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AUTHENTICITY IN TASK-BASED INTERACTION: A CONVERSATION ANALYSIS PERSPECTIVE

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Abstract

In recent years, there has been an increasing interest in task-based learning. Authenticity has been characterized as a main aspect in defining a task (Long 1985; Skehan 1996; Ellis 2003). However, far too little attention has been paid to investigating authenticity in task-based interaction (TBI). To the best knowledge of the researcher, no research has been done using conversation analysis (CA) to investigate authenticity in TBI. Therefore, the present paper focuses on the issue of authenticity in task-based interaction and specifically how far doctor/patient role-play tasks attain 'interactional authenticity' and reveal 'situational authenticity' (Ellis 2003, p. 6). The results of this paper show how CA can inform language teaching and learning through revealing interactional features for achieving authentic role-play tasks. It also provides some implications for designing role-play tasks.

Keywords: *Task-Based Interaction, interactional authenticity, situational authenticity, doctor/patient role-play, CA.*

1. Introduction:

Authenticity has been discussed in relation to task-based teaching and learning (Lee 1995; Guariento and Morley 2001; Schroeder 2003), teaching materials and assessment (Bachman 1996). Though authenticity has been characterized as a main aspect in defining

a task (Long 1985; Skehan 1996; Ellis 2003), little attention has been given to investigate authenticity in role-play tasks in particular. Hence, the aim of this paper is to investigate how far doctor-patient role-play tasks attain interactional authenticity and reveal situational authenticity using CA methodology.

The second section provides background about authenticity in TBL, role-play tasks and doctor-patient interaction. The third section focuses on methodology and data analysis, followed by a discussion in the fourth section. Finally, the fifth section gives a conclusion.

2. Literature review

2.1 Task-Based Learning

Task-based learning focuses primarily on meaning (Ellis 2003; Skehan 2003), by providing chances for, "free and meaningful use of target language" (Willis, p. 30). Besides, tasks stimulate learners to select linguistic forms required to accomplish the task but it does not force them to use certain forms (Ellis 2003, p. 8). To attain the task outcomes, students should negotiate for meaning and communicate with each other, asking for explanation, or checking comprehension. Thus, the students' role in the tasks is similar to "language users in the sense that they must employ the same kinds of communicative processes as those involved in real life activities" (ibid, p. 3). Using communication strategies reveals an important characteristic of a task: authenticity.

2.2 Authenticity

Authenticity is a key dimension in defining a task. Authenticity in TBL refers to either situational authenticity or interactional authenticity.

2.2.1 Situational authenticity

Ellis (ibid, p. 6) points out that, "authenticity concerns whether a task needs to correspond to some real world activity, achieve situational authenticity." This relates to how far the task is related to learners' real life activities, such as visiting a dentist or shopping. The following definition by Long (1985 cited Ellis 2003, p. 4) is an example of situational authenticity:

> A task is 'a piece of work undertaken for oneself, or for others, freely or for some reward. Thus, examples of tasks include painting a fence, dressing a child, filling out a form… and helping someone across a road. In other words, by "task" is meant the hindered and one people do in everyday life, at work, at play and in between. "Tasks" are the things people will tell you they do if you ask them and they are not applied linguists

Thus, Long relates tasks to real world activities that people do in their daily life.

2.2.2 Interactional authenticity

Some tasks are not real world activities, yet they stimulate learners to use communication strategies as those used in real life situations: e.g., identifying the differences in two pictures (Ellis 2003, p. 6). Such tasks have, "some sort of relationship to the real world" (Skehan 1996, p. 38) because whilst performing these tasks, students use some processes of language use as dealing with misunderstanding, which are "aspects of interactional authenticity' (Elis ibid). This means that interactional authenticity reflects how far learners are using the language in exchanging or negotiating for meaning when performing a task.

