A COMPARISON OF TURN-TAKING STRATEGIES USED BY APHASIC-TEENAGERS AND APHASIC-ADULTS WHEN HAVING CONVERSATION WITH NORMAL PEOPLE

THESIS

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MOTTO

“BE YOURSELF. Your uniqueness is far more interesting and valuable than your ability to conform.”

DEDICATION

This thesis is proudly dedicated to the following:

My beloved mother, **Husnaniah,** who was resting in heaven (Insya Allah), and my beloved father, **Hanafi Zuhdi**, always gave me sincere love, support, and prayers.

My beloved siblings, **Muhammad Agung Jiwanta, Nur Islam Parnabi,** and **Ainul Qoyyimah,** supported me all the time, and friends were inspired me to complete this thesis.

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given me motivation and a huge contribution to complete this research.

I realize that this study is not perfect. I will be grateful to the readers who give me criticism and suggestions that improve this study. Finally, the researcher hopes this study will be useful for an English Literature student.

ABSTRACT

Alam, Fatihah Sari. (2022). A Comparison of Turn-taking Strategies between Teenagers with Aphasia and Adults with Aphasia. Undergraduate Thesis. Department of English Literature, Faculty of Humanity, Universitas Islam Negeri Maulana Malik Ibrahim Malang. Advisor: Deny Efita Nur Rakhmawati, M.Pd.

Keywords: Turn-taking, Aphasia, Factors that hinder or support conversation

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Turn-taking is very fundamental in conversation. Therefore, what is the turn-taking strategy for people with language disorders, such as aphasia? This study aims to analyze the comparison in turn-taking strategies between teenagers with Broca aphasia and adults with Broca aphasia. Does this study have two research questions: (1) What are differences and similarities types in turn-taking strategies that used between teenagers with Broca aphasia and adults with Broca aphasia in conversation? (2) How are teenagers with Broca aphasia and adults with Broca aphasia used turn-taking strategies based on factors hinder and support conversation? Researchers used qualitative descriptive methods to answer the research questions. In addition, the researcher uses the turn-taking strategy theory from Stenstrom (1994) and the theory about factors that hinder or support conversation by Johansson (2012). The results show that the most prominent difference in the turn-taking strategy is silence pauses, which are produced mainly by adults with Broca's aphasia. Furthermore, data that was found in factors that support conversation is more than factors that hinder conversation. Factors that hindered conversation were dominantly found in adults with Broca aphasia, it was found in the physical condition of people with aphasia and in the possibility of PwA to control the topic of conversation.

ABSTRAK

Alam, Fatihah Sari. (2022). A Comparison of Turn-taking Strategies between Teenagers with Aphasia and Adults with Aphasia. Skripi. Sastra Inggris, Fakultas Humaniora. Universitas Islam Negeri Maulana Malik Ibrahim Malang. Pembimbing: Deny Efita Nur Rakhmawati, M.Pd.

Kata Kunci: Gilir-tutur, Apasia, Faktor penghambat atau pendukung percakapan

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Turn-taking adalah hal yang sangat fundamental dalam percakapan. Oleh karena itu bagaimana strategi gilir tutur pada orang gangguan bahasa, seperti aphasia? Penelitian ini bertujuan untuk menganalisis perbandingan strategi gilir tutur antara remaja dengan broca aphasia dan dewasa dengan broca aphasia. Penelitian ini memiliki dua pertanyaan penelitian: (1) Apa perbedaan dan persamaan tipe turn-taking strategy antara remaja dengan broca aphasia dan dewasa dengan broca aphasia? (2) Bagaimana remaja dengan broca aphasia dan orang dewasa dengan broca aphasia menggunakan strategi gilir-tutur berdasarkan factor penghambat atau pendukung percakapan? Peneliti menggunakan metode deskriptif kualitatif untuk menjawab pertanyaan penelitian. Selain itu, peneliti menggunakan teori turn taking strategy dari Stenstrom (1994), dan faktor penghambat atau pendukung percakapan dari Johansson (2012). Hasil menunjukkan bahwa perbedaan strategi gilir-tutur yang paling menonjol yakni silence pauses, yang mana strategi ini lebih banyak dihasilkan oleh orang dewasa dengan broca aphasia. Sementara strategi lainnya lebih banyak digunakan oleh remaja dengan broca aphasia, seperti starting up, taking over, filled pause and verbal fillers, dan giving-up. Selanjutnya, peneliti menemukan factor yang mendukung percakapan lebih banyak daripad factor yang menghambat percakapan. Factor yang menghambat percakapan secara dominan ditemukan pada dewasa dengan broca aphasia, yaitu pada faktor kondisi fisik penderita afasia, dan kemampuan orang dengan aphasia untuk mengontrol topik pembicaraan.

مستخلص البحث

الم ، فاتح ساري.(2022). مقارنة بين استراتيجيات تبادل الأدوار بين المراهقين المصابين بالحبسة الكلامية والبالغين المصابين بالحبسة الكلامية. النصي. كلية العلوم الإنسانية - قسم الأدب الإنجليزي. الجامعة الإسلامية الحكومية مولانا مالك إبراهيم مالانج. المستشار: Deny Efita Nur Rakhmawati، M.Pd.

الكلمات الرئيسية: المنعطفات ، Apasia ، تثبيط المحادثة أو العوامل الداعمة

اخذ دورهو أمر أساسي للغاية في المحادثة. لذلك ، ما هي استراتيجية التحول للأشخاص الذين يعانون من اضطرابات اللغة ، مثل الحبسة الكلامية؟ تهدف هذه الدراسة إلى تحليل مقارنة استراتيجيات تحويل الكلام بين المراهقين المصابين بحبسة بروكا والبالغين المصابين بحبسة بروكا. تحتوي هذه الدراسة على سؤالين بحثيين: (1) ما هي الاختلافات والتشابهات بين أنواع إستراتيجية تبادل الأدوار بين المراهقين المصابين بحبسة بروكا والبالغين المصابين بحبسة بروكا؟ (2) كيف يستخدم المراهقون المصابون بحبسة بروكا والبالغون المصابون بحبسة بروكا استراتيجيات التحول إلى الكلام بناءً على عوامل التثبيط أو دعم المحادثة؟ استخدم الباحثون المنهج الوصفي النوعي للإجابة على أسئلة البحث. بالإضافة إلى ذلك ، يستخدم الباحث نظرية إستراتيجية أخذ الدور من(1994) Stenstrom والعوامل المثبطة أو الداعمة لمحادثة Johansson (2012) . تُظهر النتائج أن الاختلاف الأبرز في إستراتيجية التحول إلى الكلام هو التوقف المؤقت للصمت ، والذي ينتج في الغالب من قبل البالغين المصابين بحبسة بروكا. بينما يتم استخدام استراتيجيات أخرى أكثر من قبل المراهقين المصابين بحبسة بروكا ، مثل-starting up ، taking over ، lexical repetition, ،silence-pauses ، interrupting،filled pauses and verbal fillers giving-up. علاوة على ذلك ، وجد الباحثون أن العوامل التي تدعم المحادثة هي أكثر من العوامل التي تمنع المحادثة. توجد العوامل التي تمنع المحادثة بشكل سائد عند البالغين المصابين بحبسة بروكا ، وهي الحالة الجسدية للشخص المصاب بالحبسة والقدرة على التحكم في موضوع المحادثة.

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CHAPTER I

INTRODUCTION

A. Background of the Study

Aphasia has become a serious matter in linguistics and psychology, especially in language disorders. Aphasia has an unfavorable influence on a person's language skills. Aphasia can affect anyone, whether children, teenagers, or adults. This disease does not look at a person's age because the cause is based on many factors, such as accidents that cause brain injury, tumors, and strokes, or can also be disabled in the womb (Code, 2010).

People with aphasia have variety of symptoms, and it can affect their daily life. However, because our ability to communicate is a fundamental function, language disorders can result in considerable activity limitations, and restrictions on participants in all areas of life; close relationships, social relations, work life, etc. For instance, they experience a condition of a sudden loss of ability express ideas and feelings and to interpret responses from the environment, and this is a challenge to their relationships with other people.

According to Parr S. (2004), in conversation people with aphasia tend to be unsure of what has been said, and are unable to express themselves as clearly as desired (Johansson, 2012, p. 16). For example, they tend not to respond directly to answers or comments related to interlocutor’s utterances, instead making long pauses,

repeating words previously spoken by the interlocutor, also often responding with the words uh, oh, um, etc. Aphasia can be categorized as fluent aphasia and non-fluent aphasia. One type of aphasia is Broca's aphasia, which is one type of aphasia that is included as a type of non-fluent aphasia. This type of aphasia is the most non-fluent aphasia among other aphasia. Therefore, people with this type of aphasia will have a lower level of fluency than other people with aphasia.

One of the less fluency in speaking in people with aphasia such as previously mentioned; people with aphasia tend to pause in talking. If examined and seen from the perspective of conversation analysis, this is included as a form of turn-taking strategy. This proves that every time a conversation takes place, there is a process of taking turns between the speakers, as Lesser and Perkin (1999) stated, that naturally occurring conversation is organized and includes the mechanisms of turn-taking, repair, and topic management (Medina, 2008). People with aphasia when using the turn-taking strategy in a conversation will certainly differ from one speaker to another. This shows that anyone (include people with aphasia) can determine what strategies they use when speaking.

Looking to the language phenomena that are so unique in people with aphasia, especially the phenomena when they take turns, reinforces that it is important to carry out further research related to these turn-taking. Like previous researchers, they have also researched turn-taking from various perspectives. First, Sacks, Schegloff, and Jefferson (1974), they were the first researchers that analyzed turn-taking. Their

research was based on a qualitative analysis of audio recordings of various types of conversations, from coffee-room interactions to telephone conversations, emphasizing the role of language and meaning in turn-taking. Their study found a relationship between talking to only one person at a time and controlling silence between speakers.

Second, Fahlenafitri (2020) examine turn-taking used by the two main characters in the Marriage Story movie, using turn-taking strategy by Sacks, Schegloff, and Jefferson (1974). The data that used in the form of a conversation, and uses the transcription symbol from Gail Jefferson's theory which strengthens this research, because makes it easy for her to analyze it. This study used a descriptive qualitative method. In this study, the researcher found that there are nine strategies namely the address term, adjacency pair, post completor, utterance in-completor, incompletion marker, possible pre-closing, overlap, repair technique, and question tag which are categorized into three strategic functions namely take the turn, hold the turn, and relinquish the turn.

Third, research conducted by Jannah (2014), she focused on conversational analysis (CA) in analyzing turn-taking features in conversation between two main characters; they are Mark Zukerberg as American and English native speaker and Eduardo Saverin as a Spain and English non-native speaker in “The Social Network” Film, using Anthony J. Liddicoat’s theory of conversational analysis (2007). This study used a descriptive qualitative method. The result of this study shows that there

are three main turn-taking features occurred in this film such as gap, overlap and no gap no overlap.

Fourth, research Rivai (2019) on turn-taking strategies associated with gender, he investigated turn-taking strategies for men and women in two emerging conversations in two American TV talk shows, using Stenstrom's theory (1994). This study aims at examining the turn-taking strategies performed by male presenter, Jimmy Kimmel, and female presenter, Ellen DeGeneres. The researcher applied the descriptive qualitative method. The findings showed that male presenters use different strategies when having conversation with male and female guests, while female presenters did not use meta-comment, silent pause, and giving-up strategies in her conversation with male guests. On the other hand, in conversation with female guests, she used all the strategies, except meta-comment strategy.

Fifth, study conducted by Nugroho & Ariyanti (2014) examines turn-taking in interview TV program Indonesia Now exclusive Agnes Monica with Dalton Tanonaka on Metro TV. The aim of this thesis is to find the way participants in a conversation take and construct the turn to talk. The design of this thesis is descriptive qualitative and use some theories from Sacks, et al (1974) theory about turn-taking systems and also Tannen (2005), and Yule (1996) theory about turn taking strategies such as overlap, interruption and backchannel signal, and Kurylo (2013) about the cultural background of conversation in using turn taking strategies.

The study shows the phenomena about taking the turn to talk and also find new thing that interruption have relation with overlap.

Sixth, Dewi (2018) examining social contexts based on how EFL learners' social personality and power influence their turn taking strategies during the interaction in English conversation class. Since this study depicts naturally occurring interaction, a qualitative approach is applied. By conducting participant observation, the data is gained from EFL learners spoken interactions by using audio recording. The findings reveal that turn taking strategy employed by the learners result their different personality. Besides, the role of power also reflects the participants' social roles. The higher the status of participants, the more influence the language is in faceto-face interaction. In conclusion, the intertwined of language and social context is beneficial for the learners to motivate them in functioning the language.

Seventh, Lestari (2016) researched the presidential debate in a formal situation beween Barack Obama and Mitt Romney were the speakers in the debate. In this study, the researcher investigates the types of turn-taking strategies that occur with Stenstrom's (1994) theory about turn taking strategies. The researcher applied the descriptive qualitative method. Therefore, the researcher found that there are 15 data in taking the turn strategy were found (starting up, taking over, and interrupting). Holding the turn strategy was found 11 data (filled pause and verbal filler, lexical repetition, and starting all over again). In yielding the turn strategy were found 3 data (prompting, appealing, and giving up).

