

Talking to children in Western Samoa*†

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ABSTRACT

This study examines the relation between cultural beliefs and values on the one hand and the organization of communication between caregivers and young children on the other. The study compares caregiver-child verbal interaction in two different communities, rural Western Samoa and Anglo middle class, with an emphasis on the former. It illustrates ways in which organization of turn-taking and procedures for clarification and interpretation are linked to beliefs and expectations concerning the nature of children and the social organization of caregiving. (Language acquisition, socialization, input, communicative competence, Oceania.)

CHILD LANGUAGE: WHERE CULTURE FITS IN

Child language has been and continues to be primarily the province of cognitive psychologists. If one is looking for a paraphrastic term for "child language," one often selects "developmental psycholinguistics." Child language has largely been seen as the assessment of how cognitive and linguistic processes influence one another. Psychologists and linguists alike have been particularly keen to examine the developmental sequencing of language to discover perceptual and conceptual preferences that may underlie and partially account for linguistic structures dominating the world's language (cf. research related to word order preferences in child and adult language: Bates 1976; Bever 1970; Bloom 1970; Bowerman 1973; Braine 1963; Radulovic 1975; Slobin 1973; for example).

Recently, language development has become a major focus of interest among sociologists and anthropologists (cf., for example, the contributions in Ervin-Tripp & Mitchell-Kernan 1977). This interest stems from several directions. There has long existed an interest in childhood and socialization, particularly among anthropologists (e.g., Hogbin 1943; Kluckhohn 1947; Mead 1928, 1930; Opler 1946; Raum 1940). But the attention on child *language* as a major focus has been, in part, a consequence of John Gumperz's and Dell Hymes's encouragement of ethnographies of communication (Gumperz & Hymes 1964, 1972; Hymes 1961, 1973, 1974). Guides motivated by this framework have stressed the importance of studying how a child is socialized through language, as a way

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in which adult norms of language use can be uncovered (Sherzer & Darnell 1972; Slobin 1967). Another major influence on sociological and anthropological researches into child language has been from studies of ethnically and socioeconomically diverse children in formal classroom settings (cf. Bernstein 1971; Cazden 1972; Gallimore et al. 1974; Philips 1970). The failure of our educational institutions to communicate effectively with these children has led several leading funding sources to support research into sociolinguistic dimensions of child language. (These researches have tended to focus on the older child, i.e., school age.)

The goals of what may be called "developmental sociolinguistic" studies have been twofold: On the one hand, there is the desire to integrate patterns of child language behavior with local patterns of social organization, and with members' values and beliefs (both collective and diverse). On the other hand, there is the desire to present the cognitive psychologist with these data, to point out that what has been assumed to be "normal" development is culturally restricted. There are many ways to develop language "normally," and any theory of child language or child development must consider variation in means and modes of communicating across developmental time.

My own research on Western Samoan child language is an attempt to meet both of these goals. I propose that how a Samoan child speaks - both form and content - is strongly influenced by social norms for using language in Samoan households and by certain attitudes and beliefs concerning individuality, knowledge, and human competence. My intention is to use this material to engage in a dialogue with developmental psycholinguistics; in particular, to indicate those aspects of child language development that society influences and those it does not.

For example, social norms within traditional Samoan communities influence the acquisition of *case marking* by Samoan children. Samoan children productively acquire ergative case marking late in their language development (after 4 years of age). This finding contrasts with that of Schieffelin (1979), who found that Kaluli children (Papua New Guinea) acquire ergative case marking quite early. The most important source for this difference in acquisition is sociological. For Kaluli speakers, this case marking is always used (given certain grammatical constraints). For Samoan speakers, this is not the case. Ergative case marking is sociologically *variable* within Western Samoan village communities. It rarely appears in speech of family members within households. It is more common in "speaking out" settings (i.e., between nonfamily members). This type of case marking is also more characteristic of men's than women's speech. This sociological distribution affects the acquisition of ergative case marking. Samoan children do not acquire this marking early largely because they are not exposed to it in their social environment, the household setting, where women and other family members are primary socializing agents.

This analysis has consequences for the study of how a child acquires

morphemes. Previously, all attention has been turned to perceptual and conceptual sources for when children acquired particular morphemes (cf. Brown 1973; Slobin 1973). Researchers have not examined the spontaneous use of these morphemes in the speech of adults in the community to see if sociolinguistic variation could be an influence on the acquisition of particular morphemes.

SOCIAL STATUS, CULTURAL BELIEFS, AND CHILD-CAREGIVER VERBAL INTERACTION

The present discussion will not focus on the relation between social norms and morphological aspects of child language, but rather on *the relation between social norms and the organization of verbal interactions between very young Samoan children and their caregivers*. Caregiver responses to the talk of young children will be related to Samoan norms of caregiving, in particular to behaviors associated with particular statuses of caregiver. In this discussion, I will compare Samoan norms and caregiver responses with those described in the psychological literature for Western middle-class caregivers.

In addition to discussing the effect of caregiver social status on verbal interaction, I will examine the *influence of Samoan concepts of human nature on verbal interactions between caregivers and young children*. Again, here I will compare traditional Samoan caregiver attitudes with those described by psychologists for Western middle-class caregivers.

What I do not want to do is to simply compare behaviors of these two sets of caregivers, to say that Western middle-class Anglo mothers respond in one way but Samoan mothers respond in another way. My intent is not to provide a catalogue of comparisons. Rather, it is to indicate one or two strikingly different responses to young children and to use those differences as the basis of understanding the *cultural sources* of these behaviors. We will see that in using language a particular way, caregivers are acting on certain assumptions concerning the capacities of human infants and young children, and concerning the nature of the caregiver role, the behaviors expected of those providing care. It is in the understanding of these assumptions that we can, in turn, understand the process of socialization through language. A caregiver, in using language a particular way, not only acts on assumptions, but conveys those assumptions to the child as well. The caregiver provides the child not only with linguistic input, but with cultural input as well; for example, a set of procedures for interpreting situations, for indicating the appropriate behavior expected of the child and others within and across situations.