Interactional authenticity requires active participation to achieve task authenticity. Quoting Widdowson's (1979) expression 'genuineness', Skehan (2003, p. 3) refers to the

point that authenticity of a task includes "the reaction or response of the learner." This is detailed more by Guariento and Morley (2001, p. 350), who argue that task authenticity depends on 'whether or not learners are engaged by the task'. Thus the task may be authentic in terms of real world situations, yet it may appear 'inauthentic to certain groups of learners'. They also add that:

> this type of authenticity is 'crucial , for unless a learner is somehow engaged by the task, unless they are genuinely interested in its topic and its purpose and understand its relevance, then the other types of authenticity may count very little. (ibid, p.351)

This means that the task itself would be meaningless for learners unless they are involved and interested in the task. For example, if a role-play task appears inauthentic for some learners, this will affect their participation as they will be uninspired to act the role-play.

2.3 Role-play tasks

Ellis (2003, p. 17) clarifies that role-play tasks are examples of unfocused pedagogic tasks. Topics of unfocused tasks are drawn from real life. Thus, in role-play tasks, students may act the roles of customer, patient, physician or businessman. Such roles are a good opportunity for language learning if they are structured well to stimulate learners' participation. Consequently, students will have the chance to use language according to the simulated situation. When students are not controlled by the teachers, this gives them a chance for using the language for meaningful purposes. This in turn, helps them develop interactional strategies such as resolving misunderstanding. As the data of this paper are about doctor-patient role-play tasks, it is necessary, therefore, to refer to doctor-patient interaction.

2.4 Doctor-patient interaction

Doctor – patient interaction is one of the most researched areas in medical interviews (Drew *et al.* 2001). The interaction between the two parties (the sick person and the medical expert) results from the fact that the patient is "unable to help himself and is ignorant' of both the nature and the treatment of the illness" (Heath 1992, p. 236). The patients however, are not passive in this medical interaction, as CA studies helped identify two characteristics of patients' contributions to this interaction: 'doctorability', which is revealed in "justifying their visit to seek medical attention- *the doctorability* of their problems" (Robinson 2005, cited in Maynard and Heritage 2005, p. 431). The second is 'health monitoring competence' which is revealed when patients describe "how the symptoms are accumulated to the point where they require a visit to the doctor" (Halkowsk 2005, cited Maynard and Heritage 2005, p. 432).

Doctor-patient interaction undergoes certain phases: opening, presentation of problem, history taking, diagnosis, treatment and closing (Maynard and Heritage 2005, p. 431). As long as the doctor-patient role-play analysed in this paper deals with opening, diagnosis and treatment stages, so these stages are explained particularly. The opening stage is important, as Tsai argues (2005, p. 53), "because good doctor relation facilitates the doctor's tasks in the following stages". Robinson (1999, cited Tsai ibid, p. 54) identified five tasks in medical opening; "greeting, embodying the readiness (e. g., inviting the patient to sit), securing patient names, retrieving and reviewing patient medical records and eliciting patients' concerns." CA studies of doctor-patient also identified certain opening strategies used by doctors as well as the effect of doctor opening questions on patient feeling, emotions and participation. (Robinson 2005, cited in Maynard and Heritage 2005. p. 431; Robinson 2006).

In the diagnosis and medical assessment, as Heath (1992, p. 237) explains, "doctors provide patients with information concerning the nature of the illness and disease". He also adds that in interacting with the patient, the doctor achieves 'the factual status of his professional opinion' as he practices his medical skills. Therefore the patient gives "no response, or downward-intoned er or yea" (ibid, p. 241). This, in turn, provides the doctor with a chance to progress directly from diagnosis to treatment (ibid, p. 261). In the treatment stage, the role of the patient changes to a more positive one. For example, Stivers (2005, p. 961) reported that "parents are more likely to resist a recommendation against particular treatment" and they also resist non-specific treatment recommendation even if offered affirmatively.

3. Data and method

The data analysed here are some video extracts[1] from Bampfield, A. *et al.* (1997, Looking at Language Classrooms). The context is Ikastola Asti-Leku School in Spain. The students are high school and they are upper-intermediate level. The researcher first analysed the whole segment (16.7 minutes) then selected the extracts that focus on doctor-patient role-plays. The analysis follows transcription conventions in Atkinson and Heritage (1984, Appendix A).

