
	Georgakopoulou, 2012)	
Initial interpretations	Move from description and analysis to interpretation	Having coded narratives into small stories under the headings explored in the interviews for each case and annotated markers of agency, coherence, evaluation, as well as identities, initial themes for each small story were identified, supported with excerpts from the raw data. In addition, the narratives were coded with regard to whether they were progressive, stable, or regressive (Gergen & Gergen, 1986). The data were transformed from the original transcripts into individual documents for each child using Microsoft word because NVivo8 did not provide enough flexibility in this stage of analysis.
Phase 3 Moving to interpretation (developing and testing thematic networks)		
Development of a thematic network	Identification of higher-order themes was required to move from description to interpretation and explanation of the data in relation to the research questions.	The initial themes within each case were reviewed inductively in relation to the research questions, and higher-order themes across cases were developed, tested and revised, using thematic networks (Attride-Stirling, 2001).

In phase 1, the data were organised in preparation for analysis. In narrative inquiry, the researcher aims to keep a story intact and identifies themes within cases before looking for commonalities and differences across cases (Riessman, 2008; Squire, 2008). Small stories in the narratives were identified and coded under the headings explored in the interviews.

In phase 2, analytical tools from the literature on narrative analysis were borrowed (Fairclough, 2001; Habermas & Paha, 2001; Peterson & McCabe, 1983). This phase involved multi-layered micro-analysis of small stories, focusing on implicit and explicit meanings, as well as identities presented, contested, and affirmed. Narratives have two elements, namely a reference aspect that refers to what happened and an evaluative aspect that refers to the attitudes and feelings that the narrator has about the event. Therefore, both aspects of narratives were included in the analysis, with themes identified within each case in the first instance, followed by identification of themes across cases. Evaluative and coherence markers were highlighted in yellow in the transcripts presented in the findings chapter (see Appendix 9 for a sample of the detailed coding process). Cognisant that narratives are co-constructed, the tellership dimension of the interviews was also analysed through coding of topic management. In this stage of the analysis, the plot structure of the narratives were analysed, using the framework of progressive, stable, and regressive narrative slants (Gergen & Gergen, 1986).

Phase 3 of the analysis involved identification of higher-order themes across cases, looking for commonalities and differences. In order to strengthen the credibility of the interpretations, this process was iterative, emerging themes were cross-checked against the data, aiming to stay as close to the children's meanings as possible (Heuchemer & Josephsson, 2006). The emerging thematic framework was discussed with colleagues and supervisors, and was refined. 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) (see Appendix 9 for a sample of how the data were analysed).

3.8.3 Critique of analytical approach

The approach to analysis was concerned less with analysing the formal structure of the narratives and more with identifying themes in relation to what the children talked about (content), how they evaluated their experiences (through use of evaluative devices), and how they presented their identities in their narratives.

Thematic analysis has some key strengths. Thematic analysis is a flexible method that can highlight similarities and differences across the data-set. Furthermore, thematic networks can be developed, which give fluidity to themes, and emphasise the interconnectivity between themes (Attride-Stirling, 2001; Braun & Clark, 2006).

However, critics of thematic analysis in narrative research claim that themes are static and do not show the processes, dynamics, and interplay between categories, with some arguing that this approach to analysis may not be appropriate for answering 'how' questions (Bonsall, 2011). Some claim that thematic analysis may also break up the narrative, thereby sacrificing some of the meaning and losing the sense of the person (Bonsall, 2011; Frank, 2010). Moreover, some claim that little attention may be paid to the role of the interviewer in the construction of narratives in thematic analysis (Riessman, 2008).

This thesis used thematic analysis and addressed some of these shortcomings in the following ways. The researcher tried to keep individual stories intact, striving to ensure that all voices were represented in the analysis. In addition, interactional aspect of the interviews and the researcher's role in the co-construction of narratives were examined. The application of a range of analytical tools, borrowed from the literature on narrative

analysis, added to the robustness of the analysis because different tools could potentially yield different understandings and interpretations of the data. There was recognition that the processes of identity construction and meaning-making were dynamic rather than static, and the researcher was conscious of reflecting this in the thematic analysis.

Furthermore, there are inherent challenges of representing the other. Therefore, there is no claim that the children were 'finalised' in the analysis. This thesis recognised that the children's representations of themselves in their stories were continually unfolding and changing, and represented what they chose to tell the researcher at a particular point in time, in a particular historical context (Frank, 2005).

3.9 Rigour

3.9.1 Truth and trustworthiness

There is debate about the nature of the 'truth' in narrative inquiry research, with some distinguishing between historical truth and narrative truth.

> "storied texts serve as evidence for personal meaning, not for the actual occurrence of the events reported in the stories" – "truth" sought by narrative researchers are "narrative truths" rather than "historical truths. (Spence, 1982)" (Polkinghorne, 2007, p.479)

Therefore, in narrative inquiry, narratives are regarded as reconstructions of past events, that may be selective, and they serve as evidence for personal meaning rather than evidence for the factual aspects of the events reported in the stories (Lieblich et al., 1998; Mattingly, 1998). In this thesis, the children's accounts were trusted as their social constructions of happenings and events and the meaning that they attached to these, rather than an accurate representation of some truth (Dockett & Perry, 2007; Polkinghorne, 2007).

Trustworthiness has been defined as the extent to which "others can depend on the claims the investigator makes" (Wells, 2011, p. 119). Trustworthiness can be enhanced by making the research process explicit, for example, the conditions of narrative production, the data-analytical procedures, as well as how claims and counter-claims are presented (Wells, 2011). The researcher made these processes explicit throughout the thesis, and also included a chapter on reflections and reflexivity (see Chapter 6).

Reflection and reflexivity were used to assist the reader in making judgements about the trustworthiness of the study, elucidating the lenses through which the data were generated and interpreted (Groves, 2008; Morrow, 2006). Reflection has been described as a "mirror image" which provides an opportunity to examine our practices (Hibbert et al., 2010, p. 48). Reflexivity can refer to the more in-depth process of reflecting on the self as researcher, making choices in all aspects of the research process and their own multiple identities explicit (Lincoln & Guba, 2000). Reflexivity has also been described as questioning "ways of doing" (Hibbert et al., 2010, p.48). In this thesis, reflexivity was undertaken in which the researcher challenged taken-for-granted assumptions, values, prejudices, personal and theoretical positions, acknowledging their potential influence on all aspects of the study design (see Chapter 6). By being reflexive, the researcher opens the research process to scrutiny, thus enhancing persuasiveness (Riessman, 2008).

> "Reflexivity is a hallmark of excellent qualitative research and it entails the ability and willingness of researchers to acknowledge and take account of the many ways they themselves influence research findings and what comes to be accepted as knowledge." (Williams et al., 2009, p. 222)

Moreover, some claim that trustworthiness can be enhanced when the researcher spends time in the field rather than one-off meetings. Spending time with children provides opportunities to build relationships and understand the cultural context in which children live their lives, as well as enhancing the process of constructing meaning and interpreting the data (Christensen, 2004; Dockett & Perry, 2007; Irwin & Johnson, 2005; Merrick, 2011; Morrow & Richards, 1996). Clandinin (2010) argues that stories emerge out of relationships, and therefore time is needed for the researcher to build relationships with participants. In total, this study comprised 74 interviews directly with children (15 in the pilot phase, and 59 in the main study), in addition to time spent with the children in their homes and schools before and after interviews. The data were generated predominantly in non-clinical contexts and environments familiar to the children, further enhancing the ecological validity of the data. Multiple interviews facilitated the emergence and continuity of narratives over a six-month period. The interviews provided opportunities to explore how the children's interpretation of events and happenings changed over time (Riley & Hawe, 2005).

There is consensus that seeking participant-validation in data-analysis is potentially problematic. Researchers may interpret the data through different perspectives and

lenses than those of their participants, thus inevitably leading to different perspectives (Josselson, 2004; Moen, 2006; Wells, 2011). However, in this thesis while participant-checking was not used in the analysis and interpretation of the data, multiple interviews provided opportunities to re-visit and clarify topics. In this way, the researcher could check that her understandings matched those that the children intended. In addition, in the latter interviews, the children's stories were pieced together by the researcher to create a story about each participant. The participants were invited to comment on and change their individual stories and the researcher's understandings of them, if they wished. 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).

3.9.2 Generalisability or transferability

Narrative inquiry is concerned with the particulars rather than the generalities of experiences. Therefore, the aim is to learn lessons and gain insights, not to make generalisations. Elliot (2007) argues for a common-sense view of generalisability in narrative inquiry, claiming that readers are left to make up their minds as to how far the evidence collected can be transferred to others in similar settings. Therefore, researchers need to provide thick descriptions of the context of the study to enable readers to make decisions about transferability (Creswell, 2007; Mays & Pope, 1995).

In this thesis, the sampling strategy, along with a description of the participants, has been described, albeit with some details deliberately omitted to protect their anonymity. The theoretical perspectives underpinning this research have been outlined in the literature review and the researcher's assumptions are set out. The context of data-generation was 21st century Ireland, in a period of recession. The current education and speech and language therapy provision context were outlined in the literature review (section 2.3). This contextualisation of the study is provided to assist readers in drawing conclusions about the generalisability of the findings to other cases.

CHAPTER 4 MEANING-MAKING AND IDENTITIES

4.1 Introduction

In this chapter, the themes that emerged in relation to how the children made sense of their experiences and presented their identities are presented (see Figure 3). The two research questions are intricately interwoven. Children talked *about* and evaluated their experiences over time, providing insight into how they made sense of these experiences. At the same time, they presented their identities both in their narratives and in their interactions with the researcher in the interview context. Themes are presented under the headings of the aspects of life and self, explored in the data-generation process, including themes specifically about talking, self in relation to others (such as family, peers, and others) in different contexts (such as school and leisure) and self over time. Although the themes are presented separately under the topics explored in the interviews, they are cross-cutting and are inextricably interrelated. For example, although themes were identified that related specifically to how children talked about talking, there was overlap between this theme and other themes that emerged in different contexts.

Talking
- Communication breakdown: Impairment, disability, and improvement
- Strategies
- Making sense of SLT: Uncertainty and learning new things
- Talking identities in the interview context

Family
- Positive relationships
- Conflict: Autonomy, fairness and rivalry
- Making sense of disability, illness and death

Peers
- Positive relationships
- Barriers to friendships
- Making sense of bullying
- Strategies

School
- Negotiating rules: Being good and getting into trouble
- Negotiating additional supports
- Self-efficacy

Leisure
- Mastery and self-efficacy
- Fairness and rules
- Fun, relaxation, and freedom

Future
- Imagined possibilities for the future

Figure 3 Aspects of self and experiences explored in interviews and themes

The children's evaluations in their narratives provided insight into how they made emotional and explanatory sense of events and happenings in their lives and how they constructed their identities through social networks. Some of the evaluative devices that the children used in their narratives made their stance explicit, for example, through the use of lexical terms, such as *sad*, *excited*, and *depressed*. In other instances, the researcher inferred their stance, informed by their evaluative devices, and the context of the narrative. For example, the use of compulsion verbs were interpreted to signal diminished agency, use of repetition or loudness for emphasis was interpreted as signalling emotions, such as frustration or excitement, and the use of negative markers

(for example, when they talked about things that had *not* happened) provided some insight into the children's expectations of what should happen.

Presenting the analysis in narrative research is challenging because the researcher seeks to present the analysis in a way that is coherent but does not fragment people's voices (Savin-Baden & Van Niekerk, 2007). McCance et al (2001) suggested presenting the detailed stories of two or three participants. While it was tempting to present the stories of a small number of participants who produced long and more elaborate narratives, this would be at the expense of neglecting others. In an effort to ensure that all voices were represented, exemplars[21] from a range of participants are presented to illustrate themes.

4.2. Self and experiences of talking

4.2.1 Communication breakdown: Impairment, disability, and improvement

Only one participant brought up the topic of communication impairment spontaneously (Torres). Some only talked about their talking when the topic was brought up by the researcher, whereas others talked about their talking very little or not at all.

For those that talked about communication breakdown, three subthemes emerged: impairment, whereby the children talked about their own difficulties with talking; disability, which included barriers to participation brought about by others, such as others not understanding them, or excluding them; and improvement, whereby the children considered that their talking was improving. Impairment and disability did not appear to be separate entities in the children's narratives, but rather were intricately interwoven. The impairment and disability related to communication breakdown affected the children's well-being and belonging, resulted in feelings of sadness, frustration, shame, and isolation.

With regard to impairment, those that talked about speech or language impairment effects used a variety of lexical terms to describe their difficulties, for example, 'speech', 'voice', 'talk', 'can't say the words', 'hard', 'forget', 'just can't think' and

---

[21] Some exemplars are long in an attempt to keep the narrative intact.

'get mixed up'. Those with language impairments also referred to speech, describing difficulties saying words. Many of the children were also aware of some standard of normality and used terms, such as 'something wrong', 'properly' and 'right', when they talked about their speech and language. The evaluative language used by some of the children suggested that they found talking difficult. For example, Torres used evaluative devices, such as intensifiers and adjectives to represent how difficult talking was for him. Others talked about difficulties putting words into sentences, saying the word 'right', and thinking of a subject to talk about.

Torres, Interview 1

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.

Mary, Interview 5

I: Ok and how did you get to know them? [children that she met in the yard]
P: Well, well the girls introduced me to them.
I: Ok
P: I can't really say that word right [the word 'introduced'].
I: I think you said it ok.
P: Introduced.
I: That's exactly how you say it.
P: I know but it's just, sometimes I get mixed up with words.

Blade used other evaluative devices to explain his difficulties talking, such as direct speech to illustrate what his speech used to be like when he was younger; compulsion verbs, to show how he has to start again when he is explaining things and when others did not understand him; and use of negatives to illustrate that he cannot think or put his words in a sentence. He expressed a causal connection (by using the conjunction 'because') between how bad his speech was and the necessity to attend the language class.

