Other-Initiated Repairs during Hospital Teachers' Tutorials

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Introduction: Reality and thoughts are created through acts of speech. Our experiences are inseparable from the actual situation. Language use and repair organization during conversation depend on the communication situation wherein the speakers are involved rather than on social parameters.

Purpose: The purpose of the present study was to select the communicative event during hospital teachers' tutorial. The peculiarity and importance of this situation is that it differs considerably from the routine, institutional classroom teaching process. The present paper intends to show the difference between repair and correction. In addition to these, we can observe disparities between self-repair and other-repair.

Material and method: The corpus of the investigation was constituted by the transcripts of three geography lessons conducted by the hospital teacher. The study pays special attention to the consequent discussion of self- and other-repair in classroom talk. The aim of the corpus-based transcription of the recorded lessons is to find answers to the repair questions in this special classroom situation.

Results: The main problem of the study was who repairs whom and the linguistic devices used during classroom sequences. Finally, we focused upon the analysis of other-repair instances.

Conclusion: Observations should be extended to compare the results obtained with normal classroom procedures.

Keywords: repair, other-repair, self-initiated repair, hospital teacher, transcription

Introduction

Reality and thoughts are created through acts of speech. Language use and repair organization during conversation depend on the communication situation wherein the speakers are involved rather than on social parameters [1]. Hospital teaching (HT) is a dynamically developing pedagogical service offered to children aged 4-18 years requiring hospitalization for several weeks or longer in children's hospitals in countries including Germany, Austria, Great Britain, the US and Hungary. The service is provided in order to keep primary and secondary school students up-to-date with the school curriculum in major subjects and also to keep them busy learning and preparing for returning to normal life when they are discharged from the hospital.

The aim of the present study is to identify major specific features of this special pedagogical encounter using procedures of conversation analysis, a comparatively new field of performative pragmatics. Studying repairs and corrections, a seemingly unimportant phenomenon in both everyday and institutional conversations is believed to provide information on the difference of effective verbal communication in HT encounters. The peculiarity and importance of this situation is that it differs considerably from the routine, institutional classroom teaching process. A distinction has to be drawn between the replacement of a speech error or mistake (correction) and stylistic repair or completion. The term correction refers to the replacement of a speech error by what is correct [2]. Repairs can be classified as self-repair when corrections are made by the speakers themselves, and other-repair made by the interlocutors. Other-repair sequences are interpreted within the standard situation of a classroom discourse. According to research-ers discourse in general is characterized by the dominance of self-repair [2]. Whereas linguists are mostly concerned about self-repair as it regularly occurs within the sentence [3,4], psychologists tend to analyze other-repair [5]. There are attempts to study self- and other-repair conjointly. The present study adopted this latter approach.

Material and method

The corpus of the investigation was constituted by the transcripts of three geography lessons conducted by the hospital teacher. The whole length of the recordings is 81' 31". The length of the individual lessons is substantially shorter compared to the normal classroom situation as a result of the special hospital environment and the health condition of the students (22'59", 27' and 31'32"). The transcribed version of the recordings constitutes the corpus of the study, which consists of 8210 words.

The recordings were carried out by the hospital teacher in the teaching room of the HT service at the Unit of Oncology, Department of Pediatrics, University of Pécs. The furniture of the teaching room provided for creating a cozy, stimulating, undisturbed and intimate atmosphere for the face to face encounter. Written informed consent was obtained from the students' parents concerning the participation of their children in the study. Permission for conducting the investigations was granted by the Ethics Committee of Pécs University (3453.-316-9823/KK41/2009).

The first step of the analysis was the transcription of the recordings. The transcription was carried out manually and directed to indentifying the turn-taking sites in each conversation. The focal points of the analysis included the initiation, type and success of repairs and corrections. In order to

Table I.   Initiation of Repairs

Who	Tutorial 1	Tutorial 2	Tutorial 3	Total
Teacher	6 (86%)	7 (64%)	12 (67%)	25 (69%)
Pupil	1 (14%)	4 (36%)	6 (33%)	11 (31%)
Total	7	11	18	36

illustrate the difference between correction and repair, two dialogues were analyzed. Finally, qualitative analysis of the turn-takings in the conversations was carried out.

Results

The study addressed the following questions:
1. Who initiates the repair?
2. Who repairs whom (self-repair or other-repair)?
3. Who repairs what (repair vs. correction)?
4. What linguistic devices are used in the repair procedure?
5. What are the outcomes of the repair procedure?

