ABSTRACT


In this research, the writer discussed about the backchannel sign that occurs in the conversation between Jennie Brockie as host and some participants, in the talk show of SBS (The Special Broadcasting Service) Insight episode “Designing Babies”. The aim of this research is to find out the types of backchannel that occurred and to categorize the function in that conversation.

The writer uses qualitative descriptive research in order to fulfill the objectives of the research. The writer collects the data from the transcription and writes in the data card, then classifies them into types and describes the function. Based on the theories provided, Conversation Analysis, the data are analyzed one by one to know the types and functions. To focus on the study, the writer limits herself to analyze nineteen data.

From the analysis, the writer finds out many simple backchannels and a little complex backchannel. The findings show that there are twelve verbal backchannels, and seven non verbal backchannels. The others, there are four function such as Continuers (CON), Convergence Tokens (CNV), Engaged Response Tokens (ER) and Information Receipt Tokens (IR).

Key words: Conversation analysis, back channels, conversation, talk show.
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The thesis entitled above has been defended before the Letters and Humanities Faculty’s Examination Committee on May 28th, 2015. It has already been accepted as a partial fulfillment of the requirements for the degree of strata one.

Jakarta, May 28th, 2015

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Jakarta, April 2015

The Writer
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List of Abbreviation and Symbol

The Symbol:

*   (verbal or non verbal backchannel)
//   (overlap)
((…..)) (sound of cough, laugh)

The Participants’ Initials:

JB : Jenny Brockie as a host
MH : Melissa Hunter, a parents who did a designing babies.
SY : Stella Young, a disability activist.
DW : Debbie Waller, a mother with Celebreal Palsy son.
LW : Louisa Walsh, a Cystic Fibriotic sufferer.
TA : Turkan Aksoy, an audience from a Turkish background
DM : David Molloy, a doctor
MK : Margot Kelly, an audience.
JF : Julie Fisher, a mother with a Down Syndrom child.
KS : Karola Stolz, a Philosopher of Science
LS : Leon Sugrim, a father with Down Syndrom daughter.
RS : Rachel Sugrim, a Down Syndrom sufferer.
CHAPTER I
INTRODUCTION

A. Background of The Study

One of the uses of language is a conversation. Conversation is a way for human to socialize with others, whether it is spoken or written. According to Yule, Conversation is like a dance, with the conversational partners coordinating their movements smoothly.\(^1\) In conversation needed two people or more who can cooperation in order to make the conversation flows well. In addition, conversation carries out another things beside language, for example there will eye gaze, body language, silences, head nod and etc. Those are that people do to convey what they want to talk or to give feedback.

Learning pragmatics is not only about the way of people communicates, but also to know the relationship between speaker and listener. While engaged in conversation, both speakers and listeners must be able to respond actively, given signal by means of words either directly or indirectly through gestures or mark nonverbal other.

Listener as an “interpreter” should have to show that they listen and know what speaker is talking about. According to wales, “feedback” is the process whereby reaction listeners when understand and conveying what in

talking about.\textsuperscript{2} In conversation we expect more attention to the listener’s response. Sometimes people are confused in how to respond a speaker’s utterance or whether they should stay silent along the speaker’s floor. Feedback or backchannel is very important to use in conversation, because of that the listener and speaker can understand each other.

Conversation which happens in every part of our daily life occurs in everybody and takes place in everywhere. This conversation happens in the telephone. Here the example:

\begin{verbatim}
(1) Caller : if you use your long distance service a lot than you’ll
  Marry : \textit{uh uh}
  Caller : be interested in the discount I’m talking about because
  Marry : \textit{yeah}
  Caller : it can only save you money to switch to a cheaper service.
  Marry : \textit{mmm.}\textsuperscript{3}
\end{verbatim}

From the example above, the conversation occurs in a telephone and Marry give her contribution with her \textit{uh uh}, \textit{yeah}, and \textit{mmm}. Those contributions are called as backchannel. Marry doesn’t cut the caller’s utterance, she just gives her signal that she is still there to listen the speaker. Imagine if Marry didn’t give her backchannel in that conversation, maybe the caller will ask if the speaker still there or not. Those backchannel indicate that the message or utterance is being received. Meanwhile, in face to face interaction the absence of backchannel can make the speaker confused that the listener understand or not to what speaker talks about. In conversation, silence is significant and will be interpreted as meaningful.

