DAMAGE CONTROL

CLOSING PROBLEMATIC SEQUENCES IN HEARING-IMPAIRED INTERACTION

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When a problem of understanding arises for a hearing-impaired recipient in the course of a conversation, and is detected, repairing that problem is only one of several possible courses of action for participants. Another possibility is the collaborative closing of the part of the conversation which has proved problematic for understanding, to allow the initiation of a new, and potentially less problematic, topic. This paper examines one practice utilised by hearing-impaired interactants and their partners in achieving such closings. The action of withdrawal of engagement (via withdrawal of gaze at partner) by hearing impaired interactants, accompanied by their production of multi-unit turns at talk, brings about the closing of problematic sequences. It is proposed that these multi-unit turns address the interactional delicacy of recipients' withdrawal of engagement at points where the speaker's action is demonstrably incomplete. By initiating and cooperating with 'strategic' topic change in this way, participants act both to conceal the understanding problem and to avoid its potential consequences for the unfolding conversation. In doing so, they also act to keep issues of conversational competence, and the threats to face and identity which may arise from these issues, off the surface of the conversation.

INTRODUCTION

For people with severe and profound hearing loss, conversation carries an implicit risk of problems of hearing and understanding. Sometimes these problems are not detected by hearing-impaired participants, for example when they mishear a turn at talk and respond on the basis of that mishearing, giving rise to sequences such as that shown below. Here Isa has a profound hearing loss, and uses a cochlear implant. Dot is a friend and neighbour:

(Dyad 5, B15–18)

1.   Dot: I don't know whose turn it is next time,
2.   Isa: mm,
3.   Dot: maybe it's L<u>au</u>ra's is [it or-]
4.   Isa: →   [n<u>o</u> I']ve h<u>a</u>d mine,
5.   Dot: <u>Lau</u>ra would it be?=
6.   Isa: =<u>Lau</u>ra it might be,

Isa's response, in line 4 ('no I've had mine'), clearly indicates that she has misheard the name 'Laura' in Dot's line 3 as 'your'. Isa gives a perfectly relevant response to her own hearing of Dot's talk ('no I've had mine', line 4), which leaves Dot in the position where she must decide how to deal with the problem. Interestingly, Dot does not correct Isa, or overtly re-present her own talk (by saying, for example, 'no, I said maybe it's Laura's turn'). Dot gives no indication that Isa's response was in any way inappropriate. Instead, she re-presents the same content as a new question (line 5, 'Laura, would it be?'). Very often, the partners of hearing-impaired interactants either let such ill-fitted responses pass, or repair the problem covertly, as Dot does here (Skelt 2006).

At other times, however, hearing-impaired interactants are aware of not having perceived a preceding turn at talk well enough to be able to produce a clearly appropriate or relevant next turn. In these circumstances, hearing-impaired interactants have three options. First, they may try to repair the problem, by, for example, using a repair initiator such as 'what?' or 'pardon?' to elicit repetition or clarification of the turn which has proved problematic (called the trouble-source turn), or by seeking confirmation of their own possibly faulty understanding.

Second, they may delay their response, or refrain from responding. It has been shown that repair initiations by the recipients of trouble-source turns are often delayed in everyday interaction, providing an opportunity for the speaker of the trouble-source turn to initiate self-repair in the turn transition space (Schegloff, Jefferson and Sacks 1977). In interaction with hearing-impaired participants, partners will similarly take the opportunity for self-repair offered by such a delayed or absent response (Skelt 2006).

Third, hearing-impaired participants faced with a problem of inadequate understanding may give responses which make only weak claims of understanding, using agreements, continuers and other response tokens, or short generalised assessments. Schegloff (1982) argues that continuers such as 'mmhm' and 'uhuh' can, at best, only claim understanding. They make no clear display of understanding as, for example, an obviously sequentially-relevant next turn at talk would do. Previous work on interaction and hearing loss has

described the making of weak claims of understanding in the face of problems of hearing as 'bluffing' or 'pretending' (Erber and Lind 1994; Hetu 1996; Tye-Murray and Witt 1996). The partners of hearing-impaired interactants tend to accept such weak claims of understanding, rather than challenging them or undertaking overt repair (Skelt 2006). Nevertheless, oddly-timed and/or sequentially inappropriate weak claims of understanding by hearing-impaired interactants can betray the presence of an underlying problem of understanding which may adversely affect the course of the conversational sequence-in-progress. This paper explores a practice for dealing with these problematic sequences.