3.1 Conversation analysis

CA methodology is used to analyze the data in the light of research findings about doctor-patient interaction. Data were analyzed depending on CA to identify how far the data reveal situational and interactional authenticity. The main objective of CA is "interactional organization of social activities" (Hutchby and Woffit, 1998, p.14). To

[1] Cassette 1, sequence A. Fluency and Accuracy: integrating skills.

describe this social behaviour, CA uses an emic approach which (Pike 1967, p. 152) explains as follows:

> The etic viewpoint studies behavior as from outside of a particular system and as an essential initial approach to an alien system. The emic viewpoint results from studying behavior as from inside the system.

In using an emic approach, CA looks for evidence inside the social situation in the analyzed data itself rather than from outer assumptions.

Have (1999, p. 37) also identifies another characteristic of CA: looking at the data from a specimen perspective. Thus, "from a CA point of view, one can indeed discuss whether an excerpt at hand is an instant of a class, such as ' patient questioning physicians" (ibid, p. 37), but not whether the participant mean what they are saying'. To sum up, CA analyzes patterns of social behaviour via the interaction itself. CA looks for evidences of certain patterns (e.g., nonverbal behaviour, or openings or closing) in the recorded data.

CA has made great contributions in analysing institutional talk (Drew and Heritage, 1992). In medical settings, CA enables researchers to study certain behaviours "such as how practitioners open their consultations, how patients present their descriptions of their symptom, or how treatment decisions are negotiated" (Chatwin 2004, p. 131). CA also enables researchers to 'identify interactional strategies which may facilitate patient involvement in discussion and decisions about health care' (Drew *et al.* 2001, p. 59). Moreover, the relationship between certain interaction formats and patient satisfaction has been investigated. For example, Robinson and Heritage (2006) examined the relation between physician opening questions and patient satisfaction. In this way, CA has made great contributions in understanding doctor-patient interaction.

3. 2. Data Analysis

In extract 1, after listening to a conversation between a doctor and a patient, the teacher asks students to act the role-plays of doctor and patient saying '*Ok who wants to be doctor ↑ (.) who wants to be patient↑*' in line1. However, students are reluctant to act this task. This is confirmed in the long pause in line 2 (0.3) and also in the teacher's rising tone 'NO [BODY!]↑' in line 3, accompanied by her gazing at students. This nonverbal feature reconfirms students' unwillingness to participate.

Extract 1:

1	T:	Ok who wants to be doctor ↑ (.) who wants to be patient↑?
2		(0.3)
3		NO [BODY!] ↑ ((the teacher gazes at students))
4	Eg.:	[°no°]
5		OK. You said no [Egart You're] the doctor↑ (.) You are the patient↑
6		((the teacher points to Egart and the slearner next to him))
7	LL:	[hhhhhhh]
8	Eg.:	I am the <u>doCTOR?</u> ↑

Moreover, the unwillingness of students to participate is revealed directly when Egart (Eg.) says in a quiet voice [°no°] in line 4. Despite his negative reply to her previous request, the teacher gazes at him and say '*OK. You said no [Egart you're] the doctor↑'* and to another learner'*You are the patient↑'* in line 5. The teacher obligates learners to act the role-plays. Thus students are forced into this situation. The reaction of other learners to teacher's order is to laugh at the situation *'[hhhhhhh]'* in line 7, because Egart was obliged to act the role of the doctor. He is punished by the teacher so; he is astonished when the teacher assigned him the role of the doctor: '*I am the <u>doctor</u>?↑*' in line 8.

Thus the task appears inauthentic for students as they are not sick, nor have a real problem that makes them act the role of the patient. Learners are forced to a position but in

doctor-patient interaction, one is not forced to do so. In real life, the patient goes when he has a real problem. Research in doctor-patient interaction refers to this stage as 'discovery accounts' in which patients describe "how their symptoms have accumulated to the point where they require a visit to the doctor" (Heritage and Maynard 2005, p. 430). This finding supports that a person does not seek medical treatment unless he is feeling a real illness and hence s/he goes to a doctor.