1. Table I shows that more than two-third (69%) of repair initiations were performed by the teacher, and less than one-third (31%) by the pupil. This cumulative value is characteristic in two of the three lessons analyzed (64% and 67%). One of the lessons, which lasted for 27 minutes, was characterized by the teacher's repair initiation (86%), similarly to the usual classroom situation.

Teacher: Asks a question
Pupil: Answers
Teacher: Repairs
Teacher or pupil: repeats the Repair

2. Other-repair was dominantly used (72%) in the conversations analyzed as it is shown in Table II. This tendency can be seen in two of the three lessons. During the first lesson the ratio of other-repair was higher (84%).

Table II also represents discrepancies like the number of self-repair operations performed by the teacher, which is unusual in the context of a normal classroom. It should be noted that in 7 out of 26 instances, it was the pupil who repaired the teacher.

3. A distinction is shown between correction and repair. Repair (with capital R) stands for repair in general in Table III. In two of the three lessons the occurrence of repair is dominant, but not determining (57%, 54%) During the third lesson correction occurred more frequently (65%).

Figure 1 represents the occurrences of repairs and corrections. It is obvious that the difference between correc-

Table III.   Types of Repairs

Tutorial	Repairs	Corrections	Repairs total
1.	4 (57%)	3 (43%)	7
2.	7 (54%)	6 (47%)	13
3.	7 (35%)	13 (65%)	20
Total	18 (45%)	22 (55%)	40

Table II.   Self-Repairs/Other-Repairs

Tutorial	TSR	PSR	SR	TOR	POR	OR	TOTAL
1.	0	1	1 (14%)	5	1	6 (86%)	7
2.	0	4	4 (36%)	7	0	7 (64%)	11
3.	1	4	5 (28%)	7	6	13 (72%)	18
TOTAL	1	9	10 (28%)	19	7	26 (72%)	36

TSR: teacher's self-repair; PSR: pupil's self-repair; SR: total self repair; TOR: teacher's other-repair; POR: pupil's other-repair; OR: total other repair

tion and repair is in the third lesson significant and all together the dominant one is correction (55%).

Based on the transcriptions two dialogues were analyzed focusing on correction and repair. The mistakes were in both cases solecisms, one of the speakers replaced a morpheme by mistake, which resulted in uttering a word with a different meaning. The other speaker taking the turn corrected the mistake. The first one can be considered as a repair, the speaker (the teacher – T) initiated the repair and the student (S) taking the turn accomplished the procedure.

Example 1

S: – Here is Eger.
T: – What was it all about, did you read it?
S: – About the big battle, against the Turks.
T: – Right, about the whip of the fortress, ah the whip…
(ostora → its whip)
S: – Siege of the fortress.
T: – Siege of the fortress.
(ostroma → its siege)

As opposed to the example above, in the next dialogue the student made a similar mistake, but in this case the repair procedure was initiated and also performed by the teacher. The following dialogue represents an instance of correction as the mistake was associated with the factual information of the lesson.

Example 2

S: –The Börzsöny, the Mátra and the Bükk.
T: – Yes.
S: – And the Aggtelek caste.
T: – Carst.
S: – Carst.
(kaszt – caste, karszt – carst)

Table IV.   Initiation and Outcomes of Repairs

Types of repairs	Tutorial 1	Tutorial 2	Tutorial 3	TOTAL
TI-TOR	5	6	7	18
TI-PSR	0	1	4	5
TI-TSR	0	0	1	1
PI-PSR	1	3	0	4
PI-POR	1	0	6	7
PI-TOR	0	1	0	1
TOTAL	7	11	18	36

TI: teacher-initiated; PI: pupil-initiated; TOR: the teacher's other-repair; TSR: the teacher's self-repair; POR: the pupil's other-repair; PSR: the pupil's self-repair
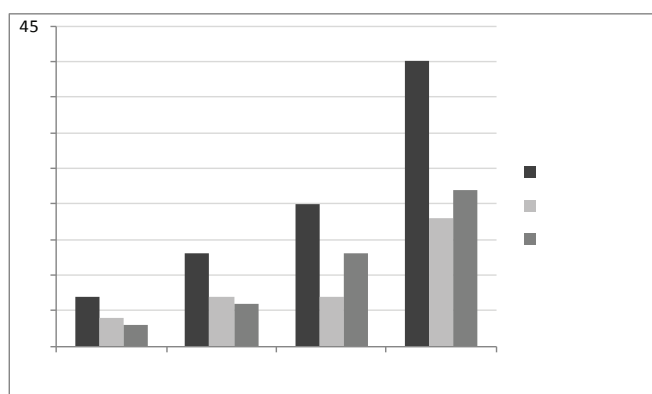
Fig. 1.   Ratio of Repairs and Corrections