\textsuperscript{2} Katie Wales. 2001. \textit{A Dictionary of Stylistics 2nd ed.} (Harlow:Pearson Education Limited) p.429

\textsuperscript{3} George Yule. \textit{Op.cit.p.6}
Absolutely, the speaker needs responses from listener to make sure that conversation runs well without any hesitation.

See in the example (1) that the turn occurs smoothly without any interruption or overlap. Here, the writer doesn’t focus to the turn, when the Caller as the speaker 1 speaks to the Marry, then Marry gives her attention to the Caller with her feedback (*uh huh, yeah, hmmm*). Could you imagine if in a conversation there is no backchannel, maybe it will be one way conversation, and like there is no attention from the listener. This example shows that the conversation runs well, then we can conclude that between speaker and listener have good relationship because they do two ways conversation.

Meanwhile, different from the example before which only contains two people in telephone, here the writer tries to analyze the conversation which is occurring in a talk show in Australia, SBS Insights, and contain many people in. Insight is a national impressions talk show in Australia that talks about affairs or issue that is going currently. It is hosted by Jenny Brockie, coming from the ABC, began to host the *programme*. After that, the format was transformed to "a discussion forum focusing on a single issue with the participation of a studio audience. In the course of the *programme*, there are usually live satellite links to various policy makers, such as ministers, and experts from around the globe. Insight provides many issues and topics, engages in sometimes heated debates, and encourages
Australians from all of life to have their say. This talk show involves of a host, Jenny Brockie and some speakers who also impersonate as audience and they actively provide feedback from what speaker say. At that they talk about “Designing Babies” episode Tuesday, October 9, 2012. It discusses about pro and contra of designing the baby’s health, sex, personality even intelligence. It is allowed in some countries but not in Australia. So, in this talk show the audiences which also take place on the background of various countries participate to give response on the subject and also there were some experts such as an ethicist, a philosopher, the parents who have children with Down syndrome and the sufferers of some diseases. They will discuss about should they do gender selection and make their own babies without any disease or it can break rule according to the ethicist. Here, the audience will do a conversation using backchannels to show their response.

Mostly from the previous research said that, backchannel in everyone will be different from others, because of the background from their culture or country. They give feedback or response, this is what in call as “Backchannel” a hearer may produce what are known as back channel cues, like yeah, hmm, wow! Which are not intended to interrupt the speaker's flow, or to take over the turn.\(^5\)

For example:

(2) JB : Okay. I wish Myles could talk. I really-I really do. I think he really wants to talk,* but he just can’t* quite get there.
MH : *Yes*  

Here, when JB does not finish her talks yet, MH gives her backchannel directly without waits until JB finishes her utterance. In turn it can call as interruption or overlap, but because the backchannel needed in a conversation so that it can’t disturb JB’s flows. MH means to show her agreement and support JB’s utterance.

This thesis is aimed at analyzing and specifying the most frequently used items serving as backchannels, the relation between the listener and backchannel signals used the types and the functions of backchannels. The analysis is based on conversational in SBS Insight with the topic “Designing Babies” and using the conversation analysis by Harvey Sacks.

B. Focus of The Study

In according to the background of the study, this research focuses on the use of backchannel in SBS Insight in Australia which talk about Designing Babies. It is limited on analyzing the types and function of backchannel that occurs in talk show. In that talk show there are many participants (audiences) from another country which are also as a listener who gives the feedback to the host. The writer want to know about how much they use backchannel in their conversation through the video and transcription on SBS Insight Designing Babies episode October, 9 2012 by using conversation analysis approach by Harvey Sacks.
C. Research Question

Based on the focus of the study, the writer will cover the question below:

1. What are the types of Backchannel used in SBS Insight episode *Designing Babies*?

2. How is each type of Backchannels function used in SBS Insight episode *Designing Babies*?

D. Significance of The Study

This research is hoped to contribute both in theoretical and practical benefits:

For the Linguistics students, this research can help to find other ideas and can develop some research about backchannel in conversation analysis.

Furthermore for the researchers, to add enough information in understanding about backchannel because in this university, only a few research who talk about backchannel or maybe this is the first time that Linguistic students investigate about backchannel.