Blade, Interview 1

P: Well, when I went there [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 [referring to the language class] then. My speech like cause when I was like a little baby or something I dunno, 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.
I:      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.
```

Other impairment effects that the children talked about were memory difficulties. Even though Blade hated the language class, he admitted that it helped him to 'jog up' his memory and remember his 'childhood stuff'. He told a hypothetical story to explain how his memory difficulties affected his life, providing an orientation that it was a hypothetical story. He regretted telling the story afterwards because he thought that the researcher had interpreted it literally.

In addition to impairment, the theme of disability also emerged from the data. Disability in this context referred to communication breakdown that the children attributed to others, for example, others not understanding them or excluding them. This in turn had a negative effect on their well-being and belonging. When others did not understand them, some children used lexical terms, such as 'sad' and 'annoying', to express their feelings. Use of other evaluative devices, such as compulsion verbs and repetition for effect, suggested diminished agency and frustration because they felt compelled to use strategies to overcome communication breakdown.

Some were frustrated in the interview context when the researcher did not understand them. For example, when the researcher returned to Sara with her summary of Sara's stories to check the researcher's understandings of them, Sara was frustrated when referents had been misunderstood or misinterpreted. Furthermore, in her narratives she attributed communication breakdown to a third-person (for example, "*it's* so confusing"), to both the researcher and herself (for example, "how could *we* get confused actually?") and to the researcher (for example, "why do *you* get confused?").

The theme of disability, as reflected in communication breakdown attributed to others, was represented in other narratives. Torres' use of repetition and compulsion verbs illustrated his frustration and what he was compelled to do when others did not

understand him (for example, "I *got to* say it around *ten* times and it be *annoying* and everything"). Kevin's view was that his speech was fine and he attributed communication breakdown to others not hearing him. As a result, he repeated the word louder when others, including the researcher, did not understand him. He seemed reluctant to admit that he was upset by this, stating that he usually ignores it when others do not understand him, and he used a qualifier to express that he was a '*little bit* upset'. When this story about others not understanding him was re-visited in a later interview, he denied that he got upset. There was a discussion about whether he wanted to keep 'upset' in his story and he decided to leave it in.

Torres, Interview 1

I: What do you do when people don't understand you?
P: I keep saying it again and again.
I: How does it make you feel when people don't understand you?
P: Sad

Kevin, Interview 2

I: Anything else that's hard for you?
P: Em talking
I: Ok let's put that one down. Can you tell me about the talking can you tell me about a time when people didn't understand you?
P: Em I think it was last Thursday that I was reading (.) English and eh somebody didn't didn't I think somebody didn't understand me
I: Who was the somebody?
P: I don't know
I: Was it one of the kids in the class or the teacher?
P: One of the kids in the class
I :   How do you feel when that happens?
P: I feel a (.) little bit upset
I: A little bit upset
P: But I ignore it
I: You ignore it, ok

A further barrier to participation and well-being in the children's narratives about communication breakdown was social exclusion. Kevin attributed not having friends to his speech problem.

Kevin, Interview 1

P: Because I have no friends in my class because of my speech
I: Because of your speech?
P: They don't understand me and I'm too quiet. Sometimes they think I'm too quiet
I: What do you think?
P: I think I'm fine

Kevin, Interview 3

I: You said that you thought that you didn't have friends because of your speech

P: Yea

I: Can you tell me a bit more about that?

P: (.) some people ==don't== unde understand me. And ==sometimes== when the teacher picks me to read a ==some== people say that they ==can't== hear him me

I: They can't hear you.
        So other people say they can't hear you

P: ==SOME== people

I: Some people? How that that make you feel?

P: I (not intelligible)

I: You get annoyed?

P: No I ==IGNORE== it

I: Do you think you don't have more friends because of your speech?

P: Yea

Another aspect of disability was social exclusion that resulted from bullying and teasing (see the theme 'making sense of bullying' section 4.4.3). 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. Others attributed social exclusion to themselves. For example, Sara reported that she had difficulty thinking of a subject to talk about with friends. As a result, she disliked the school-yard, positioning herself in a passive role in which she 'just' listened to peers or walked around the school-yard on her own. In other instances, she attributed social exclusion to others deliberately excluding her.

Sara, Interview 3

I: I was going to ask you a little bit more Sara about talking and what talking is like for you.

P: A ==bit hard== to friends.

I: Yeah?

P: It's ==just I don't think== of a subject to talk about.

I: Ok.

P: I ==just would listen== in the conversations.

I: Ok.

P: Just like that in well, now it was like that in the yard, I ==was just== listening conversations, walk around like, myself.

The feeling of shame in relation to communication impairment emerged in Blade's narratives. 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 4

I: Remember I was asking what was it like to meet other kids who have trouble with talking as well, remember? What that was like?

P: Yeah, no I remember that in the restaurant [after bowling] but I said to you like, you're not left out, you're not the only one to have, you have that problem so you don't have to be ashamed of yourself

Blade, Interview 5 [clarifying my 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.

With regard to identity, for some having a speech or language impairment was part of their identity, whereas others were uncertain about this identity category. Blade, who presented with a language impairment, used a conditional marker, saying that if he was one of them (that is, someone who had a speech and language difficulty), he would not be sad. This suggested that he did not see himself as a member of the collective identity of those with 'speech and language' now. He disliked his time in the language class, and did not like the other children in the class, one of whom he said was 'acting weird'. He did not want to be identified as one of them. He also rejected a tragic identity, arguing that he was not a 'sad fella'. It was unclear from his narratives who had assigned this identity to him.

Others were also uncertain about their identity in relation to talking. Dawn used the plural personal pronoun of 'we' when she talked about being in the language class, suggesting that she saw herself as a member of the category of people with speech and language difficulties ('speech language *we* all *have to* go in the one class[22]'). However, she also thought that she could talk perfectly and that her 'voice' and her 'talk' were 'good', and therefore appeared perplexed by her placement in the language class. Dawn

---

[22] Each of the children in the language class is following the curriculum for a particular year group even though they are all in one classroom.

also laughed when asked why she went to speech and language therapy, perhaps suggesting some discomfort or uncertainty about how to answer the question. When the question was re-phrased to make it a third-person question (that is, why do children go to speech and language therapy?), she responded that children go to learn how to talk right, suggesting some comparison with a normative standard.

Dawn, Interview 3

I: So I wanted to ask you a bit more about learning and talking Dawn. You told me that you go to see [SLT]? I want to ask you about your talking.
P: In case I can't talk right.
I: Yeah.   And do you think you can't talk right?
P: I think I can talk perfectly.
I: Yeah, so why do you think you need to go to [SLT]?
P: Just in case.

Dawn, Interview 5

P: I don't think I like should be in the language because my voice like, my talk is good.
I: Yeah, you don't think you should be here?
P: My talk is good.
I: Your talk is good. I can see that.

Some talked about other identity categories, such as dyslexia. This label meant different things to different children, with some accepting but deliberately not disclosing it to peers, others more ambivalent towards it, and one participant overtly rejected this identification. One participant described herself as private and exercised agency, choosing not to disclose this diagnosis of dyslexia to peers. She feared that they would tell others and ask her about it. She might tell others about her dyslexia when she is older. In the pilot study, another participant's mother told the researcher that he was dyslexic[23] . When asked about this diagnosis in the subsequent interview, the participant rejected this identification of himself, saying that he was not 'that d word'[24] and that he hated that word.

Most of the children talked about improvements in their talking over time, suggesting change in a positive direction and a hopeful outlook. When the children talked about wishes for the future, Kevin was the only participant who wished that he could change his speech and that he could speak clearly. Blade used temporal markers and direct speech to distance himself from what his talking was like in the past, using direct

---

[23] Data from field-notes
[24] Referring to dyslexia

speech to illustrate the way he used to talk (for example, 'need go toilet' and 'me go toilet'). He was happy now because he had improved, and he didn't 'have to' (compulsion verb) say mixed up sentences, he can talk 'properly', and 'all' people can understand him. Although he acknowledged that he still had some difficulties talking, he minimised these. At times, he seemed to distance himself from his speech, for example, the use of the pronoun 'it' to refer to his speech ('when *it* doesn't work'). He seemed to have difficulty controlling his speech in that he seemed unsure about whether the sentence would come out 'right'. However, there was also evidence of agency and self-efficacy, that he could reach his goal when he thinks ahead and plans, at least sometimes (for example, 'I'm able to do it now'). Even though he hated the language class, he acknowledged that it helped him.

Blade, Interview 1

I: Do people know about your speech?
P: No people know about it. I ==actually don't== mind like, ==I don't actually== mind my speech. They know because when I was ==a little baby== talking to them, they knew what was ==wrong== with me so ==I'm just talking properly== and ==now== they ==actually all== understand me now, I ==feel happy== now.

In summary, the subthemes of impairment and disability emerged in the children's narratives about their speech and language impairment. Some talked about difficulties they had with talking, such as problems saying the words or thinking of words. There were also barriers to communication, where others did not understand them, teased, or excluded them. For some, having a speech and language impairment seemed to be part of their identity, others were uncertain, and others did not discuss their difficulties talking at all. The children's use of evaluative markers suggested that some were upset, frustrated, sad, ashamed, and isolated because of their speech and language difficulties. On the other hand, many considered that their talking was improving over time.

4.2.3 Strategies

Although some were frustrated by 'having to' use strategies to repair communication breakdown, many were proactive, using a range of problem-solving strategies, such as repeating the word, saying it louder, drawing it, writing it down, and spelling the word. When communication breakdown occurred in the interview context, they used some of these strategies. They also talked about metacognitive strategies, such as rehearsing the words in their heads, thinking first, and deliberately using shorter sentences.

Torres, Interview 2

P: Well some people don't understand me. Like my teacher my teacher doesn't really understand me. Then I then I got to then I got to WRITE it out

I: If the teacher doesn't understand you the teacher will ask you to write it out.

P: Yea

Blade, Interview 2

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?

……

P: Yeah I get stuck but most of my sentence I find them ok like. I'm able to talk properly as well like.

Mary, Interview 5

P: You see, well if there's, like, a long word.

I: Yes.

P: And I try and, like, say it out in my mind and then I just say something and then I get all mixed up with the words.

I: Ok.

P: Yeah.

I: And when it comes out wrong, Mary, do you know?

P: Yeah.

I: And what happens then? Do you try and fix it? [she nods] And does that make it better or worse?

P: Better.

These strategies suggested that the children found creative solutions to overcome communication breakdown. Although they were frustrated about having to use them, they also had a sense of satisfaction when the strategies were successful.

4.2.4 Making sense of speech and language therapy: Uncertainty and learning things

Two subthemes emerged when the children talked about speech language therapy, namely uncertainty and learning new things. Some children were uncertain about what speech and language therapy was and why they were attending. They described therapy in different ways, including doing work, doing stuff, words, English, and sounds, getting homework, playing games, and getting stickers. While some differentiated speech and language therapy from school-work, others did not. Sara confused her

resource teacher with the speech and language therapist.

Many children also framed speech and language therapy in the context of learning things. Some viewed it as a means to an end. For example, Hannah saw attending the language class as a means to an end in that she could return to her local school when she learned more words. Most of the children evaluated therapy in positive ways and thought that it was helpful. Kevin, on the other hand, evaluated it negatively, describing it as 'boring', that he was 'nearly done', and that he had not done his speech and language therapy homework. This stance reflected agency and confidence and he appeared proud of his rebellious behaviour. Torres was unhappy that he was told that there were games in speech and language therapy, because when he caught the fish in a so-called game, he 'had' to say the word, which he considered was work.

Mary, Interview 1

I: So you go into [name of speech and language therapist]yeah.
P: And we do like games and stuff in there like. She does this thing with us that you have to say the word and then don't say the last word and out in a different word instead of the last word. So it's like, it's like, say pan, instead of the N pronounce the T, and Pat. Puh ah tuh pat.
I: Ok, so you'd have to have, like.
P: That's the end sound.
I: And you'd have to put a different end sound in then. Ok.
P: No, it's like, the words. These words are written in a book. And there's a word, yeah, take off the last word and then in the middle there's the other word at the end of it and then the last word is the actual word.
I: Ok and then what you have to do then is you have to switch, put in a different sound at the end and then it makes a new word? Ok and what does that help you with do you think Mary? What does that help you with doing?
P: Well the sounds mainly.
I: Yeah, yeah and why do you think you go to speech therapy? Why do you need to go to speech therapy do you think?
P: I dunno. Helps out with my English and stuff and with sounds and stuff.
I: Yeah.

4.2.5 Talking identities in the interview context

As part of the participant-checking process, the researcher brought transcripts back to the children in the latter interviews to clarify points or to summarise what had been discussed to date. The length of the transcripts seemed to challenge, in a positive way, some of the children's identities as talkers (for example, Torres, Chantelle, Dawn, Sara, Mary, Dawn (2), and Blade). 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

Many were impressed by the amount of talking when they saw the transcripts. For example, Blade commented 'I say a lot', 'did I say that much' and 'I said a huge sentence there'. Mary used the exclamation 'wow' when she saw the length of the transcripts. Dawn described the story that the researcher had summarised about her as 'brilliant', asking in subsequent meetings if she could read it again. Others appeared less interested in the process (for example, Amy, Kevin, Hannah, and Enda). Some were frustrated and confused when the researcher's understandings did not match what they intended (for example, Torres, Chantelle, and Sara).

4.2.6 Summary

The children made sense of talking in different ways. Some did not talk about their speech and language impairment at all, whereas others talked about impairment and disability effects in their narratives. They made judgments, and referred to others' judgments, about their speech against some standard of normal, using words like 'properly', 'perfectly', 'right' and something 'wrong' with their talking. Some talked about impairment effects, such as finding it hard to say words, sentences, and difficulties remembering things.

The theme of disability was also identified, which referred to communication breakdown attributed to others not understanding or hearing them, as well as social exclusion. Although some of the children's evaluations suggested that they were upset, sad, frustrated, and ashamed, particularly when others did not understand them, some children seemed reluctant to admit these emotions. Many exercised agency and problem-solving skills, using strategies to overcome communication breakdown.

Some were unsure about why they attended speech and language therapy and were generally positive in their evaluations, with some exceptions. All of the children who talked about their speech and language impairments reported improvement over time, suggesting a progressive narrative slant (Gergen & Gergen, 1986).

4.3 Self in relation to others: Family context

Most of the children presented themselves as having positive relationships with their families. Although the children presented themselves as good and helpful at home, they also talked about disagreements and conflict with others. Three subthemes were identified, including positive relationships; conflict: autonomy, fairness and rivalry; and making sense of disability, illness and death.

4.3.1 Positive relationships

Many of the children's evaluations of relationships with their families were clearly positive, with many enjoying spending time with families, including family celebrations and outings, such as weddings, holy communions, confirmations[25], birthdays, outings, and holidays. Subthemes that emerged in this category included taking up meaningful roles and reciprocal support.

With regard to taking up meaningful roles, the children talked about actively contributing to the running and maintenance of the house and garden by participating in tasks, such as fixing fences, emptying turf from trailers, stacking turf in sheds, growing vegetables, gardening, cooking, and shopping. They were proud of their ability to take

---

[25] All of the children were attending schools that were predominantly catholic, and ceremonies, such as Holy Communion and Confirmation were considered important events, which were celebrated in the community.

up these roles, which seemed to provide them with a sense of mastery and responsibility. There was a broad but not exclusive breakdown by gender. Two of the boys in particular identified with their fathers, talking about helping them with tasks outside the home. The girls were more likely to talk about spending time with their fathers, rather than helping them with tasks. The girls talked about helping their mothers with tasks in the home.

Enda, Interview 4

P: Well I pulled all the trees.
I: You pulled all the trees? And how come you've pulled all the trees?
P: They are all dead.
I: Oh they all died, from the frost and who pulled them up?
P: Daddy.
I: And were you there? Were you? And what were you doing?
P: I was taking the clay off the roots.
I: You were taking the clay off the roots. And what did you do with them all then?
P: We cut them for fire

They valued the support that they received from their parents, in particular their mothers. Two of the boys in particular seemed to have close relationships with their mothers, and talked about them in affectionate terms. When Blade talked about his mother in Interview 2, he told a story about how she used to mind children in their home. A neighbour, unfairly in his view, reported them (the use of the plural pronoun), because the children were throwing toys across the wall into the neighbour's garden. The outcome was that his mother had to stop minding the children and get another job. He misses her now because she works long hours. In this narrative, he used evaluative language to defend his mother and the children. He presented the stance of his neighbour as unreasonable, arguing that the toys were 'small' and 'plastic', and that they did not harm the neighbour's property. He defended the children by positioning the toys as the agents of action, claiming that the toys 'hopped over the garden', thus removing the blame from the children. He also evaluated this experience as upsetting for both himself and his mother (lexical choice of 'crying').

Torres also presented his relationship with his mother in positive terms. Although she made rules, he described her 'easier to get around' and 'soft', suggesting that he could negotiate rules with her. She also gave him a say in decisions, for example, how long he would spend in the language class. Others also talked about ways in which their mothers helped them.

While the children obviously received support in the family, many also presented themselves as providing support and help to others. Kevin talked about protecting his youngest brother from his other brother's angry outbursts. Dawn also presented herself as caring and generous towards her siblings, giving her sister money for her confirmation[26] and buying sweets for her siblings.

Dawn, Interview 2

I: Ok. And tell me all about that, what happened? [sister's confirmation]
P: We had a party.
I: Yeah
P: And she got some money off her cousins and her Mammy and Daddy. Yeah and I gave her some money.
I: Did you? Yeah?
P: A tenner.

Many of the children talked about reciprocal support in relation to the extended family. They talked about the support they received from their grandparents. Their evaluations of time spent with their grandparents were positive. They talked about ways in which they helped their grandparents with tasks, such as cooking and gardening.

Some children also talked about their pets as sources of support and company. Sara appeared to rely on Patch for emotional support and Patch was part of all of the interviews.

4.3.2 Conflict: Autonomy, fairness, and rivalry

Although many of the children's narratives about relationships in the family context were positive, they also talked about conflict. There were different reasons for the conflict.   Conflict with parents tended to be linked with restrictions in the children's autonomy and independence. This conflict arose from the enforcement of rules by parents, which the children often considered were unfair. Conflict with siblings was often related to rivalry.

With regard to conflict with parents, some were frustrated when their autonomy and independence were restricted by their parents. Some also perceived these restrictions as unfair. In general, the children perceived their fathers as stronger enforcers of rules than their mothers. Many of the children wanted to do things independently, for example,

---

[26] In Ireland, children often receive money from relatives and friends (usually adults) when they make their first communion and their confirmation.

visit friends, stay out later, and they were frustrated when they were not allowed. For example, Torres reported that his father was tough on him; Enda's father banned use of the Nintendo game because he was playing with it too much; and Mary's father would not let her out at night because she was too young. Blade was annoyed that his older brother was allowed to have his ear pierced, but his father had not allowed him to have his pierced.

The children also talked about, albeit to a lesser extent, conflict with their mothers. Torres had had an argument with his mother over home-work prior to Interview 4. She was keen that he would do some school-work over the summer so that he would not fall behind in school-work[27]. He was angry because this was a breach of his expectations about the way things *should* be. His moral stance was that the summer holidays were for rest and that children should not have to do school-work during this time. He also felt that this was unfair because he was singled out, whereas his brother was not.

Others talked about conflict with parents. Dawn was the only child to admit that she was wrong in a conflict situation and apologised. One participant talked about conflict between her parents. She used evaluative devices to signal that conflict may have been difficult to talk about, for example, she lowered her voice when talking about it and evaluated this story as a 'bad' time. However, she reported that things have improved now. Overall, the children's evaluations about conflict with parents suggested frustration and annoyance when their autonomy and independence were restricted, and they often perceived their parents' actions as unfair.

Conflict with siblings also emerged as a theme, often linked with rivalry. Many attributed blame for the conflict to their siblings, presenting themselves in a positive light. Hannah talked about conflict with her siblings, reporting that they teased her and disrupted family outings. She also talked about rivalry with her sisters and was proud that she got more money than them for her holy communion. Kevin was also frustrated by his siblings. He shared a room with a sibling, and one of his wishes for the future was that he would have his own room because he wanted his own space. Mary also talked about conflict with her older brothers and how their relationship had deteriorated over time. She evaluated her narratives about her brothers with an angry stance, attributing blame for the deterioration in their relationship to them. Blade, in his

---

[27] Data from field-notes

narrative about conflict with his brother, justified his action of stabbing his brother when he was younger. He attributed the blame for this incident to his brother, who had annoyed him in the first instance. He explained that the knife he used was 'not' sharp and that he was lucky he did not hit a vein. He argued that his brother had not experienced any long-term adverse effects, describing him as the 'best at everything' and as 'actually perfect' and 'not in a special' (possibly referring to special class or school). In the following interview, Blade talked about his re-evaluation of this incident. He had a new interpretation after new data emerged in a conversation with his older brother following the interview. He now felt even more justified about his own action, viewing this as revenge for another incident.

Although there was conflict between siblings, it appeared that there were unspoken rules about what was and was not legitimate to tease each other about. Torres looked up to his older brother, but did not always get on with him. He reported that he 'tries' to get on with him, suggesting diminished agency. He used direct speech and a jeering tone as evaluative devices when referring to how his brother made fun of him, calling him a 'fat pig'. He also used a negative evaluation marker to point out that his brother did *not* make fun of his talking. This suggests that there were unspoken rules about what was and was not legitimate to make fun of him about. Although Torres was the recipient of his brother making fun of him, he also presented himself as an agent, achieving his goal of deliberately getting his older brother into trouble with his father.

Torres, Interview 3

I: What kinds of fights do ye have? [with his brother]
P: Sometimes he make fun of me
I: Does he?
P: Like he doesn't make fun of my talking. Like 'na na na na' (unintelligible)
I: He doesn't make fun of your talking but he makes fun of other things like what
P: Like you are a fat pig'.

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 [brother's name]'. Then he get into trouble with my dad.

Rivalry emerged in the narratives of one child in relation to her brother, who had a disability. Although one participant[28] talked positively about her brother, she also appeared uncomfortable talking about him and requested a change of topic. Given this request the researcher did not raise the topic again. However, in Interview 3 when asked about her three wishes, her third wish was that her brother would have a 'kind soul'. Following a request for clarification, she explained that she wished that he would stop annoying 'us' and do what he was told. She was tearful when she said that she was 'kind of' jealous of him. The use of the adjective 'kind of' may have been used to soften what she may have evaluated as a negative emotion. She used direct speech and a negative marker to explain that her parents do not play with her, whereas they play with her brother 'sometimes'. She seemed envious that her brother got more attention from her parents, which she did not think was fair. She was looking forward to her grandparent's visit because they would have time to play with her. She also considered that it was important to have friends so that you would not be lonely.

Participant[29], Interview 3

[I asked her what she would do if she had three wishes and this narrative was about her third wish]

P: And my brother had a kind soul. Soul.
I: Your brother?
P: Had a kind soul.
I: Had a kind soul. Yeah. Yeah and do you think he doesn't have a kind soul?
P: No like I mean, he can stop annoying us or could do as he's told and stuff. Kind of way.
I: Cause sometimes I can see that, like let's say you wanted time for something that you wanted to do, [brother's name] might be coming and
P: Interrupt.
I: Interrupting yeah. Yeah. But you are very kind to him [pseudonym of participant].
P: I'll say yeah.
I: Yeah from what I have seen, I've only been here a few times, I think you
P: I'm kind of jealous of him [tearful]
I: Are you?
P: Because sometimes my parents play with him and they don't play with me. Always my (unintelligible) my games.
I: Yeah. So he takes up their time.
………
P: That's why it's good to be with friends, because they can play with you and friends are good to have.

The majority of children attributed blame for conflict to others, with one exception. Dawn accepted responsibility for conflict with her brother and apologised to him.

Dawn, Interview 6

I: Yeah. And what other way, how would you describe yourself.
P: Sometimes I can be mean.
I: Sometimes you can be mean, can you?
P: To my brother.
I: Really?
P: If he doesn't give me what I want.
I: And what would, tell me a story about that, tell me a story about being mean.
P: He gave out to me.
I: He gave out to you?
P: Last time I wanted to play his football to bring to the school for the Gaelic and he gave out to me and then I said sorry to him. He gave me a hug.
I: He gave you a hug. And you wanted to bring his football to school and he didn't.
P: Want me to because it's brand new.
I: Ok.
P: I was trying to show off with it.

The children's narratives about conflict with parents were related to restrictions in the children's autonomy and independence that resulted from the imposition and enforcement of rules. Conflict with siblings was typically related to rivalry. The majority of children defended their stance in their narratives, presenting themselves as morally good, with the conflict caused for the most part by others.

4.3.3 Making sense of disability, illness, and death

When the children talked about their families and friends, the theme of making sense of disability, illness, and death emerged. With regard to disability, the children presented people in their families with disabilities in positive ways. Some were also aware of stigma associated with disability[30]. One participant evaluated her parent's disability in positive ways, pointing out valuable skills she had learned from them because of their disability. Another participant also presented her brother, who had a disability, in positive ways, although she was also envious of the attention he gets from her parents. When a third participant talked about her uncles who had a disability, she seemed unsure about how to assign identities to them. She described them as 'sick' and as not well 'yet', suggesting that they would get 'better' sometime. She also used a qualifier to explain that they were 'just handicapped' and that they were born like that. She appeared to use 'sick' and 'handicapped' as synonymous terms, explaining that if people were 'sick' they would be handicapped. In another interview, when asked what

---

[30] The pseudonyms are deliberately excluded in the following examples to protect their anonymity

disability meant, she said it meant being in a wheelchair[31]. She also explained that her uncles were not with anybody, making reference to the fact that they were not married. Getting married was an important aspect of self-concept for her and was one of her wishes for herself in the future. She also talked about ways in which her uncles made her laugh, portraying a positive image of them. She reported that they went to a school, without any evaluation, even though they were adults.

Participant[32], Interview 6

P: Yeah I have two sick uncles.
I: Oh really?
P: They're her [Granny's] sons.
I: They're her sons. And do they live in the house too?
P: Yeah they're not, like, they're not with anybody.
I: They're not well.
P: Like they're not well yet.
I: Are they not? And what's wrong with them?
P: They are just handicapped.
I: Oh they are handicapped are they?
P: Yeah they were just born like that.
I: They were born like that, ok and does your granny look after them?
P: Yeah but they are very funny.
I: Are they? What do they do that's funny?
P: They always make you laugh. There's one called [name] and [name]
I: Yeah.
P: They go to a school and they help all, like they help other people as well who are sick.

The topic of disability also emerged in relation to a fourth participant's narrative about her friend's sister, who was what she described as 'handicapped'. Her evaluations suggested that she was aware of the stigma associated with the word 'handicapped', including hesitancy before saying the word 'handicapped', asking for permission to say the word and then whispering it, then revising the word to 'special needs', a term she may have considered more socially acceptable.

Some children also talked about illness in relation to themselves and their families in their narratives. Some talked about conditions, such as hay-fever and asthma, that they had themselves, and were frustrated by restrictions that these conditions imposed on their participation in sports activities. One participant was negative in her evaluation of the treatment for eczema, reporting that the cream that the doctor had given her had not

---

[31]She said this in the context of looking at a book with a picture of someone in a wheelchair.

[32]The pseudonyms of participants who had family members with disabilities are deliberately with-held to protect their anonymity.

worked. Another child reported that he would make a donation to the hospital that he attends for a medical condition, if he was a billionaire. Others talked about illness in relation to family members. Dawn talked about how her mother had organised vaccinations for all of the family after some contracted swine flu, an intervention she evaluated as positive.

Some of the children also talked about illness and death in relation to their grandparents. The family context provided a supportive network for the emotional upset associated with death. Sara told me that her great grandmother died from a terrible illness that makes you forget how to eat and breathe, and that she died 'for sickness'. Some presented negative evaluations of placing their grandparents in nursing homes. Blade's moral stance was that it was best to look after older people in their own homes and not to send them to nursing homes. He seemed surprised by his grandmother's abilities. For example, he reported that she still had her memory, 'could walk and everything', could mind herself, and smoked even though she was in the wheelchair, all of which were perhaps in contrast to his expectations about older people. He used a number of evaluative devices to express the emotional upset at his grandmother's funeral, including an exclamation 'Oh God' and the adverb 'crying badly'. It was the first time that he had seen his older brother crying.

Blade, Interview 3

I: It's hard when you lose people isn't it? When they, yeah.
P: That was my first time I seen like a dead body. I was right beside it like the dead and everyone came and was crying and oh god and I started crying badly…... [talked about singers coming]. Yeah, they're related. They just started singing then and we all cried and I said, there's my first time seeing [older brother] crying like I never seen him

4.3.4 Summary

The themes that emerged in the children's narratives about their experiences in the family context could be broadly categorised into three themes: positive relationships; conflict: autonomy, fairness and rivalry; and making sense of disability, illness, and death. The children presented themselves as contributing to the household in meaningful ways, which gave them with a sense of belonging and being valued. There was evidence of reciprocal support, with the children giving and receiving support in the family context. There was also evidence of conflict, which was often related to

negotiation of rules, breaches in expectations, and sibling rivalry. The children evaluated their narratives about conflict by presenting themselves as moral protagonists. They justified their own position, often attributing blame to others for starting the problem and viewing the actions of others as unfair. The children also made sense of illness, disability, and death in their narratives about their families.

Many presented people with disabilities in a positive light, highlighting their abilities as well as disabilities, perhaps trying to counteract the negative stereotypes of disability. The children did not make references to PSLI in their narratives about their families, with the exception of Torres who said that his brother did not make fun of his talking. They did not present themselves in any way as disabled by their PSLI in relation to their families. The children also used several evaluative devices to present their emotional evaluation of family experiences, including pride, fun, enjoyment, anger, upset, frustration, sadness, and jealousy. The family context, for the most part, appeared to provide children with a positive sense of well-being and belonging.

4.4 Self in relation to peers: Friends and bullies

4.4.1 Positive relationships

The theme of positive relationships with peers included ways in which children talked about friends. This theme included ways in which they valued the number of friends they had, as well as ways in which they defined the quality of friendships. Furthermore, it included ways in which they presented their identities of attractiveness to others.

The children clearly valued positive relationships with peers. The word 'friends' meant different things to different children. In general, the children's definitions of friendships included reference to support and company, which provided them with a sense of well-being and belonging. Friends provided a supportive buffer for some when they were teased or bullied. Some defined friends as those who are nice to you and help you. Some also defined friends using negative markers, such as those who do not laugh at or bully you or who did not get into trouble. Most of the children, except Mary and Amy, talked about activities that they did with named friends, such as playing sports, games or meeting up.

The children valued the quantity of friends, as well as the quality of friendships. With regard to the quantity of friends, Kevin was explicit about wanting more friends, qualifying that he 'only' had two. To the contrary, Blade and Dawn presented themselves as having 'loads of friends'. Blade counted all of the thirty-four children in his local school as friends, even though he had not had any contact with them for two years, because he was in the language class.

Others were concerned with the quality of friendships. Many of the girls, and one of the boys, talked about 'best' friends. Chantelle described one girl as her 'best best' friend and talked about activities that they did together, including 'a best friend thing'. The 'best friend thing' seemed to be an exclusive group, with specific membership of six children who did things together (for example, they bought stuff, had picnics, and played games).

For Sara, the category of 'best' friend was fluid, and changed over the course of the interviews. She talked about losing contact with two 'best' friends, for different reasons, namely she had moved house and lost contact with one friend, and another friend had gone to secondary school and had a boy-friend now. Sara did not like teenagers because she thought that they said things about you. She felt excluded.

Sara, Interview 2

I: And tell me about your friends.
P: Well there is a friend [name], she was my best friend since when she was younger. Yeah when we were in [place she used to live], me and my friend would, me and [friend's name] would be like close by.
I: So [friend] lived near you?
P: Yeah, well not near me but yeah. Like, few, a couple of minutes is all.
I: Ok.
P: And we would go each other, but now since she is in secondary school, kind of less (inaudible) communitating. You know? Contacting each other. [she was clarifying what she meant by the word 'communitating']
I: Less communicating.
P: Yeah.
I: Yeah and she is, so she's older than you?
P: Yeah she's like thirteen or something.
I: She's thirteen, ok.
P: And she has a boyfriend.
I: Oh she has a boyfriend? And tell me about her boyfriend?
P: Well he's in, he's in first year as her.
I: Ok.
P: And they like each other.
I: Yeah.
P: That's all I can say.

Sara, Interview 3,

P: She [name of new best friend] was mostly with some other friends, which I don't like them. I don't really like teenagers because they would just talk about you and say nasty things about you. You know?

I: Really?

P: I always think that teenagers always comment about other people's lives.

I: Really?

P: Yeah.

I: And do you think the gang that [name of new best friend] was with would do that?

P: Yeah they think that [name of new best friend] was cool and I would be presented to them by [name of new best friend]

I: So [name of new best friend] would like introduce you to them?

P: Yeah.

I: Yeah but you didn't

P: Like them.

I: Like them. And did you hear them saying anything about your Sara or

P: Oh no, no, just didn't really like them.

Others also had complex relationships with friends. Two of the girls (Dawn and Sara) talked about having 'fights' with their friends, a term they subsequently revised to 'arguments', perhaps considering this term more socially acceptable. Amy and Torres told stories about friends who were mean to them sometimes, but were also their friends. Torres' so called friend got him into trouble by making false accusations about him. Torres took offence to being called a liar by this friend. He used evaluative language to signal this upset, including use of loudness for emphasis when denying that he had used the 'f' word, and the lexical choice of *sad* when the teacher took his friend's side. This was the same friend that had helped Torres to break the school-rules[33] on another occasion. On that occasion, Torres was pleased that they had out-witted the teachers and did not get caught.

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

---

[33] Torres was not permitted to play soccer in the grass at school because of his hay-fever. In another narrative, Torres broke this rule with the assistance of this friend, who helped to conceal him from the teachers.

Some children talked about ways in which their friends defended and supported them when they were bullied. For example, Torres used direct speech to explain how his 'true' friends defended him when he was teased by others, which provided him with support.

Torres, Interview 1

I: And who else who would be your best friend?
P: [named another friend]
I: [I repeated his name]. Tell me about him.
P: If somebody mean he would say 'don't say that to him'
I: And who would he say that to to the lad who was teasing you
     …..
P: Some people make fun of me and then then after my other friends say 'like like it is it is not his fault HE can't talk properly'
I: Mm so they stick up for you
P: Yea

Torres, Interview 5 (with Kevin)

P: Then after my friend was back me up then after that he was shouting and hitting [the boy who was making fun of him]. And then after he said to (unintelligible) go out of the classroom. Then after my friend said 'good bye'. They said to 'go away'
I: Your friends said good bye to him
P: My TRUE friends

Appearance and attractiveness emerged as an identity subtheme in this theme of positive relationships, with some gender differences. Most of the girls talked about appearance in their narratives. For them, appearance was linked with femininity and attractiveness to others, including talk about their hair, jewellery, clothes, and make-up. Dawn's favourite things to wear were tracksuits 'because they make you nice' and she added 'and good looking' (Interview 2). When we looked at the photographs that her mother had taken of her, she evaluated them in terms of her appearance, for example, 'I'm so ugly in it', 'that's nice'. When she was reading the story that the researcher had constructed about her, she smiled when she read the statement that 'Dawn likes to look nice', clearly pleased with the researcher's affirmation of her identity as attractive. Sara talked about dressing up to go to a disco and was pleased when others affirmed her own perception that she looked pretty. The boys also talked about appearance but in different ways to the girls. They talked about attributes, such as size, strength, and bravery in their narratives.

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==.
I: I'm sure you were.
P: Yeah.

Gendered identity also emerged as a theme in other ways. Dawn and Chantelle both rejected the identity of 'tom-boy', assigned to them by others. Chantelle was selective about the clothes she wore because she did not wish to appear too 'girly'. In an interview with Enda[34], a photograph-album was reviewed, including photographs of him from when he was born up to the present. One of the photographs included Enda, aged approximately 3 years-old, dressed up as a girl at a fancy dress party. After the interview, his mother reported that he was unhappy about the inclusion of this photograph, and he wanted to remove it. However, his mother insisted that it was kept because there would be a gap in the album. Enda told his mother and sisters after the interview that he deliberately passed over the photograph quickly to ensure that the researcher would not notice it. He actively managed his presentation of gendered self.

The children clearly valued their friendships and many evaluated their narratives about friends in positive ways. Having friends provided them with a sense of well-being and belonging. The dynamics of friendships were fluid and changed over time.

4.4.2 Barriers to friendships

This theme of barriers to friendships included barriers arising from speech and language impairment and specialist education, as well as ways in which the children positioned themselves in their narratives.

Some children (namely, Kevin and Sara) made a direct causal connection between not having friends and their speech and language impairment. Kevin believed that he did not have friends because of his speech, and he thought that other children could not hear him. He was proactive in trying to make new friends by participating in sports activities. Over the course of the interviews, the transition to 5th class was positive for him because he made new friends.

---

[34] Data came from field notes. Enda's mother had compiled the album and selected the photographs.

The children also talked about logistical barriers to friendships, resulting mainly from attending the language class. Many travelled distances to the language class and lost contact with their local peers. Some developed friendships in the language class but had little contact with friends outside of the school context, because of logistical reasons. For example, Blade and Kevin knew each other from their time in the language class and both talked separately about not having phone numbers to contact each other after leaving the class. When Blade returned to his local school, he was excited that his teacher was going to give him the phone numbers of the children in his class so that he could call them and invite them to his house.

Blade, Interview 1

I: And what was it like being in [language class] school then. What was that like?
P: Actually hated it.
I: Did you?
P: Yeah I really missed my friend's cause when I went to first year yeah
…
I: And what about your friends then here in [local area], were you able to stay in touch with them or?
P: No well I had my birthday party June 22nd [pseudo-date] and invited only think it's only two or yeah two and I invited [name of boy] from [language class]. I invited [name of boy] and [name of boy] from [language class]
I: Ok but it's, so are you saying that it was kind of hard to keep up friends with your [local area] friends when you were in [language class] school?
P: Yeah. I can't barely talk to them. I don't know where they are like or
I: What they're at.
P: Yeah like I don't think I have their phone numbers or anything.

Hannah was attending the language class and reported that sometimes she is 'allowed' to see her friends from her old school. For some children, attending the language class did not require a change of school. Nonetheless, Dawn was looking forward to returning to what she termed 'normal' class to be with her friends.

Dawn, Interview 1

I: What else is different about the language class?
P: Some of not most of your friends are in it
I: Most of your friends are in it?
P: NOT most of your friends are in it

The difficulties renewing friendships following return from the language class to local schools were poignant in the narratives of two of the children in particular, namely Blade and Sara. Blade had moved back to his local school during the course of the interviews. He hated his time in the language class, mainly because he missed his

friends. He was very excited about his return to school and had high expectations about renewing friendships. On return to his local school, his initial emotional evaluation was that he was 'really sad' because 'the' friends did not talk to him, positioning himself in a passive role. However, he explained that he did renew friendships after a few weeks, and now he evaluated his return to his local school as positive.

Blade, Interview 5

P: It's really good. [I had asked him about the return to his local school].At the start, like, I was really sad because the friends weren't talking to me.
I: Really?
P: And then, cause, I don't know and then now I'm always talking to them and now they're talking to me. It's really good now because they are starting to talk to me for like, the full week I was crying at the night time but it doesn't matter now because, you see, I'm all friends with them now. They talk to me back. It's great fun and great craic[35].
I: It's great, and tell me about that first week then Blade.
P: I was sad because they weren't really talking to me.
I: Yeah.
P: I was feeling sad because I had no friends there at the time. I did, that's why I felt sad because you see, when, I wasn't really playing soccer and I wasn't friends with the soccer, in the people in my class who went to soccer and I don't really like that.

Although Blade's return to his local school was positive, Sara was still experiencing difficulties with friendships a year after her return to her local school from the language class. For Sara, friends were the main problem at school. Her difficulties renewing old friendships seemed to be related to two factors. Firstly, she reported that she often spent time alone in the yard and 'just' listened because she did not know what to talk about with her peers. Secondly, she felt excluded by her peers. Her belief, based on information from another child, was that her 'friends' forgot about her when she moved to the language class. In addition, 'someone' at school, who remained nameless, told her that no-one wanted her there. Her friends had become friendly with another child in the school in her absence. She found the time in the school-yard particularly difficult because she had no-one to play with. Her mother suggested that she bring in a journal to the play-ground so that she could occupy herself[36] in the play-ground at break-times. She began drawing for younger children and this activity appeared to give her a sense of purpose and belonging in the yard. She was looking forward to meeting the new junior infants. However, on her return to school in the next academic year, there was a change

---

[35] Colloquial expression for 'fun'
[36] Sara identified herself as an excellent artist

in the rules, and children in the senior classes were no longer allowed to play with the younger children.

Sara, Interview 1

I: Your mam was saying that school
P: Was not the greatest place.
…..
P: I get trouble in with friends.
I: You get into trouble with friends?
P: No.
        Like I don't really have much friends. I get alone lots of time.
                …
I: And tell me a bit more about school then, you're saying you don't have that many friends. How come do you think? Why do you think that is?
P: Well I was there [local national school] before I went, [to the language class]. I was in first class and I don't know what happened but somehow me, well there was [name of girl], [name of girl], [name of girl] and there's a new girl in first class, [name of new girl] and then now they all know each other but I think before [name of new girl] came I was the person I think.
I: You were in that group?
P: I think we were all friends but now I think they've all forgotten me.

Sara, Interview 5

I: Yeah and why is it not fun in the yard? [she had just told me that it was not much fun in the yard]
P: Well I don't really have much to talk to, much people to talk with so, then there's not really much people to play with.
….
P: Sometimes I just don't feel like being there or something.

A third barrier to friendships may have been related to ways in which some children positioned themselves in passive roles in relation to peers. Some children seemed to wait for other children to approach them. For example, Hannah presented herself in passive positions in relation to friends, presenting others as the agents, for example, *they* play with her, *they* let her play with them, *they* are 'on' in games, and *they* invite her for a sleep-over. There were also examples of diminished agency in Dawn's narratives, where she presented herself as passive in relation to peers. She talked about the new children who joined the language class in September and talked about whether *they* had initiated contact with her. She also used direct speech in another narrative to illustrate how another child asked her to be her friend.

Dawn, Interview 1

I: and I think sometimes you make friends when you are doing any activity
P: Yea because when I was doing art before and I had no friends and then a girl asked me 'can I use your paint' and I said 'yea' and she said 'will I be your friends' and I said 'yea'

In summary, three subthemes emerged under the theme of barriers to friendships. Some children attributed not having friends to their speech and language impairments. Others talked about disruptions to friendships that arose during their time in the language class. For some, the transition back to their local school from the language class was difficult and they felt socially excluded. Another potential barrier to friendship was because some children positioned themselves in passive roles in relation to peers. The children's evaluations suggest that they felt isolated, lonely, hurt, and sad when they were socially excluded by peers.

4.4.3 Making sense of bullying

This theme includes children's narratives about bullying. There was some overlap with the themes 'positive relationships' (section 4.4.1) and 'barriers to friendship' (4.4.2), particularly in relation to ways in which friendship was sometimes defined in relation to bullying and ways in which social exclusion was viewed as a barrier to friendship.

All of the children, with the exception of three, talked about their experiences of bullying. Children used different words to describe bullying by peers, such as 'makes fun', 'bullying', 'teasing', and others who were 'mean' to them. The children's descriptions of bullying fell into the categories of verbal (name-calling) (in Kevin, Hannah, Torres, and Blade's narratives), physical (hitting) (in Blade, Hannah, and Amy's narratives), and emotional bullying (social exclusion) (in Sara, Blade, and Kevin's narratives). Some children were teased by siblings, others by peers, and some by both. This bullying took place in a variety of contexts, including home, school, and leisure activities.

The two children with speech impairments (that is, Torres and Kevin) attributed the bullying to their speech difficulties. Kevin also thought that children from other countries were also teased because of their speech and accents. He considered that he is not teased now because his speech has improved.

Kevin, Interview 5

I: Kevin have you been teased as well?
P: Well not anymore
I: Not anymore you used to be
P: I used to be my speech has got better since
I: Was it because of your speech that you got teased?

P: Yea
I: Do you think kids get teased for other things or is it just speech?
P: I think they get teased for other things too I think it is from I think it's because they are from different countries and they are and their accents

Torres talked about others who 'made fun' of him because of his talking. He used a negative marker to explain that another friend was bullied but this friend did not have a speech problem. This negative marker provided insight into his expectation that only those with speech problems are bullied. He used a number of evaluative devices to illustrate the nature of the teasing, such as direct speech and a jeering tone. This teasing took the form of name-calling, with references to him being 'dumb' and not good at academic work. For others, bullying took the form of social exclusion.

Torres, Interview 1

P: And some people make fun of my talking
I: Do they? How do they make fun of your talking? Tell me about that
P: They 'ha ha ha ha you cannot talk properly'
I: That's hard isn't it
P: Yea
…..
I: Tell me about another time it happened
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'.

Sara, Interview 3

P: [name of new girl] she was a new girl when I left.
I: When you left?
P: Yeah.
I: She was a new girl? Yeah.
P: And now they're all got along with each other. All them.
I: Ok. And what about you? Do you still feel a bit outside them? Yeah.
P: They don't tell me things.

The children's evaluations of their experiences of bullying were mixed. The children appeared to perceive some forms of name-calling as banter and fun, whereas they viewed others as hurtful or offensive. They were more sensitive when some attributes were challenged rather than others, and this sensitivity appeared to be related to the importance of the attribute that was challenged for the child. Blade was less offended when he was called 'lemon-head' (because he had highlights in his hair), than when he was called 'special' by a boy when he was travelling on the bus to the language class, an identity he strongly rejected. Torres seemed less offended about being called 'fat pig' by

his brother than by references to his talking. Although the children were upset by bullying incidents, for the most part, they evaluated them as events that happened in the past, reporting that they were not bullied now.

4.4.4 Strategies

Many of the children presented themselves as active agents, using a range of strategies to deal with bullying, such as telling others, dealing with the bullies yourself, or conciliatory approaches. The strategy used by most children was to tell someone in authority, such as parents or teachers. The children had differing views on how effectively teachers dealt with bullies, with some thinking that the teacher's interventions were ineffective (Sara, Blade, Kevin, Amy) and others considering them effective (Hannah, Mary, and Torres).

Some dealt with bullies themselves, particularly if they felt that they were physically stronger than them. Blade exercised agency in his narratives about bullying, presenting himself as physically stronger than the bullies. He talked about ways in which he dealt with bullies himself, demonstrating self-efficacy saying that they 'wouldn't do that to me'. Physical strength was also important to Kevin, in that he would not tell the teacher if he thought that he was stronger than the bullies. He also reported that he ignored the bullies.

Kevin, Interview 4

I: What did you do? [when you were bullied]
P: I just turned my back to them
I: Did you tell anybody?
P: No. There was no need. There was no need
I: Why do you think there was no need?
P: Em because they were smaller than me and I knew that I was stronger than them.

Others also talked about the importance of having friends, who can act as a buffer in relation to bullies.

Blade, Interview 1

P: I have loads of friends like, so.
I: Yeah.
P: Why bother care about the bullies when you have your own friends?
I: Exactly, yeah. I think you're very, I've only just met you Blade but I think you're   very clear in your head about things and you're very, you're happy with who you are.
P: Yeah.
I: You're not kind of, you know the way people.

P: I'm ==not a sad fella== like.
I: No you're not a sad fella, no, I can see that.
P: Like a guy is getting bullied and he ==doesn't== want to tell anyone.

Another strategy that children used was getting revenge. One of Kevin's wishes was that he would be invisible and he could scare people who were mean to him. Perhaps being invisible gave him more power. In the interview with Torres and Kevin together, Torres described an incident when others were making fun of him because of his talking. Kevin named this as bullying. Kevin reported that your speech does not matter in real life, perhaps meaning that your speech *should not* matter in real life. He appeared upset and angry about Torres' story. Kevin took on the role of advisor to Torres, suggesting that he *should* defend himself. He used the modal verb 'must', which suggested intent and certainty, when he advised him on what action he should take, that is, "you *must* hit him back". He also presented a moral stance stating what *ought* to happen, arguing that the boy *should* be punished by the school, by saying "he *should* be suspended", and "he *should* have got kicked out of the school". Kevin and Torres both liked revenge as a way of dealing with bullies.

