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COMMUNICATION AND THEATER ASSOCIATION OF MINNESOTA JOURNAL

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CTAM JOURNAL MISSION STATEMENT

The Communication and Theater Association of Minnesota Journal (CTAMJ) is the scholarly journal of the Communication and Theater Association of Minnesota (CTAM). The journal is an outlet for articles related to issues of discipline-related importance including articles discussing innovative teaching methods. All theoretical and methodological approaches are welcome.

CTAMJ encourages contributions from scholars and practitioners, who comprise all segments of the journal’s readership, including K-12 educators, graduate school, community college, and college or university groups. The journal welcomes theoretical and applied articles from both the theater and communication disciplines. Capable scholars in the appropriate field will blindly review all general manuscripts.

No work will be accepted or rejected purely on the basis of its methodology or subject. Author sex, race, ethnic background, geographical location, or work affiliation (secondary/college level, department, etc.) of the author(s) are never considered in making editorial judgments. The demands of the disciplines of speech communication and theater are key factors in the editorial judgments made. All editorial decisions attempt to balance these demands with the needs and interests of the journal’s readers.

The journal is guided by three key principles:

- To provide an outlet for the expression of diverse ideas.
- To publish high quality scholarship in the disciplines of Speech Communication and Theater.
- To meet the journal-related needs of CTAM and its members.

EDITORIAL POLICY

Authors should submit an electronic copy of their work as a Word document by e-mail to the editor. A separate, electronic title page should include a 100-125 word abstract of the article, author’s name and professional title, job title, the school or institutional affiliation of the author/s, a mailing address, and an e-mail address. Care should be taken that author identification has been removed from the manuscript itself for review purposes. All manuscripts should be prepared according to current APA or MLA guidelines.

The call for Manuscripts goes out in the fall of the year and the deadline for submissions is in March of the following year. All articles are read anonymously by at least two associate editors. All author identification markings are removed from the articles and no editor reads the work of a colleague. Associate editors may submit articles to the journal, but their work must go through the process of blind review, just as any other submitter. The journal editor facilitates the process and makes final decisions based on the associate editors’ recommendations and comments. If there are any questions about the process, please direct them to the journal editor.

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As August fades and we begin to speak wistfully of summer in the past tense, it can be easy to lose sight of what originally led us to build homes in academia. There is little time to reflect, after all, as this is the season of furious course preparation. There are assignments to update, syllabi to create, and ambitious summer to-do lists that just never seemed to shrink as quickly as our spring ambitions led us to believe they would.

Yet, in this mad flurry of activity, it is my hope that we will all find some time to reflect not only on the year at hand, but on our respective longer-term vocational journeys. What do we remember about our own journeys as students? What did we need most? What led us to stay in academia? What is it that we want our students to take from their educational experiences in our classrooms, on our stages, and as members of our teams? I believe the answers to these questions of what will remind us of our why.

I also hope you will find time to look over the important works found in this issue of the CTAM Journal, as they speak directly to our collective why at an organizational level. They highlight the important potential of our work as scholars and educators in communication and theater by demonstrating the significant practical applications of our field. Thematically, I believe they are woven together by the need to belong. How might guardians and educators communicate more effectively to make sure all students feel like they belong in the classroom? What can narratives about home shared by survivors and caregivers teach us about the connection between healing and belonging? To what extent does public speaking belong in courses outside the discipline, and what implications might this question hold for the discipline’s place in the broader academic setting? These are a sampling of the many questions explored by the articles in this issue; I hope you will enjoy reading them as much as I have.

In addition to these new articles, which demonstrate the future directions of our discipline, I have taken the suggestion to include an article from the CTAM Journal archives. In discussing the journal, Larry and Roxy noted that many of the older issues include articles that remain directly relevant to key topics of today. One such article, shared with me by Larry, was originally published in 1985. Whether this is a flashback for you or brand new material, it provides valuable context and fascinating parallels to the present.

Of course, this issue would not have happened without the unseen efforts of so many. Thank you to all who submitted; while the review process can be grueling, I am grateful to have been on the receiving end of quality work, kind exchanges, and a great deal of patience. Thank you to my brilliant associate editors for dedicating your time and mental energy to providing outstanding feedback. Thanks also to those in the organization who continually offered to help in any way possible. Finally, thank you to the individuals who offered specific expertise to this first-time journal editor: Dan Cronn-Mills, Larry Schnoor, Jim Dimock, Todd Holm, Scott Branton, Keith Green, Roxy Janke, and Chad Kuyper.

When I was asked to take over the journal late in 2017, this issue seemed at once close and very far away. It proved to be the latter, but I am thrilled to share that the wheels are back in motion and the CTAM Journal is back online!

Happy reading,

Mike Chouinard, Editor
Communication & Theater Association of Minnesota Journal
Communicative Challenges in the Parent-Teacher Relationship Regarding Students with Special Needs

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Abstract

The current study explored the communicative challenges for parents and teachers of children with special needs. This qualitative study elicited interview data from both parents and teachers, and revealed that teachers were frustrated with parents not communicating regarding their special needs children in a way that could help prepare the teachers for the challenges they may face. Caregivers cited a lack of communication with teachers as problematic, as well as their perception of teacher as expert that led them to feel as if the teachers presented information in inaccessible ways. The findings are discussed through the lens of structuration theory.

Keywords: Parent-Teacher Communication, Special Needs Students, Structuration Theory

The Individuals with Disabilities Education Act (IDEA), enacted in 1975, mandated that eligible children ages 3 to 21 receive a free and appropriate public school education in the least restrictive environment possible. In 2015-2016, 13 percent (approximately 6.7 million) of all public school students between the ages of 3 and 21 in the United States were receiving special
education services (McFarland et al., 2018). Special education plans, either an individualized education program (IEP) or a 504 plan, guide the educational processes for special education students. Both plans require the efforts of teams comprised of the student’s parent(s), general and special education teachers, the school psychologist, a variety of applicable specialists and therapists, and either a district representative responsible for special education or the school principal (www.understood.org). Creating and implementing special education plans is guided by federal laws, strict timelines, extensive testing procedures, complex data, and evidence-based practices. Developing the special education plan is only one part of the educational process for individuals identified as having special needs, and the role of communication and the challenges that occur between key participants are evident as parents, teachers, and district officials engage in a complicated process designed to help meet the educational, emotional, physical, and social needs of the student. It would seem that their ability to communicatively construct a positive relationship has implications not only for the student, but for the larger structure of education.

While Vickers and Minke (1995) clearly stated that parents (or caregivers) and teachers share the complex task of educating and socializing children, numerous other studies have alluded to the communication difficulties that exist between parents and teachers, especially when concerning students who have special needs (e.g., Epstein & Becker, 1982; Lightfoot, 1978; Paget & Chapman, 1992). Studies have indicated that parents who feel excluded from the decision-making and communication processes express feeling intimidated when meeting with their child’s teachers (Hanafin & Lynch, 2002), while veteran teachers reported that communication problems with parents are a major source of job dissatisfaction (Chase, 1985). These mutual problems are magnified when the student has special needs (Murray, 2000).
Despite the challenges that exist, Moore (2002) argued that frequent parent-teacher communication does increase overall student success. The outcome of these interactions, though, does rely upon the perceived communication satisfaction of both parent and teacher. The interactions between teachers and parents regarding a special needs child are rife with challenges, including: perceptions of relational incongruence (Minke, Sheridan, Moorman Kim, Hoon Ryoo, & Koziol, 2014), communication styles (Laluvein, 2010), communication preferences (Palts & Harro-Loit, 2015), content of communication (Rothengast, 2016), and power differentials (Dunn, Constable, Martins, & Cammuso, 2016), among others.

While frequency and mode of communication have been established in the literature, little research has investigated the ways in which parents and teachers may be creating and maintaining a communicative structure that both parties often find frustrating. The purpose of the current study was to explore the communicative challenges that exist between parents and teachers of students with special needs. We analyzed the data through the lens of structuration theory (Giddens, 1979), which revealed how the challenges experienced by both teachers and parents result, in part, from the (re)production of structures that constrain both parties as they attempt to meet the needs of the special needs students in their care. The use of structuration theory as applied to this relational context marks a unique contribution to the literature.

**Review of Literature**

**Challenges in Parent-Teacher Relationships**

The literature on parent-teacher relationships points to several broad categories of challenges that exist in the relationship. In this section, we briefly review relevant literature regarding the following challenges related to the parent-teacher relationship: relational
congruence, communication challenges related to frequency, amount, medium, communicator style, and content, as well as power differences between the parties.

Relational congruence between parents and teachers is a contributing factor to successful working relationships. Minke et al. (2014) found that incongruence may occur as a result of motivations of both parents and teachers in the participation process. For parents, role construction is the degree to which parents believe that their child’s education and the educational process is an appropriate part of their role. Self-efficacy, according to Minke et al. (2014) refers to the extent to which parents believe they are capable of engaging in activities that will help their child succeed and their motivation to participate in the educational process. Parents with positive beliefs are more likely to participate and hold congruent roles with teachers. Self-efficacy looks different from the teachers’ perspectives than the parents’. For teachers, self-efficacy refers to the degree and extent to which parents can and should be involved with their child’s education. Negative experiences with families may reduce the teacher’s efforts to engage (Souto-Manning & Swick, 2006). Mereoiu, Abercrombie, and Murray (2016) found that with appropriate training and support, both educational professionals and parents were able to reconcile perceptual differences that they held about the other’s role and motivation in the process, and were able to collaborate more effectively in the special education process.

Tveit (2009) found that the institutional setting itself may also cause role confusion. While IDEA puts parents first on the list of individuals required to be on the IEP team, teachers struggle between seeing a parent as a resource and someone needing instruction. Educational professionals may want parents to participate in the educational process but feel that the parents’
role is outside the school. Parents themselves may view school as a “closed institution” where they drop off their children each day and only enter with invitation (Tveit, 2009, p. 293).

While relational incongruencies are problematic for both teachers and parents of children with special needs, both parties also experience communicative challenges in their relationship, including unstated assumptions about the frequency and type of communication (e.g., email, phone call, communication log) as well as stylistic differences (Palts & Harro-Loit, 2015). Although parents typically want the same types of information, they prefer to receive it in different manners via different channels (Vornberg & Garret, 2010). Communication also depends on the parents’ previous interactions with their own schools; “parents avoid meeting the teacher [if] their own experience at school was negative” (Palts & Harro-Loit, 2015, p. 142). Lake and Billingsley (2000) further stated that communication challenges can arise over lack of communication, misunderstood research, or even timing of any clarifying attempts that are made. For example, Zablotsky, Boswell, and Smith (2012) identified that parents whose children are on the autism spectrum often reported being unsatisfied with communication from the school about their child’s placement and role in the school.

Palts and Harro-Loit (2015) identified four types of parent-initiated communication between parents and teachers: active-positive, active-negative, passive-positive, and passive-negative. Active-positive was when parents wanted communication to occur, knew what kinds of information they wanted, and knew whom to ask at the school to receive that information, while active-negative parents were those who worried about all aspects of their child’s day and often overwhelmed teachers with their need for information. Passive-positive parents only wanted communication when there were problems, and passive-negative parents believed the school expected them to initiate communication when there was a problem. Knowing the
parents’ communicator type would “enable teachers to plan their communication strategically” (Palts & Harro-Loit, 2015, p. 152). Laluvein (2010) also described several similar types of communication that parents and teachers used to maintain a working relationship with one another. One significant difference from Laluvein (2010) was the inclusion of situations in which a parent is also a teacher. In these situations of dual-membership, antagonistic communication, or using positive deception to pretend to comply, can occur when the parent feels that they hold more knowledge than the child’s teacher.

Regardless of communicator style, a frequently mentioned source of challenge is derived from the content itself. In an educational meeting, the focus can be strengths-based or deficiency-based (Rothengast, 2016); the meeting first focuses on the progress that the student has made (strengths-based) or the problems and challenges that the student has made (deficiency-based). Communication from a deficiency-based approach can be particularly problematic with initiation of contact only occurring to report new or unresolved problems. This type of communication tended to be more one-way communication as opposed to a two-way conversation (Hibbitts, 2010). Parents expressed frustration in Gwernan-Jones et al. (2015) when they felt as if schools were doing all of the talking and parents were simply there to listen.

Power differentials based on information also have the potential to further complicate the working relationship between parents and teachers. Access to information and understanding of that information is frequently cited as a problem. Dunn et al. (2016) identified that parents highlighted the need for “good explanations and recommendations,” rather than simply being handed a packet of information that they were then expected to read and understand (p. 4). This is particularly complicated with schools’ reliance on evidence-based practices (EBP). Parents can be easily overwhelmed by the amount of information available as well as the lack of
instruction about how or where to access and understand these practices (Cook, Shepherd, Cothren Cook, & Cook, 2012). Problems with EBP are compounded when a team approach is utilized and the parent begins to feel as if schools brought everything and everyone to the table (Lake & Billingsley, 2000).

**Structuration Theory**

Prior interactions between parents and teachers of students with special needs have an impact on how both perceive and approach future interactions. Both also bring with them an understanding of what they believe their own role is or should be in the process. The recursive nature of the parent-teacher relationships as they are used to produce structure lends itself well to analysis through the lens of structuration theory, which was developed by Giddens (1979) in an attempt to explain the intricate interrelations between macro-level organizational structures and micro-level interactions. In explaining the relationship between structures and interactions, Giddens (1979) argued that structure is comprised of rules and resources that produce conditions that create, change, or maintain social systems through interactions.

The rules and routinized practices individuals enact in order to accomplish their daily lives are generally known by the individuals (Giddens, 1984). It is important to note that with this knowledge, individuals also possess agency, which according to Giddens (1979) means “at any point in time, the [individual] could have acted otherwise” (p. 56). The knowledgeability individuals bring to an interaction may occasionally be more a result of intuition (i.e., relying on routinized rules and practices) than a calculated response to the situation (Stones, 2005). Giddens accounts for this with his assertion that individuals possess both a practical consciousness (those actions in which an individual can engage but cannot explain) and discursive consciousness (those decisions an individual can discuss). Although individuals are
generally knowledgeable and purposeful, intentional conduct (i.e., choice) can have unintended consequences for agents during the production and reproduction of social structure (Stones, 2005). These unintended consequences are not only involved in social reproduction, but also become conditions of action (i.e., agency) and are often contradictory.