THE DATA BASE: DATA COLLECTION METHODOLOGY

While this study draws on ethnographies of American and Western Samoan societies (Mead 1928; Shore 1977) and on the earlier work of Samoan child

language by Keith Kernan (1969), it is primarily grounded on a year's observation (1978-1979) of young children and adults within a traditional Western Samoan village. The study was carried out by Alessandro Duranti and Martha Platt, in addition to myself. The village is located on the island of Upolu, approximately 18 miles east of the capital, Apia. Our study focused on young children at the early stages of language development. We recorded through audio and video taping 6 children from 6 different households, who were between 19 and 35 months at the onset of the study. As will be discussed below, these children participated in extended households, and 17 other children under the age of 6 were recorded as well. Recordings were made every 5 weeks, lasting 3 to 5 hours each period. Three households were recorded over 10 months, two over 9 months, and one over 7 months. A total of 128 hours of household interaction was audiotaped and 20 hours were videotaped, producing approximately 18,000 pages of transcript. Transcriptions were made by members of the households or by neighbors who were acquainted with the families in the study. Each transcriber was trained by a member of the research project. Each tape was transcribed initially by the native speaker and then checked by a researcher. In many cases, tapes and transcripts were checked a second time with those caregivers who participated in the specific interactions recorded. In addition to these materials, 6 hours of audio and 1 hour of video recording in formal classroom settings were transcribed. The present discussion will rely, however, primarily on the household interactions observed and recorded.

SOCIAL STATUS AND CHILD-CAREGIVER VERBAL INTERACTION

Social distribution of caregiving

As has been described by Mead (1928) and Kernan (1969), caregiving in traditional Samoan communities is distributed over several family members and over several generations. While mothers are the primary caregivers during the early months of life, assistance is provided by siblings of the mother, by male and female members of both the mother's and father's family (their generation and generations above), and older siblings of a young child. As several related families often reside together in a single compound, there is typically a large pool of caregivers available. Fathers are typically not available for caregiving, with the exception of occasional fondling of very young infants. They tend to spend the daylight hours outside of the house, either working in the plantation or in the capital, or, if they are titled men, meeting formally or informally with other household heads (chiefs or orator status) elsewhere in the village.

The role of the mother as caregiver changes over developmental time. During early infancy, the mother spends long periods of time with her child, but usually she is not alone; she is accompanied by some school-age child who will carry out some caregiving responsibilities. As the infant matures, the mother spends less time with the child, and a sibling caregiver is given greater caregiving respon-

sibilities. It is often the case that several siblings cooperatively provide care for one or even several young child(ren).

As Kernan noted, as the young child becomes more competent, approaching the age of three, he/she will tend to spend less time with caregivers and more time with peers of approximately the same age. These peers form little groups, called *aukegi*. These *aukegi* remain strong throughout one's life cycle, and provide support for members on numerous occasions.

Caregiver status and comportment

High/low status comportment. In traditional Samoan communities, status is based on such attributes as relative age, generation, whether or not one is titled (a chief or orator), rank of title (chief over orator, high over low chiefs), rank in church organization (e.g., pastor), whether one has a government position, and its rank. Although there are specific behaviors expected of particular positions in the village, there are nonetheless certain characteristic manners that all those of relatively high status display. Two of these high status characteristics are of interest in this discussion: (1) low activity, and (2) minimal awareness of and involvement in activities of others in the immediate environment.

Low activity. Relative status is highly contextbound (Shore 1977). One assesses one's rank with respect to others who are co-present. Thus, for example, an orator will have higher rank than untitled men who may be present, but will have lower rank than a co-present chief. A chief who is of a higher generation or rank will have higher status than a younger or lower ranking chief. A host chief will take on the demeanor of a lower ranking person in the presence of his guest. Titled persons of all ranks will assume a lower status with respect to the leader of the church to which they belong (e.g., pastor, priest).

Once rank has been calculated, certain behaviors follow. One of the most salient is that the person of higher rank is expected to exert very little physical energy, to be relatively inactive (Shore 1977). For example, within a house, higher status persons tend to remain stationary. They sit on a mat and items are brought to them by lower status persons. In formal meetings, orators and chiefs do not move. If items (e.g., food in payment of a fine) are to be distributed, an untitled person or persons will carry out this task, while the titled members remain seated. In a family household, either an untitled woman or a child will serve food and fetch other items such as cigarettes for the titled household head. If a relatively high status person must go outside his/her house, he or she tends to move in the least unencumbered manner possible. For example, one usually observes high status persons walking with their hands free from objects, with the exception of an umbrella for protection from sun or rain. Younger, untitled persons will be asked to carry needed items to the destination of the higher status person. Actual movement itself is at a slow pace in the case of high status persons.

Minimal awareness and involvement. Additionally, high status persons tend

not to evidence an awareness of or interest in the activities of lower status persons immediately around them. In Samoan houses there are traditionally no outside walls and no interior walls. Many different activities take place in the same vicinity and certainly within eyesight of many residents. Nonetheless, those of relatively high status will often behave as if they are unaware of these activities, as if they were not in fact "present" while these activities are being performed. Thus, for example, if two women start arguing or a fight begins between two young men or a young child begins to fret, the high status party will act in such a way as to not acknowledge these situations, particularly in their initiation. The high status person will at first ignore what is happening, carrying on whatever he or she is presently engaged in doing. If there is a situation to be resolved, the higher status party lets others attempt to pursue this process. If no one else is present or if others cannot resolve the situation, the higher status person will then involve him- or herself in the event. Typically, in the latter case, a lower status villager or family member will report (*faitala*) to the superior the nature of the situation. Following this, the higher status party may direct the other to carry out some decision or in more serious cases will convey the decision directly to those involved. In the most serious cases, the high status person may find it necessary to move to the location of the activity in order to resolve the problem at hand. The persons involved would then likely be negatively sanctioned on an official level.

Status in caregiving. These two behavioral parameters distinguish statuses among caregivers within a household. We have mentioned that there is a wide pool of caregivers typically available within an extended family. These caregivers are ranked primarily in terms of age and generation. Where there is more than one caregiver present, the older caregiver occupies the higher or highest status. Thus, for example, if a mother and an older sibling of the young child are providing care, it is the mother who is given this status. If a 12-year-old and a 6-year-old sibling are providing care, it is the 12-year-old who assumes this status, and so on. Once again, status is determined in terms of who else is present who can take on caregiving responsibilities.