Seventh, Levinson and Torreira (2015) examine the extensive literature about the system of the core niche for language use is in verbal interaction, involving the rapid exchange of turns at talking. This study adding new statistical analyses of behavioral data where they have been missing, demonstrating that turn-taking has the systematic properties originally noted by Sacks et al. (1974). The researcher applied the descriptive qualitative method. The finding showed that participants in conversation must predict (or 'project' as SSJ have it) the end of the current speaker's turn in order to prepare their response in advance. This in turn implies some overlap between production and comprehension despite their use of common processing resources.

Eight, Beeke et al. (2014) analyzed conversations between a man with chronic aphasia, Barry, and his wife, Louise (both names are pseudonyms). Pre-intervention analysis revealed the potential of writing as a resource for turn construction. Intervention consisted of enabling Barry to use writing to produce more complete turns at talk, thereby increasing the likelihood of mutual understanding, and encouraging Louise to modify her responses to Barry's turns and thus enhance his interactional potential. This study applied the descriptive quantitative method. The finding revealed that Barry significantly increased his use of writing after intervention, but there was no change in other trained strategies. Louise eradicated correct production sequences (designed to elicit the correct production of a word despite her knowing the target) but did not implement trained strategies.

Ninth, Schienberg & Holland (1999) examined conversational turn-taking in Wernicke Aphasia. The study applied descriptive qualitative method. The study found that in 10 minutes sample conversations showed that the conversation turn – taking in people with Wernick's aphasia remained intact. There is only one violation of the rules, namely the gap and overlap features. However, it does not occur as frequently as in the sample of Sacks et al.

Last, contrast to the previous one, Medina (2008) examined the differences in turn-taking between married couples with Broca's aphasia and those without Broca's aphasia. This research was conducted by referring to turn-taking in conversation analysis. The researcher applied the descriptive qualitative method. This finding revealed that all individuals in a pair without aphasia uttered more words during a 10-minute conversation than one individual with non-fluent aphasia.

The research above indicates that turn-taking strategies and aphasia can be analyzed from various perspectives. Thus, the researcher also wants to give a different view of this study. Considering the previous study above, the researcher found a gap between them. The previous studies have not studied turn-taking strategies by comparing the strategy among people with aphasia (PwA (T) and PwA (A)) when speak with interviewer (normal people) in different age stages. This study will focus only on Broca's aphasia, the most non-fluent type among other types of aphasia. Therefore, this study tries to compare the differences in turn-taking strategies between teenagers with Broca's aphasia when speak with interviewer (normal people)

and adults with Broca's aphasia when speak with interviewer (normal people). Beside, how they used the strategy in conversation. This study will examine the types of turn-taking strategies based on Stenstrom's (1994) theory. This theory has various to determine the types of turn-taking strategies.

Researchers who analyzed conversation analysis or, more specifically, turn-taking strategies in people with aphasia will conduct research by recording directly the daily utterances said by people with aphasia. Today, much research has been conducted in many ways because the media was developed. The existence of social media allows people to use various social media to share their daily activities. Therefore, the researcher chose one of the social media platforms, namely YouTube as source of data in this study. Many people share daily videos or other videos on YouTube, including conversations of people with aphasia. Thus, the researcher chose six conversation videos in this study containing conversations about people with aphasia. The researcher chose the conversation of people with Broca aphasia when talking to other people (normal people), on six different YouTube channel; they are SymphUK channel, Dr. Bala Krish channel, Tom Hurley channel, tactustherapy channel, Evelyn lyn channel, and The aphasia Center channel. Those channels focus to share about phenomena of aphasia, and it is appropriate with the objects that are needed for this study.

Although there were many studies on turn-taking strategies associated with aphasia, it will be different because the objects used were different. This kind of

research needs to be done. Possibly in the future, it can be a reference for anyone who speaks with Broca aphasia patient. It will help people, whether therapist, family member or other people to get understanding of how people with Broca aphasia when talking in conversation. Thus, they can adjust how to be a good conversation partner with teenagers and adults with Broca aphasia. Therefore, this research is still worth doing.

B. Research Questions

Based on this background, the researcher analyzed the data for several aspects of turn-taking. Therefore, the researcher asked the following research questions:

1. What are the differences and similarities of types of turn-taking strategies used by aphasic-teenagers and aphasic-adults when talking with normal people?

2. How do aphasic-teenagers and aphasic-adults when talking with normal people use turn-taking strategies in a conversation, based on factors hindering and supporting conversation?

C. Significance of the Study

The purpose of this study is to contribute practically. Results of this study are expected to be useful for other researchers interested in analyzing turn-taking strategies, especially in people with aphasia. It hopes that readers can use it as a reference in using conversation with Broca aphasia patient. The results of this study

can help the readers understand how to identify the turn-taking strategies of aphasic-teenagers when talking with normal people and aphasic-adults when talking with normal people. Besides, this study can help the readers understand factor hinder or support conversation. The researcher hopes that there will be an improvement in reader's understanding on the turn-taking strategies that used by aphasic-teenagers when talking with normal people and aphasic-adults when talking with normal people.

D. Scope and Limitations

The scope of this study is discourse analysis, especially conversation analysis. For the limitation of the study, this research only examines the strategy of turn-taking strategies used by aphasic-teenagers when talking with normal people and aphasic-adults when talking with normal people. The type of aphasia that is used as an object of this study is Broca's Aphasia. In this study, the researcher will analyze the recorded audio of conversations on YouTube channels which consists of aphasic-teenage and non-aphasic people, and video from YouTube platforms that contain a conversation between aphasic-adult and non-aphasic people. This study will differentiate the turn-taking strategies used by aphasic-teenage and aphasic-adult and how they use them.

E. Definition of Key Terms

To avoid misunderstanding in this study, the researcher defines the following key

terms below:

1. **Conversation Analysis**: an approach to study of social interaction the everyday life, consisting analysis of turn-taking, adjacency pairs, and sequence.
2. **Turn Taking**: when aphasic-teenagers and aphasic-adults take turns in conversation with normal people.
3. **Turn-Taking Strategy**: a turn-taking strategy used by aphasic-teenagers when talking with normal people and aphasic-adults when talking with normal people to set the floor for each participant in the conversation.
4. **Aphasia**: aphasia is a disorder in the use of language, which also interferes with expression and causes the sufferer to have difficulty understanding language.
5. **YouTube**: a platform that provides various kinds of videos, one of which is the video that will be used as data in this research, There are six videos which contain conversations between aphasic-teenagers when talking with normal people and aphasic-adults when talking with normal people. Those six videos released by six different creators.

CHAPTER II

LITERATURE REVIEW

This chapter presents some theories that relate to this study. The discussion covers related literature about conversational analysis, turn-taking, turn-taking strategies, turn-taking in aphasia, and factors hindering and supporting conversation in aphasia. The detailed explanation is described in the following below.

A. Conversational analysis (CA)

According to Hutchby and Wooffitt (1998) conversation analysis is the systematic analysis of the speech produced in everyday human interaction (Lestari, 2016, p. 9). Based on that statement, we can conclude that conversation analysis is an oral discourse analysis approach that examines how people handle everyday conversational interactions. Conversation analysis is the study of speech in interaction. Also, conversational analysis is a consideration of conversation in interaction that generally seeks to describe the appropriateness, structure, and design of sequential interactions, whether these are often institutional or casual conversations in the standard of living.

Guy and Allen stated that according to researchers in various communication fields, the conversion process is rich in various small behavioral components, which are immediately recognized and recorded (Jannah, 2014). That is why many researchers in this field can be analyzed through recordings, both daily conversations,

recordings during interviews, and so on.

Scientists say that conversational analysis looks at understanding how more negotiated conversations between participants play out to produce some form of social action. It focuses more on the creation and interpretation of discourse in participant-directed interactions. Conversational analysis emerged from Sack's study of the analysis of language use in social interactions. It was initiated by non-professional language observers (or sociologists such as Harvey Sacks and his collogues Emmanuel A. Schegloff and Gail Jefferson).

According to Sacks et al. (1974), a turn is the most essential part of interaction in terms of the character of the simultaneous active participation of two or more participants and the role of the historical calendar in the field of interaction. They found that the language examples provided by professional linguists were often inaccurate, even though some speech samples did not appear in normal conversation. Furthermore, they also found that the rules followed in conversation were more similar to those used by people in activities than those found in linguistics (Sari, 2019, p. 9).

B. Turn-taking

In conversational analysis, turn-taking is the basic unit of conversation. Speaking can be a term that indicates how intentional discussion usually takes place. A fundamental understanding can be derived from the term itself: it is the idea that

individuals in a discussion take turns speaking. However, when examined by a sociologist, the examination explores topics such as how people know when it is their turn to speak, the level of coverage among speakers, when coverage is acceptable, and how to consider territorial or sexual orientation (Nordquist, 2022).

Based on Bahman and Parvez (1998), an important skill to be developed for speakers is turn-taking. Of course, there are still many speakers who are still learning and taking turns with their partners. However, conversational strategies to help improve language skills are slightly different. The former contributes because language refers to the interaction of gestures, sounds, or words (Sari, 2019, p. 13).

According to Lesser and Perkins (1999), turn-taking refers to sequences and the sharing of time in a conversation where one speaker contributes to the conversation and is followed by silence or verbalization from another. Buzolich and Wiemann stated that variations in how turns are exchanged are consequential in that they influence both the short-term and long-term evaluations of the person and their communication ability (Medina, 2008).

The way turn-taking happens in that conversation is very diverse. It has to do with the strategy used by a person. For example, when a conversation is ongoing, there is a long pause. A speech partner takes the initiative to start the conversation again, so the speech partner who started the conversation has carried out a strategy.

C. Turn-taking Strategy

There are three turn-taking strategies, according to Stenstrom, (1994): taking the turn strategy, holding the turn strategy, and yielding the turn strategy.

1. Taking the turn strategy

Taking the turn strategy is when people will take turns in a conversation. In taking turns, people will add comments related to the current topic or create a new one. There are three strategies for taking turns: starting up, taking over, and interrupting.

a. Starting Up

Starting-up, means the beginning of a conversation. This strategy can be done using a hesitant start and a clean start. Therefore, the speaker will use some lexical items that signal hesitant starts, such as verbal fillers (*I mean, you know*) or filled pauses (*uhm* and *a;m*) to give a chance or time for the speaker to prepare what he/she is going to speak next (Stenstrom, 1994). The speaker uses a filled pause or verbal filler to show that the speaker intends to say something but needs more time to think. For examples:

(1) C: Well, uh:::m So your pregnancy was perfectly normal

From the example above, speaker C tries to open the conversation with a verbal filler or filled pause. That occurs because the speaker doubts or hesitates about what he/she will say. A clean start occurs when the speaker has prepared well before

the participants take their turn and no more planning. In this case, the speaker will use the starter to begin the turn and signal by “well” For example:

(2) C: Well, to give a little bit of time for the speaker to prepare what he is going to speak.

In the example above, speaker C begins her utterance with the word “well” which signals a clean start. The speaker has prepared well what he/she will say next. It shows that the speaker is ready to examine the next statement without need more time to think.

b. Taking Over

This situation can occur if the speaker has finished his speech and can assign someone to take a turn. This strategy can be done by uptakes and by a link (Stenstrom, 1994). Uptakes happen when the speaker wants to give a response or comment and follow up. The next speaker acknowledges receipt of what the previous speaker said and evaluates it before going on. Uptakes usually used are: *yeah, oh, ah, well, no, yes. Yeah,* and *oh,* are usually used to give a comment or respond utterance: *you know*. For instance:

(3) C: It is very hot, you know

D: *Yeah*

In the example above, speaker C uses “you know” to give a turn to the interlocutor. Then, speaker D says " yeah " to the comments or responds to speaker C's utterance.

Another strategy for taking over is by links. Lexical item is usually a signal of links, marked conjunctions: *and, but, because,* and *so,* which connect clauses and sentences. Link used to continue the speaker's talks as showing continuing, understanding, and giving reason or disagreement of the previous utterance.

For instance:

(4) C: Don’t choose him! He is not good enough at it

D: *But,* we think he is the best one among us.

In the example above, speaker D uses “but” to comment and is purposed to connect the utterance of speaker C.

c. Interrupting

According to Stenstrom (1994), there are several reasons interrupting can occur. Those are the listener thinks that she/he got the message and that there is no need to elaborate or gets the impression that the speaker has nothing more to say, or the listener wants to speak up at a particular point in the ongoing talk before it is too late. This strategy is divided into two parts; they are Alert and Meta-comment. Alert occurs when the current speaker interrupts by speaking louder to attract attention.

This taking turns can be considered impolite in several cultures because the current speaker does not finish speaking, and then someone else takes a turn. But, this assumption will be different in every culture, it can be impolite, and it cannot be a problem. The listener usually forces the current speaker to stop talking, although the speaker has something more to say. Some alerts are typically used: *hey*, *listen*, and *look.*

For example:

(5) C: "I'm sorry about you father kid…"

D: "*Look*- that is my father!"

