REVIEW

You Wrote a Paper and I Made a Meatloaf: The Futility of Meaning Making in the Absence of Context

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This article offers a tutorial on teaching and learning principles stemming from the work of Ylvisaker and colleagues (e.g., Ylvisaker, 1985, 2003, 2004a; Ylvisaker et al., 2002; Ylvisaker & Feeney, 1998; Ylvisaker & Gobble, 1987). Case illustrations of individuals with traumatic brain injury and developmental disabilities who participated in integrated and person-centered interventions are offered to explore a range of context-driven decision making processes and interactive competencies designed to facilitate meaning making in individuals with cognitive and communication challenges.

Theoretical Foundations of Meaning-Making

Over the past several decades, clinicians and researchers in human service have advocated for a range of approaches to clinical practice with individuals with developmental disabilities, neurogenic communication and language disorders, cognitive challenges, and many other health impairments. In his work with individuals with traumatic brain injury (TBI) Ylvisaker situated his approach to rehabilitation within the work of the well-known Russian developmental psychologist and noted icon of social constructivism, Lev Vygotsky. At the center of this framework is the idea that 'meaning making' is invariably tied to the communicative context in which learning takes place. In simple terms, 'meaning making' is based on an individual's ability to socially co-construct knowledge with a more competent communication partner, while participating in a meaningful life activity. Ylvisaker and colleagues (Ylvisaker, 1985; Ylvisaker & Feeney, 1998; Ylvisaker & Gobble, 1987) used this orientation to the world of clinical practice within a context-sensitive and integrated framework for intervention. In Ylvisaker's conceptualization, an individual's cognitive and

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communicative development is tied directly to (a) the communicative competence of the partners involved in an interaction and (b) the context in which learning takes place. He argued, "In the absence of meaningful engagement in chosen life activities, all interventions will ultimately fail" (Mark Ylvisaker, personal communication, September, 2003).

From a broad theoretical perspective, Ylvisaker's work clearly fits within a social constructivist orientation to teaching and learning, which emphasizes contextualized social-interactive competence as central to the construction of knowledge (Vygotsky, 1962, 1978). This framework has a solid home in helping individuals with brain injury, developmental disabilities, and other cognitive-communicative challenges, owing to the fact that knowledge construction, or 'meaning making' is directly and immediately tied to the context in which the learner uses a concept, an idea, or a method of problem solving.

In her masterful review of the relationship between culture, context, and learning, Rogoff (1990) provides compelling support for Ylvisaker's context-sensitive intervention framework. She strongly points out that cognitive development and literacy learning, in particular, are invariably tied to the context in which learning takes place. In the same way Ylvisaker acknowledges the historical importance and popularity of a number of dominant theories or conceptualizations of cognitive development, Rogoff reviews the fundamental teaching principles associated with constructivism,

(e.g., Piaget, 1926, 1952; Piaget, 1972), behaviorism (e.g., Skinner, 1974; Skinner, 1978), information processing theory (e.g., Mayer, 1996; Shuell, 1986) and social learning theory (e.g., Bandura, 1986). However, Rogoff systematically deconstructs the underlying conceptual support for these theoretical frames, arguing that the teaching procedures and activities stemming from each are often decontextualized, and difficult for the learner to generalize. Among many approaches available to clinicians, there is a strong evidence base for the use of interventions that are contextual and social (e.g., Bruner, 1958, 1983; Luria, 1976; Vygotsky, 1962, 1978).

Rogoff's assertion that learning occurs through mediated interaction between a more experienced and competent individual (e.g. a master craftsperson) and a less competent individual (e.g. an apprentice) is consistent with Ylvisaker's integrated and context-sensitive approach to helping individuals with cognitive-communicative challenges. In fact, Ylvisaker and colleagues invariably emphasize contextualized learning and mediated cognition as central to the development of the individual. In their chapter on long-term care for individuals with TBI, Ylvisaker, Feeney, and Feeney (1999), juxtapose traditional and context-sensitive interventions, using task structure and context to highlight the fundamental differences among these approaches. Ylvisaker and colleagues question the underpinnings of traditional intervention approaches in which the teacher (a) identifies a learning task; (b) models the target behavior for the learner; (c) demands/requests performance from the learner; (d) possibly supplies cues or prompts to facilitate successful performance and (e) provides corrective feedback (in the event of failure) or motivational feedback (in the event of success) to the learner after he or she performs the task. With a clear theoretical and practical rationale for integrated intervention, along with limited but growing body of empirical evidence, Ylvisaker offers a convincing argument for the use of contextualized and functional interventions for individuals with TBI and related cognitive and communicative challenges (Ylvisaker, Feeney, & Feeney, 1999).