The writer hopes for the knowledge development of the language in our environment, especially for them who want to involve deeper in the major linguistics. The first step to introduce linguistics to societies, especially to study in pragmatics with the basic theory about backchannel and could contribute to the wider perspective in analyzing the language use.
in understanding the conversation. Expect that this research can make people understand how important backchannel in conversation is.

E. Research Methodology

1. Objectives of study

Based on the research question above, the writer has some objectives below:

   1. To identify the uses of backchannel in conversation
   2. To analyze and describe the functions of backchannel in talk show SBS Insight.

2. Method of The Study

   The method of the research is a qualitative descriptive research. Qualitative research is in fact a thriving discipline and while it is true that some issues have been subject to a lot of, and sometimes heated, discussion, there exists a core set of features that would universally characterize a properly conducted qualitative study. Qualitative method relied on verbal data or non-numerical data and it will describe the analysis from the data. Most of data are transformed into various types of texts. In this research, the writer uses her opinion by using several sources which helps her to arrange this research and it purposes to concerned with the use of backchannel in that talk show.

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3. **Technique of Data Analysis**

This research uses bibliography technique to collect the data. The bibliography technique means that get the data from written sources such as magazines, books, news, poetry or poem. The corpus was analyzed using data card. Each data which contain backchannel was written into cards, and then it was grouped. The writer uses the data from conversation in talk show and turned it into transcription. Process of analysis does through three steps. The first, using the video of Designing Babies in Insight SBS episode Tuesday, January 9, 2012 at 20:30 pm. Second, using the transcription of conversation as a primary object and using transcription symbols to make it easy. The last, the writer identifies the use of backchannel.

4. **Instrument of The Study**

The instrument of the research is a data card to write and categorize the backchannel types and functions from Conversation Analysis (CA) approach to analyze a conversation in SBS Insight Talk show. Data card As a main instrument the writer will analyze data needed in various ways, such as reading the transcription before, then marking the backchannel that contain in the transcription.

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5. The Unit of Analysis

The data of analysis is the transcript of Designing Babies in SBS Insight Talk show about one hour as a primary source and video of designing babies in SBS Insight. The unit of the data focuses on the types and functions in that transcript.
CHAPTER II
THEORETICAL FRAMEWORK

A. Previous Research

In this section, the writer found some previous researches from articles, journals and thesis which are correlated to Backchannel. The first research comes from Kathrin Lambertz (2011), entitled Backchannelling: The use of yeah and mm to portray engaged listenership. This research aims to investigate the use of yeah and mm as backchannels utterances to show engaged listenership and focused on the different back-channel functions that can be identified the location at which they occur. The data was analyzed from the Griffith Corpus of Spoken Australian English. The conclusion is the analysis of the interactional data yielded three different functions of backchannels through the use of yeah and mm: as continuers, as an alignment tokens and agreement tokens. However the findings of this research have contributed to the importance of the listener in a conversation. Backchannel utterances are important, as they are one of the few indicators that shed some light on one of the central features in a conversation: the listener. Different from this research, the writer does not focus only about the uses yeah and mm, the writer will observe about the other backchannels such as yes, okay and etc.

The second research is from Ying He (2009) entitled An Analysis of Gender Differences in Minimal Responses in the conversations in the two TV-series Growing Pains and Boy Meets World. This research’s investigation is to find out how male speakers and female speakers use minimal responses in mixed-gender conversations from a particular family perspective in two American TV-series. The focus will be on the type and function of male and female usage of minimal responses. This analysis is based on randomly selected conversations in six episodes from two TV-series Growing Pains and Boy Meets World. His analysis focuses on the data so as to demonstrate the type and function of male and female usage of minimal responses. This research proves that there is indeed a difference between male and female in the conversations where minimal responses are concerned. Previous work shows that women speak more and use more minimal responses than men. However, based on this research, it is men who use comparatively more minimal responses. What is more, it is men who speak more in daily conversations according to data collected from the primary material. Women use more minimal responses to show their active listenership and agreement to the addressee in mixed-gender conversations. By contrast, men use more minimal responses to interrupt the current speaker in order to be dominant in conversation. The most important is that both male and female speakers prefer their use of minimal responses according to the gender of addressee. The writer doesn’t focus in the
gender of participants; she wants to find how many backchannels used in a talk show without thinks how many female and male in that talk show. Here, the female and male have same occasion to say their opinion without unplanned.