Structuration theory offers a unique opportunity to frame this study and to analyze the data. As covered in the literature review, previous research has highlighted the importance of communication in the parent-teacher relationship, demonstrated that certain types of pragmatic challenges exist, and illustrated the stylistic and preference differences between parents and educators. Structuration theory, however, allows for a more complicated perspective of the communicative activities and relationships to emerge. A structuration perspective may reveal how the challenges each party experiences with the other, the school, and the structure of education in general could be produced and reproduced through their own interactions. Importantly, this means that we need to examine not only what the communicative challenges are between parents and teachers of special needs children, but how the challenges are co-constructed through the interactions themselves.

**Research Question**

Previous studies have demonstrated the importance of the parent-teacher relationship in student success (Dawson & Wymbs, 2016; Mistry, White, Benner, & Huynh, 2009). Research has also demonstrated that teachers and parents often disagree about their ideas of who should be contributing what information, and what their respective roles should be in the relationship (Minke et al., 2014). While frequency and mode of communication have been established, little research has looked at the ways in which parents and teachers may be creating and maintaining a
communicative structure that both parties often find frustrating. Thus, the following research question was developed to guide the research:

RQ: What communicative challenges are co-constructed as teachers and parents interact regarding special needs students?

Method

The current study was one aspect of a larger study exploring parent-teacher interactions for students who have been identified as special needs. The researchers gathered data through an online quantitative survey, at the end of which respondents were asked if they would be interested in participating in a qualitative interview. Participants were then interviewed by teacher candidates enrolled in a special education course at a Midwest university. To answer the current research question, participants were asked to describe their communicative and interactional experiences from a teacher or parent perspective.

Both teachers and parents were asked open-ended questions in four broad categories using a semi-structured interview format. First, they were asked to talk about their philosophies and past experiences with teacher-parent partnerships and collaboration. Then, both parties were asked questions about their communication expectations and preferences. Third, participants were asked to describe their experiences and ideal processes for handling conflict resolution and problem-solving. Finally, they were asked to discuss their individualized educational plan (IEP) experiences.

In total, 7 teachers and 17 parents agreed to participate in audio recorded interviews. Ages of parents were 35-44 (n=3), 45-54 (n=11), and 55-64 (n=2), with one not indicating age. Fifteen parents self-identified as being white and one self-identified as Latina, while one parent declined to provide their racial identity. Nearly all of the parent participants were female (n=16).
All 7 teachers identified as white. Ages of teachers were 25-34 (n=1), 35 to 44 (n=1), 45 to 54 (n=4), and 55 to 64 (n=1). Most of the teachers who participated identified as female (n=5).

Separate interviews were conducted with teachers and parents. Teacher interviews lasted an average of 59.6 minutes with the shortest being 47.48 minutes and the longest being 61.36 minutes. Parent interviews lasted an average of 56.09 minutes with the longest lasting 128 minutes and the shortest being 29.32 minutes. Interviews were transcribed verbatim yielding 165 double-spaced pages for teacher interviews and 255 double-spaced pages for parent interviews.

Data from the interviews were analyzed using thematic analysis (Braun & Clarke, 2006). Two researchers independently read the responses several times to familiarize themselves with the data, and both made initial notes in the margins about issues of interest. Separately, the researchers then underlined each unit in every response that addressed the research question. Each complete unit was then cut out and taped to a notecard, serving as an initial code for that unit. Individually and then collectively, the researchers read each code and made piles based on content. Each code was compared to the others and similar codes were grouped together until the data could no longer be reduced. The remaining groups formed the themes that served as answers to the research question.

**Results**

Teachers and parents encountered a number of challenges when attempting to interact about special needs students. For teachers, the predominant theme was that of *parents not communicating*. Two themes were found to characterize parents’ views of teacher communication: *teacher as expert* and *lack of communication*. Each of these themes will now be described.
Teachers

Parents not communicating. Teachers felt that their success in the classroom with particular students depended largely on the communication they received from the parent(s). Even simple information such as “Oh it was a really bad morning. Chris struggled getting on the bus,” helped teachers put the student and their potential challenges for the day into context. One teacher stated, “So just knowing that allows me to—when he gets here, we don’t stress him out too much by going right into class.” Without this constant stream of communication, teachers were left to “differentiate for families” what might be occurring outside of school, and how to best meet a student’s needs. One teacher demonstrated this by stating:

A student was crying at school, and I’m like “What is going on?” And he was saying, “Oh there was all this blood and the police were there.” And I’m like, “What in the world!” And so without the communication, your thoughts start going all over the place. I had to contact his older brother to find out where he wants me to [send the student] or what he wants me to [do]. You know, she is a single mom. Should I send him home?

If the teacher had not known that the student had an older brother who was an adult that could provide her with information, she would not have known how to handle the child’s emotional state.

Given teachers’ perception of the importance of the role of communication, parents not communicating was particularly frustrating for them. One teacher explained, “If you are going to provide your email, and I feel like in this day and age, I know, that’s an assumption, it’s hard for me sometimes to understand like, why aren’t they emailing me back?” When one teacher placed herself into the parent’s role, she stated, “because as a parent myself, I would contact a
teacher.” Teachers indicated that while email was convenient, they would take information any way that they could get it—in a letter or in a phone call, etc.

Teachers indicated that lack of communication on the part of parents is the factor that most challenged their interactions. They did not understand how or why communication was limited, but strongly felt as though they could not meet student needs without this collaborative parent input. Now, we turn our attention to parent perspectives of the challenges to this communicative relationship.

Parents

The communication challenges described by parents included lack of communication as well as a theme we identified as teacher as expert. Each of these themes will now be discussed.

Lack of communication. Parents felt that receiving more information about their special needs child’s day, homework, and expectations for the next day helped them set the child up for success. This is illustrated by one parent who stated:

My child has major executive functioning issues, and the kind of information I need from teachers to help keep up with things like what are the homework assignments, and is he missing—did he forget to turn something in. He forgets to turn stuff in all the time. He does the work and then he forgets to turn it in. So if the teachers can let me know what’s going on, I can make sure that he does the work and actually turns it in. But if they don’t tell me what’s going on, I can’t help and they end up mad at him, and it’s not his fault.

He has executive functioning problems. He’s got a disability.

Another parent illustrated their frustration with the lack of communication by stating, “It’s such a huge piece of education and yet it’s not always done real well.” This problem was exacerbated as children entered middle or high school and both parents and students had multiple teachers to
interact with as well as a larger student body. As one parent explained, “There is a lot of teachers and a lot of kids coming and going. Communication is not as good.”

Parents reported feeling as though teachers believe they only needed to provide information when there was a problem. One parent described it this way, “Especially when your kid’s grades go down, you would hope that the teachers would reach out to you before you had to reach out to them, but I don’t really see that happening.” Another parent shared that communication was limited because teachers seemed to only want to communicate at “the IEP meeting once a year.” Parents indicated, however, that they would welcome not only more frequent but also positive communication throughout the school year. This was explained by a parent:

As a parent, I always would be happy to get a call from a teacher, from a principal, guidance counselor, anybody at the school level that’s interacting with my child all day long…[those calls] are well-received and so much appreciated.

As with teachers, parents identified lack of communication as a challenge to their interactions. Parents felt that little information was provided, and when it was, the content usually focused on a problem with the student that had already occurred rather than regular communication that could be proactive. Teachers not providing information was closely tied to the next theme of teacher as expert.

Teacher as expert. When teachers did communicate with parents, parents reported that they often felt as though the information was presented in ways that were not communicatively accessible to them. One parent said, “There is a list available through, I don’t know, there’s a website and they give me that information. But it’s hard to [inaudible] when I’m looking stuff
up.” The academic and therapeutic jargon also prevented parents from participating in the decision-making process because:

I felt like, feel like an idiot. I didn’t even know what they were going to do. I mean I knew what the flow of it was going to be, but my ability to offer my input for them in a setting that I was not familiar with to offer input. It just seemed…uh illogical? So I felt very dependent upon them and I felt like I was saying a lot of yes, or you know yes, yes, yes.

As one parent stated, “The teachers and staff have gone to schools for this. Parents went to school for whatever their profession is.” Words such as “intimidating” and “professional heavy” were frequently used to describe the theme of the teacher as expert. Parents felt that when teachers did share information with them, the information was generally presented in a manner that was inaccessible to parents. This inaccessibility prevented parents from participating in the conversation.

**Discussion**

While any provider-client conversation is going to be fraught with challenges, the relationship between families and teachers is unique. Rather than mere involvement, the goal of these interactions is to create a team-based approach to a special education student’s academic needs and future. Yet, when an approach designed to facilitate communication between members of this team—such as joint behavioral consultation—was utilized, neither party viewed the process as communication or team building. Both teachers and parents identified communicative challenges in these interactions.

Teachers and parents identified lack of communication as a primary characteristic of the teacher-parent relationship. The need for information in both instances was similar; both
teachers and parents felt they needed the information in order to support the child’s success when he or she was with the other. This is consistent with relational congruence between teachers and parents (Minke et al., 2014). While parents constructed their role as being a part of their child’s educational experience, they also felt constrained by self-efficacy or their perception of their ability to participate in the conversation in a meaningful way due to the teacher performing as expert. This in turn impacted teacher self-efficacy of the degree and extent to which parents can and should be involved in educational decision-making.

Although Palts and Harro-Loit’s (2015) study identified four types of parent-initiated communication, this study only illustrated active-positive. Active-positive, the desire for communication to occur, was evident throughout the parent interviews and is consistent with Zablotsky, Boswell, and Smith’s (2012) research that indicated the most frequently cited complaint of parents of special needs children was the desire for more communication from their children’s teachers. Examples of active-positive communication were indicated by utterances such as, “I would appreciate regular communication with me,” or, “Never hesitate to contact parents.” When reflecting upon why only one type of communication was illustrated in this study, it was clear from parent experiences that they did not often have the opportunity to either talk about the challenges that they had experienced or what they would ideally like to be occurring communicatively in these interactions. This could also be a by-product of the power differentials that often exist between parents and the school as well as the barrier created by the institutional setting discussed by Tveit (2009).

Palts and Harro-Loit (2014) also identified passive-positive motivations to communicate when only one party or the other felt a problem existed. Interviews with parents demonstrated the complete opposite. Parents indicated a strong desire to receive communication about any
topic from anyone who is interacting with their child all day long. However, parents reported they received most of their information from teachers when there was a problem and that conversations were often deficiency-based or times when the teacher wanted to inform parents of a child’s negative behavior or incident where they were not meeting district standards. This differing outcome from past research may have occurred because, although parents were experiencing passive-positive motivated communication, the interview questions may have elicited desires. While parents had experience with passive-positive motivation, they were frequently contacted with deficiency-based information due to the structure and policies of school districts, but they would prefer more active-positive communication where they are contacted about their child’s ups and downs throughout the day. Data showed that parents’ past experiences with passive-positive motivation differed from their ideal communication, which would be more active. This research did illustrate Laluvein’s (2010) findings that when teachers or parents hold memberships in multiple communities, antagonistic communication or perceptions were more likely to occur. This was demonstrated every time that a teacher began their answer with statements such as, “Well as a parent, I would.” The fact that teachers and parents rarely discussed their multiple memberships could be a result of either or both using “generative rules and resources” (Giddens, 1979). The rules guiding their communicative interaction were routinized from prior experiences with schools, either with their child or as a child, leading to a more practical consciousness whereby neither felt it was necessary or relevant to mention their membership in both parent and teacher communities.

When Tveit (2009) detailed “closed institutions,” the concept was largely metaphorical, referring to the parental perception that their ideas and experiences were not welcome or valuable within the educational walls; however, security measures have made closed institutions
more literal. As caregivers are buzzed into schools and sign in at main offices during the school day, face-to-face communication is, out of necessity, a more deliberate process requiring intention and planning. Couple this with an academic system that requires all involved parties to meet on a yearly basis, with prior notification and key stakeholder absences necessitating rescheduling, and it is possible neither party may know when or how to initiate conversation outside of these formal meetings. Previous experience (or routinized practices) with parent-teacher interactions may have created unintended consequences (Giddens, 1979). These yearly meetings are data driven and focus more on scores than solutions, which may in turn create a structure in which each party expects information will begin with the other party. Teachers will provide knowledge or data, while parents will provide anecdotal information. As this process is repeated yearly for IEP meetings, they become ritualized and roles become formalized. These rules of teacher-parent interaction recursively establish the tone and structure for not only the next meeting but also future day-to-day interactions.

When parents view teachers as the experts who know best, parents are often reluctant to share information with teachers because they are not sure what information they could or should share. Parents frequently reported feeling as though they were outnumbered and less professionally qualified to add to the conversations about their students even though they expressed a desire to participate in these conversations. When parents hesitate to participate in these conversations, teachers may themselves start to limit communication to negative incidents. The recursive nature of this structure may be the biggest barrier to successful parent-teacher interaction. As the interactions are repeated, interaction protocol is established that becomes ritualized rules and practices that in turn guide future teacher-parent interactions and communication patterns.
Limitations and Suggestions for Future Research

Despite the intriguing findings, there were several limitations to how this study was conducted. First, special education teaching candidates collected a significant portion of the qualitative data. Although they were trained in semi-structured interviewing techniques, skill and comfort level with probing follow-up questions varied. The teacher candidates and their instructor were educationally and occupationally vested in and pursued information most relevant to the educational process for exceptional needs students. A co-interviewer with a more targeted focus on communication as a process rather than a means might have been able to delve deeper in places throughout the interviews. Second, interviewees were primarily recruited from school districts with which the authors’ university is affiliated. These districts are fairly homogenous, and that limited diversity in an already small sample. Finally, both parents and teachers tended to share more of their negative experiences than positive. This may be a result of a lack of another venue to express these feelings or it may be a by-product of the phenomena where we see clients more willing to share negative experiences than positive (such as review of a business transaction (Verhagen, Nauta, & Feldberg, 2013)).

Future research should focus more specifically on communication satisfaction as well as the teacher-parent communicative socialization process. If these interactions are a product of rules and structures from previous years for both teachers and parents, what practices could be engaged in to help disrupt nonfunctional structures? Additional research could also examine special education meetings from a more solidly focused communication perspective; in other words, how can we improve the communication processes and relationships in these meetings? This, in turn, could yield higher communication satisfaction for all involved as well as potentially stronger educational outcomes for students.
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Communicating the Significance of Home: Stroke Survivors and Caregivers Share their Stories

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Abstract

The goal of this qualitative study was to examine how stroke survivors and caregivers communicated the significance of home in the short-term transition from hospital discharge to home care. Narratives from 12 stroke survivors and their caregivers produced five themes: marker events as motivation, comfort of home and family, emotional privacy of home, excited anticipation of going home, and nervous preparation for home. While much of the communication focused on the positive and hopeful recovery of stroke survivors upon going home, caregiver preparedness and the modifications to home impacted physical and emotional recovery. Results have implications for the transactive model of person-environment relationships, narrative theory, gendered care, health care practitioners, and the continued need for stroke research.