From the example above, speaker D interrupts speaker C using "*look*" which is signaled as an alert comment strategy. It means that the speaker wants to take the turn by saying "look" with a louder voice to attract attention.

The second strategy is Meta-comment. This strategy occurs when the speaker comments on the talk politely without offending the current speaker. The utterance that people usually use interrupts with meta-comment is: *I just tell….*, *can I say something about this…, may I halt you…, could I halt you there….*, *let me just*,, or etc. for example:

(6) C: …….. You did not know that=

D: = *Can I say something about this….*

Speaker D used meta-comment to get his/her turn. It can be seen from the expression, "*Can I say something about this…"*, it means that the speaker wants to ask permission from the current speaker to say something.

2. Holding the Turn

Holding a turn can occur when the speaker cannot control the conversation and continues to speak while planning what to say. Strategies to maintain a speaking turn for the current speaker. There are several ways to master a trick: filled pauses and verbal fillers, silent pauses, lexical repetition, and new beginnings.

a. Filled Pauses and Verbal Fillers

This situation occurs when the speaker is thinking about what they will utter soon or is preparing for what he/she wants to say next but has no intention of ending the turn. This strategy can be used with filled pauses (.hhh, *uhm,* and *a;m*) and verbal fillers (*I mean, you know*) to give the time for the speaker to thin what they want to say. For example:

(7) C: *.hhh* Okay we have a new *a:::* detention system now

D: that if they don't clear these they'll become truants

The speaker C uses *.hhh* and *a:::* to show that she/he doesn't want to end his/her speak or to hold the turn. It happens because the speaker usually needs time to think about what they want to talk.

b. Silence pause

Silence pause occurs for a few moments in the speaker's speech, characterized by short and long pauses. According to Clark, people use silent pauses because people choose to be more careful when speaking or speak slower so that their speech is easier to reach. For instance:

(8) C: those posts are. always free. or filled by dunderheads .during a peacetime

D: then we. lose the first few battles

C: when – then you . lost the first few battles . then you sack these fools like lord

D: Uhm B: Gort and people like that during the last war . and iron side and people like this you know and the old plodders

C: Uhm

D: and suddenly - - - - - the more brilliant people appear.

Taken from (Stenstrom, 1994)

c. Lexical Repetition

This usually happens when a person wants to avoid taking a turn from another speaker while preparing or remembering what he wants to say, so he repeats a certain word. For instance:

(9) A: I mean it does not make any difference *if if if* you get score six.

d. New start

Usually, this happens when a speaker feels that it is not under his speech, for example, when speech is wordless or confused and unable to use ideas to continue, so he/she must start the sentence from the beginning.

(10) C: but I feel somehow. the sheer fact of not having to have . to have .this .really sort of - - *it's for one thing it does nark me*.

From the example above, the speaker still confuses about what to say when the speaker starts objecting. The speaker tries to put his thought into words using repetition, pauses, and verbal before realizing that the only way out of the trouble situation is to start all over again.

3. Yielding the turn strategy

Yielding the turn is to give someone a chance to speak or to designate someone to talk. There are three ways to make a turn: prompting, appealing, and giving up.

a. Prompting

In yielding the turn strategy, the speaker can make prompting to designate the participant to respond. Moreover, the speaker can make prompting to invite, greet, offer, question, request, object, and apologize. For example:

(11) C: Hi, Mei!

D: Hi

C: *Would you like to come to my birthday's party, please?*

D: Yes, I'd love to.

b. Appealing

It can be a response (call) cue to the interlocutor that the speaker needs an answer to what they have given, such as "question tags, ok, okay, you know, all right, right you see and others."

(12) C: You have done your homework, *right*?

D: Yes, I have

Speaker C uses "right" to get a fast response from speaker D.

c. Giving up

This occurs when the speaker says there is nothing left to say or wants to say or when the speaker is unable to share the information you are thinking of. Usually,

there is a pause or the long pause, and there is strong pressure on the listener to say something. For instance:

(13) C: if I am quite we at the game, I can - - e:m

D: You can beat them all

Speaker C makes a final effort, signaled by e:m, but he has to give up, and speaker D finally takes over the turn.

D. Aphasia

According to Code ((2010)**,** aphasia is a term used to describe disorders; it is related to the expression and understanding of language in any modality, whether through speech, writing, or linguistic signs and is caused by some form of acquired brain damage. Benson et al. stated that the causes of brain damage could be head injuries, brain tumors, or other brain areas. However, stroke is the most common cause of aphasia Medina (2008). A stroke often called a brain attack, is where the blood supply to the brain is interrupted. The brain needs blood flow that must be continuously supplied with life-giving oxygen so that when there is a blockage of blood going to the brain, it can cause disturbances in the part of the brain that plays the role of language. If the nutrition of brain cells or neurons is disturbed for four minutes, permanent neuronal death or damage occurs.

Aphasia usually attacks someone in middle age, such as adults and the elderly, but it is undeniable that aphasia can occur at any age, including early age or even teenagers Code (2010). Based on Dyussenbayev (2017), the classification of human age starts from infancy (0-1 years), childhood (1-13 years), and youth (13-25). This phase is also called the teen phase, which from the age of 13-17 is called early adolescence, 18 -21 is called mid-adolescence, and 21-25 is called late adolescence. Then the age of 26-61 is called the adult phase, and the age of more than 61 years is included in the elderly phase. From this age category, it doesn't matter whether this aphasia can only attack the elderly or adults. Still, anyone can get aphasia, even small children and also teenagers.

Benson et al. stated that the process of decoding (interpreting) and encoding (formulating) linguistic units will also have an effect on people with aphasia. In Medina (2008) stated that this is demonstrated by various disorders of reading comprehension, hearing, writing, and spoken expressive language. Also, it noted that the main impairment in people with aphasia is communication through verbal expression, and difficulty finding words is the standard feature of individuals with aphasia. According to Lind, aphasia cannot be considered only a language disorder. Aphasia also affects thinking, memory, information, and other cognitive functions. As a result, individuals with aphasia have difficulty translating thoughts into linguistic symbols. According to Lafond et al., some individuals have problems to translate the language they receive into their minds.

The types, symptoms, and effects of aphasia (Code, 2010):

1. **Broca's Aphasia**

Broca's aphasia is known as non-fluent aphasia. Usually, people with Broca's aphasia experience things such as loss of fluency in speech. When they speak, they try very hard to form the words they want to say. They often repeat words that their partners said previously. The most severe sufferers of this type cannot make a sound or make only one word at a time.

In Tuomenoksa et al. (2022), Kertesz states that Broca's aphasia is generally associated with difficulty in articulation and speech production that is linguistically rare even though his understanding is relatively intact. Heeschen and Schegloff also state that in conversation, Broca's aphasia translates into problems with proper speech production, or turn-at-talk, and often results in the elimination of grammatical elements, described as telegraphic style.

Based on Beeke et al. (2014), people with non-fluent aphasia use prosody to compensate for their disturbance in grammar to signal turn-taking in continuing or finishing speech which leads to turn-taking. Patients with non-fluent aphasia generally form non-verbal communication, and resources or conversation partners will be very important for constructing turns in their conversations.

Lexical turn construction coffers generally available to persons with non-fluent aphasia include patches similar to "yes" "no" and "but" (Tuomenoksa et al., 2022). Goodwin, Lakso, and Klippi state that although they lack propositional content, they are essential interactions that combined with realized resources, can serve as response devices that "direct" conversation partners into generating conversations that PwA can then put into their actions.

Broca's aphasia as non-fluent aphasia generally does not affect their understanding. They can't utter many words, but they can still understand what people are saying. They also realized that there was an error in their language skills. Broca's aphasia can also impact a nearby part of the brain that controls muscles for movement.

2. Wernick's Aphasia

This aphasia is also known as "receptive aphasia" or "fluent aphasia"; this type can also be called general aphasia. People who suffer from aphasia usually have several symptoms, such as difficulty making words and sometimes making mistakes when saying things that don't make sense, but their speech fluency is not disturbed. This type of aphasia also has difficulty understanding someone's speech, especially long speech. They may be able to understand simple sentences. They usually repeat sentences or words that people say to them. This type of aphasia also often has anosognosia (an-oh-sog-no-zh-uh), a condition in which the brain can't recognize the

signs of medical problems. People with this type of aphasia often don't know that they have this kind of aphasia.

3. Global Aphasia

This type of aphasia is the most dangerous, usually experiencing symptoms such as loss of fluency in speech, they repeat simple words many times, and the most severe symptom is can't make any sound (mutism). They also have problems with their understanding. Other symptoms that arise from this aphasia are; cause one-side paralysis, blindness, and others.

Apart from the types or types of aphasia above, there are also other types of aphasia, such as:

1. Transcortical motor aphasia, this type of aphasia is similar to Broca's aphasia but not as severe. Those who experience this type of aphasia have no problem repeating words or sentences spoken by their interlocutors.
2. Transcortical sensory aphasia, this type of aphasia is similar to Wernick's aphasia but not severe. They have no problem repeating spoken words. This type of aphasia is common with degenerative brain conditions like Alzheimer's disease.
3. Conduction Aphasia, this type of aphasia affects fluency but not comprehension. People with this struggle to pronounce words when trying to repeat something that people say to them.

4. Anomic Aphasia, usually this type is complicated to find words, especially object names or words that describe actions. To overcome this, they typically use words to explain what they mean by non-specific words.

E. Turn-taking in Aphasia

According to Holland (1980) in Medina (2008), aphasic adults who have linguistic disabilities competent in many conversations. They often communicate better than talk. Aphasia speakers behave appropriately in conversational interactions, including taking turns. They observe the rules and conventions that govern the social and interpersonal aspects of the conversation. In addition, speech aphasia is sensitive to communication failures and responds appropriately. Although communicative competence has been conveyed by speech aphasia, the methods used by aphasic individuals in maintaining appropriate communicative exchanges and promoting social interactions are rare.

In conversational analysis, turn-taking is one of the conversation's most basic analytical tools. This also applies to the conversation of people with aphasia. Holland and Schienberg's research on conversational turn-taking in Wernick's Aphasia found that turn-taking was relatively spared from fluent aphasia (Schienberg & Holland, 1980). Thus, it can be concluded that people with fluent aphasia will affect the way people with fluent aphasia do turn-taking. Other studies also support the research of Schienberg et al. (1980) namely Ferguson (1998), who expressed their approval of Schienberg and Holland's (1980) research.

Ferguson stated that most of the speaker changes occurred with minimal overlap, unlike the subject of aphasia in Schienberg and Holland's study. In the study of Schienberg and Holland, research on turn-taking in people with aphasia can be influential because of the level of fluent aphasia. Therefore, it can be said that this turn-taking will affect a person's fluent or non-fluent aphasia. Meanwhile, Perkins's (1995) research on three aphasic speakers conversing with relatives showed no gaps or overlaps in most speaker turns. This possibility could be different from Holland and Schienberg because their research subjects had different levels of aphasia Ferguson (1998). This finding shows that aphasia patients with a severe type will increasingly affect the turn-taking of aphasia people.

According to Busch et al. (1988), some aphasia speakers may be successful communicators, and some may be inefficient. According to Leser and Perkins, because of the fraction of a second that requires a speech turn, linguistic deficits can compromise the ability of people with aphasia to initiate or sustain a conversation. Chapey et al. stated in Medina (2008) those conversational partners may not tolerate pauses in conversations as well as others. Consequently, it can impede the ability of the aphasic person to initiate conversation, resulting in a passive role with a conversational contribution. Lesser and Perkins state that even when people with aphasia are explicitly shown basic conversation, if their linguistic impairment holds on to being able to produce a turn quickly this may have consequences (Medina, (2008).

Conversation partners can facilitate conversation either actively by using conversational strategies or passively by giving extra time. People with aphasia value the support of a conversation partner because it facilitates understanding and communication. Depending on the importance, the person with aphasia and the conversation partner may give up or decide to continue the conversation. People with aphasia avoid using strategies or taking part in conversations (Medina, 2008).

Patients with non-fluent aphasia, or one of them is Broca's aphasia, do have language disorders. Still, when initiating turn-taking, it will be different from other types of aphasia because each aphasia has its type of weakness. As stated by Tuomenoksa et al. (2022) they usually do non-verbal communication when taking turns during a conversation. Due to their ability in language production, it is difficult for them when they sometimes take turns to say what they want. They will compensate for their disturbance in grammar by using prosody to signal turn-taking in continuing or finishing a speech.

In addition, this Broca aphasia patient is also very likely to be silent when taking a turn because they think too long about what they want to say, or even they don't find a sentence they can say when taking it a turn. At this time Broca's aphasia patients need an interlocutor who can help them when they have difficulty finding the words or sentences they want to convey. So in this case, Broca aphasia patients can be said to need a talking partner who understands them as aphasia sufferers.