Just as with other persons of higher rank, "higher" level caregivers tend not (or try not) to move. If there is a lower status caregiver present, the higher status caregiver will try to remain seated on a mat, while the other fulfills various tasks requiring physical movement. This results in a distribution of caregiving labor in which the more active care is in the hands of the lower ranking personnel and the less active care is provided by the higher ranking person. The crucial distinction concerns the bounds of the seating mat. If at all possible, the higher ranking caregiver tries not to remove herself/himself from the mat. Captured on one of the videotapes is a scene in which a mother wishes to have a piece of wet clothing taken away from the immediate area but no assistance is available. She resolves this situation by taking a whisk broom laying beside her and using the broom to

push the item a distance away. This involved some movement, in particular the raising of her bottom off of the mat, but at all times the woman kept her knees touching the mat, thus retaining a sitting-like position. Young caregivers, if present, are relied upon to be mobile. They are primarily the ones to change soiled clothes, wash, and provide food for the child. They also carry young infants to their mothers for breastfeeding and/or cuddling until the infant has learned to ambulate itself and is able to crawl directly to the mother. If a younger caregiver is present, higher status caregivers (e.g., mothers) will also strive not to involve themselves directly with the ongoing interactions among younger persons in the immediate surroundings or with spontaneous actions of a younger child. If, for example, an argument takes place, the higher status caregiver (e.g., mother) will at first leave it to the peers themselves to resolve it, and if it escalates, to an older sibling caregiver to handle. If it is unresolvable through these means, one or the other of the children will turn to the higher status caregiver and appeal to her to take some action. Another case of this reluctance to involve oneself concerns attending to the actions of small children, actions which have not been motivated by some directive from the higher status caregiver. Ideally, if lower status caregivers are present, they will be the ones to watch that a young infant will not fall over the edge of the house or eat stones or touch a burning pot.

Verbal interaction between child and caregiver

The social distribution of care is not only fascinating in its own right; it is directly relevant to understanding the organization of conversation in which young children are participants. Expectations that the young child comes to have concerning the nonverbal behaviors of different caregivers will be matched by expectations concerning the verbal behaviors of these household members.

To see what these expectations are, let us focus on one particular type of recurrent verbal sequence. In this sequence, the child expresses verbally that she/he is distressed and appeals to a high status caregiver to satisfy her/his needs. Very often these interactions proceed as follows: Child complains to mother, mother either ignores complaint or turns to a younger caregiver present to satisfy the child, and the younger caregiver proceeds to act on that directive. For example, in the following interaction, a young girl, Pesio, aged 2; 4 months, whines for a piece of sugarcane:

(1)	
Pesio	Others
[whining to mother, Akoa]	
U ga la	
tns/ asp that	
ma ma ma ga/	
(?) that/	

?: E, (?) [to P?]
 Hey! (?)
 Akoa: Lea ia ia [to sibling]
Now here here
 amai,
 bring,
 ia amai
here bring [sugarcane]
 ke au laga
to me because
 kagi kama
cries child
 lea/(?).
 this/(?).
 (Now bring here, bring it to
 me because this child cries.)

In this interaction, Pesio is in effect begging for sugarcane. Her mother does not respond to Pesio directly but rather turns to a sibling of Pesio, approximately 6 years old, and directs the sibling to bring the food item to the mother herself (for distribution).

A more elaborate sequence in which the mother initially ignores the child is evident in the next example. Here Pesio, in the same recording session, has urinated in her pants. She turns to her mother, Akoa, sitting next to her to ask her for assistance:

(2)
 Pesio
 Koa/
 Akoa/
 di*/ (*=si'i)
 carry (me)/
 pe*/ (*=se)
 now/
 mo pa pi igo/
 (?) burst pee(?)/
 maua/ pi /
 got //peel

Others

Akoa: // E lē [to Elenoa]
tns/asp not
 maua ni
have any
 vao faapea/nei
grass like here
 i ō
over there

//papa pī/
 burst peel

a Elenoa?
 right Elinor?
 (America doesn't have grass
 like here, right Elinor?)
 Elenoa: Ummm? [to Akoa]
 Akoa/ E leai se [to Elenoa]
tns/asp not any
 vao faapea
grass like here
 i ō
over there.
 (There isn't any grass like
 here over there.)
 [Akoa & Elenoa talk for 25
 more turns.]

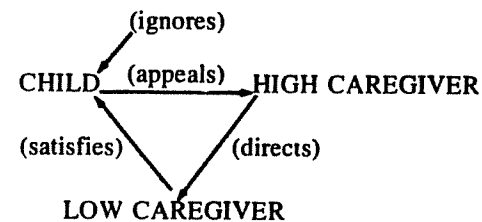
[whining to Akoa]
 pe* pa pi (*se)
now burst peel

[whining to Akoa]
 a pi li /
 (?) pee here!

Akoa: kago avaese* [to sibling]
touch takeaway
 le pī! (*ave ese)
 the pee
 (Get and remove the pee!)

In this example, the mother chooses to ignore Pesio's predicament initially. Rather, she turns to me and strikes up a new topic. It is only after repeated appeals by Pesio and a total of twenty-eight turns exchanged between Akoa and myself that Akoa eventually acknowledges the situation at hand. Notice that this behavior is entirely in keeping with that described of high status persons generally in traditional Samoan social life. Also, as in example (1), the mother does not directly respond to the child, but turns rather irritably to a 16-year-old sibling who is present, directing her to alleviate the distress of Pesio.

The child-caregiver verbal interaction in such sequences can be represented as follows:



If the child secures the attention of the high status caregiver, the sequence moves from child to high caregiver to low caregiver to child (ABCA sequence).

Samoan and Anglo child-caregiver verbal interactions

The young Samoan child learns to participate in verbal interactions with adults and older siblings in ways that are strikingly different from those described of middle-class Anglo children. The developmental literature has provided numerous generalizations concerning the role of the caregiver in the development of communicative abilities of the child. All of this literature dwells on one child interacting with one other party, typically the mother. All of this literature treats two-party interaction as the mechanism through which verbal and nonverbal conventions are transmitted. The dialogue is the endpoint of communicative competence and it is given a detailed developmental history. Initially, there is the two-party exchange of "turns" between mother and child, for example, mother talks-child breastfeeds (Jaffe & Feldstein 1970), child smiles-mother smiles (Stern 1974, 1977), child gestures-mother gives verbal response (Trevarthen 1979). The development of communication is seen as the gradual employment of conventional symbols (e.g., language) and conventional procedures for engaging in dialogic interaction.

There is a question as to whether or not this literature represents most middle-class Anglo family interaction. Putting this aside, we can see that *the assumptions about "normal" caregiver-child interaction (verbal and nonverbal) simply do not represent the Samoan-child's social life*. The literature describes situations over developmental time in which child exhibits some behavior or expresses some state or idea and the caregiver responds directly back to the child (approving, disapproving, querying, making topic-relevant remark, shifting topic, etc.). This interaction produces dyadic exchanges of the ABABAB... type. While we do not want to say that young Samoan children and their caregivers do not engage in this type of verbal/nonverbal interaction, it is simply not the case that this type of interaction is the *primary* one in which the Samoan child is expected to participate. Whereas middle-class European households very often contain one child interacting with one caregiver, traditional Samoan households rarely have so few family members co-present. The spatial organization of family households together in a single compound, the high number of children per family (average number: six), the absence of interior walls that allow members to interact in isolation or small groups - all these factors create a more populated social environment for the Samoan child. Samoan children learn to interact with several family members, not just one, very early in their lives. They learn specific norms concerning verbal overtures to caregivers and appropriate caregiver responses. Unlike the middle-class Anglo child described so often in the literature, the Samoan child does not come to expect a direct response to most of his/her overtures; rather, usually the overture will be socially redirected and the response assigned to the appropriate family member.