In terms of learners' engagement by task, it appears that these role-plays are inauthentic. Learners' reactions or responses to the task (Skehan 2003, p. 3) show that they are not enthused to act it; they are not 'genuinely interested' (Guariento and Morley 2001, p. 351). However the teacher forces them to act the role-play. To sum up, it appears that this role-play is not authentic, first because students are reluctant to participate, to quote Guarntio's (ibid) words 'not engaged by the task', and second, as the teacher pushes them to act the roles.

In extract 2, students begin free practice role-plays of doctor and patient. The patient has a strip of paper on which he writes the illness. He does not show it to the doctor and keeps it. The doctor has a sheet where he takes notes of the patient's information. L1 is the doctor and L2 is the patient. Students are now in the task stage. L1 begins to ask the patient directly about his address '*What do:: you:::: (0.2) aldreish?*' line 1. This line seems ambiguous; prolongation '*do:: you::::'* signals that there is hesitation. Despite the fact that the question is not incomprehensible L2 answers '*I lea::ve in (.) dru (0.1) in Doctor's street*' in line 2. L2 expected the question so he responds to it even though it is not intelligible. This is due to the learners' concentration on answering teacher's questions. The learners in this extract concentrate on form, not on meaning. So they

display language rather than using it pragmatically (Ellis. ibid, p. 9). The task here does not engage learners to focus on real meaning, as this is revealed in student production, which concentrates on just answering questions but not on producing meaningful utterance.

Extract 2:

1 L1: What do:: you:::: (0.2) aldreish?
2 L2: I lea::ve in (.) dru (0.1) in Doctor's street

Extract 2 appears inauthentic for different reasons; firstly, in dealing with misunderstanding. In real life and also medical interviews, asking an ambiguous question leads to miscommunication and consequently, the listener uses other initiated repair (e. g., 'Huh? What?… Pardon me? Say it again, (Drew 1997 cited Robinson 2006, p. 142.) People in real life interaction use repair if an utterance is ambiguous for them. But students in extract 1 do not deal with misunderstanding at all. L2 in line 2 doesn't pay attention to L1's question and answer. This deprives learners from opportunities of learning (Ellis 2003, p. 69).

Second, in relation to using the language for genuine purpose and real communication (Guariento and Morley 2001, ibid), students here do not use meaningful communication. They are not using language for real needs as long as they are not really patients. L1 and L2 are acting according to the teacher's goals 'answering the questions'. This impedes what Ellis (2003) calls interactional authenticity, as learners do not use interactional strategies to repair the communication misunderstanding.

The third aspect is concerning opening the role-play. It is noted here that L1 begins the role directly. In face to face interaction, people begin conversation with a welcome or

greeting as hi or hello. This is also the case in medical interviews; a doctor usually begins the opening stage with a greeting (Robinson 1999, cited Tsai 2005, p. 54) such as 'hello', hope u r ok? Research has shown that the opening questions used by doctors affect patient satisfaction. Robinson and Heritage (2005, p. 283) reported that 'patients are 'more satisfied with the effective / relational dimension of physicians' communication' when doctors use open ended questions (e. g., How can I help you?), versus closed ended questions, confirming certain symptoms (*Sore throat huh? and I understand you're having some leg problems?*). This report asserts why doctors use such openings, as they deal with humans and emotions, so they settle a comfortable emotional environment. They don't begin their medical role directly but rather they first relate emotionally to the patient. Byrne and Long (1976 cited Heath 1992, p. 237) refer to this stage as relating to the patient.

This is different from what we see in learners' interaction in extract 1. Here learners aim to answer teacher's questions so they do not great each other. In the present task, L2 is supposed to see the doctor for the first time, so the task is inauthentic in not welcoming the patient before asking him questions. This does not happen in any real face-to face encounter. But, students' behaviour in this task may be justified as it reflects classroom situation in which they know each other. So they may directly act the task without greeting.

In extract 3, two other students act the role-play: L5 acts the role of the doctor while L6 is the patient. L5 and L6 are in the treatment phase.

