

Personal Narratives

Cultural Differences and Clinical Implications

Lynn S. Bliss, PhD; Allyssa McCabe, PhD

Narrative production, especially personal narrative discourse, is a critical aspect of communicative competence. It is important for children in relating to peers and adults, acquiring literacy, receiving medical care, or testifying in legal situations. This article focuses on personal narratives, including their structure, development, and impairments. The Narrative Assessment Profile and high-point analysis are described to show how personal narratives can be assessed and how cultural differences can be contrasted from discourse impairments. The aim of these analyses is to show how misdiagnosis of cultural difference deficits can be prevented and how mistaking deficits in narrative production for cultural differences can be avoided. Implications for intervention are also presented. **Key words:** *assessment, cultural differences, discourse, intervention, personal narratives*

THE importance of narration in the attainment of literacy, social, and communicative skills has been widely recognized for a number of years (Feagans, 1982; Scarborough, 1990; Snow, 1983; Snow & Dickinson, 1990). For example, in an extensive longitudinal study involving numerous predictor variables, kindergarten narrative production correlated significantly with fourth- and seventh-grade reading comprehension and receptive vocabulary (Tabors, Snow, & Dickinson, 2001).

This article focuses on one narrative genre—personal narratives. The following topics are presented regarding personal narratives: description, structure, development, cultural influences, and characteristics of impaired personal narrative discourse, assessment, and intervention.

PERSONAL NARRATIVE DISCOURSE

Description

Personal narratives are recounts or descriptions of real past events experienced by either a speaker or someone known to a speaker (Labov, 1972; Peterson & McCabe, 1983). Examples of topics for personal narratives include descriptions of going to a hospital, doctor's office, car accidents, specific birthday parties, spills, and insect bites. Personal narratives are a critical aspect of discourse. They constitute a large section of functional discourse, commonly found in the spontaneous discourse abilities of preschool- and school-aged children with typical language development (TLD; Ghezzi, Bijou, Umbreit, & Chao, 1987; Preece, 1987).

Personal narratives are critical in numerous settings that require individuals to describe past experiences. For example, in medical contexts, patients need to be able to succinctly and coherently describe possible origins of a problem (Charon, 1993). If a patient complains of a pain in the leg, the doctor needs to know if the pain was caused by a tripping incident, overexertion, or something else. A child with a bloody nose needs to relate the possible causes of this condition so that it may be treated and recurrences are

From the Department of Communication Sciences and Disorders, 110 Clinical Research Center, University of Houston, Houston, Tex (Dr Bliss); and the University of Massachusetts, Lowell (Dr McCabe).

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Corresponding author: Lynn S. Bliss, PhD, Department of Communication Sciences and Disorders, 110 Clinical Research Center, University of Houston, Houston, TX 77204 (e-mail lbliss@uh.edu).

prevented. Personal narratives are used as the basis for appropriate diagnoses and treatment.

Personal narratives are also critical in legal testimony (Barry, 1991). Children can and do serve as witnesses to accidents, abuse, or other situations. They need to be able to clearly relate experiences about actual events to be believable. Individuals who have the ability to construct and relate a personal narrative are strong advocates for themselves and others.

As the research has shown, personal narratives are just as important for literacy attainment as fictional narratives (Snow, 1983; Snow & Dickinson, 1990; Tabors et al., 2001). Personal narratives are emphasized in various curricular programs such as the Language Experience Approach, which is highly recommended for children who speak English as a second language (Peregoy & Boyle, 2005). Decontextualized narratives (i.e., those that may be understood without excessive listener inference) are valued in schools. They enable listeners to understand a description of an experience without the use of pictures or background knowledge (Bruner, 1986; Cazden, 1985; Snow, 1983). In classroom exercises, such as “sharing time,” a child recounts an interesting experience to the other children in the classroom. This experience requires skill with personal narratives. Children who cannot produce personal narratives are at a disadvantage in classroom discourse experiences (Michaels, 1981, 1991).

In addition, High Stakes Testing, mandated by the No Child Left Behind Act (NCLB, 2002), often requires children to write a personal narrative. For example, in Texas, Alaska, Arizona, and Massachusetts, essay questions ask students to describe a personal experience. In Massachusetts, a 2006 stimulus question on the examination was: “Think about your favorite thing to do in your free time. Maybe you like to pretend; play sports, read, play a musical instrument, dance or do something totally different. Write a story about a fun time that you had doing your favorite thing. Give enough details to show the reader why it happened and why it was

fun” (<http://www.doe.mass.edu/mcas>). The importance of personal narratives has also been emphasized in fostering writing skills of children, adolescents, and adults (Bernays & Painter, 1995; Calkins, 1994).

Structure

The macrostructure of personal narratives is described by high-point analysis (Labov, 1972; McCabe & Bliss, 2003; McCabe & Rollins, 1994; Peterson & McCabe, 1983). The following structures of personal narratives have been identified (McCabe & Rollins, 1994; Peterson & McCabe, 1983): (a) a *one-event narrative* has only one specific past tense action; (b) a *two-event narrative* is characterized by two actions; (c) a *miscellaneous narrative* contains more than two past tense events but without a logical or a causal sequence; (d) a *leapfrog narrative* includes events that are not sequenced or omits major events so that the listener must infer a logical causal sequence and any missing events; (e) a *chronological narrative* contains a chronological sequence or listing of events without much coherence and/or evaluation so that it sounds like a travel itinerary; (f) an *end-at-the-high-point narrative* builds up to a high point (i.e., the most important part of the experience, as signaled by evaluation) and then ends abruptly, without resolution of the high-point events; and (g) a *classic narrative* is complete in that the narrator orients the listener to who, what, when, and where something occurred, builds actions up to a high point, and then resolves them.