Keywords: Health Communication, Meaning of Home, Stroke Survivor, Stroke Caregiver, Short-term Stroke Rehabilitation, Narrative Theory

Regardless of one’s health, one thing is evident; strokes randomly choose their “targets.” Stroke is the fifth leading cause of death behind diseases of the heart, cancer, accidents, and chronic lower respiratory diseases (American Stroke Association, 2018; Center for Disease Control, 2018), as well as the primary source of disability in the home (Klinke, Hafsteinsdottir, Thorsteinson, & Jonsdottir, 2013; Stineman et al., 2014). According to new statistics from the
American Stroke Association (2018), someone in America suffers a stroke every 40 seconds, and approximately 800,000 suffer a new or recurrent stroke annually.

Up to 80-85% of stroke survivors return to the home post-discharge (Anderson & Whitfield, 2012; Stineman et al., 2014), and rely on family members for home rehabilitation (Cecil, Thompson, Parahoo, & McCaughan, 2012; Egbert, Koch, Coeling, & Ayers, 2006; Ghazzawi, Zuziemsky, & O’Sullivan, 2016; Kitzman, Hudson, Feltner, & Lovins, 2017). Caregivers and practitioners realize the goal is to send stroke survivors home to rehabilitate and regain functioning. This recovery process is difficult as stroke families experience unfamiliar territory (Brunborg & Ytrehus, 2013; Lopez-Espuela et al., 2018; O’Sullivan, Ghazzawi Hon, Stanek Hon, & Lemyre, 2012; Kitzman et al., 2017). Research has examined the various aspects of transition from the rehabilitation facility to home regarding the process of transition and quality of life after discharge (Brunborg & Ytrehus, 2013; Ellis-Hill et al., 2009; Moeller & Carpenter, 2013; Rachpukdee, Howteerakul, Suwannapong, & Tang-aroonsin, 2013; Stineman et al., 2014), and the role of caregiving (Brann, Himes, Dillow, & Weber, 2010; Cecil et al., 2012; Ogunlana, Dada, Oyewo, Odole, & Ogunsan, 2014; Tsai et al., 2018). The focus of this particular research is to examine the personal significance of going home through the narratives of both stroke survivors and caregivers.

Understanding how stroke survivors and caregivers communicate their experiences during this acute shift in life can help health practitioners prepare stroke families for the transition from rehabilitation centers to home, and act on the patient’s behalf in providing necessary resources for this transition. Going home is one of the first steps for stroke survivors, where uncertainty abounds concerning physical place, emotional and physical well-being, and potential changes in relationships. This transition is successful if patients feel like they are being
heard and their needs are being met. If not, patients may lack the social support necessary, affecting their overall emotional and physical recovery. As noted by Harter (2009), “humans reach for storytelling when trying to make sense of expectations gone awry” (p. 141). Listening to and learning from survivors’ and caregivers’ stories can help individuals process and make sense of this new meaning of home in this life-altering transition and help practitioners provide appropriate survivor-centered care.

Given the pervasiveness of strokes and the prevalence of home caregiving, the goal of this project is to gain a better understanding of how survivors and caregivers communicate the significance of “home” during this life transition. Research has investigated the importance of home for stroke survivors; however, those methods specifically asked about such transitions to home (Marcheschi, Von Koch, Pessah-Rasmussen, & Elf, 2018; Olofsson, Andersson, & Carlberg, 2005). The uniqueness of this project is that home emerged as a theme from a larger data set, rather than a priori, and thus, warranted special attention. Also, this data reflects both the survivors’ and their caregivers’ meaning of home. In examining this phenomenon, this literature review will provide an examination of the transition to home for survivors and caregivers, explain the transactive model of person-environment relationships, offer the narrative theory as conceptual grounding, and identify the research question that guides this project.

**Literature Review**

As a stroke occurs instantly, individuals are put into a position of uncertainty. Survivors literally are trying to survive, and caregiving happens without warning or preparation. The uncertainty of stroke damage necessitates the importance of productive communication among the family members and health care partners to give the best quality of health care for the stroke survivor. Primarily, survivors and caregivers are concerned with physical activities of
daily living and cognitive issues of the survivor during medical interviews (Cecil et al., 2012; Nussbaum, Pecchioni, Grant, & Folwell, 2000) while still in a hospital or rehabilitation center. Health care providers try to provide the best preparation possible for the transition to home, but often the readiness of the survivor overshadows the preparedness of the caregiver.

**Transitioning to Home**

Once survivors are assured enough stability, early supported discharge to home is a preferred method of rehabilitation rather than long-term conventional care in rehabilitation centers (Taule, Inger Strand, Sture Skouen, & Raheim, 2015). Research reporting short-term transition typically ranges from discharge up to six months, though some research (Ellis-Hill et al., 2009; Ogunlana et al., 2014; Rachpukdee et al., 2013; Silva-Smith, 2007) extends to two years from the time of stroke onset.

While survivors prefer home care, this transition to home is stressful. According to Palmer, Glass, Palmer, Loo, and Wegener (2004), stroke survivors and their families face a *double crisis*: the physical and emotional aspects of the stroke itself, and the need to create an effective health care system that requires rapid adaptation. In the initial discharge phase, communication between health providers, survivors, and caregivers is critical to provide a smooth transition. Taule et al. (2015) examined stroke families concerning early discharge and discovered that better communication and appropriate emotional support for recovery need to occur with all stakeholders to prepare patients to adapt to home rehabilitation. Based on their results, they call for more open-ended communication with patients and more focus on individual needs during this transition from hospital to home.

As noted, this transition from hospital to home “is associated with substantial emotional, social and health-related challenges” (Reeves et al., 2017, p. 2), and has been recognized as a
period of great significance and uncertainty (Chen, Chair, & Chau, 2014; Brauer, Schmidt, & Pearson, 2001; Ellis-Hill et al., 2009; Lopez-Espuela et al., 2018; Snape & Burton, 2002). These uncertainties affect both survivors and caregivers. For the survivor, “returning home after a stroke is a challenging experience for patients who struggle to adapt to their new life conditions because of physical disabilities, stress, depression, cognitive impairment and reduced quality of life” (Simeone, Savin, Cohen, Alvaro, & Vellone, 2014, pp. 1-2). These conditions create questions for survivors of going back to work, participating in regular activities, and engaging in regular social network opportunities (Lutz et al., 2017; Reid, 2004). Taule and Raheim (2014) indicate that “change and disruption of life becomes more obvious for patients once they return home” (p. 2108). It is then that survivors realize the loss of independence, increased fatigue, and restrictions in their social activities. Also, several changes take place regarding the structure of time. As survivors’ daily activities fluctuate, activities take longer to complete (Rittman et al., 2004; Simeone et al., 2014), which impacts what and how much one can accomplish concerning necessity activities versus time for pleasure. In the short-term, the overall abilities of the survivor are tested, socially challenged, and time-intensive.

While the survivor faces challenges, caregivers also experience physical, emotional, and psychological health issues (Lutz et al., 2017; Wittenberg-Lyles, Washington, Demiris, Oliver, & Shaunfield, 2014). Becoming a caregiver for a stroke survivor is a sudden role compared to caregiving for other progressive illnesses, and individuals feel ill-prepared for providing quality care to the survivor (Baumann, Le Bihan, Chau, & Chau, 2014; Cameron & Gignac, 2008; Lutz et al., 2017). The primary caregiver is typically a family member, and often the spouse (Lopez-Espuela et al., 2018; Olivier, Phillips, & Roy, 2018). In many instances, performing the necessary physical activities to care for the survivor is difficult. For example, caregivers may
need to help survivors with daily living and rehabilitation needs (e.g., transfers, feeding, grooming, helping with physical therapy exercises for the patient) (Alpert & Womble, 2015; Lutz et al., 2017). Household responsibilities, supervision, driving, and shopping often also become caregivers' sole responsibility (Alpert & Womble, 2015; Hellgeth, 2002; Palmer & Glass, 2003). In many instances, with traditional married couples, role reversal responsibilities of outside yard work or domestic tasks of cooking and cleaning also create new skill sets for the caregivers (Pawlowski, 2006). This new role becomes more difficult as the couple enters elderly stages of life and physical ailments of the caregivers may interfere with the stamina and ability for daily routines.

Like survivors, caregivers may have to give up or limit employment to take care of the survivors’ needs (Braithwaite & McGown, 1993; Menon & Pradeh, 2017). As such, neither the survivors nor caregivers can contribute to additional income at a time when financial contributions are needed to pay for rehabilitation therapy and medical bills. Due to these additional responsibilities and anxieties, caregivers report a decrease in physical and emotional well-being (Wittenberg-Lyles et al., 2014).

Despite the challenges, a successful transition to home is critical for positive rehabilitation. Olofsson et al. (2005) interviewed stroke survivors about their experiences of the hospital, coming home, and follow-up appointments. They discovered that “the yearning to come home overshadowed everything else, and the patients saw it as an important factor for their recovery” (p. 437). According to Marcheschi et al. (2018), the home setting facilitates an attachment with place, and when individuals feel connections to home, it positively impacts their quality of life. Regardless of the physical or psychological restrictions of one’s life during short-
term transitioning, the home provides a “safe harbor” (Marcheschi et al., 2018) of familiar and comfortable surroundings.

Pringle, Hendry, and McLafferty (2008) reviewed 28 studies related to the transition of stroke survivors to their homes. They discovered that studies focused primarily on the “rehabilitation and adjustment process”; however, “none had a specific focus of examining the impact that arriving home had on the participants” (p. 2394). They concluded that additional research concerning survivors' and caregivers' perspectives on how individuals feel about returning to their homes and community is needed.

**Transactive Model of Person-Environment Relationships**

Home seems to be essential for stroke families, but what is it about home that has such a connection for stroke survivors and caregivers, and how do individuals communicate this importance? One model that may help examine this connection is the transactional framework of understanding person-environment relationships (Oswald & Wahl, 2005; Tanner, Tilse, & de Jonge, 2008). The theoretical grounding for this model has primarily been in environmental psychology and environmental gerontology about understanding older adult housing needs and home modifications (Oswald & Wahl, 2005). Scholars have identified three dimensions that reflect elders’ meaning of home: physical, social, and personal (Bigonnesse, Beaulieu, & Garon, 2014; Meijering, Nanninga, & Lettinga, 2016; Oswald & Wahl, 2005; Tanner et al., 2008). While elder care and housing needs have been the focus of much of this research, scholars have used variations of this model (Law et al., 1996; Meijering et al., 2016; Wong & Leland, 2018) in health care contexts with dementia care patients and stroke survivors.

Overall, within these dimensions, home is an experience that happens within a temporal framework. As Tanner et al. (2008) state, “people’s relationships with their homes have histories,
futures, recurrences, and rhythms that affect their current experience and meaning” (p. 199).

Rather than seeing these dimensions as isolated instances in individuals’ lives, people’s behaviors are interdependently influenced by context, time, and physical and psychological characteristics (Law et al., 1996). Within occupational therapy, Law et al. (1996) state that a transactional approach is valuable because it considers “that a person's contexts are continually shifting and as contexts change, the behaviour necessary to accomplish a goal also changes” (p. 10). As a communication phenomenon, this transactional model could be useful when examining health communication among physicians and patients, in particular for stroke families where their life’s contexts are continuously changing.

The first dimension is the physical dimension, which consists of the physical aspects of the home, the brick and mortar so to speak, with the layout of the home and its history for those who dwell in it (Tanner et al., 2008). This physical dimension also provides the functionality for individuals and allows for the comfort and safety of being in the home to perform routine activities and rituals (Tanner et al., 2008). How people are able to maneuver within their space impacts their independence and overall relationship with the physical place to carry out such daily activities.

Stroke survivors function differently in clinical settings than in their own homes. Clinical and rehabilitation facilities are built to accommodate survivors’ movements with larger physical spaces and everything being all one level, whereas survivors discover physical limits upon being back home (Meijering et al., 2016). Thus, while home allows stroke survivors to get back to routines and rituals (e.g., bathing, eating, getting dressed) (Meijering et al., 2016), it also can create restraints in one’s mobility (e.g., wheelchair accessibility, hand railings, bathtubs, stairs). When the body is physically altered and no longer able to act as it once did, alterations to the
home are usually necessary to accommodate a survivor’s mobility for accessibility and safety (Bigonnessee et al., 2014). If modifications are appropriate, the physical home creates a comfort level for positive recovery for survivors who need to feel safe and have a sense of independence in their own homes.

Second, the social dimension reflects one’s sense of connection with, as well as the privacy that one feels in the home (Bigonnessee et al., 2014). This connection can come from relationships and others in the surrounding community who provide social and emotional support and informal care when needed (Meijering et al., 2016). For the stroke survivor, this support comes primarily from the caregiver. Bigonnessee et al. (2014) indicate that this social dimension includes the roles (e.g., parent, grandparent, husband) one plays in the home, as home is the place where people “gather and experience continuity in their social roles” (p. 370). We connect with others based on who we are in the family unit and the space we use to carry out those roles in the home.

Third, the personal dimension refers to how the home becomes a place of self-expression and sense of identity, which can include behavioral, cognitive, and emotional aspects one attaches to home (Bigonnessee et al., 2014; Tanner et al., 2008). How people perceive themselves with physical routines, activities of daily life, personal security, and familiarity of self to home are part of this personal dimension. Bigonnessee et al. (2014) state that for older adults, there is a sense of pride and joy in taking care of one’s home.

In the case of a stroke, “survivors abruptly face huge changes in their identity, and struggle to accommodate their changed selves in an unchanged house, which does not feel like home anymore” (Meijering et al., 2016, p. 36). For example, caregivers may need to help survivors with daily living needs, which may alter the survivors’ sense of independence within
one’s own home. Survivors experience a “potential gap between their desired and actual roles, which require them to learn how to live in a changed state and with a new sense of identity” (Marcheschi et al., 2018, p. 2). Within the first three months, survivors experience overwhelming emotions “due to unaccustomed restrictions, loss of freedom and abilities, and difficulty in relating to others” (Taule & Raheim, 2014, p. 2108). Such changes in identity impact one’s personal life as well as their communicative and personal relationship with others. If survivors do not feel like themselves in their own home, others are inherently affected by their changed behaviors.