Extract 3:

1	L5:	let the:: get the:: mm:: worse (0.2) it can be:: (0.1) serious
2		Problem ↑ (0.2). You will have to (0.1) go to New ↑ York ↑to Operate
		((L 5 gazes at L6 and leave the paper, and looks at L6))
3	L6:	[hhhhhhh] (L 6 smiling)
4	L5	So opersion seventh a:: (.) twenty seven (.)a:: May (0.2) and
5		treatment You can (0.3) t:: be (0.2) m::
6	L6	((inaudible)) (0.2) li::ke (.1) I don't know (0.1)fees
7	L5:	You have to fees (0.1) for exsample (.)

L5 decides that the patient needs an operation '*you will have to (0.1) go to New ↑ York ↑ to Operate'* in line 2'. She speaks as if she is an expert who has more knowledge than the patient. The learners move off the task and play their real role as teenagers. This is revealed in creating the extreme situation (*You will have to (0.1) go to New ↑ York ↑ to Operate)* in line 21. As teenagers they seem to be doing a comedy or making fun. This is confirmed when they use exaggerated language, e.g., '*go to New ↑ York'.* L6 also is acting in this game when he laughs in his next turn [hhhhhhh] (L 6 smiling) in line 5. His laughter as a nonverbal feature is a peculiar response to a serious problem. However, it reflects how far he is engaged by L5's exaggeration. It also shows L6 understanding of L5's exaggerated language and his interest in making fun with language. This makes L5 continues in her using language for fun so she tells him more details about the operation '*So opersion seventh a:: (.) twenty seven (.)a:: May (.2) and treatment You can (0.3) t:: be (0.2) m::'* in line 6 and 7. Again L6's interest in this extreme situation is clear when she concentrates on L5's words; he completes her turn when she is thinking of a certain word *'(inaudible)) (0.2) li::ke (.1) I don't know (0.1) fees* in line 8. L5 then uses the word 'fees' and continues her turn in line 10 '*You have to fees (0.1) for exsample (.)'.*

This also shows cooperative agreement between the two learners in completing the extreme situation they created.

4. Discussion

The extracts analyzed in this paper are authentic in terms of classroom question - answer exchange and they are also about real life situations. As for learners' reactions to the task (Skehan 2003), the tasks are inauthentic. Despite the fact that the role-play is 'a real world activity' (Long 1985), they seem inauthentic to learners. This is obvious in students' reluctance to participate in role-plays (lines 2, 3 and 4 in extract 1). Consequently, learners are not engaged by the task, as they do not have real symptoms to act these roles. The teacher asks the students to act the doctor and patient role-play, even though they are not motivated to do so. Thus students are pushed into acting the role-play.

In extracts 2 and 3, students are at the task stage while they perform free practice role-play. This stage is a learning opportunity for students to use "whatever language they can master, working simultaneously, in pairs or small groups, to achieve the goals of the task" (Willis 1996, p. 53). It is noteworthy that a marked difference exists between extracts 2 and 3 in terms of language production. Learners in extract 2 show heavy emphasis with regards form, at the expense of meaning. This consequently affects their production as their use of language is controlled and directed by the teacher's goals. They do not use language in a meaningful way. This is clear when L2 responds to an unambiguous question without using any repair to solve the miscommunication (line 2 in extract 2). However, TBL focuses on using language to convey meaning (Skehan 1996; Willis 1996; Ellis 2003). Thus learners' production in extract 2, is not consistent with the TBL focus on meaning as they focus on answering questions. Consequently, the task in process does not attain

interactional authenticity; involving real world processes of language use (e.g., dealing with misunderstanding), as revealed by Ellis (2003, p.10).

On the other hand, learners in extract 3 are using language for expressing meaning. As there is no teacher control over them, they use exaggerated words (New York) and create an extreme situation of their own. They are playing with language and using it in a funny way. Despite the fact that they are moving off the task but still doing something with the language, they express their meaning through creating an imaginary situation of their own. They are also confident in doing so. This is clear in the long turns of the speakers (lines 3, 4, 6 and 7). It is obvious in these turns that they use the language for fun; creating an exaggerated situation; nevertheless they express real meaning, as they reflect their own thinking and identities as teenagers. Even though this role-play differs from a real doctor-patient situation (situational authenticity), students are still using the language for a purpose; that is making fun with language and going beyond classroom questions and answers mode.