Personal narratives also can be examined for content and manner by evaluating six dimensions that form the basis of the Narrative Assessment Profile (McCabe & Bliss, 2003; Miranda, McCabe, & Bliss, 1998). These dimensions are described briefly in the paragraphs that follow:

- *Topic maintenance* refers to the relation of utterances to a central topic or theme. Utterances that do not maintain a topic may be irrelevant, tangential, or nonnarrative (e.g., scripts or descriptions of plans,

preferences, or capabilities may be inserted for no apparent reason except to prolong the speaker's turn at talk).

- *Informativeness* refers to the completeness of a narrative. Three aspects of informativeness are present. The first is the presentation of the essential facts of an experience. The second is the presentation of optional details that serve to elaborate a narrative. The third, which was derived from a detailed high-point analysis (Labov, 1972; Peterson & McCabe, 1983), includes description (e.g., use of adjectives or adverbs), action, and evaluation (e.g., the subjective significance of an event). Evaluation is signaled by the use of subjective judgments (e.g., "I like to fish"), exclamations (e.g., "Oh no!"), paralinguistic forms (e.g., "The car went BANG!"; "He saw a BIG cake!"), negatives (e.g., "She does not live here"), causal statements (e.g., "I bought the book because it's new"), and intentions (e.g., "He wanted to leave"). A complete list of evaluations is found in several sources (McCabe & Bliss, 2003; McCabe & Rollins, 1994; Peterson & McCabe, 1983).
- *Event sequencing* refers to the presentation of events in chronological or logical order (e.g., "He fell down and hurt himself").
- *Referencing* refers to the appropriate identification of individuals, locations, features, and/or events (Halliday & Hassan, 1976).
- *Conjunctive cohesion* refers to the use of words or phrases that link utterances and events (e.g., *and*, *then*, *because*, *but*, and *so*). Conjunctions serve two functions. The *semantic function* refers to the literal meanings of conjunctions (e.g., coordination, adversative, causality or temporal). Conjunctions also fill a pragmatic role (Peterson & McCabe, 1991). They may initiate or close a passage (e.g., [initiation] "I bet you saw the sun coming up. *But* I saw these animals in the zoo" [closure] "*So*, they lived happily ever after"), signal a chronological change in or-

dering (e.g., "We went to Florida *but* first we went to Texas"), or change the focus of discourse (e.g., "And then I fell down, *but* you know what?").

- *Fluency* refers to the manner of production of a narrative. Discourse disruptions include false starts, internal corrections, repetitions, and fillers.

Development

The following high-point structures are most common at the ages noted (McCabe & Peterson, 1991; Peterson & McCabe, 1983). One- or two-event narratives are common at 2-3 years of age. Leapfrog narratives predominate at 4 years of age. At 5 years, children may tell end-at-the-high-point narratives, and by 6 years, they may tell classic narratives. Developmental milestones of the multiple dimensions involved in analyzing patterns of narrative discourse in children with TLD are as follows (McCabe & Bliss, 2003): topic maintenance shows onset at 3-4 years, with mastery during early elementary school; event sequencing should be mastered by 5 years; conjunctive cohesion (both semantic and pragmatic functions) should be mastered by 4-6 years; fluency should be mastered by 5-6 years; referencing should be mastered by 5-7 years; and informativeness should be mastered by 9 years.

Cultural influences

American children from cultures other than European North American culture have often been found to produce personal narratives that reflect the cultural style of their community rather than ones that reflect European North American patterns. Speakers from European North American cultures generally produce topic-centered narratives (Peterson & McCabe, 1983). These narratives are characterized by succinct chronological ordering of events around a central topic. An example of a topic-centered narrative from a 7-year-old European North American child with TLD is presented below. She is answering the question, "Have you ever hurt yourself?"

Child: (1) I'm, we're lucky. (2) We have a big closet. (3) We're lucky we have a shelf way up high. (4) One day Mommy said, "Why not you just dust?" (5) And so I got up on that, this doll pan to get polish and a rag. (6) We were polishing. (7) And Mommy forgot there was a mouse trap up there. (8) There wasn't a mouse in it. (9) And guess what? (10) I reached up there. (11) And my thumb got caught in it (giggles). (12) It really scared me. (13) I jumped off the stool (laughs). (14) Then I went over. (15) Mommy said, "Oh I'm sorry. (16) I forgot there was one there." (Giggles) (17) That did hurt, too.

This is a classic narrative because there is a high point (e.g., 11–12) and resolution (e.g., 13–16). It is chronologically ordered (e.g., 4–17). Moreover, it exemplifies all six dimensions of narrative involved in analyzing patterns of narrative discourse. The narrative focuses on one topic with sufficient information and plausible sequencing of events. Referents and conjunctions are used appropriately. The production is fluent.

Some African American preschool and 6- to 10-year-old children produce what have sometimes been called topic-associating (Heath, 1983; Hyon & Sulzby, 1994) or performative (Champion, 2003) personal narratives. Such narratives are characterized by the inclusion of several experiences in one narrative, lengthy descriptions, presentation of events in semantically rather than chronologically related sequences, and inclusion of evaluative elements as a means of expressing the thoughts of the speaker (Champion, 2003; Heath, 1983; Hyon & Sulzby, 1994; Michaels, 1981, 1991). An example of a topic-associative narrative from an 8-year-old African American girl follows (McCabe, 1996):

Child: (1) We went to the dentist before (2) and I was gettin' my tooth pulled (3) and the doc, the dentist, said, "Oh, it's not gonna hurt." (4) And he was lying to me. (5) It hurt. (6) It hurted so bad I coulda gone on screamin' even though I think some. . . (7) I don't know what it was like.