SAMOAN EPISTEMOLOGY AND CAREGIVER LANGUAGE: WHY SAMOAN CAREGIVERS DO NOT "EXPAND" CHILDREN'S UTTERANCES

What is an "expansion"?

One of the most striking characteristics of Samoan caregiver language (both that of sibling and adult caregivers, high- and low-status caregivers) is the *absence of expansions*. It is striking in that this feature has been taken as a key marker of language addressed to young children (cf. Brown et al. 1973; Cazden 1965; Cross 1977; Newport 1976; Snow 1972). An expansion is an utterance of a caregiver that follows an utterance (or a series of utterances) of a child in which the child's utterance (or utterance series) is recouched in more appropriate, that is, adult, grammatical form. Examples of expansions are:

- (3)
- | | |
|---|---------------------------------|
| <i>Child (Brenda)</i> | <i>Mother</i> |
| feī | |
| faē | Hm? |
| <i>(Brenda is looking at electric fan.)</i> | |
| faē | bathroom? |
| fani | |
| faē | Fan! Yeah. |
| khu | |
| | Cool, yeah. Fan makes you cool. |
| | <i>(Scollon 1976:108)</i> |
- (4)
- | | |
|--|-------------------------|
| <i>Mother (+ context)</i> | <i>Child (Allison)</i> |
| <i>(A tries to turn top on jar in M's hand.)</i> | |
| | Mama/Mama/awidè! |
| Open it up? | |
| | up/ |
| Open it? O.K. | |
| <i>(M opens it; tries to get stick.)</i> | |
| | <i>(Bloom 1973:170)</i> |

In (3), the mother produces several expansions: She repeats Brenda's utterances in their correct phonological form, "fan" and "cool." She then takes the series of utterances produced by Brenda and rephrases them in the single utterance "Fan makes you cool." In (4), Allison's mother rephrases Allison's utterances with a questioning intonation.

This description of an expansion is *formal*. To understand what an expansion is, however, we must consider its *functions* in verbal interactions between young

children and caregivers. In considering its function, most child language research has concentrated on its communicative and linguistic functions. The literature entertains a discussion as to the "pedagogical" use and effect of such expansions on the learning of language. Cazden (1965) as well as Newport et al. (1977) argue that such responses, compared with other topic-relevant responses, are not more language-facilitating. Brown (1977) and Cross (1977) argue that such expansions serve as communication checks and facilitate the exchange of information between caregiver and child. Caregivers use expansions as a means of assessing whether or not they have correctly understood what a child is expressing.

This explanation, however, does not shed light on why one society would make use of expansions and another not. It does not shed light, because it is not a full explanation of an expansion. In using expansions, caregivers within a society are doing more than verifying the communication. They are, through language, responding to situations in a culturally appropriate manner. They respond in this way because of their own enculturation, and, again through language, they are transmitting this cultural knowledge to the child or children with whom they are interacting.

Cultural assumptions and procedures underlying expansions

When a middle-class Anglo caregiver expands the utterance or utterances of a child, she or he is:

1. assuming or acting as if the child has performed an *intentional*, social act, i.e., as if the child directs his action towards a social goal;
2. providing an interpretation of an *unclear* intention (i.e., making an hypothesis); and
3. adopting, in part, the perspective of the child (*decentering*), so that the intent may be assessed; in so doing, the caregiver adjusts to the *child's egocentrism*. (cf. Braunwald 1977).

These dimensions reflect a particular set of cultural values and beliefs. Western Samoan caregivers living in traditional villages do not share these values and beliefs; thus, they do not respond to infants and young children in the same way as middle-class Western caregivers do. Let us consider each of these dimensions separately and provide more detailed differences in the two cultural systems.

Assumptions concerning a child's capacity to act intentionally and socially. One of the most distinctive characteristics of middle-class Anglo caregivers is their willingness to engage in communicative exchanges with the smallest of infants. Even in the first few days of life, these caregivers have been observed holding the infant in a face-to-face position (*vis-à-vis* the caregiver) and verbally and nonverbally responding to the infant. In these days and in the coming months, the caregiver acts as if the young child has the capacity to act

intentionally, in a directed, goal-oriented manner (Shotter 1978). Nonverbal behaviors and vocalizations are treated as if they were motivated, purposeful. A smile, a vocalization is treated as a greeting (Stern 1977), arm gestures are treated as reaches, rejections, attention-getting devices (Bates et al. 1979; Stern 1977; Trevarthen 1979). Long before the child has actually produced its first word, it is treated as if it in fact does have something to "say." This perspective is brilliantly captured in the observations of Trevarthen and his colleagues of British mothers with their infants:

As a rule, prespeech with gesture is watched and replied to by exclamations of pleasure or surprise like "Oh, my my!", "Good heavens!", "Oh, what a big smile!", "Ha! That's a big one!" (meaning a story), questioning replies like, "Are you telling me a story?", "Oh really?", or even agreement by nodding "Yes" or saying "I'm sure you're right".... A mother evidently perceives her baby to be a person like herself. Mothers interpret baby behavior as not only intended to be communicative, but as verbal and meaningful. (Trevarthen 1979: 340)

When young children actually begin producing words, this set of assumptions by the caregiver continues. The caregiver, typically the mother, considers the young child to be expressing somewhat imperfectly a communicative intention. When the caregiver rephrases the child's utterance as an expansion, the caregiver is indicating to the child just what she (or he) takes that intention to be.

This assumption about the capacity of infants and young children to control and direct their behaviors to social ends is not shared by traditional Western Samoan adult and sibling caregivers. While infants and caregivers have considerable physical and social contact with one another, they do not engage in the communicative-like interactions to the extent described by Trevarthen and others. Infants are sung to and cooed over to distract them from their hunger or to put them asleep or simply to amuse them; they are not "greeted" (Stern 1974, 1977) nor are their vocalizations or gestures typically treated as social acts.

To understand these differences in Anglo and traditional Samoan caregiving, it is useful to turn to Samoan concepts of human nature in general and the nature of children in particular. Here I will be drawing on the ethnographic observations of Mead (1928) and Shore (1977), as well as on primary observations of the members of our research group.