Thus extracts 2 and 3 demonstrate extremely different language production: one sticking tightly to the tasks where language is merely displaying questions and answers (extract 2) and the other moving off the task and using language for fun (extract 3). The researcher thinks that the second situation reflects students as language users more than language learners. This is clear in using the language creatively and meaningfully in a way different from classroom learning environment. Although they are off the task goals, in the long run this may achieve the ultimate goal of learning a second language: 'using the language for social and communicative purposes' (Willis 1996).

4. 1. Pedagogical implications

The pedagogical importance of authenticity in role-play tasks is that it reveals how students react to and act in task-based learning. The micro-interactional findings in the previous discussion manifested the importance of learners' engagement by the task (Guarntio and Morley 2001). So in role-play tasks, it is recommended that teachers give their students a chance to select some situations that matches the learners' interests. This may help increase students' motivation to act role-plays. It also helps students become engaged in the task and feel enthused. However in some schools teachers follow a certain content, which limits their selection of tasks. In this case, teachers need to prepare students before asking them to act the role play, relating the topic of the role play-to their daily life. Such preparation aims to engage learners and involve them in the role-play task.

Moreover, before asking students to act role-play tasks, it is a perquisite for them to know aspects of role behaviour (Livingstone 1983, pp. 2-8), such as discourse skills e.g., opening and closing a conversation. The teacher can show students a conversation similar to the roles they will play, analyse it in detail in terms of discourse features and focus on opening a conversation (e.g., hi; how are you doing) or how to deal with misunderstanding (what, pardon; could you say it gain please) or even asking for clarification (e.g., what do you mean). Such discussions with students can raise their awareness about some interactional strategies, which they can use during role-play tasks. It can also provide them with various linguistic forms to select from without imposing a specific form on them. In this way, learners can focus on meaning rather than on form. In so doing, teachers achieve a main characteristic of task-based teaching, as mentioned by Ellis (2003, p.10) "a task constraints what linguistic forms learners need to use while allowing them the final choice."

The analysis also reveals how role-plays can be a good chance to practice language meaningfully (Ex. 3) and how students' involvement in real-play can facilitate a learning opportunity when the focus is on meaning. Therefore, teachers should not always insist on certain goals, as answer some questions, using specific linguistic forms, but rather on using the language for 'social' and 'interactional' purposes (Willis 1996, p. 28). In other words, teachers should help learners negotiate meaning rather than display questions.

5. Conclusion

This paper aimed at investigating how far doctor-patient role-play tasks attain interactional authenticity and reveal situational authenticity. CA methodology was used to analyze the data. The discussion revealed the effect of learners' reactions on the authenticity of tasks (Skehan 2003, Ellis 2003). It was also found that students' production was affected by their goal; when they were geared towards answering questions, they did not concentrate on meaning, they just displayed language forms and neglect opening strategies and repair of miscommunication. But when they were geared towards communication, they produced playful language using exaggeration for treatment decisions and peculiar reaction (laughter at exaggerated treatment). The present findings are to be considered in terms of a small scale study. Hence, it can be concluded that more research is still needed to investigate the issue of authenticity in TBI with more data and in different role-play situations.

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Appendix A CA TRANSCRIPTION CONVENTIONS

Transcription Conventions (Atkinson and Heritage 1984)

[[ ]]	Simultaneous utterances – (beginning [[ ) and (end]])
[ ]	Overlapping utterances – (beginning [ ) and (end])
=	Contiguous utterances
(0.4)	Represents the tenths of a second between utterances
(.)	Represents a micro-pause (1 tenth of a second or less)
:	Sound extension of a word (more colons demonstrate longer stretches)
.	Fall in tone (not necessarily the end of a sentence)
,	Continuing intonation (not necessarily between clauses)
-	An abrupt stop in articulation
?	Rising inflection (not necessarily a question)
__	Underline words indicate emphasis
↑↓	Rising or falling intonation (after an utterance)
[° °]	Surrounds talk that is quieter
hhh	Audible aspirations
.hhh	Inhalations
.hh.	Laughter within a word
> >	Surrounds talk that is faster
< <	Surrounds talk that is slower
(( ))	Analyst's notes

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