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More Shared Responsibility for "More Appropriate Communication"

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The term "more appropriate communication" appears in more than 400 scholarly articles (according to Google Scholar). I examined the first 100 scholarly articles that pertained to communication between humans (rather than communication between computer networks). The question I sought to answer was who, according to the scholarly literature, bears responsibility for achieving "more appropriate communication?" Of the 100 scholarly articles examined, only a slim minority, *N*=7, imply that "more appropriate communication" is a responsibility shared among two or more communication partners, and most of these articles address "more appropriate communication" between literal peers, such as undergraduate students with other undergraduate students. The majority of scholarly articles, *N*=61, imply that the responsibility for "more appropriate communication" lies with the more powerful communication partners (i.e., people who have more status, experience, or resources). The remaining third of the scholarly articles (*N*=32) imply that responsibility for "more appropriate communication" lies with the less powerful communication partners, and these less powerful communication partners are frequently children with developmental disabilities. I conclude by suggesting that the responsibility for "more appropriate communication," particularly with developmentally disabled children, either should be assumed by the more powerful communication partners or should be shared.

Communication is a basic human right, as codified by the American Speech-Hearing-Language Association's vision, "Making effective communication, a human right, accessible and achievable for all." Effective communication is not only a human right but also a human necessity. For example, "effective patient-provider communication is a vital component of … patient safety" (Patak et al., 2009, p. 373). The success of capital markets "critically depends on effective … communication processes between [a] firm and [its] various stakeholders" (Ho & Wong, 2001, p. 76). "Effective information and communication exchange" between humanitarians and the populations they serve "is among the … most complex challenges facing the humanitarian sector in the 21st century" (Price & Richardson, 2011, p. 15).

Successful parenting also requires "effective communication strategies" (Knight, Bartholomew, & Simpson, 2007, p. 274). Successful aging requires "effective communication between generations" (Noels, Giles, Gallois, & Ng, 2001, p. 282). Successful collaboration requires "effective communication among group members" (Lowry, Roberts, Romano, Cheney, & Hightower, 2006, p. 632), and successful health care requires that "professionals … communicate more effectively with patients" (Brédart, Bouleuc, & Dolbeault, 2005, p. 354). In many domains, "effective communication is related to a higher quality of life" (Sprangers, Dijkstra, & Romijn-Luijten, 2015, p. 311).

In each of these domains (and numerous others), researchers have observed, often through experimental treatment, that humans can achieve more effective communication. For example, nursing home staff have been trained to use "more appropriate communication" techniques with their residents (Brédart et al., 2005, p. 352); corporate financial officers have been trained to use "more appropriate communication media" with their stakeholders (Ho & Wong, 2001, p. 75); and

parents have been trained to use "more appropriate communication strategies" with their children (Knight et al., p. 274).

In fact, according to Google Scholar, the term "more appropriate communication" appears in more than 400 scholarly articles. I recently examined the first 100 scholarly articles that pertained to communication between humans (rather than communication between computer networks). Details of this systematic review are available in Gernsbacher (2017a). The question I sought to answer was who, according to the scholarly literature, bears responsibility for achieving "more appropriate communication?"

"More Appropriate Communication" as a Shared Responsibility Among Communication Partners

Of the 100 scholarly articles examined, only a slim minority, N=7 (7% with a 95% Confidence Interval of 2.86% to 13.89%), imply that "more appropriate communication" is a responsibility shared among two or more communication partners. These seven articles are listed in Table 1. Most of these articles address "more appropriate communication" between literal peers, such as undergraduate students with other undergraduate students (Lowry, Roberts, Romano, Cheney, & Hightower, 2006; Tu & Corry, 2004), traffic light controllers with other traffic light controllers (Bazzan, de Oliveira, Klügl, & Nagel, 2008; Bazzan, Klügl, & Nagel, 2007), and spouses with their spouses (Sayers, Baucom, & Rankin, 1993).