From a Samoan perspective, people have little control over their actions. Persons are not conceptualized as integrated beings; they do not have a central control mechanism that organizes and directs human actions and states. Bodily actions and functions are associated with particular body parts and not with a focal governing source. Thus, Samoans tend to say "Legs walk" (*ua savali vae*). "The hand writes" (*ua kusi le lima*), "The head (is) dizzy" (*ua niniva le ulu*), rather than "I/you/he, etc., walks, writes, (is) dizzy." Rather than persons generating states of being, these states are often seen as situationally or externally caused. The term for "sad" is *fa'anoanoa*, which literally means

"makes sad." Members are seen as being in or falling into certain states. The term *musu* could be translated as "to refuse" but the usual Samoan interpretation is that of "being in an obdurate or unwilling state." Similarly, the terms *fia 'ai* and *fia inu* could be translated as "want eat" and "want drink," but are typically interpreted as the states of being "hungry" and "thirsty." There is no vocabulary item for "individual," for "personality," for "self." Syntactically, the de-emphasis on individual, centralized control is manifest in the fact that there is no true reflexive construction in the language (although a forced paraphrasing is possible). Thus, Samoans do not naturally produce a construction such as "He cut himself"; rather, one would tend to associate the cutting or the state of being cut or wounded with the specific body part affected, as in *ua lavea le lima* ("The hand is cut/wounded.").

All of these linguistic facts suggest a concept of person that is fragmented and not strongly in control of actions and states. This concept is further supported by two basic notions in traditional life - the notion of *amio* (natural behavior) and *aga* (socially appropriate conduct). These two concepts have been discussed in depth in a brilliant analysis by Shore (1977). While *amio* can sometimes refer to "good" ways of behaving, it is most often used to refer to natural drives that lead persons to act in socially destructive ways. One's *amio* is a strong force and can dominate a person in particular situations. For example, one's *amio* is likely to emerge when one drinks too much beer. In a state of drunkenness, what little control one has diminishes and natural impulses lead one to cause trouble (*misa*), for example, to fight or say angry words.

When *amio* leads to socially offensive behaviors, the actor is held responsible in the sense that some form of negative sanction will be imposed. However, the action itself will not be seen as an outcome of the actor's own control or direction (a product of his *intention*). Intention is not an issue. *Only the social consequences of the action are at issue*. It is one's *amio* rather than one's own directed thinking that is the source of the violation.

When the social group imposes a negative sanction, the sanction is seen as a means of controlling the emergence of such behaviors. Members would not be able to control their *amio*, it is felt, without the vigilance of the group. Indeed, the group not only assists in containing *amio*, it assists in the maintenance of socially appropriate conduct, what is known as *aga* (cf. Shore 1977). Publicly acceptable behavior is enforced in casual and noncasual contexts through public pressure, expectation, and demands. The process of socialization is seen as the transmission of *aga* from caregiver to child.

How do these concepts of human capacity relate to Samoan childhood and the nature of caregiver-child interaction in traditional settings? While adults are considered to have little control in suppressing *amio* and maintaining *aga*, children are considered to have even less control. Infants and toddlers are initially seen as incapable of responding to social instruction and sanctions. Mead (1928) describes the attitude of helplessness that sibling caregivers express in curtailing

the behaviors of their charges. Very young children are felt to resist control and be highly independent. From a Western point of view, these young children appear to be indulged by other members of their social environment, allowed to carry out behaviors that otherwise (in the case of the older member) would be severely sanctioned.

From the Samoan point of view, the small child is heavily under the influence of *amio*. Infants and small children carry out such outrageous behaviors as running and shouting during a church service or formal chiefly council meeting, throwing stones at caregivers, hitting siblings and the like, because they are incapable of displaying *aga* and of suppressing *amio*. As discussed by Shore (1977), the term for "bad," *leaga*, literally means "without *aga*." And this term, *leaga*, is used frequently to characterize the actions of young children.

Nowhere is this association of young children and *amio*-generated behavior more explicit than in the Samoan child's first word. Every mother interviewed within our study told us with some embarrassment that the first word of each of their children was the same - *tae*, meaning "shit." Its first use is not considered strictly referential, but rather as a curse or malediction. It is understood as implying 'Ai *tae*, "Eat Shit!" This term and social act is overtly antisocial and would be negatively sanctioned if used by socially responsible members in public settings. When we asked why young children produced *tae* as their very first Samoan word, we were told that very young children *palauvale* ("use bad or indecent language") or *ulavale* ("make a nuisance of oneself, make trouble") (Milner 1966). In other words, this is the nature of children.

The circularity of this argument is evident. Children are at the mercy of *amio* because they have no *aga*. They have no *aga*, because they are not capable of responding positively to social instruction by others and to negative sanctions imposed by others. They are incapable, because, well, they are without *aga* and guided by strong, antisocial impulses.

What is the relevance of this epistemology to the use of expansions? Expansions are interpretations of children's intentions and reflect middle-class Anglo caregivers' assumptions that children can and do control and guide their actions towards some goal. Further, they manifest middle-class caregivers' perceptions of very small children as *social* persons. This group of caregivers acts as if a young child's utterance is socially directed and requires some response or acknowledgement (i.e., that the child is eliciting acknowledgement). In many cases, the young child may not actually be directing his/her utterance towards another person; the caregiver simply transforms it into a social act (Keenan & Schieffelin 1976).

As described above, traditional Samoan caregivers do not share all of these assumptions. Infants and very young children are generally not treated (1) as socially responsive beings (cooperative); and (2) as being in control of their actions. The actions and vocalizations of infants are treated more as natural reflexes of physiological states (e.g., hunger, discomfort, pleasure) than as inten-

tional, spontaneous acts. The actions and utterances of toddler-age children are often treated as unalterable through social response (resistant). These assumptions would not lead adult and sibling caregivers to repeat what a young child has spontaneously expressed in the form of an expansion.

Expansions as hypotheses. Let us consider now another dimension of the use of expansions in verbal interactions between caregivers and young children. This dimension concerns the expansion as an *act of interpretation* itself. One of the things we want to distinguish is the difference between an expansion and other responses to children's verbal and nonverbal behaviors. First, we want to distinguish between expansions, and caregiver responses that otherwise address the child's utterance in a topic-relevant manner - agreements, disagreements, extensions of topic, and so on. The major difference between these two types of response is that the latter presupposes the communicative intent of the child's utterance, whereas the expansion usually does not. When a caregiver agrees, disagrees, and the like, she or he takes for granted what the child has communicated. When a caregiver provides an expansion, this is usually not the case. The expansion as a resaying is a separate assertion. The content is not presupposed; rather its content may be evaluated as accurate or inaccurate. The caregiver, in producing an expansion, takes the child's utterance(s) as a separate focus in itself.