CLOSING A SEQUENCE

When a sequence has become problematic as a result of a problem of understanding, one option is a collaborative closing of that sequence to allow the initiation of a new one. By summarising or assessing the content of a sequence-so-far, participants can propose that they, at least, have no more to say on a topic, which can, in turn, initiate the closing of a topical sequence with the collaboration of co-participants (Button 1991). Schegloff (1995) outlines the recurrent components of the three-turn sequence-closing sequences which such assessments can initiate: first, an initial assessment turn which displays a stance towards the sequence-so-far and hence proposes closing; second, a recipient's collaborative agreement or alignment with that stance which accepts that proposal; and third, an optional final closing token, which is often produced more softly. An example of this type of 'sequence-closing sequence', with its components numbered, is shown below:

(Dyad 4, 1303–1312)

```
     Jan:      it's marvellous to have s[ome]one a-
     Kay:                            [mm.]
     Jan:      (.)you know somebody RELIABle and
               somebody you feel you cn talk to.
1              ts terribly im[por]tant.=
     Kay:                    [mm.]
2              =°it is.°
3    Jan:      °°m:m.°°
               (0.3)
     Jan:      but um- I-(.)w-(.)last night we had
```

Here, Jan produces an assessment which repeats and summarises the gist of her talk so far, and functions to propose closing (1). Kay's quieter 'it is' (2) agrees with Jan's as-

sessment and collaborates with Jan's proposal of closing, and Jan's final, quieter 'mm' (3) serves to close the sequence. A short silence follows, then Jan initiates a new topic. This paper examines how closings are achieved in interactions involving hearing-impaired participants as a way of dealing with obvious problems of understanding. The sequence-closing sequences generated by participants in these situations will be seen to differ in several ways from the typical closing sequence described above.

THE DATA

The transcribed extracts of naturally-occurring data shown in this paper are taken from a larger conversation analytic study of dyadic interaction between adults with an acquired severe or profound hearing loss, and familiar, experienced communication partners (Skelt 2006). These partners included friends, family members, spouses and audiologists. The interactions with audiologists took place during clinical appointments, while other inter-actions took place in participants' homes. Seven video recordings, ranging from 11 minutes to 52 minutes (total 228 minutes) were closely transcribed in both vocal and non-vocal detail, including gaze, gesture and postural components for both participants. For simplicity and ease of reference, non-vocal detail is shown in the examples below only where central to the analysis.

The transcription system used for talk is based on that developed by Gail Jefferson (eg. see Gardner 1994; Jefferson 2004; Ten Have 1999), with one additional symbol (©) adopted to denote partner talk which is obviously produced as 'clear speech for the hearing impaired'. The articulatory characteristics of such talk include greater loudness, reduced pace, lengthened phonemes, more full release of word-final stops, and lessened reduction of unstressed vowels (Picheny et al. 1985; Picheny et al. 1986). Gaze information is transcribed using a system derived from that devised by Goodwin (1981); gaze by the hearing-impaired participant at the partner is denoted by a line of X (XXXXX), gaze by the hearing-impaired participant away from the partner by a line of dashes (-----), and transition between the two states by a line of commas (,,,,,).

DATA EXTRACTS

ACCEPTING A PROPOSAL OF CLOSING

Extract 1 is taken from an interaction between Col, who has a severe hearing loss and wears two hearing aids, and his audiologist, Lil. During an appointment to check on

Col's progress with new hearing aids Lil talks to Col about the next step in his treatment. He will be seeing his doctor next week:

(Dyad 3, A281–298)