Table 1. Scholarly articles that imply that "more appropriate communication" is a shared responsibility among communication partners.[a]

Communication partners	**Authors of scholarly article**
Traffic Light Controllers and (Other) Traffic Light Controllers	Bazzan et al. (2007, p. 199)
Traffic Light Controllers and (Other) Traffic Light Controllers	Bazzan et al. (2008, p. 5)
Parents and Their Children	Knight et al. (2007, p. 274)
Undergraduate Students and (Other) Undergraduate Students	Lowry et al. (2006, p. 637)
Intellectually Gifted Young People and Their Parents	Morton & Workman (1978, p. 17)
Husbands and Wives	Sayers et al. (1993, p. 584)
Undergraduates Using Online Discussion Boards and (Other) Undergraduates Using Online Discussion Boards	Tu & Corry (2004, p. 3076)

[a]*Full citations, along with other details, of all articles listed in this table are available from "Analyzing 'more appropriate communication: A tech report," by M. A. Gernsbacher, 2017a.* https://doi.org/10.17605/OSF.IO/C56UB

However, in two of the articles that imply that "more appropriate communication" is a shared responsibility, the communication partners are not literal peers; rather, in these two articles, the communication partners are parents and their children. Nonetheless, the responsibility for "more appropriate communication" is assumed to be shared equally. For example, Knight et al. (2007, p. 274) present the empirical results of a training program in which both "parents and children develop more appropriate communication strategies," and Morton and Workman (1978, p. 17) present a case study in which an intellectually gifted adolescent with emotional difficulties and his parents "were brought together" so that both could be "assisted in better understanding the situation and in developing more appropriate communication skills." In fact, as Morton and Workman (1978, p. 17) explain, "While the initial intervention point focused on [the intellectually gifted adolescent], if we had ignored the … parents … we would not have successfully" achieved the goal of more appropriate communication.

To summarize, only a slim minority of scholarly articles imply that the responsibility for "more appropriate communication" is shared among communication partners. Most of these articles refer to communication between literal peers (e.g., undergraduate students and other undergraduate students). However, two of the seven articles not only refer to parents and their offspring as jointly responsible but also train parents and their offspring to both achieve "more appropriate communication."

"More Appropriate Communication" as the Responsibility of More Powerful Communication Partners

As listed in Table 2, of the 100 scholarly articles examined, the majority, N=61 (61% with a 95% Confidence Interval of 50.73% to 70.60%), imply that the responsibility for "more appropriate communication" lies with the more powerful communication partners. By more powerful, I mean communication partners who have the greater status, experience, or resources.

Table 2. Scholarly articles that imply that "more appropriate communication" is the responsibility of the more powerful communication partners.[a]

Communication partners (responsible partners mentioned first)	**Authors of scholarly article**
Healthcare Programs and Adolescent Patients with Chronic Illnesses	Al-Yateem et al. (2016, p. 263)
Emergency Health Professionals and Patients	Bagnasco et al. (2013, p. 171)
Doctors and Patients	Brédart et al. (2005, pp. 351–352)
Designers and Users of Communication Technology	Brown & Perry (2000, p. 629, 632)
Judges in Magistrate Courts and Indigenous People	Clare (2009, p. 3)
Information Technology Personnel and Organizations They Serve	Clegg & Kemp (1986, p. 14)
Parents and Children Who Stutter	Conture et al. (1993, p. 79)
Innovators and Adopters	Dearing & Meyer (2006, p. 29)
Audiologists and Clients	Dockens et al. (2017, p. 118)
Crisis Management Teams and Citizens	Dressel (2015, p. 115)
Fisheries Managers and Stakeholders	Duggan et al. (2013, p. 57)
Overseas-Trained Doctors and Indigenous Clients	Durey et al. (2008, p. 517)
Infant Feeding Information Team and New Mothers	Dykes et al. (2012, p. 770)
Conservationists and Land Users	Encalada (2004, p. 226)
Schools that Use Total Communication and Deaf Students	Erting (1992, p. 101)
Nondisabled Students and Disabled Students	Farlow (1994, p. 16)
Corporate Managers and Their Organizations	Ferretti et al. (2015, p. 87)
Junior High Peer Counselors and Junior High Students	Garner et al. (1989, p. 68)
Chief Financial Officers and Financial Analysts	Ho & Wong (2001, p. 75)
Adults and Typically Developing Toddlers	Honig & Wittmer (1985, p. 25)
Organizations (That Work With Women) and Women	Igbedioh et al. (1995, p. 252)
Americans and Japanese International Students	Imamura et al. (2011, p. 110)
Health Care Organizations and Stakeholders	Kahouei et al. (2015, p. 5)