Torres and Kevin[37], Interview 6

I: What is the best way to deal with it? [bullying]
T: Tell your mum or dad or teacher who
K: Or get somebody on your side and let ==them== help you
I: Like a friend in school
T: like the ==WHOLE== class was with me
I: Was the whole class with you?
T: Yea
I: How did that make you feel?
T: ==Good==
K: Well that's a taste of revenge for them
T: Yea
…
I: Ok so it's good to have friends here who will stand up for you
K: Yea
T: that good
K: that ==will feel good==

Others talked about using physical action when dealing with bullies. Blade presented himself as a moral protagonist, defending others whom he considered vulnerable from bullies (that is, younger children and girls). When the story that the researcher had constructed about him was reviewed, he clarified that he was uncertain about whether he actually had defended younger children, making it clear that his intention would have

---

[37] In this excerpt, the initials of the participants were used to represent them to differentiate between the two interviewees.

been to help them. He reported that he punched the bully, and then revised this to telling him to go away, perhaps mindful that physical response to the bullies may be evaluated in a negative way by the researcher. Sara also talked about standing up to bullies and not running away. She made reference to an incident where she may have physically retaliated, but indicated explicitly that she did not wish to talk about it, again perhaps fearing a negative evaluation.

Sara, Interview 4

P: No sometimes I kind of like, [in response to how do you deal with bullies] I don't run away. I don't like when I run away from that.

I: So let's say [name of boy that she had named as a bully]. Can you think of a time when [name of boy] was, let's say he was teasing you or something? What would you do?

P: I don't want to talk about it.

I: You don't want to talk about it. Ok let's not talk about it. Ok. [the researcher continued to re-tell the story that she had constructed about Sara after the first three interviews]
So she wonders if it's better to ignore them because sometimes she got into trouble for telling on them.

P: Well how about beat them up or something. I don't know what I did but something like that. I did something to, I don't know, something.

Some also talked about more conciliatory approaches to dealing with bullying. They wondered about the motives of the bully and whether bullies considered the feelings of others. Blade had seen bullying on the media and thought that there was something wrong with bullies and that they needed to take their anger out on people. Sara wondered if they wanted everyone to be the same, suggesting that she constructed bullying was related to difference.

Sara, Interview 2

P: Yeah.
I think, but they also complain about people that have eyes, glasses, because they're different. They want everybody to be the same.

I: I think so.

P: Just every time, I don't understand bullies, why do they always get so mean? Why can't they just get along with people?   But I know why because sometimes they can be jealous or they always want to be the same as people

4.4.5 Summary

The children's narratives provided insight into how they valued positive relationships with peers. Having friends seemed to provide the children with a sense of well-being, belonging, support, and a buffer against bullying. However, friendships were fluid and

changed over time. The children also talked about barriers to friendships, such as speech and language impairment, logistical challenges of maintaining friendships when the children moved to different schools, and some positioned themselves in passive roles in relation to peers. Many of the children experienced bullying, comprising mainly of verbal bullying and social exclusion. Some attributed bullying to their speech impairments. The topic of bullying was a sensitive one for some of the children, in particular Sara, Torres, Kevin, Blade, and Hannah. The children evaluated their narratives about bullying in ways that reflected their hurt, anger, upset, and sadness. The children presented their moral stance that bullying was wrong, and some defended others who were also bullied. The children exercised agency, using a variety of strategies to deal with bullying. Although the children's evaluations suggested that they were upset and hurt at the time that these incidents happened, their narratives suggested that these incidents happened less now, that the strategies that they used worked, and that the problem had, for the most part, resolved.

4.5 Self in relation to others: School context

Having described the themes that emerged in relation to peers, including peers in the school context, this section will focus specifically on other themes that emerged from the children's narratives about the school context, including negotiating rules, negotiating specialist supports, and self-efficacy.

4.5.1 Negotiating rules: Being good and getting into trouble

This theme is defined in relation to the children's narratives about regulation and behaviour in school. The term 'negotiating' is used to reflect this active process, whereby the children made sense of rules, presenting ways in which they complied with and challenged rules. Most of the children talked about regulation in school, including ways in which breaches of rules were dealt with (such as rules about attendance, school uniforms, behaviour in the yard and classroom, homework, punishments for misdemeanours).

From an identity perspective, most participants presented themselves as good, compliant, helpful, and well-behaved students. They were proud when these aspects of their identity were publicly acknowledged, for example, when they were awarded prizes for attendance or being the best student.

Dawn, Interview 3

I: The nicest thing that ever happened to me is

P: The nicest thing, ==when I help all== people ==if== they ==don't== know their work.

I: You help other people out do you?

P: Yeah.

Some were annoyed by the misbehaviour of their peers, particularly when this resulted in noise in the classroom and annoyance to the teacher. Some preferred a quiet learning environment and were distracted by this noise. Some were annoyed when the whole class was punished by the teacher when some misbehaved. Some took exception to being categorised, unfairly in their view, as 'bold' by teachers.

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 its ==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.

I: Yeah.

P: And sometimes she has this ==little patience== up to here [pointing to her neck].

Mary, Interview 2

P: And ==when== the teacher is gone out of the room ==everybody== starts talking ==apart from me==.

I: And what do you do?

P: I ==try to== work ==even though== I look around.

I: You'd be distracted.

P: Yeah. By everybody talking. Oh, =='what's this?'== =='What's that?'== =='What's the other?'==

Many children were unhappy when their autonomy and independence were restricted at school. Some disliked the rules in the language classes, considering that they were more stringent than those in their local schools. Some challenged the rules and got into trouble in school, which they evaluated in different ways. For example, Torres was amused by one of his stories about getting into trouble and possibly told this story to entertain. He used evaluative markers of smiling and laughing when telling the story about cutting a boy's hair in school. He defended himself explaining that he was 'kinda

young' at the time and 'that's what kids do when they are young'. He also pointed out that the other boy had started the trouble by cutting his hair first. In other narratives, he also challenged the rules at school and was proud when he outwitted the teachers and did not get caught.

Others were compliant with the rules, even though they did not like them. Mary used evaluative markers, such as intensifiers and lexical choice (for example, 'hate', 'really annoying', 'really weird') to signal her annoyance at having to wear the school-uniform. Mary was compliant with this rule but was confused that Chantelle broke the rules and was not reprimanded.

Mary, Interview 5

I: Ok. And what do you think of the uniform?
P: I hate wearing a dress.
I: Do you?
P: It just gets really annoying.
I: And did you not wear a dress in your other school?
P: It's just really weird running in a dress because
……..
      you see in [local school] the girls and boys could wear whatever they wanted.
I: Ok. You could wear anything you wanted?
P: Well not anything, but you have to like wear navy pants, blue jumper, white t-shirt or sky blue t-shirt.
…..
I: And here you wear your tracksuit then on.
P: Fridays.
P: Yeah. I hate it.
I: You hate it?
….
P: Yeah. I don't think any of us really like it.
I: No.
P: I bet you anything Chantelle doesn't even like it. She always wears a tracksuit. Even though she doesn't even have P.E.[38]
I: She wears a tracksuit anyway. Yeah.
P: Are you even allowed to do that?

With regard to behaviour, Chantelle talked about getting into trouble 'the most' in school. Sometimes she took responsibility for getting into trouble herself (for example, for 'messing' and not doing her reading). Sometimes she told stories about getting into trouble to entertain (for example, her story about being punished for calling another child a 'jaffa cake'). At other times she was upset, arguing that she got into trouble, but

---

[38] P.E. refers to physical education

that it was not her fault. She was seen by others as someone who challenged the rules, and she appeared proud of the identity of 'the boss' assigned to her by her peers.

4.5.2 Negotiating additional supports

This theme included specific reference to ways in which the children negotiated additional supports in school. All of the children were eligible for supports because they met the Department of Education and Science criteria for specific speech and language disorder. These additional supports included attendance at the language class for a period of one-two years, four hours per week of one-to-one assistance with a resource teacher in their local school, usually delivered by withdrawing children from the classroom, and eligibility for an exemption from studying Irish.

All, with the exception of Enda, had attended or were currently attending a language class, which required the children to leave their local schools for a period of one-two years. Some were positive in their evaluations of their experiences in the language class (for example, Kevin and Torres), some were ambivalent (for example, Mary, Hannah, Sara), and others disliked it (for example, Dawn, Amy, Dawn (2), Blade). Their criticisms included the size of the class (for example, many commented that there were 'only' seven children) and they would have liked more children to talk to; having to get up early to catch the bus; travelling on the bus; the rules in the school; and bullying incidents.

Moreover, many considered that they had no say in the decision about placement in the language class, with the exception of Torres who said that he had been given a choice by his mother. On the positive side, many of the children said that the pace of work there was good. Some talked about not liking the idea of going to the class, but liked it when they were there. However, for the most part, their evaluations were negative.

Kevin, Interview 1

P: I find it harder in a bigger class

…

I: What was it like? [when he moved from the language class back to mainstream]

P: It was fine. I found it fine for the first couple of weeks

I: Yea

P: Then it got harder

I: It got harder. What was hard?

P: The teacher goes faster than the speech and language unit

Blade, in particular, hated the language class. He expected that he would follow the same trajectory through the educational system as his brother and children in the local area (that is, attend his local school), and having to attend the language class was a breach of these expectations. He reported that he did not have any choice in the matter. He used a compulsion verb to explain that he thought he would only 'have to' go for one year, and his lexical choice and use of an intensifier (that is, 'really depressed') reflected his feelings when he was told that he would 'have to' spend a second year there. He did not identify with and did not wish to be associated with other children in the class, one of whom he considered was 'acting weird'. He was also upset when he was called 'special' by a peer, when he was travelling to the class on the bus, an identity he strongly rejected.

Blade, Interview 4

I: You told me that when you were told you had to go to language class that you were depressed [he had said in the interview with Torres and Kevin that he was depressed when his mum told him that he would be spending a second year at the language class]

P: Yeah really. I didn't want to.

I: Was this when you heard about it first?

P: I thought I'd stay all my life at [local national school] and then just move on to like secondary but then I just, my mum just told me, you have to go to [language class] for like two years.

I: Yeah.

P: Yeah.

I: Tell me about what that was like.

P: She said like nearly one year and then like when half the one year gone she said, you have to stay for another year so I was really depressed.

I: And how were you depressed?
        What was that like?

P: Like I didn't, like I didn't know anyone there. I'm just used to my other old friends not the new ones. Cause like, there's only seven people in [language class] like in my class and in [local area] there's thirty-three in one class.

Some were uncertain about why they were in the language class. Many looked forward to returning to their local schools. Dawn looked forward to returning to what she referred to as 'normal' class, where she could meet her old friends and make new friends.

Dawn, Interview 5

P: No, you only get two years in senior language class.

I: Ok.

P: And I had last year and this year.

I: Ok. And what happens then?

P: You go into bigger class.

I: Ok. What will that be like?

P: Better.
I: Yeah. It will be better, yeah. And why will it be better Dawn?
P: Because I can make more friends and see all my friends that I have like. Because at break time I have my friends in the other fifth class and then like, I don't know.
….
I   So you think, think you'll have another year here?
P: No. You can only have two years.
I: Yeah, I mean this year and then you'd be going back to.
P: Normal class.
I: A normal class, yeah.

Those who were in mainstream education presented mixed views on attending the resource teacher in their narratives. Some children down-played their attendance at the resource teacher, explaining that they were not the only ones to get help because others got extra help too. For example, Torres said that 'everyone' gets help. Torres and Enda used the evaluative device 'just' to minimise what they got help with (for example, 'just writing things down', 'just my speech therapy'), arguing that they 'just' go to the resource teacher for a short time and then return to the class and do work like everyone else. One of the participants in the pilot study explained that he 'only' went to one extra teacher, whereas others in the class went to two.

Many children evaluated attendance at the resource teacher as helpful. Sara was positive about going to the resource teacher because this 'saves' her from things that she did not like doing in the classroom. Although Mary evaluated extra help from the resource teacher as positive, she attributed some of her academic difficulties to missing work in the class-room while she went to the resource teacher.

On the other hand, others rejected the need for extra help. Blade tried to make sense of 'having to' attend the resource teacher, probably to himself and the researcher, by presenting arguments and justifications in several ways. For example, he argued that the resource teacher helped loads of people and therefore he was not the only one; his reading was fine so he did not need help; she 'only' helped him *if* he had difficulties with maths (his use of a conditional statement suggested that he did not think that he had difficulties with maths); and he only went for twenty-minutes everyday when the others were doing Irish, suggesting that he was not missing anything in the classroom. He argued that he was 'just like the rest of his class' and again he rejected an identity of 'special'. Overall, he was very happy to be back in his local national school, as

illustrated by the evaluative devices he used, for example, increased stress for emphasis and his choice of adjectives (for example, 'WAY better' and 'million times better').

Blade, Interview 5

I: It's ok [the homework] and 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 [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. No, she's just saying, like, how is the work hard and, like, she is helping me with sums if I'm getting them wrong but she didn't check any sums because I have no problems.

….

I: And is it what you thought it was going to be? Is it better? Is it worse? [back in local school]

P: It's WAY better.

I: It's way better.

P: Millions times better

4.5.3 Self-efficacy

This theme included narratives about the children's learning identities, as well as their perceived sense of self-efficacy in relation to academic-work, including their views on the transition to secondary school.

Some of the children presented with positive academic identities and perceived themselves as having self-efficacy with regard to their learning. For example, Chantelle denied that she had any difficulties with school-work, saying that she was good (with emphasis) at reading, and she offered to read for me. In contrast, she seemed less confident about spelling and maths tables. When asked what words described her, she focused on her strengths saying 'smart sometimes' and 'brilliant' at colouring. Dawn also presented a positive identity as a learner in her narratives. She presented some school-work as 'a bit hard', but displayed self-efficacy saying that she could do it and that she sticks with it, providing evidence of motivation and persistence.

When Blade returned to his local school, he said the work was 'easy' at first. He revised that to say that it was *not* easy, it was 'normal'. This suggests that he did not wish to present an identity of himself as doing 'easy' work. He distanced himself from what he considered to be easy reading, using direct speech to give examples. He presented an

identity of a student just like everyone else in his class, doing normal or 'really hard' work. He displayed self-efficacy, saying that it did not take him long to learn things.

Others (for example, Mary, Kevin, Amy, Torres, and Sara) found some subjects difficult and were worried about falling behind at academic work, suggesting less self-efficacy. Although Mary presented a positive image of herself as a learner, she felt that she was behind in some work and that it was really hard to catch up. She was thinking ahead to secondary school and framed class quizzes and tests, and attendance at the language class for a year, as positive because they prepared her for secondary school.

Kevin also presented with reduced self-efficacy in his identity as a learner. He liked attending the language class, considering the work there was easier, and that he was more protected there because the teacher could see if he was bullied. He found it hard to keep-up in the bigger mainstream class because the work was harder, and the pace was faster than in the language class. Although the move to fifth class was positive because he had made new friends, he used a number of evaluative devices, which suggested that he was despondent and overwhelmed by the workload in fifth class. These evaluative devices included nonverbal communication (such as sighing and he used his hand to show me the amount of books he had to do), use of adjectives as intensifiers to reflect how hard the work was (such as 'very' hard), and compulsion verbs to illustrate this concern about the workload that 'had to' be completed within a year. He also described fifth class as being 'way' harder than third and fourth class put together. He was disappointed that there was less physical education in 5th class, which he evaluated as "the only good activity in school" (Interview 4). He presented with a reduced sense of efficacy about school-work and was worried about falling behind.

Kevin, Interview 6

P: I have gone into fifth class
I: What is it like Kevin?
P: [sigh] very hard
I: Is it? How come?
P: Fifth class is way harder than third and fourth class put together
I: Really. What's hard about it?
P: the work
……
P: There are a whole lot of books we have to get finished in the year. Like this much of books [showed me with his hands] we have to get done before the year is out
I: Ok

P: And we get and we got twice as many twice as much PE we got twice as much PE last year than this yea

I: Not much time for PE so it's much more work. Are you worried that you might fall behind or do you think you are doing ok?

P: I am worried that I will fall behind

The effect of the teacher's evaluations on the children's academic identities was evident in some narratives. In a conversation with Sara and her mother prior to the first interview, Sara's mother reported that she had been called 'dumb' by a teacher, and Sara's eyes filled with tears[39]. Sara told me that this teacher had evaluated her negatively, saying that 'she always had bad reports' and 'that I had bad school reports…that I was just bad'. She was obviously upset by this negative evaluation and challenge to her identity of herself as a good, hard-working, and diligent student.

However, Sara's perception of this teacher had changed over time because this teacher was now her resource teacher. Sara liked her now because going to see her 'saves her' from subjects that she hated. In her most recent report from school, she was pleased that this same teacher had given her a positive evaluation, saying that she was 'really good'. This evaluation, in contrast with previous ones, affirmed her identity as a good student. Although she was happy with the report, she was unhappy with some grades, which did not match her own expectations. She seemed satisfied that the teacher had evaluated her performance in some subjects as good (for example, geography and history) and she used direct speech to illustrate the teacher's positive comment 'shows great interest in them'. Sara acknowledged that these subjects were 'kind of hard'. While she got 'excellent' in a number of subjects, including maths, which she expected, she was disappointed that she got 'very good' in other subjects, such as project work, art, drama and music. She believed that she was excellent at these subjects and wondered whether there was a mistake, such as a misspelling. These ratings by her teacher may have challenged her identity in negative ways, because she perceived herself as an excellent artist. She was disappointed that this identification of herself was not affirmed by her teacher, whose opinion she valued.

Sara, Interview 1

I: And then mam was saying you didn't have such a nice time with the other teacher. The teacher you had before that.

P: Oh yeah, [teacher's name]
        Yeah she just, you know, she [mum] explained it, how she was not, but now really she said really good things about my report, that I was really good.

---

[39] Data from field-notes

I: You are Sara, I can see that.

P: I'm really good at maths I'm good at my tables.

I: So tell me what stuff then are you good at in school.

P: Art, maths, but I'm not sure about history, geography and science because teacher wrote excellent to them. Yeah except for project work. She said I think very good.

I: Yeah, very good. I'd love if you got your report.

P: No but I do have [she couldn't find the report so she showed me her school projects about Michael Jackson, Peru, the Victorians]

I: Oh show me what you have.

P: Right, lots of my projects.

…..

I: You got excellent for maths, and

P: Well I thought I was good at it in maths.

I: Yeah.

P: And I can't remember all of the report but

I: But you were happy with it?

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'.

I: Yeah.

Some of the children talked about their future education and were anxious about the transition to secondary school. Torres, in particular, was worried that the transitions to secondary school and college would be a 'huge step'. Torres assumed that everyone had to go to college. Kevin, on the other hand, exercised agency and talked about the option of leaving school early, and 'you don't need to go into 6th year'. He believed that you could make a decision yourself about whether you wanted to leave school early, and he knew others who had taken this pathway.

Torres and Kevin, Interview 6[40]

T: I ACTUALLY think it good except it harder to get [transition into fourth class]. It kind of big step. Like when I'm in sixth class it will be a huge step when I going into first year [secondary school]. And then when I am in sixth year it will be a huge step to college. Sixth year is the hardest

I: It takes two more years to do the leaving cert [after the junior cert]

T: Like sometimes you might stay back a year

I: Yea

---

[40] In this excerpt, the initials of the participants were used to represent them to differentiate between the two interviewees.

T: Then that means you got to do seven years. How how how many years do you got to be in college?

…

K: no you don't need to go. You don't need to go into sixth year[41] [secondary school]. You can decide if you want to go yourself

I: in secondary?

K: yea because you will try to find a job in sixth year. Like I know three people that finished when they passed their junior cert

In summary, some children talked positively about school-work, presenting positive learner identities and self-efficacy. Others were more concerned about keeping up with academic work, anxious about secondary school, demonstrating less self-efficacy. Some felt validated when their teachers affirmed aspects of their identities and upset when other aspects of their identity were challenged.

4.5.4 Summary

Many of the children presented themselves as good and well-behaved students. They talked about regulation in school, with some frustrated that these rules curtailed their autonomy and independence. For the most part, they complied with these rules, although some challenged them.

The children made sense of and evaluated their experiences of additional education provision in different ways. Some disliked the language class, and were critical of the small number in the class and the travelling involved in getting there. Some were unclear as to why they were in the language class. Many were aware that they would attend the language class for a one-two year period, and they all looked forward to returning to their local schools. Some of the children down-played going to the resource teacher, arguing that they were not the only ones who needed to attend this service. Although most acknowledged that the specialist education provision was helpful, it may also have been a barrier to fitting in and belonging because it singled the children out as being different from their peers. The children negotiated this provision in different ways in their narratives. They presented with different levels of self-efficacy in relation to academic work. They were aware of the expected trajectory through the education system, including going to college. Some exercised agency arguing that they did not

---

[41] There are two state exams in the Irish secondary school system: the Junior Certificate in year 3 and the Leaving Certificate two years later. In some schools there is an optional additional transition year between the Junior and Leaving Certificate years. Therefore, secondary school is generally five years, excluding an optional transition year.

have to follow this expected trajectory, arguing that they knew others who had also left school early.

4.6 Self in relation to others: Leisure context

4.6.1 Mastery and self-efficacy

In relation to the leisure context, the themes of mastery and self-efficacy emerged. The narratives about mastery were predominantly, but not exclusively, about achievement in areas other than the academic field, such as mastery in sports, musical ability, drama, puzzles, and art. Some of these narratives were about mastery celebrated in public, such as winning medals and awards.

Many presented themselves as being competent in sports activities. For example, Hannah and Mary positioned themselves as the heroines, saving, and scoring goals and penalties. Mary created drama in her narratives about mastery in sports using evaluative markers such as lexical choice (for example, hurls[42] 'slinging', the ball 'flying' towards her), direct speech, onomatopoeia (for example, 'boop','bang'), and exclamations (such as 'oh'). When this story was reviewed in a subsequent interview, she added an exclamation ('I went whee'), but requested that it was removed in a later interview, perhaps embarrassed by her exuberance.

Hannah, Interview 5

P: When I was playing a match I scored a goal on a person, goalie.
I: You scored a goal on the goalie? Tell me how you did it, what happened?
P: My team passed it.
I: Your team passed it, yeah.
P: Then I scored.
I: Then you scored. What happened then?
P: We won.
I: You won, fantastic.

Kevin, Torres, and Enda also talked about their competence and achievement in sports. Kevin evaluated his participation in sports in positive ways, in contrast to negative evaluations in other narratives. Even though he did not win a race at the school sports-day, he was proud that his performance was improving over time. He won medals for some sports events and was hopeful that he might win more the following year.

Kevin, Interview 2

---

[42] Referring to the game of hurling played in Ireland.

I: Why do you remember the sports day?

P: Because I ==always== I ==always== run in the because I'm ==always== ==excited== to run in the race

I: You love anything to do with sports. Maybe that takes the pressure off talking

P: Yea.

Kevin, Interview 3

P: What about school? What was the best day you ever had in school?

I: Sports day

P: Really this year's sports day? Why was this year's the best?

I: I was ==better== in the running ==than last year==

However, some children's identities of competence were challenged by others in leisure activities. For example, Blade believed that he was good at rugby, but this identity was challenged by his peers. He reported that others would not pass the ball to him, because they were afraid that he would 'screw it up'. This negative identification of him by others seemed to strengthen his resolve to improve, and he demonstrated agency arguing that he would keep trying and would show them that he could play.

Blade, Interview 3

I: Ok, so rugby and tell me about, can you remember the best rugby game that you played in?

P: I ==don't know== cause like, you see I'm ==really==, I'm ==good== at rugby but like they think sometimes ==if== ==no good== people are around them at rugby they just pass to me, they ==don't really== pass to me like, they think I'll like ==screw it up== and they ==won't== give the ball to me.

I: They don't give the ball to you?

P: ==Only sometimes== they give it to me.

I: Ok, these are the people on your team?

P: Yeah so ==I'm gonna try my best== and ==they'll see==, ==they'll see I'm going to be good at it.==

I: Ok so you think that sometimes they don't pass the ball because they think

P: I'm ==bad== at rugby.

I: Ok.

P: ==I'm going to try my best now==

4.6.2 Fairness and rules

The themes of fairness and rules emerged in the children's narratives about leisure activities. Two of the children presented their moral stance on fairness, presenting themselves in a positive light, disapproving of others who broke the rules. Blade justified why he lost a draughts competition, explaining that the other boy cheated.

Torres retaliated, justifying his actions, when he was victimised by another child. This other child had also violated the rules of a football game.

Torres, Interview 1

I: So he was 11 [context talking about a football game and there was a boy playing on the under 10 team who was 11 years old]
P: And it was under 10s
I: So he was breaking the rules. So what happened?
P: He hit me. He hit me here
I: On your chin
P: Yea. Then I came up and I done that into this face [showed me his elbow]
I: You put your elbow into his face
P: Yea. And then after that said 'you are dead'. He hit me here. Then after the manager saw him
I: The man saw him hitting you
P: The manager
I: The manager saw him
P: Yea then after he went off the pitch
I: Did they find out he was over ten?
P: No
I: He shouldn't have been playing then
P: I know.

4.6.3 Fun, relaxation, and freedom

Many of the children's narratives about leisure activities were about fun, relaxation, and freedom. This theme is linked with the theme of mastery because the children enjoyed doing activities that they were good at.

For example, Blade loved fun parks and although he talked about being scared on many of the rides, his evaluations were that they were 'really cool'. He told a story about horse-riding and used evaluative devices to explain how big the horse was, how he wanted to go faster than the instructor had advised, how the horse took off, and he had to be rescued. He evaluated this story saying that it was 'shocking' and 'cool'.

Some of the children enjoyed sports activities for reasons other than winning. Dawn enjoyed sports activities, such as running because 'it gives you energy and exercise' and can be fun. Kevin said that sports activities make you fitter, and you can make meet more people and 'get' more friends. Others enjoyed activities which they found relaxing and enjoyable. Sara and Mary reported that activities, such as cycling and painting, provided them with a sense of freedom. Amy, on the other hand, was reluctant

to get involved in activities and wanted to stay at home. She went to a local book club for younger children that her mother was involved in, reporting that she 'just watched' or painted.

Sara, Interview 2

I: Really? Tell me about your day, so the best day ever.
P: So first, oh it's great to have a bike.
I: You'll have to show me your bike. This is a new bike.
P: Yeah. Oh I love riding up and down the road. It's get more freedom, more
I: Yeah.

Sara, Interview 3

I: And what is so nice about having a bike Sara?
P: Well it's twice as fast as you running.
I: Ok yes.
P: And it saves less energy to do stuff, like one time I went to my friend's house and (inaudible) around the country road.
I: Ok.
P: It was fun. And also it's fun too when you go down because there is the breeze in your hair.

4.6.4 Summary

Three themes emerged in the children's narratives about leisure activities, namely mastery and self-efficacy, fairness and rules, and fun, relaxation, and freedom. Many of the children presented themselves as competent in a variety of leisure activities, such as sports, art, and singing. Although some of the narratives were about winning, they also included working towards goals, having fun, and a sense of freedom. Fairness emerged in narratives about leisure activities, with two children presenting themselves in a positive light, disapproving of others who broke the rules. One of the children appeared resistant to participating in organised leisure activities.

4.7 Self in the future

4.7.1 Imagined possibilities for self

This theme was defined in terms of imagined possibilities for future selves. The children had a sense of continuous self, talking about themselves in the past as they looked forward to the possibilities for future selves.

Many looked up to their parents and older siblings as role models for future selves. Many talked about milestones that older siblings had achieved (for example, making their confirmation, going to secondary school, and achievements in sports), along with privileges and status that came with being older. For some, their older siblings seemed to set high standards, of which they were both proud and envious. They talked about older siblings' positive attributes, such as success in sports events, having lots of friends, they were physically strong, were nearly finished school, had privileges and autonomy, and were successful academically.

For example, Blade seemed both proud and perhaps envious of many of his older brother's attributes, such as his age (he was seventeen), he was in his final year of secondary school and will not 'have to' (compulsion verb) go to school after this year, he was learning to drive, and Blade assumed that he must have a girl-friend because he was seventeen. Dawn talked about privileges that her older sister had, such as having High School Musical, lots of toys, and a television in her room.

Dawn, Interview 2

I: Tell me about [name of older sister]?
P: That's when she was up in her room.
I: Ok, and tell me what she has in her room?
P: She has all them toys.
I: All those toys? And a television? In her room? Do you all have a television in your room?
P: No, only her and my Daddy and Mammy.
I: And your Mammy and Daddy and how come [older sister] gets a television in her room?
P: Because she is the third oldest.
I: Oh she is the third oldest.

Older siblings provided a template or script about what might happen in the future. Mary talked about getting a job when she is older, just like her older brothers. All of the children respected their older sibling's authority, with the exception of Chantelle, who, in contrast, challenged her older sibling's authority.

From an identity perspective, two children talked about becoming teenagers. Mary described herself as 'half a teenager', and Blade reported that he was 'nearly a teenager'. Some were uncertain about what they would be like when they were teenagers, leaving possibilities open. Although Blade was unsure what he would be like when he was a teenager, he had definite views on what he would *not* be like. He rejected an identity of himself as a teenager as an 'emo' or 'goth', identities he

explained to the researcher. He was hopeful about possibilities for himself in the future, reporting 'you never know what you are going to be'. Although many looked forward to becoming teenagers, Sara did not like teenagers.

Blade, Interview 5

I: And what about when you're, what do you think you are going to be like when you are a teenager and when you grow?

P: I'm not going to be goth I'm not going to be emo.

I: What's goth or emo?

P: Goth is where you really wear black clothes and nail polish, black nail.

I: Ok you're not going to be one of those.

P: Emo is sort of like that, not with black, when they're depressed they just get a knife and cut their wrist.

I: Are you serious?

P: Well not like in the vein like, somewhere where they wouldn't get in the vein like. They just, when they're depressed, they're just sad and they just cut their.

I: Do you know anybody who does that?

P: I think [name] He done it once before (Inaudible)

I: Really?

P: He's not emo though.

I: So you won't be one of those. So tell me what it will be like when you're a teenager do you think?

P: I don't know. It will be hard to describe like, you never know what you're going to be. When you first have to find out you have to first be a teenager.

Other children talked about how they had changed over time. Some justified their past actions in their narratives by arguing that they were young at the time, perhaps presenting a more mature self in the present. Many were looking forward to getting older, to having more autonomy, and knowing how to do more things. Some looked forward to having girl-friends, boy-friends, and getting married. Sara wished that she had a boy-friend and hoped that she would have a child in the future. Dawn wanted to have a husband when she grew up. She assumed that everyone in 'the whole world' gets married. She had the role of Mrs. Claus in the Christmas play, and was proud of a photograph of her in this role, that was displayed in the classroom.

Many of the children talked about possibilities for future careers, asking questions about college, for example, what careers did you 'have to' go to college for, and how long did you 'have to' go to college for. Some wanted to be sports stars, teachers, farmers, artists, an actress, a princess, a chef, a singer, a surgeon, and to set up your own business. Hannah often presented herself in passive positions in her narratives, which contrasted with her envisioned future self as a shop-keeper, where she said she would be the boss. Amy was the only child who did not know what she wanted to be when she

grew up.

Some wished for financial security when they were older and wanted to be rich or billionaires (Blade, Torres, Kevin, Sara). Others wanted power. Blade would like to own all of the guns in the world. Torres would like to be president of Ireland because he would own everything, could do what he wanted, and he would bring down the prices of things in shops for homeless people ('hobos' as he referred to them), for example, cable television. Sara would like the power to make copies of things that she liked.

Benevolence was evident in many of the children's narratives about future selves, with many talking about wanting to help others whom they considered were vulnerable or less well-off. For example, Kevin would like to be rich, and he would help Ireland get out of the recession. He joked that he would steal the money, subsequently revising this plan to explain that he would work for the money, presenting himself as a good citizen. Sara would like to be in the police because she could protect people. Amy imagined running in a marathon when she was older. Enda wished that he had a tractor so he could drive to school. Dawn would like to be a princess living in a castle. With regard to wishes for the future, Kevin was the only participant who made reference to his speech, and he wished that he could speak clearly.

CHAPTER 5 WELL-BEING AND BELONGING

5.1 Conceptualising well-being and belonging: A working model

Having identified themes that emerged in relation to self and experiences across a range of contexts explored in the interviews, the next step in the process was to identify higher-order themes. The evaluations in the narratives were then broadly categorised into themes of positive and negative evaluations, which in turn were conceptualised as facilitators and potential barriers to well-being and belonging, with well-being in this context referring to affective states.

Gergen and Gergen, (1986) identified three types of plot structure in narratives, that is progressive, regressive and stable plots. The predominant plot structure in many of the children's narratives could be characterised as 'progressive' because these narratives were evaluated in positive ways, with positive outcomes. Some narratives could be characterised as having a 'stable' plot structure, whereby evaluations reflected a status quo or no change in circumstances. There was no evidence of a 'regressive' plot structure, whereby there was a deterioration in circumstances.

Facilitators of well-being referred to narratives in which the children's evaluations suggested positive affective states, and a sense of being valued and affirmed by others. The themes in these narratives included positive relationships with others, autonomy and agency, and hope for the future. Belonging, a construct related to well-being, is defined in this context as a sense of fitting in with others. Facilitators of belonging referred to identities that the children constructed, which provided them with a sense of affirmation and connectedness with others. These identities were about ways in which they presented themselves as the same as, and often better than, others, and were about fitting in with others.

On the contrary, some of the children's narratives could be conceptualised as *potential* barriers to well-being and belonging. The word 'potential' is deliberate. Although the children evaluated some experiences negatively when they talked about their feelings at the time that they had these experiences in the past, for some their evaluations had changed over time, and were now positive because the problem had resolved. The

children's evaluations in some narratives implied negative affective states, such as feelings of sadness, frustration, exclusion, isolation, shame, depression, loneliness, helplessness, and upset. These negative affective states emerged as themes in narratives about difficulties with relationships, lack of autonomy and agency, communication breakdown and social exclusion, identities of difference, and uncertainty. These themes were therefore conceptualised as *potential* barriers to well-being and belonging. Although these experiences may have been evaluated in a positive way in the present, they were associated with negative affect at some time in the children's lives.

With regard to potential barriers to belonging, themes emerged in the children's narratives which reflected ways that they felt different from others, when the identities they presented were challenged in negative ways by others, and when they were assigned identities by others that they considered undesirable or demeaning. In these instances, the children felt socially excluded and did not feel affirmed or validated by others.

The themes that emerged from phases one and two of the analysis (described in Chapter 4) were refined in phase three of the analysis to develop a working model that conceptualised well-being and belonging in terms of determinants that both facilitated and were potential barriers to well-being and belonging, including relationships, autonomy and agency, identities of belonging and difference, and outlook for the future (see Figure 4 and Table 8).
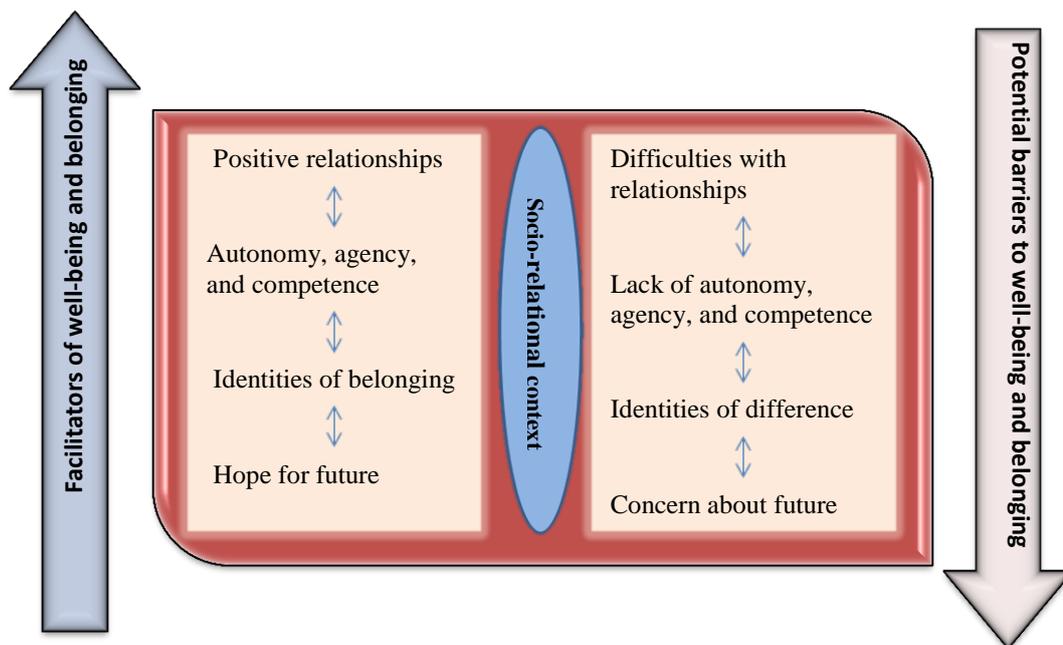
Figure 4 Conceptualising well-being and belonging: A working model

Table 8 Conceptualising well-being and belonging: Tracking the emergence of higher-order themes

Higher-order themes	Subthemes	Description	Examples of evaluations[43]
Facilitators of well-being and belonging	Positive relationships	Reciprocal relationships with others; taking up meaningful roles; enjoyment and fun; supportive context for making sense of disability, illness, and death; buffer against bullying.	"strong", "relaxed", "happy", "excited", "smart", "hope", proud, affirmed, valued, brave, supported, satisfied; positioning self in active roles
	Autonomy, agency, and competence	Freedom and responsibility; choose to challenge rules and satisfaction when you do not get caught; agency, self-efficacy; goal oriented; use of strategies to deal with bullies and communication breakdown	
	Identities of belonging	Multiple identities presented and affirmed by others, such as competent, attractive, strong, smart, moral, learner, gender, funny, normal, good, villain, and kind; mastery and competence in relation to academic work, leisure activities, and speech and language therapy; use of agency in relation to presentation of identities, and rejection of undesired identities assigned by others.	
	Hope	Imagined possibilities for future self; improvement in speech/language over time; working towards goals; positive evaluations of events and happenings in the present.	
Potential barriers to well-being and belonging	Difficulties with relationships	Conflict with others (including bullying); barriers to friendships.	"Sad", "hard", "upset", "ashamed", "depressed" "jealous", "worried", "lonely", isolated, excluded, hurt, compelled, angry, helpless, frustrated; positioning self in passive roles
	Lack of autonomy, agency, and competence	Autonomy restricted by rules at home, school, and in leisure activities; overwhelmed by academic work; positioning self as passive; loss of power in communication breakdown and where they 'have to' use strategies to overcome communication breakdown.	
	Identities of difference	Children were assigned identities by others which they considered undesirable or demeaning, such as sad, bold, special, dyslexic, liar, dumb, can't talk properly, stupid with a subtext of different or 'not normal'. Some overtly rejected these identities. Impairment effects (for example, the children described their own difficulties talking) and disability (for example, social barriers, such as others not understanding them and social exclusion related to bullying).	
	Concern	Concern about the future.	

In this albeit somewhat simplistic working model, it was in and through the socio-relational context and relationships with others, that facilitators and potential barriers to well-being and belonging were co-constructed. For example, identities of belonging and

---

[43] Quotation marks are used to illustrate the evaluative words used by the children. Other evaluations are implied by the researcher through the children's use of evaluative markers and the context of the narrative.

autonomy were affirmed and realised in and through positive relationships with others. Children felt affirmed and validated when they were autonomous and when given opportunities for autonomy and independence by others. When their autonomy was restricted and not recognised by others, they felt powerless and frustrated. On the other hand, identities of difference were also realised in and through somewhat difficult relationships with others, in which children were assigned identities by others that they considered demeaning or undesirable, resulting in social exclusion.

It is acknowledged that this simplistic working model does not reflect the complexity of well-being and belonging. Well-being and belonging were related constructs, akin to threads intricately interwoven with each other. The data from this study provided insight into how the children made emotional and explanatory sense of events and happenings in their lives. Positive and negative evaluations were not conceptualised as mutually exclusive concepts or dichotomous, but rather as a continuum, with some events and happenings evaluated as highly positive, others as highly negative, and others lying somewhere between both ends of the continuum.

Furthermore, some evaluated narratives in multiple, and sometimes contradictory ways. Some children evaluated similar experiences in different ways from each other, and others evaluated what could be described as difficult experiences in the past, in positive ways now (for example, ways in which children evaluated narratives about bullying and difficulties with friendships). Therefore, in this working model, facilitators and potential barriers to well-being and belonging are not regarded as mutually exclusive, but rather as permeable constructs.

This thesis is not claiming that positive evaluations imply all good experiences and negative evaluations imply all bad experiences. On the contrary, it is acknowledged that everyone experiences a range of emotions, which are sometimes conflicting, when negotiating the ups and downs of life. Indeed the children's positive evaluations need to be interpreted in the context that some found it difficult to express what they may have perceived as negative emotions, such as being upset and jealous.

5.2 Facilitators and potential barriers to well-being and belonging

5.2.1 Relationships

Relationships with others, positive and negative, were an integral part of the children's narratives and represented the socio-relational context within which the constructs of well-being and belonging emerged. The children's sense of well-being and belonging differed in the context of different relationships.

Positive relationships with others, in a range of contexts, provided children with a sense of being happy, valued, and affirmed. The reciprocity in these relationships was important to the children, because they were contributing to as well as taking from these relationships. Many demonstrated benevolence and were keen to help others, including those that they considered were less well off. Positive relationships also provided the children with opportunities to demonstrate their abilities and competency, which were recognised and affirmed by others. This in turn led to a sense of confidence and positive self-worth. Friendships seemed to act as a buffer against bullies and many felt validated and supported when their friends supported and defended them when they were being bullied. Participating in a range of activities (such as sports, games, gardening, helping with household tasks) with others provided them with a sense of belonging, fulfilment, and enjoyment.

One of the themes that emerged as a potential barrier to well-being and belonging were narratives about difficulties with relationships with others. These narratives were about conflict with others, as well as difficulties forming and maintaining relationships with peers. The children's evaluations of these narratives suggest feelings of loneliness, hurt, exclusion, and disappointment about being let down by others. Conflict with parents and teachers was often about restrictions in autonomy (see Section 5.2.2), whereas conflict with siblings was often about rivalry. Some relationships with siblings and peers were complex, whereby they were both friends and rivals at the same time. Many were hurt and isolated when they were excluded by their peers, which some attributed to their speech and language impairment. Some were cautious about expressing what they may have considered negative emotions, such as upset and jealousy.

5.2.2 Autonomy, agency, and competence

The inter-related themes of autonomy, agency, and competence were identified in the children's narratives and were conceptualised as barriers and facilitators to well-being and belonging. Autonomy in this context referred to the children's subjective sense of

independence, linked with competence, as well as involvement in decisions about their lives. The children wanted to be seen as independent and competent. Agency was also related with autonomy. In this context, agency referred to ways in which the children influenced their environments, as reflected in how they positioned themselves in their narratives, for example, as active or passive agents. For example, some positioned themselves as agents in relation to peers, whereas others positioned themselves in more subordinate and passive roles.

The children clearly valued being given opportunities for autonomy by others and looked forward to having more autonomy when they were older. Provision of opportunities for autonomy and recognition of their competence by others facilitated the children's well-being and belonging, whereas restrictions on autonomy were potential barriers to well-being and belonging. Conflict with adults emerged in the context of restrictions on the children's autonomy, and these restrictions were often perceived as unfair. Many conformed with rules, albeit reluctantly. However, others were proud when they exercised agency, challenging or disregarding the rules. They sometimes negotiated rules with others, describing some people as easier to get around than others. Many did not appear to have a say in the decisions in their lives, such as attending the language class, and this clearly was upsetting for one of the children in particular.

The children also exercised agency in relation to social structures and practices, for example identity categories, such as gender, disability, as well as expectations of the typical trajectory through life, such as going to secondary school and college, having romantic relationships, having children, and getting a job. Some exercised agency by talking about not 'having to' follow this pathway.

They also exercised agency in relation to negotiating their identities, making choices about which identities to present and reject (see section 5.2.3). Agency was also related to a sense of self-efficacy or belief that they could do things. The children exercised agency when they actively developed and used strategies and problem-solving skills to deal with challenges, such as dealing with communication breakdown and bullying. For some the development of strategies suggested diminished agency because they felt compelled to use strategies because others did not understand them. On the other hand, some had a sense of achieving goals when their strategies worked.

5.2.3 Negotiating identities of belonging and difference

The children constructed multiple identities and negotiated their sameness and difference to others in their narratives. The children did identity work in their narratives, assigning themselves to identity categories, hence the deliberate use of the verb 'negotiate'. They were in turn assigned to identity categories by others. These categories were multiple, dynamic, intersecting, and negotiated in and through their relationships with others. The children accepted, refused, resisted, challenged, and rejected identities assigned to them by others.

Facilitators of well-being and belonging included narratives where the children presented identities that were affirmed by others. Potential barriers to well-being and belonging were in narratives where identities the children presented were challenged by others or when others assigned identities that the children considered undesirable or demeaning.

5.2.3.1 Identities of belonging

Identities that facilitated a sense of belonging and connectedness with others included identities like: gender; personal attributes such as competent, attractive, strong, funny, smart, normal, sporty, villain; and moral attributes, such as being good and doing the right thing. For example, the children presented identities of competent and good in narratives about a range of contexts, such as helping out in meaningful ways in home and at school, being well-behaved, having lots of friends, achieving success in academic and leisure activities. They were proud of their achievements, which seemed to provide them with a sense of belonging, pride, fun, and relaxation. Some presented themselves in heroic roles in their narratives. Although some presented with reduced self-efficacy in relation to their learning identities, others presented with positive learning identities, reporting that they were 'smart', 'brilliant' and 'able to do it'.

Sometimes the children presented themselves as different from others, usually better, for example, better than peers or siblings at sports, or getting more money than others for their holy communion, and being pretty. These identities were sometimes affirmed in public ways (for example, winning awards or medals) and at other times in more subtle ways (for example, people looking at Sara affirmed an identity of pretty). This

validation of presented identities provided the children with a sense of affirmation, belonging, and connectedness with others.

They also presented their moral identities in their narratives, presenting themselves as doing the right thing, disapproving of others who broke the rules. They usually attributed blame for the instigation of conflict to others. While many presented identities of honesty and integrity in their narratives, some also presented identities of being rebellious, cunning, or cheeky, identities that they evaluated in positive ways. These identities may have provided them with kudos and status among their peers. For example, they told stories about challenging rules and not getting caught, not doing homework, deliberately getting a sibling into trouble, getting into trouble themselves, and planning revenge on bullies. In these narratives, they presented themselves in a positive light, proud when they achieved their goal of getting others into trouble or challenging rules.

The children negotiated identities of belonging and presented ways in which they were the same as others. When they presented identities of difference to others, these differences were usually on their own terms and on dimensions that they chose, such as being better than others. They managed their identity presentation in the interview context, presenting themselves in positive ways. They were aware of potential negative evaluations by the researcher (for example, some revised the word 'fights' to 'arguments', and others were reluctant to admit that they used physical actions in response to bullies with physical actions).

5.2.3.1 Identities of difference

Potential barriers to well-being and belonging emerged when the children's presentation of identities was challenged and when they perceived others' identification of them as negative. They also rejected and resisted identities assigned to them that they considered undesirable, demeaning, or contrary to their own beliefs about themselves. These identities were linked with attributes of intelligence, gender, moral stance, and normality and included identities assigned such as cannot talk properly, sad, special, dumb, liar, bold, tom-boy, and dyslexic. Some were also upset when other aspects of their identities were challenged by others, such as their behaviour at school (for example, being labelled 'bold', unfairly in their view) and their competence at sports or

academic work. There was evidence that some children were particularly upset and hurt when these aspects of their identities were challenged.

With regard to their talking identities, some drew on discourses about normality and disability in their narratives. They judged themselves and were judged by others against some normative framework using words, such as normal, right, wrong, and properly. For some, having speech and language impairment made them feel different from others. Some talked about being in the category of having a 'speech and language impairment', others appeared uncertain about whether they were part of this grouping, and others did not talk about it at all.

They were aware that the labels 'disability' or 'handicapped' were stigmatising, for example, one child asked permission to say the word 'handicapped' and then whispered it. The children also presented positive identities of family members with disabilities, perhaps providing counter-narratives to the dominant negative discourse about disabilities.

In relation to their talking, there was evidence of both impairment and disability effects, including the psychological aspects of disablism, in which some children appeared upset by the demeaning comments of others, particularly when they were related to talking, intelligence, or a tragic status. Furthermore, many of the children experienced bullying. They were clearly hurt when they were socially excluded by others, which some attributed to their speech and language impairment. They evaluated their experiences of bullying in different ways. Many were sad, upset, and hurt by these experiences, particularly when they were socially excluded by peers. Although most of the children were satisfied that the bullying problem had resolved when they reported it to someone in authority, some were frustrated and hopeless because they felt that telling others did not make a difference.

Moreover, the evaluations in the narratives about specialist education provision were predominantly negative and may have undermined the children's desire to pass as normal and ordinary. Attending the language class was different to the trajectory of their peers, and made the children appear visibly different from others. Many were looking forward to returning to what they referred to as 'normal' class.

5.2.4 Hope and concern for future