The third research from Kaori DOI (2012) on the title An Analysis of Conversation Styles of English Learners ~ Backchannels as Effective Strategies in Communication. This study investigates communication patterns of English learners in conversational interaction and explores what kinds of communication style. They employ backchannels when they are communicating in English. By analyzing the conversation in the situation where speakers in conversation have to communicate only in English, this study will explain important elements and effective strategies for communication in second language. The data in this research consists of conversational interactions videotaped and transcribed in detail in which pairs talk about given topics. Participants in conversation are divided into two levels, advanced and elementary, in accordance with the level of their English proficiency. These levels are judged by (1) the speaker’s experience of studying abroad (in English speaking countries), and (2) the TOEIC score as an objective index of English proficiency. By analyzing the conversation in the situation where speakers in conversation have to communicate only in English, this study will indicate important elements and effective strategies for communication in a second language. In result, English learners use a

\[ \text{the two TV-series Growing Pains and Boy Meets World.} \]
variety of strategies for effective communication in English, using backchannels effectively. They often confirm and clarify the contents of their conversation by a variety of backchannels indicated above. This study has revealed the use of the effective conversation strategies, indicating that cooperative participation compensate for grammatical insufficiency especially in elementary level speakers’ interactions by comparing them with those by advanced level speakers. The research above has different focus in the corpus. Kaori Doi analyzed the conversation between English learners from two different levels, advanced and elementary.

From the previous researches above, the writer can conclude that this research has different focus and corpus. In this research, the writer focuses to the types and functions that uses in the talk show, where the participants from another culture and background whether is male or female can give their opinion freely with unplanned.

B. Conversation and Talk Show

Conversation is a linguistic activity when people can do a mutual exchange of information, ideas, and emotions and surely it always happens in every part of our activity. The successful of interaction requires a pair of speaker and listener who can accept the purpose or direction of the talk exchange in which you are engaged. In conversation, there is an interaction

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between two people or more where it is not only convey what we want to talk, but also to give contribution to our speaker with some feedback.

Conversation has many elements, one of them is discussion. Discussion is one of conversation way to talk about an issue or idea with some people. We can see the formation of discussion in the talk show.

Talk show is a discussion that talks about various topics in television or radio programming, leads by a host or co-host and there are many people or group. At the talk show consists of people who have an experience about the issue that will be discuss, and many expertise’s from others fields who will be give their opinion about the issue for that episode. Conversation is a part of talk show. Conversation in daily life and conversation in talk show has different way. In talk show there will an issue that happens in daily life but it will be discussed deeper by some people or participants. For example in SBS Insight Talk Show, leading by Jennie Brockie and the guests who come from various professions and social class. They also invite some informant that appropriate with the topic in that episode, they will give their opinion whether it is pro or contra.

C. Conversation Analysis

Examining a conversation is very important, such as Firth said, the linguists should examine how language works in our socialization and

http://encyclopedia.thefreedictionary.com/talk+show
examine how the structure of conversation. Then the linguists’ makes approachment called as “conversational analysis”. The Linguists have examined how people manage conversations, how talk proceeds in turns, how one utterance relates to another often in some kind of pair relationship, how topics are introduced, developed, and changed, and so on.

Conversation analysis has contributed to linguistics, in part by making talk itself a focus of serious academic investigation. Conversation analysis (CA) involves the study of spoken interactions. In CA, naturally occurring talk is recorded, transcribed, and then analyzed. Conversation analysis developed from the work of Harvey Sacks. It examines language as social action. Talk-in-interaction is taken to be systematically organized and ordered. The primary data for research are audio (and, where necessary or appropriate video) recordings of naturally occurring interaction. Transcripts assist the analysis of audio/video materials. The transcription system provides a detailed characterization of ‘messiness’ of everyday interaction, focusing on speech production and turn-taking organization.

The basic unit of description in conversational analysis is the ‘turn’ (sometimes called the ‘turn constructional unit’). Turn is the opportunity during conversation. This is an uninterrupted contribution of one speaker to

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14 Ibid., p.238.
a conversation, followed and preceded by a change of speaker unless it represents the beginning or end of the conversation.