But expansions can be more than "re-assertions." They can be *hypotheses* concerning the nature of the child's communicative intent and the utterance that expresses that intent. Expansions are typically produced by caregivers when the child's verbal act is *unclear* (cf. Cross 1977). They express the caregiver's interpretation or hypothesis concerning what the child is doing and/or saying. For example, in example (3), the caregiver takes into consideration the series of prior utterances produced by Brenda and interprets them as "Fan makes you cool." In example (4), the caregiver makes a guess that Allison is trying to say "Open it up." The extent to which a caregiver is certain of an interpretation is often reflected prosodically. Uncertainty may be expressed through the use of rising intonation in producing the expansion, as in example (4). In such cases, the caregiver leaves the interpretation open for the child to verify. Allison, in example (4) appears to carry out this task in her partial repetition of the expansion.

It is this use of the expansion as a guess or an hypothesis that is culturally grounded and culturally variable. Caregivers offer tentative, partially certain accounts, because these acts are part and parcel of what is expected of members of their community. Competence within their cultural system involves first, acknowledging certain situations as ambiguous or not immediately clear and second, responding to these situations with conjectures about what is taking place. This knowledge certainly underlies cultural concepts of scientific enterprise. It also underlies literary criticism (i.e., "What is the author telling us?"). And as

well, all sorts of mundane situations are acknowledged as problematic and provoke guesses: a troubled look on the face of a friend, the contents of a sauce tasted in a restaurant, the nature of a particular odor, the organization of a miniature golf course, the meaning of certain elevator buttons, and so on. It is only by placing expansions in a network of other cultural procedures can we begin to understand what caregivers are doing and why. Expansions are not universally natural; they are natural relative to particular cultural expectations. In middle-class American society, it is "natural" to acknowledge unclarity and make conjectures. After all, it is a fundamental aspect of gossip in this society.

But gossip is not the same in all societies. Not all societies build on conjecture as a basis of this genre of activity. In traditional Western Samoan communities, gossip (*fai tala*) is based primarily on witnessed reports. Gossipers usually speak of what they or others have actually seen. Participants may argue about the report where there are conflicting claims. This does not mean, however, that the claims are understood as conjectures. Rather, the arguments mainly centered around whether or not the "witness" was telling the truth or lying, that is, whether the witness is reporting what he/she actually knows to be the case. In other words, it is assumed that the witness has certain knowledge, but there is an issue as to whether his/her accounting is valid.

Members of traditional Samoan communities tend to assume they know what is happening in a particular situation, or they assume they do not know at all what is happening. When they assume they do know, they will respond in some relevant manner. When they assume they do not know, typically they themselves will not conjecture. Caregivers in traditional Western Samoan communities do not typically conjecture what a child's unclear utterance could be expressing. If they find the child's utterance intelligible, they will respond to it in one of the ways described earlier in this paper (cf. *Verbal interaction between child and caregiver* section). If the child's utterance is not intelligible, the caregiver will not usually attempt a possible interpretation.

Caregivers in the two communities under consideration here actually "see" unclear utterances differently. The middle-class Anglo caregiver sees such an utterance as an imperfect version of adult speech; the expansion is a more perfect rendition of the utterance. The Samoan caregiver, on the other hand, sees the unclear utterance as nothing like adult language. The child speaking unclearly will sometimes be compared to an animal, a nonhuman. Or, more frequently, such utterances will be regarded as *not Samoan language*. A typical response to "unintelligibility" is to refer to the child as having *guku Saiga* ("Chinese mouth"). In other words, the child is not speaking Samoan as an adult native would speak it but is speaking like a Chinese speaker. [It is unclear to me whether this means "like a Chinese speaks Samoan" or "like a Chinese speaks Chinese." In both cases, the language is a subject of ridicule and both are considered unintelligible.] The association of an unclear language with speaking

a foreign language is explicit in Samoan. There is a single Samoan word, *nanu* which means both to "mispronounce" and to "speak a foreign language (usually English)" (Milner 1966).

Expansions and perspective-taking. The reluctance to make guesses on the part of traditional Samoan caregivers and the apparent acceptance to do so on the part of middle-class Anglo caregivers is a basic cultural difference. This difference in caregiver response leads young Samoan children to have different expectations from middle-class Anglo children concerning how communication is achieved. Middle-class Anglo children will come to expect the caregiver to assist them in their communicative attempts; Samoan children in traditional setting do not share this expectation. If they are to communicate, they will have to depend more on their own skills.

This leads us to another basic distinction between Samoan caregivers and those so often described in the developmental literature. Part of the process of interpreting the child's utterance (i.e., producing expansions) involves the caregiver adopting the perspective of the child. The caregiver tries to assess what the child is expressing by entering the child's world. The caregiver assesses what the child is presently doing, what the child has been doing, how the child used this word or utterance in previous situations and so on. In other words, the interpretation of an unclear child's utterance can require a *decentering* on the part of the caregiver (Braunwald 1977).

The many observations of caregiver-child interaction indicate that caregiver decentering is highly frequent in middle-class Anglo households. The adoption of the child's perspective is one of several adaptations to a perceived incapacity of the child - his inability to perceive and produce what is needed to interact successfully with another individual. In other words, the caregiver's decenterism is an adaptation to (what the caregiver perceives as) the child's egocentrism. Braunwald and Brislin (in press) point out that certain caregivers use finely tuned interpretative procedures to determine the intention of the child. Over time they come to "learn" the child's world and code and this becomes part of the caregiver's communicative repertoire:

It is in this sense that the listener's knowledge can be described as analogous to bilingualism and biculturalism. In fact, the listener responds as if utterances such as these were prompts or signals that activate a search through a store of child-specific information that might be relevant to the context. For instance, Cheryl's mother knows from previous experience that her daughter prefers soda pop to water and that "wawa" can refer to water, soda pop, and many other liquids. She exchanges the liquids in the cups, and Cheryl is satisfied. . . . (The child's) language may be neither explicit nor conventional, and yet succeed as communication so long as it is directed to listeners who can compensate for these inadequacies (10).