Hope emerged as a higher-order theme in many of the children's narratives. Even though the children were negotiating complex family and school situations in addition to their speech and language impairment (for example, sibling rivalry, disability of family members, death of loved ones, bullying, and the challenges of academic work) many were hopeful that their situations were improving and their outlook for the future was positive. For example, although many children evaluated bullying in negative ways, some also evaluated narratives about bullying in positive ways, saying that the problem had now resolved. Most of the children were also hopeful that their talking was improving, with some demonstrating self-efficacy saying that they could say the words now.

Blade was the most explicit in his narratives about hope, stressing how important it was that children 'get hope' for themselves in relation to talking and learning because they will get better. Most of the children's aspirations for the future were less concerned with issues related to impairment and were more concerned with issues that affected other aspects of their identity, such as having money, or romantic relationships.

The children's sense of hope was also evident in their narratives about imagined possibilities for the future. They looked forward to following the trajectory of their older siblings and to the increased autonomy and power that came with getting older. They also had hopes of achieving personal goals, of being successful in material ways (for example, being rich, famous, having lots of things), in their relationships (for example, getting married), and in their careers (for example becoming soccer players, business-men, surgeons, teachers, artists). The children also talked about their moral values, benevolence, and ways in which they would help those who were less well off when they grew up.

Although the majority of the children evaluated their experiences in positive ways, one of the children evaluated life events in negative and less hopeful ways, considering that things were improving. Others were uncertain and concerned about the future, particularly in relation to secondary school and college.

5.3 Summary of key findings

The key findings that emerged from the data were four interrelated themes that were conceptualised in a working model, comprising facilitators and potential barriers to well-being and belonging. Well-being in this model referred to subjective well-being and the children's affective states, as reflected in negative and positive evaluations of events and happenings in their narratives. Belonging, a related construct, referred to a sense of connectedness and fitting in with others, and was reflected in ways in which the children negotiated their identities in multiple ways. The children exercised agency by presenting identities for affirmation by others, and rejecting identities that they considered undesirable or demeaning.

Well-being and belonging in this model were conceptualised in terms of facilitators and barriers, with positive evaluations out-weighing negative ones in all but one case. Facilitators of well-being and belonging were life events and experiences that the children evaluated in positive ways, whereas barriers were life events and experiences that they evaluated in negative ways. This working model acknowledged that the simple dichotomy of positive and negative evaluations may not always represent the multiple, complex and, at times, contradictory ways in which the children evaluated life events. Indeed positive and negative evaluations sometimes co-existed alongside each other in the children's narratives, with some evaluating the same event in different ways, at different times.

CHAPTER 6 THE RESEARCHER'S STORY: REFLECTION AND REFLEXIVITY

6.1 Introduction

Reflection and reflexivity add rigour to a qualitative study because by setting out the researcher's position, the readers can draw their own conclusions about the trustworthiness of the findings. In addition, some claim that dialogical listening at three levels is required when working with narrative material: listening to the voice of the narrators, explicitness in relation to the theoretical framework informing the interpretation of the data, and making the decision-making processes explicit when drawing conclusions from the data (Lieblich et al., 1998). So far, this thesis has set out ways in which the researcher has engaged in dialogical listening at these levels. In this chapter, the potential influences of the researcher will be set out, along with ways in which power was negotiated throughout the research process, and how the researcher's assumptions were challenged through listening to the children's narratives.

6.2 Potential influence of the researcher

This section will outline ways in which the researcher may have influenced the research process. The researcher kept a reflective diary, including thoughts, feelings, biases that might have influenced the research process, that in turn acts like an audit trail (Davis et al., 2000; Driessnack, 2006).

The researcher's background was that she is female, in her forties, with a background in clinical and academic speech and language therapy. In her clinical practice, she had worked with children with PSLI, and had a particular interest in 9-12 year-old children for a number of reasons. Firstly, the researcher's clinical experience with children in this age group suggested that identity became an increasingly important issue as they grew older. Secondly, the researcher considered that children in this age group were somewhat neglected with regard to service provision and research. From a clinical perspective, services are usually prioritised for younger children. Although there is more research emerging on adolescents with speech and language impairment, middle childhood is still relatively neglected.

The researcher's thinking in relation to the research question was influenced by the social approaches to disability, and an interest in the lived experience. She had been influenced by experiences of listening to the personal stories of people with communication impairment and their families, as well as her experiences of meeting people with aphasia at the Connect[44] Centre in London.

The researcher's assumptions were challenged in relation to the choice of methodology. She was initially apprehensive about the appropriateness of narrative inquiry with children with PSLI for two reasons. Firstly, she had an assumption that it was necessary for participants in narrative inquiry studies to have the ability to generate coherent life-story narratives. Secondly, there was evidence to suggest that children with PSLI may be at risk in relation to narrative competence. However, following engagement with the literature, consultation with colleagues and supervisors, and the pilot study, these assumptions were challenged. The researcher took the position that children with PSLI had a right to tell their stories and have them heard. Some argue that researchers need to be open to variability in narrative and to abandon pre-conceived ideas about what narrative is (DeFina & Georgakopoulou, 2008). However, this view does not equate with an 'anything goes' approach to narrative inquiry. Research should be systematic, rigorous, and have theoretical underpinnings.

The researcher had pre-conceived ideas about what narrative was, that is, narratives were primarily structural in nature, comprising detached stories with a linear structure that had beginnings, middles, and ends. The researcher challenged these assumptions and selected a conversational approach to narrative, which acknowledged the roles of both participants and researcher in the co-construction of narratives. A conversational approach facilitated the researcher to view narratives as emergent, a joint venture, embedded in conversations, with tellings unfolding and meaning negotiated over the course of interactions between interlocutors (DeFina & Georgakopoulou, 2008).

The researcher' background, as a speech and language therapist, may also have affected the data-generation and analysis parts of the research process. She adopted the role of interested adult with naïve curiosity. She introduced herself as a speech and language therapist, emphasising that the interviews would not be therapy sessions. When

---

[44] Connect is a charity for people with aphasia, which is a language impairment acquired following stroke. This organisation supports people with aphasia, as well as their families. It also raises awareness of aphasia. The work at Connect is shaped and influenced by people with aphasia.

interviews were conducted in schools, the researcher stressed in her introductions that she was not a teacher. Nonetheless, despite the researcher's somewhat superficial and perhaps naïve attempts at presenting her identity as *not* that of a teacher, many children in the school context assigned this identity category to the researcher. Therefore, the children's identification of the researcher as a speech and language therapist or teacher, as well as the flexible topic guide, may have influenced the nature of the data generated.

The findings of this study support the view that the interview context can be viewed as an interactional event, and not an artificial social encounter (DeFina, 2009). In the context of the co-construction of narratives, there is little doubt that the researcher's questions, requests for clarification, and responses to the children's narratives shaped the nature of the data generated and the stories told.

With regard to the data-analysis and presentation of findings, the researcher aimed to provide a balanced account of the findings, including positive and negative findings, and refrained from making generalisations.

6.3 Negotiating power differentials

There are always implicit power differentials between the adult researcher and child participants. Power can be conceptualised as a negotiated process rather than a fixed entity (Emond, 2006; Hill et al., 2004) and as something exercised through small-scale, everyday forms of persuasion (Foucault, 1989 as described by Gallacher & Gallagher, 2008).

In order to address the power differentials, the children were offered choices in the research process, such as choices about taking part in the study, audio-recording the sessions, when and where the interviews would take place, activities and topics to talk about, and choices about what to leave in and out of their stories. While the researcher remained in control of the overall research process, the children were free to answer what they wanted.

Gallacher & Gallagher (2008) suggest that researchers adopt an attitude of methodological immaturity in their research with children, to reflect the complex,

incomplete, and messy process of research, as well as the humility that researchers are learning, changing, and fallible.

With regard to assent, the researcher made an assumption that all children would provide assent to audio-record the interviews. However, one child did not provide assent. The researcher respected the child's decision and did not ask her permission again, concerned that a repeated request may have been interpreted as coercion. Furthermore, one participant provided assent for the researcher to spend time in the playground at break-times. However, the participant also requested that the researcher would act like a teacher and not draw attention to the participant. Sometimes despite the emphasis on children's autonomy, children may not see consent as entirely voluntary, in the context of coercive relations with parents, peers, and teachers (Davis, 2009). Therefore, these examples highlight the children's agency in the context of power differentials between the researcher and children.

The researcher assumed that she would be exploring the children's identities. However, she was surprised by the children's efforts to construct hers. The children asked the researcher questions about her personal and professional life. This reciprocity in sharing information was another way in which power was shared. Spencer et al. (2010) argued that opportunities for young people, researchers, and clinicians to develop mutual knowledge and understanding may positively affect future work together.

In addition, the power differentials between child participant and adult researcher were negotiated in the context of navigating the agenda in the interviews. Some argue that researchers need to ensure that they do not dominate conversations, as adults often do (Christensen, 2004). Although formal discourse or conversational analysis approaches were not used, attention was paid to the interactional context of the interview to explore how the agenda was negotiated by both parties (DeFina, 2009; Tanggaard, 2009). The researcher learned to listen carefully and tune into what was happening in the interactions.

> "listening better requires the researcher or evaluator to be reflexive and reflective in decoding the encounter." (Lewis, 2011, p.20)

The researcher's aim was to leave the agenda open, providing scope for the children's agenda to emerge. However, balancing a child-centred approach with the researcher's agenda was challenging, particularly when the children took the lead and controlled the

169

agenda. Through reflexivity, the researcher realised that the children may have controlled the agenda for several reasons, including keeping the researcher at a distance by steering her away from sensitive subjects, and negotiating for more fun activities.

Agenda negotiation emerged in the context of playing games. Some argue that playing games, in which the focus is not the quality of the client's performance but rather on getting to know each other and accomplishing something, is important in building relationships and getting to know children (Duchan, 2011). The researcher's agenda was to use games to build relationships and provide variety in the interview sessions. The children's agenda was that the games were fun and perhaps a way of avoiding what they may have regarded as less fun activities. This difference sometimes led to tensions between the researcher's and child's agenda. These power struggles are rarely discussed in the literature, with the exception of Gallacher & Gallagher (2008), who describe how the children in their research found creative ways of using the researcher's presence to their own advantage, such as play partners. These actions can be viewed as the children's use of agency, exercising power within institutions.

The tension between agendas was particularly evident in interviews with Chantelle, who exercised agency in a number of ways, including changing the topic, requesting to play more games, using directive language during games, and refusing to talk about certain topics. Through reflexivity, the researcher learned that it was Chantelle's choice to keep the researcher at a distance, a choice the researcher respected. In these instances, given that power can be viewed as a negotiated entity, the researcher relinquished power. This made the researcher feel uncomfortable at times. Likewise, the researcher was mindful of not pushing her agenda with another participant, Amy, who appeared quiet, especially in the initial interviews. However, Morris (2003) advises that researchers should not react to their feelings of disempowerment by trying to take more control, for example, by asking more questions. Through reflexivity, the researcher challenged feelings of her own disempowerment.

Chantelle, Interview 1

I: Which game would you like to play, we have three games.
P: That one.
I: That one, ok. Ok. Now, we will just see how we play it, we will get these out of the way.
P: ==I know== how to play.
I: Do you? Ok.
P   How do you open this?

I:	See it's new now, so you will have to show me how to play it.
P:	(unintelligible)
I:	No. I never played it before.
P:	You have to put it all into the corner.
I:	Ok, so tell me what do we have to do?
P:	Is that thing still on? [referring to audio-recorder]
I:	Yeah.
P:	Put that on now [giving me instructions on setting up the game].
I:	Oh you have to time it.
P:	Quick.
I:	So all the pieces come off?
P:	Yeah, do it properly now.
I:	We'll do it properly now. Ok.
………..	
P:	Oh no. See? What'd I tell you?
……	[after one turn each]
P:	Yeah. Can we do it again?
I:	Do it again, yeah, would you like to do one more, we will do it again and then we will do a little bit of work and then we will come back and do it again. Its good fun isn't it?
……….	
P:	Don't turn it on. (Inaudible) wait till I get something on it. They're easy, two eyes.
I:	Its hard to know sometimes what the pieces are isn't it? Ok.
P:	Some (inaudible) First.
I:	Ok.
P:	It's a board game, when I say do it do it ok?
I:	Ok.
P:	Do it. Yeah.

Furthermore, in the interviews with Sara, the researcher did not consider the need to introduce games because of Sara's active engagement in the interviews. However, towards the end of Interview 3, Sara asked why the game Connect 4 was in the bag, which the researcher interpreted as an indirect request to play. Sara commented that games were not played during the interviews. This challenged the researcher's assumptions about when it was appropriate to introduce games. The researcher thanked Sara for teaching her the valuable lesson of not underestimating the importance of games in children's lives.

Power was also negotiated during the interviews when some topics were sensitive for the children. The researcher paid attention to the interactional exchanges between the children and the researcher, for example, observing and responding to nonverbal (such as yawning, apparent loss of interest in activities) and verbal cues (for example, topic shifts). These cues were viewed as potential strategies used by the children to negotiate the agenda, perhaps when they wanted to avoid certain topics, were uncomfortable,

tired, or bored. Researchers need to be careful not to intrude into painful, private material and need to be sensitive to cues, particularly in view of the power differential between children and adult researchers (Tanggaard, 2009).

Power also emerged in the process of participant-checking, in which the researcher presented a summary of the children's stories, inviting them to comment and check her understandings of their stories. This process redressed the power balance somewhat in that the children were construed as 'teachers', checking the researcher's understandings of their stories.

6.4 Challenging assumptions: The effect of the children's narratives on the researcher

Narratives can be regarded as a speech act that have a performative dimension, with Austin (1975) claiming that people do something by talking. What is actually said can be referred to as locution, whereas the illocutionary force refers to ways in which the speaker's intentions are transmitted (Bruner & Haste, 1987). Narratives therefore can be construed as verbal actions, which accomplish something in the telling, such as arguing, justifying, persuading, engaging, even misleading an audience (Andrews, 2010), entertaining (McLean & Thorne, 2006), working through worries and difficulties (Duchan, 2002) and exploring ideas (Maybin, 2006). Stories also serve a function of connecting and disconnecting people (Frank, 2010; Gergen & Gergen, 2010). This section addresses the effect or illocutionary force of the children's narratives on the researcher.

Spending time with and listening to the children's narratives, with a research rather than clinical lens, was both liberating and a privilege. The researcher was touched that many of the children shared their experiences openly. Others were more cautious, keeping the researcher at a distance. The researcher experienced many emotions when listening to the children's narratives, including feeling moved, surprised, challenged, upset, and amused. At some level, the researcher considers that she has been changed as a result of listening to the children's narratives, because assumptions have been challenged and new insights gained.

The researcher was moved when two of the children (Blade and Torres) thanked her for coming to see them. They appeared to enjoy the experience of telling their stories and perhaps more importantly having them heard. The researcher had not anticipated that her work would be received in this way. The researcher was also moved by the positive, albeit unintended, outcome that emerged when the children's talking identities were challenged in positive ways by the length of the interview transcripts.

The researcher's expectation, based on clinical experience and evidence from the literature, was that the children's narratives would be more negative, and that they would present with a more negative self-image. However, the children's narratives challenged these assumptions. Contrary to expectations, the children's evaluations in their narratives about their experiences were predominantly positive and hopeful. Even though they talked about experiences that could be considered negative, they evaluated these now, for the most part, in positive ways. That is not to say that these experiences were not difficult and painful at the time they happened. Perhaps their evaluation changed over time or they may have wanted to present positive identities in the interview context.

Furthermore, they presented and negotiated multiple identities, with impairment representing only one part of their multiple identities, and others did not present speech and language impairment as part of their identity at all. The researcher was moved by the hope and resilience in the children's narratives, as well as their thoughtfulness and integrity in how they presented themselves. Many of the children presented themselves as 'good' and were keen to help others whom they considered needy, such as people in developing countries, homeless, and older people, as well as helping the researcher to learn their games. The researcher learned about the lives of children living with PSLI, outside of their impairments, by looking beyond their communication impairments.

When analysing the data, the researcher was aware of the need to challenge the dominant discourses about children with PSLI, which tend to be deficit-focused and somewhat negative, by highlighting other aspects of their identities. For example, the researcher was amused by some stories about getting into trouble, in which the children presented themselves as the villains. They were delighted when they outwitted others and were not caught. Those that were caught did not appear perturbed by the punishment. These stories were told to entertain and present identities to me, the

researcher. Through these stories there was a connection between the children and researcher.

In view of the power differentials, the researcher also admired their integrity when they exercised agency by saying no in direct and indirect ways. They were competent at negotiating the agenda and steering the researcher away from topics that they did not wish to discuss.

On the other hand, the researcher found some of the children's narratives about specialist education provision and bullying hard to listen to because they raised questions about her practice. They made her reflect on whether as a speech and language therapist she had addressed issues that were really important and meaningful in children's lives. In hindsight, some of the therapy goals and activities used in intervention did not seem meaningful in light of the issues that the children talked about, such as negotiating their sameness and difference with others, navigating friendships, and dealing with conflict and bullying. The researcher realised that she had become institutionalised in how she conceptualised PSLI and speech and language therapy interventions. Although the researcher assumed that her practice was client-centred and underpinned by social model values, the children's narratives about their experiences of specialist education challenged these assumptions.

The researcher had underestimated the extent to which the children would make sense of their experiences and constructed their identities. Their narratives provided new insights that have raised questions about whether speech and language therapy and specialist education provision are always benevolent, particularly with regard to identity construction in these older children. Some of the children were upset when certain identities were assigned to them by others, such as being called 'special' or 'dyslexic'.

Others were pleased when they saw the transcripts of our interviews, which perhaps presented a new identity for them as 'good' talkers. This unintentional outcome of floating identities as good talkers for the participants was powerful because it demonstrated the important role that others, including researchers and therapists, have in affirming and contesting children's identities. It is necessary to reflect on the messages children are given about their identities when they come to speech and language therapy. There may be risks in that services, such as speech and language

therapy and specialist education, may, albeit unintentionally, do harm by making children feel different.

It is also necessary to reflect on the language used when talking about PSLI. The researcher had underestimated the power of diagnostic labels. There is a need to be sensitive to how children negotiate labels and the meanings that they assign to them. For example, the term 'special' is commonly used in the education system in Ireland and is regarded as a more sensitive label than previous ones. Indeed, one participant revised the term 'handicapped' to 'special needs', perhaps considering this a more socially acceptable label. Nonetheless, for one participant, being categorised as 'special' was hurtful and he did not wish to be seen by others in this way.

Some of the children were uncertain about why they went to speech and language therapy, particularly those with language impairments. One of the children was critical that therapy activities were framed as games. Another child appeared proud of his resistance to therapy, by not doing his homework. This report of resistance raised further questions about practice, such as how explicit and honest practitioners are with children in relation to why children come to therapy, what therapy is about, what choices children really have in relation to attending therapy, and whether they actually want to come to therapy in the first place.

The children's narratives also raised questions for the researcher about ways in which therapy services are delivered to children in Ireland, that is, primarily in clinical contexts and for some in language classes, and whether the services meet the children's specific needs. Through reflecting on her own clinical practice, the researcher may have talked to children about why they were attending therapy, but this was on an ad-hoc basis, rather than as part of the core business. The presentation of therapy activities as 'games', although well-intentioned, could be construed as deception, as illustrated in one child's narratives. Therefore, it is necessary to be more honest and explicit with children about the therapy process.

Practitioners may assume that they do not do harm because interventions are well-intentioned and evidence-based. Listening to the children's narratives challenged some of these assumptions. Evidence-based practice is about using interventions that work, and this needs to be balanced with person-centeredness and client involvement in the

decision-making process. However, listening to children's views can raise dilemmas, particularly when children may wish for something different from what others may think is in their best interests. Nonetheless, it is necessary to develop innovative approaches to engage older children in ways that are meaningful to them in their everyday lives. What is important is that the children's voices are heard, and acted upon, as appropriate, routinely in speech and language therapy practice.

The children's narratives made the researcher reflect on the significance of identity in her own life, something she had also underestimated. The researcher gained first-hand experience of identity construction as an active, relational, and reciprocal process in the interview process. From a personal point of view, the researcher values relationships with family and friends, has a sense of humour, has a close affinity to where she is from, is a keen sports-fan, loves travelling, wildlife, and the outdoors. From a professional point of view, she is passionate about being a speech and language therapist, an important aspect of her identity, and she values person-centred practice. The researcher is growing into her relatively new identities of academic and researcher. Anyone who knows the researcher would probably assign some of these identity categories to her. Having read the literature and listened to the children's narratives, she is now more aware of ways in which she presents multiple identities to others in different contexts, as well as ways in which these identities are affirmed and challenged by others, and feelings associated with these affirmations and challenges.

CHAPTER 7 DISCUSSION

7.1 Introduction

So far, this thesis has set out the theoretical underpinnings of identity and meaning-making. The ontological and epistemological underpinnings of narrative inquiry as a methodology for exploring these areas have been discussed, along with the methods used to generate and analyse the data. The key findings have provided new insights into emotional and explanatory meaning-making and identity construction in this group of children. This chapter will set out how the findings relate to the literature, namely the literature on well-being and belonging; the centrality of relationships; autonomy, agency and competence; negotiation of identities; hope and concern. Furthermore, this chapter will conclude with a discussion of methodological considerations to further assist the reader in the process of judging the trustworthiness of the study.

7.2 Well-being and belonging

The findings provided new insights into subjective well-being, as well as belonging, in children with PSLI. The findings were conceptualised in a working model of facilitators and barriers to well-being and belonging, based on the children's positive and negative evaluation of events and happenings in their lives. As discussed in the literature review (section 2.4), subjective well-being has been defined in many ways, including evaluations or judgements that people make about their lives that may reflect the presence of positive or negative affect (Shmotkin, 2005). The conceptual model proposed in this thesis acknowledges that the simple dichotomy of positive and negative evaluations is overly simplistic. Moreover, the complexity of positive and negative affective states is further illustrated by claims that positive and negative emotions are not bipolar opposites in a continuum or evaluation, but rather relatively independent emotions with different links to biological systems (Shmotkin, 2005).

This thesis focused on small, rather than larger biographical, stories, which provided insights into the children's subjective well-being over time. Some argue that the plot in a narrative transforms a list of events into a meaningful whole (Ricoeur, 1980), providing a central theme that gives emotional effect (McNulty, 2003). The predominant plot structure in the children's narratives was progressive, reflecting

positive evaluations, with some stable plots, and no regressive plots identified.

The dominance of positive evaluations in the children's narratives may not be surprising. In a recent study, although there was evidence that children with speech, language, and communication needs, were particularly vulnerable regarding social acceptance and emotional well-being, these children also reported that many aspects of their lives were good, and they talked positively about their families, pets, hobbies, and friends (Roulstone & Lindsay, 2012). Roulstone and Lindsay (2012) hypothesised that this may be the case because the children had no experience beyond their own lives and had no way of comparing what their lives might have been like without communication impairment. Therefore, they may have rated their quality of life as higher than others would have rated them.

Moreover, in a paper on happiness in the face of adversity, Shmotkin (2005) claimed that positive subjective well-being is prevalent for most people, and is a robust mechanism, that can be at least partially be explained by the principle of adaptability. According to this principle, people adapt to the circumstances of their lives, whether favourable or unfavourable.

Although the children presented with overall positive well-being, there were some disabling dimensions in relation to communication impairment, particularly with regard to social and emotional well-being. The children's evaluative markers in their narratives about communication impairment and relationships with peers reflected feelings of frustration when others did not understand them, and feelings of hurt and isolation when they were excluded by peers. The children's conceptualisation of communication impairment was consistent with the social model of disability (Thomas, 2004), because they talked about both impairment effects and disabling barriers. Thomas (2004) argues that conceptualising disability only in terms of social barriers alone is too restrictive. She claims that disability needs to be understood in terms of *both* [my emphasis] impairment and disability, and the inter-relationship between the two. Some of the children talked about both specific impairment effects, such as difficulties saying words, as well as disabling barriers brought about by others, such as social exclusion and being made to feel lesser in some way by others. This finding is consistent with other research (McCormack et al., 2010; Merrick & Roulstone, 2011; Sanger et al., 2003). For example, adolescents with language problems talked about impairment effects, such as

feeling dumb, reflecting their internal psychological and emotional constructions of impairment (Sanger et al., 2003). Other studies have found that children with disability talked about both impairment effects, such as fatigue, as well as barriers to 'doing', such as social or material barriers (for example, access to buildings, transport), as well as barriers to 'being', such as bullying and negative evaluations by others (Connors & Stalker, 2007).

However, assumptions that all children with speech, language, and communication needs will have predominantly negative experiences need to be challenged. Children make sense and negotiate living in the context of any impairment in different ways, which may not necessarily be negative (Burden, 2008). There is a danger that if there is a focus only on the social problems that children encounter, the passive stereotypes associated with disability will be reproduced (Davis, 2004). Even though the children in this study encountered negative life events, sometimes but not always associated with their communication impairment, their evaluations of their experiences were predominantly positive. These findings were generally consistent with the findings of other studies on subjective well-being in typically developing children (de Chavez et al., 2005; Fattore et al., 2006; Nic Gabhainn & Sixsmith, 2005; Sixsmith et al., 2007), as well as studies on well-being in children with speech, language and communication needs (Feeney et al., 2012; Markham et al., 2009; Roulstone & Lindsay, 2012).

7.3 Centrality of relationships

The centrality of relationships in the children's lives was apparent in the children's narratives. Firstly, virtually all of their narratives were about relationships with others, including family, extended family, peers, teachers, sports coaches, and pets. Secondly, the findings provided evidence for the value of socio-ecological models for understanding the lives of children with PSLI. The children were at the centre of a complex system of relationships with others, including proximal relationships with family and peers, as well as relationships with others in the wider community. Indeed, the findings mirror those of McLeod, Daniel, and Barr (2013) who argued that when children were in private contexts, such as home and familiar environments, their experiences of communication impairment had little effect on their activities and relationships, whereas they experienced altered functioning, identities, and relationships, as well as social challenges, when in the public contexts, such as school.

The findings of this study support the view of McLeod et al. (2013) that children with communication impairments may operate in different ways, with different people, in different contexts. Therefore, practitioners need to be cognisant of this. Facilitators and barriers to well-being and belonging emerged in and through a socio-relational context of relationships with others. Positive relationships appeared to mediate negative experiences, and therefore it is important to identify and strengthen children's support systems, so that these children can be effectively supported when they encounter negative experiences.

7.3.1 Positive relationships

The children's narratives about relationships with family, extended family, pets, and friends, were, for the most part, positive. Reciprocal support and contributing in meaningful ways appeared to be facilitators of the children's well-being and belonging. They enjoyed many aspects of relationships with others, including taking up active roles that demonstrated their competence, taking responsibility for carrying out chores and tasks, helping out in meaningful ways, as well as giving support to others. It appeared that the children felt valued and affirmed when their abilities were acknowledged and valued by others. This affirmation by others is important because perceptions of value, competence, self-worth, and a sense of connection and belonging are important to one's sense of well-being (Nic Gabhainn & Sixsmith, 2005; Whalley Hammel, 2009). In addition, the notion of reciprocity in relationships is important because it means that the child does not feel beholden to others (Pinkerton & Dolan, 2007).

The children's communication impairments did not appear to affect their lives in the context of relationships with others that they knew well, in familiar contexts. Even when one of the children talked about being teased by his brother, he clarified that his brother would not tease him about his speech. On the contrary, their communication impairments did affect their relationships with others in more negative ways in more public contexts.

Although, for the most part, the children talked about positive relationships with peers, some clearly wanted more friends. Friendship can be conceptualised as multidimensional, including dimensions, such as reciprocity, autonomy, equality, and intimacy (Pound, 2011). The word 'friends' can mean different things to different

people (Dockrell, 2004) and therefore the meaning of this word was not taken for granted. Some claim that the meaning of words can only be grasped in the context within which it was uttered (Bruner, 1986; Thompson, 2009). The children's definitions of friends ranged from having someone to hang-out and have fun with, someone who shares common interests, and reciprocal support. Some used negative markers, defining friends as those who do not make fun of you. For some children, it was important to be seen as socially desirable and as having lots of friends.

The children also viewed friends as buffers against bullying. This finding is consistent with the findings of other studies, where positive relationships seemed to be powerful in alleviating problems that children with disability, including communication impairment, came across in their lives, such as communication breakdown and teasing (De Vet, Waitt, & Gorman-Murray, 2012; McMaugh, 2011; Merrick & Roulstone, 2011). In the child well-being and resilience literature, there is evidence to suggest that positive relationships with others can mediate negative experiences and strengthen well-being and resilience (Statham & Chase, 2010; Zaff & Hair, 2003; Zolkoski & Bullock, 2012). Therefore, it is necessary to identify, harness, and strengthen children's positive relationships with others. Children with communication impairments may be more effectively supported by consolidating their support systems in all contexts, seeking out advocates and supporters to help mediate their experiences (McLeod et al., 2013).

7.3.2 Challenges in relation to relationships

Difficulties with relationships also emerged in the children's narratives, which were conceptualised in the working model as potential barriers to well-being and belonging, including conflict with parents, usually in relation to restrictions in autonomy; rivalry with siblings; social exclusion by peers; and difficult relationships with others, such as teachers.

The findings highlighted ways in which the children's evaluations of life-events changed, usually to more positive evaluations, over time. However, some of the children appeared uncomfortable when evaluating some life events, using affective states that they may have perceived as negative, such as feelings of upset, jealousy, anger, and sadness. This finding is perhaps not surprising in the context 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 et al., 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 et al., 2009). This may also explain why the children's evaluations of events and happenings were generally positive. They may not have wanted to be seen as vulnerable, which is also an identity issue.

Although the nature of the relationship between language impairments and emotional health difficulties is complex, there is some evidence that children presenting with specific language impairment who present with emotional health difficulties at age 7 years also show increased anxiety at 16 years of age (Conti-Ramsden & Botting, 2008). Other research findings have also suggested that the children and young people with speech, language, and communication impairment are particularly vulnerable regarding social acceptance and emotional well-being (Feeney et al., 2012; Roulstone & Lindsay, 2012; Wadman et al., 2011). Therefore, practitioners need to be alert to potential emotional difficulties in children in this age group. It is necessary to pay attention to the subtle ways in which children express their emotions, cognisant that they may be reluctant to express negative emotions or emotional difficulties. Although children's narratives may appear positive on the surface, practitioners need to be sensitive to evaluative devices that may signal emotions, such as frustration, shame, jealousy, anger, loneliness, and sadness, feelings that may be difficult for children to express.

On the one hand, although some openly expressed frustration and annoyance, especially when others did not understand them, others appeared reluctant to express other feelings, such as sadness, loneliness, jealousy or upset, perhaps considering that these emotions may reflect fragility and vulnerability. Nonetheless, these are real feelings that are part of the human condition and need to be acknowledged. Indeed, in a study of children's understandings of well-being, children talked about feelings of happiness, acknowledging the need to integrate sadness (Fattore et al., 2006). Paying close attention to evaluative markers, as well as explicit and implicit meanings, may provide some insights into the children's emotional stance in relation to their circumstances.

Some of the children appeared to have difficulties with friendships. The evidence from long-term studies suggests that children and young people with PSLI can be disadvantaged in aspects of their lives, such as academic and psychosocial functioning, including friendships (Conti-Ramsden et al., 2001; Jerome et al., 2002; Johnson et al., 1999; Markham & Dean, 2006; Markham et al., 2009; Snowling et al., 2006; Wadman et al., 2011). Some argue that poor language skills, including poor receptive ability, are associated with theory of mind development, which may in turn affect social relationships (Brinton et al., 2005; Durkin & Conti-Ramsden, 2007). Difficulties inferring other's perspectives and appreciating possible differences in knowledge or beliefs from one's own, may affect social interaction (Durkin & Conti-Ramsden, 2007; Tsai & Chang, 2008). However, according to Durkin and Conti-Ramsden (2007), there is also evidence that not all children with PSLI have difficulties making friends or have difficulties with theory of mind.

> "It is certainly plausible that language difficulties that include problems with language understanding would give rise to general difficulties "tuning in" to others' verbally expressed interests, needs, and expectations. If so, then minor to major discrepancies in understanding and breakdowns in communication, could be expected, and these should affect how secure individuals with SLI [specific language impairment] feel in social relations as well as how they are perceived and responded to by other people." (Durkin & Conti-Ramsden, 2007, p.1453)

It is plausible that the children in this study may have had difficulties 'tuning in' to others. For example, the children's conceptualisations of communication breakdown differed, with some accepting responsibility for the breakdown, whereas others attributed the breakdown to their conversation partners, including the researcher. During the interviews, there were several examples of misunderstandings on both sides. Some persisted with the process of co-constructing shared meanings, using strategies to repair communication breakdown, such as repetition, drawing, re-phrasing, to help clarify meanings. Others became frustrated and annoyed and attributed the breakdown in communication to the researcher. This was in the context of a conversation with a sympathetic researcher, who was open to accepting responsibility for communication breakdown, and was positively disposed to participating in the process of repairing the breakdown. If similar difficulties emerged in interactions with peers, with a potentially less sympathetic stance, then it would be interesting to explore how the process of communication repair would be negotiated.

The findings of two somewhat dated studies suggest that children with specific language impairments were less well accepted than typical peers, had few reciprocal friends, and were found to use fewer and developmentally lower level negotiation strategies (not specifically in relation to communication breakdown) than their age-matched peers (Brinton, Fujiki, & McKee, 1998; Fujiki, Brinton, Hart, & Fitzgerald, 1999). The findings of a more recent study also provided evidence that children with specific language impairment attending a language resource base were less accepted by peers than their mainstream peer groups (Laws, Bates, Feuerstein, Mason-Apps, & White, 2012). In their study, children with clearer speech and more mature syntax had more positive experiences in terms of peer acceptance than those with social communication abilities. Notably, Laws et al. (2012) also found that not all children with specific language impairments experienced difficulties with peer acceptance, as was the case in the current study. Therefore, it is necessary to listen carefully to individual children's stories because each child's experiences may differ.

In relation to speech sound disorders, McCormack et al. (2010) found that young children constructed their speech problem under three themes, namely my speech problem, your listening problem, and my frustration. They argue that persistence may be a valuable quality in solving the listening problem.

The findings of these studies and the current study suggest that personal attributes, such as persistence, temperament, negotiation skills, as well as how others respond, may be important factors in how communication breakdown is negotiated, particularly in the context of interactions with peers. The children in this thesis had developed several strategies to repair communication breakdown. However, it would also be useful to explore ways in which conversation partners respond to communication breakdown.

While speech and language difficulties may affect the children's social interactions, which in turn may affect friendships, other factors may also have affected the development of friendships. Some children experienced disruptions in friendships when they attended specialist education provision, a finding consistent with other studies (Baker & Donelly, 2001; Weller, 2007). Some children found it difficult to integrate back into their local schools when they returned from the language class. Others talked about logistical barriers, such as not having phone numbers to contact local peers that they may have lost contact with when they attended the language class. A recent study

of nine-year old children in Ireland found that parents play an important role in facilitating children to play with their friends, especially when they are not living in close proximity (Williams et al., 2009). In addition, some children did not like sports, which may have provided them with fewer opportunities for social inclusion.

For others, structural practices, such as rules about who can play with whom in the playground, may be a barrier to developing friendships. The analysis of agency was particularly useful in exploring how children positioned themselves in relation to peers in their narratives. Those children who positioned themselves in active roles presented themselves as having influence over their environment, whereas those in passive roles presented themselves in less powerful ways, waiting for others to initiate contact. Some argue that children with language impairments and poorly developed friendship skills may show indecision with regard to entering peer groups and joining in play (Stoneham, 2001). Indeed, in a study of the social behaviours in the play-ground of typically developing children and children with language impairment, the children with language impairment demonstrated more withdrawal behaviours than their typically developing peers (Fujiki et al., 2001).

A further potential explanation for taking up more passive roles may be that many of the children in this study experienced bullying. There is some evidence that children may deliberately position themselves on the outside or on the side-lines of peer groups to avoid being bullied (Sentenac et al., 2011). Whatever the explanation, some of the children in this study seemed to wait for others to invite them to join in, rather than taking the initiative to approach others. Analysis of agency in the children's narratives may provide insight into how they position themselves in relation to others, and those that position themselves in more subordinate ways may need to learn to 're-story' themselves in more active roles.

A further barrier to well-being and belonging in relation to relationships was bullying. Although there is some disagreement about whether children with PSLI are more at risk in relation to bullying than other children (Knox & Conti-Ramsden, 2003, 2007; Lindsay et al., 2008; Sentenac et al., 2011), the majority of children in this study experienced bullying. The bullying behaviour could be broadly categorised as verbal and emotional bullying, with one child talking about physical bullying. Many of the children defended their own stance in their narratives about bullying incidents,

presenting themselves as the recipients of others' actions. Some attributed the bullying to their speech difficulties, for example, when others referred to them as 'dumb' or 'special', as well as references to their talking. They had contradictory evaluations of bullying in their narratives, with some distancing themselves from bullying that happened in the past, some were satisfied that the bullies had been dealt with when they told someone in authority about them, and others appeared reluctant to talk about it.

It was unclear how bullying had affected the children. Some openly expressed feelings of sadness, loneliness, and upset when they were socially excluded, whereas others reported that the problem had been resolved and they were reluctant to express negative emotions. It is possible that some were still upset by these experiences and had internalised these feelings, but portrayed a positive evaluation in the interview context to avoid being seen as vulnerable. On the other hand, it is possible that their evaluations of these events had changed over time and they were no longer upset about these incidents.

Bullying has received attention in the media because of the adverse effects it can have on the mental health of children and young people. The Department of Education and Science in Ireland launched a new comprehensive anti-bullying action for schools in Ireland (Ahearne et al., 2013). It recognises that bullying is a complex phenomenon, requiring action on a number of levels because bullying occurs with a range of people, in a range of contexts. Moreover, the action plan has a number of key recommendations which, if implemented, would certainly go some way to reduce bullying in all children, including those with speech, language, and communication impairments. The recommendations target a number of levels, including: a positive school culture and climate; a school-wide approach; effective leadership; a shared understanding of what bullying is and its impact; anti-bullying policies; consistent recording of reported bullying behaviour; education and training; prevention strategies including public awareness campaigns; and the use of established evidence-based intervention.

The main form of bullying reported by the children was social exclusion, in that they were excluded by peers. This in turn led to feelings of isolation. In a recent study, parents of children with speech, language, and communication needs valued outcomes of inclusion, specifically referring to their desires that children would have 'real' friends and not those constructed by other adults, as well as outcomes of social acceptance and

tolerance of their children's differences (Roulstone & Lindsay, 2012). Notably, improved language and communication skills per se were not included in parents' desired outcomes. Rather, language and communication skills appeared to be viewed by parents as the medium or vehicle through which their children would be included and accepted by others. Others need to be educated about the nature of communication impairment, with a view to fostering a better understanding and tolerance of these children's differences. In addition, it is necessary for clinicians to broaden their focus from specific language and communication skills, to the functional use of these skills in facilitating children's inclusion and acceptance.

In summary, some children experienced positive relationships which facilitated their sense of well-being and belonging. Many also experienced difficulties with relationships, which could be construed as potential barriers to their well-being and belonging. The findings suggest that there is a need to consolidate children's positive relationships because they may act as a buffer against negative life events. The challenge lies in identifying sensitive and practical ways of addressing difficulties with relationships, in particular in relation to the formation of friendships and bullying. Listening carefully to the children's narratives may provide insight into their conceptualisation of relationships with peers, potential reasons for not having friends, and whether these relationships are a key issue for them. Consultation with individual children, their families, teachers, may be helpful in identifying possible reasons for difficulties in forming or maintaining friendships. Specific strategies for individual children may need to be developed and implemented, in consultation with the children, their parents, and teachers.

7.4 Autonomy, agency, and competence

Autonomy, agency, and competence were clearly important determinants of the children's well-being and belonging. Relationships were also central to how these themes played out in the children's lives. In the context of this thesis, autonomy referred to the children's subjective sense of independence, competence, as well as their desire for freedom and choices. The children looked forward to the increased independence and autonomy that came with growing older. Some enjoyed the freedom that they felt when participating in leisure activities. They presented themselves as competent and

were frustrated and disempowered when they were not involved in decision-making or when they were restricted by rules.

Agency was a related theme, and was reflected in ways in which the children exerted control over their environments, such as positioning themselves in active and passive roles in relation to others, overcoming obstacles, and negotiating their identities in the context of powerful social structures. These themes emerged in the context of relationships with others.

Indeed, independence is regarded as a fundamental value in society, and the ability to communicate effectively is a fundamental skill underpinning independence (Conti-Ramsden & Durkin, 2008). The children in this study had a desire for more independence both now and in the future, a finding that is consistent with other studies (Markham et al., 2009; Merrick, 2010; Wickenden, 2010). Parents of children with speech, language, and communication needs have also identified independence as an important determinant of quality of life for their children (Markham & Dean, 2006) and as a desired outcome for their children (Roulstone & Lindsay, 2012).

Middle childhood and adolescence are potentially times of conflict between parents and children. At this time, children and young people seek increased autonomy, as parents try to balance these requests with what they consider is in the best interests of the child or young person. Many of the children were frustrated and disempowered when their autonomy was curtailed by adults. They did not appear to have a say in decisions affecting their lives, such as placement in the language class, and they felt powerless. In addition, some children appeared to act out of compulsion rather than choice in their narratives, for example, 'having to' use strategies when *others* did not understand them. Some were agentic and resisted social structures, albeit in micro ways, whereas others were more passive. These themes are underpinned by complex debates on autonomy, beneficence, and agency and structure in the literature. It is beyond the scope of this thesis to delve into each of these constructs in depth, but their relevance in the context of this thesis will be explored.

Autonomy is a complex concept that has developed from political and moral philosophy (Baines, 2008). Autonomy has been defined in many ways. One definition is that autonomy is "self-legislated action, or the action of agents who can understand and

choose what they do" (O'Neill, 1984, p. 173). Indeed, autonomy is regarded as one of the key principles of ethical practice, whereby an autonomous person acts freely in accordance with a self-chosen plan (Hibbert et al., 2010). According to Beauchamp and Childress (2009), autonomy requires two conditions and they are liberty or independence from controlling influences, as well as agency which refers to the capacity for intentional action. In relation to early adolescence, Steinberg and Silverberg (1986) defined autonomy as a growing detachment from parents, a subjective sense of independence, self-reported confidence in decision-making, and self-governance.

Some psychologists claim that autonomy, mastery, and control are highly inter-related constructs. Autonomy can be viewed as both a psychological attribute and a social relational concept (Bridges, 2003; Steinberg & Silverberg, 1986). When viewed as a psychological attribute, autonomy arises out of experiences of being able to control the environment and produce the desired effects. When viewed as a relational concept, autonomy emerges in the context of relationships with others (Bridges, 2003; Steinberg & Silverberg, 1986). In this way, autonomy, similar to arguments about power, can be negotiated rather than being viewed as a fixed entity (Emond, 2006; Hill et al., 2004; Merrick, 2010). The findings of this study suggest that the participants were aware that rules could be negotiated. Some conformed with rules, albeit reluctantly, others questioned and challenged them, with varying levels of success.

Some claim that it is the perception of autonomy that is important for well-being (Bridges, 2003). Indeed in a study of child well-being, children themselves identified the capacity to act freely, make choices, and exert influence in everyday situations as important determinants of well-being (Fattore et al., 2006). This exertion of influence on the environment is reflected in Article 12 of the United Nations Convention on the Rights of the Child (UNCRC), which states that children have the right to express their views on all matters affecting their lives, in accordance with their age and maturity (UNHCR, 1989). This means that children should be given opportunities to express their wishes, feelings, and needs and have a say in aspects of their lives that affect them, such as education and health. However, autonomy and independence in children are not without challenges.

There is some evidence to suggest that children with PSLI may be at risk in relation to attaining independence. One study of independence in a cohort of adolescents with

specific language impairment, aged 16 years, suggested that these adolescents were less independent than their typically-developing peers. Independence was associated with poor early language and poor later literacy skills. In addition, both groups perceived themselves to be more independent than their parents did (Conti-Ramsden & Durkin, 2008). Aspects of independence, such as self-care, tasks necessary for everyday living (such as using the telephone), and tasks that emphasised the ability to carry out activities outside the home (such as travelling and meeting people) were measured using self-report from adolescents and parental reports. The authors acknowledged that the outcomes for those with specific language impairment were variable. Although they found an association between language impairment and independence, they acknowledged that other factors, such as opportunities for independence, may also have influenced the results of the study. In addition, this cohort of adolescents may not be representative of other children with PSLI.

Furthermore, three aspects of autonomy were explored with adolescents, namely emotional autonomy, resistance to peer pressure, and subjective sense of self-reliance. (Steinberg & Silverberg, 1986). Although the study has some limitations, such as it is somewhat dated and may be culturally-specific, it also had some strengths, including a large sample size (n=865, 10-16 year-old children and young people). The findings suggested that the transition from late childhood to adolescence was marked by the trading of dependency on parents for dependency on peers. These findings may have some relevance for children with PSLI.

Some of the children in this thesis had difficulties with peer relationships, which suggests that the transition from a dependency from parents to peers may be more challenging for them. Indeed, this difficulty with peer relationships, coupled with the opportunities for autonomy provided by others, may affect the development of independence in these children. However, it was beyond the remit of this study to explore opportunities for autonomy provided by others.

Moreover, as children develop autonomy and independence, they also require protection because their safety may be compromised (Meadows, 2010). In a study of conceptualisation of risk from the perspectives of parents and children (aged 3, 9, and 12 years-old), parents considered that the world was a more dangerous place now than when they were growing up, and therefore they considered that they needed to protect