Principles of Meaning-Making, Teaching, and Learning

In their work with individuals with cognitive, communication and language impairments, Ylvisaker and colleagues' used an approach described as integrated, person-centered, and context-sensitive approach (Ylvisaker, 2003, 2004a; Ylvisaker et al., 2002; Ylvisaker, Feeney, & Feeney, 1999; Ylvisaker & Feeney, 1998). Inherent is this approach are a range of detailed and practical methods designed to facilitate language learning, strategic behavior, and other skills needed for greater independence. Among these resources are scripted and theme-based interactive routines for teachers and caregivers wishing to promote self-regulation; everyday hypothesis testing procedures; interactive competencies; and a series of project-oriented interventions (Ylvisaker, 2004b) for individuals with executive function impairment and other cognitive disabilities. What follows are a set of principles that relate to these resources, and apply to most, if not all, clinical decision-making designed to facilitate 'meaning-making' in individuals with cognitive-communicative challenges. In order to link these principles with everyday clinical practice, two brief case illustrations of individuals with cognitive-communicative challenges secondary to developmental disability and TBI are provided.

Principle 1: Meaning Making and Context are Inseparable

As the title of this article suggests, there is a certain futility in any attempt to make meaning out of human behavior in the absence of its communicative context. In fact, understanding the statement, "You wrote a paper and I made a Meatloaf" falls victim to this fate without the benefit of understanding the communicative context in which the statement was originally used. To illustrate this point, the reader will notice a shift understanding with the following as context: (a) this dialogue occurred between two college professors discussing their weekend activities; (b) this statement occurred in the following sequence: Professor A stated proudly, "I wrote a paper this weekend". Professor B responded, "Really? I made a meatloaf with my kids." With this in mind, the statement takes on a new meaning for the reader. Furthermore, the degree to which meaning is made from this quote can shift depending on the information supplied about the context. For example, add the following to the list of contextual information above; (c) the communicative intent of professor B's statement (i.e., "Really? I made a meatloaf with my kids") was to let professor A know that making a meatloaf with his children has as much (if not more) personal value to professor B as professor A valued writing a paper for the intellectual community.

As this scenario demonstrates, 'meaning making' is a process involving the social construction of knowledge. That is, knowledge and 'meaning making' are based on the degree to which communication partners understand the context of the interaction. In many obvious ways, it behooves any helping professional to explore the context of an

interaction (i.e., the individual's underlying motivations, the goals of the interaction, etc.) before attempting to 'make meaning' out of an interaction.

Principle 2: Meaning Making is Relative

One of the most useful elements of Ylvisaker and colleagues' approach to intervention is the need for helping professionals, caregivers, and everyday communication partners to structure their interaction relative to the communication, cognitive, behavior, or language goal(s) being pursued by the learner. All too often communication partners are unable to identify and pursue the communication goals of the individual, in order to make meaning out of the interaction (Feeney, 2008). In other words, 'meaning making' is relative to the communicative goals of the individual and the degree to which a communication partner (e.g., a direct care staff person, a speech-language pathologist, a family member) understands these goals. In some ways, there is a symbiosis between the communication partners involved in an interaction, and their understanding of the goals of the interaction. As the interaction evolves, so too does the relationship between communication partners. Attending to this principle creates opportunities for helping professionals to engage in a range of person-centered interactions, (see Rogers, 1979; Sommers-Flanagan & Sommers-Flanagan, 2004) as the goals are invariably viewed as relative to what is meaningful to the individual, rather than what is meaningful to the clinician. This principle points to the need for clinicians to be flexible in their orientation to clinical practice, knowing that the communication goals of the individual often trump the communication, language, or cognitive goals the clinician may want to pursue.