1.	Lil:	©an you're going b<u>a</u>ck to see
2.	Lil:	Doctor Chipp n<u>e</u>xt w<u>ee</u>k,©
3.		(0.3) (*Col nods*)
4.	Lil:	©I would t<u>a</u>lk to him about the implant th<u>e</u>n.©
5.		(0.5)
6.	Col:	[you'll-]
7.	Lil:	[©I wo]uld t<u>a</u>lk to him ab<u>ou</u>t the implant,©=
8.	Col:	=you'll talk to him will you?
9.	Lil:	©no ↑y<u>ou</u> talk to him about-=
10.	Lil:	<u>I</u>'ve sent him a l<u>e</u>tter,©
11.	Col:	yes,
12.	Lil:	©a rep<u>o</u>rt, (0.5)
13.	Lil:	so h<u>e</u> will-
14.	Lil:	then h<u>e</u>'ll need to take it from there.©
		Col gaze: XXXXXXXXXXXXXXXXXX ,,,,,,,,,
15.	Col: →	that's <u>r</u>ight, th<u>a</u>t'll help ye:s.
		Col gaze:----------------------------------
16.	Lil:	>°alright.°<
		Col gaze: --------------
17.	Lil:	©I ↑g<u>a</u>ve you the br<u>o</u>chure didn't I.

Evidence of a problem of understanding emerges early: the 0.5 second gap of silence in line 5 after Lil's complete and uptake-relevant unit in line 4 ('I would talk to him about the implant then') provides the first such evidence. The simultaneous turn initiations (lines 6 and 7) which follow the silence show that both participants orient to a need for repair. Col appears in line 6 to begin, and then cut off, the confirmation-requesting repair initiation which he ultimately produces in line 8 'you'll talk to him will you?'. The understanding problem is likely to arise from the inherent potential for ambiguity and misperception in Lil's talk – her 'I would talk to him about the implant' with its implicit but unspoken 'if I were you' could easily be misheard as 'I will talk to him about the implant', and this appears to be the source of Col's uncertainty. It is unfortunate, then, that Lil self-repairs her prior trouble-source turn of line 4 by repeating most of it in line 7, since this repetition retains its potential for confusion, and does not repair the trouble,

as Col's line 8, which both fully displays and requests confirmation of his own understanding, shows.

In line 9, 'no, you talk to him about-', Lil begins to respond to Col's confirmation request of line 8 with an explicit, *no*-prefaced repair of Col's displayed misunderstanding. However, she does not complete this overtly repairing turn at talk. Instead she cuts it off and changes the direction of her repair. Lil's assertion in lines 10 and 12, that she has 'sent him a letter, a report' seems intended to make it clear that she has already communicated with the doctor, implying that she need not speak to him again. From this, she appears to expect Col to infer that it is he who must raise the topic with the doctor. Nowhere does Col provide an explicit confirmation of the success of this repair attempt by Lil – there is no 'oh, you want me to talk to him about it', for example.

Of Lil's repairing talk in lines 9–14, only line 10 ('I've sent him a letter') is responded to by Col ('yes,' line 11). After this, Col makes no further claims of understanding, and towards the end of Lil's talk in line 14 Col, who has until now maintained constant gaze at Lil, withdraws his gaze and initiates further talk. His turn in line 15 (arrowed) has three components: first, what might be called an 'agreeing assessment' ('that's right'); second, an assessment ('that'll help') of the content of Lil's own talk, which appears to refer back to Lil's already-receipted 'I've sent him a letter'; and third, a further agreement token, ('yes'). In effect, Col produces his own multi-part closing sequence, consisting of assessments and agreements.

None of Col's talk in line 15 explicitly displays full understanding of any of Lil's talk after line 12. Instead, it seems still to be responding to her earlier assurance that she has sent a letter or report. Furthermore, because of the timing of his gaze withdrawal, Col is unlikely to have perceived the end of Lil's talk in line 14, which may compound any understanding problem. Nevertheless, Lil treats Col's turn as a proposal of sequential closing, and accepts and collaborates with that closing with her soft, fast, agreeing 'alright' (line 16), a response token which may also serve to mark a change of activity (Gardner 2001). This is followed by Lil's initiation of a new but related topical sequence in line 17. Lil makes no further attempt to repair Col's potentially problematic understanding of the prior sequence.