4. Question 4 answers what linguistic devices were used and in what communicative situations the pupil repaired the teacher. Repairs, as shown in the above examples, were mostly performed by completion or replacement of a speech error by what is correct. The corrected utterances were also repeated. In the first example the student repaired the teacher and the teacher repeated the correct answer, while in the second dialogue the student was corrected and he repeated the correct word. During the institutional classroom situation the teacher usually needs to call upon the students to repeat the correct answer or in several cases there is no time to perform the repetition. Repair can also be performed by recomposition. It may be necessary when the student is off the point or changes the subject, and also as a result of the friendly atmosphere of the lesson.

Example 3
S: – Buda and Pest lie separately.
T: – Lie separately?
S: – Yes, however the bridges connect them, it is like writing them in one word.
T: – OK, let's do it again, the Danube divides Budapest into two (parts).
S: – Divides into two (parts).

5. Table IV shows the types and number of repair initiations and the outcomes. Other-repair issued from other-initiation is typical, thus the actual speaker is interrupted by the other speaker, who, taking the turn, initiates and performs the repair operation. It was performed by the teacher in 18 instances and by the pupil in 7 instances. In 5 instances self-repair was performed by self-initiation, in another 4 instances by the pupil, in still another one by the teacher.

The repair procedure was successful, which is supported by the repetition of the corrected items in all of the above examples. There was only one exception, which adds to our picture of the hospital teachers' tutorial. It was an example of repair when a lexical item was replaced by the teacher, but the pupil insisted on the incorrect item and repeated it. The teacher did not correct him again as it was only a minor stylistic mistake and the lesson continued.

Example 4
T: – Which is the biggest river in Hungary?
S: – The biggest river is the Danube.
T: – The Danube, very good.
S: – The Tisza is narrower…
T: – The Tisza is smaller…
S: – Narrower
T: – Anyhow, the Tisza is a subsidiary stream to the Danube.

Discussions

The repair procedure was analyzed from two perspectives. Firstly, who was the one who initiated the repair operation and the one who performed a repair? Secondly, regarding the outcome, was the repair process successful? Although repair initiations were dominantly accomplished by the teacher, in one-third of the cases repair was initiated by the pupil, which confirms the friendly atmosphere of hospital teachers' tutorials. The pupil had a voice in classroom discussions and could initiate repairs. Considering the classroom relations and the dominance by the teacher in the traditional institutional classroom environment, repair is usually initiated by the teacher. Thus, the occurrence of other-initiation is associated with the dominance structure of the discourse. In case repair is initiated by the pupil, the outcome is usually self-repair performed by the pupil [6,7]. The question of who performs self-repair is more justified in this environment than in the normal classroom. Self-repair was usually performed by the pupil (9 out of 10 instances during the lessons analyzed). Other-repair was accomplished by the teacher in most cases (19 out of 26 instances in the three lessons analyzed). To sum up, other repair issued from other initiation was dominantly used by the teacher but it occurred in 7 instances by the pupil as well. This is unusual considering the dominance structure of the normal classroom.

Correction of speech errors occurred more frequently, however, the difference was not marked as compared to the occurrence of repair. During the first two lessons the instances of stylistic and other repair were almost equal with those of correcting factual information. The repair procedure was successful in most cases, the corrected utterances were repeated.

Conclusions

Repair sequences are characteristic elements of discourse in general and they also appear during the hospital teachers' tutorials. While self-repair is typical in an ordinary conversation, the tutorials are characterized by the preference of other-repair. In most of the cases the teacher repaired the student, but it also happened that the student repaired himself or even the teacher. This would be considered as an impolite element of conversation and it is not in accordance with the dominance structure of the traditional classroom situation. Consequently, comparing the repair procedures of the hospital teachers' tutorial with that of the traditional classroom is complex. Firstly,

the types and number of repairs, the initiations by the teacher and the dominance relations are in accordance with the traditional classroom situation. However, there are a number of repair operations that do not fit into the institutional system of the classroom. These occurrences can be the result of the friendly atmosphere evoked by the special location and conditions (hospital environment, the children's health status). The present study is to be extended with further investigations concerning the length of the repair procedures, the differences between repairs in hospital teaching and institutional settings and also with a more extensive analysis of the distinction between correction and repair.

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