The features of Conversation Analysis (CA) are: turn taking, in any situation where control is not fixed in advance, anyone can attempt to get control.\textsuperscript{16} Most of cultures have their own structure in conversation, usually only one speaker speaks at the time then another chance to turns. Example:

(3) A : right 
B : yes thanks very much 
A : ok bye 
B : bye

Turn taking occurs in conversation, it has function to make the conversation runs well in their position as a speaker and listener. In this research, backchannel is part of turn taking. We can say that backchannel similar with turn taking, but backchannel is just a signal that convey to the speaker.

Overlap, is a time when a long silence then both speakers trying to speak at the same time.\textsuperscript{17} It will be interrupt or cut off the speakers floor. The moment when the interruption begin is indicated with //.

Example :

(4) B : Yes. Tell, tell me what it // is you want 
A : //umm. um, may I first of all request the introduction please?

\textsuperscript{16} George Yule. 1996. \textit{Pragmatics}. (Oxford : Oxford University Pres) p.72
\textsuperscript{17} Ibid
Overlap and backchannel is almost similar. But, overlap aims to take control from the other speaker while they are speaking, and backchannel does not mean to take the control of conversation.

Adjacency pairs, some turns form natural pairs, known as ‘adjacency pairs’. Examples of these are question and answer, greeting and response greeting, invitation and acceptance or refusal, and apology and acceptance or rejection.\(^{18}\) Example:


Here, the difference between adjacency pairs and backchannel. Adjacency pair is an activity that common occurs in activity. Backchannel is not part of question and answer, it is a feedback to the opposite-speaker with short signal like yes, yeah or hmm.

Backchannel is a way of showing that you are interested.\(^{19}\) It can be signed with responses such as m, mmh, yeah, uh uh, right, fine, ok, alright.

Example:

(6) Caller : if you use your long distance service a lot then you’ll  Marry :  uh-uh
Caller : be interested in the discount I’m talking about because  Marry : yeah
Caller : it can only save you money to switch to a cheaper service  Marry : mmm.


D. Theory of Backchannels

1. The Meaning of Backchannels

Backchannels happens when the participants of speech production process, consist of at least two people in different roles are required. The first one called as speaker, the other one is listener. When the speaker talks (in floor), the listener should pay attention and give feedback to what speaker talk about. On the contrary the speaker not only mainly speaks, but also pays attention to the listener’s reaction.

The term ‘backchannel’ was first coined by Yngve\(^{20}\), but is also known by a variety of different terms including ‘accompaniment signals’\(^{21}\), ‘listener responses’\(^{22}\), ‘assent terms’\(^{23}\), ‘newsmarkers’\(^{24}\), ‘receipt tokens’\(^{25}\), ‘hearer signals’\(^{26}\), and ‘minimal responses’\(^{27}\).

Yngve said that ‘when two people are engaged in conversation they generally take turns’ but in fact, both the person who has the turn and his partner are simultaneously engaged in speaking and listening because of the

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existence of ‘backchannel’. Backchannels occur without interrupting the flow of conversation. While a turn would imply ‘I talk, you listen’ a backchannel implies ‘I listen, you talk’. Thus it can be suggested that if one speaker significantly dominates the talk, then the other participant is doing backchannel more.

Backchannels are utterances as well as turns, but the difference is that backchannels do not take the speaker’s floor, which is a current right to speak in a conversation. It means that uses backchannels does not involve speaker shift on the contrary, they acknowledge what the current speaker says and generally encourage her/him to go on. We can say that backchannel is a way to show that we are paying attention to you with our signals.

Backchannels signal continued attention, agreement, and various emotional reactions. Responses like m, mhm, yes, yeah, right, fine, OK, alright, I see etc. The speaker provides the information that his message has been received, understood, agreed to and/or has caused a certain effect thereby supplying him with direct feedback. The information is normally not commented on by the speaker, they just preserve the flow of conversation.

If the speaker would not be given such a feedback and only silence would be present, he would start to think that no attention to what he utters

is paid and the flow of conversation would be disrupted. This is also a question of cultural conventions since English speakers would consider a longer pause as something inappropriate, awkward, or indicating disapproval, while Japanese speakers would make use of “pregnant silence” for planning their next step in conversation.