(8) I was, in my mouth like, I was like, "Oh that hurt!" (9) He said no, it wouldn't hurt. (10) 'Cause last time I went to the doctor, I had got this spray. (11) This doctor, he sprayed some spray in my mouth (12) and my tooth appeared in his hand. (13) He put me to sleep, (14) and then, and then I woke up. (15) He used some pliers to take it out, (16) and I didn't know. (17) So I had told my, I asked my sister how did, how did the man take (it out)? (18) And so she said, "He used some pliers." (19) I said, "Nah, he used that spray." (20) She said, "Nope he used that spray to put you to sleep, (21) and he used the pliers to take it out." (22) I was, like, "Huh, that's amazin'." (23) I swear to God I was so amazed that, hum. . . (24) It was so amazing, right? that I had to look for myself, (25) and then I asked him too. (26) And he said, "Yes, we, I used some pliers to take out your tooth, (27) and I put you to sleep, an, so you wouldn't know, (28) and that's how I did it" (29) and I was like, "Ooouuu." (30) And then I seen my sister get her tooth pulled. (31) I was like, "Ooouuu." (32) 'Cause he had to put her to sleep to, hmm, to take out her tooth. (33) It was the same day she got her tooth pulled (34) and I was scared. (35) I was like, "EEEhhhhmmm." (36) I had a whole bunch cotton in my mouth, chompin' on it. (37) 'Cause I had to hold it to, hmm, stop my bleeding. (38) I, one day I was in school. (39) I took out my own tooth. (40) I put some hot water in it the night, the, the night before I went to school. (41) And I was taking a test. (42) And then it came out right when I was takin', when I finished the test. (43) And my teacher asked me, was it bleeding? (44) I said, "No It's not bleeding, (45) 'cause I put some hot water on it." (46) And so my cousin, he wanted to take out his tooth, (47) and he didn't know what to do, (48) so I told him, "I'm a Pullin' Teeth Expert." (49) "Pull out your own tooth, (50) but if you need somebody to do it, (51) call me, (52) and I'll be over."

This narrative is characterized by its relative length and combination of several thematically related dental experiences into one narrative structured around the theme of "I'm a Pullin' Teeth Expert." A general high-point structure analysis of the sort mentioned above would not be applicable to this topic-associating narrative. To analyze the six dimensions, the research on topic-associating, performative (Champion, 2003) narratives must be kept in mind. Specifically, thematic topic maintenance is clear ("I'm a Pullin' Teeth Expert") within the child's relevant cultural context (and clear to most European North American listeners as well). She is quite informative, including much action (e.g., 1, 11, 12), evaluation (e.g., 4, 5, 6), and description (e.g., 33, 36). Within each dental experience, events are sequenced. She clearly references her sister, the dentist, her teacher, her cousin, herself, and her school and various other things such as teeth, pliers, spray, cotton, etc. The speaker uses numerous conjunctions semantically, including coordinative *and* (e.g., 2 and throughout), temporal *and then* (e.g., 25), causal *so* (e.g., 17) and *'cause* (e.g., 32, 37), and adversative *but* (e.g., 50). She also uses *'cause*, for example, pragmatically in comment (10) to indicate a change of focus in her talk from one event to a prior event. She is quite fluent despite the fact that, like all children with TLD, she produces the occasional false start (e.g., 38), internal correction (e.g., 3, 26), or abandoned utterance (e.g., 6).

Speakers with Central or South American backgrounds whose first language is Spanish may also produce narratives that differ from those produced by speakers from European North American communities. Spanish-speaking communities are diverse within and outside the United States. Caution should be exercised so that generalizations are not made for all cultures in which Spanish is primarily spoken (Silva & McCabe, 1996). Results of

previous research have been used to highlight possible features in the personal narratives of some speakers of Spanish (Silva & McCabe, 1996).

The six dimensions need to be considered with regard to Latino cultural differences. For example, a broad definition of topic maintenance may be used. This feature may be attributed to a conversationally focused narrative style found in the homes of some Spanish-speaking families (Melzi, 2000; Silva & McCabe, 1996). Mothers often do not elicit discourse about specific past events, but instead talk about family members and habitual activities to keep the conversation going. Speakers from Spanish-speaking communities may include extended family members in relation to experiences to inform the listener about the narrator (Rodino, Gimbert, Perez, Craddock-Willis, & McCabe, 1991; Uccelli, 1997). These connections between family members and events may sound tangential to some listeners from outside the community, but they are an integral part of the narrative experience of a speaker. Informativeness must be reevaluated in light of what is known regarding Spanish narration. For example, European North American speakers may feel that key events are omitted when in fact the point of telling a story for Spanish American narrators may not be to recount events so much as to let listeners know about the narrators' families (Silva & McCabe, 1996).

Event sequencing may not be pronounced when story telling is influenced by Latino culture, because parents do not emphasize this in exchanging narratives with their children (Melzi, 2000). For some speakers, habitual or background activities (e.g., "We were hitting the ball around. . .") are included rather than describing specific past events (e.g., "We hit the ball hard"; Silva & McCabe, 1996). Referencing may be different because the use of previously identified agents of sentences is optional in Spanish (Gutierrez-Clellen & Heinrich-Ramos, 1993). This tendency for using ellipses may be imported into English. Conjunctions are common in Spanish. Fluency may be affected if speakers hesitate and

use fillers or other disruptions as a means of buying time to find appropriate words in English. The following is an example from an 8-year-old Mexican American girl with TLD who scored as English-dominant speaker on *The James Language Dominance Test* (James, 1974). It was told in English to a bilingual member of her Californian community and is an example of what might be termed a conversation-focused narrative, which is a monological version of conversations. This sample is from the personal files of the second author.

Adult: Tell me about the time you went to El Salvador.