F. Factors Hinders or Support Conversation in Aphasia

According to Johansson (2012) several factors can affect the appearance of the conversation. Thus, this factor can also affect the process of using turn-taking strategies in people with aphasia because turn-taking is part of the conversation. In research on the effectiveness of communicating with aphasia, it was stated that the informants felt that their ability to communicate was diverse. These four factors include:

1. Factors associated with people with aphasia (PwA)

According to Howe et al. (2008) this factor includes two sub-categories: the physical and emotional conditions of the person experiencing aphasia.

a. The physical condition of the PwA (People with Aphasia)

Physical conditions are very influential when people have a conversation. The physical condition of a person who is sick can affect the way a person responds to interlocutors. In addition, a person's physical condition when he is tired will not affect how they carry out conversations. This does not only happen to people with aphasia, but everyone has the same potential.

Example:

A (normal): “where have you been, John??”

B (aphasia): "I…mm…..I…want mmm…sleep, hhhh, so..sorry." (he just came home from outside)

This indicates that John was tired, having just returned from his activities outside; instead of answering the question correctly, he responded with another answer that did not match the question and chose to end the conversation.

b. Emotional condition of the PwA (People with Aphasia)

The main factors associated with conversational aphasia are fatigue, stress, and pain. Alertness and happiness are mentioned as facilitation factors. This personal factor influences the continuity of the conversation of people with aphasia. For example, people with aphasia may find it more difficult to communicate with anyone when under stress.

2. Factors related to the conversational partners

Factors related to conversation partners that affect conversation are whether the CP (conversational partner) shows interest or not, appears calm or depressed, speaks quickly or slowly, or with an accent. Some informants prefer CP who talks a lot because this helps reduce the informant's anxiety about having to talk. People with aphasia are much easier to talk to someone they know well, especially those who are showing interest and are not under stress.

a. Emotional Condition of The Conversational Partner (CP)

The conversation partner's emotional condition can affect how people with aphasia respond or carry out conversational strategies. For example, in a conversation between two people, namely the person with aphasia and the interlocutor (the mother), then in that conversation the mother's condition is fine, it can affect their conversation, and the mother will respond to her child in a good tone. That is a good strategy, which allows the occurrence of a comfortable feeling for the child (aphasia) so that in carrying out the conversation, his child (who has aphasia) will try to have a good conversation, even though he may have difficulty speaking.

b. CP's characteristics and speaking behavior

Based on Howe et al. (2008) found that attitudes and characteristics of other people are essential facilitators or barriers. The character of the talking partner can also be a benchmark for the conversation's progress. If the person with this aphasia has a conversation with someone he does not like (his character), this can affect the conversation.

c. Relation to the People with Aphasia

Usually, conversations with people with aphasia will be much better when with people close in a relationship, for example, between mother and child or between friends and relatives.

d. CP's Understanding Of Aphasia

If a conversation between an average person and a person with aphasia, and the

speaking partner (an average person), then the aphasia speaker is much more comfortable when speaking, it will also affect their conversation. Unlike the case, if the speaking partner does not know about aphasia, the aphasia sufferer may feel disconnected from the other person.

e. CP's Use Of Conversation Strategies

It is essential to determine the degree to which the CPs could adapt their speaking behavior and whether they used supportive conversation strategies.

3. Factors Related to Conversation

Factors related to this conversation relate to how many people are involved and whether they can maintain the topic of conversation. In addition, the topic of the conversation will also affect the course of the conversation, whether it will go well or will the topic hinder the course of the conversation. The length of the conversation is also important. Sometimes, a discussion that is too long will also be tiring and boring for the speakers. This can also affect the course of the conversation.

There are four sub-categories related to the conversation:

a. Number of CP's

Some topics in conversation were more challenging to talk about than others (e.g., politics). Conversations with specific topics can cause hinder conversation if this is not in accordance with the ability of the speaker or not in accordance with the

wishes of the speaker. In addition, the speaker's comfort factor related to the topic discussed can also affect whether it will hinder or support the conversation.

b. Conversation Length

The length of the conversation is importance. In a conversation, if it too longer, it can affect the speaker interest to do conversation, they may get bored or uncomfortable (e.g., longer conversations were exhausting and overwhelming).,

c. Conversation Topics

The topic of the conversation is also importance. Topics that do not suit with the individual speakers can cause them feel uncomfortable discussing the topic, but conversely, if they interest to the topic it can support the conversation going well.

d. Pwa's Possibility To Control Conversation Topics

People with aphasia have speech disorders due to brain injury, which can cause them to sometimes have difficulty speaking. This is very influencing on each individual. They may not be able to control the topic of conversation, then it will hinder the conversation. However, they do not rule out the possibility that they can also control the topic of conversation so as to support the conversation.

4. Physical Environmental Factors:

Apart from Johansson, Howe et al. (2008) also stated that he found that factors in the physical environment are important facilitators or barriers. There are three sub-

categories included in the physical environment factors, as below:

a. Familiarity

The familiarity here is the extent to which other people in the environment are familiar with individuals with aphasia and the level of constancy of physical factors and tasks in the environment, or vice versa. Increased intimacy and constancy were identified as facilitators, while reduced intimacy and constancy were seen as barriers. People will feel more comfortable when they are in a familiar place, this is also affects the support or hinder the conversation.

b. Loudness

The noise of a place can also affect whether the conversation will run smoothly, or it will hinder the conversation. For instance, a group of people who are having conversation near from the demonstration, and there is a lot of noise, then the conversation can hindered. So this is also significantly affects people with aphasia when doing the speech rotation process.

c. Weather

Weather is also significant because it affects the speaker's mood and their communicative competence. It can support or even hinder conversation. If the weather somewhere is too extreme, it will make people uncomfortable to have a conversation. For instance, the cold weather is increasing communication difficulties by making the speakers unusually tense.

CHAPTER III

RESEARCH METHOD

This chapter explains the research methodology used to analyze this research data. It consists of research design, instrument, data and data source, data collection, and data analysis.

A. Research Design

This study uses a descriptive qualitative research design. This qualitative research design is used to understand the turn-taking strategies in aphasia. According to (Creswell, 2009), qualitative research is a means to explore and understand the meaning of individuals or groups involving emergent procedures and using various data sources in words or pictures for data analysis. Therefore, this study uses a qualitative approach to examine and describe the type and use of turn-taking strategies by aphasic teenagers and aphasic adults. Besides, this research uses descriptive qualitative research as a study method, to get more in-depth answers and detailed descriptions of the study.

B. Research Instrument

In this study, the research instrument is the researcher herself because she gained the data from the online media platform, namely YouTube. Furthermore, the researcher analyzed the data based on the problem focus of this study. Therefore, the researcher has a central function as the main instrument in this study.

C. Data and Data Source

The data that will be used in this study are utterances from aphasic-teenagers when talking with normal people and aphasic-adults when talking with normal people. It will be supported by a written sentence in the form of transcription. The data used by this researcher will help to analyze how and/or the strategies of people with Broca's aphasia when doing the turn-taking process.

The source data is obtained from a YouTube channel. The data used in this study were six videos from different creators of YouTube channels. Three videos containing aphasic-teenage when talk with normal people: First, “Expressive Aphasia – Sarah Scott- Teenage Stroke Survivor” released in 2006 on the SymphUK channel (SymphUK, 2006). Second, “Broca’s Aphasia Patient” on channel Dr.Bala Krish, this channel was released on 1st July 2012 (Krish, 2012). Third, “Young People Can Have Aphasia (Broca) – Jack Hurley” was released on the Tom Hurley channel on 23rd December 2010 (Hurley, 2010).

Next, three videos containing conversations of aphasic- adults when talk with normal people: First, “Broca’s Aphasia (Non-fluent Aphasia)” on channel tactustherapy, this channel was released on 14th August 2011 (tactustherapy, 2011). Second, “1 Year Stroke Recovery Broca’s Aphasia Right-side Weakness” was released on the Evelyn lynch channel on 31st October 2010 (evelynlynch1channel, 2010). Third, “tDCS Treatment with Severe Broca’s Aphasia” was released on 2nd

July 2012 on The Aphasia Center channel (The Aphasia Center, 2012).

The researcher uses the six videos as the data, because those channels only focus to share about aphasia, and it is also appropriate with objects that are needed for this study. Also, using the original transcription of that video as the supporting data of this study is to avoid data transcription errors and to help the researcher makes detailed transcription using the Jefferson (2004) model. Other reason for taking this data is that the researcher wants to examine the type of turn-taking and the use of turn-taking strategies by aphasic-teenagers when talking with normal people and aphasic-adults when talking with normal people.

To clarify the videos, it can access in the link below:

1. *Year 1 Stroke Recovery, Broca's Aphasia Right-side Weakness*
   https://www.youtube.com/watch?v=YgpYG5_97nE&t=247s
2. *Young People Can Have Aphasia (Broca) – Jack Hurley* (Youtube).
   https://www.youtube.com/watch?v=LrAM1wk1_c0&t=36s
3. *Broca's Aphasia Patient* (Youtube).
   https://www.youtube.com/watch?v=2rh5vxLoN88&t=142s
4. *Broca's Aphasia (Non-fluent Aphasia* (Youtube).
   https://www.youtube.com/watch?v=JWC-cVQmEmY
5. *Broca's Aphasia Patient* (Youtube).
   https://www.youtube.com/watch?v=2rh5vxLoN88&t=142s
6. *TDCS Treatment with Broca's Aphasia* (Youtube).

https://www.youtube.com/watch?v=l-mRdjIgS2I&t=229s

D. Data Collection

In collecting the data, the researcher uses several steps: First, the researcher watched the six videos containing the conversation between aphasic adults and teenagers. Second, the researcher looked for and downloaded text transcripts in the form of words, phrases, or sentences from the original transcription of the videos. Third, the researcher makes a detailed transcription of the conversation using the Jefferson (2004) model transcription by adding some symbols suitable for it to know the detail of utterances. The way to transcribe the utterances is by using symbols in the transcription. Jefferson (2004) gives the following symbols:

1. **(0.0)** **t**he length of silences between and within turns is measured in tenths of seconds.
2. **(.)** A dot between brackets (.) indicates a short silence of fewer than 0.2 seconds.
3. // It indicates interruption.
4. **[** In the case of simultaneous talk, the onset of the overlapping turn is located by a left square bracket in the overlapped turn.
5. **. , ?** A period indicates a falling final pitch contour, a comma a slightly rising pitch contour, and a question mark a strongly rising one.
6. ↓↑ Vertical arrows provide information about local pitch movements

within syllables or at the level of a single syllable. A downward arrow signals a falling tone movement, an upward arrow a rising one.

7. - The hyphen is used as a cut-off marker.
8. **>…<** This utterance part is produced **faster** than the talk surrounding it.
9. **<...>** The pace is relatively **slower**.
10. **(())** Hearable aspiration.
11. **( )** The transcriber is uncertain about the utterance part

E. Data Analysis

In analyzing it, the researcher uses turn-taking theory based on Stenstrom's theory about turn-taking strategies. The researcher took several steps to analyze turn-taking strategies in aphasia. First, the researcher presented the data or the type of turn-taking strategies found between aphasic teenagers and aphasic adults using turn-taking strategies by Stenstrom's theory. Second, the researcher analyzes the use of turn-taking strategies in aphasia according to factors that affect conversation in people with aphasia using the Johansson et al. theory. Then, the researcher concludes the result of the study.

CHAPTER IV

FINDING AND DISCUSSION

This chapter provides findings and a discussion of differences and similarities of turn-taking strategies, and factors hindering and supporting conversation between aphasic-teenagers when talking with normal people and aphasic-adults when talking with normal people. This research data is taken from the utterances of aphasic-teenagers when talking with normal people and aphasic-adults when talking with normal people on YouTube channels.

A. Findings

In this section, the researcher explains the findings of this study. In this study, the research object is in the form of utterances of aphasic-teenagers when talking with normal people and aphasic-adults when talking with normal people found on YouTube channels. The data is analyzed using the turn-taking strategies theory of (Stenstrom, 1994). Besides, this study also focuses on how teenagers with Broca's aphasia and adults with Broca's aphasia use turn-taking strategies, which are seen as factor that hinders or supports conversation in aphasia.

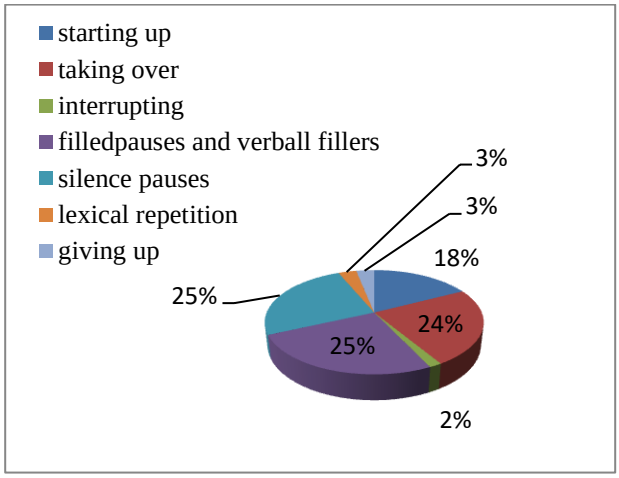
1. Differences and Similarities Type of Turn-Taking Strategies Between Aphasic-Teenagers and Aphasic-Adults When Talking With Normal People

In this section, the researcher describes the data analysis related to the first research question. It shows the differences in turn-taking strategies between

teenagers with aphasia and adults with Broca's aphasia when talking with normal people.

a. Turn-Taking Strategies Used By Teenagers With Broca's Aphasia

Table 4.1 Turn-taking strategies used by teenagers with Broca's aphasia when talking to normal people



1) Taking The Turn Strategies

The taking the turn strategy data are divided into starting up strategy, taking over strategy, and interrupting. The data of starting up strategy itself is only hesitant start, and for taking over strategy itself are divided into two areas: uptakes and links, while interrupting is only found alert. Those data are elaborated on and discussed below.