2. Classification of Backchannel

a. Types of Backchannels Signals

From the previous research, the writer found that there are some backchannels of vocal type such as hmm, yeaaaah, ok, etc. Besides that the writer took examples of silent feedback or backchannel which can replace the verbal feedback, such as gestures, head nods, eye glances and facial expressions.

Many different types of backchannels behavior exist in conversation. These include a variety of different verbal, vocal and gestural signals, a combination of which may be used simultaneously at a specific point in talk.

Backchannel is utterance from the listener or speaker to indicate that they are paying attention to the speaker by perceive with some signals. Beside the categorizes above, here are also some kinds of backchannels: verbal backchannels and non-verbal’s backchannels.

1) Verbal backchannels

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Verbal backchannel can be divided into three major groups; ‘simple’ (yeah and mmm), ‘double’ (yeah yeaaaah, ) and ‘complex’, complex backchannels are composed of ‘one of several items from different backchannel categories and/or one of several open-class lexical items’ such as yeah….right or yeah I know. Example:

(7) A : and *nineteenth century and *STOPPED
B : *yes I know*
A : well now they’re starting in the summer and going through *and
the*
B : *hmm hmm*
A : long vac is to tei *so* they are I don’t
B : *yeah*
A : think Gillian or Ingeborg are on the board this year *so* well
Gillian

The example above demonstrates the three kinds of backchannels. The first yes I know represents to the complex backchannels. The second hm hmm represents to the double backchannel, the last yeah represents to the simple backchannel.

2) Non-verbal backchannels

Nonverbal backchannel such as head nods, eyes gaze or smile. To establish a relevant system for these classifications it is logical to start with five simple types of nods, as follows:

**Type A:** Small (nonchalant) nods with a short duration.

**Type B:** Small (nonchalant), multiple nods with a longer duration than type A.

**Type C:** Intense nods with a short duration.

**Type D:** Intense and multiple nods with a longer duration than type C nods.

---

**Type E:** Multiple nods, comprising of a combination of types A and C, with a longer duration than types A and C nods.

b. Functions of Backchannel

A wealth of linguistic research exists that conceptualizes how specific backchannel forms are commonly used, in terms of their discursive functions. O’Keeffe and Adolphs provide a good example of a functional coding model that categorizes backchannels according to four different subgroups; Continuers (CON), Convergence tokens (CNV), Engaged Response tokens (ER) and Information Receipt tokens (IR)\(^\text{33}\).

These broad categories are extended to incorporate non-verbal backchannels in order to create an integrated coding system for labeling all backchannel types, and for influencing explorations of the relationships between the existence and use of spoken and non-verbal varieties (similar models are given by Maynard and Gardner):

1) *Continuers*, the most basic form of backchannel, which is used to maintain the flow of discourse, and to provide feedback on how the message is being received. Continuers act as floor-yielding tokens signaling that the addressee is listening, desiring the speaker’s floor holding narrative to continue.

Example:34

(8) A: NO, we HAVE it in the PURVIEW as a closed system WORD I’m pretty SURE A: YEP we HAVE ** which means
B: *m hm*
A: that it is sui GENERIS you see *• *and • we
B: *mhm*
A: would • certainly preliminarily • pattern in with PREPOSITIONS
B: mhm
A: the Guw the only • the only OTHER • POSSIBILITY • A:m WELL • not the ONLY other POSSIBILITY • but it seems to me that you’ve got two • two THINGS A that you can DO with THIS …

The *mhm* signals above describe that the function as continuers because they do not express any particular listener’s attitude to what is said and only endorse the current speaker to continue.

Convergence tokens, have a ‘higher relational value’ than continuers, as they are used to mark agreement / convergence. They are used to help maintain good relations, by reinforcing commonality throughout the discourse.

These are often represented by the repetition of a particular part of the preceding utterance as in the example below, where the B’s stick an initial label is the repetition of a part of A’s preceding turn.

Example :35

35 ibid
Engaged response tokens, these are more affective response tokens, communicating emotive signals and opinions to the speaker without taking over the turn. They can highlight, for example, the addressee’s anger, shock, surprise, disgust, sympathy, empathy and so on.