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ICU Nurses and Patients Receiving Mechanical Ventilation	Khalaila et al. (2011, p. 470)
Public Health Messages and AA Women	Kirchhoff et al. (2008, p. 522)
Corporations and Customers (and other Stakeholders)	Kitchen (2004, p. 265)
Non-Governmental Organizations and Citizens	Kole (2001, pp. 210–211)
Service-Learning Students and Older Adults With Dementia	Lambert-Shute et al. (2004, p. 23)
Hearing Children and Deaf Children	Lederberg et al. (1986, p. 692)
Pharmacists and Patients	Liu & Butler (2017)
Staff Members and Residents of Retirement Facilities	Lubinski (2006, p. 294)
Multi-National Corporations and their Subsidiaries	Mahnke et al. (2009, p. 144)
MPRU (a government agency) and Citizens	Mangora & Shalli (2012, p. 148)
Organizations and Their Stakeholders	McCracken & Bennett (2011, p. 2)
Scholars and Rural People in Africa	Morrison (1991, p. 29)
Non-Autistic People and Autistic People	Murray et al. (2005, p. 152)
Managers and their Organizations	Nazari et al. (2013, p. 193)
Younger People and Older People	Noels et al. (2001, p. 281)
Clinicians and Critically-Ill or Nonspeaking Patients	Patak et al. (2009, p. 372)
Therapists and Non-Elderly Family Members of Elderly Adults	Patten & Piercy (1989, p. 142)
Medical Care Workers and Patients	Paulsel et al. (2005, p. 140)
Medical Trainees and Patients	Pavlov & Dahlquist (2002, p. 26)
Public Land Managers and Tourists, Tour Operators, and Recreationists	Pfueller et al. (2009, p. 46)
Organizations (Management) and Their Employees	Pincus & Acharya (1988, p. 181, 197)
Hearing People and People with Hearing Loss	Plant et al. (1994, p. 131)
Humanitarian Actors and Disaster-Affected Communities	Price & Richardson, (2011, p. 15)
Dietitians and Patients	Puri et al. (2010, pp. 892–893)
Health Care Professionals and Cancer Patients	Razavi et al. (2002, pp. 1–2)
Pain Management Therapists and Patients	Roberts (1981, p. S164)
Health Providers and Patients	Roughead et al. (2011, p. 700)
Adults and Developmentally Delayed Children	Schaeffer (1978, p. 343)
Health Staff and Clinicians	Shealy & Threatt (2016, p. 682, 686)
Companies and Power Bloggers (Bloggers With High Traffic)	Sohn (2014, p. 150)
Nursing Home Staff and Nursing Home Residents	Sprangers et al. (2015, pp. 31–313)
Dentists and Adult Female Patients	Tang et al. (2015, p. 255)
Solid Waste Management and Citizens	Tatlonghari & Jamias (2010, p. 46)
Traumatic Brain Injury Subjects and Therapists	Togher et al. (1987, p. 184)
Service Managers and Customers	van Birgelen et al. (2012, p. 241–242)
Physicians and Nurses	Vermeire et al. (2007, p. 28)

(continued)