Child: (1) Uh, not that fun [in reference to experimenter's prior comment about how getting a scorpion bite was not fun]. (2) But I, they were talking about the waves. (3) They say there come a monster and all that stuff that do the waves. (4) I go, "Get Real." (5) I got in the a swimming pool (6) and then when they took the picture somebody got, something got up. (7) And it wasn't the waves or nothing. (8) We took the picture, (9) I'm like, "Mom, What's that? (10) "I don't know." (11) I then, I felt like something pull my leg. (12) And I just drowned like, "Help! Help!" (13) I called my mom (14) and they got me those thing, (15) I'm like, "I don't need it. It's just that I need help. I'm trapped!" (16) She hold me, got up and said, "Don't get in the swimming pool anymore." (17) I go, "Why?" (18) "Because, because you're going to drown again." (19) "Okay." (20) I got into the waves. (21) Now that's when I drowned. (22) I got in (23) and like the waves got on top of me. (24) And it was like too high for me 'cause I got all the way to like three feet. (25) I and my my cousin got in. (26) He helped me. (27) But then my my brother got in. (28) He went like four feet. (29) So my mom went to help him. (30) And then nobody got in the pool, the swimming pool. (31) We left (32) and everything that we see is green,

pure green. (33) I'm like, "Why is everything green around here?" (34) We slept on my dad's room. (35) And the phone just kepted on ringing, ringing, ringing. (36) My dad wouldn't answer it. [Adult: No?] (37) And so I answered it. (38) I was, "Who is this?" (39) "Is Martha there?" (40) "Yes, who is it?" (41) "Her friend," (42) "Mom they want you on the phone." (43) "Who is it?" (44) I don't know. He won't tell me his name." (45) "Is it a boy?" (46) "Yes," (47) My dad got mad. (48) And he's all, "Who is it?" (49) "I don't know. You tell him. He won't tell me." (50) My mom got the phone, (51) and he said, "Who is it?" (52) And he goes it's um, "Is David there? It's a friend of his." (53) And my my brother said, "Who is it?" (54) And I go, "I don't know and I don't care. Let's go to sleep." (55) We got asleep. (56) The phone rings again. (57) I just unplug it. (58) And my mom plug it back on. (59) We're I just plug it—She plugs it, (60) I displug it. (61) We stayed like that (62) and then until I got, until I cut it. (63) And it wouldn't work anymore. (64) I'm like, "Yes no more phone for the whole week!" (65) And then um I needed to call my friend. (66) The phone's broken, man. (67) I had to go to the public phone. (68) I couldn't find non. [Adult: No public phones?] (69) My dad go like, "See what you get for *cortando*, ... cutting the ... telephone?" (70) I go, "Not my fault it kept on ringing." (71) I couldn't get some sleep. (72) And then we went to the beach (73) and we slept there ... on the beach.

Throughout this monologue, the adult makes two insertions (in parentheses above) and says "uh huh" 10 times (not included because of space limitations). In fact, the child seamlessly links a couple of incidents in a swimming pool in El Salvador with a phone conversation that she essentially acts out in reported speech and the phone ringing during the night and her struggle to stop the ringing and get some sleep. This excerpt is

lengthy. Also note that with a simple “tell me about that” comment, the experimenter actually prompted an extension of the story that involved a fight with her brother over towels at the beach and a description of how she got sick later that same day—all with only 16 more “uh huh’s” from the adult.

Use of the high-point macrostructure analysis noted above is contraindicated for this narrative because of the cultural background of the child and the fact that, to our knowledge, no one has done the kind of high-point macrostructure analysis mentioned above for Spanish-speaking children. Several dimensions are influenced by the child’s Spanish-language background in this narrative. For example, it is characterized by broad topic maintenance. The speaker includes information about her family, including her father, mother, brother, and cousin. Informativeness is adequate—listeners do not feel that key events are omitted from the various experiences narrated. Analysis of high-point components—an aspect of informativeness as mentioned above—is applicable to Spanish children’s narratives (McCabe & Bliss, 2004–2005), and this narrator includes many examples of actions (e.g., 5, 6, 8), evaluations (e.g., 7, 12, 24), and description (e.g., 32). Elaborative details such as “Everything that we see is green, pure green,” and “And the phone just kept on ringing, ringing, ringing” add considerable charm to this story. Events are sequenced within episodes (e.g., 22–27).

Referencing is hard to summarize because sometimes it is clear and typical of monolingual English narrators (e.g., introduction of child’s mom in 13 and her cousin in 25), but at other times is unclear—who does *they* refer to in comments 2, 3, and 6, for example? This lack of clarity may be because her Spanish-speaking parents practice elliptical referencing or that she needs people to ask her to be clearer in this regard. The ambiguity of *those thing* and *it* in 14 and 15 is due to not knowing the appropriate word for life preserver. The child uses conjunctions both pragmatically (e.g., use of *but* in 2 to indicate the opening of her El Salvador narrative) and seman-

tically (e.g., use of coordinate *and* in 7 and elsewhere, use of temporal *and then* in 6 and elsewhere, use of causal *because* in 18, and *and so* in 37). Although there are false starts (e.g., 2), internal corrections (e.g., 5, 6), and somewhat lengthy pauses due to an effort to find the English word for the Spanish one she used at first (e.g., 69), this child is not only typically fluent but also exceptionally so.

Many different Asian cultures are represented in the United States. The cultures have similarities and differences with respect to one another for many aspects of narrative structure. Limited information exists about the personal narrative discourse of speakers from many Asian communities, though this information is increasing. We focus on the Japanese and, to a lesser extent, Taiwanese and Korean communities because some relevant information is available regarding children from these populations (Minami & McCabe, 1991, 1995).