RESISTING 'UNILATERAL' CLOSING

Extract 2 is also taken from an audiology appointment, this time with Nell, who has a profound hearing loss and wears one hearing aid, and her audiologist Cath. Nell has attended to be reinstructed in the use of an FM microphone and receiver with her hearing aid:

(Dyad 2, A180–212)

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1.    Nell:      you're familiar with this device by the-
2.    Nell:      I can see,
                 .
                 . 9 lines of talk by Nell not shown
                 .
3.    Cath:      ©we don't uh-(.)we don't fit a LOT of them
4.    Cath:      so I'm probably a  [bit rusty©]
5.    Nell:                          [↑o::::::oh]
6.    Cath:      [©but I will u::m,© ]
7.    Nell:      [↑↑really? ↑o::::::h] really.
8.    Nell:      o:oh that's good.
9.    Cath:      [©ye:::s.©]  [◦that's righ-◦]
10.   Nell:      [(ye:::s,)]  [(cos)this is a]wonderful thing.
11.   Cath:      ©it i::s.=we ↑fit a lot to children,[.hh]
12.   Nell:                                          [◦m◦]
13.   Cath:      but u::m often not this: type  =
14.   Nell:                                       (nod)
15.   Cath:      uh they have a bigger type¿=
16.   Cath:      =so that they don't lose it.© hh.hh
17.   Cath:          [©be]ca:use u::m
18.   Nell:      ↑o:::[oh.]
      Nell gaze: XXXXXXXXXXXX
19.   Cath:      [it's:s(.)]a ©problem with such a
20.   Nell:      [↑↑o:::oh,]
      Nell gaze: ,,,,-----------------------------,,,,,,,,,,,
      Cath:                    picks up &  ↑points at device
21.   Cath:      small shoe that-
      Nell gaze: XXXXXXX,,,,,,
22.   Cath:      the  [children sometimes© lose it an-]
23.   Nell: →          [that's   ri:ght.ye:::es.   ye:::es.]
      Nell gaze: ,,,,,,,---------------------------------------
24.   Cath:            [(u:um)]
25.   Nell:      .hh  [ye:es,]-u:::h should the battery-
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Here again, there is early evidence of a problem of understanding. In line 3 ('we don't uh- (.) we don't fit a lot of them so I'm probably a bit rusty'), Cath provides a warrant and mild disagreement with Nell's earlier inference of her familiarity with the device in lines 1 and 2. However, both the timing and the content of Nell's response to Cath's

turn of line 3 suggest a problem of understanding. Her repeated and elongated 'oh really's, together with her 'that's good' and 'yes cos this is a wonderful thing' (lines 5, 7, 8 and 10) treat Cath's talk as a piece of good and possibly surprising news.

Nell's response is consistent with her not having perceived the negative 'don't' component of Cath's talk, hearing only that '(we) fit a lot of them'. The device in question has, in the past, been expensive and difficult to obtain, and this explains Nell's surprised and delighted response to what seems to be Cath's news that 'we fit a lot of them'. Elsewhere (Skelt 2006), it is shown that Nell's gaze does not reach Cath in line 3 until Cath's 'fit', and this accounts for Nell's apparent failure to perceive the immediately preceding 'don't'. For most people with a severe or profound hearing loss, visual supplementation of auditory articulatory information is necessary for optimal understanding (Gagne et al. 2002; Skelt 2006). If Nell is not gazing at Cath, she is far less likely to perceive her talk correctly, or even at all.

Nell's understanding of Cath's talk supports, and indirectly agrees with, Nell's own observation of Cath's familiarity with the device, rather than countering it, as Cath has intended. Cath's subsequent talk addresses this problem of understanding without drawing attention to it, and attempts what might be called 'embedded repair' (after Jefferson 1987) in that it 'embeds' the repair of a misunderstanding in further topical talk (see Skelt (2006) for further analysis). However, Nell gives only minimal response tokens at the ends of Cath's lines 11 and 13 (a quiet 'm' and a small nod respectively), both of which weakly claim understanding without actually displaying it.