Principle 3: Meaning Making is Inevitable

It is both logical and rational to think that individuals with communication disorders who are provided with appropriate contextualized supports (e.g., interactive support, cognitive support) will develop new functional skills over time. However, in many cases, even amidst the most non-functional and tedious learning activities, individuals with cognitive and communication challenges inevitably 'make meaning' out of their experience. At the center of this principle, is the need to examine the *type* of meaning being made. For example, a school-age student who received traditional language therapy for a number of years entered a therapy room, and upon seeing a cup on the table unexcitedly asserted, "It's a cup. It's blue. You drink from it." Clearly, after his experience

in the clinic, this student learned to identify the perceptual features and the function of common objects. However, this type of 'meaning making', although inevitable, is narrowly defined and is bereft of ecological validity. Perhaps the bigger question underlying this principle is, How can helping professionals influence *relevant* meaning making knowing that it is inevitable? Part of the answer to this question, as represented in Ylvisaker's work (e.g., Ylvisaker, 2004a; Ylvisaker, Feeney, & Feeney, 1999; Ylvisaker & Feeney, 1998) is for clinicians to provide supports and learning activities that are directly tied to the context in which the target skills are used.

Principle 4: Meaning Making is Immediate and Remote

Viewing 'meaning-making' as *immediate* and *remote* stems from the notion that knowledge is born out of a learner's ability to repeatedly and meaningfully relate an immediate interaction to previous or remote experiences. Interestingly, understanding cognitive development using the concepts of immediate and remote 'meaning making' can be linked to both Piagetian and Vygotskyan theoretical frames of cognitive development. In Piagetian models of development, the learner is provided with opportunities to integrate new knowledge or concepts into his or her existing knowledge base (i.e. through assimilation) or by creating new constructs or knowledge concepts to add to existing knowledge structures (i.e. through accommodation). For example, rather than coaching or guiding a student through a word recognition task in which a teacher uses language to describe his or her thought process (as in a Vygotskyan/social constructivist approach), a teacher operating from a pure constructivist/Piagetian model of learning might bring a leaner up to a point in an activity in which he or she must independently bridge the gap between existing knowledge and new knowledge, without necessarily facilitating this process through interaction. Social constructivists, on the other hand, mediate cognition through interaction; guiding learners through activities by modeling cognition externally (e.g. by talking about problem solving, talking about thought processes related to interpretation, understanding, and integration of new knowledge) and by facilitating the learner's internalization of concepts and new knowledge structures. Both approaches operate on the premise that individuals learn by forming new connections or constructions of knowledge through immediate and remote experiences with the world.

In the case illustrations to follow, the principles described above are explored.

Specifically, two individuals with cognitive-communicative challenges will be described in relation to their ability to make meaning out of their interaction with communication partners. In both cases, meaning making is related to the context in which the interaction occurs, the relevance of the interaction, the inevitability of meaning making, and the remote and immediate experiences of the learner.

An Encounter with Jackie: An Adult with Cerebral Palsy and Mild-to-Moderate Intellectual Disability

At the time we began working with Jackie, she was twenty-six years old. She attended a vocational program for adults with developmental disabilities, and had profound physical impairments secondary to Cerebral Palsy, a diagnosis of mild-to-moderate intellectual disability, and profound motor speech impairment. Jackie required an electronic augmentative/alternative communication (AAC) system to express herself. In her vocational day program, she regularly interacted with co-workers and staff. One afternoon, Jackie was observed moving down the hallway in her electric wheel chair, which she controlled by touching any of four small round switches attached to the lap tray on her wheelchair. She stopped near a person standing in the hallway. This person was clearly a new employee, who had very little experience with Jackie. On Jackie's lap tray were several pictures of family and friends engaging in a range of social activities. Jackie's arms were straight and rigid, with her hands in fist-like positions. She was flexing and relaxing her arms as she attempted to get the attention of the new employee, causing her facial expressions to change severely as her body tension changed. Hanging off the side of her wheelchair was a metal apparatus. This was Jackie's head pointer, which allowed her to point to objects as well as control her electronic communication device using her head. The device was made of lightweight flat metal bars covered with padding, and shaped like a hat designed to fit Jackie's head. It also had a large piece of Velcro hanging from it, which looked like a strap for the pointer to be secured to Jackie's head. The apparatus had a large (approximately twenty four inch) protruding piece of metal (about the width of a pencil) stemming from its front. As the new employee would learn, when this device was attached to Jackie's head, it allowed her to touch buttons on her electronic communication device. Jackie made eye contact with the employee and vocalized. Her electronic communication device was situated about two feet from her face, directly in front of her. It was attached via a metal arm bracket connected to the frame of her wheelchair.