their children (Kelley, Hood, & Mayall, 1998). The children in their study, on the other hand, were frustrated when their autonomy was restricted. In another study on parental perceptions and management of risk in respect of 12-16 year old young people, parents talked about the challenges in walking the tightrope balancing control and letting go (Lewis, Sarre, & Burton, 2007). The participants in both of these studies were typically-developing young people, and it is possible that children with additional needs may be seen as more vulnerable, and therefore in need of even more protection. For example, there is some evidence that children with special education needs can be subject to powerful structural practices, such as surveillance (Allan, 1996). Linda Lascelles, an advocate for children and young people with speech, language and communication needs, has spoken movingly about the challenges of balancing the provision of opportunities for independence as children with communication impairments grow older, with consideration for their safety and protection (Lascelles, 2012). She argues for the need to 'tune into' these children and young people sensitively and in ways appropriate to their age, quoting the principle 'no decision about me, without me' enshrined in the policy document Equity and Excellence: Liberating the NHS (Department of Health, 2010; Lascelles, 2011).

Although some children in this thesis had a sense of being consulted about decisions affecting their lives, the majority did not feel that they were part of the decision-making process, for example, decisions about placement in the language class. As a result they felt disempowered. This finding supports the view that children's voices do not really influence policy or practice, because their views are rarely included in the final decision-making (Percy-Smith, 2011).

However, in relation to identity and choice, there was evidence that the children exercised agency in the face of powerful social structures, for example, in relation to identity categories of gender, age, and normality. For example, they did identity work, claiming, and contesting identities. In addition, they exercised agency in the interview context in spite of power differentials by negotiating the agenda, refusing to talk about certain topics, and refusing assent to record interviews. Some also challenged rules and resisted engagement with the education system and speech and language therapy. These findings support the views that children can be conceptualised as agents, who can reproduce and disrupt social norms, albeit in small ways (Maybin, 2006; Valentine, 2011). For example, with regard to the social structure of education, some were

overwhelmed by academic work, and planned to disengage from the system. This disengagement was in the knowledge of cultural life-script expectations about expected trajectories through the education system, such as completing secondary school and going to college. However, an alternative script of leaving school early was proposed, demonstrating one child's agency in the face of powerful structures. Whether this hope is realised is a moot point. Although leaving school early may not be regarded as a good option, nonetheless, for this child the perception of having autonomy and some control over his life was important.

By listening to the children's narratives, paying close attention to evaluative devices and markers of agency, it was possible to identify those with a positive and diminished sense of autonomy, agency, and competence. Some claim that those who are highly agentic can affect and gain some degree of control over their lives, and therefore have a sense of purpose, personal growth, and hope (Adler, 2012). Belief that one can exert control over one's environment and the ability to problem-solve have been identified as facilitators of resilience in children (Zolkoski & Bullock, 2012). On the contrary, a lack of belief that one can influence the environment may result in feelings of powerlessness, helplessness, and pessimism (Adler, 2012). Therefore, it is important to identify those who may be at risk so that they can be supported.

Autonomy may be a particularly troublesome concept in relation to older children, who may understand and rationalise information but yet have their decisions overruled by adults (Baines, 2008). 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 overrule them, because of concerns that the child's decision may be influenced by short-term advantages rather than long-term gains. He goes on to suggest that children should be encouraged to take responsibility for decisions initially in areas where the consequences of choosing unwisely are less severe or are short-term rather than long-term.

Beauchamp and Childress (2010) claim that autonomous choice requires competence, which they define as the ability to perform a task, and competence is relative to the decision that needs to be made. The term 'Gillick competence' emerged from a court ruling in the United Kingdom in 1985 in relation to whether contraceptives could be provided to young people under the age of 16 years without parental consent (Tomblin

et al., 1997). This term has been extended to help evaluate whether a child has the maturity to make their own decisions and to understand the implications of those decisions. This decision has implications for speech and language therapy practice, which will be discussed further in Chapter 8 (Section 8.4).

7.5 Negotiating identities of belonging and difference

To date, to the author's knowledge there has been very little research on the identities of children with PSLI. As outlined in the literature review (section 2.5), identity is a complex construct, with different theoretical underpinnings stemming from different disciplines. This thesis explored the value of one of these theoretical perspectives, namely social-relational theories of identity, in relation to understanding identity construction in children with PSLI. This thesis added new insights into how these children constructed and negotiated their identities, which in turn affected well-being and belonging. The findings support the view that identity is relational and multiple. The participants did what Goffman referred to as 'impression management', as they presented multiple identities about themselves in their narratives, as well as presenting identities to the researcher in the interviews. They were concerned about how peers, family members, and others, including the researcher, viewed them (Bergese, 2008; Harris, Doyle, & Greene, 2011; Jenkins, 2008; Maybin, 2006). According to Jenkins (2008) identity involves two criteria for comparison between people: similarity and difference. The children presented identities that reflected ways in which they were similar to or indeed better than others, and when these identities were affirmed and validated by others, the children had a positive sense of well-being and belonging. On the other hand, when the children were assigned identities of difference by others, particularly when they viewed this difference as undesirable or demeaning, their well-being and belonging were undermined.

The centrality of relationships in the internal-external dialectic process in identity construction, described by Jenkins (2008), was also evident. One of the inherent aspects of identity construction from a socio-relational perspective is that identity refers to how we see ourselves, as well as ways in which others see and categorise us. Therefore, others are viewed as co-authors in the construction of self, providing feedback about qualities that can affirm or refute aspects of personhood (Gelech & Desjardins, 2010). Identity involves ascribing, claiming, or being ascribed membership into groups or

categories, with some claiming that group membership is essential to identity (DeFina & Georgakopoulou, 2012). There was evidence that the children presented themselves as members of certain categories or groups, rejecting membership of others, taking account of how others may try to categorise them (Antelius, 2009). The children were aware of the meanings associated with identity categories.

Therefore, others, including parents, siblings, teachers, speech and language therapists, need to be aware of the key role they play as co-authors in the identity construction process in children with communication impairments, perhaps unwittingly. They need to reflect on the messages that they give these children about their identities, both positive and potentially negative.

7.5.1 Negotiating identities of belonging

Underpinned by the assumption that we live by stories, White (2011) claimed that people draw conclusions about their identities from narratives, such as themes about how they dealt with situations or events. Many of the children in this study appeared to draw positive conclusions about their identities from their narratives, presenting multiple identities, which were predominantly positive, for acceptance by others.

The children presented their gendered identities by doing things expected of boys and girls. Different attributes appeared to be valued by boys and girls, with boys viewing attributes such as physical strength and size as important, and some girls valuing other attributes, such as prettiness. The participants were unhappy when their gendered identities were challenged by others, with some girls rejecting a 'tom-boy' identity assigned by others, and one of the boys hiding a photograph of himself dressed up in fancy-dress as a girl at a party when he was younger.

As already discussed in relation to autonomy, competence was important to the children. They presented identities of competence in different ways, such as competence at household and gardening chores, academic work, sports, and leisure activities. Their accomplishments were sometimes celebrated and acknowledged publicly by others, for example, when they won prizes for attendance at school or sports events, or scored the winning goal. Although some presented identities as competent in sports, this identity also had challenges, such as comparisons of self with siblings who were more

successful in sports, concern about whether they would be selected for the team, and being upset about losing.

> "Our own mastery and our own evaluation of it are situated in the middle of other people's evaluations of us and other people's degree of mastery. We compare ourselves with others. These comparisons offer us opportunities to learn from other's experiences, but also have repercussions for our reputation and our motivation." (Meadows, 2010, p.89)

Although many clearly valued winning, some were also happy when they reached personal goals, such as improved performance at the school sports-day in comparison with the previous year. The findings highlight the importance of not underestimating the key role that acknowledging and valuing children's competence, across a broad range of domains, can play in developing positive identities. Given that these children may present with difficulties in some areas, such as academic and social functioning, it may be even more important that their competence in other areas is recognised and valued. Mastery can provide a sense of self-efficacy that goals can be reached, and has been identified as a facilitator of positive self-concept and resilience (Dolan, 2012). Therefore, it is necessary to listen to children's narratives for evidence of self-efficacy and mastery, so that children's competence can be acknowledged, thus potentially strengthening well-being and resilience.

With regard to identities in the school context, many of the children presented themselves as good students. Although some presented positive learning identities, for others academic work was clearly a challenge. Some were disappointed and upset when evaluated in what they considered negative ways by teachers, such as when their identity as well-behaved students was challenged, or when they were given reports about their performance in subjects that were contrary to their own beliefs. Some claim that teacher's evaluations, positive and negative, can affect academic self-concept (Burnett, 1999; Burnett & Proctor, 2002; Collins, 2000). Learning identities are evaluations of the self as a learner that are formed through experience with and making sense of the school environment (Guay, Larose, & Boivin, 2004). A mismatch between an external evaluation and one's own beliefs about ability can negatively affect identity, especially when the person making the evaluation is someone whose opinion the person respects, such as a teacher (Jenkins, 2008; Meadows, 2010).

Moreover, the importance of the academic self will also be influenced by the value that children ascribe to it. Some children appeared to value academic achievement more than

others. Children may differentiate between core and peripheral aspects of self. For example, it may be more important for some to be good at sports rather than being successful in school, or vice versa (Burden, 2008; Meadows, 2010). Studies have found discrepancies between the perceptions of parents, professionals, and children in relation to the importance of achievement, with parents and professionals placing more emphasis on achievement in academic work, and children placing emphasis on achievement in other aspects of their lives (Markham & Dean, 2006; Markham et al., 2009; Sixsmith et al., 2007).

These findings highlight the importance of listening to children's individual narratives to understand what is important to them in their lives, rather than making assumptions or relying on proxy reports. In addition, it is necessary to recognise and acknowledge competence across a broad range of abilities, and not exclusively focus on academic competence. The findings also highlight the key role that teachers and others can play, perhaps unwittingly, in the construction of children's learning identities.

Some studies have shown that competence across a broad range of domains may facilitate social integration and educational attainment. For example, in a study of ethnic diversity in Irish schools, ability in sports had a positive effect on children's status and subsequent inclusion and acceptance by peers, particularly for boys (Devine & Kelly, 2006). Devine and Kelly (2006) also found that academic ability was helpful for girls when negotiating entry to peer groups. These findings suggests that there may be gender differences in what children value and consider important, which in turn may affect social inclusion.

Furthermore, in a recent review of whether changing aspirations and attitudes affects educational attainment in children living in socially disadvantaged areas, Cummings et al. (2012) tentatively concluded that children's involvement in sports and other extra-curricular leisure activities may have a small effect in mediating academic success. This effect may raise aspirations for academic success rather than actually raise test scores. Although there were difficulties extricating cause and effect in the studies reviewed (many reported an association between being successful in school sports and academic work), nonetheless Cummings et al. (2012) concluded that even small effects can have important educational effects. Therefore, there may be merit in acknowledging children's achievements across a broad range of domains, especially if they face

challenges in academic attainment and social integration. Competence and success in certain domains, such as sports or leisure activities, may facilitate entry to social peer groups. Therefore, children's preferences and strengths should be identified, along with opportunities where these abilities could be maximised.

Some claim that being competent, and having this acknowledged and affirmed by others, often leads to positive emotional states, motivation, and relaxation (Meadows, 2010). The importance of fun and relaxation for children should not be underestimated. Children with speech, language and communication needs identified relaxation as an important aspect of well-being and quality of life (Markham et al., 2009). This theme had not emerged in an earlier study where parents and professionals and professionals were asked to identify factors that were important for quality of life in these children (Markham & Dean, 2006). In addition, in a study on children's perceptions of well-being, children identified a need for space to relax and work things out (Fattore et al., 2006). Therefore, it is important not to underestimate the importance of relaxation and fun in children's lives.

7.5.2 Identities of difference

Although many children claimed identities that reflected ways in which they fitted in with peers, they also assigned themselves to and were assigned identities that set them apart from peers. Some children presented identities of themselves as different from others in positive ways, typically presenting themselves as better than others, for example, more competent or having stronger moral values. In some instances, the negative categorisation by others strengthened the participant's resolve to prove that others were wrong in their categorisations. The children's identities of belonging were challenged when they were placed, by others, in identity categories that made them feel different from others, such as when they were teased or excluded by peers. The children's responses were influenced by the value they attached to the aspects of their identities that were challenged. They appeared particularly upset when identities in relation to their talking, intelligence, gender, and moral attributes were challenged by others.

However, one of the key ways that the children's identities differentiated them from peers in less positive ways was in relation to their communication impairment. Some

assigned themselves to identity categories related to their impairment, which included references to comparisons with normal standards. Others were uncertain about their identity in relation to having a communication impairment, and others did not talk about it at all. Some talked about their communication impairments, but did not see them as central in their lives, a finding comparable with that of Merrick and Roulstone (2011). They used similar language to that used by other children with speech, language, and communication impairments when talking about their talking (McCormack et al., 2010; McLeod et al., 2013; Merrick, 2010; Owen, Hayett, & Roulstone, 2004). Some did not like identity categories assigned to them by others when they considered these categorisations undesirable or demeaning.

The children in this study aimed to create and maintain unspoiled identities, by presenting themselves in ways that were socially valued and desirable, a finding consistent with other studies (McVittie, Goodall, & McKinlay, 2008; Williams, Corlett, Dowell, Coyle, & Mukhopadhyay, 2009). For many of the children in this study, impairment and disability were not presented as a defining feature of their identities and they wanted to be seen as normal and ordinary. For those that talked about communication impairment, it represented one aspect of their multiple identities and only part of their lives. If granted three wishes, only one child made reference to wanting to change his speech. These findings are consistent with other studies of people with disabilities or chronic conditions, in that they too focused on positive aspects of their identities rather than their illness, impairment, or disability (Beart, 2005; Beart, Hardy, & Buchan, 2005; Connors & Stalker, 2007; Lewis, Parsons, & Smith, 2007; Marshall, 2005; Wickenden, 2010; Williams et al., 2009). The findings support the view that it is necessary to look beyond what Barrow (2011) referred to as the 'mask of communication impairment' to how individuals live with communication impairment in the overall context of their life stories.

However, the ramifications of communication impairment, such as difficulties in academic, emotional, and social domains, were evident across several themes. This finding supports the view of Roulstone and Lindsay (2012) that speech, language, and communication may not be viewed as distinct entities in and of themselves or an endpoint, but rather as a vehicle or medium through which success in other domains is achieved, such as positive relationships, inclusion, independence, and academic success. Indeed, in a recent study the parents of children with speech, language, and

communication needs, reported that their desired outcomes for their children were social acceptance and independence, rather than outcomes specifically related to their children's communication (Roulstone & Lindsay, 2012). Speech, language, and communication skills are often taken for granted because they are so intricately embedded in daily life. It is through speech, language, and communication skills that relationships are formed and maintained, conflicts and differences are negotiated, and academic achievement attained. Therefore, perhaps it is not surprising that the children did not talk to a great extent specifically about their talking.

However, the children were aware of expectations in relation to cultural life-scripts described by Fivush et al. (2011). Fivush et al. (2011) argued that explanations are not required when people follow expected events on the life script. However, they claim that deviations from the cultural life scripts single people out as different, and therefore these deviations need to be explained. In the case of this thesis, specialist education may have singled children out from their peers. This difference from norms, that are socially constructed and enacted, may lead to stigma or 'spoiled' identity (Goffman, 1963), an attribute that so devalues an actor's social identity as to exclude him or her from full social acceptance (Thornberg, 2011).

Some argue that the literature on stigmatisation in speech and language therapy is almost non-existent for several reasons, including lack of familiarity with theories of stigma; lack of awareness and recognition of ways in which clinicians may stigmatise, albeit in subtle or unconscious ways; as well as potential difficulty admitting that clinicians can stigmatise (Downs, 2011). Nonetheless, the findings of this thesis suggest that others in children's social networks, including parents, practitioners, and peers, need to be aware of stigma and ways in which they may, albeit unconsciously, affect children's identities in positive and negative ways.

There was evidence in this thesis for some of the mechanisms that Downs (2011) describes as stigmatising people. Firstly, there was the evidence for the potential powerful mechanism of labelling in the creation of stigma. Labelling is one of the ways in which people can be categorised, and these categories may have negative associations in some cultures. Some children demonstrated awareness of the negative associations of certain identity categories, such as not being normal and having diagnostic labels, such as dyslexia. Their narratives about people they knew with disabilities were

predominantly positive, perhaps acting as counter-narratives to negative stereotypes of disability.

Downs (2011) claims that less visible disabilities may be less stigmatising than those that are more visible. Some children chose not to disclose the less visible diagnostic label of dyslexia to peers, others were ambivalent about it, and one child strongly rejected this label. With regard to their communication, many children compared their talking against normal frameworks, and used words, such as 'properly', 'right', 'wrong' and 'normal'. This word usage suggested that they were aware that they were different from others. Indeed, Merrick and Roulstone (2011) discuss the notion of normality and go so far as to question the potential harmful effects on children's sense of identity when speech, language and communication problems are identified.

Moreover, a further danger inherent in labelling is that the person's individuality can be ignored. The findings of this study support Barrow's (2011) view that practitioners need to look beyond what she refers to as the 'mask of communication impairment' to see the person behind the disability.

> "The phenomenon of 'identity spread' means the person's individuality….can be ignored, as the impairment label becomes the most prominent and relevant feature of their lives, dominating interactions." (Shakespeare, 2006, p. 71)

Secondly, there was also evidence for the stigmatising mechanism of shading, whereby there can be overgeneralising of the effects of disability. When some children were teased by others in relation to their talking, their ability in other areas, such as academic attainment and intelligence, were also challenged. Furthermore, there appeared to be associations between communication difficulties and other attributes, such as shame, specialness, or sadness. These identities, assigned by others, were strongly rejected by some children because they may have portrayed them as needy, vulnerable, and lesser in some way to peers. Moreover, they may have negatively affected social acceptance by peers. Others cautioned against the use of the term 'special' when describing children, because it portrays a sentimental image of children (Connors & Stalker, 2007). In addition, images used in charity advertising for children with disabilities may convey images of disability that conjure public pity and sorrow (Bunning, 2004). Nonetheless, the term 'special' is used by the Department of Education and Skills in Ireland, for example, Special Needs Assistants. Practitioners and parents need to be aware of the potential negative effect that labels, such as 'special', may have on children.

Thirdly, there was also evidence for other mechanisms of stigma described by Downs (2011), including viewing others as dependent and needy, paternalism where others know what is best for the individual, as well as stigma by association in which stigma may be attached to persons who are associated with those who have a disability. The evidence for these mechanisms emerged predominantly in children's narratives about specialist education, in particular placement in the language class. Structural practices, such as provision of treatments, can differentiate children from their peers and undermine their passing as normal (Williams et al., 2009). In studies of children with disabilities, children talked about their concerns with self-identity, peer relations, and maintaining a sense of non-difference (Connors & Stalker, 2007; Williams et al., 2009). Rapley et al (1998) cite Sacks (1984) who argues that 'doing being ordinary' is a pervasive feature and recurrent pattern in the accomplishment of everyday social life. Individuals present themselves as ordinary actors, with the implication of normalcy, of being just like everyone else, and as such not particularly accountable (Rapley et al., 1998). When the children attended the language class or the resource teacher, they appeared different from peers and this visible difference may have undermined their ways of passing as normal. For example, some participants did not wish to be associated with others in the language class, whom they considered were weird. Others rejected the need for any additional help in school, a finding also reported by others (Spencer, Clegg, & Stackhouse, 2010).

Many of the children in this study were keen to get back to, what one child referred to as 'normal' class to be with their friends. Attending the language class was a deviation from the life-script of following the same trajectory through the education system as peers. The findings of a recent study suggest that changing the main placements for children with specific language impairment from a specialist language resource base to mainstream classes had some benefits in relation to peer acceptance (Laws et al., 2012). To the contrary, the findings of another study suggest that there was no difference in the level of bullying between children who were attending a mainstream school and those that were attending a special school (Knox & Conti-Ramsden, 2003).

There is little doubt that provision of specialist education provision, such as language classes, is well intentioned. In a review of language classes in Ireland, albeit primarily of junior language classes for younger children, respondents including teachers, speech and language therapists and parents, were unanimous in their view that attending the

language class was positive for children (Department of Education and Science, 2005). Although they commented on the improvements in the children's behaviour, self-esteem, and opportunities for success that they considered came about as a result of having a smaller pupil-teacher ratio and a secure environment, they also expressed some concerns about integration with other pupils in mainstream. The children's views were not requested in this review. The findings of the current thesis in relation to specialist education provision are challenging for practitioners and parents. They highlight the need to carefully consider, in consultation with parents and children, the social and emotional implications, as well as the potential for stigma, which may arise from specialist education provision, particularly when this necessitates a move from the child's local school.

It is necessary to involve children in the decision-making process, weighing up the advantages and disadvantages of specialist education, including consideration of a balance between educational, social and emotional needs, to enable informed decision-making. These findings of this thesis support inclusive education policies, in which supports can be provided to children in more subtle and unobtrusive ways, so that children do not feel singled out.

Although some of the mechanisms involved in producing stigma were apparent in the children's narratives, the children were not passive recipients of disabling discourses. To the contrary, they were active agents resisting and engaging with these discourses in their lives with some rejecting identities of vulnerable, sad, needy, a finding consistent with other studies (Kelly, 2005; McMaugh, 2011). The findings also support the views of Pollard and Filer (1999, cited by Meadows, 2010, p.129).

> "Children do not act passively in response to changing circumstances and different social contexts, enacting ascribed roles or accommodating to structural imperatives. Rather they respond actively and dynamically to protecting, sharing and maintaining their sense of self and identity as pupils (Pollard and Filer 1999:301)."

7.5.3 Identities of belonging and difference: Possible explanations

The key findings suggested that children presented with predominantly positive identities of belonging, albeit in the context of some presenting themselves as having a communication impairment. There has been debate in the literature about why people

with disabilities present with positive identities. Some argue that people with disabilities are agents choosing to manage their day-to-day lives and experiences, wanting to be seen as ordinary, and making choices not to be categorised by others (Rapley, Kiernan, & Antaki, 1998; Shakespeare, 2006). Some suggest that children with disabilities present positive identities of themselves in an effort to minimise or deny their difference. In other words, they deny their difference in their efforts to pass as normal and ordinary (Connors and Stalker, 2007). Roulstone and Lindsay (2012) suggested that children may rate themselves more positively than others because they have not had the experience of not having communication impairment. Wickenden (2010) argued that the young people with physical disabilities in her study were not in denial of their difference, but rather chose to present positive identities of themselves. Having a disability was only one aspect of their multiple identities. Likewise the children in this thesis made choices about the aspects of their identities they presented, including whether to disclose their impairments.

The children may have been aware of the potential for spoiled identity that may arise from disclosure of their impairment. Some of the children talked about shame in relation to having PSLI. In a narrative study of adults who were dyslexic, they talked about intense feelings of shame and how they denied or disavowed their learning disability to protect their sense of self and self-esteem (McNulty, 2003). Children with less visible impairments may exercise choice in deciding whether to reveal their impairment. Evidence from recent studies suggest that some children may want to keep their impairments private, particularly when these were less visible (Lewis, Davison, Ellins, Parsons, & Robertson, 2007), whereas others disclosed their impairments to peers so that they could present themselves in the most favourable light, and thus represent their disability or health condition in the manner they chose (McMaugh, 2011). These actions represent the children's sense of agency and personal choice, in that they pre-empted the disabling discourses of health and illness (McMaugh, 2011).

Another possible explanation for the children's positive identities may be linked with opportunities that children are given to talk about impairment and disability. There has been little research on how parents talk to children about speech and language impairments. Kelly (2005) found that only 5 out of 32 parents of children with disabilities they interviewed said that they talked to their children about impairment and disability. Some parents suggested that their children were too young. Others did not

discuss it because they wanted to prevent the children from having negative feelings about themselves or becoming worried. Other parents reported that they talk about their children's disabilities in private with each other but some indicated that it is not something to discuss with their children (Canary, 2008). However, there is some evidence that not discussing disability with children does not prevent them from becoming aware of and experiencing stigma because children will make sense of their own experiences, gathering information from other sources (McMaugh, 2011; Kelly, 2005). The findings of this study support Kelly's (2005) view that space and opportunities need to be created for children to talk about impairment and disability, *if they want to* [her emphasis] (Kelly, 2005).

The children may also have presented predominantly positive identities because of lack of opportunities to talk about impairment and disability. Mossige et al. (2005) found that 4 out of 10 children in their study were not able to talk about their experience of sexual abuse experiences in what could be deemed a narrative, even though they had well developed narrative competence and had not been diagnosed with communication impairments. The parents reported that they had not spoken very much to the children about their experiences of being abused, which was in contrast to how they talked about other stressful events. Mossige et al. (2005) concluded that the children may not have had previous narratives to 'lean on' when they spoke about their experiences. In addition, others argue that narratives about highly negative events may be less coherent than moderately negative or positive events, theorising that narratives may become more coherent across tellings (Reese et al., 2011). It was beyond the remit of this study to explore whether parents talked to their children about communication impairment and disability and whether they viewed the impairment in positive or negative ways. It would be worth exploring whether parent's narratives about PSLI influenced the children's narratives.

Moreover, Kelly (2005) argued that children with disabilities may not have the language with which to discuss difference. The 2 children in the current thesis who presented with speech impairments talked more specifically about their difficulties and had a clear sense that speech and language therapy was about learning how to say sounds. This clarity in relation to talking about speech impairments is consistent with the finding that children with speech impairments, in contrast to those with language impairments, were more likely to talk about their specific communication goals in therapy (Owen et al.,

2004). Notably, language impairments may be less obviously apparent to others than speech impairments (Durkin & Conti-Ramsden, 2010). McCormack et al. (2010) argue that by their nature, language impairments are difficult to talk about because they are more abstract and less tangible, in comparison with speech impairments. For example, one of the children with language impairments was uncertain about why she was attending therapy because her 'voice' was fine and she could 'talk perfectly'.

The children may have drawn on public narratives about disability. Societal images of disability are conveyed through public narratives, that is, narratives that are current in society (Bunning, 2004). According to Bakhtin, all human action is dialogic in nature and that when we speak, we reflect the words and voices of others that have been experienced previously in life and culture (Maybin, 2006; Moen, 2006). Master or public narratives can serve as summaries of socially shared understandings that help individuals attach meaning to experiences, including what is considered normal and desirable, through stories in the media, folk knowledge, stories from friends, and their own knowledge (Barrow, 2011). If children have not had opportunities to talk about impairment or opportunities to 'lean on' other narratives, their narratives may be less developed. For example, a common view of disabled people is that they are sick, unfortunate, and different (Bunning, 2004), and this view was reflected in one child's narratives about disability. If children are not provided with opportunities to talk about impairment and disability, they may not have cultural scripts to guide their meaning making (Bruner, 1990).

> "By virtue of participating in culture, meaning is rendered *public* and *shared* [his emphasis]. Our culturally adapted way of life depends upon shared meanings and shared concepts and depends upon shared modes of discourse for negotiating difference in meaning and interpretation." (Bruner, 1990, p. 12)

While there are some public narratives about developmental conditions, such as autism, dyslexia, dyspraxia, and ADHD, and to a lesser extent about speech impairments (for example, the recent movies 'The King's Speech', and 'the Diving Bell and the Butterfly'), there are fewer public narratives about language impairments. Indeed, when parents of children with speech, language and communication needs were interviewed, no parent used a diagnostic label in relation to the child's communication impairment but used other labels, such as ADHD, Asperger's or dyslexia, when referring to their children's needs (Roulstone & Lindsay, 2012). 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). Therefore, parents and children have fewer master or public narratives to draw on when making sense of speech and language impairments.

Kamhi (2004) used the concept of 'memes' to explain why language disorders may not have 'taken' as public narratives. He described memes as elements of culture, such as ideas, fashion, ceremonies, customs, which are copied successfully and are typically passed on by imitation. Kamhi argued that successful memes are those which are easy to understand and communicate with others. These successful memes are more likely to be replicated. In his view, language disorders are not successful memes in comparison with others, such as dyslexia, Asperger's Syndrome, for a number of reasons.

Although people assume that they know what language means (for example, speaking a second language and therefore they may construe a language disorder as difficulty learning a second language), their definitions of language differ from those of professionals (including linguists and speech and language therapists). Because language disorders are complex, they can be difficult to explain and therefore their meaning is not widely known. To the contrary, Kamhi (2004) argues that memes, such as dyslexia and Asperger's Syndrome, are easier to understand and have made their way into public narratives. Kamhi (2004) argues that language disorders may never achieve widespread acceptance in the non-professional community. As a result, there may be fewer public narrative resources for children and parents to draw on when making sense of language and communication impairments.

7.6 Hope and concern about the future

To the researcher's knowledge, there has been little written about hope in relation to children with PSLI. Hope was identified as a higher-order theme in all but one of the children's narratives. Most of the children evaluated life-events in positive ways, and were looking forward to the future and the possibilities of future selves. For some hope and concern co-existed. Some also had concerns and were uncertain about the future. Even though some children were negotiating what could be considered difficult situations, many were hopeful that their situations were improving, with the exception

of one participant. She did not consider that her actions, or the actions of others, brought about positive outcomes in the past or present, and she was uncertain about the future. Hope is an important dimension in well-being.

> "[Hope is] the goal directed thinking in which the person has the perceived capacity to find routes to goals (pathways thinking) and the motivation to use these routes (agency thinking)." (Snyder, 2003, p. 2)

For Snyder (2003), hope is viewed as a self-perception that one can find routes to goals, and recognition of the self as a source of action or agent, resulting in a positive outlook for the future. In Snyder's definition, hope is primarily goal-oriented. The evidence from the current thesis suggested that many of the children presented themselves as problem-solvers and goal-oriented, developing strategies to deal with challenges in life, such as bullying and communication breakdown. Some argue that hope is a dynamic process and is strongly influenced by past experiences, current realities, and perceived futures (Bright et al., 2013). Therefore, positive experiences of overcoming obstacles in the past may provide these children with a sense of self-efficacy and hope that they could deal with other obstacles in the future. To the contrary, negative experiences may diminish a sense of hope.

However, hope is also construed as more than a goal-oriented construct. In a systematic review of hope after stroke, Bright, Kayes, McCann and McPherson (2011) defined hope as a multidimensional construct, which may function as a way of being, relating, acting, and thinking, in addition to being goal-oriented. In a recent study of hope in people with aphasia following stroke, participants appeared to experience hope in two different ways, namely simply having hope and actively hoping (Bright, Kayes, McCann, & McPherson, 2013). Simply having hope referred to a passive state of feeling the presence of hope, whereas actively hoping was a more active process, in which participants engaged with hope, by identifying hopes for the future and working towards them.

There was evidence for both types of hope in this thesis. For some of the children it appeared that they simply had hope for the future, whereas for others hope was a more active goal-oriented process. For example, some children viewed activities in primary school in positive ways, because they regarded them as preparation for future academic achievement in secondary school. Another child explicitly claimed that it was necessary for children with speech and language problems 'get hope' because they will get better.

This was in the context of a narrative in which he said that children with speech and language impairments should not be ashamed of themselves. This notion of 'getting hope' implies that hope is something that needs to be actively pursued, and in this case may have been viewed as an alternative to shame.

Moreover, there are claims that hope is not solely an internal attribute but rather emerges in the context of relationships with others. Relationships with others play a key role in co-constructing hope, and relationships with others can support or reduce hope (Bright et al., 2013; Jagoe & Walsh, 2013; Mattingly, 1998). Therefore, others in children's social networks, including teachers and therapists, need to be aware of the important role they play in enhancing or reducing hope in children with communication impairment.

The children's sense of hope was also evident in their narratives about imagined possibilities for the future. Some claim that narratives provide a space for imagined possibilities of what one will become (Bruner, 1990; Josephsson et al., 2006; Park, 2008). Future selves are uncertain, allowing people to hope for positive endings (Gelech & Desjardins, 2010). The children were aware of their journey into the future and the significant life-events ahead of them. Many looked forward to the increased autonomy that came with growing older. Many had hopes of achieving personal goals in the future, including: being successful in material ways, such as being rich, famous, having lots of things; having friends and romantic relationships, as well as for some getting married; and successful careers, such as being a soccer player, surgeon, teacher, artist or setting up your own business. They were more concerned about these aspects of their lives than with their communication impairments. However, some were also concerned about the future, mainly in relation to being a teenager, navigating secondary school, as well as concern about having to go to college.

In a systematic review on resilience in children, having goals, educational aspirations, hope and belief in a bright future were identified as key factors in facilitating resilience (Zolkoski & Bullock, 2012). Indeed, Zolkoski & Bullock (2012) cited Werner (1984) who claimed that a central element in the lives of children who were resilient were feelings of confidence or faith that things would work out. To the contrary, a sense of hopelessness may be associated with depression and loneliness (Snyder, 2003).

Although it is widely believed that hope may have important implications for mental health and well-being, it is a construct that has been overlooked by clinicians (Jagoe & Walsh, 2013). Hope in a therapeutic context may provide a sense of meaning and purpose. Bright et al. (2013) argued that hope played an important part of the recovery process in people with aphasia post-stroke, because exploring people's hopes may help identify desired identities and areas of importance in their lives, thus facilitating engagement with meaningful goal-setting to achieve these identities.

Narratives have the potential to create possible imagined and future selves (Mattingly, 1998; Park, 2008). Mattingly (1998) claims that people are in a process of becoming, striving to become something other than (or more than) they currently are. However, there may be concerns about the dangers of false or unrealistic hopes. The participants, in a study conducted by Bright et al. (2013), discussed double-sided hope, characterised by concerns about having hopes that may be unfulfilled. Although some aspirations may not be fulfilled, Mattingly (1998) claims that individuals hope for certain endings, dread others, and act in ways to realise certain futures and thwart others.

> "Our attempts to locate ourselves accurately in a larger social story, and to steer that social story (or our place in it) in desirable ways, generates obstacles, surprises, the on-going suspense that characterises much of life experience. Hope, in other words, is a narrative thing." (Mattingly, 1998, p.70)

In the therapeutic context, Mattingly (1998) claims that what gives therapeutic events and activities their significance are their connections to life plots and the extent to which they open up onto broader life narratives that extend beyond therapy. In this context, therapy can be framed as addressing a gap between where the person is now and where they want to be. Mattingly (1998) construes the therapeutic plot as a hopeful one in which there is a desire for something better in the future.

Many children in this study had a sense of hope that they were improving, both in relation to academic attainment and talking. In keeping with the findings of other studies, many children in this thesis viewed speech and language therapy as a positive learning experience (Fourie et al., 2011; Merrick & Roulstone, 2011; Owen et al., 2004; Spencer et al., 2010). Merrick and Roulstone (2011) argued that this framing of therapy as a learning experience may be empowering for children.

There has been recent research on the importance of hope in children and adults with disability, particularly the need to listen to individual's hopes and work with them in ways that support their future expectations. For example, findings of some studies suggest that family members of children with autism and therapists engaged in narrative practices that portrayed the children in a hopeful, yet realistic light, as they employed conversational narratives co-creating with children possible imagined futures and goals (Gainer Sirota, 2010; Park, 2008). By listening to the hopes and aspirations of adolescents with cerebral palsy, clinicians can work to support them in working towards meaningful goals linked with future expectations (Cussen, Howie, & Imms, 2012). Others argue for the need to create opportunities to actively explore hope to support engagement in the therapy process (Bright et al., 2013; Jagoe & Walsh, 2013). Through exploring possible future selves, and aspirations for the future, clinicians may be able to incorporate hope-enhancing influences in the intervention process.

The findings of this thesis suggest that those working with children with PSLI also need to be aware of the importance of hope. By listening carefully to children's narratives, especially exploring how they talk about hope for the future, insights into their aspirations and future possible selves can be obtained. Moreover, by listening to children's narratives, insights may be gained into their concerns for the future and areas of uncertainty can be addressed through discussion and provision of information. More importantly, parents and practitioners may be able to identity children who appear anxious, uncertain, and not hopeful in their narratives so that their needs can be addressed appropriately.

7.7 Summary

The findings of this thesis provide new insights into how children with PSLI make sense of their experiences and negotiate their identities in their narratives. Four key themes emerged, which were conceptualised as facilitators and potential barriers to well-being and belonging, and these themes included: relationships with others; identities of belonging and difference; autonomy, agency, and competence; as well as hope and concern for the future. So far in this discussion, these findings have been discussed specifically in relation to the literature on well-being and belonging in children with communication impairments, as well as in relation to the broader literature

on well-being and belonging in typically-developing children and children with disabilities.

The findings need to be interpreted within the context that they emerged from an interaction between the application of particular theoretical perspectives, methods, and data. In the next section of this discussion, this thesis sets out some methodological considerations which the reader needs to take into account when interpreting the findings and judging the trustworthiness of this study.

7.8 Methodological considerations

The findings of this thesis need to be interpreted in the context of its strengths and limitations. Before discussing the strengths and limitations of this thesis, some general points in relation to narrative inquiry will be outlined.

In the first instance, some scholars caution that narrative inquiry should not be privileged over other forms of qualitative inquiry and should be subject to the same analytic rigour as other methodologies (Atkinson & Delamont, 2006; Atkinson & Silverman, 1997; Smith & Sparkes, 2008).

> "While narratives are important forms of action and representation we do not seek to privilege them by claiming for them any unique or special qualities …and autobiographical accounts are no more 'authentic' than other modes of representation: a narrative of a personal experience is not a clear route to the 'truth' either about the reported events or the teller's private experience." (Atkinson & Delamont, 2006, p. 165)

The units of analysis in narrative inquiry are lives 'as told', rather than lives 'as experienced' or 'as lived', and the researcher interprets texts not lives (Josselson, 2010). Therefore, this thesis accessed the participant's lives as told rather than their lives as experienced or as lived. Polkinghorne (2007) claims that a disjuncture may exist between the people's actual experienced meaning and their storied descriptions.

> "validity threats arise in narrative research because the languaged descriptions given by participants of their experienced meaning is not a mirrored reflection of this meaning. Participants' stories may leave out or obscure aspects of the meaning of experiences they are talking about." (Polkinghorne, 2007, p. 480)

Polkinghorne (2007) puts forward some possible reasons for this disjuncture between experience and storied descriptions. Firstly, he claims that language is limited in capturing the complexity and depth of experienced meaning. Secondly, there are limits

in the degree of reflection used to foreground layers of meaning, which may be outside of the individual's realm of awareness. Thirdly, there may be resistance to revealing feelings and understandings to others, especially strangers. Therefore, a positive self-image may be presented because individuals may be reluctant to share experiences that may reflect less socially desirable aspects of identity. This is akin to the 'looking good' principle, in which narrators present themselves in the best possible light (Ochs et al., 1989).

The second point in relation to narrative inquiry is that each story told is influenced by a number of factors, including the context within which it is narrated, the nature of the audience, the relationship formed between the teller and listener, and the mood of the narrator (Lieblich et al., 1998). Therefore, the findings of this thesis should be interpreted in the context that the narratives were recipient-designed, generated in the context of interviews in particular contexts (that is, interviews at home or school) and at a particular time (including, the specific months of data-collection, as well as the larger political context, that is, 21st century Ireland, in a period of recession). The researcher has a background in speech and language therapy, co-constructed, and analysed the data with particular theoretical, professional, and personal perspectives. Although the researcher considered that she had a good relationship with many of the participants, some were more open about sharing their experiences than others. Inevitably, the mood of the participants and researcher may also have influenced the nature of the narratives generated, and therefore it was useful to have multiple interviews over a period of time.

Thirdly, this thesis does not claim to have 'finalised' the participants, a term used by Frank (2005), acknowledging that they may be other than the way they are represented in this thesis. This thesis acknowledges that the analysis reflected a snapshot of what the participants chose to talk about, at a particular point in time in their lives, and in a particular context. Moreover, there is no single valid interpretation or set of interpretations of a text, even with a single interpreter (Josselson, 2010). In narrative thinking, interpretation of events can always be otherwise, and there is no certainty (Clandinin & Connelly, 2000).

7.8.1 Strengths

This study had several strengths, including a match between the research design and the research questions, foregrounding the children's perspectives, innovative data analytical framework, and reflexivity.

7.8.1.1 Match between research design and research questions

One of the key strengths of this thesis was that there was a sound theoretical basis matching narrative inquiry with the research questions. One of the assumptions underpinning narrative inquiry is that people make sense of experiences through stories and lead storied lives. Therefore, some claim that narratives provide insights into how people evaluate personal experiences (Bonsall, 2011; Bruner, 1986; Lieblich et al., 1998). Some argue that experience is difficult, perhaps impossible, to access. Nonetheless, mindful of the criticism that narrative accounts may be no more authentic than those generated using other qualitative methodologies, the aim of this thesis was to gain insight into events and happenings in the children's lives by listening to their narratives. This thesis elucidated some new insights into how children made sense of their own personal experiences over time, adding to understandings, even partially, of what living with PSLI might be like for the children in this study. This thesis does not claim to represent the children's worlds, because researchers can only generate a partial picture of the worlds of others (Josselson, 2010; Pasupathi et al., 2009).

The focus on conversational and personal narratives, rather than the structural dimensions of narratives, was a departure from previous research with these children and is viewed as an area of strength. Conversational approaches to narrative inquiry mirror, to some extent, everyday interactions and therefore may provide more ecologically valid data. Interviews were conducted in naturalistic contexts that were familiar to the children, enhancing the ecological validity of the data.

Some claim that 9-12 year old children may not yet have developed the skill of autobiographic reasoning and coherence in their entire life story, a skill that some argue develops in adolescence (Fivush et al., 2011; Habermas, 2012; Habermas & Paha, 2001; Reese et al., 2011). Although the children may not yet have integrated events and happenings in a coherent way over their big life-stories, they talked about small stories that they remembered as significant for them in their life stories. Therefore, this thesis provides evidence that narrative inquiry can be used with children with communication impairment, particularly when they were supported and narrative is seen as a joint

venture of co-construction, a finding also reported by others (Blumenreich, 2004; Soto, Hartman, & Wilkins, 2006).

7.8.1.2 Foregrounding children's perspectives

A further strength of this thesis was that it foregrounded children's perspectives. Up until recently, the perspectives of children with communication impairment have been neglected in the speech and language therapy literature. Many studies have focused on the nature of communication disorders, rather than the perspectives of children and young people themselves (Conti-Ramsden et al., 2001; Snowling et al., 2006). The aim of this thesis was to foreground the children's voice. Through listening to their own perspectives, new insights were gained into how the children conceptualised their communication impairments and the key issues affecting their everyday lives. Narrative inquiry provided opportunities to hear each child's own perspective. The researcher made a conscious effort to ensure that all of the children's voices were included and not only those who produced longer, more coherent narratives.

7.8.1.3 Data analytical framework

This thesis developed an innovative analytical framework, borrowing analytical tools from the narrative inquiry literature. These tools were pieced together to form a robust analytical framework to answer the research questions. This framework provided a layered and systematic approach to data analysis. Firstly, this thesis worked on the assumption that language is never neutral. Paying close attention to evaluations in the individual children's narratives was a particularly useful analytical tool because these evaluations provided insight into the children's emotional and explanatory meaning-making. Analysing linguistic markers, such as aspects of semantics (for example, lexical choice), syntax (for example, use of pronouns, active and passive voice, compulsion verbs, negative markers, temporal and causal linguistic markers), pragmatics (such as negotiation of turn-taking in conversation), and prosodic markers (such as increased stress, loudness), from a meaning rather than impairment point of view provided new insights into how the children made emotional and explanatory sense of events and happenings in their lives.

Some argue that emotions are excluded from many of the conceptual frameworks that underpin speech and language therapy (Duchan, 2011). Duchan (2011) claims that it is

necessary to find ways of bringing emotion out of hiding in speech and language therapy practice. Through the systematic analysis of evaluative devices, insights were gained into the children's emotional and explanatory meaning-making. Even those with more limited narratives used a range of evaluative devices that provided insight into their emotional stance on events in their lives, for example, use of intonation, stress, repetition to emphasise points or signal frustration; use of compulsion verbs to signal diminished agency; lexical choices to signal emotional states that ranged from depression to excitement; use of negative markers that provided insights into what the children expected would happen in certain situations; and direct speech to illustrate the demeaning ways in which they were teased by others. These evaluative markers also served the function of making the children's stories interesting and tellable, thus attracting and keeping the listener's attention, connecting the narrators with the researcher.

There are no normative date for evaluative language, possibly because it is related to personal style (Armstrong & Ulatowska, 2007), but the findings suggest that this aspect of the children's language functioning may be relatively intact. There has been little research on the use of evaluative language in relation to how children with PSLI make sense of personal experiences. Notably, in a study of story-telling, adult aphasic speakers were successful in using evaluative language to convey their feelings and attitudes, suggesting that they did not need to have intact syntax and semantics to convey meaning (Armstrong & Ulatowska, 2007). The evidence in the current thesis suggests that this skill of using evaluative language may also be intact for children with PSLI.

Secondly, the analytical focus on individual's stories across interviews was viewed as an area of strength. The children's small stories were preserved as units in the analysis, and themes were identified in each individual child's stories in advance of identifying themes across cases. This analysis highlighted similarities and differences in relation to how individual children made sense of their experiences and constructed identities. The researcher aimed to ensure that individual children's voices were heard, rather than making broad generalisations. In addition, attention was paid to negative cases, or instances where there were deviations from themes.

Finally, the multi-layered approach to data analysis was seen as an area of strength. This layered approach to analysis, focusing on different aspects of analysis in each layer, ensured a rigorous and systematic approach to data analysis. Emergent themes were cross-checked against the data to ensure that the thematic framework reflected the data. Some excerpts from the data were provided to illustrate themes.