Then, in lines 18–20, Nell's rather high-pitched and elongated overlapping 'oh' change-of-state tokens (Heritage 1984) appear, in their timing, to respond to Cath's 'uh they have a bigger type¿ so that they don't lose it' (lines 15 and 16). These seem to give a rather exaggerated news-receipting response to what is an explanation for fitting a different type of device to children, performed in the service of embedded repair of an earlier misunderstanding. It is, however, entirely possible that Nell's 'oh's refer back to and extend her earlier 'oh really' responses to the news that a lot of these devices are fitted. The inappropriateness of these 'oh's as responses to Cath's immediately prior talk suggests a local problem of understanding, on top of the general misunderstanding which runs through this sequence. Cath herself appears to treat Nell's understanding of her talk at this point as questionable, since she re-presents it in the talk that follows: 'it's a problem with such a small shoe that- the children sometimes lose it an-' (lines 19, 21 and 22). Her re-presentation does not, however, take the overtly repair-related form of a repetition; instead it again embeds the repair in further elaboration and topically-related talk.

The first of Nell's 'oh's (line 18), uttered with final intonation and accompanied by Nell's gaze at Cath and hence by her continuing attention or recipiency, can act as a continuer and does not compete with Cath's continuing talk. However, at the beginning of the second of her 'oh's (line 20) Nell withdraws her gaze from Cath. Gaze withdrawal by hearing-impaired interactants is known to be associated with turn initiation (Skelt 2006), and the continuing intonation of Nell's second 'oh,' implies that she may have more to say, and that this second 'oh,' prefaces and projects the initiation of a more substantial turn at talk. Talk by Nell at this point could delay, or even prevent, the completion of Cath's repair of both general and local misunderstanding. At the same time, Nell's gaze withdrawal threatens Cath's project of repair in another way. As noted above, visual supplementation (via lip-reading and other cues) of auditory articulatory information is necessary for optimal understanding by most severely and profoundly hearing-impaired interactants. Even if Nell says nothing more at this point, her withdrawal of gaze makes her less likely to understand further talk by Cath. The success of Cath's continuing repair depends on her regaining Nell's gaze.

Accordingly, before the end of Nell's 'oh' in line 20, soon after her gaze withdrawal, Cath picks up the 'shoe' attachment of Nell's own device. Shortly afterwards, she points at it. Although this may be partly to enhance the effectiveness of her repair with a form of non-vocal supplementary information, the experienced partners of hearing-impaired interactants have also been shown to use gestural components of their talk to solicit the gaze (and hence the recipiency) of their hearing-impaired partners (Skelt 2006). Nell says no more after her second 'oh,', and soon after Cath points to the device Nell's gaze moves back towards her. Cath has successfully resisted what may have been Nell's first attempt to disengage from this problematic sequence, and is able to continue her own repairing work.

However, Nell again withdraws her gaze from Cath during Cath's 'that' at the end of line 21. Soon after, she initiates a full turn at talk which overlaps with Cath's. Overlapping turn initiations preceded by gaze withdrawal by interactants with hearing loss have been shown to result in the curtailment of partners' continuing turns at talk – experienced partners regularly drop out of overlapping talk with hearing-impaired co-participants in the absence of their gaze (Skelt 2006). After her 'sometimes' (line 22) Cath's speech becomes softer and less distinct, and she cuts off her talk at the end of line 22, apparently abandoning repair.

Nell's overlapping incoming in line 23 (arrowed) initiates a multi-unit turn at talk which, like Col's in extract 1, starts with 'that's right', a type of agreeing assessment. Two 'yes' agreement tokens follow. Each unit of this three-part turn is intonationally

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complete – Nell appears both to propose and unilaterally to progress the closing of this problematic sequence. It is not at all clear that Cath herself immediately accepts Nell's proposal of closing – her overlapped 'uum,' in line 24 implies more talk of her own to come – however in the continuing absence of Nell's gaze she does not, and indeed cannot, continue.

Nell, meanwhile, after a turn-initial 'yes,' with continuing intonation, which serves to link her new talk with what came before, initiates a new topic. Ultimately, Cath accepts the newly-proposed topic, and no further repair of the prior sequence's misunderstanding is undertaken. Cath has chosen to prioritise sequential progress over the repair of Nell's misperception of her level of familiarity with the equipment.