It was obvious that Jackie wanted to tell the new employee something. Upon noticing Jackie's attempts to communicate, he asked her if he should place the pointing device on her head, to which she responded with a loud vocalization and head movement to indicate "no". Jackie had a series of fruitless interactions with the new employee. He tried to guess what Jackie wanted to say, and he pointed to and tried to name pictures of people on her lap tray. Then, he noticed that Jackie was moving her eyes in a well controlled up and down, side-to-side, and sometimes circular motion. As he continued to interact with Jackie, a staff member named Stan, who knew Jackie very well, approached. He said, "She's spelling with her eyes." Jackie smiled and vocalized, apparently confirming Stan's statement. The new employee looked closely at Jackie's eye movements and noticed that she was, in fact, moving her eyes to "write" letters in the air. After about a minute of "eye spelling" to Stan, he said to Jackie, "Oh! You missed the bus?" to which Jackie responded with a smile and a vocalization. Jackie had spelled the word 'bus' with her eyes to indicate that she had missed the bus to go home. Interestingly, when Jackie used her eyes to spell words, she did so from her perspective, causing her communication partner to observe eye movements from the opposite perspective than her own. In other words, from a communication partner's perspective, the shapes of letters were reversed as Jackie produced them.

Stan placed the head pointer on Jackie's head, secured the Velcro strip and asked her what happened. Jackie assembled a message using her AAC device after touching several icons with her head pointer. Jackie's communication device produced the following message: "Eleanor (a staff person working with Jackie) said I'm sick". Stan responded saying, "Eleanor told the bus driver you were sick so he left without you?" Jackie smiled and vocalized loudly to confirm Stan's interpretation of her comment.

Clearly, Stan's understanding of Jackie's idiosyncratic communication style (i.e., her use of eye spelling) facilitated their interactive success and they both were able to make meaning out of the interaction. In other words, Stan and Jackie had a symbiotic relationship as they interacted and drew on their mutual understanding of Jackie's eye spelling to make meaning out of the interaction.

In this brief illustration, each of the four principles of meaning making can be seen. First, and perhaps most clearly, Jackie's success was based on her partner's understanding of the communicative *context* in which she was trying to pursue a communication goal. On the other hand, the new employee, through no fault of his own, was unclear

as to the reason Jackie might want to interact with him. Second, Jackie's ability to make meaning out of the interaction was *relative* to her need to communicate that she missed the bus, and she would need to get a ride home. The new employee was unable to make an immediate connection to this communication goal. However, as soon as Stan entered the interaction, he understood that Jackie had and urgent message to pursue. He then supplied her with the means to produce a message with her AAC system, and ultimately helped her successfully deliver her message. Stan could not have facilitated Jackie's achievement of this goal, however, without a clear understanding of the communicative context, and mechanisms for meaning making there were clearly relative to her communication goal.

Third, meaning making for Jackie was inevitable given her persistence in pursuing her goal, even with her fruitless interaction with the new employee. Perhaps more importantly, meaning making occurred from Jackie's perspective, and it also occurred from the perspective of the new employee. In fact, he reported that after his interaction he learned how to avoid communication breakdowns with Jackie and other individuals in the vocational center.

Fourth, Jackie was able to draw on both the *immediate and remote* learning experiences she had to pursue her communication goal. In other words, in this interaction, and to the best of her ability, Jackie 'made meaning' using the immediate experiences with her partners and the remote or past experiences she had with unfamiliar communication partners to achieve her communicative goal. Indeed, Jackie's communicative success was significantly impacted by the communicative competence of her partners. The stark difference between her interaction with Stan and the new employee alone points to this impact, as Jackie struggled to convey her message to the new employee, before experiencing almost immediate success with Stan.

Chuck: An Individual with a TBI, Executive Function, and Self-Regulation Weakness

In his early thirties, Chuck was involved in a motor vehicle accident in which his tractor-trailer hit an overpass. Chuck incurred a TBI and severe spinal injuries, causing him to be paralyzed from the waist down. Chuck was hospitalized for several months after his accident, and was subsequently released to a nursing home, where he lived for approximately 20 years. We began working with Chuck several years after his TBI, when staff at his vocational center and his nursing home reported that he was becoming increasingly difficult to serve. Specifically, Chuck

was physically aggressive (e.g., slapping, punching) and verbally abusive (e.g., using racial slurs, threatening language) toward others. At the time of these reports, Chuck was also participating in a vocational day treatment program at a large privately owned agency for individuals with developmental disabilities and brain injury.