With respect to high-point structure, a classic structure might not be expected because the narratives of some speakers of Japanese reflect a collection of similar experiences rather than one experience that results in a high point and resolution (Minami & McCabe, 1996). On the other hand, Japanese children (Minami, 2002) and adults (Maeno, 2004; Minami, 2002) use microstructural components of the high-point analysis. Dimensions of the Narrative Assessment Profile highlight differences between the personal narratives of Japanese speakers and speakers from European North American cultures. Topic maintenance is characterized by combining two or three similar events into a single narrative. This is a stated preference among Japanese adults and would be expected to be transmitted to children (Minami & McCabe, 1991). Multiple-event narratives are deemed more interesting than single-event narratives (Minami & McCabe, 1995).

Informativeness is another area of significant difference. In the narratives of Japanese children and adults, there is minimal information. A distinct preference exists for conciseness. Japanese mothers encourage brevity

by interrupting their children to show them that short turns at talk are encouraged (Minami & McCabe, 1995). Event sequencing is evident, albeit with a limited number of actions. Referencing is characterized by omission of pronouns because they can be inferred from the message and the message should be brief (Clancy, 1986; Hinds, 1984; Minami & McCabe, 1991). Conjunctions and the Japanese equivalent of “you know” (*ne*) are common (Minami, 2002). Fluency may be disrupted if the speaker is unfamiliar with English and is searching for appropriate English vocabulary.

The features of multiple experiences and conciseness are also evident in the narratives of Chinese and Korean children (Minami & McCabe, 1996). A high-point macrostructural analysis has been applied to 7-year-old Mandarin Chinese-speaking children (Chang, 1994, as cited in Minami & McCabe, 1996); such children produce end-at-the-high-point narratives about a third of the time and their classic narratives often combine several different experiences into one narrative. Taiwanese mothers also emphasize all high-point microstructural components of narration in conversations with their children, namely, complicating actions or events, description, evaluation, reported speech, and codas (Chang, 2003). Korean adults produce significantly fewer explicit evaluations in both Korean and English narratives than English-speaking adults (Kang, 2003). In terms of the dimensions of the Narrative Assessment Profile, Korean and Chinese narratives require identical adaptations to those required by speakers from a Japanese background.

An example from an 8-year-old Japanese girl (originally in Japanese, translated into English; Minami & McCabe, 1996) who was asked if she ever had been cut follows:

Child: (1) When (I was) in kindergarten (2) got leg caught in a bicycle (3) got a cut here, here and ... (4) wore a cast for about a month (5) took a rest for about a week. (6) And went back again (7) had a cut here (8) fell off an iron bar (9)

had two mouths (means a gaping wound, metaphorically speaking).

This narrative is best described with yet another analysis of narrative called *stanza analysis*, which depicts narratives as if they were poems, with stanza groupings of closely related utterances (see Minami & McCabe, 1996). The child combines two wounding experiences into a single narrative. In terms of the Narrative Assessment Profile, topic maintenance is maintained in that the child combines two related experiences into this one narrative, as preferred by her culture. Informativeness is also adequate; Japanese speakers, among other Asian cultures, have a strong preference for concise talk that does not insult listeners with what is viewed as verbiage. Informativeness is also adequate in that the major high-point microstructural components of actions (e.g., 2–8), description (e.g., 1), and evaluation (e.g., 9) are all present. This child sequences seven events (e.g., 2–8) in this short passage. Referencing involves the culturally preferred ellipses of pronouns (in each case *I*) in all nine utterances, but listeners have no trouble inferring that the child was talking about herself. One conjunction (6) is used to coordinate utterances. The child is fluent.

Impaired personal narration

Children with language impairment (LI) do not produce classic narrative structures, although their peers at similar age levels are able to do so. They produce more leapfrogging narratives (jumping around chronologically and omitting key events) and nonnarrative sequences (Miranda et al., 1998).

Children with LI have difficulty with many of the dimensions of personal narrative discourse included in the Narrative Assessment Profile (Miranda et al., 1998). With respect to topic maintenance, they may provide extraneous information, especially at the end of a narrative or after a neutral prompt. Some children appear to feel a need to fill discourse space and produce almost a “stream of conscious” type of narrative. They do not appear

to appropriately confine what they say to relevant information. In addition, they tend to leave out critical information when producing a personal narrative (Miranda et al., 1998). They may fail to mention specifics about people, actions, internal states, and orientation (Miranda et al., 1998). As a result, the listener must fill in this critical missing information. Children with LI have difficulty in marking the temporal ordering of events in personal narratives. Some do not sequence events that have occurred in a past experience (Miranda et al., 1998). Referencing is another area that can be problematic for children with LI. They may fail to verbally identify a person, place, or object and/or use a pronoun in lieu of an initial referent (Miranda et al., 1998). In addition, they may mention a person's name without identifying the referent. These problems stem from the lack of knowledge of when to use referencing or the lack of awareness of the need to use appropriate referencing, not the lack of development of pronouns (Miranda et al., 1998).

Children with LI sometimes use appropriate references; when passages become longer, their referencing declines (Purcell & Liles, 1992). Children with LI may appear to have difficulty with conjunctive ties (Liles, 1985, 1987). However, in our experience, errors with conjunctions can be best explained when their pragmatic function is considered (Miranda et al., 1998). Semantic errors may actually turn out to be appropriate pragmatic usage (e.g., the use of a causal conjunction to start an utterance: "So how about those Red Sox?"). Fluency is often deficient for children with LI (MacLachlan & Chapman, 1988). Their personal narratives have many disruptions. Some of the dysfluencies may reflect word-finding disorders (German & Simon, 1991). In addition, disruptions may reflect a reduced ability to plan, monitor, and, sometimes, repair utterances (Peterson & McCabe, 1893). Children with LI may focus on content more than grammatical form (Purcell & Liles, 1992).