Community Health Organizations and Community Members	Wakefield & Wilson (1986, p. 449)
Nestlé Company and Consumers	Wittet & Zimmerman (1987, p. 76)
Australian Medical Graduates and Indigenous Australians	Woolley et al. (2013, p. 93)

[a]*Full citations, along with other details, of all articles listed in this table are available from "Analyzing 'more appropriate communication: A tech report," by M. A. Gernsbacher, 2017a.* https://doi.org/10.17605/OSF.IO/C56UB

For example, 26 of these 61 articles attribute responsibility to, and even deliver intervention to, healthcare providers (i.e., more powerful communication partners) rather than to patients (i.e., less powerful communication partners). Dockens, Bellon-Harn, Burns, Manchaiah, and Hinojosa (2017, p. 118) examine "the need for audiologists to adopt better balance and more appropriate communication [with their patients] during audiological consultation." Lubinski (2006, p. 294) proposes that "SLPs are uniquely qualified to identify staff members' use of 'childspeak' to elderly residents and to model and reinforce [to those staff members] a more appropriate communication style." Patten and Piercy (1989, p. 142) conclude that "when working with an elderly family member …, a therapist should model and provide opportunities for the [non-elderly family members'] behavioral rehearsal of new, more appropriate communication skills [to use with the elderly family member]."

Another 18 of these 61 articles place the responsibility for "more appropriate communication" on corporations and organizations (i.e., more powerful communication partners) rather than on the stakeholders or individuals the corporations or organizations lead or serve (i.e., less powerful communication partners). For example, Igbedioh, Edache, and Kaka (1995, p. 252) conclude that "non-governmental organisation or government agencies [need to] maintain a more appropriate communication channel with women in the urban and rural areas."

Another 10 of these 61 articles place responsibility for "more appropriate communication" on designers rather than users (Brown & Perry, 2000); judges rather than plaintiffs (Clare, 2009); innovators rather than adopters (Dearing & Meyer, 2006), and the like. For example, Noels, Giles, Gallois, and Ng (2001, p. 282) advocate "training younger people about the normal aging process and encouraging them to adopt a more consultative and participatory interactive style with older adults" because younger people adopting "a more appropriate communication style would support the older adults' sense of competence and autonomy." Honig and Wittmer (1985, p. 28) suggest that adult "caregivers may need help in learning how to respond more contingently and effectively to make [typically developing] toddlers feel more secure about themselves."

The remaining 7 of these 61 articles address communication between disabled and non-disabled people. These articles place the responsibility for "more appropriate communication" on non-disabled people. For example, Lederberg, Ryan, and Robbins (1986) and Ertig (1992) address the need for hearing children and adults to adopt "more appropriate communication" with deaf children. Similarly, Plant, Gnosspelius, and Spens (1994, p. 131) suggest their study's results "may also be useful for clinicians who wish to provide advice on how the family members and friends of deaf people can best speak to them. … This information may be useful in [the hearing family members and friends] developing more appropriate communication strategies."

Farlow (1994) demonstrates how non-disabled students can communicate more appropriately with disabled students; Murray, Lesser, and Lawson (2005) provide recommendations for how non-autistic people can communicate more appropriately with autistic1 people; and Conture, Louko,

[1]I use identity-first language (e.g., autistic people, non-autistic people) rather than person-first language (e.g., people with autism, people without autism) because identity-first language is preferred by autistic people (Kenny et al., 2015), recommended by APA (Dunn & Andrews, 2015), and less likely to contribute to stigma (Gernsbacher, 2017b).

and Edwards (1993) advise parents how to communicate more appropriately with their children who stutter. To parents of children with developmental delay, Schaeffer (1978, p. 343) recommends that "when the object or activity of a child's desire is clear in the situation but he uses an inappropriate (but usually related) sign to express his desire, his request should usually be granted."