Chuck's team was unclear as to the underlying reasons for his relatively sudden use of challenging behavior. In their attempt to understand the communicative context of Chuck's behavior, however, they conducted a functional behavior analysis, and found Chuck's behavior to be an expression of his need for attention and his need to escape the demands of a situation. Using Ylvisaker's integrated framework for teaching, learning, and intervention planning, (Ylvisaker, 2004a; Ylvisaker, Feeney, & Feeney, 1999; Ylvisaker & Feeney, 1998) the team developed a range of preventative measures (described below) for Chuck designed to help him avoid confrontations with staff and coworkers. The team also coached Chuck in the presence of setting events known to trigger his challenging behavior (e.g., co-workers who were intentionally provoking Chuck). In many of the in-context coaching interactions, the clinician whispered a self-talk script in Chuck's ear designed to help him avoid confrontation, and to help promote him internalize the language and thought process he could use to manage challenging situations. On many occasions, Chuck interpreted the comments or behaviors of others as disrespectful and inflammatory, regardless of their true intent. For example, any time Chuck heard a specific male co-worker laugh, he interpreted this as the co-worker making fun of him. In this context, staff provided the self-talk script, "It's not worth it. If I let him know I'm mad, he wins. He's trying to get to me. I could crush him if I wanted to... but it's not worth it. If I do not let him get to me, I win".

With significant levels of ongoing in-context support, the staff in Chuck's vocational center and at his nursing home reported a significant decrease his use of aggressive behaviors. While this illustration must be interpreted cautiously, in many ways, Chuck's case is one among many that breathe life into the rationale for the contextualized methods espoused by Ylvisaker and others. Clearly, Chuck would have never been able to respond positively to his intervention without the team's ability to understand the communicative *context* of his behavior. Indeed, understanding Chuck's behavior as communicative was central to the intervention planning process.

Chuck's success was also *relative* to his desire to seek and achieve attention, and to

functionally escape the demands of a situation. Attempting to view his needs from any other perspective than his would have surely thwarted the success of the intervention plan. In other words, Chuck made meaning through his interaction with staff because of the emphasis they placed on understanding the communicative function of his behavior.

Through the benefit of in-context coaching experiences like those described above, Chuck was able to use his *immediate* and *remote* experiences with communication partners to successfully negotiate the day-to-day challenges he faced. Specifically, with each learning trial or interaction that resulted Chuck successfully avoiding a confrontation, he added to the growing number of positive experiences he could draw on for future problem solving.

Chuck's intervention team also believed it was inevitable that he would make meaning out of his experiences with staff. With this in mind, they focused Chuck's intervention around the *type* of meaning coming from his experiences. That is, they used procedures (e.g., self-talk scripts) that fit with his background and knowledge, and with the idea that regardless of learning activities, Chuck would develop his skills across domains of functioning. In other words, Chuck's intervention program was based on the idea that he must be "meaningfully engaged in a chosen life activity" in order to be successful.

Conclusion

Understanding the complexities of human intellect in relation to a person's ability to successfully construct meaning involves the investigation of the interplay between a wide range of cognitive, social, and linguistic processes. In this review, four principles associated with Ylvisaker's integrated and context-sensitive approach to clinical practice are offered as a framework for clinical decision-making. Indeed, understanding the process of 'making meaning' involves (1) an appreciation for the communicative context of an interaction; (2) the idea that meaningful goals are relative to the individual receiving service; (3) an understanding that meaning making as inevitable and (4) an understanding of meaning making as immediate and remote.

While many investigators have molded the concept of meaning making across domains in the social sciences, few if any have attached this concept directly to the work of Ylvisaker and colleagues. This brief tutorial provides a view of Ylvisaker's work using a set of principles that highlight the importance of integrated, context-sensitive, and functional intervention for individuals with cognitive-communicative challenges. Clearly, these principles are not meant as a panacea for all clinical practice. Rather, they are but one clinician's method to 'make meaning' out of the theoretically sound and invariably practical work of Mark Ylvisaker.

Author's Notes

I have had the distinct pleasure of knowing Mark Ylvisaker as a professor in my first graduate program, as a colleague and mentor in clinical practice, and perhaps most importantly, as a friend. In his work in the Communication Sciences and Disorders Department at the College of Saint Rose, he guided me with his thoughtful prose and his calm and stable voice. In all of his personal and professional endeavors, Mark helped people 'make meaning' out of the world in ways that only he could conceive. I am eternally grateful for the time I had with Mark, and I will forever pursue my work with a strong sense of purpose and confidence, knowing that his distinct and resounding voice will be with me every step of the way.

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