All these difficulties that some children with LI exhibit are exemplified in the per-

sonal narrative of a 9-year-old European North American boy in the following paragraph. He was diagnosed as being language impaired. He was asked if he had ever been to the hospital.

Child: (1) Yeah, I had a X Ray because they they're checking on my leg (2) and I was scared that I was going up there. (3) And they gave me a balloon (4) and I went to um Toys 'R Us (5) and gave me a toy (6) but I never. . . (7) Uh I just broke my leg (8) and I just fall down on my bike because I got hurt (9) and my band aids on me. . . (10) put their off (11) and I jumped out of my bike (12) and I . . . I flied (13) and then I jumped down.

Adult: You jumped down?

Child: (14) Uhhuh, on the grass . . . (15) and I um our grandma, um she died. (16) She um she was getting older. (17) Our grandma and she died and the uh funeral. . . (18) My ma and dad went to the funeral. (19) And then Aunt Cindy was there too. (20) And we, uh, they um, um, everyone was sad that um uh that died. . . (21) And on my birthday I went on my bike. (22) I uh um . . . I just jump on my bike. (23) I just balance on my. . . (24) And I did it with uh I did do it with only my hands. (25) I didn't do it without my hands, (26) and I uh um one hand too.

Topic maintenance is impaired; several topics are intermingled, such as a hospital visit (e.g., 1-3), a fall from a bike (e.g., 8-14, 21-26), and his grandmother's death and funeral (e.g., 15-20). Informativeness is lacking because the listener does not know what happened to the child's leg, let alone how that event related to the grandmother's death. The child uses some evaluation (e.g., 1, 2, 20) and action (e.g., 3, 4, 5). Event sequencing is characterized by a leapfrogging narrative (e.g., bike 8, 11-14, and 21-25). The child is able to identify appropriately some references (e.g., grandmother in 15-17; dad in 18). Some referents are understood by the context (e.g., *they* in 1, 3). Some references are vague or unspecified (e.g., *there* in 2; *their* in 10; and *it* in 24, 25). Appropriate semantic coordination

is present (e.g., coordination, 2, 3); temporal (e.g., 13), and causality (e.g., 1). Disruptions in fluency are present: false starts (e.g., 6, 17, 23), internal corrections (e.g., 15, 20), repetitions (e.g., 12, 16), and excessive use of fillers (e.g., 15, 20, 22). This child struggles with all six dimensions of discourse.

Teasing out individual deficits, while remaining mindful of cultural differences, is a complicated process. However, it is critical for a valid assessment of a child's narrative sample. In the two examples in the following paragraphs, we focus on the aspects of narration that cannot be attributed to cultural differences. These aspects reflect deficits in narration.

The first is a sample from a 7-year-old African American child with LI who was asked if she ever had a bite.

Child: (1) It was itching (scratches arm). (2) I went to the doctor. (3) And I say, I say, "It was a lot of bees on me." (4) I was bleeding. (5) I was bleeding everywhere. (6) I bleed right there (points to arm). (7) It come off. (8) Then then I got up. (9) And he stung me. (10) I was outside. ... (11) Irene was by the big shovel and and by the dirt. (12) My sister Irene make something for my mom. (13) I make it for her. (14) I paint, I paint my whole house. (15) My sister paint on me. (16) My eye (points to glasses). (17) I say, "I I I do it." (18) I do it at my sister. (19) I do it everywhere.

This sample has features of both a topic-associating narrative and a language impairment. Because of the combination of experiences, a high-point macrostructure analysis is not relevant for this sample. The Narrative Assessment Profile can be used to describe this narrative as follows.

- Topic maintenance is evaluated as inappropriate. Semantically related events are expected in performative or topic-associating narrative (Champion, 2003), but in this sample, the experiences (i.e., bee sting, making things, painting) do not appear to be semantically related and may be a symptom of a disorder. Informative-

ness is evaluated as a combination of both appropriate and inappropriate elements. It is judged partially appropriate in that there is some action (e.g., 2, 7, 8), evaluation (e.g., 5, 6, 19), and description (e.g., 10, 11). It is judged partially inappropriate in that there is a lack of information regarding any of the experiences presented in this narrative—none seems described sufficiently for listeners to make sense of them. This aspect of narration is impaired.

- Event sequencing is evaluated as inappropriate in that plausible chronological sequencing of events is evident in topic-associating narratives, as noted in the "Pullin Teeth" narrative, but event sequencing is implausible in this instance. For example, mention of the bee sting (9) should precede mention of child's itching (e.g., 1) and bleeding (e.g., 4-6) if, as one infers, those symptoms resulted from the sting.
- Referencing is evaluated as inappropriate in that the speaker does not initially explain that Irene is her sister (e.g., 11). She does not always identify her referents, although some are understandable in context (e.g., *it* in 7 = scab; *it* in 9 = bee). Her use of *it* in utterances 18 and 19 may refer to painting. Other referents are even more vague (e.g., *it* in 13).
- Conjunctions are evaluated as partially appropriate, but only *and* (e.g., 3) is used appropriately. Conjunctions are partially inappropriate because the use of *then* (8) does not seem either a temporal or a pragmatic link so much as a mistake. The utterances need additional links.
- Fluency is evaluated as inappropriate in that the child's production is characterized by numerous disruptions (e.g., 3, 8, 10, 11, 14, 17).

A sample from our personal files follows for a 10-year-old child with LI whose first language is Spanish, but whose dominant language is English. It was originally narrated in English. She was asked if she ever spilled anything.