DISCUSSION

In both extracts a sequence in which understanding by the hearing-impaired recipient appears to have been compromised has been closed down by the participants in that sequence, despite the consequences of that closing for the action in which the non-hearing-impaired speaker is currently engaged. In extract 1, both Lil's attempt to advise Col and the repair which arises from it are discontinued. In extract 2, both Cath's global embedded repair and her more local repair, each prompted by inappropriately-constituted claims of understanding, are abandoned.

At first glance, the extracts appear to differ in the ways the closings unfold. In extract 1, Col, the interactant with a hearing loss, both proposes and accepts the closing of the sequence, and has that proposal accepted by Lil, his partner, who goes on to initiate the next turn at talk and the next topic. By contrast, in extract 2, the hearing-impaired Nell unilaterally proposes and accepts closing and moves on to another topic without her partner Cath's overt acceptance of her proposed closing, though Cath does not ultimately resist Nell's initiation of a new topic. Despite these differences, however, these closing sequences are similar in two distinct ways.

MULTI-UNIT TURNS

First, each of the contributions by hearing-impaired participants to the closing sequences consists of two or three syntactic and intonational units. In extract 1, Col's proposal of closing ('that's right, that'll help ye:s.', line 15) contains three syntactic units, and two intonational units. It constitutes a multi-unit turn which potentially stands alone as at least a proposal and acceptance of closing. In extract 2, Nell produces three distinct syntactic and intonational units ('that's ri:ght. ye:::es. ye:::es.', line 23) which, again, can

potentially stand alone as proposal, acceptance, and final closing token. It is as if these hearing-impaired interactants attempt to ensure closing in environments of doubtful understanding by producing all of the necessary components of a closing sequence themselves.

Interestingly, in both cases the initial component of that closing sequence is 'that's right'. Both Col and Nell begin their multi-unit closing proposals in this way. 'That's right' can act as an agreement, as Cath's use in line 9 of extract 2 shows. However, as used by Col and Nell in extracts 1 and 2, it can also act as the initial component of a closing sequence. In this problematic context, 'that's right' has great versatility – it can potentially assess and agree with any speaker stance, either positive or negative, and hence may act as a very useful claim of understanding where understanding is compromised. Furthermore, it simultaneously constitutes both an assessment of the prior speaker's stance and an agreement with it. A stand-alone 'that's right' agreement, or one followed by other assessments or agreements, may therefore potentially be highly closing-implicative in some contexts.

MITIGATING DISENGAGEMENT

The other similarity between the sequence-closing sequences shown here is that each is preceded at some point by a withdrawal of gaze by the hearing-impaired interactant. As mentioned earlier, withdrawal of gaze by interactants with severe and profound hearing loss often precedes or coincides with the initiation of their own turns at talk (Skelt 2006). Gaze withdrawals by hearing-impaired interactants at uptake-relevant points, such as Col's in extract 1 (at the end of Lil's line 14), may therefore signify incipient recipient uptake, and hence, indirectly, claim understanding. By withdrawing his gaze, and producing a turn at talk which proposes and accepts closing, Col both claims understanding of Lil's talk and closes what has demonstrably been a troublesome sequence. His closing is accepted by his partner Lil. Nevertheless, the advising and repairing action in which Lil has been engaged is abandoned, and Col's gaze withdrawal and subsequent closing may be seen as curtailing her turn at talk.

Gaze withdrawals by hearing-impaired interactants at points which are not transition-relevant during clearly continuing talk by partners are even more obviously problematic, both because of their positioning and because of their implications for the success of that continuing talk. Such gaze withdrawals, when coupled with the initiation of talk by interactants with hearing loss, may be treated as interruptive by the partners whose turns have thereby been curtailed (Skelt 2006). Indeed, 'interruption' has been identified as

one of the problematic behaviours displayed by hearing-impaired interactants in prior studies (Tye-Murray and Witt 1996).