7.8.1.4 Reflexivity

Reflexivity was built into the research design, whereby the researcher was explicit about her position, acknowledging that this may have shaped all aspects of the study. There is acknowledgement that the researcher's co-construction of narratives shaped the children's stories. For example, the style of questioning and responses given in the co-construction of narratives, such as encouragement and gentle probing, undoubtedly shaped the nature of the data generated. The researcher was conscious of the power differentials in the study and was explicit about ways in which power was shared, including the need for balance when reporting the findings, conscious about over- or under-reporting of aspects of the findings.

7.8.2 Limitations

Although this thesis had many strengths, it also has some limitations. In narrative inquiry, there is no claim that the findings can be generalised to other cases. The findings may, or may not, have resonance for other children. As discussed in Chapter 2 (Section 2.4), well-being is a complex construct, comprising different dimensions. The scope of this thesis was limited to exploring one of these dimensions, that is, subjective well-being. Other limitations will be discussed to assist the reader in making judgements about the findings, namely issues relating to the sample, the tellability factor, the potential influence of autobiographical memory, issues relating to how the data were interpreted, as well as the limitation of only including the children's perspectives.

7.8.2.1 Sample

Purposeful sampling was used to recruit participants who could provide insights into how 9-12 year old children with PLSI made sense of their experiences and constructed their identities. Forty-four participants meeting the inclusion criteria for the study were

identified, with 11 providing consent. The sampling strategy had some strengths, notably representation of age, gender, different types of communication impairment, educational placement, as well as socio-economic backgrounds.

Ironically, allocating participants into these social structural categories, such as gender, age, social class, involves assigning them to identity categories. Some researchers embarked on research studies with children with disabilities without these pre-conceived categories, with the aim of differentiating between children on the basis of their experiences and exploring ways in which these children negotiate structural practices (Davis et al., 2000). In the case of this thesis, priority was given to how children talked about their experiences rather than focusing on these structural categories.

In addition, Silverman (2005) argued that the inclusion of negative instances can strengthen the robustness of theory construction. In this thesis, different perspectives were incorporated into the analysis and development of the theory. For example, the predominant evaluations in all but one of the children's narratives were positive. Nonetheless, there were some limitations in relation to the sample, namely saturation and potential sample bias.

In relation to saturation, determining sample size is challenging, as is the case in other qualitative methodologies (Mason, 2010). For example, in grounded theory studies, some claim that saturation is achieved when no new ideas come out of data and when the theoretical model developed accounts fully for all categories, relationships between categories, and when the theory has been fully tested and validated (Green, 2005). However, Green and Thorogood (2005) claim that in practice this process of theory construction is potentially limitless.

Likewise, in narrative inquiry some claim that determining sample size is problematic, with regard to generalisation of findings from one sample to another (Wells, 2011). For example, Wells (2011) cites Josselsen and Lieblich (2002), who claim that in their experience of narrative research, neither have ever reached any kind of saturation in their work. They claim that they stop collecting data when they 'feel' saturated, that is, have learned more than they can ever be able to contain or communicate. The researcher

considered that rich data were generated, albeit mindful that because the children's lives were unfolding, the possibilities for new narratives were potentially limitless.

Narrative inquiry foregrounds the individuality rather than the generality of experiences and researchers make decisions about balancing depth and breadth. Although the sample size in this thesis was relatively small, an alternative approach could have been to conduct more interviews with an even smaller sample, over a longer time-period, with a view to obtaining more in-depth data about individual children's experiences. One of the challenges in narrative inquiry is that participant's stories can be fragmented in the analysis. With fewer participants and more in-depth data, individual stories could be preserved and presented in the analysis and findings, rather than samples across children.

A second limitation was the potential for sample bias. For example, only parents who had particular concerns about their children or considered that their children would be able to participate may have consented. Moreover, there was under-representation of children with speech impairments, both of whom were male. There was also under-representation of males in the sample and no representation from different ethnic backgrounds.

7.8.2.2 The tellability factor

A factor that may have influenced the findings was the tellability factor or what stories are worth telling. Ochs and Capps (2001) claim that stories range from low to high tellability. For example, scripts about what usually happens may have lower tellability than stories in which something unexpected happens because they do not have a high-point (Hudson & Shapiro, 1991). On the other hand, stories about trouble typically have a high-point, for example, where the problem is resolved or the goal is achieved, and they are considered more tellable. The data generated in this thesis were generated in an interview context and were narratives *about* experiences. Children may have told stories that they considered were tellable or worth telling, prompted by interview questions.

Some children appeared to know the difference between scripts and stories. Some were reluctant to talk about what they perceived as routine everyday events, because they may not have considered them worth telling. The majority of children in this study told

more elaborative stories about out-of-the-ordinary events, such as bullying and teasing incidents, conflict with others, winning, overcoming problems, a finding which was consistent with other research (Fivush et al., 2011; Fivush & Nelson, 2004). This thesis aimed to explore how children made sense of everyday experiences. However, because of the nature of stories, the data generated may reflect more out-of-the-ordinary life events, rather than the ordinary. It can be difficult to capture mundane, everyday experiences by asking people to talk about their experiences. For example, McCance, McKenna, & Boore (2001) asked patients to talk about general experiences of nurse caring. They found that some patients found it difficult to generate narratives, a finding they considered was related to tellability, whereby the participants may not have perceived anything out of the ordinary about their experiences that warranted a story. Everyday activities are rarely studied from a meaning perspective, because they are repetitive, mundane, and routine (Alsaker et al., 2009). Therefore, it can be difficult to investigate everyday experiences.

However, some claim that researchers need to be alert to the stories that are not told as well as to those that are (Andrews, 2010; Connelly & Clandinin, 1990; Josselson, 2010). Some participants inevitably made decisions not to share some of their experiences. Pasupathi, McLean & Weeks (2009) argue that experiences that people have not told and do not intend to tell, but still remember, construct narrative identity in absentia, that is, '*by not being a part* [their emphasis] of the individuals' shared and narrated self' (p 91). There will always be more to the stories of our participants.

> "Whatever data are collected and whatever conclusions are drawn, much remains undisclosed." (Lewis, 2011, p.19)

7.8.2.3 Autobiographical memory

One of the methodological challenges that arose in relation to data-generation was that of autobiographical memory. Autobiographical memory refers to the mental representation of past events in our lives. Some of the children had difficulties remembering past details of events and happenings. When the children were interviewed in their homes, there were props that triggered and scaffolded memory of past events, such as looking at personal possessions and photographs. However, in the school context, this was not always possible. Even though the children were asked to bring in photographs from home, many did not remember to do so.

Given their difficulties with memory, it is worth noting what the children *did* remember, because these may be of personal significance and important to their identity. It is possible that the participants told stories that they had told before or rehearsed and were therefore more accessible in memory (Pasupathi et al., 2009). Memory may have affected the nature of the data generated because the children may have only told stories about events that they had stronger memories for, potentially with stronger emotional connotations.

7.8.2.4 Interpretive authority

One of the considerations in the rigour of a narrative inquiry study is that of interpretive authority because there is always a danger in trying to present any representation of another (Frank, 2005). Although interpretive authority in this thesis is not considered strictly as a limitation per se, it is worth considering, because it assists the reader when interpreting the findings.

One of the challenges in narrative analysis can be difficulty deciphering the relationship between the narrative account, the interpretation, and the re-told story (Savin-Baden & Van Niekerk, 2007). Moreover, in conventional research methodologies, children's perspectives are often filtered through interpretations offered by adult researchers, that may not take account of children's own insights (Coad & Evans, 2008; Cree, Kay, & Tisdall, 2002). In relation to interpretive authority, there is debate about the usefulness of participant-validation as a means of strengthening the trustworthiness and credibility of qualitative studies (Creswell, 2007; Polkinghorne, 2007). In this thesis, the researcher checked whether her understandings of the participant's stories reflected what the children intended. The interpretation of the data was not checked with participants. The researcher shared the view put forward by Josselson (2010) that researchers do not share their interpretive gaze with participants. Therefore, participants may not be in a position to comment on researcher's analyses because the researcher's interpretations are filtered through particular lenses, aimed primarily at academic audiences.

Nonetheless, the process of checking the researcher's understandings of the participants' narratives with the participants was somewhat problematic. Some of the participants felt distanced from the text, and could not remember what they said or

meant. This may reflect Ricoeur's notion of distanciation, in which the written text is different and distant from the original telling (Thompson, 2009). In other words, when an interview is transcribed it is no longer tied to the moment in which it occurred, and there is a distance between the transcript and the speakers (Moen, 2006). According to Ricoeur, the reader of a text is trying to understand the possible world that is illustrated in the text, which requires a shift from its sense to its reference, from that which it says to that which it says about. Ricoeur contends that when the text is liberated from its origin, it provides opportunities for new interpretations. Researchers try to understand the world opened up by the text in their analyses and interpretation.

> "the problem of the right understanding can no longer be solved by a simple return to the alleged intention of the author. The meaning of the text must be guessed or construed as a whole. The construal of meaning may indeed result in more than one interpretation of a text in which case the imminent conflict must be subsumed to a process of argumentation." (Thompson, 2009, p.14)

Interpretive authority is linked with power in the research paradigm (as discussed in Section 6.3). The researcher in this thesis shared power to a limited extent with the participants, and their involvement in the research process reflected the second step of five on the continuum of involving children in data analysis (Coad & Evans, 2008).

This thesis claims that children drew on public narratives, such as social constructions of normality, difference and disability, in their own personal narratives. However, some argue the analytical status of master or public narratives is unclear (DeFina & Georgakopoulou, 2012). Therefore, it is necessary to gain a deeper understanding of what concepts like normality and speech and language impairments mean to children, parents, siblings, teachers, therapists as well as how these concepts are constructed in the broader sociocultural context.

7.8.2.5 Only the children's perspective

Although one of the key strengths of this thesis was an exclusive focus on the child's perspective, this exclusive focus was also a limitation. This thesis has argued that the child is at the centre of a socio-ecological system and has stressed the importance of relationships. Nonetheless, this thesis has focused on only one of these perspectives, that is, the child's perspective. With regard to a limitation, this exclusive focus on the children's perspectives does not suggest that their accounts were any less trustworthy than those of others. However, inclusion of the perspectives of significant others in the

children's lives would provide insights into the multiple perspectives and realities in which the children were living their lives. For example, it would be of interest to gain insights into the perspectives of siblings, parents, peers, and teachers in relation to the themes that emerged as key issues for the children, such as multiple identities, conflict, friendships, competence, autonomy, and hope. It would also have been useful to explore how others constructed the children's identities and ways in which these identities were similar to and different from the ways in which the children constructed their own identities.

CHAPTER 8 CONCLUSIONS AND IMPLICATIONS

8.1 Overview

In the preceding chapter, the findings of this thesis were discussed in relation to the literature. This final conclusions chapter will reflect on the contribution that this thesis makes to the field, as well as implications for practice, policy, and future research.

8.2 Contributions to the field

This thesis set out to explore identity construction and meaning-making in a sample of 9-12 year-old children, presenting with PSLI, in the context of 21st century Ireland. Evidence suggests that children with PSLI may be at risk in relation to social exclusion and reduced emotional well-being (Conti-Ramsden & Botting, 2004, 2008; Roulstone & Lindsay, 2012). Middle childhood is widely held as an important time, because it marks the transition to adolescence (Burden, 2005; Maybin, 2006; Meadows, 2010). By foregrounding children's own perspectives, this thesis acknowledged the children's competence and valued them for who they are now, as well as who they will become. As set out in the literature review, constructs like identity, meaning-making, and well-being are complex and potentially challenging areas to investigate.

This thesis used narrative inquiry to explore meaning-making and identity in the lives of children with PSLI, which reflected a departure from traditional quantitative paradigms used in research with this group of children. An innovative analytical framework was developed, borrowing analytical tools from the field of narrative inquiry. The findings of this thesis have arisen as a result of an interaction between the data, the methods, and application of particular theoretical perspectives.

The themes that emerged in the children's narratives were used to develop a conceptual framework, comprising facilitators and potential barriers to well-being and belonging, with full acknowledgment that this simplistic model may not reflect the complexities of the children's lives. Even though the children shared a common, albeit heterogeneous diagnosis, the findings highlight the importance of listening to their own particular perspectives, with regard to the key issues affecting their lives.

This thesis contributes to the field in four ways. Firstly, it provides new insights into identity construction and belonging in children with PSLI. Secondly, it adds to understandings about the conceptualisation of communication impairment from the children's own perspective. Thirdly, this thesis deepens knowledge about determinants of well-being in the lives of children with PSLI. Finally, this thesis highlights the value of narrative inquiry as a methodology for understanding children's lives 'as told', because it can provide insights into the emotional and explanatory stance of the narrator, as well as identity construction.

8.2.1 New insights into identity

The first key contribution that this thesis makes is that it provides new insights into the process of identity construction in children with PSLI. To the author's knowledge, to date identity theories had not been applied to children with PSLI. Identity is important because it provides individuals with a sense of belonging, a place in the world, reflecting ways of being and seeing the world. Furthermore, it affects ways in which children relate to others, as well as ways in which others see and relate to them. Some claim that selfhood refers to individual's private experience of themselves, and that personhood refers to aspects of selves that appear publicly in relations with others, with selfhood and personhood viewed as two sides of the one coin (Gelech & Desjardins, 2010; Jenkins, 2008). This thesis explored the children's personhood, that is, their identities that appeared publicly in their relations both with others, including others in the children's narratives, and the researcher. The application of one theoretical perspective on identity in this thesis, namely the social-relational perspective, provided three new insights into how these children constructed their multiple identities, taking account of others may categorise them.

The first of these new insights was evidence to support the view that the children were actively involved in the process of identity construction, which in turn contributed to their sense of belonging, connectedness with others, and well-being. The children negotiated their multiple identities of belonging and difference, cognisant of identities that were culturally attractive and desirable. They presented themselves in terms of ways in which they were the same as and different from others, by presenting affiliation with some identity categories and disavowal of others. Communication impairment, for those that talked about it, represented one aspect of their multiple identities. For the most part, they wanted to be like, or better than, everyone else.

The second insight in relation to identity was evidence for some of the processes that stigmatise people, such as labelling and specialist education. These processes may stigmatise children because they set them apart from peers. The children drew on narratives about normality when making sense of communication impairment, and were aware of the stigma associated with certain identity categories, such as not being normal, being special, and having certain diagnostic labels. However, the children exercised agency by presenting desired identities for acceptance by others, and actively resisted other's categorisations of them that they considered negative or which may exclude them from social acceptance.

The third insight with regard to identity was the key role that others, albeit unwittingly, play as co-authors in the identity construction process, in positive and negative ways, by affirming and challenging identities. Therefore, others need to be aware of the messages they provide to children about their identities and how these may be viewed by children in different ways. 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.

8.2.2 Children's conceptualisation of communication impairments

The second way in which this thesis contributes to the field is by deepening understandings about ways in which children living with PSLI conceptualise communication impairment. The findings of this thesis suggest that the children's conceptualisations of communication impairment reflect social model of disability proposed by Thomas (2004), because the children talked about both impairment effects, such as not being able to say or remember words, as well as social barriers, such as exclusion by others and being made to feel lesser by others. Communication impairments did not appear to affect their private lives when they were with people they knew well. To the contrary, their communication difficulties were more apparent in other aspects of their public lives, such as school, and with people with whom they were less familiar.

8.2.3 Determinants of well-being in children with primary speech and language impairments

The third way in which this thesis makes a contribution to the field is by enhancing knowledge in relation to determinants of well-being in children with PSLI. Overall, the findings suggest that the children presented with positive subjective well-being. Even though some children had experienced what could be regarded as negative life events, such as social exclusion and difficulties with friendships, as well as family difficulties, they evaluated their experiences in predominantly positive ways. Perhaps this was the case because they did not wish to demonstrate vulnerability. Four key themes were identified as important determinants of well-being and belonging, including relationships; autonomy, agency and competence; identities of belonging and difference; and hope and concern about the future.

Relationships with others, positive and negative, were a central component of the children's narratives. It was through relationships with others that the children demonstrated and negotiated their identities and autonomy. Some experienced challenges in their relationships with others, such as conflict and social exclusion. Some were frustrated when their autonomy was restricted by others, unfairly in the children's view. Others were hurt when aspects of their identities were challenged by others. On the other hand, positive relationships with others appeared to provide children with a sense of belonging and connectedness with others, mediating and buffering negative experiences.

To date, there has been little research on autonomy and agency in children with PSLI. Autonomy is a complex construct, particularly in the context of the identity category of childhood. The children felt disempowered when they did not have a say in decisions that affected their lives and when their autonomy was restricted. This thesis provided new insights into how children with PSLI exercised agency, albeit in small ways, in the context of powerful social structures, such as expectations about expected trajectories through the education system, resisting speech and language therapy, and identity categories.

Some claim that the aims of therapeutic interventions are to empower individuals to be autonomous and agentic and to take control of their lives (Bunning, 2004). However, some children were uncertain about why they were attending speech and language

therapy, particularly those with language impairments, and the goals that they were working towards. Therefore, the findings of this thesis raise questions about the children's engagement in the therapy process.

Hope and concern emerged as important determinants of well-being. The evidence suggests that PSLI is a long-term condition and that children may be at risk in relation to their academic outcomes, emotional well-being, and social inclusion (Clegg et al., 2005; Johnson et al., 1999; Roulstone & Lindsay, 2012). Although the findings of this thesis provide evidence that some children were indeed experiencing some of these difficulties, nonetheless, they evaluated their narratives in predominantly positive and hopeful ways. To the researcher's knowledge, hope has not been explored in children with PSLI. This thesis also highlights the value of exploring children's concerns about the future.

Hope is an important dimension of well-being because it can provide a sense of purpose and meaning, as well as a belief and confidence that things will work out. Some argue that envisioning a future time, imagining possibilities, working towards goals that generate a feeling of hope, are important in coping with life and promoting well-being (Gainer Sirota, 2010; Mattingly, 1998; Park, 2008; Whalley Hammel, 2009). To the contrary, not having hope can lead to sense of hopelessness and pessimism. This thesis highlighted the value of listening to children's stories to gain insights into ways in which they evaluated events and happenings in their lives, in order to gain insights into whether their narratives are hopeful. By listening to children's narratives, insights can also be gained into what children consider is important in their lives both now and in the future, as well their present and desired identities. In doing so, others can support children to work towards these identities and goals, promoting hope and possibilities for who and what they may become in the future.

8.2.4 Value of narrative inquiry

This final contribution that this thesis made to the field was that it highlights the value of narrative inquiry as a means of understanding the lives 'as told' by children with communication impairment. This thesis highlights the value of analysing the subtlety and nuances of how children evaluated their narratives, attending to underlying explicit and implicit meanings which potentially reflected the children's explanatory and emotional stance on events and happenings in their lives. Indeed, close scrutiny revealed

that some children may indeed find it difficult to openly express what they may perceive as negative emotions. Analysis of evaluative markers such as lexical choices, use of repetition for effect, and nonverbal markers, such as emphatic stress or whispering, provided insights into the children's emotional stance on life events, for example, feelings ranging from excitement, frustration, jealousy, pride, to depression. By paying close attention to the use of causal markers, it was possible to understand how the children assigned causality to events in their lives. Analysis of temporal markers provided insight into their sense of continuous self over time. By analysing agency, insights were gained into role relations between the children and others. Therefore, narratives of personal experience can provide valuable insights into children's multiple identities, as well as ways in which they make sense of events and happenings in their lives.

8.3 Implications for policy

With regard to policy, this thesis has two key implications. The first of these is support for inclusive education practices. The second key recommendation is the need for policies which promote children's participation. Although there are several drivers in existence which advocate children's participation, it was evident in the findings of this thesis that, for the most part, the children's views were not taken into account.

8.3.1 Inclusive practices

The main implication for policy is that the findings support the view that inclusive education policies may be more appropriate for 9-12 year-old children with PSLI. For the participants in this thesis, communication impairment represented only part of their multiple identities. They mainly viewed themselves as being much like the rest of the peers and they wanted to continue to do so. However, specialist education set the children apart from their peers, and potentially stigmatised them. Further consultation is required with a larger sample of children, parents, and teachers, to explore the risks and benefits associated with specialist education. Achieving inclusive education is a complex task. In Ireland, this may require a change in policy with regard to ways in which children with PSLI are supported in schools. Furthermore, strong leadership in schools, collaborative practices, positive attitudes of teachers, and training would be required to effectively meet the needs of these children in an inclusive education context. The notion of communication-friendly schools, akin to dyslexia-friendly

schools (Reid & Fawcett, 2008), the use of the new Communication Supporting Classrooms Observation Tool (Dockrell, Bakopoulou, Law, Spencer, & Lindsay, 2012) may go some way towards supporting children with communication needs in mainstream schools, in less obviously visible ways.

8.3.2 Promoting children's participation

The second policy implication is the need to promote children's participation in their lives, ensuring that they are provided with opportunities to have a say in matters affecting them, and furthermore these views need to be listened to and acted upon. Article 12 of the UNCRC states that children who are capable of forming their own views have the right to express these views on matters affecting their lives, and these views should be given weight in line with the children's age and maturity (UNCRC, 1989). Although this article is open to interpretation, it advocates the need to listening to, and perhaps more importantly, act upon what children have to say. This Article was ratified in Ireland and is enshrined in the National Children's Strategy (Department of Health and Children, 2000). Furthermore, Alderson (2010) claims that autonomy rights enshrine respect for the dignity and worth of each individual, acknowledging their knowledge about their own best interests, including children.

However, the findings of this thesis suggest that although these laudable frameworks provide a useful basis for children's participation, there does not appear to be a policy framework in place at a local level to implement these frameworks into practice. Many of the children in this thesis did not appear to have a say in matters affecting their lives. It may be tempting not to ask children for their opinions, because of fear that conflict may arise when there are differences between the views of children and adults. On the other hand, children's views may be sought but not acted upon. However, children's views need to be included as part of the decision-making process, along with full discussion of the advantages and disadvantages both in the short- and long-term, inherent in making informed decisions, thus providing children with a sense of control over their lives and respect for their dignity and worth.

Children need to be given a say in matters that affect them in all aspects of their lives, including matters at home, in school, and in speech and language therapy. Some models of good practice have been developed which engage children and young people in meaningful ways in the education system (Yamashita & Davies, 2010). One of the goals

of speech and language therapy is to increase autonomy and empower people to make changes to make their lives better in some way (Bunning, 2004). Therefore, children and young people attending services, such as speech and language therapy, need to be given opportunities to be actively involved in decision-making in the therapy process, including decisions about attending therapy, goal-setting, exploring what and why they want to learn, as well as how they will know when they had reached their targets (Joffe, 2013). The findings of this thesis suggest that there is need for policies that promote children's participation in matters affecting their everyday lives.

8.4 Implications for practice

This section will outline implications for practice, including the value of listening to children's stories, raising awareness about the importance of identity and hope, as well as raising awareness about communication impairments.

8.4.1 The value of listening to children's stories

The first implication for practice is the need to promote awareness of the value of listening to children's stories. Some claim that the act of telling stories can be therapeutic in its own right. Stories provide opportunities to express emotions, reduce a sense of isolation, and may provide insights into barriers, goals, hopes, and conflicts (Barrow, 2011). Some claim that better outcomes may be achieved when practitioners listen to the narratives of their clients, grasp and honour their meanings, and be prepared to be moved to respond to their client's stories (Charon, 2001). Others in the children's lives, such as parents, teachers, and therapists, need to attend closely to meanings in children's narratives, both explicit and implicit, to gain insights into the children's emotional and explanatory meaning-making.

Furthermore, others in the children's lives need to be aware that children at this age may be uncomfortable expressing negative emotions. Therefore, others need to be sensitive to the subtle ways in which children evaluate their narratives. In particular, it is necessary to focus on how these children talk about social acceptance, their identities, emotional well-being, and ways in which children position themselves in their stories. Children need to be provided with opportunities to express their feelings, positive and negative, if they wish to, in a safe environment. In this way, children and young people, who may be at risk in relation to social and emotional difficulties, can be identified and

supported and their feelings can be acknowledged in a non-judgemental way. Otherwise, the emotional needs of these children may go unnoticed.

Listening to children's narratives provides insights into ways in which communication impairments affect the everyday lives of these children. The findings support the view that there is need to look beyond what Barrow (2011) refers to as 'the mask of communication impairment', because there was a lot more to the children's lives and identities than communication impairment. The findings of this thesis suggested that the children appeared to experience fewer difficulties in the context of their private lives, with people that they know well, whereas their problems may be more apparent with others in public contexts. Therefore, as McLeod et al. (2013) suggest, speech and language therapists need to consider whether children who are attending clinics are showing their private or public personas.

Moreover, there is a need for a shift from the traditional medical or deficit model, which views the communication problem as located within the individual, to a model that explores barriers to activities and full participation in society, as well as one that focuses on strengths. In this way, interventions could focus on supporting children to achieve their life-goals, which may include working directly with the children themselves, as well as addressing barriers to activities and participation. Listening to the children's narratives provided insights into key issues in their lives, including the effects of communication impairment on their everyday lives. These perspectives could inform meaningful goal-setting, and add support to the value of a life rather than diagnostic category perspective when working with these children. Furthermore, a focus on strengths, which the children presented in this thesis, rather than deficits may promote children's well-being and resilience (de Chavez et al., 2005; Pollard & Lee, 2003; Zolkoski & Bullock, 2012).

Even though this approach of listening to children has advantages, there are potential barriers to listening to children's perspectives. Inclusion of story-telling in the therapeutic context may require cultural changes, such as changes in clinician's attitudes and behaviour. Some claim that the self may be a powerful therapeutic instrument (Charon, 2001; Geller, 2011) and that the quality of the relationship will affect the stories told (Barrow, 2011; Frank, 2010; Geller, 2011). Many clinicians work in busy clinics with large caseloads, and may not consider that allocating time to children's

stories is a good use of time. Therefore, it may be necessary for practitioners to place value on children's stories, creating time and positive safe environments, in which they assume an unhurried stance, so as to allow clients to feel safe to tell their stories (Kovarsky, 2008).

Moreover, there are arguments that narratives have an illocutionary force that call for someone to listen, respond, empathise, and act (Charon, 2001; Frank, 2000; Riessman, 2008). This thesis underlines the importance of reflective practice, which includes practitioner's openness to having their assumptions challenged, as well as reflection on the clinician's emotional responses to client's stories. Emotions need to be construed as a component of practice, and practitioners need to recognise that emotions are not only within people, but rather co-constructed between them (Duchan, 2011). Therefore, practitioners need to tune into implicit and explicit meanings in children's stories, and be willing to respond and act upon these stories. Because children with communication impairments may be at risk in relation to emotional well-being and inclusion, it is necessary for practitioners to build in ring-fenced time to focus on the psychosocial consequences of communication impairment, if children wish to talk about them.

8.4.2 Raising awareness about identity

The second implication for practice is in relation to raising awareness about the importance of identity. Building identity work into speech and language therapy means becoming more aware of how clients see themselves now, their desired identities, and how others see them. It also means attending to the messages that children are given about themselves and ways in which these messages may affirm or challenge identities.

Moreover, it is necessary to raise awareness about the key role that others play as co-authors in the construction of children's identities. For example, others, such as parents, teachers, therapists, need to be sensitive to ways in which they, albeit unintentionally, challenge their children's identities, in positive and negative ways. For example, diagnostic labels and specialist education may potentially stigmatise children with communication impairment.

Moreover, in relation to identity this thesis highlighted the value of paying attention to ways in which children exercise agency. Parents and practitioners can gain insight into children's sense of agency and influence over their environment by listening to ways in

which they position themselves in their narratives. For example, those who position themselves in predominantly passive ways in their narratives, may need to learn to re-story, or re-author themselves in more agentic and powerful roles (Adler, 2012; Johnston, 2004; White, 2011).

8.4.3 Importance of hope

This thesis underlined the importance of hope, as an important contributor to children's well-being. Hope is regarded as an important determinant of well-being, providing purpose and sense of confidence that things will work out. Others, including parents and practitioners, need to be aware of the key role that they play, perhaps unwittingly, in supporting or reducing hope. Recent research suggests that hope needs to be actively explored and addressed when working with children and adults experiencing challenges in life (Bright et al., 2013; Gainer Sirota, 2010; Infanti, 2008; Jagoe & Walsh, 2013).

Some claim that therapy can be construed as a hopeful therapeutic plot, in which clinicians and clients must share some level of commitment to the client's life-story, so that the client is supported in working towards desired goals and identities (Mattingly, 1998). These findings suggest that parents and practitioners need to explore children's hopes so that desired goals and identities can be identified. Meaningful goals, linked with the children's needs and wants, need to be negotiated and interventions designed to work towards achieving these goals. Furthermore, children's uncertainty and concern about the future need to be addressed, for example, through the provision of information.

8.4.4 Need for greater awareness of communication impairments

Although individual children with communication impairments need to be supported, change is also required at a wider societal level. One of the findings of this thesis was that children appeared to have few public narratives to draw upon in relation to making sense of communication impairments. Further work is necessary on promotion of awareness of the needs of children with communication impairments, in an effort to promote tolerance of difference. Some work has been undertaken in this regard at a local level in Ireland, but there is a need for a more strategic approach. There are several agencies in the United Kingdom which undertake this public education and advocacy work (AFASIC, 2012; ICAN, 2012; McLeod & McKinnon, 2007; TalkingPoint, 2012). Similar agencies do not exist in Ireland, but increased awareness of the work of these

agencies in Ireland would be useful.

8.5 Implications for research

Exploration of identity and meaning-making in children with communication impairments is a relatively new field in speech and language therapy. In this section, the implications for research will be outlined, including the need for further research on well-being and belonging in children with communication impairments, and the use of other methods to explore children's well-being and belonging.

8.5.1 Further research on well-being and belonging

Firstly, there is no claim that the findings of this study are generalisable to other children with communication impairment. Therefore, further research is needed to explore ways in which other children with a range of communication impairments, at different ages, make sense of their experiences and construct their identities, and whether the themes in this thesis have resonance for other children with communication impairments.

Further exploration of the themes and conceptual model developed in this thesis is necessary, including ways in which children with communication impairments negotiate relationships with others, develop their independence and autonomy, negotiate special education, as well as ways in which hope and concern for the future may influence well-being and belonging. This thesis applied a particular theoretical perspective on identity, that is, the social-relational theory of identity, to children with PSLI. Further research on identity in children with PSLI is required using this and other theoretical perspectives on identity. This thesis focused only on the children's perspectives on identity. Given that identity can be viewed as a relational process, reflecting ways in which people see themselves, as well as ways in which others categorise them, further research is necessary which explores the multiple perspectives on identity in the children's lives.

Furthermore, there is need for further investigation into the emotional well-being of children, exploring ways in which children with communication impairments express their emotions, and perhaps more importantly how these emotions affect children's well-being and belonging. It was evident that the children were more comfortable

expressing some emotions than others. For example, although they appeared comfortable expressing emotions, such as annoyance and frustration in relation to restrictions in autonomy and communication breakdown which they attributed to others not understanding them, they appeared more reluctant to express other emotions, such as upset, sadness, jealousy, and loneliness, in relation to narratives about bullying, sibling rivalry, and social exclusion. The effects of bullying and social exclusion, both in the short- and long-term, require further investigation. Therefore, further research is also needed to explore ways in which emotions are expressed by children with communication impairments, and whether there are differences in children at different ages.

In relation to speech and language therapy, further research is needed on ways in which children's well-being and belonging can be further integrated into practice in evidence-based ways. For example, further research is needed to explore ways in which children's life-goals and desired identities can be translated into evidence-based therapy. Little is known about whether therapy outcomes may be influenced by an increased focus on identity, and a life- rather than deficit-perspective, with an emphasis on strengths and agency. Moreover, little is known about whether interventions targeted at the child's wider socio-ecological system, such as addressing barriers to participation, may influence well-being and belonging.

8.5.2 Use of other methodologies

The units of analysis in this thesis were children's narratives about their experiences. As already discussed in the limitations section (section 7.8.2.2), the nature of the data generated may have been biased towards out-of-the ordinary rather than ordinary experiences. Moreover, the narratives were generated in response to the researcher's topics and questions in an interview context. Therefore, other approaches to research may further deepen understandings of children's experiences, such as analysis of naturally occurring spontaneous talk between the children and others (Engel, 2005; Maybin, 2006), and the use of other methodologies, such as ethnographic approaches, conversation analysis, and discourse analysis (Alsaker et al., 2009; Gardner & Forrester, 2010).

Some claim that ethnographic approaches to narrative, which include participant observation of everyday activities, as well as stories about experiences, are useful when

exploring the everyday aspects of living with disability (Alsaker et al., 2009; Parr, 2007). Narrative in this context can be viewed as embedded in the process of enacting everyday activity (Alsaker et al., 2009; Mattingly, 1998). Ethnographic approaches to research with children over an extended period of time, involving participant observation and interviews, would provide further insights into the everyday lives of these children. For example, further research is necessary to investigate ways in which children with communication impairment interact with peers in everyday naturalistic contexts, including ways in which they negotiate identities, rules of engagement, bullying, as well as communication breakdown.

8.6 The final word

In conclusion, this thesis has explored identity and meaning-making in 9-12 year-old children with PSLI, using a narrative inquiry approach. The voices of children, particularly those with communication impairments, have often been excluded from research and practice. This thesis has foregrounded the children's perspectives, acknowledging them for who they are now. The findings of this thesis support the view that narratives of personal experience are one way that the voice of children with communication impairment can be heard, thereby enhancing understanding of the effects of communication impairments in their everyday lives.

The findings provide new insights into identity construction. The children in this thesis were active agents, albeit in small ways, presenting identities for acceptance by others. Their sense of well-being and belonging was challenged by identities of difference, which sometimes resulted from their communication impairments, specialist education, and social exclusion by others. Having said that, communication impairment represented only one part of their multiple identities and they wanted to be seen like the rest of their peers. Identity, autonomy, agency, competence, and hope were important determinants of well-being, with relationships playing a central role in how these constructs emerged in the children's lives. Positive relationships appeared to mediate negative experiences.

These findings challenge the process of special education, for older children, and suggest that more inclusive practices are needed which minimise children's difference from their peers. Moreover, there is need to raise awareness about the key role that

others play, perhaps unwittingly, in identity construction, and meaning-making. The findings also highlight the need for further research into well-being and belonging in children with communication impairments, along with further research on ways in which outcomes for these children can be enhanced.

REFERENCES

Acton, C., & Hird, M. (2004). Toward a sociology of stammering. *Sociology, 38*(3), 495-513.

Adler, J. (2012). Living into the story: Agency and coherence in a longitundinal study of narrative identity development and mental health over a course of psychotherapy. *Journal of Personality and Social Psychology, 102*(2), 367-389.

AFASIC. (2012). AFASIC-unlocking speech and language. Retrieved 13th December 2012, from http://www.afasicengland.org.uk/

Ahearne, S. , Barron, M., Connaughton, B. , Duffy, B. , Gibbs, J. , Grehan, S., . . . Ward, N. (2013). *Action plan on bullying: Report of the anti-bullying working group to the Minister of Education and Skills*. Retrieved from http://www.education.ie/en/Publications/Education-Reports/Action-Plan-On-Bullying-2013.pdf.

Ahn, J., & Filipenko, M. (2007). Narrative, imaginary play, art and self: intersecting worlds. *Early Childhood Education Journal, 34*(4), 279-289.

Alderson, P. (2000). Children as researchers: the effects of participation rights in research methodology In P. Christensen & A. James (Eds.), *Research with children - perspectives and practices* (pp. 241-257). London: RoutledgeFalmer.

Alderson, P. (2010). Younger children's individual participation in 'all matters affecting the child'. In B. Percy-Smith & N. Thomas (Eds.), *A handbook of children and young people's participation: Perspectives from theory and practice* (pp. 88-96). London: Routledge.

Aldridge, J. (2007). Picture this: the use of participatory photographic research methods with people with learning disabilities. *Disability & Society, 22*(1), 1-17.

Allan, J. (1996). Foucault and special educational needs: a 'box of tools' for analysing children's experiences of mainstreaming. *Disability & Society, 11*(2), 219-233.

Alsaker, S., Bongaadt, R., & Josephsson, S. (2009). Studying narrative-in-action in women with chronic rheumatic conditions. *Qualitative Health Research, 19*(8), 1154-1161.

Alsaker, S., & Josephsson, S. (2010). Stories stirring the quest of the good: narratives of women living with chronic rheumatic conditions. *Scandinavian Journal of Disability Research, iFirst article*, 1-18.

An Pobal. (2012). FAQs about RAPID. Retrieved 10th December 2012, from https://www.pobal.ie/FAQ/Pages/RAPID.aspx

Andrews, M. (2010). *Doing narrative research (one-day workshop)*. Paper presented at the 4th Qualitative Research Summer School Dublin City University

Antelius, E. (2009). *Different voices-different stories: communication, identity and meaning among people with acquired brain damage*. Unpublished PhD. Linkoping University. Sweden.

Armstrong, E., & Ulatowska, H. (2007). Making stories: evaluative language and the aphasia experience. *Aphasiology, 21*(6/7/8), 763-774.

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.

Asaba, E., & Jackson, J. (2011). Social ideologies embedded in everyday life: a narrative analysis about disability, identities, and occupation. *Journal of Occupational Science, 18*(2), 139-152.

Atkinson, D., & Walmsley, J. (1999). Using autobiographical approaches with people with learning difficulties. *Disability & Society, 14*(2), 203-216.

Atkinson, P., & Delamont, S. (2006). Rescuing narrative from qualitative research *Narrative Inquiry, 16*(1), 164-172.

Atkinson, P., & Silverman, D. (1997). Kundera's *Immortality*: the interview society and the invention of the self. *Qualitative Inquiry, 3*(3), 304-325.

Attride-Stirling, J. (2001). Thematic networks: an analytic tool for qualitative research. *Qualitative Research, 1*, 385-405.

Austin, J. (1975). *How To Do Things with Words*. Oxford: Oxford University Press.

Axford, N. . (2009). Child well-being through different lenses: why concept matters. *Child and Family Social Work, 14*, 372-383.

Baddeley, J., & Singer, J. (2007). Charting the life story's path - narrative identity across the life-span. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry - mapping a methodology* (pp. 177-201). London: Sage.

Baines, P. (2008). Medical ethics for children: Applying the four principles to paediatrics *Journal of Medical Ethics, 34*, 141-145.

Baker, K., & Donelly, M. (2001). The social experiences of children with disability and the influence of environment: a framework for intervention. *Disability & Society, 16*(1), 71-85.

Bakhtin, M. ([1935] 1981). Discourse in the novel. In M. Holquist, Emerson, C. (Ed.), *The dialogic imagination: Four essays by M.M. Bakhtin*.

Bamberg, M. (2004). Form and functions of 'slut bashing' in male identity constructions in 15 year-olds. *Human Development, 47*(6), 331-353.

Bamberg, M. (2004). Talk, small stories, and adolescent identities. *Human Development, 47*, 366-369.

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.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*, 191-215.

Barker, J., & Weller, S. (2003). "Is it fun?" Developing children centred research methods. *International Journal of Sociology and Social Policy, 23*(1/2), 33-58.

Barnardos. (2008). Barnardo's statement of ethical research practice. Retrieved 4th May 2008, from www.barnardos.org.uk/resources

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.

Beart, S. (2005). 'I won't think of meself as a learning disability. But I have': social identity and self-advocacy. *British Journal of Learning Disabilities, 33*, 128-131.

Beart, S., Hardy, G., & Buchan, L. (2005). How people with intellectual disabilities view their social identity: a review of the literature. *Journal of Applied Research in Intellectual Disabilities 18*, 47-56.

Begley. (2000). The educational self-perceptions of children with Down Syndrome. In A. Lewis & G. Lindsay (Eds.), *Researching Children's Perspectives*. Buckingham: Open University Press.

Beitchman, J.H., Cohen, N.J, Konstantareas, M.M., & Tannock, R. (1996). *Language, Learning and Behaviour Disorders: Developmental, Biological and Clinical Perspectives*. New York: Cambridge University Press.

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.

Bishop, D.V.M. (2004). Specific Language Impairment: Diagnostic Dilemmas. In L. Verhoeven & H. van Balkom (Eds.), *Classification of Developmental Language Disorders - Theoretical and Clinical Implications* London: Lawrence Erlbaum Associates.

Bleakley, A. (2005). Stories as data, data as stories: making sense of narrative inquiry in clinical education. *Medical Education 39*, 534-540.

Blumenreich, M. (2004). Avoiding the pitfalls of 'conventional' narrative research using poststructural theory to guide the creation of narratives of children with HIV. *Qualitative Research, 4*(1), 77-90.

Bonsall, A. (2011). An examination of the pairing between narrative and occupational science. *Scandinavian Journal of Occupational Therapy, Early online*, 1-12.

Bordreau, D., & Chapman, R. (2000). The relationship between event representation and linguistic skill in narratives of children and adolescents with Down Syndrome. *Journal of Speech, Language, and Hearing Research, 43*, 1146-1159.

Bosacki, S., Marini, Z., & Dane, A. (2006). Voices from the classroom: pictorial and narrative representations of children's bullying experiences. *Journal of Moral Education 35*(2), 231-245.

Botting, N. (2002). Narrative as a tool for the assessment of linguistic and pragmatic impairments *Child Language Teaching and Therapy*, 1-21.

Botting, N., & Conti-Ramsden, G. (2004). Characteristics of children with specific language impairment. In L. Verhoeven & H. van Balkom (Eds.), *Classification of Developmental Language Disorders – Theoretical Issues and Clinical Implications. *. London: Erlbaum Associates.

Boudreau, D. (2008). Narrative abilities - advances in research and implications for clinical practice. *Topics in Language Disorders, 28*(2), 99-114.

Bowen, C. (2009). *Children's speech sound disorders*. Chichester: Wiley-Blackwell.

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.

Bridges, L. (2003). Autonomy as an element of developmental well-being. In M. Bornstein, L. Davidson, C. Keyes & K. Moore (Eds.), *Well-being: Positive development across the life course* (pp. 167-175). Mahwah: Lawrence Erlbaum Associates.

Bright, F., Kayes, N., McCann, C., & McPherson, K. (2011). Understanding hope after stroke: A systematic review of the literature using concept analysis. *Topics in Stroke Rehabilitation, 18*, 490-508.

Bright, F., Kayes, N., McCann, C., & McPherson, K. (2013). Hope in people with aphasia. *Aphasiology, 27*(1), 41-58.

Brinton, B., & Fujiki, M. (1999). Social interactional behaviors of children with specific language impairment. *Topics in Language Disorders, 19*(2), 49-69.

Brinton, B., Fujiki, M., & McKee, L. (1998). Negotiation skills of children with specific language impairment. *Journal of Speech, Language, and Hearing Research, 41*, 927-940.

Brinton, B., Fujiki, M., & Robinson, L. (2005). Life on a tricycle: a case study of language impairment from 4 to 19. *Topics in Language Disorders, 25*(4), 338-352.

Broomfield, J., & Dodd, B. (2004). Children with speech and language disability: caseload characteristics. *International Journal of Language and Communication Disorders, 39*(3), 303-324.

Bruner, J. (1986). *Actual minds, possible worlds*. London: Harvard University Press.

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.

Bruner, J. (2006). Life as narrative. In P. Atkinson & S. Delamont (Eds.), *Narrative Methods Volume 1- Narrative perspectives* (pp. 99-115). London: Sage.

Bruner, J., & Haste, H. (1987). Introduction. In J. Bruner & H. Haste (Eds.), *Making sense- the child's construction of the world* (pp. 1-25). Abingdon: Routledge.

Buckingham, D. (2008). Introducing identity. In D. Buckingham (Ed.), *The John D. and Catherine T. MacArthur Foundation Series on Digital Media and Learning* (pp. 1-24). Cambridge, MA: The MIT Press.

Bunning, K. (2004). *Speech and language therapy interventions: Frameworks and processes*. London: Whurr Publisher.

Burck, C. (2005). Comparing qualitative research methodologies for systemic research: the use of grounded theory, discourse analysis and narrative analysis. *Journal of Family Therapy, 27*, 237-262.

Burden, R. (2008). Is dyslexia necessarily associated with negative feelings of self-worth? A review and implications for future research. *Dyslexia, 14*, 188-196.

Burden, R. . (2005). *Dyslexia and self concept - seeking a dyslexic identity*. London: Whurr Publishers Ltd.

Burnett, P. (1999). Children's self-talk and academic self-concepts. *Educational Psychology in Practice, 15*(3), 195-200.

Burnett, P., & Proctor, R. (2002). Elementary school students' learner self-concept, academic self concepts and approaches to learning. *Educational Psychology in Practice, 18*(4), 325-333.

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.

Butler, V. (2005). Research Report of Phase One of the Generation 2020 Project Swansea: Barnardo's Cymru.

Campbell, W., & Sharakis-Doyle, E. (2007). School-aged children with SLI: the ICF as a framework for collaborative service delivery. *Journal of Communication Disorders, 40*(6), 513-535.

Canary, H. (2008). Negotiating dis/ability in families: constructions and contradictions. *Journal of Applied Communication Research 36*(4), 437-458.

Charon, R. (2001). Narrative medicine: A model for empathy, reflection, profession, and trust. *Journal of American Medical Association, 286*(15), 1897-1902.

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.

Christensen, P. (2004). Children's participation in ethnographic research: Issues of power and representation. *Children & Society, 18*(2), 165.

Christensen, P., & James, A. (2000). Childhood diversity and commonality: some methodological insights In P. Christensen & A. James (Eds.), *Research with children - perspectives and practices* (pp. 160-178). London RoutledgeFalmer

Clandinin, J. (2010). *Potentials and possibilities of narrative inquiry (Keynote speech).* Paper presented at the Narrative Matters 2010 - Exploring the narrative landscape: issues, investigations and interventions Fredericton, New Brunswick, Canada.

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.

Clark, M., & Kamhi, A. (2010). Child language disorders. Centre for International Rehabilitation Research and Exchange (CIRRIE): University of Buffalo, The State Unviersity of New York.

Clegg, J., Hollis, C., Mawhood, L., & Rutter, M. (2005). Developmental language disorders - a follow-up in later life. Cognitive, language and psychosocial outcomes. *Journal of Child Psychology and Psychiatry, 46*(2), 128-149.

Coad, J., & Evans, R. (2008). Reflections on practical approaches to involving children and young people in the data analysis process. *Children & Society, 22*, 41-52.

Coad, J., & Hambly, H. (2011). Listening to children with speech, language, and communication needs through arts-based methods. In S. Roulstone & S. McLeod (Eds.), *Listening to children and young people with speech, language and communication needs* (pp. 131-141). Croyden: J & R Press.

Coad, J., & Lewis, A. (2004). Engaging children and young people in research - literature review for the National Evaluation of Children's Funds (NECF). Retrieved 6/11/07, from www.ne-cf.org

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.

Collins, J. (2000). Are you talking to me? The need to respect and develop a pupil's self-image. *Educational Research, 42*(2), 157-166.

Colozzo, P., Gillam, R., Wood, M., Schnell, R., & Johnston, J. (2011). Content and form in the narratives of children with specific language impairment *Journal of Speech, Language, and Hearing Research, 54*, 1609-1627.

Connect. (2012). CONNECT: The communication disability network. 14th December 2012, from http://www.ukconnect.org/

Connelly, F.M., & Clandinin, J. (1990). Stories of experience and narrative inquiry. *Educational Researcher, 19*(5), 2-14.

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., & Botting, N. (2004). Social difficulties and victimization in children with SLI at 11 years of age. *Journal of Speech, Language, and Hearing Research, 47*, 145-161.

Conti-Ramsden, G., & Botting, N. (2008). Emotional health in adolescents with and without a history of specific language impairment (SLI). *Child Psychology and Psychiatry, 49*(5), 516-525.

Conti-Ramsden, G., Botting, N., & Knox, E. (2001). Follow up of children attending infant language units: outcomes at 11 years of age. *International Journal of Language & Communication Disorders, 36*(2), 207-219.

Conti-Ramsden, G., & Durkin, K. (2008). Language and independence in adolescents with and without a history of specific language impairment (SLI). *Journal of Speech, Language, and Hearing Research, 51*(70-83).

Corcoran, J., & Stewart, M. (1998). Stories of stuttering: a qualitative analysis of interview narratives *Journal of Fluency Disorders, 23*, 247-264.

Cree, V., Kay, H., & Tisdall, K. (2002). Research with children: sharing the dilemmas. *Child and Family Social Work, 7*, 47-56.