Child: (1) OK, first I was mmm, first I got a uh I got a bowl of oh mmm and I got to put it on the table with some milk and some cereal (2) and then I was eating. (3) Then my brother was drop it (4) and my mom didn't hit me. (5) She just get mad at me, (6) fall down 'cause bigger, bigger, bigger than my brother. (7) I mean so so you have to clean. (8) Today my sister, she she was. . . (9) We buy something at McDonalds and some drinks, some drinks for our to clean ourselves. (10) We had to clean it. (11) That's it. (12) What she said, "You have to go to bed right now." (13) In the morning, my brother, he was drinking some orange (14) so get uh some coke. (15) It was all filled up, (16) got the mop and clean it and and "tired of doing everything," (17) so she send us to sleep, (18) drink our bottle. (19) Then we get water (20) and then we time out in the wall and (21) "Don't come out in thirty minutes." (22) That's what she said. (23) We all drop some coke that all my sister mmm (24) she she she got she got water (25) and she was trying to bring it in the room (26) and when she put it on top of the thing. (27) She she she she was going to the restroom. (28) Then my little brother, he climbed up at the chair and dropped it on the rug (29) and my mom got mad of him, José, (30) because because she put it on top of the thing (31) and she shouldn't have put it in the kitchen (32) so she she got put time out. (33) She put Javi, my brother, down, so he could go to sleep.

A high-point macrostructure analysis is not appropriate for this speaker because she uses a narrative style that does not conform to the structures evident in a high-point analysis. The Narrative Assessment Profile can be used to analyze this narrative discourse as follows:

- Topic maintenance is evaluated as appropriate. This sample represents use of broad topic maintenance. The speaker does not confine herself to one spilling episode, but talks about a variety of related experiences (e.g., 1-3, 10, 13-16, 23, 28), as does the Spanish-English bilingual child in the conversation-focused narrative about El Salvador, so this narrative is a conversationally focused narrative (Melzi, 2000).
- Informativeness is considered appropriate in that some minimal information is present in evaluation (e.g., 4, 29) and description (15), but it is also inappropriate in that the speaker omits many events. For example, in utterances 9 and between 15 and 16, she omits the actual spilling actions. A listener needs to exert an effort to understand the basic facts of most of the incidents that she describes. These features cannot be attributable to culture.
- Event sequencing is evaluated as being appropriate because, despite the fact that event sequencing is sometimes deemphasized in Spanish narration (see Silva & McCabe, 1996), this speaker plausibly sequences events within each experience (e.g., 1-5). Lack of articulation of events rather than difficulty sequencing them is the challenge this child faces.
- Referencing is evaluated as appropriate. The speaker's referencing may reflect a feature of Spanish use in that she does not always use agents (e.g., 6, 14, 16, 18), but this usage would not be considered to represent an impairment because it involves transfer of a Spanish practice into English. The missing agents in 16 and other utterances (e.g., 6, 14, 16, 18) may be inferred by the context. Moreover, at other points, the child does introduce specific referents (e.g., 3, 4, 29).
- Conjunctive cohesion is evaluated as partially appropriate in that the speaker uses conjunctions variably, including the conjunction *and* coordinatively (e.g., 1, 4), *then* temporally (e.g., 3), and *so* causally (e.g., 17, 33). In other utterances, conjunctions are used inappropriately in that they seem to serve neither a semantic nor a pragmatic function (e.g., 14, 19, 30).
- Fluency is evaluated as inappropriate in that there are considerable dysfluencies

in the speaker's production (e.g., 1, 7, 23, 24).

Unfortunately, the authors do not at present have a sample of a child from an Asian background who has been assessed with LI. Clinicians who work with such a child whom they suspect as having LI would be well advised to consult with the child's parents and possibly more objective (unrelated) adult members of a child's community, and to keep in mind that a narrative may be brief due to many reasons other than language impairment, including individual variation in interest in various topics (Peterson & McCabe, 1983), cultural preferences for succinct discourse, emotional issues (McCabe, Peterson, & Connors, 2006), and/or gender (boys are typically less talkative than girls; e.g., see Peterson & Roberts, 2003).

ASSESSMENT OF PERSONAL NARRATIVE DISCOURSE

Personal narratives should be elicited with the conversational map procedure. Its strength is that it is discourse based. Previous research has shown that speakers are more likely to tell a narrative about their own experiences if a conversational partner describes an experience first (McCabe & Bliss, 2003; Peterson & McCabe, 1983). The adult provides a brief description of an experience (e.g., ant bite) and then asks the child if he or she has had a similar experience. If the child responds, "Yes," then he or she is prompted to describe the event. If there is a "No" response, a new event is described. The narrative is prolonged by the use of neutral prompts (e.g., "Uh huh," "Tell me more").

We advocate eliciting personal narratives in conversation rather than from a wordless picture book to provide a discourse-based context. Furthermore, the pictures in a wordless picture book are in sequence and provide information for the child on topic maintenance, informativeness, event sequencing, and referencing, thus preventing genuine evaluation of these aspects of discourse. It is preferable to enable the child to spontaneously use these dimensions in discourse if possible. A full dis-

cussion of these issues is presented elsewhere (McCabe & Bliss, 2008).

Personal narratives should be assessed in multiple ways. The high-point macrosystem described by McCabe and Rollins (1994; derived from Peterson & McCabe, 1983) is useful for the evaluation of the overall structure of a child's narrative so long as that the child is European North American or African American not telling a performative narrative. This analysis consists of identification of the following macrostructures: one-and-or-event, leapfrogging, chronological, end-at-the-high-point, classic, and miscellaneous narratives.