To summarize, six out of ten scholarly articles imply that the responsibility for "more appropriate communication" belongs to the more powerful communication partners, meaning the partners who have higher status (e.g., corporations rather than stakeholders), more experience (e.g., healthcare providers rather than patients), or greater resources (e.g., innovators rather than adopters). A handful of these articles address communication between disabled and non-disabled people, and they do so by placing the responsibility for "more appropriate communication" on non-disabled people rather than on disabled people.

Table 3. Scholarly articles that imply that "more appropriate communication" is the responsibility of the less powerful communication partners.[a]

Communication partners (responsible partners mentioned first)	Authors of scholarly article
Young Children with Autism Spectrum and Teachers	Ahlers & Zillich (2008, p. 43)
Client with Asperger Syndrome and Therapist	Anderson & Morris (2006, p. 297)
Development Office Staff and Development Office Leadership	Bartolini et al. (2001, p. 68)
Children with Learning Disabilities and Clinicians	Bernard & Turk (2009, p. 23)
Persons who Lack Language Skills and [Unspecified]	Bihm et al. (1998, p. 425)
Preschool Children and High School Students	Brown (2005, p. 224)
Two Girls with Severe Developmental Disabilities and Their "Peers"	Cannella-Malone et al. (2010, p. 159)
Children with Hyperlexia and [Unspecified]	Fontenelle & Alarcon (1982, p. 251)
Students with Significant Cognitive Disabilities and [Unspecified]	Geist et al. (2014, p. 174)
Adult Clients with Head Injury and Therapists	Hartley (1990, pp. 150–151)
Persons Who Are Deaf-Blind and [Unspecified]	Hartshorne (2003, p. 2)
Individuals with Intellectual Disability and Support Staff	Hastings (2010, p. 207)
Severely Retarded Students and Researchers	Hee & McClennen (1981, p. 222)
Handicapped Youngsters and Their Parents and Teachers	Honig (1983, p. 91)
Autistic Children and [Unspecified]	Howlin (1989, p. 163)
Children with Autism Spectrum Disorder and [Unspecified]	Johnson (2010, p. 1278)
Teenager with Systemic Lupus Erythematosus and Anti-Phospholipid-Antibody Syndrome and Family	Karnik et al. (2007, p. 255)
Clients in Therapy and [Unspecified]	Klein (1974, p. 360)
Pre-K to Fourth Grade Second Language Learners and [Unspecified]	Lu (2014, p. 255)

(continued)

Children With Autism and [Unspecified]	Machalicek & Shaughnessy (2009, p. 204)
Adolescents With Learning Disabilities and Their Parents	McManman & Cohn (1978, p. 151)
Patients and [Unspecified]	Montgomery (2004, p. 2)
Women With History of Substance Abuse and [Unspecified]	Murphy et al. (1998, p. 143)
People With Intellectual Disability and [Unspecified]	Remington (1998, p. 121, 128)
Individuals With ASD and Teachers	Rubin et al. (2013, p. 114)
English Language Learners and [Unspecified]	Shieh (2015, p. 33)
Persons with Developmental Disabilities and [Unspecified]	Sigafoos & Meikle (1996, p. 60, 61)
Autistic Children Who Are D/HH and [Unspecified]	Szarkowski et al. (2014, p. 251)
Children With Developmental Disabilities and [Unspecified]	Tait et al. (2004, p. 1242)
Individuals Without More Appropriate Communication and [Unspecified]	Voss (1997, p. 6)
Children with Cerebral Palsy With Their Parents	Whittingham et al. (2011, p. 479)
Autistic Children, Youth, and Young Adults and [Unspecified]	Wong et al. (2015, p. 1959)

[a]*Full citations, along with other details, of all articles listed in this table are available from "Analyzing 'more appropriate communication: A tech report," by M. A. Gernsbacher, 2017a.* https://doi.org/10.17605/OSF.IO/C56UB

More Appropriate Communication as the Responsibility of the Less Powerful Communication Partners

As listed in Table 3, of the 100 scholarly articles examined, the remaining third (*N*=32, 32% with a 95% Confidence Interval of 23.02% to 42.08%) imply that responsibility for "more appropriate communication" lies with the less powerful communication partners (e.g., people who have less status, experience, or resources). For example, office staff are expected to "adopt a more appropriate communication style" with office leadership (Bartolini, 2001, p. 68), and preschool children are expected to make "more appropriate communication … and … demonstrate appropriate turn-taking" with high school students (Brown, 2005, p. 224).