Table 4.2: Frequency of taking the turn strategies used by teenagers with Broca's Aphasia when talk with family or therapist (normal people).

Sub-strategy	**Freq.**	**%**
Starting up	11	18
Taking over	15	24
Interrupting	1	2

Total	**27**	**44**

The findings showed that teenagers with Broca's Aphasia performed hesitant starts, uptakes, links, and interrupts in their conversation with the interlocutor.

- **Starting up**

In this finding, the researcher found that three teenagers with Broca's aphasia performed a starting up strategy with the hesitant start method marked by *um* when starting the sentence he/she conveyed. The researcher found 11 data include as starting-up strategies; two of these data will be discussed below:

Datum 7:

> Tom: And then where did you go?
>
> *Jack PwA (T): **Um**, (0.4) so um, (0.4) so I went to San Nambour General Hospital you know I'll, for three days, and then (0.2) ……..*

The context of this datum is a snippet of conversation between Jack, a Broca's aphasia sufferer 17 years old, and an interviewer named Tom. In this case, Jack is answering a question from Tom (interviewer) about where did he go. Then jack answered using a starting up strategy by using a hesitate start which is indicated by the presence of *um* at the beginning of the turn. The use of hesitate start means that jack is still unsure of what he wants to say to comment or answer the speaker's previous question or statement. From the side of aphasia, um is often used by people with non-fluent aphasia. Because they are not fluent speakers, they are still thinking about what they want to convey when talking, as did Jack to answer Tom's question.

Datum 10:

> Krish: So Clara, how did you get your injury?
>
> Clara *PwA (T)*: (0.2) Um (0.2) home (0.5) uh, um dizzy, (lay headed (0.2) form) (0.2) friend (0.2) call 9 9 (.) 911, uh, uh, ambulance, (0.2) doctor, um stroke, right (0.2) side (0.2) um, left hemisphere (0.4)

The context of this datum is a snippet of a conversation between the interviewer Krish and the teenager with Broca's aphasia named Clara, who is 15 years old. In this case, Clara answered questions from the interviewer by issuing the word *um* at the beginning of her turn, *um,* which is located at the beginning of the sentence as Clara did. That is a sign of a hesitate start which is a way of starting up strategy. This use occurs because Clara is hesitant to answer questions from the interviewer. The reason could be that Clara is still preparing or thinking about the correct answer to answer the question. When viewed from the aphasia sufferer's perspective, the use of *um* is evidence that Clara does have a language disorder.

- **Taking over**

In this finding, teenagers with Broca's aphasia use uptakes to take over. Uptakes are indicated by *yeah, oh, ah, well, no, yes,* and links are indicated by *and, but, because,* and *so*. The researcher found there were 15 data of taking over; two of these data will be analyzed below:

Datum 9:

> *Tom: And, ↑what ↑what ↑ what are you still left with now one of the problems you still have?*

Jack PwA (T): Oh, my right hand, goes to fist all the time, but I didn't I didn't even feeling ↓so

The context of this datum is a snippet of a conversation between Jack, a Broca's aphasia sufferer, 17 years old, and an interviewer named Tom. In this case, Jack answers questions from interviewers using uptakes, which are indicated by *oh*. Jack wants to answer the interviewer. Still, before answering the interviewer's question, he gives a sign that he understands the question, by saying the word oh, then he continues his explanation.

Datum 30:

Interviewer: You like connect, don't you?

*Sarah PwA (T): **And**, yeah.*

The context of this datum is a snippet of a conversation between Sarah, a Broca's aphasia sufferer 19 years old, and an interviewer whose name is not mentioned in the video. In this case, Sarah answered on the interviewer's question, where the interviewer asked the word *"**You like connect, don't you?"*** in Sarah's previous explanation. Then to respond, Sarah uses links included in the taking over strategy, where Sarah uses the word ***and*** to answer the interviewer's question.

- **Interrupting**

As stated before, interrupting strategy consists of alert and meta-comment. This research found one of the alerts used by teenagers with Broca's aphasia. One of the data of interrupting will be taken as analysis. The data discussed is as follows.

Datum 3:

Tom: What wa//

Jack PwA (T): //I was so sick about 15.

The context of this datum is a snippet of a conversation between Jack, a Broca's aphasia sufferer who is 17 years old, and an interviewer named Tom. In this case, Jack took his turn by interrupting when the interviewer had not finished saying what he wanted to say. Jack was cut the interviewer's turn to speak by taking a turn, by saying the word that the interviewer should still convey by saying *"//**I was so sick about 15**."*

2) Holding The Turn Strategy

This research finds 34 data contained holding the turn strategy. The data divided into 16 data of filled pause and verbal filler and 16 of silence pauses and 2 data of lexical repetition. In this finding, the researcher not found the strategy of new beginnings on their conversation.

Table 4.3: Frequency of holding the turn strategy used by teenagers with Broca's Aphasia when talk with family or therapist (normal people).

Sub-strategy	Freq.	%
Filled pauses and verbal fillers	16	25
Silence pauses	16	25
Lexical repetition	2	3
New beginning	0	0
Total	34	53

- **Filled Pauses And Verbal Fillers**

In this finding, there are 16 data shows filled pauses and verbal fillers. It is usually done when the speaker wants to hold their turn, probably because the speaker is thinking about what they will say. Filled pauses are indicated by *.hhh*, *uhm* and *a;m,* and verbal fillers are denoted by *I mean*, *you know*.

Datum 8:

> Tom: Or six months?
>
> *Jack PwA (T): Or six months and then (0.5) and then,* ***u:::m*** *well and then and then, the (0.3) that so we, we, we, stopped that and then we helped me went and we went to we went to I'm not sure.*

The context of this datum is a snippet of a conversation which occurs between Jack, a broca's aphasia sufferer who is 17 years old, and an interviewer named Tom. In this case, Jack answering questions from the interviewer and used the filled pauses strategy which was marked with the word ***um*** to give a pause from the words that would be spoken when taking a turn. This is done by Jack when he thinks about what he wants to say, as well as giving a signal to his interlocutor (interviewer) that he will still continue his speech.

Datum 12:

> Krish: Where been you're struggle?
>
> *Clara PwA (T): Um (0.3) communicating* ***um*** *(0.2) expressing (0.2) thoughts (0.2) finding words and, uh, uh small words,* ***um uh*** *(0.2) meaningful words easier* ***uh*** *(0.2)*

The context of this datum is a snippet of a conversation which occurs between Clara, a broca's aphasia sufferer who is 15 years old, and an interviewer named Krish. In this case, Clara answering questions from the interviewer about her struggle to aphasia. In one turn, Clara did a strategy to fill the gap three times. That is, in this part Clara remembers what she wanted to say 3 times, and tries not to remember the words she will say or in other words she wants to hold back by signaling um and uh.

- **Silence pauses**

Three teenagers with broca's aphasia produced 16 silences pause. Silence pauses are characterized by a pause when the speaker takes a turn.

Datum 4:

Tom: (0.4) What happened? Where were you when it happened?

Jack PwA (T): Um, um I was in the tennis court (0.5) and (0.2) at home, yes.

The context of this datum is a snippet of a conversation which occurs between Jack, a broca's aphasia sufferer who is 17 years old, and an interviewer named Tom. In this case, to answer the interviewer, Jack uses the silence pauses strategy, which is to be silent in the middle of his turn to speak. Usually speakers who do this may forget what was said, then try to rethink it by giving a silent signal, but they don't want to end their turn.

Datum 28:

Interviewer: Riding what?

Sara PwA (T)h: (0.3) O::h (0.3) um (0.2)

The context of this datum is a snippet of a conversation which occurs between Sarah, a Broca's aphasia sufferer who is 17 years old, and an interviewer whose name is not mentioned in the video. In this case, Sarah gave an answer to the interviewer's statement. Then Sarah took a turn trying to answer. When trying to answer, Sarah did a silence pauses strategy by pausing about three seconds and two. In the first and second silence, Sarah certainly did not want to end her turn. Still, the last pause marked by (0.2) is not particular that she completely wanted to hold her turn. It was immediately taken over by the interviewer, meaning that in the last pause, there were two possibilities. First, she wants to continue his turn even though he is still thinking about what he wants to say, or second, he is willing to let the interviewer take his turn over.

- **Lexical Repetition**

This finding showed 2 data related to lexical repetition strategy. Lexical repetition is the repetition of words while speak, usually this happens because the speaker is remembering what he wants to say.

Datum 6:

Tom: How long did it take for you to get help?

*Jak PwA (T): **Say say say** minused ((**six, six, six,** minutes))*

The context of this datum is a snippet of a conversation between Jack, a Broca's aphasia sufferer, 17 years old, and an interviewer named Tom. In this case, Jack

answered the interviewer's questions by doing a lexical repetition strategy, which is by repeating the same word three times. The word that is repeated there is ***say, say say*** or what Jack means is ***six, six, six***. In general, speakers who perform this lexical repetition strategy are usually remembering what they want to say, or forgetting may occur. But in Jack's case, this may tend to be done because it is the influence of the aphasia experienced.

3) Yielding The Turn Strategy

This research found two data containing yielding the turn strategy. The data of yielding the turn strategy only found in giving up strategy. However, one data of giving up strategy will be taken as analysis. The data is elaborated on and discussed below.

- **Giving up strategy**

Datum 2:

Tom: What happened to you ↑Jack?

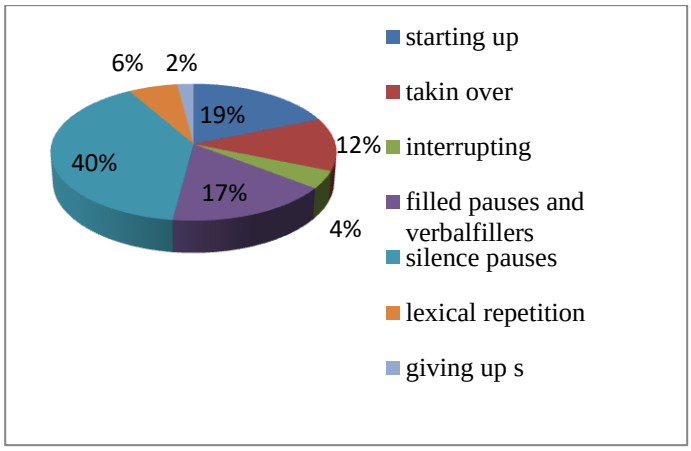
Jack *PwA (T)*: I had a stroke, (0.2) in 2009, um (0.6)

The context of this datum is a snippet of a conversation between Jack, a Broca's aphasia sufferer who is 17 years old, and an interviewer named Tom. In this case, Jack answers questions from the interviewer, and at the end of his speech, he signals

that he wants to give his turn to the other person by taking a long pause of about 6 seconds. This is known as a giving-up strategy.

b. Turn-Taking Strategies Used By Adults with Broca's Aphasia

Table 4.4: Taking the turn strategies used by Adults with Broca's Aphasia in interview or therapy session



1) Taking The Turn Strategy

Table 4.5: Frequency of taking the turn strategies used by Adults with Broca's Aphasia in interview or therapy session

Sub-strategy	Freq.	%
Starting up	9	19
Taking over	6	12
Interrupting	2	3
Total	17	34

Table 4.5 shows 17 data on taking the turn strategy are divided into starting up strategy, taking over strategy, and interrupting. The data for starting up strategy itself

is only in the hesitant start, and for taking over strategy itself is only found in uptakes while interrupting is only found alert. Those data are elaborated on and discussed below.

- **Starting Up**

In this finding, the researcher found that adults with Broca's aphasia performed a starting up strategy with the hesitant start method marked by *um* when starting the sentence he/she conveyed. The researcher found 9 data include as starting-up strategies. Two of these data will be discussed below:

Datum 45:

> Megan: //and what did you used to do?
>
> *Mike PwA (A): **Um** (.) well (0.2) um, worked, um, (what it is autodesk), seven, seven, ((cued "s')) sales sales and, (0.2) worldwild and (0.2) >very good< yeah.*

The context of this datum is a snippet of a conversation between Mike Caputo, a Broca's aphasia patient who is 56 years old, and Megan, an interviewer. In this case, Mike responds to Megan's question about *"//and what did you used to do?"* with the word *um* at the beginning of his utterances, indicating that Mike used the starting-up strategy to take his turn. The used of *um* at the beginning of his utterances shows that he hesitates to answer, probably because he wants to remember what he will say to answer the questions.

Datum 60:

Evelyn: Is that your new toy, is that do you love that more than you love me? ((laugh))

Jan *PwA (A)* : U::h no, honey.