While this personal dimension impacts the stroke survivor, changes also occur in the caregiver’s identity. As noted above, performing additional daily physical activities is not typical for caregivers. In addition to helping survivors with their physical needs in the home, other household domestic responsibilities such as driving or shopping may become the primary responsibilities of the caregiver (Hellgeth, 2002; Palmer & Gass, 2003). For example, with an older traditional couple, the survivor husband may have been primarily responsible for the outside yard work, something in which the wife may not have much experience but may now be expected to perform. Similarly, if the survivor wife is the one to take care of domestic tasks of cooking and cleaning typically, the husband may need to learn new skills in addition to general physical caregiving (Pawlowski, 2006). This newly identified role alters the familiarity and control of the physical environment.

It is important to understand how people are affected by their homes when their lives have been altered. Research often focuses on the physical modifications sought by professionals to make the home safe, but the home has significant meaning for stroke families. Also, research has focused primarily on the stroke survivor, with a specific goal of asking about the meaning of
home. This research project taps into an undeveloped area of research, to obtain emergent narratives from both the survivor and the caregiver in how they communicate the importance of home.

**Narrative Theory as Conceptual and Methodological Foundation**

One of the best ways to understand the experiences of stroke families is through the narratives of those who live it. Communication scholars (Brann et al., 2010; Brunborg & Ytrehus, 2013; Egbert et al., 2006; Harter, 2013; Kirkevold, Martinsen, Bronken, & Kvigne, 2014; Martinsen, Kiekevold, & Svenn, 2012) use narratives to reveal the storytellers’ emotional and cognitive journeys through their recovery process, as it provides the richness of lived experiences of participants. Faircloth, Boylstein, Rittman, and Gubrium (2005) explain narrative as looking at strokes “through the act of telling a story and the varied ways in which the event is communicated” (p. 929). Throughout her overview of patients’ needs, Thompson (2000) argues that to understand patients, asking open-ended and reflective questions will allow patients to communicate emotional and content-level concerns. Also, Harter and Bochner (2009) emphasize the importance of narrative theory and methodologies: “As assumptions of scientific methods prove limiting in understanding the human condition, scholars across disciplines have turned to narrative as an organizing framework for studying and showing how meaning is performed and negotiated” (p. 113). Narrative-based research allows participants to extend beyond the biomedical to communicate the psychosocial aspects of their lives through storytelling (Brunborg & Yrehus, 2013; Griggs, 2010; Miller & Crabtree, 1992).

The narrative approach also is being recognized by health care professionals (Charon, 2001). Harter and Bochner (2009) argue that healthcare providers realize the advantages of exploring the narratives of patients to help with treatment, and to understand patients’ suffering.
Typical training for physicians is in the biomedical aspect of patients, but taking a holistic approach to a patient through patients’ narratives is a necessity for physicians to “gain a deep and essential understanding of the whole-life meanings and impacts of illness in their lives” (Wheeler Cardillo, 2010, p. 527). Harter (2009) further argues that health care is not possible without understanding the lived experience of others through narrative. She states that narrative theory and methods are important “for the way we study, talk about, organize around, and otherwise perform health and health care” (p. 141).

Narrative medicine, as developed by Charon (2001), states that physicians need to perform narrative tasks of understanding patients through communication, genuine dialogue, and listening, otherwise the patient “might not tell the whole story, might not ask the most frightening questions, and might not feel heard” (2001, p. 1899). The result of this could be a misdiagnosis, more expense, noncompliance, seeking other opinions, and unproductive relationships with health care providers. This whole story needs to include more than what is happening in the present time with patients. Patients need to attach meaning to their lives by temporally organizing and understanding disparate events in their lives (Harter, 2009). Burke (1954/1984) states that we use narratives to examine circumstances and try to make sense of our lives, and our moments of struggle. Thus, patients need to share their story by connecting moments in their lives from what they know, to their current state of being, to their hopes with what could be in the future.

Critical to storytelling as sensemaking is the distance in time between actions and the “telling” of the story (Thompson, 2000). Asking individuals to reflect upon their illnesses in retrospect helps them to interpret events and actions, and to make links that they could not have done in real-time. For stroke survivors, real-time during the crisis mode itself focuses on
immediate issues (Pawlowski, 2006). Thus, retrospective accounts are valid data because they represent what the event has come to mean to the storyteller.

Given this review of the literature, the following research question was employed to investigate the importance of home for stroke survivors and their caregivers who experienced the short-term recovery process:

RQ1: How do stroke survivors and caregivers communicate the significance of home during short-term recovery?

Methodology

Participants

Twenty-four individuals consisting of 12 survivors (2 women and 10 men) and their spousal caregivers (2 men and 10 women) participated in the study. I sought out participants through a volunteer network sampling method, a method used when respondents are difficult to obtain, information-rich cases are needed, or both (Baxter & Babbie, 2004). Volunteers for this study were survivors and caregivers from the community and obtained for information-rich data. The first few participants were referrals from pilot participants, who in turn were asked to provide additional names of others who experienced strokes. Thus, I used a purposeful sampling method to obtain participants (Lindlof & Taylor, 2002). In some instances, participants contacted the referral families first to make a personal connection before I contacted them as additional participants.

To qualify for the study, participants had to meet three specific criteria. First, caregivers had to be the sole caregiver for a stroke survivor since the time of the stroke. Second, stroke survivors had to have undergone hospitalization and rehabilitation (e.g., speech, occupational,
and physical therapy. Third, the onset of the first stroke had to be at least two years prior to the interview, which allowed participants to communicate retrospectively.

Regarding demographics, individuals ranged from 54 to 79 with a mean of 63 years of age. The time frame from the stroke onset was 3 to 20 years, with over half being post ten years. All participants were married (first-time marriages for all couples) 22 to 59 years. Stroke survivor occupations before the health conditions varied and included homemakers, mechanics, factory workers, construction workers, bankers, farmers, health care workers, business/salespersons, and railroad engineers. While a few individuals were technically “retired” from their professions, all remained active on the farm, in their communities, or were still involved in the business at some level. Post-stroke, all survivors had to give up their occupations, or significantly reduce the capacity in which they carried out their professions. Caregiver occupations included homemakers, librarians, farmers, secretaries, social workers, real estate agents, and school teachers. Those who labeled themselves as “homemakers” also had additional temporary or part-time jobs throughout their lives. All caregivers were full-time spousal caregivers, and many had to alter employment to become a caregiver. None of the families had other family members living with them at the time of the research.

Ten of the 12 pairs came from rural farming communities where the health care facilities were over 60 miles from the survivor’s residence. Participants resided in their own homes, but many homes needed to be adapted or remodeled for increased physical mobility and accessibility. All survivors had some permanent paralysis, as a result of the stroke. Also, while some had slight speech problems (i.e., slurring, repeating, stuttering), all individuals had the cognitive ability to understand and respond clearly to the questions.
Methods and Procedures

After institutional review board approval, I contacted individuals via telephone or in person and asked them to participate in the study. I met in the homes of the participants, a meeting time and place of convenience chosen by the interviewee. Survivors and caregivers were interviewed independently and asked a series of open-ended questions. All interviews were audiotaped. A guided interview protocol enabled me to understand participants’ experiences and perceptions of stroke recovery (Creswell, 2012; Strauss & Corbin, 1998). Questions guided the participants through topics that included the initial onset of the acute incident, hospitalization and rehabilitation, temporary and permanent physical conditions, emotional issues, caregiving issues, communication with family members, changes in the family functioning, and difficulties and successes of their conditions.

The interview protocol was pilot-tested with three individuals to ensure accuracy and understandability of questions. Individuals in the pilot study also experienced strokes, thus were similar in the project criteria. I solicited participants for the project after making minor changes in the protocol. The actual data analysis did not include pilot-tested individuals.

Data Analysis

Participants were assigned an identification number and pseudonym to protect their privacy. Audiotaped interviews were transcribed verbatim, checked for accuracy, and edited. Interviews ranged from 45 minutes to three hours in length, ranging from 35 to 97 pages in length with an average of 60 single-spaced pages of transcribed data resulting in a total of 1474 pages of transcriptions. Using steps in constant comparative thematic analysis (Braun & Clarke, 2006; Schreier, 2012; Strauss & Corbin, 1998; Thomas, 2006), I first read transcripts while listening to the tape recordings to gather a more familiar and holistic view of the participants'
experiences. As Braun and Clarke (2006) state, “it is ideal to read through the entire data set at least once before you begin your coding … identification of possible patterns will be shaped as you read through” (p. 16). As previously noted, upon this initial analysis, the notion of home became prevalent enough to warrant individual analysis, and was the focus for further analysis.

Second, I began a close re-reading of the transcripts, creating initial codes for analysis, which consisted of identifying features of the data that seem interesting or meaningful. As such, excerpts of transcripts (or narratives) were bracketed out and labeled with the essence of the statement. Often items get coded and re-coded as potential patterns emerge, which is employing the method of constant comparison. Coding can be with the entire data set, or particular features of the data (Braun & Clarke, 2006). For this particular project, coding continued by identifying the patterns from participants related to the notion of home. The result of this coding was a list of different codes that had “patterns, and relationships between them” (p. 19), and helped to organize data into meaningful and emerging groups or categories.

Third, I finalized the categories. This step involves sorting and combining coded excerpts from the narratives into potential categories, which became themes to capture the meaning of home for the participants. As such, I collated and checked relevant excerpts for each theme against each other for coherency, consistency, and distinctiveness (Braun & Clarke, 2006; Strauss & Corbin, 1998). Overall, sorting the codes illuminated five separate themes.

Finally, I created names for each theme, capturing the essence of what each represented in the narrative. The overall goal was to create a thematic story about communicating the importance of home for the participants. To ensure accurate perceptions of data and achieve methodological rigor (Baxter & Babbie, 2004; Creswell, 2012), member checks were conducted
independently with three survivors and three caregivers, who confirmed the accuracy of the interpreted themes.

**Results**

The research question examined how stroke survivors and caregivers communicate the short-term significance of home. Data coding uncovered five substantive themes of what home meant for survivors and caregivers: marker events as motivation, comfort of home and family, emotional privacy of home, excited anticipation of going home, and nervous preparation for home. It is interesting to note that while overall themes emerged, communicating the notion of home was an essential piece of participants' narratives. Brief references using "home" almost reflected a sense of peace and comfort for participants. Over 60 phrases such as “he’s home,” “I’m going home,” “to be home again,” "stay home," "I'm finally home," "it's good to be home," "she'd be at home," "be home," "at home," among others, appeared throughout the narratives. Though the interviews were retrospective in nature, many participants spoke in the present tense, re-living the moments of their lives in their stories.

**Marker Events as Motivation**

Survivors and caregivers referenced important events related to family or daily functioning as the impetus of discharge for the survivor. Such events seemed to motivate the survivors to be home. One man communicated his need to be home for the holidays stating, “I just want to make it home for Christmas – I don’t want the family to have to celebrate with ham at the rehab.” Another female survivor stated, “My grandson graduates in two weeks – I want to be home for his graduation.” One caregiver offered the following as the emergent need for the survivor to be home. She said,
I know our granddaughter was getting married in a few months, and I know he’d want nothing more than to be home to watch her walk down the aisle – that’s what was driving him to work so hard to get home.

These marker points reflected individuals playing out the roles within the family unit, reflecting the social dimension. As Bigonnesse et al. (2014) noted, the place of home is where people gather and carry out roles. For participants, roles of being a grandparent for events in the home were important for survivors and caregivers. Attending weddings, graduations, and being visited by grandchildren were more meaningful when the survivor could be home or able to participate in such events.

Marker points also showed the necessity for accomplishing specific goals within one’s life. As one survivor indicated, “And I, uh, I told them gals down there, I said, ‘You know,’ I says, ‘I really like this therapy.’ ‘Well, why’s that?’ ‘Well,’ I says, ‘When I’m done, I can drive home.’” For these participants, survivors soon discovered that during this short-term recovery, what was once an automatic routine became an exercise of re-learning how to complete daily rituals. These rituals, such as driving, marked the point at which the survivor could leave the rehabilitation center. Throughout the responses, there was some motivation for attending a particular event, or accomplishing a personal goal to make it home—it kept hope alive and gave survivors something to strive for in their recovery process.

**Comfort of Home and Family**

Many survivors and caregivers mentioned the comfort of being home surrounded by family as support throughout the recovery process. According to one survivor, “My kids were too busy to come every day at the rehab, but they farm at home, so it’s easier for them to just stop
by the house – I'm glad I'm back home." Another survivor noted, “There is nothing like being home with family to make you feel better.”

For caregivers, one caregiver indicated, “It’s nice to have him home; I feel safer when he is home even if he can’t do everything he used to, it’s just nice to have him home.” Another caregiver wife stated, “Everyone is excited that he is home. The grandchildren were scared to go to the rehab but excited to be at home to see Grandpa. That’s where they know Grandpa – home in his favorite rocking chair.” A third caregiver noted, “I know family is the most important for him – just having the kids and grandkids around to visit with him will boost his spirits and give him the encouragement he needs to get better.”

As most individuals were from rural areas, survivors and caregivers indicated their overall contentment of being home where family members are there for support and recovery. Home became the gathering place for family and loved ones to be together. As one survivor summed it up, “There is nothing like the comforts of home to boost your recovery.”

Overwhelmingly, participants mentioned that just having the person home or being home would allow more time to be with family and promote a positive recovery. These results have implications for family social support, which is essential for coping and tending to physical and emotional needs of patients (Egbert et al., 2006; Pecchioni, Thompson, & Anderson, 2006; Taule & Raheim, 2014). Egbert et al. (2006) discovered that “what seemed to bridge the gap for the more well-adjusted SSs [stroke survivors] was the quality of their internal resources, developed as a function of communication from caregivers, friends, and family members” (p. 52). Support mentioned by participants focused on the caregiving and family relationships but did not include outside social networks during this short-term transition. It is possible that in the short-term
transition, the focus is on the immediate transition to home where the family is likely the front-line of communication.

**Emotional Privacy of Home**

Some survivors wanted to be home to do things they were uncomfortable doing in the rehabilitation center. Some disclosed activities they felt were awkward or were not able to do in rehab because they perhaps found it embarrassing. One man stated,

I just want to rehab at home where I can bathe/shower in my own home where I know where things are and have my privacy. I know I need to be here, and they respect my privacy as much as possible, but I feel like I'm showering in the hallway for everyone to see.