Creswell, J.W. (2007). *Qualitative inquiry and research design - choosing among five approaches* (2nd ed.). London: Sage Publications.

Crichton, J., & Koch, T. (2011). Narrative, identity and care: Joint problematisation in a tudy of people living with dementia. In C. Candlin & J. Crichton (Eds.), *Discourse of deficit* (pp. 101-118). Basingstoke: Palgarve Macmillan.

Crossley, M. (2003). Formulating narrative psychology: the limitations of contemporary social constructionism. *Narrative Inquiry, 13*(2), 287-300.

Cummings, C., Laing, K., Law, J., McLaughlin, J., Papps, I., Todd, L., & Woolner, P. (2012). Can changing aspirations and attitudes impact on educational achievement? A review of interventions: Joseph Rowntree Foundation.

Curtin, M. (2006). Using biographical research with disabled young people. In L. Finlay & C. Ballinger (Eds.), *Qualitative Research for Allied Health Professions - Challenging Choices*. Chichester: Whurr Publications.

Cussen, A., Howie, L., & Imms, C. (2012). Looking to the future: Adolescents with cerebral palsy talk about their aspirations - a narrative study. *Disability and Rehabilitation, 34*(24), 2103-2110.

Czarniawska, B. (2004). *Narratives in Social Research* London: Sage Publications.

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.

Damico, Jack S., Simmons-Mackie, Nina, Oelschlaeger, Mary, Elman, Roberta, & Armstrong, Elizabeth. (1999). Qualitative methods in aphasia research: basic issues. *Aphasiology, 13*(9-11), 651-665. doi: 10.1080/026870399401768

Daniels, D., & Gabel, R. (2004). The impact of stuttering on identity construction *Topics in Language Disorders, 24*(3), 200-215.

Davies, B., & Harre, R. (1999). Positioning and personhood. In R. Harre & L. van Langenhove (Eds.), *Positioning Theory* (pp. 33-52). Oxford: Blackwell Publishing.

Davis, J. (2004). Disability and childhood: Deconstructing the stereotypes. In J. Swain, S. French, C. Barnes & C. Thomas (Eds.), *Disabling barriers-enabling environments* (pp. 142-148). London: Sage.

Davis, J. (2009). Involving children In E. K. M. Tisdall, J. Davis & M. Gallagher (Eds.), *Researching with children and young people - research design, methods and analysis* (pp. 154-167). London: Sage.

Davis, J., & Edwards, R. (2004). Setting the agenda: social inclusion, children and young people. *Children & Society, 18*(2), 97.

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.

Davis, P. (2007). Storytelling as a democratic approach to data collection: interviewing children about reading. *Educational Research 49*(2), 169-184.

de Chavez, A.C., Backett-Milburn, K., Parry, O., & Platt, S. (2005). Understanding and researching wellbeing: Its usage in different disciplines and potential for health research and health promotion. *Health Education Journal, 64*(1), 70-87.

De Vet, E., Waitt, G., & Gorman-Murray, A. (2012). "How dare you say that about my friend": Negotiating disability and identity within Australian high schools. *Australian Geographer, 43*(4), 377-391.

DeFina, A. (2009). Narratives in interview - the case of accounts: For an interactional approach to narrative genres. *Narrative Inquiry, 19*(2), 233-258.

DeFina, A., & Georgakopoulou, A. (2008). Analysing narratives as practices. *Qualitative Research, 8*(3), 379-387.

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

Department of Education and Science. (2005). Special education circular SP ED 02/05: Organisation of teaching resources for pupils who need additional support in mainstream primary schools.   Retrieved 10th December 2012, from http://www.ncse.ie/uploads/1/Circular_sp02_05.pdf

Department of Education and Science. (2007). Criteria for enrolment in special classes for pupils with specific speech and language disorder.   Retrieved 8th December 2012, from http://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0038_2007.doc

Department of Education and Science. (2013). Primary Education.   Retrieved 24th March 2013, from http://www.education.ie/en/The-Education-System/Primary/

Department of Health. (2010). Equality and excellence: Liberating the NHS.   Retrieved 13th November 2012, from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213823/dh_117794.pdf

Department of Health and Children. (2000). The national children's strategy: Our children-their lives.   Retrieved 15th March 2012, from http://childrensdatabase.ie/documents/publications/full_english_version.pdf

Devine, D., & Kelly, M. (2006). 'I just don't want to get picked on by anybody': dynamics of inclusion and exclusion in a newly multi-ethnic Irish primary school. *Children & Society, 20*, 128-139.

Docherty, S. , & Sandelowski, M. . (1999). Interviewing children. *Research in Nursing and Health, 22*, 177-185.

Dockett, S., & Perry, B. (2007). Trusting children's accounts in research. *Journal of Early Childhood Research, 5*(1), 47-63.

Dockrell, J., Bakopoulou, I., Law, J., Spencer, S., & Lindsay, G. (2012). Communication supporting classrooms obervation tool.   Retrieved 8th April 2013, from www2.warwick.ac.uk/fac/soc/cedar/better/cscobsvtl/bcrp_communication_supporting_classrooms_observation_tool_march2013.pdf

Dockrell, J. E. (2004). How can studies of memory and language enhance the authenticity, validity and reliability of interviews? *British Journal of Learning Disabilities, 32*(4), 161.

Dockrell, J. E., & Lindsay, G. (2011). Cognitive and linguistic factors in the interview process. In S. Roulstone & S. McLeod (Eds.), *Listening to children and young people with speech, language and communication needs* (pp. 143-152). Croydon: J & R Press Ltd.

Dodd, B. (2011). Differentiating speech delay from disorder: Does it matter? *Topics in Language Disorders, 31*(2), 96-111.

Dodwell, K., & Bavin, E. (2008). Children with specific language impairment: an investigation of their narratives and memory. *International Journal of Language and Communication Disorders, 43*(2), 201-218.

Dolan, P. (2012). Travelling through social support and youth civic action on a journey towards resilience. In M. Ungar (Ed.), *The social ecology of resilience: A handbook of theory and practice* (pp. 357-366). London: Springer.

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.

Driessnack, M. (2005). Children's drawings as facilitators of communication: a meta-analysis. *Journal of Pediatric Nursing, 20*(6), 415-423.

Driessnack, M. (2006). Draw-and-tell conversations with children about fear. *Qualitative Health Research, 16*(10), 1414-1435.

Duchan, J. (2001). History of speech-language pathology.   Retrieved 23rd May 2013, from http://www.acsu.buffalo.edu/~duchan/

Duchan, J. (2002). Narrative and the elephant problem *Connect Conference, entitled Learning to listen, helping to tell* Retrieved 08/04/10, from http://www.acsu.buffalo.edu/~duchan/elephant.html

Duchan, J. (2004). Professional identity: then and now.   Retrieved 08/01/09 from www.speechpathology.com/articles/article_detail.asp?article_id=69

Duchan, J. (2011). How conceptual frameworks influence discovery and depictions of emotions in clinical relationships. *Topics in Language Disorders, 31*(4), 1-10.

Durkin, K., & Conti-Ramsden, G. (2007). Language, social behaviour, and the quality of friendships in adolescents with and without a history of specific language impairment. *Child Development, 78*(5), 1441-1457.

Durkin, K., & Conti-Ramsden, G. (2010). Young people with specific language impairments: a review of social and emotional functioning. *Child Language Teaching and Therapy, 26*(2), 105-121.

Earls, F., & Carlson, M. (2001). The social ecology of child health and well-being. *Annual Review of Public Health, 22*, 143-166.

Ehren, B. (2002). Speech-language pathologists contributing significantly to the academic success of high school students: A vision for professional growth. *Topics in Language Disorders, 22*(2), 60-80.

Elliot, J. (2007). *Using narrative in social research - qualitative and quantitative approaches* London: Sage Publications

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.

Emond, R. (2006). Reflections of a researcher on the use of a child-centred approach *The Irish Journal of Psychology, 27*(1-2), 97-104.

Enderby, P., & Phillip, R. (1986). Speech and language handicap: Knowing the size of the problem. *British Journal of Disorders of Communication, 21*, 151-165.

Engel, S. (2005). Narrative analysis of children's experiences. In S. Greene & D. Hogan (Eds.), *Researching children's experience: Approaches and methods* (pp. 199-216). London: Sage Publications.

Epstein, I, Stevens, B., McKeever, P., & Baruchel, S. (2006). Photo elicitation interview (PEI): using photos to elicit children's perspectives. *International Journal of Qualitative Methods, 5*(3), 1-9.

Epstein, S, & Phillips, J. (2009). Storytelling skills of children with specific language impairment. *Child Language Teaching and Therapy, 25*(3), 285-300.

Erikson, E. (1995). *Childhood and society*. London: Vintage.

Fairclough, N. (2001). *Language and power* (2nd ed.). Harlow, Essex: Pearson Education Limited.

Fattore, T., Mason, J., & Watson, E. (2006). Children's conceptualising of their well-being. *Social Indicators Research, 80*, 5-29.

Feeney, R., Desha, L., Ziviani, J., & Nicholson, J. (2012). Health-related quality-of-life of children with speech and language difficulties: A review of the literature. *International Journal of Speech-Language Pathology, 14*(1), 59-72.

Finkelstein, V. (2004). Representing disability. In J. Swain, S. French, C. Barnes & C. Thomas (Eds.), *Disabling barriers- enabling environments* (pp. 13-20). London: Sage Publications.

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.

Fivush, R., & Bucker, J. (2003). Creating gender and identity through autobiographical narratives. In R. Fivush & C. Haden (Eds.), *Autobiographical memory and the construction of a narrative self* (pp. 149-167). London: Lawrence Erlbaum Associates

Fivush, R., Habermas, T., Waters, T., & Zaman, W. (2011). The making of autobiographical memory: Intersections of culture, narratives and identity. *International Journal of Psychology, 46*(5), 321-345.

Fivush, R., & Nelson, K. (2004). Culture and language in the emergence of autobiographical memory. *Psychological Science, 15*(9), 573-577.

Fletcher, P. (2009). Syntax in child language disorders. In R. Schwartz (Ed.), *Handbook of language disorders* (pp. 388-405). Hove: Psychology Press.

Fourie, R., Crowley, N., & Oliviera, A. (2011). A qualitative exploration of therapeutic relationships from the perspective of six children receiving speech-language therapy. *Topics in Language Disorders, 31*(4), 310-324.

France, A., Bendelow, G. , & Williams, S. . (2000). A 'risky' business: researching the health beliefs of children and young people. In A. Lewis & G. Lindsay (Eds.), *Researching Children's Perspectives*. Buckingham: Open University Press.

Frank, A. (2000). The standpoint of storyteller. *Qualitative Health Research, 10*(3), 354-365.

Frank, A. (2004). After methods, the story: from incongruity to truth in qualitative research *Qualitative Health Research, 14*(3), 430-440.

Frank, A. (2005). What is dialogical research and why should we do it? *Qualitative Health Research, 15*(7), 964-974.

Frank, A. (2010). *Improving our companionship with stories (Masterclass)*. Paper presented at the Centre for Transformative Narrative Inquiry at the Department of Adult and Community Education, NUI Maynooth, National University of Ireland, Maynooth

Frank, G., & Polkinghorne, D. (2010). Qualitative research in occupational therapy: from the first to the second generation. *OTJR: Occupation, Participation and Health, 30*(2), 51-57.

Freeman, M., & Mathison, S. (2009). *Researching children's experiences*. London: The Guilford Press.

Frost, N. (2009). 'Do you know what I mean?': the use of pluralistic narrative analysis approach in the interpretation of an interview. *Qualitative Research, 9*(1), 9-29.

Fujiki, M., Brinton, B., Hart, C., & Fitzgerald, A. (1999). Peer acceptance and friendship in children with specific language impairment. *Topics in Language Disorders, 19*, 34-48.

Fujiki, M., Brinton, B., Isaacson, T., & Summers, C. (2001). Social behaviors of children with language impairment on the playground: A pilot study. *Language Speech and Hearing Services in Schools, 32*(2), 101-113. doi: 10.1044/0161-1461(2001/008)

Gainer Sirota, K. (2010). Narratives of transformation: Family discourse, autism and trajectories of hope. *Discourse and Society, 21*(5), 544-564.

Gallacher, L.A., & Gallagher, M. (2008). Methodological immaturity in childhood research? Thinking through 'participatory methods'. *Childhood, 15*(4), 499-516.

Gallagher, M. (2008). "Power is not an evil": rethinking power in participatory methods. *Children's Geographies 6*(2), 137-150.

Gallagher, M. (2009). Data collection and analysis. In E. K. M. Tisdall, J. Davis & M. Gallagher (Eds.), *Researching with children and young people - research design, methods and analysis* (pp. 64-88). London: Sage.

Gardner, H., & Forrester, M. (2010). Introduction. In H. Gardner & M. Forrester (Eds.), *Analysing interactions in childhood - insights from conversation analysis* (pp. ix-xvi). Chichester: Wiley-Blackwell

Garth, B., & Aroni, R. (2003). 'I value what you have to say'. Seeking the perspective of children with a disability, not just their parents. *Disability & Society, 18*(5), 561-576.

Gelech, J., & Desjardins, M. (2010). I am many: the reconstruction of self following brain injury. *Qualitative Health Research, 21*(1), 62-74.

Geller, E. (2011). Using oneself as a vehicle for change in relational and reflective practice. In R. Fourie (Ed.), *Therapeutic processes for communication disorders: A guide for clinicians and students* (pp. 195-212). Hove: Psychology Press.

Gergen, K. (2009). *Relational being - beyond self and community* New York: Oxford University Press.

Gergen, K., & Gergen, M. (1986). Narrative form and the construction of psychological science. In T. R. Sarbin (Ed.), *Narrative psychology - the storied nature of human conduct* (pp. 22-44). London: Praeger.

Gergen, K., & Gergen, M. (2010). *Perspective on 'the narrative turn': where it's been and where it's bound (Keynote speech)*. Paper presented at the Narrative Matters 2010 - Exploring the narrative landscape: issues, investigations and interventions Fredericton, New Brunswick, Canada.

Gillam, R., & Pearson, N. (2004). *Test of Narrative Language*. Austin, Texas: Pro-Ed.

Gillham, B. (2000). *The research interview*. Cornwall: MPG Books.

Goffman, E. (1959). *The presentation of self in everyday life*. London: Penguin Books.

Goffman, E. (1963). *Stigma - notes of the management of spoiled identity*. London: Penguin Group.

Goldbart, J., & Marshall, J. (2011). Listening to proxies for children with speech, language and communication needs. In S. Roulstone & S. McLeod (Eds.), *LIstening to children and young people with speech, language and communication needs* (pp. 101-110). Croydon: J & R Press Ltd.

Goodenough, T., Williamson, E., Kent, J., & Ashcroft, R. . (2003). 'What did you think about that?' Researching children's perceptions of participation in a longitudinal genetic epidemiological study. *Children and Society, 17*, 113-125.

Graue, M.E., & Walsh, D. (1998). *Studying children in context: theories, methods, and ethics* London: Sage Publications

Green, J. & Thorogood, N. (2005). *Qualitative Methods for Health Research*. London: Sage Publications.

Greene, S. (2006). Child psychology: taking account of children at last? *The Irish Journal of Psychology, 27*(1-2), 8-15.

Greene, S., & Hill, M. (2005). Researching children's experience: methods and methodological issues. In S. Greene & D. Hogan (Eds.), *Researching children's experience - approaches and methods*. London: Sage Publications.

Greig, A., Taylor, J., & MacKay, T. (2007). *Doing research with children* (2nd ed.). London: Sage Publications Ltd.

Grove, N. (2000). *Narrative approaches in communication therapy- developmental perspectives*

Grove, N. (2005). *Ways into literature: Stories, plays and poems for pupils with SEN*. London: David Fulton Publishers.

Grove, N. (2007). Exploring the absence of high points in story reminiscence with carers of people with profound disabilities. *Journal of Policy and Practice in Intellectual Disabilities 4*(4), 252-260.

Grover, S. . (2004). Why don't they listen to us? On giving power and voice to children participating in social research. *Childhood, 11*(1), 81-93.

Groves, L. (2008). *Communication with different children* Listening to children: research and consultation course 2008. University of Edinburgh.

Guay, F., Larose, S., & Boivin, M. (2004). Academic self-concept and educational attainment level: a ten-year longitudinal study. *Self and Identity, 3*, 53-68.

Habermas, T. (2012). *'What is so special about life narratives? Don't small stories do the whole job?'*. Paper presented at the Narrative Matters Conference, Paris.

Habermas, T., & Bluck, S. . (2000). Getting a life: the emergence of the life story in adolescence. *Psychological Bulletin, 126*(5), 748-769.

Habermas, T., & Paha, C. (2001). The development of coherence in adolescent's life narratives. *Narrative Inquiry, 11*(1), 35-54.

Hagstrom, F. (2004). Including identity in clinical practices. *Topics in Language Disorders, 24*(3), 225-238.

Hagstrom, F., & Wertsch, J. (2004). Grounding professional identity for professional practice. *Topics in Language Disorders, 24*(3), 162-173.

Hammer, S.C. (1998). Toward a "thick description" of families: using ethnography to overcome the obstacles to providing family-centered early intervention services. *American Journal of Speech-Language Pathology, 7*(1), 5-22.

Harris, E., Doyle, E., & Greene, S. (2011). Growing up in Ireland, National Longitudinal Study of Children: The findings of the qualitative study. Dublin: Department of Health and Children.

Hart, R. (1992). Ladder of young people's participation.   Retrieved 3rd May 2008, from http://www.freechild.org/ladder.htm

Harter, S. (1993). Visions of self: Beyond the me in the mirror. In J. Jacobs (Ed.), *Developmental perspectives on motivation* (pp. 99-144). Lincoln: University of Nebraska Press.

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.

Heary, C., & Hennessy, E. (2002). The use of focus group interviews in pediatric health care research *Journal of Pediatric Psychology, 27*(1), 47-57.

Heary, C., & Hennessy, E. (2006). Focus groups versus individual interviews with children: a comparison of data. *The Irish Journal of Psychology, 27*(1-2), 58-68.

Heuchemer, B., & Josephsson, S. (2006). Leaving homelessness and addiction: Narratives of an occupational transition. *Scandanavian Journal of Occupational Therapy, 13*(3), 160-169.

Hibbert, P., Coupland, C., & MacIntosh, R. (2010). Reflexivity: Recursion and relationality in organisational research processes. *Qualitative Research in Organisations and Management: An International Journal, 5*(1), 47-62.

Hick, R., Botting, N., & Conti-Ramsden, G. (2005). Cognitive abilities in children with specific language impairment: consideration of visuo-spatial skills. *International Journal of Language & Communication Disorders, 40*(2), 137-149.

Hill, E. (2001). Non-specific nature of specific language impairment: a review of the literature with regard to concomitant motor impairments. *International Journal of Language & Communication Disorders, 36*(2), 149-171.

Hill, M. (1997). Participatory research with children *Child and Family Social Work, 2*(171-183).

Hill, M. (2005). Ethical considerations in researching children's experiences. In S. Greene & D. Hogan (Eds.), *Researching Children's Experience* (pp. 61-86). London: Sage Publications

Hill, M., Davis, J, Prout, A, & Tisdall, K. (2004). Moving the participation agenda forward. *Children & Society, 18*(2), 77.

Hill, M., Laybourne, A., & Borland, M. (1996). Engaging with primary-aged children about their emotions and well-being: methodological considerations. *Children and Society, 10*, 129-144.

Hodge, N. (2008). Evaluating Lifeworld as an emancipatory methodology. *Disability & Society, 23*(1), 29-40.

Holliday, E., Harrison, L., & McLeod, S. (2009). Listening to children with communication impairment talking through their drawings. *Journal of Early Childhood Research, 7*(3), 244-263.

Holstein, J., & Gubrium, J. (2000). *The self we live by - narrative identity in a postmodern world* Oxford: Oxford University Press.

Horner, S. . (2000). Using focus groups with middle school children. *Research in Nursing and Health, 23*, 510-517.

Huber, M., Knottnerus, J., Green, L., van der Horst, H., Jadad, A., Kromhout, D. , . . . Smid, H. . (2011). How should we define health? *British Medical Journal, 343*, d4163.

Hudson, J., & Shapiro, L. (1991). From knowing to telling: the development of children's scripts, stories and personal narratives In A. McCabe & C. Peterson (Eds.), *Developing narrative structure* (pp. 89-136). Hillsdale: Lawrence Erlbaum Associates

IASLT. (2007). Specific speech and language impairment in children: Definition, service provision, and recommendations for change.   Retrieved 8th December 2012, from www.**iaslt**.ie/docs/.../**IASLT**%20Scope%20of%20Practice%20.pdf

ICAN. (2012). ICAN-helps children communicate. 13th December 2012, from http://www.ican.org.uk/

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.

Ireland, L., & Holloway, I. (1996). Qualitative health research with children *Children & Society*, 155-164.

Irwin, L.G., & Johnson, J. . (2005). Interviewing young children: explicating our practices and dilemmas *Qualitative Health Research, 15*(6), 821-831.

Jagoe, C., & Walsh, I. (2013). *Mental health and well-being in speech and language therapy: Witnessing hope as a therapeutic dynamic*. Paper presented at the Irish

Association of Speech and Language Therapists Conference, Talking heads: Speech and language therapy in the current context Dublin.

James, A. . (2001). Ethnography in the study of children and childhood In P. Atkinson, A. Coffey, S. Delamont, J. Lofland & L. Lofland (Eds.), *Handbook of Ethnography*. London: Sage Publications

James, A., & James, A. (2008). *Key concepts in childhood studies* London: Sage.

James, W. (1890). *Principles of Psychology (2 vols)*. Chicago: Encyclopedia Brittanica.

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.

Joffe, V. (2005). What can speech and language therapy offer adolescents with severe language impairments? *Afasic news, Spring/Summer*.

Joffe, V. (2013). *Keynote opening address*. Paper presented at the Irish Association of Speech and Language Therapists Conference, Talking heads: Speech and language therapy in the current context Dublin.

Joffe, V., Cruice, M., & Chiat, S. (2008). Language disorders in children and adults: Current themes, issues and conenctions. In V. Joffe, M. Cruice & S. Chiat (Eds.), *Language disorders in children and adults* (pp. xi-xxvii). Chichester: Wiley-Blackwell.

Johnson, C., Beitchman, J., Young, A., Escobar, M., Atkinson, L, Wilson, B., . . . Wang, M. (1999). Fourteen-year follow-up of children with and without speech/language impairments: speech/language stability and outcomes. *Journal of Speech, Language, and Hearing Research, 42*, 744-760.

Johnston, P. (2004). *Choice words: How our language affects children's learning*. Portland, Maine: Stenhouse Publishers.

Jokinen, P., Lappalainen, M., Merilainen, P., & Pelkonen, M. (2002). Ethical issues in ethnographic nursing research with children and elderly people. *Scandinavian Journal of Caring Sciences, 16*(2), 165.

Josephsson, S., Asaba, E., Jonsson, H., & Alsaker, S. (2006). Creativity and order in communication: implications from philosophy to narrative research concerning human occupation. *Scandinavian Journal of Occupational Therapy, 13*, 86-93.

Josselson, R. (2004). The hermeneutics of faith and the hermeneutics of suspicion *Narrative Inquiry, 14*(1), 1-28.

Josselson, R. (2010). *"Bet you think this song is about you" - whose narrative is it in narrative research? (keynote speech)* Paper presented at the Narrative Matters 2010 - Exploring the narrative landscape: issues, investigations and interventions Fredericton, New Brunswick, Canada.

Kamhi, A. (2004). A meme's eye view of speech-language pathology *Language, Speech, and Hearing Services in Schools, 35*, 105-111.

Kathard, H. (2006). On becoming someone: self-identity as able. *Advances in Speech-Language Pathology, 8*(2), 79-91.

Kelley, P., Hood, S., & Mayall, B. (1998). Children, parents and risk. *Health and Social Care in the Community, 6*(1), 16-24.

Kelly, B. (2007). Methodological issues for qualitative research with learning disabled children *International Journal of Social Research Methodology, 10*(1), 21-35.

Kelly, B. . (2005). 'Chocolate … makes you autism': impairment, disability and childhood identities. *Disability & Society, 20*(3), 261-275.

Kinavey, C. (2006). Explanatory models of self-understanding in adolescents born with spina bifida. *Qualitative Health Research, 16*(8), 1091-1107.

Kirova, A. (2003). Accessing children's experiences of loneliness through conversation. *Field Methods, 15*(1), 3-24.

Kleres, J. (2010). Emotions and narrative analysis. *Journal of the Theory of Social Behaviour*, 1-19.

Knox, E., & Conti-Ramsden, G. (2003). Bullying risks for children with specific language impairment (SLI): does school placement matter? *International Journal of Language and Communication Disorders, 38*(1), 1-12.

Knox, E., & Conti-Ramsden, G. (2007). Bullying in young people with a history of specific language impairment (SLI). *Educational Child Psychology, 24*(4), 130-141.

Kovarsky, D. (2008). Representing voices from the life-world in evidence-based practice. *International Journal of Language and Communication Disorders, 43*(S1), 47-57.

Koven, M. (2002). The analysis of speaker role inhabitance in narratives of personal experience. *Journal of Pragmatics, 34*, 167-217.

Lampropoulou, S. (2011). Having a say: Direct speech representation in Greek youth storytelling. *Journal of Pragmatics, 43*, 3374-3386.

Lascelles, L. (2011). Tuning into children with speech and language impairment. In S. Roulstone & S. McLeod (Eds.), *Listening to childrena dn young people with speech, language, and communication needs* (pp. 13-14). Albury: J & R Press.

Lascelles, L. (2012). *Tuning into children and young people*. Paper presented at the Listening to children and young people with speech language and communication needs, University of West of England, Bristol.

Law, J. (2001). Developmental language disorders: the preschool years. In W. Rinaldi (Ed.), *Language Difficulties in an Educational Context*. London: Whurr Publications.

Law, J., Boyle, J., Harris, F., Harkness, A., & Nye, C. (2000). Prevalence and natural history of primary speech and language delay: Findings from a systematic review. *International Journal of Language and Communication Disorders, 35*(2), 165-188.

Law, J., Garrett, Z., & Nye, C. (2004). The Efficacy of Treatment for Children With Developmental Speech and Language Delay/Disorder: A Meta-Analysis. *J Speech Lang Hear Res, 47*(4), 924-943. doi: 10.1044/1092-4388(2004/069)

Laws, G., Bates, G., Feuerstein, M., Mason-Apps, E., & White, C. (2012). Peer acceptance of children with language and communication impairments in mainstream primary school: Associations with type of language difficulty, problem behviours, and a change in placement organisation. *Child Language Teaching and Therapy, 28*(1), 73-86.

Lees, J, & Urwin, S. (1991). *Children with language disorders*. London: Whurr Publishers.

Leonard, L.B. (2000). *Children with specific language impairment*. London: Massachusetts Institute of Technology (MIT).

Lewis, A, Davison, I., Ellins, J., Parsons, S, & Robertson, C. (2007). My school, my family, my life: telling it like it is in Wales - a study drawing on the experiences of disabled children, young people and their families in Great Britain *Disability Rights Commission* University of Birmingham.

Lewis, A. (2011). Silence in the context of 'child voice'. *Children and Society, 24*, 14-23.

Lewis, A., Parsons, S., & Smith, P. (2007). *Understanding of epilepsy by children with, or without, epilepsy*. University of Birmingham. Birmingham

Lewis, J., Sarre, S., & Burton, J. (2007). Dependence and independence: Perceptions and management of risk in respect of children aged 12-16 in families with working parents. *Community, Work and Family, 10*(1), 75-92.

Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research - reading, analysis and interpretation*. London: Sage Publications

Liles, B. (1993). Narrative discourse in children with language disorders and children with normal language: a critical review of the literature. *Journal of Speech and Hearing Research, 36*, 868-882.

Liles, B., Duffy, R., Merritt, D., & Purcell, S. (1995). Measurement of narrative discourse ability in children with language disorders. *Journal of Speech and Hearing Research 38*, 415-425.

Lincoln, Y., & Guba, E. (2000). Paradigmatic controversies, contradictions, and emerging confluences. In N. Denzin & E. Guba (Eds.), *Handbook of qualitative research* (pp. 163-188). London: Sage Publications.

Lindsay, G., & Dockrell, J. (2000). The behaviour and self-esteem of children with specific speech and language difficulties *British Journal of Educational Psychology 70*, 583-601.

Lindsay, G., Dockrell, J. E., & Palikara, O. (2010). Self-esteem of adolescents with specific language impairment as they move from compulsory education. *International Journal of Language & Communication Disorders, 45*(5), 561-571.

Lindsay, G., Dockrell, J. E., & Strand, S. (2007). Longitudinal patterns of behaviour problems in children with specific speech and language difficulties: child and contextual factors. *British Journal of Educational Psychology, 77*, 811-828.

Lindsay, G., Dockrell, J., & Mackie, C. (2008). Vulnerability to bullying in children with a history of specific speech and language difficulties *European Journal of Special Needs Education 23*(1), 1-16.

Lloyd, V., Gatherer, A., & Kalsy, S. (2006). Conducting qualitative interview research with people with expressive language difficulties *Qualitative Health Research, 16*(10), 1386-1404.

Lyons, R., Byrne, M., Corry, T., Lalor, L., Ruane, H., Shanahan, R., & McGinty, C. (2008). Am examination of how speech and language therapists assess and diagnose children with specific language impairment in Ireland. *International Journal of Language & Communication Disorders, 10*(6), 425-437.

Markham, C., & Dean, T. . (2006). Parents' and professionals' perceptions of quality of life in children with speech and language difficulty. *International Journal of Language and Communication Disorders, 41*, 189-212.

Markham, C., van Laar, D., Gibbard, D., & Dean, T. (2009). Children with speech, language and communication needs: their perceptions of their quality of life. *International Journal of Language and Communication Disorders, 44*(5), 748-768.

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.

Mason, J. . (2002). *Qualitative Researching*. London: Sage Publications.

Mason, J. . (2005). *Qualitative Researching* (2nd edition ed.). London: Sage Publications.

Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Forum: Qualitative social research, 11*(3). http://www.qualitative-research.net/index.php/fqs/article/view/1428/3027

Mattingly, C. (1998). *Healing dramas and clinical plots - the narrative structure of experience*. Cambridge: Cambridge University Press.

Mauthner, M. (1997). Methodological aspects of collecting data from children: lessons from three research projects *Children & Society, 11*, 16-28.

Maybin, J. (2006). *Children's voices: talk, knowledge and identity*. Basingtonstoke Palgrave Macmillan

Mayer, M. (1969). *Frog, where are you?* New York: Dial.

Mays, N., & Pope, C. (1995). Qualitative research: Rigour and qualitative research. *British Medical Journal, 311*, 109-112.

McAdams, D. (2001). The psychology of life stories. *Review of General Psychology, 5*(2), 100-122.

McAdams, D. (2003). Identity and the life story. In R. Fivush & C. Haden (Eds.), *Autobiographical memory and the construction of a narrative self - developmental and cultural perspectives* (pp. 187-207). London: Laurence Erlbaum Associates.

McAdams, D., Josselson, R., & Lieblich, A. (2006). Introduction. In D. McAdams, R. Josselson & A. Lieblich (Eds.), *Identity and story - creating self in narrative* (pp. 3-11). Washington DC: American Psychological Association

McArthur, G.M., Hogben, J.H., Edwards, V.T., Heath, S.M., & Mengler, E.D. (2000). On the 'specifics' of specific reading disability and specific language impairment. *Journal of Child Psychology and Psychiatry, 41*(7), 869-874.

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.

McCance, T., McKenna, H., & Boore, J. (2001). Exploring caring using narrative methodology: an analysis of the approach. *Journal of Advanced Nursing, 33*(3), 350-356.

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.

McGregor, K. (2009). Semantics in child language disorders. In R. Schwartz (Ed.), *Handbook of language disorders* (pp. 365-387). Hove: Psychology Press.

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. (2011). Listening to children and young people with speech, language and communication needs. In S. Roulstone & S. McLeod (Eds.), *Listening to children and young people with speech, language and communication needs* (pp. 23-40). Guildford: J & R Press.

McLeod, S., & Bleile, K. (2004). The ICF: a framework for setting goals for children with speech impairment. *Child Language Teaching and Therapy, 20*(3), 199-219.

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.

McLeod, S., Graham, D., & 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.

McLeod, S., Harrison, L., & McCormack, J. (2012). The intelligibility in context scale: Validity and reliability of a subjective rating measure. *Journal of Speech, Language, and Hearing Research, 55*(648-656).

McLeod, S., McCormack, J., McAllister, L., Harrison, L., & Holliday, E. (2011). Listening to 4-to 5-year old children with speech impairment using drawings, interviews and questionnaires *Listening to children and young people with*

speech, language and communication need (pp. 179-193). Croyden: J & R Publishers.

McLeod, S., & McKinnon, D. (2007). Prevalence of communication disorders compared with other learning needs in 14,500 primary and secondary school students. *International Journal of Language and Communication Disorders, 42*(S1), 37-59.

McLeod, S., & McKinnon, D. (2007). Prevalence of communication disorders compared with other learning needs in 14,500 primary and secondary school students. *International Journal of Language & Communication Disorders, 42*(s1), 37-59. doi: doi:10.1080/13682820601173262

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 Disabiliites 36*(4), 363-381.

McVittie, C., Goodall, K., & McKinlay, A. (2008). Resisting having learning disabilities. *British Journal of Learning Disabilities, 36*, 256-262.

Meadows, S. (2010). *The child as social person*. London: Routledge.

Merrick, R. (2010). *Children's views and speech and language therapy*. Unpublished PhD. Unpublished PhD. University of the West of England. Bristol.

Merrick, R. (2011). Ethics, consent, and assent. In S. Roulstone & S. McLeod (Eds.), *Listening to children and young people with speech, language, and communication needs* (pp. 61-72). Croyon: J & R Press.

Merrick, R., & Roulstone, S. (2011). Children's views of communication and speech-language pathology. *International Journal of Speech-Language Pathology, 13*(4), 281-290.

Merriman, B, & Guerin, S. (2006). Using children's drawings as data in child-centred research. *The Irish Journal of Psychology, 27*(1-2), 48-57.

Meschi, E., Vignoles, A., & Lindsay, G. (2010). Am investigation of pupils with speech, language and communication needs (SLCN). In G. Lindsay, J. Dockrell, J. Law & S. Roulstone (Eds.), *Better Communication Research Programme First Interim Report*. Nottingham: Department of Education.

Miller, P., Potts, R., Fung, H., Hoogstra, L., & Mintz, J. (1990). Narrative practices and the social construction of self in childhood. *American Ethnologist, 17*(2), 292-311.

Mills, J., Bonner, A., & Francis, K. (2006). The development of constructivist grounded theory. *International Journal of Qualitative Methods, 5*(1), 1-10.

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.

Mishler, E. . (1986). *Research interviewing - context and narrative* London: Harvard University Press.

Miskelly, C., & Roulstone, S. (2011). Issues and assumptions of participatory research with children and young people with speech, language and communication needs. In S. Roulstone & S. McLeod (Eds.), *Listening to children and young people with speech, language and communication needs* (pp. 73-85). Albury: J & R Publishers.

Mitchell, W., & Sloper, P. (2001). Quality of services for disabled children and their families: what can theory, policy and research on children's and parent's views tell us? *Children and Society, 15*, 237-252.

Moen, T. (2006). Reflections on the narrative research approach *International Journal of Qualitative Methods, 5*(4), 1-11.

Montgomery, J. (2006). Real time language processing in school-age children with specific language impairment. *International Journal of Language & Communication Disorders, 41*(3), 275-291.

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.

Morris, J. (2003). Including all children: finding out about the experiences of children with communication and/or cognitive impairments. *Children & Society, 17*(337-348).

Morrow, V. (2006). Understanding gender differences in context: implications for young children's everyday lives *Children & Society, 20*, 92-104.

Morrow, V, & Richards, M. (1996). The ethics of social research with children: an overview. *Children & Society, 10*, 90-105.

Mossige, S., Jensen, T., Gulbrandsen, W., Reichelt, S., & Tjersland, O.A. (2005). Children's narratives of sexual abuse - what characterises them and how do they contribute to meaning-making? *Narrative Inquiry, 15*(2), 377-404.

Myers, L, Davies-Jones, C, Chiat, S, Joffe, V, & Botting, N. (2011). 'A place where I can be me': a role for social and leisure provision to support young people with language impairment. *International Journal of Language & Communication Disorders, 46*(6), 739-750. doi: 10.1111/j.1460-6984.2011.00048.x

Nelson, K. (1993). The psychological and social origins of autobiographical memory. *Psychological Science, 4*(1), 7-14.

Nelson, K. (2003). Narrative and self, myth and memory: emergence of the cultural self. In R. Fivush & C. Haden (Eds.), *Autobiographical memory and the construction of a narrative self- developmental and cultural perspectives* (pp. 3-28). London: Laurence Erlbaum Associates.

Newbury, D., & Monaco, A. (2009). The application of molecular genetics to the study of developmental language disorder. In C. Norbury, J. B. Tomblin & D. Bishop (Eds.), *Understanding developmental language disorders-from theory to practice* (pp. 79-91). Hove: Psychology Press.

Newman, R., & McGregor, K. (2006). Teacher and laypersons discern quality differences between narratives produced by children with or without SLI. *Journal of Speech, Language, and Hearing Research, 49*, 1022-1036.

Nic Gabhainn, S, & Sixsmith, J. (2005). *Children's understandings of well-being*. National Children's Office Dublin

Nic Gabhainn, S, & Sixsmith, J. (2006). Children photographing well-being: facilitating participation in research. *Children and Society, 20*(249-259).

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.

Norbury, C., Tomblin, J.B., & Bishop, D. (2009). *Understanding developmental language disorders: From theory to practice*. Hove: Psychology Press.

Norrick, N. (2000). *Conversational narrative - storytelling in everyday talk*. Amsterdam John Benjamins Publishing Company

Northcott, S., & Hilari, K. (2011). Why do people lose their friends after a stroke? *International Journal of Language & Communication Disorders, 46*(5), 524-534.

O' Kane, C. (2002). The development of participatory techniques. In P. Christensen & A. James (Eds.), *Research with children: perspectives and practices*. London: Falmer Press.

O'Neill, O. (1984). Paternalism and partial autonomy. *Journal of Medical Ethics, 10*, 173-178.

Ochs, E., & Capps, L. (2001). *Living narrative - creating lives in everyday storytelling*. London: Harvard University Press.

Ochs, E., Smith, R., & Taylor, C. (1989). Detective stories at dinnertime: Problem-solving through co-narration. *Cultural Dynamics, 2*, 238-257.

Oliver, M. (2004). If I had a hammer: The social model in action. In J. Swain, S. French, C. Barnes & C. Thomas (Eds.), *Disabling barriers-enabling environments* (pp. 8-12). London: Sage Publications.

Owen, R., Hayett, L. , & Roulstone, S. (2004). Children's views of speech and language therapy in school: consulting children with communication difficulties. *Child Language Teaching and Therapy, 20*(1), 55-73

Owens, J. (2007). Liberating voices through narrative methods: the case for an interpretive research approach. *Disability & Society, 22*(3), 299-313.

Palikara, O., Lindsay, G., & Dockrell, J. E. (2009). Voices of young people with a history of specific language impairment (SLI) in the first year of post-16 education. *International Journal of Language & Communication Disorders, 44*(1), 56-78.

Park, M. (2008). Making scenes - imaginative practices of a child with autism in a sensory integration-based therapy session. *Medical Anthropology, 22*(3), 234-256.

Parr, S. (2007). Living with severe aphasia: tracking social exclusion. *Aphasiology, 21*(1), 98-123.

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.

Patterson, W. (2008). Narratives of events: Labovian narrative analysis and its limitations. In M. Andrews, C. Squire & M. Tamboukou (Eds.), *Doing narrative research* (pp. 22-40). London: Sage.

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.

Percy-Smith, B. (2011). Children's voice and perspectives: The struggle for recognition, meaning, and effectiveness In S. Roulstone & S. McLeod (Eds.), *Listening to children and young people with speech, language and communication needs* (pp. 41-53). Croydon: J & R Press Ltd.

Peterson, C., & Biggs, M. (2001). "I was really, really, really mad!" Children's use of evaluative devices in narratives about emotional events. *Sex Roles, 45*(11/12), 801-825.

Peterson, C., & McCabe, A. (1983). *Developmental psycholinguistics - three ways of looking at a child's narrative*. London: Plenum Press.

Phoenix, A. (2008). Analysing narrative contexts. In M. Andrews, C. Squire & M. Tamboukou (Eds.), *Doing narrative research* (pp. 64-77). London: Sage.

Phoenix, C., & Sparkes, A. (2009). Being Fred: big stories, small stories and the accomplishment of a positive ageing identity *Qualitative Research, 9*, 219-236.

Pinkerton, J. (2004). Children's participation in the policy process: some thoughts in policy evaluation based on the Irish National Children's Strategy *Children & Society, 18*, 119-130.

Pinkerton, J, & Dolan, P. (2007). Family support, social capital, resilience and adolescent coping. *Child and Family Social Work, 12*(219-228).

Plummer, K. (2001). *Documents of life 2 - an invitation to critical humanism* London: Sage.

Polkinghorne, D. (1988). *Narrative knowing and the human sciences*. Albany: State University of New York Press

Polkinghorne, D. (1995). Narrative configuration in qualitative analysis. *Qualitative Studies in Education, 8*(1), 5-25.

Polkinghorne, D. (2007). Validity issues in narrative research *Qualitative Inquiry, 13*(4), 471-486.

Pollard, E., & Lee, P. (2003). Child well-being: A systematic review of the literature. *Social Indicators Research, 61*, 59-79.

Pound, C. (2011). *Revisting relationships in therapy and beyond*. Paper presented at the IASLT Conference, Dublin.

Prosser, J., Clark, A., & Wiles, R. (2008). Visual research ethics at the crossroads *Realities, part of the ESRC National Centre for Research Methods*. Manchester: University of Manchester.

Prout, A. (2002). Researching children as social actors: an introduction to the children 5-16 programme. *Children & Society, 16*, 67-76.

Rabiee, P., Sloper, P., & Beresford, B. (2005). Doing research with children and young people who do not use speech for communication *Children & Society, 19*, 385-396.

Rannard, A., & Glenn, S. (2009). Self-esteem in children with speech and language impairment: an exploratory study of transition from language units to mainstream school. *Early Child Development and Care, 179*(3), 369-380.

Rapley, M., Kiernan, P., & Antaki, C. (1998). Invisible to themselves or negotiating identity? The interactional management of 'being intellectually disabled' *Disability & Society, 13*(5), 807-827.

RCSLT. (2009). Resource manual for commissioning and planning services for SLCN. Retrieved 250712, from http://www.rcslt.org/speech_and_language_therapy/commissioning/sli_plus_intro

Reed, V. (2005). *An Introduction to Children with Language Disorders* (Third ed.). Boston Pearson Education Inc.

Reese, E., Haden, C., Baker-Ward, L., Bauer, P., Fivush, R., & Ornstein, P. (2011). Coherence of personal narratives across the lifespan: A multidimensional model and coding method. *Journal of Cognition and Development, 12*(4), 424-462.

Reid, G., & Fawcett, A. (2008). The case for dyslexia-friendly schools. In G. Reid & A. Fawcett (Eds.), *Dyslexia in context: Research, policy, and practice* (pp. 223-236). London: Whurr.

Rhodes, P., Nocon, A., Small, N., & Wright, J. (2008). Disability and identity: the challenge of epilepsy. *Disability & Society, 23*(4), 385-395.

Richmond, H. (2002). Learner's lives - a narrative analysis. *The Qualitative Report.* Retrieved 24/02/10, 2010, from http://www.nova.edu/ssss/QR/QR7-3/richmond.html

Ricoeur, P. (1980). Narrative time. *Critical Inquiry, 7*(1), 169-190.

Ricoeur, P. (1984). *Time and narrative - volume 1*. London: The University of Chicago Press.

Riessman, C. (2008). *Narrative methods for the human sciences*. London: Sage Publications.

Riessman, C., & Quinney, L. (2005). Narrative in social work. *Qualitative Social Work, 4*(4), 391-412.

Riessman, C., & Speedy, J. (2007). Narrative inquiry in the psychotherapy professions - a critical review. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry - mapping a methodology* (pp. 426-456). London: Sage.

Riley, T., & Hawe, P. (2005). Researching practice: the methodological case for narrative inquiry. *Health Education Research, 20*(2), 226-236.

Ripich, D., & Griffith, P. (1988). Narrative abilities of children with learning difficulties and nondisabled children: story structure, cohesion, and propositions. *Journal of Learning Disabilities, 21*(3), 165-173.

Ritchie, J., & Lewis, J. (2006). *Qualitative research practice - a guide for social science students and researchers* London: Sage Publications

Roulstone, S., & Lindsay, G. (2012). The perpsectives 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

Rutter, M. (2008). Diagnostic concepts and risk processes. In C. Fraser, J. B. Tomblin & D. Bishop (Eds.), *Understanding developmental language disorders: From theory to practice* (pp. 205-215). Hove: Psychology Press.

Sakiyama, M., Josephsson, S., & Asaba, E. (2011). What is participation? A story of mental illness, metaphor, and everyday occupation. *Journal of Occupational Science, 18*(1), in 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.

Sarbin, T.R. (2000). Worldmaking, self and identity. *Culture and Psychology, 6*, 253-258.

Saumure, K., & Given, L. . (2008). Data saturation. In L. Given (Ed.), The SAGE encyclopedia of qualitative research. Retrieved from http://srmo.sagepub.com/view/sage-encyc-qualitative-research-methods/n99.xml.

Savin-Baden, M., & Van Niekerk, L. (2007). Narrative inquiry: theory and practice. *Journal of Geography in Higher Education 31*(4), 459-472.

Schwartz, R. (2009). Specific language impairment. In R. Schwartz (Ed.), *Handbook of language disorders* (pp. 3-43). Hove: Psychology Press.

Scott-Hill, M. (2004). Impairment, difference and 'identity'. In J. Swain, S. French, C. Barnes & C. Thomas (Eds.), *Disabling barriers-enabling environments* (pp. 87-93). London: Sage.

Scott, J., Wishart, J., & Bowyer, D. (2006). Do current consent and confidentiality requirements impede or enhance research with children with learning disabilities. *Disability & Society, 21*(3), 373-287.

Sentenac, M., Arnaud, C., Gavin, A., Molcho, M., Nic Gabhainn, S., & Godneau, E. (2012). Peer victimization among school-aged children with chronic conditions. *Epidemiologic Review, 34*(1), 120-128.

Sentenac, M., Gavin, A., Arnaud, C., Molcho, M., Godeau, E., & Nic Gabhainn, S. (2011). Victims of bullying among students with a disability or chronic illness and their peers: a cross-national study between Ireland and France. *Journal of Adolescent Health, 48*(5), 461-466.

Shadden, B. (2005). Aphasia as identity theft: Theory and practice. *Aphasiology, 19*(3/4/5), 211-223.

Shakespeare, T. (2006). *Disability rights and wrongs*. Abingdon, Oxon: Routledge.

Shmotkin, D. (2005). Happiness in the face of adversity: Reformulating the dynamic and modular bases of subjective wellbeing. *Review of General Psychology, 9*(4), 291-325.

Silverman, D. (2005). *Doing qualitative research* (2nd ed.). London: Sage Publications.

Simkin, Z., & Conti-Ramsden, G. (2009). 'I went to a language unit': adolescents' views on specialist educational provision and their language difficulties. *Child Language Teaching and Therapy, 25*(1), 103-122.

Simmons-Mackie, N (2004). Cautiously embracing the ICF. *Advances in Speech-Language Pathology, 6*(1), 67-70.

Sixsmith, J., Nic Gabhainn, S., Fleming, C., & O'Higgins, S. (2007). Childrens', parents', and teachers' perceptions of child wellbeing. *Health Education, 107*(6), 511-523.

Slattery, M. (2003). *Key ideas in sociology*. Cheltenham: Nelson Thornes Limited.

Smith, B., & Phoenix, C. (2010). *Approaches to narrative analysis of qualitative data workshop (conference workshop)*. Paper presented at the Narrative Matters 2010- Exploring the narrative landscape - issues, investigations, and interventions, Fredericton, New Brunswick, Canada.

Smith, B., & Sparkes, A. (2006). Narrative inquiry in psychology: exploring the tensions within. *Qualitative Research in Psychology, 3*(3), 169-192.

Smith, B., & Sparkes, A. (2008). Contrasting perspectives on narrating selves and identities: an invitation to dialogue. *Qualitative Research, 8*(1), 5-35.

Smith, G. (2006). *Erving Goffman*. London: Routledge.

Snow, C. (1990). Building memories: The ontogency of autobiography. In D. Cecchetti & M. Beeghly (Eds.), *The self in transition: Infancy to childhood* (pp. 213-242). London: The University of Chicago Press.

Snow, P., Powell, M., & Murfett, R. (2009). Getting the story from child witnesses: exploring the application of a story grammar framework. *Psychology, Crime and Law, 15*(6), 555-568.

Snowling, M., Bishop, D.V.M., Stothard, S., Chipchase, B., & Kaplan, C. (2006). Psychosocial outcomes at 15 years of children with a preschool history of speech-language impairment. *Journal of Child Psychology and Psychiatry, 47*(8), 759-765.

Snyder, C. (2003). *Measuring hope in children*. Paper presented at the Indicators of Positive Development Conference, Washington DC.

Somers, M. (1994). The narrative constitution of identity: a relational and network approach. *Theory and Society, 23*, 605-649.

Sota, G., Hartman, E., & Wilkins, D. (2006). Exploring the elements of narrative that emerge in the interactions between an 8-year-old child who uses an AAC device and her teacher *Augmentative and Alternative Communication 22*(4), 231-241.

Soto, G., Hartman, E., & Wilkins, D. (2006). Exploring the elements of narrative that emerge in the interactions between an 8-year-old child who uses an AAC device and her teacher *Augmentative and Alternative Communication* 1-11.

Spaulding, T, Plante, E., & Farinella, K. (2006). Eligibility criteria for language impairment: is the low end of normal always appropriate? *Language, Speech, and Hearing Services in Schools, 37*, 61-72.

Spencer-Oatey, H. (2007). Theories of identity and the analysis of face. *Journal of Pragmatics, 39*, 639-656.

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.

Squire, C. (2008). Experience-centred and culturally-oriented approaches to narrative. In M. Andrews, C. Squire & M. Tamboukou (Eds.), *Doing narrative research* (pp. 41-63). London: Sage.

Statham, J., & Chase, E. (2010). Childhood wellbeing: A brief overview. Childhood Wellbeing Research Centre, Institute of Education, Loughborough University and University of Kent.

Steinberg, L., & Silverberg, S. (1986). The vicissitudes of autonomy in early adolescence. *Chidl Development, 57*, 841-851.

Steward, B. (2006). Strategic choices in research planning. In L. Finlay & C. Ballinger (Eds.), *Qualitative Research for Allied Health Professionals - Challenging Choices*. Chichester: Whurr Publishers.

Stoneham, G. (2001). Friendships skills in children with specific language impairment. *International Journal of Language and Communication Disorders, 36*(s1), 276-281.

Susinos, Teresa. (2007). Tell me in your own words: disabling barriers and social exclusion in young persons. *Disability & Society, 22*(2), 117 - 127.

Tajfel, H., & Turner, J. C. . (1986). The social identity theory of intergroup behaviour. In S. Worchel & W. Austin (Eds.), *Psychology of intergroup relations* (pp. 7-24). Chicago: Nelson-Hall.

TalkingPoint. (2012). Talking Point. 13th December 2012, from http://www.talkingpoint.org.uk/Parent.aspx

Tanggaard, L. (2009). The research interview as a dialogical context for the production of social life and personal narratives. *Qualitative Inquiry, 15*(9), 1498-1515.

Thomas, C. (2004). Disability and impairment. In J. Swain, S. French, C. Barnes & C. Thomas (Eds.), *Disabling barriers- enabling environments* (pp. 21-27). London: Sage.

Thomas, C. (2004). How is disability understood? An examination of sociological approaches. *Disability & Society, 19*(6), 569-583.

Thomas, N. , & O'Kane, C. (2000). Discovering what children think: connections between research and practice. *British Journal of Social Work, 30*, 819-835.

Thomas, N., & Percy-Smith, B. (2010). Introduction. In B. Percy-Smith & N. Thomas (Eds.), *A handbook of children and young people's participation: Perspectives from theory and practice* (pp. 1-7). Routledge: London.

Thompson, J.B. (2009). *Paul Ricoeur Hermeneutics and the Human Sciences*. Cambridge: Cambridge University Press.

Thornberg, R. (2011). 'She's weird!'-The social construction of bullying in school: a review of qualitative research. *Children and Society, 25*, 258-267.

Thorne, A. (2004). Putting the person into social identity. *Human Development, 47*, 361-363.

Tisdall, E. Kay M., Davis, J, & Gallagher, M. (2009). Introduction In E. K. M. Tisdall, J. Davis & M. Gallagher (Eds.), *Researching for children and young people- research design, methods and analysis* (pp. 1-10). London: Sage.

Tomblin, B., Records, N., Buckwalter, P., Zhang, X., Smith, E., & O'Brien, M. (1997). Prevalence of specific language impairment in kindergarten children. *Journal of Speech, Language, and Hearing Research, 40*(6), 1245-1260.

Tomblin, J.B. (2009). Genetics of child language disorders. In R. Schwartz (Ed.), *Handbook of language disorders* (pp. 232-256). Hove: Psychology Press.

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.

Tompkins, V., & Jeffrey Farrar, M. (2011). Mother's autobiographical memory and book narratives with children with specific language impairment. *Journal of Communication Disorders, 44*, 1-22.

Tsai, W., & Chang, C. (2008). "But I first....and then he kept picking" - narrative skill in Mandarin-speaking children with language impairment. *Narrative Inquiry, 18*(2), 349-377.

Tuval-Mashiach, R. (2006). "Where is the story going?" Narrative forms and identity construction in the life stories of Israeli men and women. In D. McAdams, R. Josselson & A. Lieblich (Eds.), *Identity and story - creating self in narrative* (pp. 249-268). Washington, DC: American Psychological Association

Ukrainetz, T., & Gillam, R. (2009). The expressive elaboration of imaginative narratives by children with specific language impairment. *Journal of Speech, Language, and Hearing Research 52*, 883-898.

UNCRC. (1989). United Nations Convention on the Rights of the Child Retrieved 19/12/08, from http://www.unicef.org/crc/

Uprichard, E. (2008). Children as 'being and becomings': Children, Childhood and Temporality. *Children and Society, 22*, 303-313.

Valentine, K. (2011). Accounting for agency. *Children and Society, 25*, 347-358.

van Langenhove, L., & Harre, R. (1999). Introducing positioning theory. In R. Harre & L. Langenhove (Eds.), *Positioning Theory* (pp. 14-31). Oxford: Blackwell Publishers.

Vygotsky, L.S. (1978). *Mind in society: the development of higher psychological processes*. Cambridge, MA: Harvard University Press.

Wadman, R, Botting, N., Durkin, K., & Conti-Ramsden, G. (2011). Changes in emotional health symptoms of adolescents with specific language impairment. *International Journal of Language & Communication Disorders, 46*(6), 641-656.

Ward, L. (1997). *Seen and Heard: Involving Disabled Children and Young People in Research and Development Projects*. Layerthorpe: York Publishing Services

Washington, Karla Nadine. (2007). Using the ICF within speech-language pathology: Application to developmental language impairment. *Advances in Speech-Language Pathology, 9*(3), 242 - 255.

Watson, C. (2008). Tensions and aporias in the narrative construction of lives. *Qualitative Research, 8*(3), 333-337.

Watson, N., Abbott, D., & Townsley, R. (2006). Listen to me, too! Lessons from involving children with complex healthcare needs in research about multi-agency services. *Child: Care, Health and Development, 33*(1), 90-95.

Watson, N., Shakespeare, T., Cunningham-Burley, S. , & Barnes, C. (2005). Life as a disabled child: a qualitative study of young people's experiences Retrieved 23/10/2007, from www.escrsocietytoday.ac.uk

Weller, S. (2007). 'Sticking with your mates?': children's friendship trajectories during the transition from primary to secondary school. *Children & Society, 21*, 339-351.

Wells, K. (2011). *Narrative inquiry*. Oxford: University Press.

Westcott, H., & Kynan, S. (2004). The application of a 'story-telling' framework to investigative interviews for suspected child sexual abuse *Legal and Criminological Psychology 9*, 37-56.

Westcott, H., & Littleton, K. (2005). Exploring meaning in interviews with children In S. Greene & D. Hogan (Eds.), *Researching children's experience - approaches and methods*. London: Sage Publications.

Westling Allodi, M. (2002). Children's experiences of school: narratives of Swedish children with and without learning difficulties *Scandinavian Journal of Educational Research, 46*(2), 181-205.

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.

Whitehurst, T. (2006). Liberating silent voices - perspectives of children with profound and complex learning needs on inclusion *British Journal of Learning Disabilities, 35*, 55-61.

WHO. (1999). Health 21- Health for all in the 21st Century. . Copenhagen: World Health Organisation Regional Office for Europe.

WHO. (2001). *International Classification of Functioning, Disability, and Health*. Geneva: World Health Organisation.

Whyte, J. (2006). Giving a voice to children with disabilities *The Irish Journal of Psychology, 27*(1-2), 16-24.

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.

Williams, D., Stott, C.M., Goodyer, I.M., & Sahakian, B.J. (2000). Specific language impairment with or without hyperactivity: neuropsychological evidence for frontostriatal dysfunction. *Developmental Medicine and Child Neurology, 42*, 368-375.

Williams, J., Greene, S., Doyle, E., Harris, E., Layte, R., McCoy, S., . . . Thornton, M. (2009). Growing up in Ireland National Longitundinal Study of Children: The lives of 9-year-olds. The Stationery Office, Dublin: Office of the Minister for Children and Youth Affairs, Dublin.

Wolcott, H. (1994). *Transforming qualitative data- description, analysis, and interpretation*. London: Sage Publications.

Wood, J. (2001). Working with children with language delay and specific language impairment (SLI) In M. Kersner & J. Wright (Eds.), *Speech and language therapy - the decision-making process when working with children* (pp. 151-163). London: David Fulton Publishers

World Medical Association. (2004). Declaration of Helsinki.   Retrieved 15th December 2009, from http://www.wma.net/en/30publications/10policies/b3/index.html

Yamashita, H., & Davies, L. (2010). Students as professionals: The London secondary school councils action research project. In B. Percy-Smith & N. Thomas (Eds.), *A handbook of children and young people's participation: Perspectives from theory and practice* (pp. 230-244). London: Routledge.

Zaff, J., Camille Smith, D., Rogers, M., Leavitt, C., Halle, T., & Bornstein, M. (2003). Holistic well-being and the developing child. In M. Bornstein, L. Davidson, C. Keyes & K. Moore (Eds.), *Well-being-positive development across the life course* (pp. 23-32). Mahwah: Lawrence Erlbaum Associates.

Zaff, J., & Hair, E. (2003). Positive development of the self: self-concept, self-esteem and identity. In M. Bornstein, L. Davidson, C. Keyes & K. Moore (Eds.), *Well-being-positive development across the life course* (pp. 235-251). Mahwah: Lawrence Erlbaum Associates.

Zolkoski, S., & Bullock, L. (2012). Resilience in children and youth: A review. *Children and Youth Services Review, 34*, 2295-2303.

APPENDICES

Appendix 1 Narrative competence in children with language impairments

An overview of the studies on narrative competence in children with language impairments can be found in Table 9.

Table 9 Overview of studies on narrative competence in children with language impairments

Author(s)	Participants	Narrative elicitation methods	Analysis	Findings
Ripich and Griffith (1988)	Children with specific learning disability (that is, learning difficulties in the context of IQ scores within normal limits) (n=24) and typically developing children (n=27), aged 7-12 years	Re-telling of three stories and story generation, using a wordless picture book	Data were coded for three levels of story structure: story events correct/incorrect, omitted or inaccurate; propositions (idea units) in stories; and percentage of cohesive devices	Children with learning disabilities did as well as nondisabled children on the amount of information that they recalled and the amount that they included in their self-generated stories.
Liles et al. (1995)	Study 1: children with language disorders (mild to moderate and IQ within normal limits) aged 7-10 years (n=23) and children without language disorder aged 8-12 years (n=23). Study 2: children with language disorders (n=20) and typically developing children (n=20). Study 3: children with language disorders (n=14) and typically developing children (n=14).	Study 1: story generation in which the children told a story about a movie they were shown. Studies 2 and 3: Story retelling task where the children re-told a story that they had watched on television.	Analysis of the macro-organisation of narrative (including overall story structure) and micro-organisation of narrative including cohesive devices that link sentences. All narratives were distributed into T-units[45] and measures of syntactic structures, episode structure (such as motivation for character's behaviour, goal-directed action and attainment or nonattainment of the goal) and cohesive devices were calculated.	The variables representing linguistic structure (micro-organisation) were effective at distinguishing language disordered children from typically developing children. Children with language disorders had difficulty with the linguistic structure within and across sentences. At a macro-level, they knew how events were causally and temporally related.