The context of this datum is a snippet of conversation between Jan, a Broca's aphasia sufferer, 34 years old, and Evelyn, an interviewer. In this case, Jan comments on Evelyn's question about Jan's toy: does Jan love his toy more than her? Using *u::h* at the beginning of his utterances. The word u::h that Jan says at the beginning of his speech shows that he is still thinking what answer he must give Evelyn. Symbol two colons (**::**) between the word *uh* is signing that the way Jan utters *u::h* is longer that only written in *uh*.

- **Taking Over**

In this finding, adults with Broca's aphasia use uptakes to take over, uptakes indicated by *yeah, oh, ah, well, no, yes.* The researcher found there were 6 data of taking over, two of these data will be analyzed below:

Datum 53:

Wife: It's not a support group

*Mike PwA (A): ↑**No**, it's program, it's it's, um, three three month, three days (0.2) um, um, Monday, Wednesday (0.2) Friday, and the, the um, the, um and, they (.) laugh, and (.) and talked, and, um (0.2) music, hear, this this beautiful, it's yeah.*

The context of this datum is a snippet of conversation between a Broca's aphasia patient named Mike, who is 56 years old, and his wife. In this case, Mike comments on his wife using uptakes, signing by **No** at the beginning of his comments. Saying

the word *no* at the beginning of the utterances means that Mike does not agree with the utterances of his wife, which said, “It’s not a support group.”

Datum 62:

Evelyn: Do you play games?

Jan PwA (A) : Yes.

The context of this datum is a snippet of a conversation between a Broca’s aphasia patient named Jan, who is 34 years old, and an interviewer named Evelyn. In this case, Jan answered Evelyn’s question about whether Jan plays games using uptakes, which sign by **yes** at the beginning of his comments. Saying the word ***yes*** at the beginning of the utterances means that Jan agrees with Evelyn's question.

- **Interrupting**

This research found two alerts used by adults with Broca's aphasia. All data of interrupting will be taken as analysis. The data discussed are as follows.

Datum 56:

Evelyn: Try again, she is ↑my//

Jan *PwA (A)*: //Pom.

The context of this datum is a snippet of conversation between a Broca’s aphasia sufferer named Jan, who is 34 years old and an interviewer named Evelyn. In this case, Jan cuts the utterances of Evelyn when she wants to tell Jan. Jan interrupts Evelyn with the word *pom*, which is wrong. It can be categorized that Jan uses an

interrupting strategy with the alert way. In contrast, in some cultures, it is called impolite because he directly interrupts without permission before starting to interrupt.

Daum 58:

Evelyn: I//

Jan *PwA (A)*: //I (0.2) want to play card

The context of this datum is a snippet of conversation between a Broca's aphasia sufferer named Jan, who is 34 years old and an interviewer named Evelyn. In this case, Evelyn only said "I" and Jan directly cuts the turn of Evelyn with the words *"//I (0.2) want to play card".* The way Jan interrupt Evelyn can be categorized as impolite way, because he directly interrupt without any permission before start to interrupt.

2) Holding The Turn Strategy

Table 4.6: Frequency of holding the turn strategies used by Adults with Broca's Aphasia in interview or therapy session

Sub-strategy	Freq.	%
Filled pauses and verbal fillers	8	17
Silence pauses	19	40
Lexical repetition	3	6
New beginning	0	0
Total	**30**	**63**

The finding showed 30 data contained holding the turn strategy. The data was divided into 8 data of filled pauses and 19 of silent pauses, and 3 data of lexical repetition. In this finding, the researcher did not find the strategy of new beginnings in their conversation. Three data of each strategy will be taken as analysis. Each of these types is elaborated on and discussed below.

- **Filled Pauses And Verbal Fillers**

Filled pauses and verbal fillers are usually done when the speaker wants to hold their turn, probably because the speaker is thinking about what they will say. H*hh*, *uhm,* and *a:m* a indicate filled pauses, and verbal fillers are denoted by *I mean*, *you know*. This finding showed 13 data based on adults with Broca's aphasia. Two of the data will be analyzed and discussed below

Datum 47:

Megan: Okay, and ↑why is she helping you to talk?

Mike PwA (A): um, (.) she (0.2) speech ***um*** *(0.2)*

The context of this datum is a snippet of conversation between a Broca's aphasia patient named Mike, who is 56 years old, and Megan, an interviewer. In this case, Mike answers Megan's question hesitantly and not appropriately. Then, he utters the word *um* again, indicating he doesn't know what he will say. It is related to Broca's aphasia that he experienced.

Datum 57:

Evelyn: Watch me, (0.2) M, O, M, [mom].

Jan PwA (A): [Mom] ***Uh*** *(0.2) I want cook, I want a (0.2) coffee please,* ***uh*** *I want a//*

The context of this datum is a snippet of conversation between a Broca's aphasia sufferer named Jan, who is 34 years old, and a therapist named Evelyn. In this case, Jan tries to follow Evelyn's instruction to utter the word ***mom.*** Then before continuing his words, he utters *uh*, indicating the filled pauses strategy. There are two ***uh*** that Jan speaks in this turn. The use of *uh* that Jan used in his turn of speech is to give him time to think about what he wants to convey, and it can be a way to hold his turn.

- **Silence Pauses**

This finding showed 19 data that contained silence pauses strategy by adults with Broca's aphasia. Silence pauses are characterized by a pause when the speaker takes a turn. Two data will be analyzed and discussed below.

Datum 61:

Evelyn: ((Laugh)) >honey< yes, so what do you do on your iPad?

Jan *PwA (A)*: Hh (0.2) nothing.

The context of this datum is a snippet of conversation between a Broca's aphasia sufferer named Jan, who is 34 years old, and an interviewer named Evelyn. In this case, Jan answers Evelyn's question about what he does on his iPad. In answering and holding his turn, he used the silence pauses strategy, sign by **(0.2**). Using this strategy, Jan shows that he needs time to remember or rethink words that he wants to say without wanting to end his turn to speak.

Datum 55:

> Megan: Can you tell me, what does it feel like to have aphasia?
>
> Mike *PwA (A)* : It's, it's hard, it's um, well it's (0.2) speech, it's like (0.2) um, words that don't (0.2) understand, ↑brain is good, you know, um, but, um, speech like um (0.2) I don't know, it's like um, words, yeah [laughs]

The context of this datum is a snippet of conversation between a Broca's aphasia sufferer named Mike, 56 years old, and a therapist named Evelyn. In this case, Mike is answering Megan's questions about his feelings about aphasia. When Mike answers the question, there is some silence done by Mike to think about what he will say after, which sign by **(0.2).**

- **Lexical Repetition**

This finding found 3 data containing lexical repetition strategy. Lexical repetition is the repetition of words while speaking. Usually, this happens because the speaker remembers what he wants to say. Two data will be discussed and analyzed below.

Datum 51:

> Megan: And what is voices of hope?
>
> Mike *PwA (A)*: Um (0.2) peterburg, um peterburg, ((st. peterburg, florida)) um (0.2) and um (0.2) Dr. Hinckley and, um, and (0.2) ↑my-self, um, founder (0.2) founder for me, and um, I, I um, (0.5) members (0.3) the um, members (0.2) um, the, the uh, members probably seven six zero people.

The context of this datum is a snippet of conversation between a Broca's aphasia sufferer named Mike, 56, and a therapist named Evelyn. In this case, Mike answers Megan's questions by repeating words such as 'Peterburg'. He utter

Peterburg twice and members three times. The way he repeated the words related to Broca's aphasia, he also used a lexical repetition strategy to think what he wanted to talk about.

Datum 55:

> Megan: Can you tell me, what does it feel like to have aphasia?
>
> Mike *PwA (A)*: It's, it's hard, it's um, well it's (0.2) speech, it's like (0.2) um, words that don't (0.2) understand, ↑brain is good, you know, um, but, um, speech like um (0.2) I don't know, it's like um, words, yeah [laughs]

The context of this datum is a snippet of conversation between a Broca's aphasia sufferer named Mike, 56 years old, and an interviewer named Megan. In this case, Mike answered Megan's questions about *his feelings about aphasia.* He used lexical repetition in words **it's** and **like.** In general, speakers who perform this lexical repetition strategy are usually remembering what they want to say or probably forget the words about what he wants to say. But in Jack's case, this may tend to be done because it is the influence of the aphasia experienced.

3) Yielding The Turn Strategy

This research found one data containing yielding the turn strategy. The data of yielding the turn strategy only found in giving-up strategy. However, one data of giving-up strategy will be taken as analysis. The data is elaborated on and discussed below.

- **Giving Up Strategy**

Datum 43:

> Therapist: You've got it close, you're mixing up some of the sounds, it starts with the um
>
> Patient *PwA (A)*: (0.3) Um (0.5)

The context of this datum is a snippet of a conversation between Broca's aphasia and a therapist named Evelyn. In this case, the patient answers questions from the therapist, and at the end of his speech, he signals that he wants to give his turn to the other person by taking a long pause of about 5 seconds. That is known as a giving-up strategy. Usually, this happens when someone doesn't have any words to say more, and he/she will be silent to give the turn to the other speakers.

c. Comparison of Turn-Taking Strategies used by Aphasic-teenagers when talking with normal people and Aphasic-adults when talking with normal people

In this section, the researchers found a significant difference; namely, in teenagers with Broca aphasia, there were 36 utterances produced for 4 minutes, and there were 63 turn-taking strategies, while adults with Broca aphasia produced 27 utterances for 4 minutes, and there were 48 strategies. For 4 minutes, teenagers with Broca aphasia used turn-taking strategies more than adults with Broca aphasia. In addition, this study shows that there is a fairly large dominance in the type of silence pauses strategy which is produced by adults with Broca's aphasia, as many as 19 data.

Therefore, this study also shows similarities in the use of the type of turn-taking strategy. Teenagers with Broca aphasia and adults with Broca aphasia use turn-taking strategies in the form of starting up strategy, taking over strategy, interrupting strategy, filled pause strategy, silence pause strategy, lexical repetition strategy, and giving up strategy. Meanwhile, strategies that are not used in conversations between teenagers with Broca aphasia and adults with Broca aphasia are new beginnings, prompting strategy, and appealing strategy.

2. Factors Hinder Or Support Conversation In Teenagers With Broca's Aphasia and Adults with Broca's Aphasia when talking with normal people

This section provides how teenagers with Broca's aphasia and adults with broca's aphasia use turn-taking strategies when carrying out conversations using factors that support or hinder conversation by Johansson (2012).

a. Factors Hinder Or Support Conversation In Teenagers With Broca's Aphasia

1) Factor Associated With People with Aphasia (PwA)

There are 36 data according to teenagers with Broca aphasia. Factors that hindered conversation found 21 data, and factors that supported conversation that found amounted to 12 data. Where, this amount was found on the Physical Condition of PwA factor. Two of these data will be analyzed and discussed below.

- **Physical Condition of PwA**

- **Hinder conversation**

Datum 9:

> Tom: And, ↑what ↑what ↑ what are you still left with, now one of the problems you still have?
>
> Jack *PwA (A)* : Oh, my right hands, goes to first all the time, but I didn't I didn't even feeling ↓so

The context of this datum is a snippet of conversation between a Broca's aphasia sufferer named Jack, who is 17 years old and an interviewer named Tom. In this part of the conversation, Jack answered Tom's question about whether he still had a problem with his body related to the stroke he had or no, then Jack answered "Oh, my right hands, goes to first all the time, but I didn't I didn't even feeling so". In this case, Jack only answered questions from Tom, while saying "Oh, my right hands……" are clear (means that, his right hand is still having problems related to the stroke he had). However, what he said next was unclear, (whether he mean his right hand first felt the impact of the stroke, then now he doesn't feel it anymore, or he have other intention). Jack's answer corresponds to Tom's question, meaning that Jack is still answering, but there is unclear meaning from his utterances. So, it concludes that hinder conversation.

- **Hinder conversation**

Datum 10:

> Krish: So Clara, how did you get your injury?

> Clara *PwA (A)*: (0.2) Um (0.2) home (0.5) uuh, um dizzy, (lay headed (0.2) form) (0.2) friend (0.2) call 9 9 (.) 911, uh, uh, ambulance, (0.2) doctor, um stroke, right (0.2) side (0.2) um, left hemisphere (0.4)

The context of this datum is a snippet of conversation between a Broca's aphasia sufferer named Clara, who is 15 years old, and an interviewer named Krish. In this case, Clara answered with a lot of pauses, unclear, and also said too many words like *uh* and *um*, and actually, she was trying to answer Krish's question, she was trying to tell what happened to her, but her utterances or sentences were unstructured, and this proves that there is indications leading to hindering conversation, because she has an impact on her aphasia.

2) Factors Related To Conversation

Based on this factor, the researcher found 36 data on teenagers with Broca aphasia. Three data were found to be a hindered conversation and 33 other support conversations. Two of these data will be analyzed and discussed below. The data that has been found include factors of pwa's possibility to control conversation topics.