For men, in particular, modesty was important. One male survivor felt embarrassed about getting emotional, where someone may see him expressing his feelings. He stated,

So then if I got a card, I’d just kind of look at it, read who it was from, and put it back in the envelope, I was too emotional to read it, so I done that to all the cards I got. I know strokes make you more emotional, but I thought I’d still wait until I got home, I was not used to showing my emotions so I waited until I was home to read my cards where no one would see me get emotional.

Caregivers also expressed their understanding of the need for privacy for their surviving family members. One caregiver explained, “I know it kills him to be in the rehab – he is such a private home-body; I’m sure he’s trying everything he can do to come home.”

Overall, survivors felt vulnerable with a loss of privacy and embarrassment of showing emotions in the rehabilitation center. As noted by Brann et al. (2010), this type of vulnerability is challenging as many stroke survivors struggle with their emotions. Individuals acknowledged
this vulnerability of emotions but wanted to wait to get home to a place where they could be themselves or show emotions in the privacy of their own homes. While only two women were survivors, only male survivors or female caregivers mentioned this theme. The male participants in this study are more traditional who may value privacy and limit the sharing of feelings in public settings.

**Excited Anticipation of Going Home**

Sometimes the anticipation of getting home was not based upon the need to accomplish something, but just the excitement or hope of being able to go home. One female survivor exclaimed, “I’m tired of being here though I know I need to get better – but I can’t wait to get home again – I just can’t wait to be home.” Another male survivor stated, “I really was not sure if the day would come for me to go home. The power of prayer is an amazing thing – I hoped and prayed but could not believe I was really going home.”

Caregivers also felt the anticipation of their loved one coming home. One female caregiver stated the following:

> Overwhelming. From the worst possible way that it could be with a bleeder to ‘Oh my God, he’s going to come home!’ I mean that was just incredible to watch the whole thing – I didn’t think he would ever be able to go home.

Another caregiver said, “I know they kept saying he will be able to come home, so I kept waiting for the good news. Finally, it came – I could not believe he was coming home.”

As Olofsson et al. (2005) discovered, for patients, wanting to come home overshadowed everything else. In this study, participants were grateful that the survivor could return home, and regardless of what lay ahead, getting home was paramount. Overall, this theme reflected statements of hope, thankfulness, and relief from both survivors and caregivers about the news of
going home. In some statements, participants demonstrated the resilience of strength and spirit when waiting for the news of the survivor coming home.

**Nervous Preparation for Home**

While the above theme identifies excitement for being home, survivors and caregivers experienced the juxtaposed feeling of real and perceived anxiousness of preparing to go home, which was overwhelmingly the largest of the themes identified by participants. This uncertainty occurred due to medical and financial decisions, the lack of preparedness of the caregivers, the preparation of the physical house for the survivor’s discharge, and relational uncertainty. One caregiver shares her concern for her husband going home and the frustration of the system coupled with a lack of financial and physical preparedness:

He was told he had to go home. When he went to the rehab he could not even hold his head up, and then the insurance company told him he had to go home after 90 days, we could not afford long-term care, so he had to come home…I could not believe they were making us leave. I don’t know the first thing about caregiving – I could kill him! But I could not tell him that because he wanted to be home, so I just didn’t tell him some things – we had to try to find other cheaper therapy. There was no point in getting him upset about money problems when his primary concern was just trying to get up to go to the bathroom. He just needed to get home first and then worry about the rest. But yeah – I was scared for him to come home.

In these instances, the caregiver had to make decisions without consulting the survivor. Some concerns were not even communicated with survivors, at least not in the immediate transition. As Pawlowski (2006) noted, caregivers who once could talk to the survivor about several topics may now share limited and surface-level information. Caregivers in this study did not want to worry
or upset the survivor with matters regarding relational issues or money problems, creating an internal tension for caregivers. Caregivers were conflicted with the delicate balance between a survivor's right to know versus the need to know regarding decisions made on behalf of the survivor.

Concerning preparedness, another caregiver stated,

I was so focused on getting him home that it didn’t hit me what that meant until we were home. I felt so unprepared to be his caregiver, and now we were all alone at home. He is a bigger guy, and I have some health issues as well. I needed better preparation before I left the hospital for what would happen when we got home.

One male caregiver exclaimed his nervousness for caring for his loved one at home. This notion reflected lack of preparedness as well as lack of confidence and relational implications.

I am a little scared – I'm not a good cook – she has always taken care of the house while I was outside on the farm. She's going to be home in a wheelchair, and I'm going to have to ask her how to make supper. I’m afraid I will let her down with taking care of her, like I’m letting down the team.

For many, physical and emotional protection of the survivor was evident but created additional burden and emotional stress for the caregiver. Caregivers overall felt underprepared for taking care of their family member. While practitioners do their best to prepare survivors and caregivers for discharge, becoming a caregiver is a sudden role for most individuals, and caregivers typically feel ill-prepared for providing quality care to the survivor (Baumann, et al., 2014; Cameron & Gignac, 2008; Krishnan et al., 2017). As noted by these participants, unpreparedness was with physical care, domestic tasks, as well as emotional and relationship concerns. Thus, more than just immediate physical needs require attention in caregiver
This realm of uncertainty and unpreparedness also was common among survivors. The preparation of going home created anxiousness for most, despite wanting to go home. A final notion of being nervous for the transition, which was frequently commented on from participants, included managing the physical space in the house. As one male survivor stated,

I was nervous to go back home, our bedroom is upstairs in an old farmhouse, and I knew there was no way I could make it up those stairs. The kids and neighbors helped to remodel the house quickly to get it ready for me downstairs, so the living room became my bedroom for a while – welcome home – just change your jammies in the picture window, but I was grateful everyone helped out so I could go home – really grateful!”

Overall, due to the acuteness of strokes, the home preparation creates great uncertainty associated with safety (Meijering et al., 2016; Taule & Raheim, 2014), as well as emotional concerns for survivors and caregivers. Participants in this study were concerned with accomplishing daily living needs and performing new roles. These concerns affected the role-identity changes of how each party would manage the balance between physical recovery and adapting to a modified home with modified responsibilities. Taule and Raheim (2014) discovered that it is challenging for survivors to balance the shift in roles, self-identity, and personal expectations.

With overall results, a particular pattern among themes was the juxtapositions, or tensions, experienced among participants. While survivor and caregiver felt similar tensions, a few nuances existed. For example, a tension existed between the positive excitement and motivations to go home, and the expressed feelings of uncertainty and unpreparedness from survivors and caregivers. Caregivers seemed to have more uncertainty of being prepared for the
survivor’s homecoming. Also, the tension of sharing information, or keeping information from survivors emerged as more of a tension expressed by caregivers. While survivors are nervous about coming home, they may not realize the extent of internal tensions felt by the caregivers. Such tensions increase the emotional strain and may impact decisions taking place during this transitional period. Past research (Brann et al., 2010; Pawlowski, 2006) has examined dialectics and strategies for managing tensions among stroke caregivers and stroke survivors, respectively. The research concludes that many of these tensions are normative in the recovery process and should be shared with survivors and caregivers to reassure them that their feelings are common throughout this process. Health care professionals should also be aware of, and communicate, such tensions to individuals to help ease the uncertainty and prepare individuals for this home transition.

**Discussion**

Overall, the goal of this article was to extend stroke recovery research by examining the significance of home communicated by stroke survivors and their caregivers during the short-term transition of stroke recovery. Five themes emerged from the data: marker events as motivation, comfort of home and family, physical and emotional privacy of home, excited anticipation of going home, and nervous preparation for home. The first four themes communicated patterns of motivation and hopefulness of being home. The final and most prevalent theme reflected the uncertainty and unpreparedness on the part of the caregiver and the survivor. Results and conclusions have theoretical, methodological, and practical implications for understanding the importance of home for stroke families.
Theoretical Conclusions and Implications

**Transactive model of person-environment relationships.** First, results contribute to the transactive model of person-environment relationships by examining how the physical, social, and personal dimensions can be used more specifically in a health care context. The functionality of the physical dimension of home for the short-term transition was significant for survivors and caregivers. Crow (2018) and Cecil et al. (2012) indicate that in the short-term, survivors prioritize physical needs over psychological needs. The focus on immediate functioning for these survivors did take precedence but not without communicating concern for adept ability to care for the physical needs. Taule and Raheim (2014) also indicate that the effects of strokes for the survivor are more evident upon returning to home and realizing the extent of loss of freedom related to driving, hygiene, and daily activities. For these participants, they soon realized that accessibility and safety issues were apparent. The home required modifications before discharge, as well as after discharge, based on emergent lack of physical ability of survivor. Interestingly, modifications also had to be done because of the caregiver’s lack of physical ability or health restrictions to help the survivor with daily activities. Implications of this dimension could include additional concern for the effects of the physical environment for both older survivors and caregivers. The functionality of the survivor is critical, but care and safety for the caregiver are just as vital.

Concerning the social dimension of home, placement of the survivor at home was important for family members fulfilling family roles. Going home meant more opportunities to be with family and play out the roles within the family unit. Survivors wanted to attend events or accomplish goals. One participant even noted that grandchildren were scared to visit the rehabilitation center, which created the motivation to get home. The goal is to recover in the
home (Taule et al., 2015), but limited research has identified the impetus or the motivation for going home. These results provide implications surrounding the motivation behind survivors wanting to go home. Health care providers could take more time to communicate with survivors and caregivers to seek out goals and the motivations in efforts to help guide the recovery process.

Related to the social dimension is the nature of emotional and physical support, and social needs being met for the survivor (Meijering et al., 2016). For these participants in the short-term transition, both emotional and physical support from family members emerged as being essential for recovery. While no participants mentioned support outside of the family during this transition, additional research suggests that social isolation from friends and external support networks is common for long-term stroke survivors (Egbert et al., 2006; Pawlowski, 2006). It would be interesting to note the timeframe in which this shift from family to external networks becomes apparent, or missed, by survivors in the recovery stages. At what point do survivors receive or want company from friends and social networks, and at what point do people stop coming by to visit?

In addition to survivors, caregivers also need support, as caregivers suffer from stress and emotional and physical well-being (Alpert & Womble, 2015; Lopez-Espuela et al., 2018; Wittenberg-Lyles et al., 2014). Within this short-term transition, some caregivers were concerned with their physical ability and unpreparedness to be a caregiver, though most of their stories had a focus on social support for the survivor. Being home and receiving support from family was necessary for the survivor, but caregivers were less concerned about support for themselves. Overall, more work in social support research within the social dimension could contribute to this immediate short-term transitioning to determine the timing of, and amount of, support needed for both survivors and caregivers.
Results also reflect the personal dimension. As noted, concerns of hurting their loved ones, physically and relationally, were personal to each participant. These concerns were different from just the physical home but focused on how being home impacted other aspects of their lives and daily routine. For some, it was difficult to let go of the domestic or outside activities; for others, it meant learning domestic responsibilities. For these participants, age may have added some to the concerns of their abilities. As noted, these new roles become more difficult as couples enter elderly stages of life (Pawlowski, 2006). Bigonnessee et al. (2014) also state that older adults take pride in taking care of their homes. For these elderly survivors and caregivers, they had concerns about fulfilling these prideful physical and domestic obligations. Not being able to do so was a loss of independence.

Overall, these conclusions have additional implications for this model. Prior research has been primarily in housing literature and lacks “the subjective meanings” connected to declining health and environmental challenges individuals face (Oswald & Wahl, 2005, p. 21). In this study, participants created personal meaning as they communicated their needs and apprehensions surrounding their changing health conditions and nervousness for going back home physically. Discovering these interconnections between the physical, social, and personal dimensions of home for both stroke survivors and caregivers demonstrate the heuristic application of this model beyond its original scope. Health care professionals could use this model to communicate more effectively with families in their preparation for this life transition.

Narrative theory. Second, we can draw conclusions and implications from the narrative theory. Participants engaged in sensemaking and rationalizing what was happening in their lives through narrative storytelling. As called for by Harter and Bochner (2009), Burke (1954/1984),
and Charon (2001), participants tried to make sense of the uncertainty in their lives through stories. While the safety of the survivor and the physical dimension were important for participants, additional information uncovered by participants’ stories revealed particular needs far beyond the practical necessities or clinical observations. For example, survivors wanted to get back home but knew that passing a particular level of physical therapy was a determining factor and shared their motivation to reach that mile marker. For others, they described their need for privacy or explained why they were nervous for caregiving, or how they were feeling about effects on the relationship. Participants' narratives reflected a temporal sequence of events as they focused on the past, resilience to keep trying, authentic concern for transitioning to home, and anticipation for the future. Such underpinned feelings and emotions can only be identified by listening to others. Their stories were not bound in biomedical explanations but co-created as part of the whole story of their lived experiences.

These conclusions have implications for the continued need to use the narrative approach when working with health care patients. Using narratives and genuine communication with patients and their families could help practitioners and family members alike understand the concerns and needs of stroke survivors and caregivers. Participants might not have otherwise identified particular anxieties and motivations to be home without narrative approach. If we are to understand stroke families to prepare them for recovery and provide optimal social support, more qualitative research, and communicative medical narrative approaches by scholars and health practitioners, is warranted. We need to focus more on the whole person and see how they are connecting their past with their current motivation and experiences, as well as their hope for the future.
Methodological Implications

Though not paired as partners, this research does examine both survivors and caregivers within the same study, and results indicate that survivors and caregivers, for the most part, were feeling similar perceptions. As Brann et al. (2010) argue, understanding whether survivors and spouses experience similar feelings can help increase relational functioning. Also, as called for by Gaugler’s (2010) review of stroke research, this study examined the retrospective longitudinal experience of those in their environment rather than a clinically-generated population. This naturalistic approach may have encouraged participants to be more open and honest with their responses, as they were not in a hospital setting or connected to any clinical registry. The retrospective approach may have also led to more reflective responses (Creswell, 2012; Faircloth et al., 2005), as individuals were able to recall introspective memories they may not have otherwise been able to do in real-time in the clinical setting. Also, much of their communication was in present-tense language as if reliving the experience during the interview process.

Practical Conclusions and Implications

Gendered care. Results also have implications for gendered care related to stroke. Emotional privacy was more important for men than women. Men stated that they did not want to express their emotions publicly in the health care facilities, but they appeared comfortable expressing their emotions privately during one-on-one research interviews. Also, while only two women survivors were in the study, only men mentioned the feeling of embarrassment when they were in the hospital or rehabilitation center. In addition, only women caregivers were concerned about their husbands' privacy. One explanation for these behaviors is the cultural and gendered enacted roles expected in society for how men and women display their feelings. Traditionally, men are socialized to be strong, independent, more physical, and suppress feelings.
of weakness and emotion (Greenglass, 2001). Women are taught to express feelings and interpersonal needs and focus more on others in relationships (Greenglass, 2001). While these behaviors may not be as stereotypical in our contemporary society, this older traditional population, for the most part, adhered to these gendered role behaviors in expressing emotions.