Norbury and Bishop (2003)	Children with SLI (n=17), children with autism (n=21), and typically developing children (n=18)	Wordless picture books (Frog, where are you?) (Mayer, 1969)	Analysed global structure (overall structure of the story), local structure (measures of story length, syntactic measures, semantic	No group differences on global structure. Children with SLI and autistic disorder made more syntactic errors and children with autism made more

---

[45] T-units are shortest grammatically correct sentence or units containing an independent clause

Author(s)	Participants	Narrative elicitation methods	Analysis	Findings
	aged 6-10 years		scores, cohesion) and evaluative comments (frames of mind, direct/indirect speech, hedges, negative comments and causal connections)	ambiguous references to the story. No group differences on evaluative measures.
Newman and McGregor (2006)	10 5-7 year old children with SLI and 10 typically developing (TD) children	Wordless picture books (Frog, where are you?) (Mayer, 1969)	Analysis of fluency, length, sentence-level syntax, story grammar and themes; judgments of narrative quality by laypersons and teachers	Objective measures of story length, grammaticality, and thematic development differentiated the SLI and TD groups. Laypersons and teachers judged the narration skills of children with SLI as poorer than those of TD children.
Wetherell et al. (2007)	99 typically developing adolescents (13-15 years) and 19 peers with SLI	Two different narrative tasks: a story telling task (with wordless picture storybook, Frog, Where Are You? (Mayer, 1969) and a conversational task (describing the actions of the most annoying person the participant knows).	Analysis of productivity (total number of morphemes and number of different words), syntactic complexity (syntactic units and number of complex sentences), syntactic errors (for example tense, agreement errors) and performance (amount of support/prompts required, number of fillers, number of corrections).	SLI group were poorer on most aspects of narrative. Story-telling was the most difficult task for the SLI group. No difference between the groups on length of narratives in words, lexical diversity and number of complex sentences.
Dodwell and Bavin (2008)	16 children with SLI (age range 6.01-7.0 years), 25 children age-matched and 15 children matched on expressive language	Narrative recall (recall of a single paragraph story), narrative generation and recall (based on a picture book)	Story recalled by the child is scored for the amount of relevant story content. An information index was used to score the child's generated story. Comprehension was measured using 9 questions.	All groups scored similarly on the story generation task. The children with SLI had more difficulty with inferencing.
Epstein and Phillips (2009)	8 children with SLI between the ages of 7.01 and 8.01 years	Wordless picture book (Frog, where are you?) (Mayer, 1969); generation of	Analysis of macrostructure with measures of C-units[46] (independent clauses and their modifiers)	Narratives elicited using conversational prompts were more effective at recognising the oral

[46] C-units are defined as one main clause and any dependent phrase(s) or clause(s) (Colozzo et al., 2011)

Author(s)	Participants	Narrative elicitation methods	Analysis	Findings
		three narratives in response to conversational prompts.	and the number of core story components included, for example, the setting, initiating event, response, consequence and the evaluation. Measures of narrative microstructure including the number of cohesive devices such as pronominal references and connective devices.	narrative abilities of children with SLI. The narratives produced using conversational prompts resulted in higher quality C-units and the children had greater opportunities to display their ability to use a wide range of pronominal references.
Ukrainetz and Gillam (2009)	Children with SLI aged (n=48) aged 6 and 8 years and typically developing (TD) children matched on age, gender and ethnic background	Story generation from pictures. Children were told that stories have a beginning, middle, and end and were told to tell the best story possible.	Narratives were coded for appendages (introduction to the story, an abstract, theme, coda[47], end of the story), orientations (name, relation of characters, and descriptions of personality) and evaluations (modifiers, repetition, internal thoughts, direct speech).	Younger children in both groups produced less expressive elaboration than older TD children. Children with SLI and younger children produced fewer appendages (abstract, coda), orientations (name, personality feature) and evaluations (modifiers, direct speech) than older TD children.
Pearce et al. (2010)	Four groups of children: children with SLI (n=15, aged 5-6 years); children with non-specific language impairment (n=13, aged 4.09-6 years; age-matched children (n=21); age language matched children (n=20).	Story generation using picture wordless book (Frog, where are you? Mayer, 1969) and story generation using a different wordless picture book.	The narrative was divided into C-units and analysed for structural organisation, cohesive devices, and lexical information items.	Measures of narrative structure, cohesion and information did not differentiate between children with SLI and NLI. SLI group produced significantly more complex and information narratives than the language-matched group.
Colozzo, Gillam, Wood, Schnell, and Johnston (2011)	Children with SLI (n=13) aged 7-10 years and typically developing children (n=13) aged 7.05-10.06 years	Story generation from picture books from the Test of Narrative Language (TNL) (Gillam & Pearson, 2004).	Stories were scored according to the guidelines of the TNL for content, form and relative strength of content and for in narratives.	Compared with peers, children with SLI were more likely to produce stories of uneven strength, that is, stories with poor content that were grammatically

---

[47] A coda is defined as a general observation about the effect that the events narrated in the story had on the narrator (Ukrainetz & Gillam, 2009).

Author(s)	Participants	Narrative elicitation methods	Analysis	Findings
				accurate or stories with elaborated content that were less grammatical.

Appendix 2 Pilot Study

An overview of the pilot study is represented in Table 10, along with reflections on the methods used and the learning.

Table 10 Review of the pilot study: Reflection on methods and learning

Topic	Research methods and activities	Learning
Introductions	Introduced self as a speech and language therapist, emphasising that the interviews would not be speech and language therapy sessions. Went through information sheet in the first interview, and requested assent in each interview, reiterating the child's option to 'pass' on any activity. Researcher was explicit about wanting to find out about the children's lives.	• Important to go through information sheet and assent form with children, and not to make assumptions that parents had already done this. • Need to be attentive to verbal and nonverbal communication that may signal dissent. • The feedback from the children was that they thought that the interviews would be speech and language therapy sessions. Therefore, it is important to emphasise that this would not be the case in the main study. • Consider other settings for data generation in main study.
How children described themselves and their families	Use of post-its and flip chart to record the things that children said they liked, were good at, things they disliked, and things that were difficult or hard for them.	• Useful as an ice-breaker activity to get to know the children. • Some children's language difficulties were apparent, for example, literal interpretations, seeking clarifications, and word finding difficulties, but this did not interfere with the interviews. • This activity generated short responses rather than narratives. However, the researcher probed with questions to generate narratives, for example, if a child reported that they were good at basketball, the researcher asked questions, such as "tell me about a time when you played basketball? Or "tell me about a time when you won or lost a match?"
	Ask the children to draw a picture of their families, and talk about them.	• Some children were self-conscious about their drawing, and other did not like drawing. • Useful activity to generate narratives about their families.
	The participants were asked to describe themselves, in the third person, to an alien, by talking or writing a story.	• Some children chose to write their stories, and others opted to use the computer. However, some were concerned about spelling and needed reassurance that spelling did not matter.
How the children talked about their lives, past, present, and future	Lifeline activity on a flipchart. A line was drawn representing time, that is, when they were born to now to the future. The participants were asked what events they could remember, good and bad, from when they were little until now. They plotted these	• Useful activity in relation to what children remembered, for example, the birth of siblings, moving to a new class, and death of loved one or pet. • Some children found it difficult to remember events, and therefore prompts and scaffolding would be needed for the

Topic	Research methods and activities	Learning
	memories along a line ranging from when they are a baby until now. They were asked to talk about the events. They were asked about their hopes for the future.	• For those that remembered events, this activity provided an opportunity to generate narratives.
	Magic wand activity, in which children were asked what their three wishes were.	• Some children found this task difficult.
How children talked about talking and learning	Brainstorm activity in which the child was asked who they talk to? Where do they talk to them? What do they talk about?	• Some children found it difficult to talk specifically about talking. • This activity generated short responses rather than narratives.
	The researcher modelled an exercise by talking about the 'ups' and 'downs' of talking in a typical day and the events and interactions that cause the 'ups' and 'downs' in talking as outlined in the interim Bercow Report (Bercow, 2008). "I am going to talk about the one of the days I had and all of the talking that I did on that day. Some nice things and some bad things happened to me. For example I had a chat with my friend and we talked about our holidays. What was good was that she listened to me. I also talked to someone in the bank and that wasn't good because there was a lot of noise and I couldn't hear him properly." Then, the children were asked to draw the 'ups' and 'downs' of talking in a day. They were prompted with questions about what helped and did not help them with talking at home and at school.	• Some participants found this activity difficult • One participant described speech difficulties but the others were more inclined to talk about learning difficulties rather than communication difficulties. • This activity had the potential to generate narratives about communication impairment.
Friendships and help with talking and learning	Circles of friendship activity, as outlined in the Bercow Report (Bercow, 2008), was used. "We're going to talk about your friends. Who are your friends? Where can we put them in the circles? Are there any people who are mean to you? Who helps us with our talking: who is helpful and who is not helpful. This is me (picture in the middle of circles). My science teacher used to be really helpful because he always explained things to me (put science teacher close to the middle). I had a friend called John who wasn't helpful because he used to interrupt me a lot (place picture of John at the outside of the circle). Now, it's your turn – think about a particular place, like people at home or at school. Who helps you with	• Children seemed to enjoy this activity. • This activity generated data on bullying for some children. • Need to follow up this activity with specific questions to generate narratives.

Topic	Research methods and activities	Learning
	your talking or learning?	
School	Children were asked to talk about school, including likes and dislikes, as well as hopes and fears about moving to a new class or school. They were also asked to talk about specific events in school.	• All were positive about the change to a new school or class in September. • Useful activity to generate narratives.
Leisure	Children were asked to talk about leisure activities that they enjoyed.	• Useful activity because it provided opportunities to generate narratives. For example, one participant talked about building a tree-house so the researcher probed for a narrative account, asking "tell me about how you built the tree-house?"
What was important in the children's lives and what made them happy	Photography exercise, in which children were given a disposable camera and were asked to take photographs of things that they liked and that made them happy.	• This was a useful activity as it was child-centred and they were in charge of the agenda. • Children seemed to enjoy this activity and two children reported that this was their favourite activity. • They took between 11-27 photographs, with 27 being the maximum number possible. • Some children forgot the cameras and needed to be reminded to bring them back.
	Discuss the photographs which the children have taken of things that make them happy and then ask them to explain why these things make them happy.	• Useful exercise because the children seemed to enjoy talking about their photographs and this provided opportunities to generate narratives.
	Following the identification of key issues in the children's lives, they were asked to prioritise what made them happy, using a diamond ranking exercise where they ranked the issues on a grid in the shape of a diamond from 'most important' to 'least important'. (O' Kane, 2002).	• This was a useful exercise because the participants had clear ideas on what was most and least important. • However, this activity did not generate narratives.
Summary of what was discussed in the previous interview	The researcher read a summary of what the child had talked about in the previous session, inviting the children to comment and correct inaccuracies. The researcher discussed her questioning style with the participants, for example, that she may have asked too many questions in the previous interview.	• This worked well because children had a sense of being listened to. • The children corrected inaccuracies, and enjoyed taking on the role of 'teacher'.
Feedback from the participants	The participants were asked for feedback on what they liked and did not like in the interviews. The researcher also reflected on what she thought had and had not worked well in the interviews.	• The majority of children reported that they liked everything. • However, the researcher needs to consider ways of engaging children in line with their specific interests. • The researcher also noted that she needed to be mindful of her questioning style when trying to generate narratives, for example, asking too many questions

Topic	Research methods and activities	Learning
		and changing topics • The researcher noted that some activities generated short narratives and therefore she needed to find more ways of generating narratives.
	The participants were asked for feedback about participating in the research process and ways in which it could be improved.	• All children reported that they enjoyed the process. • Some liked one-to-one interviews, whereas other would like group or paired interviews.

Appendix 3 Documentation in the recruitment process

3.1 Letter to speech and language therapists

April 2010

Re: Letter to speech and language therapists

Dear [name]

I am writing to let you know about a research project which I am doing as part of my PhD Studies at the University of West England, Bristol, England. I am seeking your help recruiting participants for this study.

As you may know, I am qualified speech and language therapist and I worked in clinical practice for fifteen years in [name of area]. I am now working as a senior lecturer in the Discipline of Speech and Language Therapy, NUI Galway.

I have obtained ethical approval for this project through the University of West England (UWE) and I also have Garda clearance. [name] Speech and Language Therapy Manager, has kindly agreed to help me recruit participants for this study through your department.

This research is exploring how children with primary speech and language impairments between the ages of 9 and 12 years construct identity and social inclusion from their perspectives, through their stories and reports of their experiences.

I am seeking to recruit ten children to the study. The inclusion criteria for this study are:
- Children between the ages of 9 and 12 years with primary speech/language impairments. There are questions in the literature about how 'specific' specific language impairment really is and the term primary speech/language impairment is proposed. Primary speech/language impairments refer to children whose speech/language impairments are marked and are the primary problem, that is, they are not secondary to other conditions such as autism, learning disability or sensory impairment, for example, hearing impairment.
- Children who are currently or have attended speech and language therapy in the past two years
- Children who are currently or have attended the language classes
- Children with speech and/or language impairments

The exclusion criteria are children who are presenting with speech/language impairments which are secondary to other conditions, such as autism, learning disability, behavioural problems or hearing impairment.

I would appreciate it if you could send the attached letter for parents, and information sheets for parents and children, to the parents of children on your caseload who meet the criteria for this study. I have asked the parents to contact me directly if they have queries or if they would like to discuss the project in more detail.

Thank you for your help with recruiting the participants for this study. Please do not hesitate to contact me if you have any further queries (telephone 091 492918 or email rena.lyons@nuigalway.ie). I am looking forward to hearing from you.

With best wishes

Rena Lyons
Senior Lecturer (Speech and Language Therapy)

3.2 Participant information sheets, consent, and assent forms

3.2.1 Letter to parents

April 2010

Re: Invitation to take part in new research project

Dear parent

I am writing to let you know about a research project which I am doing as part of my PhD Studies at the University of West England, Bristol, England. I am qualified speech and language therapist and I worked in clinical practice for fifteen years in [name of place]. I am now working as a senior lecturer in the Discipline of Speech and Language Therapy, NUI Galway.

This research is exploring how children with speech and language impairments talk about their sense of identity and social inclusion, from their perspectives, through their stories and reports of their experiences.

The speech and language therapy service has very kindly agreed to send this letter and information sheet about this research project to you. I am also attaching an information sheet for you to discuss with your child.

When you have read the information sheet and if you are happy for me to invite your child to participate in this research, you can ring me if you have any queries or would like to discuss the project in further detail. If you are willing for your child to participate, please complete the following slip and return it to me or to your speech and language therapist as soon as possible. I would like to reassure you that I will not include any named comments from yourself or your child in any reports about the project.

Please do not hesitate to contact me if you have any further queries (telephone 091 492918 or email rena.lyons@nuigalway.ie). I am looking forward to hearing from you.

With best wishes

Rena Lyons
Senior Lecturer

University of the
West of England
BRISTOL

Information sheet for parents of children with speech and language impairments

This information sheet gives parents information about a new research project about listening to children's experiences.

Project Title

Exploring constructions of identity and social inclusion in children with primary speech and language impairments

Invitation

I would like to invite you to read this information sheet, discuss it with your child to see if he/she would like to take part in this research project. If you have any questions I would be happy to discuss the project with you in more detail.

What is the purpose of the project?

There has been little research about the everyday experiences of children with speech and language impairments from the children's perspective. The aim of the project is to explore the experiences of children with speech and language impairments, from their point of view. It is important that we hear their perspectives so that their views can be heard by speech and language therapists and teachers working with children with communication impairments. It is important to point out that these will not be speech and language therapy sessions but rather opportunities for children to talk about their everyday lives.

Who am I?

My name is Rena Lyons. I am a qualified speech and language therapist and have many years of experience of working with children and young people with speech and language impairments. I am currently employed as a senior lecturer in the speech and language therapy department in NUI Galway. I registered for my PhD in 2007 in the University of West England in Bristol and my PhD supervisors are Prof. Sue Roulstone and Mat Jones. If you have any queries, you can ring me at 091 492918 or email me at rena.lyons@nuigalway.ie and I would be delighted to answer your queries.

How are children chosen to be part of the project?

This research will investigate the experiences of children aged between 9 and 12 years old with speech and language impairments, who have or are attending speech and language therapy.

What does taking part in the project involve?

The project will take place between April and December 2010.

I will be using several activities to make sure that the children can talk about their views e.g. I will use interviews, games, drawing, making collages, writing, asking children to take photographs and talk about them etc. I will try to make the sessions as relaxed and informal as possible.

This will involve anywhere between four to six meetings with your child each lasting approximately 30-60 minutes. The first meeting will be introductory, where I will introduce myself to the children, explain the project, invite them to participate and get to know them. The remaining sessions will involve talking to the children about their lives.

Your child is invited to bring along anything that he/she is particularly interested in to the interview e.g. photographs, books, medals, etc. This will provide an opportunity to talk about things that make the child feel good about themselves and will help me understand what things are important to the child.

In order to accurately represent all views in any reports I would like to audio record the sessions with your child, with the permission of both you and the child. These audio-files will be stored securely in my office and will ONLY be viewed by myself and my supervisors.

I will not be reporting to parents what their children say in their interviews but I am very happy to meet you after the research has been completed to give you an overview of the findings.

Your child can withdraw from the project at any time without giving a reason.

What are the benefits of taking part?

There may not be any direct benefits for your child as a result of taking part in this study. However, this research will help us to understand children's experiences, from their perspectives, and will help us to find methods that are effective in accessing children's perspectives.

How will your child's privacy be protected?

I will carry out the interviews and activities with your child either in the clinic or in your home, whatever suits you best. Your child can choose another name (pseudonym) which will be used in writing up this research and codes will be assigned to protect your child's identify. Any details which identify your child in any way such as the name of the school, or place names will not be used. I may use quotations of what children say in the final report but will NOT include their names.

The only people that will have access to your child's information will be myself, the person who types up the audio-recordings (names will not be included) and my

supervisor and I will ensure that all information and recordings are stored in a locked cabinet in my office.

What are the discomforts and risks?

Talking about experiences, such as having difficulty with talking and learning, may trigger some unhappy feelings and there is a possibility that children may still feel unhappy after the interview. I will endeavour to make the interviews as child-friendly as possible. If your child is upset after a session, I will follow up with you and/or the speech and language therapist as appropriate.

How will discomforts and risks be minimised?

Your child will be reminded at the beginning of each session that he/she needs only to talk about things they choose to. Just because I am an adult, does not mean that he/she has to answer all questions. I will remind your child at the beginning of every interview that he/she can choose not to answer a question or participate in an activity if he/she does not wish to. In addition, your child will be free to withdraw from the interview at any time.

Opportunity to consider the invitation

If you are happy for your child to take part in the project, please sign the consent form at the bottom of the letter and return it to me. Once you have given consent, I will contact you to arrange an appointment to meet you and your child. I will ask him/her if he/she wishes to participate in the study.

If you have any queries about this project please do not hesitate to contact me.

Rena Lyons
Speech and Language Therapy
School of Health Sciences
NUI Galway

Tel: 091 492918
Email: rena.lyons@nuigalway.ie

3.2.3 Parent consent form

University of the West of England BRISTOL

Name: _____

Address: _____

                               _____

                               _____

Contact number: _____

Child's name: _____

Please tick the appropriate box:

                                                   Yes   No

I have read the information sheet

I agree that my child can be invited to participate in this research project

I give consent for Rena to tape-record the sessions (details about confidentiality are provided in the information sheet)

Signed: _____

Date: _____

Please return to:

Rena Lyons

Discipline of Speech and Language Therapy

School of Health Sciences

NUI Galway

Tel: 091 492918

Email: rena.lyons@nuigalway.ie

3.2.4 Child Information sheet

UWE
University of the
West of England
BRISTOL

Name of the project: Listening to what children have to say!

This is some information to help you decide if you would like to take part in this project.

Who am 1?

My name is Rena and I work in the university in Galway. Rena is doing a project where she will talk to children and young people who go to speech and language therapy. She would like to hear your stories about what you do every day. You can contact Rena by phone or email.

091 492918 Email: rena.lyons@nuigalway.ie

Who will be taking part?

Rena will be inviting children between the ages of 9 and 12 years who are going to speech and language therapy to take part. Rena has already written to your parents and asked them to talk to you about the project.

What will I have to do if I take part in this project?

There are lots of ways we can ask children and young people to tell us what they think. Some of these ways might be:

- talking on your own, in groups or in pairs
- writing
- drawing and
- talking about photographs

Rena will try to make the meetings as much fun as possible!

What will happen after Rena hears your stories?

If it's ok with you, Rena will write down some of the things you say and I will also use an audio-recorder. These are just for me to listen to just in case she doesn't have time to write down all of your ideas.

- Rena will listen to the tapes
- She will listen to the important things that you are telling her
- No one else will know your real name or what you say
- When Rena is finished she will come back and show you what I found, if you are interested!

Rena will give you lots of chances to say if you don't want her to make a note of something. She will never use people's names in the projects so no-one will know who you are.

When will the project start?

The project will start in April 2010.

Do I have to take part?

No! Not at all! It's up to you and if you choose not to take part, that's fine! There are good ways of doing projects and this includes making sure that people understand why they are doing the project and that they know that they can stop at any time.

What do I need to do if I am interested?

If you would like to take part, Rena will arrange with your parents to meet you somewhere that suits you, for example, in the clinic or in your home. She will meet a few times, if you want to and we will do different activities. Rena will try to make it fun!

If you want to take part, you can tell your parents. If you don't want to take part, that's fine too. You can tell your parents that you don't want to take part.

3.2.4 Assent form for children

Name of the Project: Listening to what children have to say!
Researcher: Rena Lyons
Child's name: _____

I have information about this project and know what it is about

It is ok for me to stop being part of the project whenever I want to

Rena will see me in the clinic or my home a few times maybe four or five times and she will check with me to see if that's ok
If anything we talk about makes me upset, the project will be stopped. Rena will talk to me about it and will tell my parents, if that is what I want to do. I know my name will not be used in the report so people won't know that it was me who said it.

I know that if I say anything to Rena which makes her think that me or another child might be hurt, she will have to tell someone else to make sure that the child is safe. Rena will talk to me about what they will do if this happens.
Rena will be writing down what I say and will tape-record our sessions so that she doesn't forget!

If I have any questions about the project, I can contact:

Rena Lyons   091 492918

rena.lyons@nuigalway.ie

Speech and Language Therapy, School of Health Sciences, Aras Moyola, NUI Galway

Please write your name here: _____

Appendix 4 Research methods with children

A critique of research methods which have been used with children can be found in Table 11.

Table 11 Critique of research methods with children

Methods	Strengths	Weaknesses
1. Interviews	• Interviews can be combined with other methods to accommodate different styles, for example, interviews can accompany brainstorms, focus groups, photography, drawing maps (Butler, 2005; Heary & Hennessy, 2002, 2006; Horner, 2000) • Interviews have been used with children with disabilities, including communication and reading impairments, when combined with other methods, for example, the use of word choice activities, sentence completion exercises, play, drawing and feeling cards, Talking Mats (Bercow, 2008; Connors & Stalker, 2007; Davis, 2007; Kelly, 2005; Lewis et al., 2007; Marshall, 2005; Morris, 2003; Rabiee et al., 2005; Westling Allodi, 2002; Whitehurst, 2006)	• Interviews can place demands on the interviewee, and may accentuate the adult-child power relationship (Gillham, 2000; Thomas & O'Kane, 2000) • Interviews may be outside of children's sociolinguistic repertoire because they seldom take part in sharing information in question-and-answer sessions • Narratives generated in interviews may be less naturalistic than data generated in naturally occurring talk. • Children may value the privacy of individual interviews or may be uncomfortable with one-to-one settings (Gallagher, 2009) • Data generated in interviews may not be reliable reconstructions. However, others claim that the interview can be seen as a tool to explore possible understandings rather than fixed representations (Dockett & Perry, 2007; Josephsson et al., 2006).
2 Visual methods: General considerations	• Potential to shift control and power to the participant, but depends on how they are used (Christensen & James, 2000; Driessnack, 2006; Irwin & Johnson, 2005; Merriman & Guerin, 2006; Thomas & O'Kane, 2000) • Children may find these methods appealing and enjoyable (Gallagher, 2009)	• Need to consider ethical issues of informed consent (including permission to take and display photographs), confidentiality and anonymity (Coad & Hambly, 2011; Prosser, Clark, & Wiles, 2008); issue of ownership for drawings (Barker & Weller, 2003; Coad & Hambly, 2011); • There may be interpretation issues. Therefore, it is important to discuss the meaning of photographs or drawings, why children took photographs or drew certain pictures (Barker & Weller, 2003; Coad & Lewis, 2004)

Methods	Strengths	Weaknesses
2. Visual methods: Photography	• Insights can be gained into children's lives when they take photographs with disposable cameras and discuss their photographs (Nic Gabhainn & Sixsmith, 2005, 2006; Watson et al., 2006) • Giving responsibility for camera can forge relationships and empower children; useful as adjunct to interviews (Barker & Weller, 2003) • Photo elicitation interviews can be used in which children can talk about photographs taken by the researcher (Epstein, Stevens, McKeever, & Baruchel, 2006)	• The novelty of taking photographs wore off for some children (Barker & Weller, 2003)
2. Visual methods: Drawing	• Evidence that drawing may facilitate children's communication about events, and different approaches to analysis can be used, such as analysing the drawings themselves as well as how children talk about their drawings (Driessnack, 2005, 2006; Merriman & Guerin, 2006); • Evidence that drawing was a useful methodology for listening to the perspectives of young children with speech impairments (Holliday, Harrison, & McLeod, 2009; McLeod et al., 2011) • Visual methods, such as use of feeling cards, pictorial vignettes, can be used to explore how children describe their emotional experiences (Hill, 1997; Hill, Laybourne, & Borland, 1996)	• May be seen as babyish by older children (Barker & Weller, 2003) • Drawing may be threatening for some children who may be concerned with drawing competence • Risk of stereotyping children (for example, assumption that all children like drawing) (Coad & Hambly, 2011; Gallagher, 2009)
2. Visual methods: Illustrations	• Portraying a range of everyday communication situations can be used to elicit children's views on talking (Merrick & Roulstone, 2011)	• Illustrations need to be age-appropriate
3. Ethnographic approaches	• Researchers spend so much time in the field with their participants to become immersed in their culture • Participant observation and interviews has been used with young users of augmentative communication (Wickenden, 2010); children from diverse ethnic backgrounds (Devine & Kelly, 2006); and children with disability (Watson, Shakespeare, Cunningham-Burley, & Barnes, 2005)	• Can be time-consuming

Appendix 5 Topic guide for main study

Guiding principles on conducting interviews with children were followed, as well as specific techniques for generating narratives (Dockrell & Lindsay, 2011; Greig et al., 2007; Grove, 2005; Hill et al., 1996; Peterson & Biggs, 2001; Plummer, 2001; Westcott & Littleton, 2005; Wetherell et al., 2007). The methods used in the pilot study (See Appendix 2), were also used in the main study. The main differences in topics from the pilot study were more of an emphasis on generating narrative accounts, and fewer specific closed-questions about communication impairment. The researcher was also mindful of balancing questions, seeking examples of positive, as well as potentially, negative experiences. The flexible topic guide used is presented in Table 12, supplemented with other activities such as, use of drawing, post-it coloured stickers, brain-storming activities, and looking at books.

Table 12 Topic guide

Topic	Examples of questions
Introduction	The researcher introduced herself as a speech and language therapist, emphasising that the interviews would not be speech and language therapy sessions.
Self	The researcher asked the children to describe themselves in terms of general questions about likes, dislikes, things they were good at, and things that were hard for them, and things that made them happy or sad. The researcher then tried to generate narrative accounts, for example, if a child responded that they were good at basket-ball, the researcher would ask them to tell a story about a game of basket-ball they had played. The lifeline activity (described in Appendix 2) was used to plot their experiences from when they were little to now and to the future, with an emphasis on generating storied accounts. Children were asked to take photographs with a disposable camera of things that they liked and that made them happy. These photographs were developed and discussed to generate narratives.
Family	Can you tell me about your family? (grand-tour) Can you tell me a story about something you did as family? (mini-tour) (for example outing, family celebration, holiday, going to an event) Can you tell me about your brothers and sisters? Can you tell me about something that you did with your brother or sister? When interviews were conducted in the children's homes, the researcher and children sometimes looked at photographs or things of interest to the children and these props sometimes triggered memories about events and happenings.
Peers	Can you tell me about your friends? (used the circle of friends activity) What was the best thing you ever did with your friends? Can you tell me a story about when you made a new friend? Can you tell me a story about when you had a fight or fell out with your friends? Have others been mean to you? If the child answers yes to this question, he or she is asked to describe a time when others were mean to him or her? What makes a good friend?
Talking	Can you tell me about your talking? If the child says that others cannot understand him or her, the child is asked to tell a specific story about a situation in which this happened.

Topic	Examples of questions
	Can you tell me about what happens in speech and language therapy?
	Why do you think you or other people go to speech and language therapy?
School	Can you tell me about school?
	Can you tell me about what happens in a day in school, for example, maybe what happened yesterday?
	Can you tell me a story about your best day in school?
	Can you tell me a story about your worst day in school?
	Can you tell me a story about how you learned something new in school?
	Can you tell me about a time when you changed class or school?
Leisure activities	Can you tell me what you like to do in your spare time, for example, hobbies and interests?
	Depending on the child's response, he or she is asked to tell a story about taking part these leisure activities.
Future	What do you think you will be like when you grow up?
	Magic wand activity: if you had three wishes, what would they be?
	Sentence completion tasks for example, in the future, I would like to work as…things I would like when I grow up are….

Appendix 6 Additional data on interviews

In Table 13, an overview of the number and location of interviews, as well as the researcher's observations on the style of interaction in the interviews, are presented.

Table 13 Overview of interviews: Number and style of interaction

Name	Number (location of interviews)	Style of interactions in interviews
Amy	5 (3 in her home, 1 in the local playground, and 1 in the language class)	Initial interviews were interviewer-led, with high tellership on the researcher's part and Amy providing short answers to questions. The participant assured the researcher that she wished to continue to participate in the study. Data-generation methods were changed to include more play activities and less open-ended questions. One session involved a visit to play-ground, which was not audio-recorded. As the interviews progressed, she initiated interaction more frequently, albeit with relatively short narratives.
Blade	5 (4 meetings in his home, 1 meeting at bowling activity with two other participants)	Blade initiated interactions, was open about his feelings and experiences, and told stories freely. Therefore, the researcher took up less of a tellership role. He sometimes forgot specific parts of stories and checked these with his mother during and after interviews.
Chantelle	5 (all in school)	Chantelle negotiated the agenda more than the other children and was cautious about sharing personal stories with the researcher.
Dawn	6 (all in school)	Dawn appeared keen to please the researcher during the interviews, telling stories about her experiences. She also asked the researcher questions.
Enda	5 (all at home)	The interviews were mainly interviewer-led, with high tellership on the researcher's part. It appeared that Enda did not like talking, and seemed happier doing activities, such as playing games like with Nintendo.
Hannah	6 (4 meetings at local health centre, and 2 meetings at school, at Hannah's request).	The interviews were mainly interviewer-led, with high tellership on the researcher's part. It appeared that Hannah did not like talking, and was happier doing activities, such as drawing and playing games. She rarely initiated interaction or produced longer narratives. The interactional style in interviews did not change when the interview context changed from the clinic to school, at her request.
Kevin	6 (3 meetings in clinic, 1 at the bowling activity with two other participants, 2 at a local hotel)	In the initial two interviews, the style of interaction was interviewer-led question-answer format. Following consultation with Kevin the interview context was changed from the clinic to a non-clinical context (local hotel). In subsequent interviews, Kevin initiated more interactions.
Torres	6 (3 meetings in his home, 1 at the bowling activity with two other participants, 1 at a local hotel, and 1 at a clinic.)	He was keen to talk and was open about sharing his experiences.
Mary	5 (3 in her local school, 1 in her home and 1 in the Language class)	She was open about sharing her experiences and produced longer narratives.
Dawn (2)	5 (4 in her home and 1 in	She did not provide assent to audio-record the

Name	Number (location of interviews)	Style of interactions in interviews
	the Language class.)	interviews, instead providing permission for the researcher to make detailed notes. She was open about her experiences and produced longer narratives.
Sara	5 (all in her home)	She was open about her experiences and produced long narratives.

Appendix 7 Transcription conventions

The transcript contained everything that was said, including fillers, such as "em" and "eh", as well as hesitations, such as "some people don't unde understand me". The interviewer was represented with I: and the participant with P: and a series of continuous dots (…..) was used in the presentation of results to show that part of the transcript was omitted. The transcription conventions can be found in Table 14.

Table 14 Transcription conventions

Feature	Convention	Example
Unintelligible speech	(unintelligible)	*Example 1* I: How that that make you feel? P: I (unintelligible) I: You get annoyed? P: No I IGNORE it *Example 2* P: Well we, he knows (unintelligible) few words but a bit, we have to kind of react the way we want to say to him.
Falling intonation, end of sentence	.	*Example 1* P: Yeah she's like thirteen or something. *Example 2* P: Yeah, she is cool. And yesterday I like nearly spent all day it was like the best day ever.
Questioning intonation	?	I: I have no problem understanding you, you are very good at explaining things and you are good at picking difficult words. P: Really?
Emphatic stress	Capital letters	*Example 1* P: Well some people don't understand me. Like my teacher my teacher doesn't really understand me. Then I then I got to then I got to WRITE it out *Example 2* P: I get on well with ALL my family *Example 3* P: [name of boy] was (unintelligible) he was telling lies. He he actually saying that I said f word to him and hit him and I did NOT
Direct speech	' '	*Example 1* P: Sometimes he make fun of me I: Does he? P: Like he doesn't make fun of my talking. Like 'na na na na' (unintelligible) *Example 2* 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'
Additional information, such as nonverbal behaviour or the researcher providing	[ ]	*Example 1* P: A few times it can be a picture or a movement in our hand. I: Ok, ok. P: Like that [showed the researcher a sign] *Example 2* P: I'm kind of jealous of him. [tearful] *Example 3* I: And she has a sister called?

contextual information		P: [name] but she, I can't say, will I say it? I: Do, try it. P: Handicapped [whispered the word]
Noticeable pauses	(.)	I: You said that you thought that you didn't have friends because of your speech P: Yea I: Can you tell me a bit more about that? P: (.) some people don't unde understand me.

Appendix 8 Coding process

Table 15 provides a sample of the coding process used when analysing the data.

Table 15 Sample of the coding process using the data-analysis framework

	Examples of implementation of analytical framework	
Examples from the data[48]	**Phases 1 and 2[49]**	**Phase 3[50]**
Blade, Interview 5 [narrative about return to local school from language class] P: It's really (*adjective*) good (*lexical choice, signalling positive affective state*). [I had asked him about the return to his local school] At the start, like, I was really (*adjective*) sad (*lexical choice, signalling positive affective state*) because (*causal connection*) the friends (*agents*) weren't (*negative marker*) talking to me (*recipient of actions*). I: Really? P: And then (*temporal marker*), cause, I don't know and then now (*temporal marker*) I'm (*agent*) always (*adverb*) talking to them (*recipients of actions*) and now (*temporal marker*) they're (*agents*) talking to me (*recipient of actions*). It's really (*adjective*) good (*lexical choice, positive affective state*) now (*temporal marker*) because (*causal connection*) they (*agents*) are starting to talk to me for like, the full week (*used as adverb*) I was crying (*lexical choice, signalling negative affective state*) at the night time (*used at adverb*) but (*conjunction to signal contrast*) it doesn't matter (*problem resolved*) now (*temporal marker*) because (*causal connection*), you see, I'm (agent) all friends with them (*problem resolved*) now (*temporal marker*). They (*agents*) talk to me (*recipient of actions*) back. It's great (*adjective*) fun (*lexical choice, signalling positive affective state*) and great (*adjective*) craic (*lexical choice, signalling positive affective state*). I: It's great, and tell me about that first week then Blade. P: I was sad (*lexical choice, signalling negative affective state*) because (*causal connection*) they (*agents*) weren't (*negative marker*) really (*adverb*) talking to me (*recipient of actions*). I: Yeah. P: I was feeling sad (*lexical choice, signalling negative affective state*) because (*causal connection*) I had no (*adjective*) friends there at the time (*temporal marker*). I did, that's why (*causal connection*) I felt sad (*lexical choice, signalling*	This excerpt was coded as a small story under the theme self in relation to peers, explored in the interview. Results of analysis in these phases were as follows: • Progressive narrative, because the problem (that is, his friends were not talking to him) had resolved. • Mixed evaluations. From an emotional perspective, he used the conjunction 'because' to signal a causal connection between being sad and his friends not talking to him. While he was upset at the time that he had no friends, he is happy now because the problem has resolved. • From an identity perspective, he presented himself in both active and passive roles, as well as being popular with friends now. • Themes identified: Importance of friendships, and barrier to friendships, that emerged on his return to his local school, that was now resolved.	Potential barrier to well-being and belonging (had difficulties with friendships and felt excluded, resulting in negative affective states. However, the problem is now resolved, resulting in a positive affective state).

[48] Evaluative markers, including markers of affective states, causal and temporal markers, and agency, are marked in yellow in the transcript and descriptions of these markers are provided in italics in brackets.

[49] Organisation of data, coding of evaluative devices, and identification of themes.

[50] Identification of higher-order themes.

	Examples of implementation of analytical framework	
Examples from the data[48]	**Phases 1 and 2**[49]	**Phase 3**[50]
negative affective state)		
Torres, Interview 1 I: Tell me a bit about your speech. P: Like sometime (*adverb*) it hard (*adjective*) to like some people can't (*negative marker*) really (*adverb*) understand me eh really (*adverb*) hard (*adverb*) to say it like maybe I got (*compulsion verb*) say it around ten (*adjective*) times and it be annoying (*lexical choice, signalling negative affective state*) and everything. I: You might have to say it ten times before somebody would know what you said. P: Or more (*adjective*) than ten times. I: Or more than ten times.	This excerpt was coded as a small story under the theme self in relation to talking. Results of analysis in these phases were as follows: • Stable narrative, in that there was no change or resolution to problem. • Themes of impairment effects, as reflected in difficulties saying the words, and disability effects, as reflected in others not understanding him. • His evaluation was negative, because he is frustrated, as reflected in the evaluative devices of compulsion verbs and adjectives for emphasis.	Barrier to well-being and belonging (negative affective state, lack of agency and identity of difference).
Dawn, Interview 1 I: And I think sometimes you make friends when you are doing any activity P: Yea because (*causal connection*) when I was doing art before (*temporal marker*) and I had no (*negative*) friends and then a girl (agent) asked me (*recipient of action*) 'can I use your paint' (*direct speech*) and I (*agent*) said 'yea' and she said (*agent*) 'will I be your friends' (*direct speech*) and I (*agent*) said 'yea'(*direct speech*) …….. P: Sometimes (*adverb*) I have a fight with her [she laughs] I: With [name]. Tell me about a fight you had P: Well not (*negative marker*) fight like argument I: Ok argument P: Sometimes (*adverb*) she (*agent*) does tell me (*recipient of action*) to 'go away' (*direct speech*) I: Does she? P: but now (*temporal marker*) we are friends I: So she tells you to go away and then what happens? P: Then the one day (*temporal marker*) she (*agent*) said 'will I be your friend' (*direct speech*) and I (*agent*) said 'yea' (*direct speech*)	This excerpt was coded as a small story under the theme self in relation to peers. Results of analysis in these phases were as follows: • Progressive narrative because the problem (that is, having no friends) was resolved. • Themes identified were importance of friendships, and complexity of friendships, such as being friends and having arguments with friends. • Presented identity of self in passive roles in relation to friends. • Revised 'fight' to 'argument', perhaps thinking this was more socially acceptable.	Facilitator of well-being and belonging (positive relationship with friends but note positioning self as passive in relation to peers).
Kevin, Interview 5 P: I have gone into fifth class	This excerpt was coded as a small story under the	Barrier to well-being

Examples from the data[48]	Examples of implementation of analytical framework	
	Phases 1 and 2[49]	Phase 3[50]
I: What is it like Kevin? P: [sigh] (*nonverbal marker*) very (*adjective*) hard (*adjective*) I: Is it? How come? P: Fifth class is way (*adjective*) harder (*adjective*) than third and fourth class put together (*adjective*) I: Really? What's hard about it? P: the work …… P: There are a whole lot (*adjectives*) of books we have to (*compulsion verb*) get finished in the year (*temporal marker*). Like this much of books [showed me with his hands] (*nonverbal marker*) we have to (*compulsion verb*) get done before the year is out (*temporal marker*) I: Ok P: And we get and we got twice (*adjective*) as many twice (*adjective*) as much PE[51] we got twice (*adjective*) as much PE last year than (*comparison*) this yea	theme self in relation to school. Results of analysis in these phases were as follows: • Stable narrative, in that there was no change or resolution to the problem, that is, Kevin's workload at school. • From an identity perspective, Kevin displayed reduced self-efficacy in relation to academic work, as reflected in the evaluative devices of repetition for emphasis, compulsion verbs, nonverbal markers, such as sighing, showing the researcher with his hands the amount of work that had to be covered in a specific time-frame. • This narrative also reflected his feelings of disappointment about the reduced amount of PE in fifth class, a subject that he enjoyed.	and belonging (negative affective state, lack of autonomy, agency, and competence).
Kevin and Torres, Interview 6 K[52]: No you don't (*negative marker*) need (*compulsion verb*) to go. You don't (*negative marker*) need (*compulsion verb*) to go into sixth year[53]. You can decide (*agency*) if you want to go yourself I: In secondary? K: Yea because you will try [*suggests diminished agency*] to find a job in sixth year. Like I: But if you didn't go into sixth year you wouldn't do your leaving cert T: So that means then K: I thought you did your leaving cert in fifth year I: No it's in sixth year S: It's the last year I: In secondary school you do first second and third year and some schools have a transition year	This excerpt was coded as a small story under the theme self in relation to school. Results of analysis in these phases were as follows: • Mixed evaluation. Torres displayed reduced self-efficacy in relation to academic work. For Kevin, this theme reflected a positive affective state of having autonomy, because he exercised agency, arguing that	Facilitator of well-being and belonging (positive affective state, autonomy and agency).

---

[51] PE refers to physical education

[52] Initials of pseudonyms are used here to differentiate between the two participants in this paired interview.

[53] There are two state exams in Ireland: the Junior Cert in year 3 and the Leaving Certificate in year 6 of secondary school, including an optional transition 5th year.

| Examples from the data[48] | Examples of implementation of analytical framework | |
	Phases 1 and 2[49]	Phase 3[50]
which is a year where you don't do that much school work but you do other stuff like projects K: Like doss I: Yea and then you do fifth and sixth year and you do your leaving cert in sixth year T: Sixth year is the hardest (*adjective- superlative*) K: I know three (*adjective*) people that finished when they passed their junior cert I: You know three people who finished when they passed the junior cert? K: two (*adjective*) people	he had a choice in relation to leaving school early, and that he knew others who had also left school early.	
Mary, Interview 1 I: Tell me about a time you played well. P: (unintelligible) well (.) I: Is it in goals you play or can you play anywhere? P: Sometimes in goals. I: Sometimes in goals but you could be anywhere though? P: In the pitch, there in that goals I played good (*adverb*) twice (*adverb*). I: Did you? P: I blocked (*agent*), like, four (*adjective*) goals and I only (*adverb*) let in one (*adjective*) goal, last, the first time and then I blocked (*agent*) four (*adjective*) goals and bout, I only (*adverb*) blocked four (*adjective*) goals and let in about two or three (*adjectives*). I: Ok, it wasn't too bad. That was good. P: That time (*temporal marker*) the first (*adjective*) goal I blocked I just (*adverb*) went 'bang' (*onomatopoeia*) I didn't (*negative marker and agency*) even bother block it. Well, I didn't bother doing it, I just (*adverb*) went, way, block it down. I: And then did you block it down? P: Yeah. I: You did? P: I didn't (*negative marker*) use two hands to go bang (*onomatopoeia*) I: It was just kind of like a little tap? Put your hand up. P: Yeah. I was like, I was just (*adverb*) there. The balls coming and I go bang (*onomatopoeia*) I: And you stopped it? P: Yeah, then, the other one, It hit off my foot, my toes and then the other one I kicked out (*agent*) with my shin, well, with my shin guard and the other one I caught (*agent*) between my elbow and there. I: Wow, was that sore? P: No, not really. I: Ok. P: It went boop (*onomatopoeia*) I: So that's, that's a lot of different ways you've saved the ball. P: It's like boop (*onomatopoeia*). It (*agent*) came	This excerpt was coded as a small story under the theme self in relation to leisure activities. Results of analysis in these phases were as follows: • Progressive narrative, in that she presented herself as the heroine saving goals. • From an identity perspective, she presented herself as competent, describing ways in which she saved goals, using several evaluative markers, such as onomatopoeia, negative markers, adverbs, and exclamations to create drama. She appeared proud of her achievement and bravery.	Facilitator of well-being and belonging (positive affective state, competence, identity of belonging).

294

Examples from the data[48]	Examples of implementation of analytical framework	
	Phases 1 and 2[49]	Phase 3[50]
flying at me (*lexical choice to create drama*) and I was like 'oh' (*exclamation and direct speech*) I: And you got it? You stopped it? P: Yeah.		
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 (*jeering tone*) you you cannot (*negative marker*) you can't get me'. Then I run right into the the kitchen (*agent*) and when daddy there he say 'COME BACK' (*emphatic stress*) he say 'what did you say [name of brother]?'(*direct speech*) [his father says]. Then he get into trouble with my dad.	This excerpt was coded as a small story under the theme self in relation to family (siblings). Results of analysis in these phases were as follows: • Progressive narrative, in that Torres achieved his goal of getting his brother into trouble with his father. This was revenge because his brother had teased him. Torres made it clear that his brother did not tease him about his speech. • From an identity perspective, Torres presented himself as an agent, achieving his goal. He appeared proud of this achievement. • Torres talked in other narratives about conflict with his brother.	Facilitator of well-being and belonging (positive affective state, agency).
Blade, Interview 5 [clarifying my 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 (*negative marker*) to be left out. I: And not to be left out. P: And not to be, don't (*negative marker*) be sad (*lexical choice, signalling negative affective state*) if you think you are the only (*adjective*) one that's speech, language (*identity category*), if (*conditional marker*) you have problems, but (*conjunction to signal contrast*) you don't (*negative marker*). You don't (*negative marker*) have to (*compulsion verb*) worry (*lexical choice, signalling negative affective state*) because (*causal connection*) there will be people you will probably know who exactly have that type of speech (*identity category*). There's a problem with it, SO (*emphatic stress*). If (*conditional marker*) I was them I wouldn't (negative marker) be sad (*lexical choice, signalling negative*	This excerpt was coded as a small story under the theme self in talking. Results of analysis in these phases were as follows: • Progressive narrative, in that Blade thinks that children with speech and language difficulties should have hope that they will improve. • From an identity perspective, he appears to be doubtful whether he is a member of the identity category of children with speech and language impairment, as reflected in the conditional marker of	Facilitator of well-being and belonging (positive affective state, hope for the future)

Examples from the data[48]	Examples of implementation of analytical framework	
	Phases 1 and 2[49]	Phase 3[50]
affective state). You <mark>have to</mark> (*compulsion verb*) keep your <mark>hopes up</mark> (*lexical choice, signalling positive affective state*) and <mark>it will improve</mark> (*modal verb, signalling probability*).	*if.* • Themes identified are hope and improvement. He used compulsion and modal verbs to emphasise the importance of having hope, a positive affective state, for the future, in contrast to negative affective states, such as sadness, worry, and loneliness that may arise from exclusion.	

Appendix 9 Learning and dissemination of findings[54]

Topic	Learning
Narrative inquiry	Review of literature
	Attendance at two international conferences on narrative inquiry: Narrative Matters conferences, New Brunswick, Canada, 2010; and Paris, France, 2012.
	Attendance at two one-day master-classes on narrative inquiry, led by Dr. Molly Andrews and Prof. Arthur Frank, Dublin, 2010.
	Successful completion of Masters level module on Narrative Inquiry, Karolinska Institute, Stockholm, Sweden, 2011
Research with children	Review of literature
	Successful completion of Masters level module on Research with Children, University of Edinburgh, Scotland, 2008.
	Participation in seminar entitled 'Listening to children and young people with speech, language and communication needs' University of West of England, UWE, Bristol, June 2012

Dissemination of findings

Publications

Lyons, R. (2011). Using narrative inquiry to explore identity in children with speech, language, and communication needs. In S. Roulstone & S. McLeod (Eds.), *Listening to children and young people with speech, language and communication needs* (pp. 121-130). Albury: J & R Press.

Lyons, R. (2013) (invited). 'It's what they say as well as how they say it: Well-being and children with primary speech/language impairment' *Mind and matters: Mental Health SIG Newsletter (Irish Association of Speech and Language Therapists, IASLT)*

Presentations

Lyons, R. (2013). Hope, resilience, and competence: Identity and meaning-making in the narratives of children with primary speech and language impairments, *29th World Congress, International Association of Logopedics and Phoniatrics (IALP)*, Turin, Italy, August 2013.

Lyons, R. (2012) (invited). Using narrative inquiry to explore identity construction in children with primary speech and language impairments, *Speech and Language Sciences Seminar Series*, School of Education, Communication and Language Sciences, Newcastle University, Newcastle, November 2012.

Lyons, R**.** (2012). Exploring identity in children with speech and language impairments, *Listening to children and young people with speech, language and communication needs,* Bristol, June 2012.

Lyons, R. (2012). Identity construction and meaning-making in children with primary speech and language impairments, *Narrative Matters 2012: Life and Narrative,* Paris, May 2012.

Lyons, R., Barrow, R. & Byrne, B. (2012) (invited). Stories of communication disability and identity across the lifespan: Tools and techniques for listening differently, *IASLT AGM and Study Day,* Dublin, April 2012.

Lyons, R. (2011). What's it like to be a child with primary speech and language impairment? Exploring children's perspectives. *IASLT Biennial Conference*, Dublin, November 2011.

---

[54] Up until August 2013