All but a few of the less powerful communication partners in these 32 articles are disabled children (and occasionally disabled adults). All but a few of the disabilities are developmental (e.g., autism, learning disabilities, intellectual disability). And all but a few of the more powerful communication partners are parents, teachers, and clinicians. However, in these articles, it is not the parents, teachers, or clinicians who are expected to learn or otherwise acquire "more appropriate communication" skills. Instead, it is assumed to be the less powerful communication partners' responsibility. Indeed, Hastings (2010, p. 207) advises "support staff … to ignore" individuals with intellectual disability if they do not communicate appropriately and to only "provide attention" to individuals with intellectual disability "contingent on [their] more appropriate communication."

To summarize, a third of the scholarly articles imply that the responsibility for "more appropriate communication" falls to the less powerful communication partners. These less powerful communication partners are often children with developmental disabilities. And the persons with

whom these disabled children are communicating are usually parents, teachers, and clinicians, who are clearly more powerful.

Implications

In this study, the question I sought to answer was who, according to the scholarly literature, bears responsibility for achieving "more appropriate communication?" To answer this question, I examined the first 100 scholarly articles that, according to Google Scholar, contained the term "more appropriate communication" (and that pertained to communication between humans rather than communication between computer networks). I found that only a slim minority of scholarly articles imply that the responsibility for "more appropriate communication" is shared among two or more communication partners; the majority of articles imply that the responsibility lies with the more powerful communication partners; and a third of the articles imply that the responsibility falls to the less powerful communication partners, who are often developmentally disabled children.

It is striking that only a minority of scholarly articles imply that "more appropriate communication" is a shared responsibility. Communication is, or at least should be, a collaborative, cooperative, and collective activity. All communication partners should contribute, as they are able, to the communicative enterprise. To suggest otherwise, as the majority of articles that address "more appropriate communication" do, belies the communal nature of communication.

It is even more striking that a third of the articles imply that responsibility for "more appropriate communication" falls to the less powerful communication partners. In many of these articles, the less powerful communication partners are developmentally disabled children, and, in many of these articles, the developmentally disabled children's communication partners are not even specified. It's as though developmentally disabled children are unquestionably and universally responsible for communicating more appropriately — regardless of whom they are communicating with. It's simply mandated, willed, and expected.

In the articles in which the communication partners of less powerful, developmentally disabled children are specified, these partners are usually the children's parents, teachers, or clinicians. But these parents, teachers, and clinicians seem to forget that it is they, not the disabled children, who have higher status, more experience, and greater resources. Therefore, it should be they, not the less powerful communication partners, who bear the responsibility for "more appropriate communication" Or, at the least, the responsibility should be shared.

How can that be achieved? Rubin, Prizant, Laurent, and Wetherby (2013) provide some guidance. Although Rubin et al. (2013, p. 114) claim that "an intervention approach can certainly address [autistic people] using more appropriate communicative forms," Rubin et al. (2013) also recommend teaching communication partners "how to alter their own communicative style to foster success." For example, Rubin et al. (2013, p. 114) suggest that parents, teachers, and clinicians be taught to "acknowledge the bids" from autistic people. I agree: Undoubtedly, communication will be more successful if more powerful communication partners "acknowledge" less powerful partners' communicative bids. Therefore, training parents, teachers, and clinicians to share more responsibility for "more appropriate communication" should lead to more successful communication.

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