In traditional Samoan life, on the other hand, high status persons, including caregivers, are not expected to adjust their perspective to that of a lower status (e.g., younger) person. Indeed, if any decentering is to be done, it is the lower status participant in a situation who is to carry out this task. For example, it is the responsibility of lower ranking titled persons in a council meeting to lay out the topic(s) of discussion for the higher ranking titled persons. Untitled persons, including children, are normally messengers and expected to relay crucial information from one household to another. The form of decentering expected of them involves not only meeting informational needs of their audiences but the social/appropriateness needs as well. They are expected to use particular registers of Samoan appropriate to topic and addressee, for example, use of respect vocabulary appropriate to titled persons and/or formal situations. In contrast, egocentrism is a privilege; it is permitted of those of high status rather than of those with low status. For example, orators are allowed to say things that are not well understood by others; they may even be praised for this behavior (Shore 1977). If we extend egocentrism to include talk about oneself, we can align this attribute with status as well. Higher ranking persons are more likely to express their personal opinions and reactions than are lower ranking persons. This is witnessed in formal village council meetings (Duranti 1979), where the highest ranking titled persons can articulate their own perspectives, whereas lower ranking persons are expected to express traditional (collective) positions and values.

The relative absence of expansions in the speech of Samoan adult and sibling caregivers is related to these cultural attitudes concerning decentering. In traditional Samoan households, a caregiver is not expected to take the perspective of a young child, particularly when the child has spontaneously produced an utterance. The caregiver is not expected to fill in the gaps and assist the communication by relying on the idiosyncratic background of the child. As noted earlier, caregivers tend to ignore egocentric articulation, considering it as not part of the language. This attitude holds less in early infancy, where caregivers take the perspective of the infant to the extent that the infant's physiological needs are acknowledged. Once the infant passes into toddlerhood and single word utterances are expressed, however, this orientation diminishes. At this point, the process of conscious social instruction begins in earnest. This instruction consists largely of making the young child aware of those around him/her. As the child begins to produce single words and sometimes even before, the child is instructed to notice others passing on the road or sitting in the house. One of the earliest topics of instruction concerns the names of family members. Children are asked to imitate the caregiver, who pronounces each name separately, or to independently supply the name, as in example (5) below:

(5) Kalavini, 1;10 months

(A few weeks beforehand, K's mother, Sauluma, gave birth to a baby girl, Rossana. K, his mother, his father (Fa'atauolua), and his new sister are

clustered around the steps to their house. S and F ask K to say the name of his sister):

Kalavini

Others

F: O ai le igoa.
prt who art name
(What is the name?)

Sana/
Losana/

?: (Kalavini).

O () Sana?

S: O ai le igoa?
prt who art name
(What is the name?)

pepe/
baby

S: O ai le igoa?
prt who art name
(What is the name?)

Rozana/
Lo//sana/

S: //(?)

S: Ia lelei.
prt good
(Yes, good.)

F: O ai lesi igoa
prt who other name
le teine?
art girl
(What is the other name of the girl?)
[soft]

e a /
huh?

F: O ai le igoa
prt who art name
le keige)
art girl
(What is the name of the girl?)

pepe/
baby

S: le igoa?
art name
(The name?)

F: Igoa?
(Name?)

RO() sana/
[turns to his cousin, Valasi:]
Vaā si/
Valasi!
Valasi/
Valasi!

V: Ho/
Mmm

Rosana/

S: [laughs]

Valasi!/
Valasi!/
Rosana/

F: Sh. (?).
[Calls to someone]

[turns to F.]
Toloa/
Fa'atauoloo!
Rosana/

F: O ai?
prt who
(Who?)

Rosana/

F: Rosana.

Rosana/

F: Losa- Rosana/

Rosana/

F: Ro-,

a Ro:sana/
Lo:sana/
[turns to Alesana]
Asana/
Alesana!
Vaesaga/
Alesana!
[kissing Rosana]
o/o/ o/o/
Oh!Oh! Oh!Oh!

[pause]
S: Ua lava.
tns/asp enough
(Enough.)

Often the names are embedded in a speech act other than reference itself. For

example, the child is asked to *vala'au* ("call out") for a particular person. This act may be directed when a person is passing by. An example of elicited imitation of such a summons is illustrated in (6) below:

(6) Pesio, 2;3 months

Pesio, her peer group including Maselino 3;4, and Maselino's mother, Iuliana, are in the house. They see Alesana [researcher-member of research project] in front of the trade store across the street. Iuliana directs the children to notice Alesana.)

Pesio

Others

Iuliana: Va'ai Alesana.

Look (at) Alesana!

ã?/

Huh?

Iuliana: Alesana.

Maselino: Alesaga/

ai Alesaga/

Look (at) Alesana

Iuliana: Vala'au Alesana

Call (to) Alesana.

[very high, loud]

SAGA!/

Alesana!

[high, soft]

Iuliana: Mâlō.

(Greeting)

[loud]

ALŌ!!

Greeting)

Iuliana: (Fai) o Elegoa lea.

(Say) prt Elenoa here.

(Say "Elenoa [is] here.")

Sego lea/

Elenoa here

(Elenoa [is] here.)

Caregivers will also instruct the child to imitate questions about others: Where is so-and-so? What is he doing? How is he feeling? and so on. These questions are addressed to others in the course of ongoing social interaction. The caregiver prompts the child in the production of socially appropriate conversational contributions. The major socialization message is that the child is not to draw attention to himself/herself (not to talk about ego) but rather to focus on properties and actions of others.

We should emphasize here that the process of learning to decenter is accomplished not only through topic biases (talk about others) on the part of Samoan caregivers. It is accomplished through the process of elicited imitation itself. In demanding a repetition, the caregiver is directing the child's attention to what the caregiver is expressing. To accomplish the imitation, the child must engage in a rudimentary form of decentering. Elicited imitation in at least one way is the reverse process of caregiver expansion. In expanding, the caregiver attempts to repeat what the child has expressed. In elicited imitation, the child attempts to repeat what the caregiver has expressed. In expansions, the caregiver engages in some degree of decentering. In imitations, the child engages in limited decentering. We find in traditional Samoan society, a heavy reliance on the latter and minimization of the former.

Expansion as a cultural procedure: Summary. In the preceding pages, several points have been considered. The most important thesis put forward is that the expansion is best understood as a cultural procedure rather than strictly as a linguistic procedure. Each time that a caregiver uses an expansion, he or she is demonstrating to the child how a particular situation is to be handled. The child comes to learn that certain situations are unclear, not fully understandable. He learns that certain situations may have several possible interpretations or meanings. An expansion expresses one such possible interpretation. Further, the child comes to learn that interpretation may be a trial and error process, involving one's conversational partner. When a caregiver expresses an expansion with a rising intonation, he or she is involving the child in just this process. The caregiver socializes the child into negotiating meanings of utterances.