- **Pwa's Possibility To Control Conversation Topics**
  - **Support Conversation**

Datum 11:

> Krish: How has your recovery process been?
>
> Clara *PwA (A)*: Um (0.2) slow (0.2) difficults um(0.2) remembering, (0.2) um, expressing (0.2) words, therapy uh (0.2) hopes, um (0.2) some (.) um improvement (0.2) um struggle ((nodding))

The context of this datum is a snippet of conversation between a Broca's aphasia sufferer named Clara, who is 15 years old, and an interviewer named Krish. In this case, Clara is still trying to maintain the topic of their conversation, even though she has language difficulty, especially when conveying what she wants to say. She needs to remember with a long lag time compared to normal people in general. Even so, it can be concluded that Clara, as a teenager with Broca's aphasia, can maintain the topic of conversation, including supporting conversation, because she can still maintain the topic being discussed by them.

- **Hinder Conversation**

Datum 5:

Tom: How did you feel?

Jack *PwA (A)*: Um (0.5) just starts, um (0.2)

The context of this datum is a snippet of conversation between Jack a Broca's aphasia patient, who is 17 years old and an interviewer named Tom. In this case, Jack answered Tom's question about how did Jack feel, but because his language skills were slightly impaired, he responded by saying " Um (0.5) just starts, um (0.2)", where his answer doesn't refer to Tom's question and unclear, which indicated he couldn't maintain what was being discussed. He answered outside the context of Tom's question. So, it conclude that hinder conversation

b. Factors Hinders Or Support Conversation In Adults With Broca's Aphasia

1) Factor Associated With People with APhasia (PwA)

The researcher found 36 data related to factors associated with people with aphasia in this finding. Seventeen data indicate hindered conversations; ten others are categorized as support conversations. Data categorized as hindered conversations and support conversations are included in the physical condition of people with aphasia factors.

- **Physical Condition of People With Aphasia**
  - **Hinder conversation**

Datum 47:

> Megan: Okay, and ↑why is she helping you to talk?
>
> Mike *PwA (A)*: Sm, (.) she (0.2) speech um (0.2)

The context of this datum is a snippet of conversation between a Broca's aphasia sufferer named Mike, 56 years old, and an interviewer named Megan. In this part of the conversation, Mike answered Megan's question about whether he had a problem with his body related to the stroke he had, then Jack replied, " Sm, (.) she (0.2) speech um (0.2)". Jack's answer corresponds to Tom's question, meaning that Jack's answer doesn't refer to Tom's questions or out of context to Tom's question. However, the language disorder caused by Broca's aphasia has affected his conversation with Tom.

- **Support Conversation**

Datum 59:

Evelyn: I'm good thank you, how are you darling?

Jan *PwA (A)*: Um okay, better.

The context of this datum is a snippet of conversation between a Broca's aphasia sufferer named Jan, who is 34 years old, and a therapist named Evelyn. In this case, Jan answering the therapist's question about his condition by answering, "Um okay, better," shows that the speech was not affected by the language impairment he was experiencing due to Broca's aphasia at the time, thus guaranteeing that at the time, supported his conversation with Evelyn.

2) Factors Related To Conversation

Based on this factor, the researcher found 27 data, where 11 data include hindered conversation and 16 data support conversations of adults with Broca's aphasia. All data found in pwa's possibility to control conversation topics. Two data of these will be analyzed and discussed below.

- **Pwa's Possibility To Control Conversational Topics**
  - **Hinder Conversation**

Datum 47:

Megan: Okay, and ↑why is she helping you to talk?

Mike *PwA (A)*: Sm, (.) she (0.2) speech um (0.2)

The context of this datum is a snippet of a conversation between Mike, a Broca's aphasia patient, who is 56 years old, and an interviewer named Megan. In this case, Mike answered Megan's question about someone who was helping Mike to talk, but

because his language skills were slightly impaired, he responded by saying, "Sm, (.) she (0.2) speech um (0.2)", which indicated she couldn't maintain what was being discussed. He answered outside the context of Megan's question.

- **Support Conversation**

Datum 60:

> Evelyn: Is that your new toy, is that do you love that more than you love me?
>
> Jan *PwA (A)*: Uh no, honey.

The context of this datum is a snippet of a conversation between Jan Broca's aphasia patient, 34 years old, and a therapist named Evelyn. In this case, Jan responded to Evelyn's question, "Is that your new toy, is that do you love that more than you love me?" by saying, "Uh:: no, honey.". It shows that Jan responds to Evelyn with a sentence that matches Evelyn's statement, so this includes that Jan can control the conversation between the two.

c. Comparison of Factors Hinders Or Support Conversation in Teenagers with Broca's Aphasia and Adults with Aphasia

In this section, the researchers found differences in how teenagers with Broca aphasia and adults with Broca aphasia when talking with normal people conducted conversations based on factors hindering or supporting the conversation. The results of this analysis are based on several factors, such as factors associated with people with aphasia, factors related to conversational partners, factors related to the

conversation, and physical environmental factors. In 36 utterances produced by teenagers with Broca's aphasia for 4 minutes, they produced 24 data that hinder, and 48 data showed support conversations.

Meanwhile, in adults with Broca's aphasia, for 4 minutes, they produced 27 utterances, 28 data that hindered conversation, and 26 data showing support conversations. Thus, the researcher can conclude that adults with Broca's aphasia dominate the factor that hinders the conversation.

In addition, this study also shows similarities; namely, only two factors can be found as hindering or supporting factors, namely the conditional factors of people with aphasia and pwa's possibility to control conversation topics. Meanwhile, other factors were not found.

B. Discussion

This section provides the comparison in turn-taking strategies used by teenagers and adults with Broca’s aphasia when talking with normal people. Besides, how they used the turn-taking strategies based on factor hinders or support conversations.

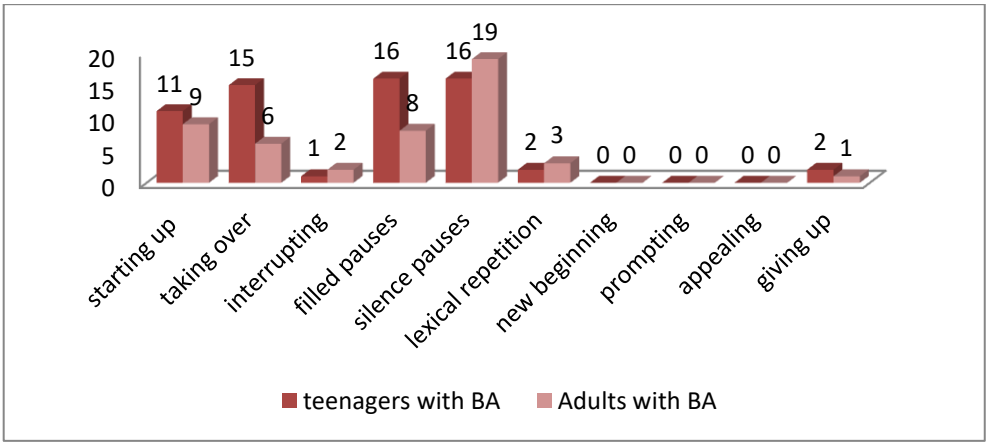
1) Differences and similarities Types of Turn-Taking Strategies Used between Aphasic-Teenagers and Aphasic-Adults When Talking With Normal People

In this study, the researchers used six videos containing conversations between one person with aphasia and one interlocutor in each video. So, in six videos, there are six people with Broca aphasia, which consists of three teenagers with Broca

aphasia and three adults with Broca aphasia. Here, the researchers took data from every 4 minutes of their conversation because there is one video that lasts 4 minutes from another longer video, so the researchers also took the 4-minute duration of the other videos.

According to the findings, the researchers found similarities between teenagers with Broca aphasia and adults with aphasia when talking with normal people in using turn-taking strategies. Both used the same type of turn-taking strategies, there are seven types which are; starting up strategy, taking over strategy, interrupting strategy, filled pauses strategy, silence pause strategy, lexical repetition strategy, and giving up strategy. Then, strategies that do not appear in their conversation are new beginnings, prompting, and appealing. The most strategy that not appears was in yielding the turn strategy.

Table 4.8: Comparison of Turn-Taking Strategies Used By Aphasic-Adults and Aphasic-Teenagers When Talking With Normal People



From the table, we can see that the strategy that is rarely used by teenagers with Broca aphasia and adults with Broca aphasia when talking with normal people is yielding the turn strategy. It is only found giving-up strategy that used by both. Yielding the turn strategy allows someone to take a turn. However, because the context of the conversation between teenagers with Broca aphasia and adults with Broca aphasia is like an interview conversation, where, they act as the person being asked by the normal people.

Based on the researcher perspective, in conversation that occur between teenagers and adults with Broca aphasia with normal people, it shows that teenagers and adults with Broca aphasia do not have opportunity to ask, they tend to answer or give comments on what normal people (whether therapist or family). However, in this case of this study, their speaking partner (either the therapist or the family) helped them when there was a mistake in pronouncing what they wanted to say. This is especially useful for people with Broca aphasia.

Therefore, the researchers also found differences in turn-taking strategies between teenagers with Broca aphasia when talking with normal people and adults with Broca aphasia when talking with normal people. In starting up strategy, 11 data found in teenagers with Broca aphasia, while in adults with Broca aphasia found, 9 data showed the starting-up strategy. In doing starting-up strategy, teenagers with Broca's aphasia only used the word *um* which is filled pauses, indicates hesitates when responding to someone's speak, for example in datum (7) and (10). Meanwhile,

adults with Broca's aphasia use words other than *um*, which is *uh*, to do the starting up strategy, for example, in datum (45) and (60). As well as Medina, (2008), adults with Broca's aphasia use the silence pauses strategy in a kind of *um* and *uh* style.

For taking over strategy, teenagers with Broca's aphasia showed 15 data. In doing this strategy, teenagers with Broca aphasia used uptakes and links to taking turn when response the previous speaker. For example, in datum (9) teenagers with Broca's aphasia use uptakes to provide an initial response before entering into an answer or comment about what the previous speaker said, such as a sign that the teenager with Broca's aphasia understands what the interviewer said, then responds like *"Oh, …"* and continue with *"….my right hand, goes to fist all the time, but I didn't I didn't even feeling so"* before moving on to a response that matches the interviewer's words. Meanwhile, 6 data showed taking over in adults with Broca aphasia, and they use only uptakes such as the words *yeah*, *ok*, *yes*, and *no*, as in datum (52) and (62).

Therefore, in interrupting strategy, teenagers with Broca's aphasia showed one data, while adults with aphasia showed 2 data. Both of them used this strategy in a kind of alert, and it indicates with no prior permission when you want to cut off the speech of the speaker who is talking. From that result, we can conclude that interrupting is one of the strategies that are rarely used by teenagers with Broca aphasia and adults with Broca aphasia.

In addition, the filled pauses strategy shows that when talking in a conversation, the speaker has the initiative to hold their turn using some sign of words such as *um*, *uh*, etc. In teenagers with Broca's aphasia, there are 16 data showed filled pauses, and

they used this strategy when they wanted to hold their turn to speak, for example, in datum (8) and (12). Compared to non-aphasic adult (the interviewer), it is very different, unlike the Broca aphasia patient. It probably happens because of the aphasia that they experience, which causes difficulty in remembering the words they want to say. Meanwhile, adults with Broca aphasia showed 8 data, and they also use this strategy to maintain their turn while speaking. They also use words like *um*, *uh*, or *a:m*.

Teenagers with Broca's aphasia and adults with Broca's aphasia use a strategy of silence when remembering what they want to say, but silence does not mean that they want to give up their turn to speak. At one turn speaking, this strategy is often used by them, the same as when they use the filled pauses strategy, and is related to their aphasia. In teenagers with Broca's aphasia, 16 data show the silence pauses strategy, while in adults with Broca's aphasia, 19 data show the strategy of silence pauses. So, we can conclude that adults with Broca's aphasia more widely used this strategy. It can be influenced by the ability of teenagers with Broca's aphasia, who is still much better at language competence than adults with Broca's aphasia. Moreover, they are increasingly affected by the Broca aphasia that they experience.

Afterward, in the case of lexical repetition strategy, teenagers with Broca's aphasia and adults with Broca's aphasia use this strategy not as much as the use of filled pauses and silence pause strategies. In teenagers with Broca's aphasia, there were 2 data, while in adults with Broca's aphasia showed 3 data. In their case, this

strategy signaled to the interviewer that they were trying to memorize the word in their mind. These things are common in people with Broca's aphasia or those with non-fluent aphasia.

Next, in teenagers with Broca's aphasia, 2 data showed the use of this strategy of giving up, while in adults with Broca's Aphasia, only showed 1. In this case, teenagers with Broca aphasia and adults with Broca aphasia giving used the giving-up strategy when their turn to speak, and they had finished delivering what they wanted to convey and wanted to provide a turn to another speaker. It occurs because teenagers with Broca's aphasia and adults with Broca's aphasia can't find the words to answer or respond to the previous speaker or because the explanation or comments submitted have been conveyed well. Usually, this strategy is characterized by a long silence, directly giving a signal to the next speaker, or also by pointing directly to a particular speaker, which is desired.

In some ways, this study supports Medina (2008) research that examines the comparison of ability with aphasia and non-aphasia, such as people with Broca's aphasia tend to use interruptions less, but use silence pauses more or filled with pauses like uh, um. In this study, there was only one interruption in teenagers with Broca's aphasia and two interruptions in adults with Broca's aphasia.