When it came to specific caregiving behaviors, these participants had to enact opposite traditional roles and were apprehensive in carrying out duties. For example, women caregivers were apprehensive about physically helping, and caring for, their husbands with daily needs. Male caregivers were concerned with accomplishing domestic chores and letting down their partners about the emotional and relational side of care. Gendered differences did not emerge in any other themes. Both men and women seemed to have similar anticipations and motivations for going home.

Understanding these differences has implications in how to communicate with, and prepare stroke survivors and caregivers for the transition to going home. While following some traditional gendered roles and behaviors, we cannot assume such patterns exist across contexts. For example, as noted, men seemed willing to be open about and share their emotions in the research setting where they felt comfortable in their own homes but communicated their apprehension of exhibiting emotions in health care settings. It would be interesting to know whether men would be willing to share this information in typical clinical health-related appointments or whether this information is only shared in a more narrative medicine approach, as co-created one-on-one in these research interviews. Also, for caregiving, men and women felt high anxiety performing opposite gendered-role behaviors. Knowing these differences could lend itself to multiple methods of communication with stroke survivors to fully understand their needs and concerns.
Health care professionals. These results have additional practical communicative value for health care professionals regarding caregiver and home preparation for stroke families. Throughout the interviews, both survivors and caregivers indicated that they wished they had been asked more questions or given more clarity on the transition preparation. It is typical to talk with the survivor, but as caregivers have the unique perspective of knowing the stroke survivor best (Krishnan et al., 2017), they should be considered more fully in the health care decision-making process for the optimal outcome of the survivor. Communication between health care professionals and family members could include more emphasis on the personal and social dimension and preparation for home in this immediate short-term transition. Conversations related to home beyond the clinical and physical could more adequately motivate and prepare survivors and caregivers for going home.

Limitations and Future Research

Though these data provide a new understanding of stroke recovery, limitations, and future research need to be addressed. First, while data came from survivors and partners from the same relationships, responses were not paired with each other. Direct analysis of such pairings would enhance understanding of the relational dynamics of recovery. Second, involving other family members in the research could enrich the process. Much of the research, including this study, focuses on survivors or caregivers, but limited research examines other familial relationships. Such research would perhaps help explain perceptions of others, and what others are experiencing regarding communication and relational functioning during recovery.

Given the nature of the data collection (via snowball referrals), this study included those from the same geographical, cultural, and gendered background. While purposeful for this study to include those in a rural setting, this study cannot generalize to other settings. Individuals also
were from the same cultural background. In many cultures, it is customary, and sometimes even expected, for family members to be the caregivers for family members. It would be interesting to learn if the same perceptions of home or immediate social support exist across different geographical and cultural boundaries. The participants were heterosexual, primarily male survivors and their respective married partners. Narratives from various gender identified participants would enrich our understanding of the lived experiences of stroke families.

Results also warrant future research. While research on the dimensions of home initially began for understanding older adult housing needs, these dimensions seem to have a direct connection for stroke survivors and caregivers. More work could be done to formalize this line of research in the various health communication contexts. Also, Metts and Asbury (2015) call for more emotion research within the family. They argue that emerging theoretical work on emotions is being done but “the role of communication in eliciting, managing, and expressing emotion is critical to our further understanding of family at all levels” (p. 51). With these survivors and caregivers, emotion played a role in self-identity and vulnerability of survivors. Marcheschi et al. (2018) also argue that research largely ignores this link between the personal emotional connection of home and the stroke survivor. Finally, the relational dialectical theory could be expanded to examine paired survivors and caregivers to further aid in understanding similar and different tensions among both survivors and caregivers collectively.

Overall, this research has examined the narratives of stroke survivors and caregivers about the importance of home during the short-term transition from a health care facility to going home. Though perceived as hopeful for recovery, this transitional period requires considerable physical and emotional adaption from the survivor and caregiver and has communication implications for healthcare teams in preparing families for going home. With the continued
increase of strokes each year, this research remains critical for scholars, health practitioners, and families.
References


Public Speaking Tasks across the University Curriculum

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Abstract

Oral communication proficiency is often highlighted as an outcome of U.S. university curriculum, yet it is often unclear how it manifests in the classroom. This paper presents a series of surveys investigating oral communication tasks across the university. The focus of the analysis is on public speaking tasks occurring across disciplines. Results demonstrate that there is a wide range of tasks found in university syllabi, that group and individual presentations are the most prominent, and that communication studies incorporates task types unique to the discipline. Descriptions of the task types found within disciplines are provided, along with an analysis of situational characteristics. In combination, these surveys provide a picture of where public speaking tasks are occurring in the university and what types of tasks are assigned.

Keywords: Public Speaking, Classroom Discourse, Oral Communication, University Curriculum, Student Speech

Oral communication is often included as part of the mission statement or goals of general education for undergraduate programs in the United States, yet it is often unclear how this is translated in the curriculum. The Boyer Commission on Educating Undergraduates in the Research University (1998) stated that undergraduate education must include strong written and oral communication skills, and that these skills should be integrated in content courses. Still, many of the curricular policies supporting oral communication in higher education are opaque. An increased focus on academic oral communication is an important step toward our understanding of students’ language needs. Specifically, there is growing support for
investigations of academic public speech in the university. Mauanen (2002) has pointed to an increasing demand for presentation skills in academia, and when Kim (2006) asked international graduate students to evaluate skills they felt were crucial to academic success, formal oral presentations, along with listening comprehension, were named most important in graduate study. Additionally, Clennel (1999) cited presentation as a useful English for academic purposes activity, and an increase in spoken language tasks has been promoted in EFL curricula (Carter, Goold, & Madeley, 1993). Although most of the research on academic public speech has relied on teaching, a few studies have examined student presentations. These studies have concentrated on discipline specific language and the unique characteristics of public presentation. Darling (2005) studied public presentation in the Mechanical Engineering curriculum and described discipline specific language that focused on technology and away from personal experience. Chanock (2005) looked at oral presentations in archaeology and compared, or contrasted, this oral register with disciplinary writing. The observations related to effective presentations utilizing an “oral grammar,” which embodied a less distancing style when translating the information from a written to an oral mode. Yet, despite this recent attention toward academic public speech, and institutional objectives supporting improved performance, it is unclear how it is realized in the curriculum.

Instruction and assessment issues have heavily influenced the perceptions of academics with respect to the “place” of oral communication in the curriculum. This discussion of “place” is one of the primary issues presented in the literature. There are three main positions to this debate: oral communication should uniquely be taught within communication departments, oral communication should be incorporated across the curriculum, and oral communication needs to be experienced both as a subject and across disciplines. Oral communication across the
curriculum (OCXC) is part of a larger movement, communication across the curriculum, which incorporates communication assignments into courses across disciplines with the goal of enhanced education and communication skills. The advantages and disadvantages of oral communication across the curriculum were discussed in Cronin, Grice, and Palmerton (2000), who presented the benefits of increased learning, the dangers of inexperienced staff, and the lack of assessment methods. Advocates of OCXC have compared it to writing across the curriculum (WAC). While pointing out theoretical parallels, Morello (2000) underlined important distinctions that may disenfranchise OCXC such as a lack of process oriented activities. Dannels (2001) presented a slightly different approach to OCXC, with communication in the disciplines, and argued that context is imbedded in communication and that discipline specific policy would enhance instruction. Arguments for oral communication across the curriculum have often centered on the variation in oral communication practices in different academic contexts. Crosling and Ward (2002) studied the communication needs of business students and found that they required multiple forms of communication in various contexts. Dannels (2002) looked at oral communication in engineering, identifying themes specific to the discipline, and The Boyer Commission on Educating Undergraduates in the Research University (1998) concluded that communication skills should be integrated in all subject matter, in every course.

There are arguments against oral communication across the curriculum as well. Schneider (1999) has criticized OCXC as a threat to the discipline. The author posited that content instructors have little or no experience with the discipline of communication, and that integrity is lost. Without training in the instruction and assessment of communication, inclusion in the curriculum may be detrimental. He also voices concerns about the impact that teaching communication in content classes may have on support for communication departments. Others
have argued that oral communication activities will absorb finite classroom hours that should be devoted to content (Cronin et al., 2000).

The process of finding the place where oral communication fits into the curriculum was elaborated in Engleberg (2001), where a general education course was proposed in addition to OCXC. The author contends that both are required for adequate development of oral communication. The inclusion of a required general education course augmented by OCXC was the recommendation made by the National Communication Association (Schneider, 1999), but there is no general consensus on the best curricular strategy.

With effective oral communication emphasized in the mission statements and goals put forward by institutions, it is important to understand how this educational value is expressed through policy and practice. Questions regarding the “place” of oral communication in the curriculum have not yet been fully answered in the university context. To begin to answer these questions, the current study describes the public speaking practices in classrooms at one university in the southwestern United States. This study contained three surveys, the third of which will be the focus of this paper. The first two surveys were sent to instructors to gather information about the presence of public speaking tasks across the university. Once the presence of public speaking was established, a task assignment survey was conducted, reviewing course syllabi from the disciplines with the greatest response. The overall purpose of these surveys was to gain an understanding of the public speaking tasks that students perform, and to inform further data collection. The disciplinary review of syllabi allowed for a more complete understanding of potential variation related to discipline, context, and task.
Survey 1: Oral Communication in the University

In order to explore what types of oral communication occur in the university, and better understand the tasks involved, an initial survey was conducted. A convenience sample of instructors and professors from each college on campus, and teaching assistants in the English department, were contacted and asked to describe spoken activities and their assessment of oral communication in courses they teach. The term “public speaking” was not used in this survey. The goal of this survey was to determine whether or not public speaking was included as part of the oral communication in university classrooms, and to see if instructors identified public speaking as a classroom activity when asked about oral communication. Since the objective was simply to determine the presence of public speaking in the curriculum, no disciplines were targeted or excluded. The survey instrument contained questions related to the courses in which oral communication is included, description of activities and assessments, definitions of oral communication, and open comments about oral communication in the curriculum (see Appendix A). The content of the survey was designed to explore the types of oral communication occurring in the curriculum while leaving definitions, activities, and assessment measures open to description by the respondents.

The responses to survey questions were thematically organized according to content, and differences between respondents were recorded. Twenty-four of the 125 surveys were returned, and of these, 22 instructors responded that oral communication activities were used in their classes. Instructors commented on 28 different courses, distributed across business administration, communication, English, natural science, education, forestry, health promotions, hotel and restaurant management, and political science.
The most common activity type was the group presentation, listed by respondents from eight of nine departments. Respondents from the School of Communication described the widest variety of tasks, detailing the use of 8 of the 11 activities described across disciplines. Speaking activities varied in the perceived amount of class time used (5%-100%, M=37%), and the percentage of the student’s final grade (3%-80%, M=27%); there were not enough responses to these questions to indicate an average for individual departments.

Overall, the survey of oral communication in the university supported the assumption that public speaking is occurring within content courses across the curriculum. This preliminary survey suggested that there are a number of classroom tasks that may be described as public speaking and that the type and frequency of these tasks may vary by discipline. These preliminary results supported further investigation of student public speaking in the university, and led to a more focused survey of public speaking tasks.

Survey 2: Public Speaking in University Classrooms

The second survey was conducted to determine the extent and variation among public speaking tasks required in university courses across campus. In order to provide a data point for comparison, and to target disciplines that would be most fruitful for future analysis, the second survey mirrored discipline selection of the TOEFL 2000 Spoken and Written Academic Language (T2K-SWAL) corpus.¹ This second survey requested information only on public speaking tasks, with the goal of obtaining more specific information on the variation and frequency of public speaking tasks in university classrooms. The survey was distributed to

¹ The T2K-SWAL project was sponsored by the Educational Testing Service, and included the construction of a large corpus of spoken and written university registers and the description of language use in the university based on analysis of that corpus. The corpus was designed to represent major academic disciplines, academic levels, and both academic and institutional registers. The corpus was collected from four U.S. geographic regions: west coast, rocky mountain west, mid-west, and the deep south. The corpus was collected from four types of academic institutions: teacher’s college, mid-size regional university, urban research university, and a Research 1 university (Biber, 2006).
major academic disciplines (business, education, natural science, social science, engineering, humanities), and in the case of large disciplines with a wide range of sub disciplines (i.e. natural science, social science), a department within each discipline was chosen to represent the discipline according to the number of faculty listed on the department website and/or brochure. These broader disciplines were represented by biology and political science. These selections were made in order to control for sub-disciplinary variation and to maximize response rates. While still a discipline of interest, communication was excluded from this second survey, as the frequency and range of tasks had already been established in the initial survey.

The survey provided a brief summary of the research and consisted of two questions on public speaking activities in the classroom: 1) Do any public speaking activities occur in the classes you teach? 2) What types of activities are included in which courses? Thirty-one faculty provided information on 51 classes, with positive responses from faculty in education, business administration, biology, political science, and engineering. Individual and group presentations of projects were the most frequently cited activity types, although the range of public speech activities reported included lesson demonstration, poster presentations, presentation of readings, moot court, and leading the class in a game. In order to gain information on the contextual elements surrounding university student public speech, a third survey targeting course syllabi was conducted.

Survey 3: Course Syllabi

In addition to the surveys designed to determine where student public speech was happening, an in-depth survey of course syllabi was conducted in five disciplines. These disciplines were selected based on the response rates of earlier inquiry. Education and business had reported the highest frequencies of public speaking activities, followed by biology and
political science. Each discipline included in collection reported public speaking activities in a minimum of three distinct courses. The goal of this survey was to better understand the range of tasks taking place in university classrooms across the curriculum. Communication studies was included for comparison, and in order to gain a fuller picture of the activities students might encounter both across the curriculum and within the department that houses the core course. This survey provided information at two levels: first, a review of public speech tasks in business and education supplied information on the relevant context, discipline, and task characteristics; second, the inclusion of three additional disciplines in the survey of course syllabi allowed for a more complete picture of the types of public speech tasks students are likely to encounter. The survey of course syllabi in business administration was conducted first and is the most extensive, followed by education, biology, communication studies, and political science.