In extract 2, Nell appears to attempt gaze withdrawal and simultaneous turn initiation twice: first in line 20, and again in line 23. Both gaze withdrawals occur at points where Cath's talk is clearly continuing. Nell's first attempt is unsuccessful – Cath works to regain her gaze and hence her recipiency by non-vocal means. This contrasts with Nell's second attempt, which takes the form of a unilateral sequence-closing sequence. This is ultimately successful in closing down this lengthy problematic repair sequence, despite the non-completion of Cath's action. It could be that the structure of Nell's overlapping talk at this point both ensures its success and orients to its potentially interruptive nature. A unilateral sequence-closing sequence in such a context makes its speaker's intentions quite clear, while still imitating the structure of a collaborative closing. As such, it is potentially preferable to a gaze withdrawal followed simply by an abrupt change in topic, which might be treated as more strongly interruptive.

Goodwin and Goodwin (1987) note an association between gaze withdrawal and closing-implicative assessments in everyday conversation. They suggest that assessments occur in closing environments partly to offset, by way of 'heightened appreciation', the lessened engagement displayed by the gaze withdrawal associated with proposals of closing. If such presumably sequentially-appropriate withdrawals of engagement are problematic enough to necessitate this type of interactional work, then the gaze withdrawals of hearing-impaired interactants at points where partner actions are incomplete are potentially even more so. The elaborate, multi-unit displays of agreement which these interactants produce in closing may be intended to offset the problem of inappropriate or untimely withdrawal of engagement.

CONCLUSION: DAMAGE CONTROL

Hearing-impaired interactants, by withdrawing their gaze, can bring about the closing of sequences in which insurmountable problems of understanding have arisen. By then producing multi-unit assessment and agreement-based closing turns, they may mitigate both their withdrawal of engagement and its potentially violative and interruptive nature. For their part, partners tend to respond to hearing-impaired interactants' gaze withdrawals and proposals of closing in environments of doubtful understanding by collaborating, or at least cooperating, with closing. Thus participants act collaboratively to keep problems off the surface of the conversation – they engage in a form of damage control. In doing so, they limit the damaging effects of persistent and evident misunderstanding

on the progress and success of an unfolding conversational sequence. At the same time, they minimise threats to both the competence and the identity of the hearing-impaired participant.

For conversational participants with a severe or profound hearing loss (or indeed with any type of communication impairment), potential threats to competence and identity are never far away. Antaki and Widdicombe (1998: 2) note that a person's identity can be seen as constituting 'his or her display of, or ascription to, membership of some feature-rich category'. Every repair initiation, every 'what?' or 'pardon?', by a hearing-impaired interactant potentially casts him or her into a category rich in negative features, perhaps the most significant being those associated with failures of conversational competence. Every partner action which overtly marks a sequentially-inappropriate response arising from mishearing or misunderstanding potentially exposes such a failure of competence. Conversely, partner actions which conceal or 'smooth over' such problems can prevent the exposure of an impaired identity. As a result, partners may exercise damage control by letting problems pass unrepaired, by repairing covertly, like Dot in the first example, or by attempting embedded repair, like Cath in extract 2 (Skelt 2006). Jefferson (1987) suggests that such embedding is a way 'of keeping such issues as incompetence and/or impropriety off the conversational surface'.

Perkins (2003: 149–151), in a study of the negotiation of repair in aphasic conversation, notes that 'if the problem necessitating repair can be traced back to some personal insufficiency, it becomes an event that threatens face', and finds that under these circumstances, 'given the sensitivity of protracted repair in exposing failures in competence', participants may choose not to initiate or continue repair. Paoletti (1998) describes an avoidance of repair initiation by the interviewer of an elderly man who gives 'incoherent' responses to interview questions, and attributes it to a desire to avoid overtly ascribing 'on-sight membership of the [negatively-featured identity] category "old"'. She argues that 'with such an identity hovering in the wings, to ask for clarification of faulty responses would be visibly face-threatening, so it is avoided by the interviewer' (p. 180).

For severely and profoundly hearing-impaired interactants and their familiar conversational partners, hearing-impaired identity does not so much 'hover in the wings' as stand upon the stage, consistently shaping the actions of participants. They may collaborate to keep the conversational focus away from that identity. Like the avoidance or embedding of repair, the joint action described in this paper, of proposing and collaborating (or at least co-operating) with the closing of a repair sequence which has apparently become irredeemably problematic, constitutes a form of 'identity damage control'.

ACKNOWLEDGEMENTS

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