Based on the researcher’s perspective, the differences are due to the relatively large age gap between teenagers with Broca’s aphasia and adults with Broca’s

aphasia. Teenagers with Broca's aphasia speak faster when talking with normal people than adults with Broca's aphasia when talking with normal people, even though they have Broca's aphasia. It was approved by the numbers of utterances they produced for 4 minute. In addition, teenagers and adults with Broca's aphasia tend to differ when talking to therapist compared to their families. This is influenced by the therapist that they provides more help to teenagers and adults with Broca's aphasia when they mispronounce words, than when talking to their families. This is possible, because therapists understand to people with Broca's aphasia much better than their families.

2. Factors Hinder Or Support Conversation In Teenagers With Broca's Aphasia

The researchers found a significant difference between teenagers with Broca's aphasia and adults with Broca's aphasia when talking to normal people. Factors that hinder conversation were more dominant in adults with Broca's aphasia, which was 28 data, while teenagers with Broca's aphasia were 24 data. This hinder factor is found in factors associated with people with aphasia, especially in the physical condition of PWA, and in factors related to the conversation, especially in PWA's possibility to control conversation topics. Then, the support conversation factor was dominated by teenagers with Broca's aphasia, namely 48 data and 26 data in adults with Broca's aphasia.

When viewed from the conversation process that occurs in adults with Broca's aphasia with normal people, they tend to use the silence pause strategy a lot, so that it affects their conversation with normal people (therapist or family). The use of silence pause indicates that an adult with Broca's aphasia is physically impaired by his ability to produced language due to Broca's aphasia. In addition, their age can also affect how they hinder or support conversation. Based on the results of this study, the researcher saw that adults with Broca's aphasia did things that should not be necessary in conversation much more often than teenagers with Broca's aphasia do when talking with normal people.

In the factors that support conversation, the researcher sees that the data found do not have too many disturbances or data that hinder conversation. For example, in datum 9, Jack answered the interviewer's questions with minimal barriers and did not hinder the conversation. He answered the interviewer with a correct answer to the question. So that it is considered able to support the conversation.

In case of physical condition of pwa factor, when teenagers with Broca's and adults with broca aphasia having a conversation with the interviewer or therapist, they aren't directly show comments or answers to the interviewer's words, but they used many strategies such as filled pauses and silence in one turn to speak. This indicates that it interferes with their conversation because of the frequent pauses, saying the words *um*, and *uh* because they have a language disorder that makes it hard to say what they want. It is due to Broca's aphasia they experience, where Broca's aphasia is

a type of non-fluent aphasia. Therefore, there are many pauses and the use of the words *um* and *uh* when they speak.

In PWA's possibility to control conversation factor, teenagers with Broca's aphasia and adults with Broca's aphasia were not able to maintain their topic of conversation. They had difficulty conveying what they wanted to say. For example, in datum (47), when Mike answers Megan's question about how someone helps her speak, then Mike responds with *"um (.) she (um) speech um (0.2)"* where which does not reflect the appropriate answer to the question.

In addition, the data support conversations that contain many turn-taking strategies. They can still control the topic, even though there are difficulties such as pauses, such as the words *um* and *uh*. Based on what they experienced, they try to remember the word to be conveyed.

Apart from differences, researchers also found similarities in factors that hinder or support conversation between teenagers with Broca aphasia and adults with Broca aphasia when talking with normal people. Both produce two factors, namely, hinder and support, and both refer to the physical factors of people with aphasia and the ability of people with aphasia to control conversation topics. Besides that, the factor that did not appear in their conversation was the emotional condition of pwa, emotional condition of conversational partners, cp's understanding of aphasia, cp's characteristics and speaking behavior, relation to pwa, cp's use of conversation

strategies, numbers of cp's, conversation length, conversation topics, familiarity, loudness, weather.

Based on the researcher perspective, it likely happened because the researcher used a video from YouTube channels, where the researcher did not really know the original atmosphere at the time the video was taken. So, it is difficult for the researcher to know how the conversation actually happened, because the researcher was not there when the conversation took place. This can be one of the considerations for future researchers, if they want to get results that explore more deeply, they can use a video conversation that is directly seen during the conversation take place.

This finding differed from Howe et al., (2008) found that other people's actions, attitudes, knowledge, and characteristics, as well as factors in the physical environment, were hinders or supports. It was different because this research only focuses on environmental factors, and the object they use is obtained through direct interviews, allowing them to determine whether something hinders or supports the conversation on the environmental factor. In contrast to the current study, researchers use YouTube interview videos.

In addition, mostly (aphasic-teenagers or aphasic-adults) tend to give incorrect answers to the interviewer's questions (family or therapist). The researcher found that many utterances or sentences were not matches when answering questions from normal people (family or therapist). Apart from too many pauses that hinder

conversation, they are also often unable to control what being discussed, for example; their answers not in accordance with the questions. In some cases, they were able to control conversation by answering the interviewer's questions even though they stammered, but it turned out that the sentences they uttered were sometimes unstructured, this is of course influenced by their weakness in speaking due to the Broca's aphasia they have.

CHAPTER V

CONCLUSION AND SUGGESTION

This chapter provides conclusions from the previous chapter that contained the findings and discussion of the study. Moreover, this chapter contains suggestions intended for further research related to this topic to fill the existing gaps.

A. Conclusion

Based on the results of this study, the researcher found similarities in turn-taking strategies. They used seven strategies of turn-taking such as starting up strategy, taking over strategy, interrupting strategy, filled pauses strategy, silence pauses strategy, lexical repetition strategy, and giving up strategy. These strategies are used by teenagers with Broca's aphasia and adults with Broca's aphasia based on three main reasons; first, when they want to start their turn, secondly when they want to keep their turn, and when they want to give their partner a chance to talk. The researcher found only one sub-strategy of yielding the turn strategy used by teenagers with Broca's aphasia and adults with aphasia during the interview. It is because teenagers and adults with Broca's aphasia are in the position of being asked, so they rarely get the opportunity to yield the turn.

In addition, the researchers also found a difference in this study where adults with Broca aphasia used the filled pauses strategy more frequently than teenagers with Broca aphasia. The researcher can also conclude that, for four minutes, teenagers with Broca aphasia can produce 36 utterances, while adults with Broca aphasia

produce 27 utterances. It is influenced by the silence pauses strategy that they use. Adults with Broca's aphasia produce more silent pauses during 4 minutes of conversation.

Therefore, the researcher found factors that hinder and support conversation in teenagers with Broca aphasia and adults with Broca aphasia. Teenagers with Broca's aphasia produced 24 data that hindered conversation and 48 data supporting conversation. Then in adults with Broca's aphasia, from a total of 54 data, there are 28 data showing hindered conversation, and 26 are supporting conversation. The researcher found that most factors that hindered conversation were influenced by the physical condition of teenagers with Broca's aphasia and adults with aphasia.

The researcher also concluded that people with Broca aphasia (PwA (T) and PwA (A)) is not always hinder conversations. They can also speak fluently, although they are experiencing language disorders.

B. Suggestion

Based on the conclusion above, the researcher presents some suggestions that can be used for the next researchers, family or partners' life, and therapist. First, the next researchers can attempt to examine the turn-taking strategies of another person on different research objects, such as other types of language disorders. This study is limited because it is only focused on finding turn-taking strategies used by teenagers with Broca's aphasia and the way they used those strategies based on factors that

hindered or supported conversation. Therefore, the next researchers may conduct research on turn-taking strategies for example turn taking associated with other topic or discipline.

Second, for family, partners or people around them can see and find out how to be a good conversation partner so that the conversation they do will run well. In other words, the researchers hope that family or partner life can help them more in conversation, if it is difficult to say something they want to convey. Third, for the therapist, this research is expected to understand better how they should provide therapy according to the type of aphasia experienced. For instance, the therapist can find a new idea to do the therapy session for people with Broca aphasia.

REFERENCES

Beeke, S., Johnson, F., Beckley, F., Heilemann, C., Edwards, S., Maxim, J., & Best, W. (2014). Enabling Better Conversations Between a Man With Aphasia and His Conversation Partner: Incorporating Writing Into Turn Taking. *Research on Language and Social Interaction*, *47*(3), 292–305. https://doi.org/10.1080/08351813.2014.925667

Busch, C. R., Brookshire, R. H., & Nicholas, L. E. (1988). Referential Communication by Aphasic and Nonaphasic Adults. *Journal of Speech and Hearing Disorders*, *53*(4), 475–482. https://doi.org/10.1044/jshd.5304.475

Code, C. (2010). Aphasia. In J. S. Damico, N. Müller, & M. J. Ball (Eds.), *The Handbook of Language and Speech Disorders* (1st ed., pp. 317–336). Wiley. https://doi.org/10.1002/9781444318975.ch14

Creswell, J. W. (2009). *Creswell.pdf*. Sage Publications.

Dewi, R. F., Suharsono, S., & Munir, A. (2018). Turn-taking Strategies and Its Relation to EFL Learners Personality and Power in The Interaction of English Conversation Class. *ETERNAL (English, Teaching, Learning, and Research Journal)*, *4*(2), 288. https://doi.org/10.24252/Eternal.V42.2018.A12

Dyussenbayev, A. (2017). *Age Periods Of Human Life*. https://doi.org/10.14738/assrj.46.2924

evelynlynch1channel (Director). (2010). *Year 1 Stroke Recovery, Broca's Aphasia Right-side Weakness* (Youtube). https://www.youtube.com/watch?v=YgpYG5_97nE&t=247s

Fahlenafitri, D. (2020). *A Conversation Analysis of Turn-taking Strategies Used in Marriage Story Movies*. Universitas Islam Negeri Maulana Malik Ibrahim Malang.

Ferguson, A. (1998). Conversational Turn-taking and Repair in Fluent Aphasia. *Aphasiology*, *12*(11), 1007–1031. https://doi.org/10.1080/02687039808249466

Howe, T. J., Worrall, L. E., & Hickson, L. M. H. (2008). *Interviews with People with Aphasia: Environmental Factors That Influence Their Community Participation*. 30.

Hurley, T. (Director). (2010). *Young People Can Have Aphasia (Broca) – Jack Hurley* (Youtube). https://www.youtube.com/watch?v=LrAM1wk1_c0&t=36s

Jannah, H. L. I. (2014). *CONVERSATIONAL ANALYSIS OF TURN-TAKING IN "THE SOCIAL NETWORK" FILM.* Universitas Islam Negeri Maulana Malik Ibrahim Malang.

Jefferson, G. (2004). *Transcript jeffersen.pdf*. Jhon Benjamins Publishing Company.

Johansson, M. B. (2012). *Aphasia and Communication in Everyday Life*.

Krish, B. (Director). (2012). *Broca's Aphasia Patient* (Youtube). https://www.youtube.com/watch?v=2rh5vxLoN88&t=142s

Lestari, I. (2016). *Turn taking Strategies Ued by Barack Obama and Mitt Romney in The First Presidential Debate 2012*.

Medina, L. R. (2008). *A Comparison of Turn-taking Ability Between Non Aphasic Adults and Adults with Broca's Aphasia*. California State University.

Nordquist, R. (2022, July 17). Turn-taking in Conversation Analysis. *ThoughtCo.Com*. https://www.thoughtco.com/turn-taking-conversation-1692569

Nugroho, A., & Ariyanti, L. (2014). *A Sttudy Of Turn-taking Used in Interview TV Program "INDONESIA NOW EXCLUSIVE AGNES MONICA WITH DALTON TANONAKA" ON METRO TV* (Vol. 02). Language Horizon.

Rivai, N. T. (2019). Turn-Taking Strategies Produced by Male and Female Presenters in American TV Shows. *Lexicon*, *6*(2). https://doi.org/10.22146/lexicon.v6i2.54480

Sacks, H., Schegloff, E. A., & Jefferson, G. (1974). A Simplest Systematics for the Organization of Turn-Taking for Conversation. *Language*, *50*(4), 696. https://doi.org/10.2307/412243

Sari, I. Y. (2019). *An Analysis of Turn-taking Strategies on English Department Student at IAIN Bengkulu*. IAIN Bengkulu.

Schienberg, S., & Holland, A. (1980). *Conversational Turn-taking in Wernicke Aphasia*.

Stenstrom, A.-B. (1994). *An Introduction to Spoken Interaction*.

SymphUK (Director). (2006). *Expressive Aphasia – Sarah Scott- Teenage Stroke Survivor* (Youtube). https://www.youtube.com/watch?v=1aplTvEQ6ew&t=117s

tactustherapy (Director). (2011). *Broca's Aphasia (Non-fluent Aphasia* (Youtube). https://www.youtube.com/watch?v=JWC-cVQmEmY

The Aphasia Center. (2012). *TDCS Treatment with Severe Broca's Aphasia* (Youtube). https://www.youtube.com/watch?v=l-mRdjIgS2I&t=229s

Tuomenoksa, A., Beeke, S., & Klippi, A. (2022). People with Non-fluent Aphasia Initiating Actions in Everyday Conversation with Familiar Conversation Partners: Resources for Participation. *Aphasiology*, *36*(5), 575–598. https://doi.org/10.1080/02687038.2020.1852518

CURRICULUM VITAE

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