**Survey of Student Public Speech Activities in Business Administration Courses**

All course syllabi for one semester were collected from the College of Business Administration. This is the most extensive survey, as syllabi from the entire college were centralized and available. Each syllabus was reviewed, and all spoken tasks assigned or described in the syllabus were separated. A working definition of student produced academic public speech was developed and used to help categorize speaking activities. Since the purpose of this survey was to determine the types of public speech activities that occur in the classroom, public speaking was defined broadly as those activities where one or more students speak in front of an audience of one or more observers. When the task description was not explicit enough to categorize and describe the activity, additional information was collected through instructor interviews, course websites, and additional project documentation.
Syllabi were collected from courses at all levels in the college, resulting in information collected for 140 sections of 77 distinct courses, taught by 68 faculty members. The College of Business Administration is represented by six departments: accounting, computer information systems, economics, finance, management, and marketing.

**Results.** Results of this analysis show that 47% (n=36) of courses taught and 46% (n=65) of the class sections included at least one public speaking activity. This number is actually quite high considering the inclusion of several mathematics and technical courses offered in the school. There was a clear difference in the frequency of public speaking activities based on the level of the business courses, with most student produced public speaking occurring in upper division and graduate courses. See Table 1 for a breakdown of courses reporting public speaking activities at each instructional level. Public speaking activities were assigned the most in management courses, which accounted for 38 of the 65 positive responses.

Table 1: Level breakdown of distinct courses reporting public speaking (ps)

<table>
<thead>
<tr>
<th>Level</th>
<th>Courses reporting ps</th>
<th>Courses not reporting ps</th>
<th>Total # of courses</th>
<th>% of courses reporting at least 1 ps activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>40%</td>
</tr>
<tr>
<td>200</td>
<td>1</td>
<td>8</td>
<td>9</td>
<td>11%</td>
</tr>
<tr>
<td>300</td>
<td>15</td>
<td>17</td>
<td>32</td>
<td>47%</td>
</tr>
<tr>
<td>400</td>
<td>12</td>
<td>9</td>
<td>21</td>
<td>57%</td>
</tr>
<tr>
<td>Graduate</td>
<td>6</td>
<td>4</td>
<td>10</td>
<td>60%</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>41</td>
<td>77</td>
<td>47%</td>
</tr>
</tbody>
</table>
Nine different student produced public speech activities were identified based on the descriptions provided in the data. These included both individual and group presentation of projects, readings, and instructional activities. The length of speaking time varied from less than 5 to 50 minutes for an individual presentation and 15 to 75 minutes for a group presentation. Among those courses that did include student public speech activities, the number of speaking activities in the class ranged from 1 to 17 (m=2.38, s.d. = 2.58). See Table 2 for the distribution of public speaking tasks across class sections.

Table 2: Public speaking (ps) tasks distributed across class sections

<table>
<thead>
<tr>
<th>Level</th>
<th>Class section with 1 ps activity</th>
<th>Class sections with &gt;1 ps activity</th>
<th>Total class sections reporting ps activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>200</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>300</td>
<td>20</td>
<td>18</td>
<td>38</td>
</tr>
<tr>
<td>400</td>
<td>11</td>
<td>7</td>
<td>18</td>
</tr>
<tr>
<td>Graduate</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td>28</td>
<td>65</td>
</tr>
</tbody>
</table>

Group project presentations made up the majority of assigned public speaking tasks, followed by individual presentations. Two of the presentations were explicitly described as formal, and the majority of the presentations required business casual or business attire. Additional tasks found in the College of Business Administration included: group course readings/discussion leader, group course content instruction, group problem demonstration,
group debate, individual mock interviews, individual outside readings, and individuals presenting a course of action/solution.

Survey of Course Syllabi in Education

Within the College of Education, syllabi were collected from 31 sections of 23 distinct undergraduate courses, taught by 26 faculty members during one semester. Using the same working definition of student produced academic public speech developed during the survey in business administration, speaking activities were categorized. When the task description was not explicit enough to categorize, additional information was collected through interviews and project documentation.

Results. In the surveyed courses, 35 public speaking assignments were found. These assignments were made up of individual project presentations, role-play, group project presentations, groups presenting course content, and a group poetry slam presentation. Due to the nature of the discipline, many of the projects included the demonstration of instructional activities. Presentations which included instructional demonstration were categorized as project demonstrations when the students created, collected, or analyzed information for their presentations. Activities where students presented material from the textbook, assigned readings, or lecture were categorized as presentation of course content. The group poetry slam presentation was separated from the group project presentations because it was the only activity that was performance based. All of the student produced public speech activities found in the college occurred in upper division courses. It is important to note that the education curriculum includes student teaching, which occurs in K-12 classrooms outside of the university. Because this activity occurs in many locations, involves children, and happens outside of the university, the language used by student teachers in this context was not examined.
These assignments describe the public speaking tasks included in the College of Education syllabi for the reviewed semester. As in business administration, the group and individual project presentations were the most dominant tasks assigned. The review of course syllabi in education revealed disciplinary differences, as the description of projects and the types of assignments are not identical to those in business administration. Although the basic assignment (e.g. group project presentation) may be the same, the expectations, content, and intended audience vary between the two disciplines. This information helps to provide a description of the tasks required of students in these contexts. In order to expand the understanding of public speech tasks within disciplines, and to reveal similarities as well as differences across the curriculum, three additional disciplines were surveyed: biology, communication studies, and political science.

**Survey of Courses in Biology, Communication Studies, and Political Science**

Syllabi were collected from an additional 60 undergraduate courses in biology, communication studies, and political science, with biology and political science chosen to represent the respective natural and social science disciplines. This resulted in the review of syllabi from 89 sections of 60 distinct courses in these departments. The collection represented 80% of the courses offered during the targeted spring semester.

**Results.** One hundred and one assignments were found in the classes surveyed. In addition to the activity types found in business administration and education, descriptions of two new activities were found: formatted speech and moot court. These additional surveys also provided an expansion to the debate activity previously cited in one business administration course. The following (Table 3) is a summary of activities found across five disciplines.
Table 3: Public speech activities in business (BUS), education (ED), biology (BIO), communication (COM), and political science (PS).

<table>
<thead>
<tr>
<th></th>
<th>BUS</th>
<th>ED</th>
<th>BIO</th>
<th>COM</th>
<th>PS</th>
<th>Total</th>
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<tbody>
<tr>
<td>Formatted Speech</td>
<td>35</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>35</td>
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<tr>
<td>Group Project Presentation</td>
<td>67</td>
<td>13</td>
<td>3</td>
<td>22</td>
<td>5</td>
<td>110</td>
</tr>
<tr>
<td>Individual Project Presentation</td>
<td>51</td>
<td>17</td>
<td>4</td>
<td>12</td>
<td>4</td>
<td>88</td>
</tr>
<tr>
<td>Debate</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Group Presentation of Course Content</td>
<td>6</td>
<td>2</td>
<td></td>
<td>3</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Moot Court</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Other/Discipline Specific</td>
<td>10</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>135</td>
<td>35</td>
<td>7</td>
<td>79</td>
<td>15</td>
<td>271</td>
</tr>
</tbody>
</table>

The biology, communication studies, and political science syllabi contained many of the same types of public speaking assignments found in education and business administration, with the three additions described above. After the formatted speech categorization, individual and group project presentations made up the task types occurring most frequently. The frequent presence of group and individual project presentations among student public speech assignments is consistent across disciplines. The additional assignments also highlighted some important disciplinary differences.

In this survey, formatted speech assignments were numerous, but were described only in the communication syllabi. The communication syllabi also differed in the placement of student produced public speech activities. Whereas the highest frequency of these tasks occurred in upper division courses in all other disciplines surveyed, communication courses frequently
assigned student public speech tasks in lower division courses. In fact, 67 of the 82 activities found in the communication syllabi (82%) were assigned in lower division courses. This appears to be directly related to core curricular differences in communication studies. The communication discipline includes lower division courses on presentation and oral communication skills, and therefore is quite unlike other disciplines in the nature of the presentations assigned in these courses. Here, a much stronger focus is placed on format and delivery of the speech, as that is part of the course content. There are also several sections of the lower division core course, which is open to all majors. These differences highlight the importance of looking at disciplinary variation and point toward activities in communication as rich ground for further study. The wide gap between typical presentations in communication studies and other disciplines may support the argument for oral communication both across the curriculum and as a required course.

**Analysis of Tasks in Five Disciplines**

The survey of syllabi in five disciplines uncovered descriptions of a range of student public speech assignments. A number of factors were considered while analyzing and categorizing these assignments in order to target representative types. Ways of framing the situational context of a speech event have been discussed by several researchers (see Biber, 1988; Hymes, 1974), providing a method for describing the context in order to evaluate elements that are either characteristic or varied across a speech situation. These situational factors are important in describing the associations between linguistic features and characteristics of the texts. Informed by previous work and experience with public speech, the following situational characteristics were taken into consideration when evaluating the academic public speech
contexts: purpose, subject matter, format, preparation, reference, evidence, style, addressor, audience, and setting.

The purpose of the speech situation describes the intended goals or expected outcomes of the speech. In academic public speech, the purpose may be to persuade the audience or inform the audience. Subject matter is the content of the speech, which may be chosen or assigned to the speaker. Depending on the context, there may or may not be an assumption of shared knowledge on the subject matter. Additionally, the format or organization of the speech itself may follow pre-determined guidelines or adapt to the production circumstances.

The body of the speech may vary in a number of ways. The time to prepare for speaking may vary from just a few minutes to several weeks. Speakers may refer to information and sources outside of the production situation or refer to contextual elements during production. The evidence used in a speech may include several types, such as narrative, data, testimony, examples, general knowledge, and citation. Even the style of speaking changes according to situation, with formality and preparation affecting the tolerance for error, pauses, and other aspects of online delivery to varying degrees.

The addressor refers to characteristics of the assigned speaker and may involve an individual or a group ranging in the number of participating speakers. Audience is also a major factor among speech situations. There may be an addressee, an audience, or both, and the relationship between the speaker and these other participants helps to define the speaking context. Additional considerations include the extent of shared time and space among participants, and the physical setting. Overall, these factors combine to develop a suitable framework for analyzing the situational characteristics of various academic public speech
activities. Please see Appendix B for a summary of the situational characteristics of the primary classroom presentation activities across disciplines.

The purpose of the project presentations in each discipline was to inform or persuade the audience, and the subject matter for most of the presentations was chosen by the students. One clear deviation from this was the business group simulation project, where students reported on what had happened during a semester long simulation assignment, and some variables were out of the students’ control. Predetermined expectations for the delivery format of the presentations were only found in some communication courses. Communication courses also included the widest range of types of evidence in their presentations, and were the only courses where limits to preparation time were found for presentations.

Disciplinary differences were found when looking at the addressee and audience relationships. For instance, in some business group presentations, the audience members were participants in the simulation activity being presented; this also influenced the amount of shared knowledge in the presentations. The situational characteristics were also unique in individual business presentations. In these presentations, the audience voted on related class actions based on the student’s presentation. In addition, most of the descriptions of business assignments included guidelines for dress and/or formality.

Many of the education presentations included lesson demonstration. Here, the students were presenting what they would do in a classroom. In some cases, the students presented rationale or suggestions for their work, and in other cases they simply modeled their teaching. The characteristics of this activity were different from those assigned in other disciplines. The education presentations included more interaction and less formal presentation, and the
audiences were frequently asked to participate at some point in the presentation. None of the education presentations included guidelines for dress.

Some of the public speech assignments are frequently repeated in one course but do not occur elsewhere. The surveys made it possible to target tasks that are most representative of public speech assignments across the university. The criteria used to identify the most representative tasks, included assignment types that occurred in more than two different courses in different disciplines, based on the surveys. This resulted in targeting group and individual project presentations.

Both group and individual project presentation assignments are considered primary research. Primary research tasks include the presentation of student work. When students are presenting information resulting from the collection or analysis of data, or the creation of new material, the task is categorized as primary research.

The addressor in group and individual project presentation tasks is either an individual or a group. Public speech tasks are categorized as individual when they are assigned to one student. Group tasks involve two or more students. Group presentations are by far the most frequent type of student produced public speech in the surveyed courses. Ferris and Tagg (1996) found that when English as a second language students were required to make oral presentations in class, these tasks were typically assigned as a group activity rather than an individual one. Although the current study is more broadly based, it provides another important data point to this conversation.

The group and individual project presentation assignments occurred in all five of the disciplines surveyed and are believed to best represent the student public speech that is occurring in university classrooms. The survey of syllabi from five academic disciplines presents a picture
of student public speech activities occurring within university classrooms. The activities which were found in the course syllabi vary according to discipline and course, yet there are similarities across disciplines. The survey also uncovered clear distinctions in the way that student public speech tasks were realized in disciplinary classrooms. The results of this survey have provided information on the types of public speaking activities encountered by students in the university, the representativeness of assignments across disciplines, and assignments unique to select disciplines.

Summary of the Surveys

The surveys of oral communication in the university, public speaking in university classrooms, and the syllabi of five disciplines provide an overview of public speaking tasks in the university. The surveys provide a rich description of public speech tasks in the university classroom and indicate that public speech tasks are a part of university student life. The surveys also confirm that the types of assignments encountered by students may vary by discipline, context, and task. While important tasks, such as individual and group presentations, are repeated across the curriculum, it is important to note that formal speeches are still primarily housed in the communication discipline. By reviewing syllabi in five unique disciplines, we are able to gain a better understanding of the expectations students face when it comes to public speaking in the university classroom. The results support discipline specific investigations of student public speech, as public speech tasks are occurring within the disciplines. The analysis of situational characteristics uncovers unique task variation that is tied to discipline and associated purpose, and helps to distinguish between possibly influential variables. Further study of these situational variables may lead to improved assignment and preparation of public speech tasks.
As discussed earlier, students who aim for success in graduate school and beyond are in need of experience with both formal oral presentations and discipline specific oral communication. This snapshot of the state of university student public speech tasks would indicate that the practice of oral communication both as a subject and across disciplines is required to meet that goal.
References


Appendix A

Oral Communication Survey Text

Can you tell me if oral communication activities or exercises are used in any of the courses you teach?

If yes, which courses?

Can you briefly describe the activities?

Are these activities assessed? How are they assessed?

What percentage of your class time relies on spoken language activities?

What percentage of a student’s final grade relies on spoken language activity?

How would you define oral communication?