Another point discussed in some detail is that in using expansions, the caregiver focuses the interaction on speakers' or actors' intentions. The process of interpretation involves assessment of the intention behind the verbal or nonverbal behavior. In terms of transmission of culture, the caregiver is demonstrating that intentions are important. They are important not only in interpreting meanings but in judging behavior as well. For Anglo-American culture, it is important to know if a behavior was intentional or unintentional, and if intentional, the extent to which the intention was formulated before the behavior was carried out. The importance of intentionality in this culture is reflected in the way in which negative sanctions are applied. If a socially disapproved behavior is assessed as unintentional, minimal (if any) sanctions are imposed. If a behavior is consciously carried out, more severe sanctions are brought to bear. Thus, if a child breaks a valued object accidentally, a caregiver is likely to admonish him/her lightly or not at all. If the child breaks the object "on purpose," then the caregiver will likely increase the severity of the negative sanction. This set of responses by the caregiver is part of a larger set of responses that can be found across different situations in American society, for example, legal litigation.

The concern with intentionality is not matched in traditional Samoan society.

In assessing a behavior, it is far less likely that a Samoan caregiver (or other member of the society) will consider the intention behind the behavior. If a child breaks a valued object, it is irrelevant whether he/she did so inadvertently or consciously. What counts is the *consequences* of the behavior. In the case of the valued object, the consequence is loss of this object, and the child will be admonished on this basis. In formal court proceedings within the village, socially disapproved acts are discussed and assessed, but the talk does not attend to the actor's motives or awareness of what took place. Fines will be imposed on the basis of injury caused to other members of the community.

A third point of importance concerns ways in which *expansions reflect and express the social status of child and caregiver*. Throughout this discussion, we have emphasized that major differences exist in Samoan and middle-class Anglo-American concepts of the child. The latter treat the young child as if he were capable of participating in conversation and willing to cooperate in sustaining the social interaction. The Samoan traditional view of the young child sees him as socially uncooperative, resistant to appropriate social norms for engaging in interaction. Social status can be assessed as well in terms of control of intentionality. We have seen that middle-class Anglo-American caregivers let their children assume quite a bit of this control. Relative to other responses, the expansion provides greater opportunities for the child to shape the way in which his utterance is understood. If the child's utterance is ignored, or if it is presupposed in the caregiver's subsequent utterance, the child has much less of an opportunity to alter the caregiver's knowledge.

CONSTRAINTS ON CAREGIVER SPEECH

In the past fifteen years, there has been a considerable amount of research that focuses on language addressed to young children. Indeed, in the past few years it would seem that more attention has been given to the language of the caregiver than to the productive language of the child. This focus is a product of several sources, the most salient being the concern with the role of social environment in the process of acquiring language. The literature is heavily oriented towards determining if and to what extent caregiver speech facilitates language development of young children. To this end, features of caregiver speech that serve this function have been isolated, for example, features that simplify and clarify (Brown et al. 1973; Cazden 1972; Cross 1975, 1976, 1977; Ferguson 1964, 1977; Sachs 1977; Snow 1972, 1977). Several studies have examined verbal interactions between caregivers and young children and have noted interactional strategies of caregivers that promote communication. Several studies (for example, Atkinson 1979; Bruner 1977; Greenfield & Smith 1976; Keenan & Schieffelin 1976; Scollon 1976) have isolated ways in which caregivers contribute to the child's expression of a proposition. Caregiver and child cooperatively articulate

utterances. These cooperative efforts have been analyzed as precursors to grammatical constructions that emerge subsequently in the child's language.

When I looked at the transcripts of Samoan household interaction, I was initially stunned by the relative absence of many features that have been described as caregiver register. While a more thorough investigation remains to be conducted, it is nonetheless evident at this point in our observations that Samoan caregivers do not use baby talk lexicon, special morphological modifications (diminutives, etc.), simpler syntactic constructions or constructions of reduced length, in talking with young children. Similarly, they do not expand children's utterances and there is a minimum of cooperative utterance-building between caregiver and charge. Features such as self-repetition and paraphrase do appear in caregiver speech, but they are not exclusive to caregiver-charge interaction. Self-repetition and paraphrase abound in talk, both informal and formal, between adults in traditional Samoan society. Similarly, the topics entertained between caregiver and child tend to focus on the immediate past (e.g., accusations and reports of misdeeds), immediate present, and immediate future (e.g., directives to carry out acts); but these topics characterize household talk in general and are part of a register used by familiars and intimates (Ochs 1980).

These observations raise certain questions with respect to the nature of input and caregiver register. On the one hand, it is apparent that caregiver speech may vary in important ways across societies. This variation takes the form of differential appearance of certain features and a wider social application of other features. *This difference brings out the importance of culture - the system of beliefs and values underlying social life - as a constraint on caregiver language use*. Many of the features that do or do not appear in Samoan caregiver speech, for example, can be accounted for by beliefs and expectations concerning the high and low status role behavior: The association of decentering with low status can account, in part, for the rarity of expansions and simplification processes in Samoan caregiver speech. The turn-taking pattern characteristic of many Samoan caregiver-child interactions in which child speaks to mother, mother speaks to child's older sibling, older sibling attends to child (ABCA), is a product of cultural expectations concerning the kind of activity appropriate to high and low status persons.

The point is that many of the features observed of caregiver speech are likely not *primarily* responses to linguistic/cognitive limitations of the infant or young child. In societies where caregivers do not see themselves as language teachers (cf. Schieffelin [1979] for an account of a society in which caregivers do see themselves as taking on this role), the orientation of caregivers will be primarily towards transmission of culturally significant knowledge. More and more, this is being realized. Scollon and Scollon, for example, now see that the interactional cooperation of an Anglo caregiver and child in utterance construction expresses and transmits socially valued skills that are demanded in literacy, for example,

decontextualization of utterances (Scollon & Scollon 1979). Similarly, I have tried to demonstrate here that caregivers who use expansions are displaying and transmitting to their charges a valued framework for handling problematic situations (to consider motives and intentions, to hypothesize, to inquire, to negotiate) and a set of behaviors that are appropriate to the status of child and caregiver.

Ferguson (1977), Snow (1979), and Brown (1977) have noted that caregivers modify their speech largely because they wish to communicate with their children. Processes such as simplification and clarification are responses to this goal. What is needed at this point in child language research is to break down this global goal (communication) into finer, more specific ends, such as those discussed above. By specifying more precisely the concepts, skills, and strategies caregivers are displaying, we can see how and why particular features but not others emerge in the talk of caregivers with young children. A more fine-grained analysis of what caregivers are doing with their charges will provide a clearer account of variation and constancy across societies. Further, it will indicate the conditions under which certain registral features are likely to be selected by the same caregivers and the conditions under which other features will be selected. Most accounts of caregiver register tell us the statistical occurrence of particular features. A finer analysis of the contexts of caregiver speech will reveal how and when these features are employed and bring our research closer to a means-ends model, relating social environment to language acquisition.

NOTES

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