Whether or not the high-point analysis is used, clinicians may analyze the six dimensions of personal narratives described by the Narrative Assessment Profile. One procedure is to use a three-point scoring system, scored with the following rubrics: (3) *appropriate* (the expected behavior occurs frequently; some minor deviations may occur, such as one or two disruptions in fluency); (2) *variable* (there is a mixture of appropriate and inappropriate uses); and (1) *inappropriate* (the expected behavior is absent or misused most of the time; the speaker clearly has difficulty with the dimension) (McCabe & Bliss, 2003).

Finally, cultural influences on personal narrative discourse must be considered as a critical aspect of assessment. A language disorder must be differentiated from cultural differences in the production of personal narratives. For example, an African American child who has a tendency to use a topic-associative style should not be penalized when a classic narrative is not produced. Similarly, a child who has learned Spanish as a first language should not be penalized for broad topic maintenance and a possible de-emphasis in the use of actions. A Japanese child (e.g., one who has not been in the United States for more than 2 years) should not be penalized for lacking detail in his narratives.

Clinicians need to understand the cultural backgrounds and home discourse styles of their clients and their families before they make clinical decisions. At the same time,

language deficits may accompany cultural differences, and clients must receive the services to which they are entitled. That is, clinicians should not dismiss all unusual aspects of narration from a child of different ethnicity than their own as simply cultural differences. If the clinician transcribes a child's oral narrative language sample and cannot differentiate difference from difference with deficits, then a fluent adult member of the child's community should be consulted.

A note of caution is warranted. The guidelines presented in this article do not fully explore the areas of cultural differences and disorders. The reader is encouraged to explore cultural-linguistic and individual differences fully with each child and family.

INTERVENTION FOR PERSONAL NARRATIVE DISCOURSE

One goal of intervention is to enable children to develop an organizational structure for personal narratives. Initially, a simple structure of a brief narrative, temporally sequenced, with three to five actions that represent a beginning, middle, and end of an experience, should be practiced. Temporal words, such as *first*, *next*, and *last*, can be used to assist in the chronological sequencing of events.

After a simple organizational structure has been mastered, a personal narrative can be expanded in several ways. The high point of an experience can be elicited, reflecting the most meaningful aspects of a narrative for a speaker. The high point can be elicited by scaffolding and modeling. Scaffolding consists of encouraging the child to produce additional information by asking questions of the child to see if more information can be produced. Scaffolding enables a child to develop personal narrative structures within a discourse context. Questions can be asked that would refer to a high point. Examples are: What was the scariest/saddest/most fun part of your adventure? What made you the maddest about your fight with your brother? Eventually, scaffolding is reduced so that

the speaker can independently produce a narrative.

Modeling also can be used to show how the high point is included in a narrative. In addition to the high point, the child can be scaffolded to incorporate other evaluations into a narrative. Evaluation is critical in order for the listener to understand the speaker's perspective—what a particular experience meant to the speaker. An example of a scaffolding question for evaluation is "How did you feel about that ride?"

Finally, a classic narrative can be targeted where culturally relevant. This structure involves a resolution of the experience. Not all personal narratives include a resolution (Allen, Kirtoy, Sherblom, & Petit, 1994; Peterson & McCabe, 1983). An example of a scaffolding question for a resolution is "And how did things turn out?" If the child does not respond to this question, the clinician can ask other, more specific scaffolds including: "How did you go home after your scary/exciting/embarrassing experience?" "I'm wondering if you woke up after your nightmare," "How did your hurt place heal?" "How did you make up with your brother after that fight?"

What about the propriety of trying to get a child who is neither European North American nor African American to tell a classic narrative? Delpit, a prominent African American educator, pointed out, "If you are not already a participant in the culture of power, being told explicitly the rules of that culture makes acquiring power easier" (1988, pp. 489–490). In other words, Delpit advocates pointing out the rules for forming a classic narrative to all children because those are the rules followed by most stories they will read and by examiners scoring the "high stakes" tests for which they will be held accountable. Clinicians need to work in conjunction with children's classroom teachers to be effective in conveying the rules to all children. The expectation is that children will be able to write a classically structured narrative and comprehend a classically structured narrative as well as to tell such narratives orally.

To elicit additional elements of a personal narrative, an effective strategy is the use of contingent query for inappropriate use. For example, the clinician can question the child if vague or empty references or conjunctions are used. They can also be used if the child is either not informative or not on topic.

A critical component of intervention for personal narratives is generalization or transfer of skills. Because we know that the personal narrative genre is used in daily discourse, clinicians need to make sure that the abilities are transferred from the clinic to natural contexts. Several procedures are appropriate to foster transfer of skills. Children with LI need to be aware of the consequences of inadequate discourse. Role-playing in situations that call for personal narratives are implemented (e.g., "Why were you late for school?" "How did you break your leg?"). With incomplete narratives, listener(s) can act bewildered, misinterpret the message, and ask for clarification. The aim is to enable the speaker to realize that more complete narratives need to be produced. Generalization can also be accomplished by having the child tell the narrative to different listeners and producing personal narratives on different topics.

CONCLUSIONS

This article has addressed the importance of personal narratives for social and academic settings. Children who do not develop personal narrative structure typical for their age run the risk of compromised relationships with peers, adults, teachers, doctors, and legal personnel. Not only age and language ability but also culture affects the manner in which personal narratives are related.

Speech-language pathologists increasingly face children who are from cultures not their own and about which little is known. To tease apart cultural difference from individual deficit requires transcription of oral productions, analysis using The Narrative Assessment Profile and the high-point analysis (if warranted), and consultation with the child's parents and other representatives of his or her cultural background. Further research with children exhibiting TLD and LI from various cultures is also critical. Personal narrative discourse is a relevant and functional genre for clinicians to use in assessment and intervention. Furthermore, it can be used with culturally diverse populations if adjustments are made for culturally predictable discourse differences.

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