Additional comments on oral communication in the curriculum:
Appendix B

Summary of Situational Characteristics of the Primary Classroom Presentation Activities across Disciplines

**Business and Education**

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Business</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persuade audience</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Inform audience</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Affirm/Refute positions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Motivation for speaking</th>
<th>Business</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>(voluntary, required for class, required for program)</td>
<td>Required for class</td>
<td>Required for class</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject Matter</th>
<th>Business</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Origin-self or assigned</td>
<td>Self</td>
<td>Self</td>
</tr>
<tr>
<td>Assumption of shared knowledge</td>
<td>No</td>
<td>Some shared knowledge for simulation activities</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Speech Format/organization</th>
<th>Business</th>
<th>Education</th>
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</thead>
<tbody>
<tr>
<td>Pre-determined/expected</td>
<td>X</td>
<td>X</td>
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<table>
<thead>
<tr>
<th>Reference</th>
<th>Business</th>
<th>Education</th>
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</thead>
<tbody>
<tr>
<td>Outside text</td>
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<td>X</td>
</tr>
<tr>
<td>Contextual</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Evidence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Narrative</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Data/scientific research</td>
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<td></td>
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<tr>
<td>Personal Testimony</td>
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<tr>
<td>Examples</td>
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<td>X</td>
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<tr>
<td>General academic knowledge</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Citation</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Locally available</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Relationship to data (primary, secondary)</td>
<td>Both</td>
<td>Primary</td>
</tr>
<tr>
<td>Visual support (e.g. PowerPoint)</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparation</th>
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</thead>
<tbody>
<tr>
<td>Planning time</td>
<td>Unlimited</td>
<td>Unlimited</td>
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<tr>
<td>On-line adaptation</td>
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<td>X</td>
</tr>
<tr>
<td>Production Constraints</td>
<td>X</td>
<td>X</td>
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<table>
<thead>
<tr>
<th>Addressor</th>
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<tbody>
<tr>
<td>Individual</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Group</td>
<td>X</td>
<td>X</td>
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<table>
<thead>
<tr>
<th>Audience</th>
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<tbody>
<tr>
<td>Co-participants</td>
<td></td>
<td></td>
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<tr>
<td>Interaction</td>
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<td>Relationship to Addressee</td>
<td>Class members</td>
<td>Class members</td>
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<tr>
<td>Power Relationships</td>
<td>Vote on rec. of presenter</td>
<td>Observer</td>
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<table>
<thead>
<tr>
<th>Expected Style</th>
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<tbody>
<tr>
<td>Overt opinion</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Formal monologic presentation</td>
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<td>X</td>
</tr>
<tr>
<td>Appearance/dress</td>
<td>No guideline</td>
<td>Business attire</td>
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### Additional Considerations

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<tbody>
<tr>
<td>What larger activity is text part of (competition, course, program, campus)</td>
<td>Course assignment with outside application</td>
<td>Simulation or other class project</td>
<td>Teaching</td>
<td>Teaching or other class project</td>
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### Biology and Political Science

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<tbody>
<tr>
<td>Persuade audience</td>
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<td></td>
</tr>
<tr>
<td>Inform audience</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Affirm/Refute positions</td>
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<tbody>
<tr>
<td>Origin-self or assigned</td>
<td>Self or assigned</td>
<td>Self or assigned</td>
<td>Self</td>
<td>Self</td>
</tr>
<tr>
<td>Assumption of shared knowledge</td>
<td>Some shared knowledge</td>
<td>Some shared knowledge</td>
<td>Some shared knowledge possible</td>
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| **Preparation**      |          |          |          |          |
| Planning time        | Unlimited| Unlimited| Unlimited| Unlimited|
| On-line adaptation   | X        | X        | X        | X        |
| Production Constraints| X      | X        | X        | X        |

| **Addressor**        |          |          |          |          |
| Individual           | X        |          | X        |          |
| Group                |          | X        |          | X        |

| **Audience**         |          |          |          |          |
| Co-participants      |          |          |          |          |
| Interaction          |          |          |          |          |
| Relationship to Addressee | Class | Class | Class | Class |
| Power Relationships  | Observer | Observer | Observer | Observer |

| **Expected Style**   |          |          |          |          |
| Overt opinion        |          |          |          |          |
| Formal monologic presentation | X | X | X | X |
| Appearance/dress     | No guideline | No guideline | No guideline | No guideline |

| **Additional Considerations** |          |          |          |          |
| Setting                 |          |          |          |          |
| What larger activity is text part of (competition, assignment) | Course assignment | Course assignment | Course assignment | Course assignment |
## Communication

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**Motivation for speaking** (voluntary, required for class, required for program)

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**Speech Format/Organization**

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**Evidence**

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**Addressor**

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**Audience**

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<td>Power Relationships</td>
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**Expected Style**

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<th>Overt opinion</th>
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<td>Formal monologic presentation</td>
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**Additional Considerations**

**Setting**

| What larger activity is text part of (competition, course, program, campus) | Course assignment | Course assignment | Course assignment |
FROM THE ARCHIVES: FLASHBACK TO 1985

The State of Speech and Debate: A National Perspective

Richard G. Fawcett
At time of original publication in 1985, the author served as Speech, Drama, Debate, and Music Coordinator of the National Federation of State High School Associations in Kansas City, Missouri.

Since I left Minnesota to join the staff at the National Federation of State High School Associations as their speech and music coordinator in July 1978, a number of forces have impacted America’s high schools, high school activities programs, and more specifically, high school speech and debate activities. I should like to focus on some of these forces tracing their eventual impact on speech and debate programs.

The nation’s high schools have experienced a continual economic cutback since the 1970s. One of my first assignments at the National Federation was to travel to California to interview superintendents, activities directors and coaches regarding the impact of Proposition 13. Tax reforms followed in many states, usually without the devastating impact of Proposition 13 in California. All states suffered financial cutbacks and each cutback had curricular and co-curricular implications.

Expansion of high school activities programs came concurrently with Title IX. Opportunities for young women, especially in the area of sports, were dramatically increased as a result of a new consciousness framed by federal mandates. This expansion led to a search for coaches and faculty advisors which continues to this day. My three years as a girls cross-country coach came as a response to this expansion in the Hopkins School District. During the eight years I was an administrator in Hopkins, we constantly struggled to fill our coaching positions.
As coaches reached fifty years of age, many decided to retire from coaching but remain on the teaching staff.

In times past we would have turned to younger teachers to provide leadership for our activities programs. Economic cutbacks, together with dwindling enrollments, did not allow for the hiring of new teachers. This situation has existed for most states for nearly ten years. The problem of aging faculties is gradually being handled by attrition. Competent, young replacement teachers may not be readily available, however. We are already experiencing a shortage of science and math teachers at the high school level. Colleges of education throughout the country are warning us that an insufficient supply of teachers will be available to staff future positions created by the retirement of aging faculty members.

Finances and retiring coaches do not completely explain the leadership shortage in the areas of speech and debate, however. I am aware of several states where district budgets exist for speech and debate programs, but no coaches are applying for the openings. School administrators continue to search for competent, committed coaches to direct programs. The Midwest is filled with speech and debate positions at this very moment.

Coupled with declining enrollments and economic cutbacks is our national preoccupation with a return to the “basics.” Precipitated in large measure by the Nation at Risk report, the nation has been flooded with reports, legislation, and state board of education actions—all intended to revitalize American education. In many cases these educational reforms have been conceived and enacted by individuals outside the educational field. Although the intentions of these individuals have probably been good, the outcomes of their actions have frequently been less than desirable.
For example, elective programs are being threatened in many states by more stringent requirements for graduation. By setting higher standards, school districts may be driving out increasingly high numbers of marginal students. Already some schools in New York and Chicago have drop-out rates exceeding 50%. Time will tell how dramatic the drop-out rate will become.

Preoccupied with “time on task,” school districts, state boards of education and state legislatures are curtailing travel and co-curricular event time. Some states have taken the position that no class time is to be missed for any co-curricular activity. State association offices are struggling to create schedules which will allow sufficient time for outlying schools to travel considerable distances after the school day to compete.

In an effort to reduce the financial burden of co-curricular activities programs, many school districts have instituted a fee schedule which requires students to “pay to play.” Although a few state supreme courts have ruled this action illegal, the practice is widespread and continues to proliferate. It is not uncommon for an individual student to pay from $10 to $45 to participate in a single, one-season activity.

Another phenomenon which is becoming more common each year is the use of “walk-on” or lay coaches. Pioneered in California and Florida over the past several years, the use of non-faculty members to direct co-curricular programs continues to proliferate. School administrators are particularly concerned that lay coaches may lack an educational perspective. Since they are not regular teachers in school districts, control by school districts and state association offices is difficult.

It is not uncommon to find debate coaches who have a background in college debate, but are not certified teachers. They appear after school to meet with debaters and accompany the
team to tournaments on weekends. It may be argued that these individuals, whether coaching or judging, lack a perspective which is educationally oriented to high school debate.

Reports from state association offices and from the National Forensic League indicate that individual events continue to operate with the same or slightly larger numbers than they did ten years ago. Although exceptions exist with individual states, a pattern of sustained activity can be observed.

This has not been the case for cross-examination debate, however. Numbers have fallen off sharply in this area. Reductions from one-third to two-thirds are reported by state offices coordinating cross-examination debate. Not only are student participation figures down, but the number of school programs has dropped as well. Minnesota is an example of a state indicating both kinds of decline.

It was in response to this decline in cross-examination debate that the National Forensic League introduced Lincoln-Douglas debate as a national event. Response among National Forensic League member schools has been excellent. Participation has increased steadily over the past four years. In response to this NFL membership interest, state associations are moving to incorporate L-D debate as a state-sponsored event. Judging from the sale of National Federation debate ballots, an average of five states have added this event each year.

At the topic selection meeting in San Antonio last December, state representatives reported sustained growth of L-D debate. The only exceptions were those states where L-D debate was scheduled during the speech rather than the debate season. Wisconsin reported that it was considering shifting its L-D debate to the debate season.

Speed and spread cross-examination debating continues to alienate high school administrators and those of us who are old enough to remember a style of debate which
emphasized communication more than information processing. Some states, e.g., Missouri, have not experienced a problem with speed and spread. The consistent use of lay judges at nearly every level of competition prevents debaters from lapsing into debate jargon and unfocused arguments. Housewives, lawyers, and other members of the general public have not learned to appreciate this madness, hence they do not reinforce such debate behavior.

Another phenomenon influencing the quality of speech and debate programs throughout the country is the lack of trained teachers graduating from college and universities with a background in speech, drama, and debate. This problem was discussed extensively at the SCA meeting in Chicago last November. It was commonly recognized that relatively few teachers are graduating with the skills necessary to conduct speech and debate programs at the high school level.

For this reason it is probably more important than ever to have in-service training available for those teachers who agree to accept co-curricular responsibilities. Minnesota has a long history of clinics sponsored by SAM, the Minnesota State High School League, and the Minnesota Debate Teachers Association. These clinics offer entry-level skills to already employed teachers. From an administrator’s point of view, they provide a positive inducement for prospective coaches who feel reluctant because they lack adequate training.

At the National Federation we have created a series of videotapes and booklets to assist co-curricular activities directors. For the past seven summers, we have conducted regional and/or national clinics for directors who have the responsibility of conducting workshops in their respective states. A number of states have initiated state-wide clinics as a result of exposure to this process. Representatives from Minnesota have been in attendance at each of the National Federation clinics held to date.
Last September a four-day conference directed by George Ziegelmueller of Wayne State University was held at Northwestern University to improve cooperation among all forensic organizations and to give new direction to forensic activities over the next decade. Over 150 high school and college teachers attended the National Developmental Conference.

Focusing on the educational value of speech and debate activities, conference attendees prepared a document entitled “A Rationale for Forensics as Education.” The rationale statement indicated that “forensics serves as a curricular and co-curricular laboratory for improving students’ abilities in research, analysis, and oral communication….” The document also states that “forensics remains an ongoing, scholarly experience, uniting students and teachers in its basic educational purpose.”

Considerable time was spent at the conference discussing the role of summer debate and speech institutes. Institute directors were encouraged to conduct summer institutes which were based upon “educationally sound principles and practices.” They were also encouraged to employ both high school and college teachers on their staffs.

In response to this concern the Speech Communication Association solicited considerable information regarding the summer debate institutes for 1985. This information was summarized in a mailing which was sent this spring to 5,600 speech and debate coaches by the National Federation. The purpose of this joint effort was to provide more information to high school debaters and coaches concerning the educational perspective of summer institutes.

Another conference is planned for August, 1985. The National Forensic League is sponsoring a Conference on the State of High School Debate which will take place in Kansas City on August 8, 9, and 10. The purpose of the conference is to provide an in-depth look at high school debate. Many high school and college coaches from a wide variety of geographic
areas will present papers for and against specific positions. Respondents have been asked to react to the various papers. Written transcripts of the position papers will be published this fall by the National Forensic League.

Participants in the topic selection process which is sponsored annually by the National Federation have agreed to switch the time of the 1986 topic selection meeting from December to August. This schedule change should allow more high school coaches to participate. It will also allow for greater choice of meeting sites since travel will be easier in the northern states during the summer months. It is also anticipated that coaches may have a greater opportunity to deliberate over the three topic areas announced for balloting. An additional benefit may be the earlier availability of educational materials to assist debaters and coaches with preparation for the following year’s topic.

The 1985-86 national high school debate topic, United States Water Policy, has captured the interest of educators in the social sciences and sciences. At a meeting I conducted last March at the American Chemical Society in Washington, D.C., seventeen federal agencies, publishers, and national lobby groups were represented to assist with locating free and low-cost materials for high school debaters. Participants in the meeting expressed excitement over the opportunity to raise the consciousness of bright young debaters, their families and friends. Everyone felt pleased by the choice of a truly interdisciplinary debate topic for 1985-86.

Those of us who work with high school debate might profit from the widespread interest in the 1985-86 topic. We are in a pivotal position to facilitate interaction among interest groups, teachers from different disciplines, community action groups, and members of the scientific community. The skills we are teaching are central to sustained interaction among these groups.
Our role as facilitators can be invaluable to our programs, our school districts, and our communities.

I would suggest that we should do more to place ourselves in the mainstream of American social and political dialogue. A beginning point may be the selection of debate topics that bring us to “the cutting edge” of political action in this country. Those outside the debate community may become far more familiar with the process we teach. Prospective debaters may find it easier to make a season-long commitment when they sense we are dealing with a real issue—one that is vital in their eyes.

Too often we closet ourselves in classrooms on weekends—away from the social and political dialogue surrounding us. Our specialness may be an inbreeding that is destroying our activity from within. Perhaps we should consider opening our doors to housewives, lawyers, League of Women Voter members, superintendents of schools, and interested laymen. Once the doors are opened we need to venture out into the larger community where our students can practice Quintilian’s “the good man speaking well” among their extended colleagues.