Example:

(9) A: I mean if I don’t LIKE it I can always send it BACK CAN’T*
B: *COURSE* you can YES
A: well what does he SAY *stick an initial label* on the
B: *stick an initial LABEL*

(10) A: do you remember that • that girl from the PARTY • I mean last Friday
B: yeah, I do
A: I met her yesterday in the morning at the • corridor and she • asked me how YOU were doing
B: *hmmm, GREAT*
A: so I think she MUST have noticed you there • I mean you should invite her for coffee G: something.

The use of hmm great signals the listener’s high interest in what has been uttered. The listener only reflects his interest in the current topic and thus encourages the current speaker to continue his turn.

Information receipt tokens, these are highly organized tokens which are associated with asymmetrical discourse, where one speaker has control over the flow of discourse. The main
function of these backchannels is to state whether the listener accepts or denies the information, and that the listener still supports the current speaker in his turn. This category of backchannels is the most likely to be mistaken for a turn and vice versa, and often is very disputable, depending on the view of the researcher.

Example: 37

(11) A: * I expect it’s the * * kind of MATERIAL he GETS it with * it’s either FACTUAL • DETAILED stuff* B: in his NOTES or all in ADVANCE A: it’s not like a lecture on CHAUCER *or* B: *NO * A: or ELIOT or something of THAT kind but that was only by the WAY I SAID well I don’t ACTUALLY do it like THIS and he said you KNOW that *how.

It should be distinguished between backchannels confirming the received information and agreements in the form of turns since both can be represented by the same device as e.g. yeah.

E. Transcribing Conversation

If we want to analyze a conversation, from video or interview we should have to write the text in the paper. But we are not writing it randomly, it should write with good arrangement. In conversation analysis it is usual to use the transcription system which was first developed by Gail

37 ibid
Jefferson for early work in conversation analysis and described for example in early works such as Sacks, Schegloff and Jefferson.  

1. Information external to the talk

In conversation analytic transcripts, the identification of participants is in some ways problematic. In most cases, participants in interaction are indicated by a name, as in extract (1) or a letter. Example:

[Car Conversation]

(12) Nick: on-[which] day's your anniversary?
Elvis: [yeah?]
Sasha: sixth. June.
Nick: the sixth.
Elvis: yeah.

2. Transcribing words

Languages usually have a standard orthography, that is a set of established conventions for representing the words of a language and this standard orthography represents one way of writing the words spoken in the transcription. For example the sentence:

(13) Why don't you take a break?

In actual conversation, then, the sentence in (2) may be pronounced very differently from the way the standard orthography expects, and may be better rendered as something like:

(14) Whyncha take a break?

---

38 Ibid., p.17.
In which the first element is pronounced more or less as a single unit. Example (13) can be considered an idealization of language which is useful for communication across regions and social contexts, but (14) is a more accurate representation of what a speaker actually says in a particular context.

3. Transcribing other speech sounds

These sounds include a range of vocalizations as well as the sounds of breathing and laughter, which all play a role in the talk being produced and need to be included in the transcript. For example, the form mhm represents a sound that has two beats/syllables while the form mm represents a long m sound. These two sounds can have quite different meanings in conversation. Similarly it is important to be able to distinguish between *uh huh* which has a yes-like meaning and uh-uh which has a no-like meaning. For click sounds, forms such as t! or tch are used for dental clicks while pt or p! can be used for bilabial clicks.

(15) [Ma: 11 (Rendle-Short, 2003)]

Ma: t! and that' 11 be helpful of course, as a computer scientist.

Audible breathing can be interactionally very important and needs to be included in transcription along with speech sounds. Outbreath thing is indicated, with the number of h's indicating the duration of the breathing.

(16) [Car conversation]

Elvis: I know the:: di:lemma hh. (1.0) ged up an scrub concrete huh [ heh

(17) [May and Jo]
Jo: .hh see you later then.

May: °yeah. (tha[nks].)°

Jo: [bye.

The common way to indicate a described sound is to place the description in double brackets, as in the cough in extract (18).

(18) [Car conversation]

Nick: shoulda done that ages a[go.

Elvis: [ah that w’ s cool

Sasha: ((cough))

4. Transcribing contiguous or simultaneous talk

When one unit of talk follows another with no discernible interval between the two, this is shown by an equals sign.

(19) [Car conversation]

Elvis: [. hh an you jus screa :med an I just stopped.=

Sasha: =s_lammed on the brakes . in the middle of th[e intersection.

This shows that Sasha's talk begins immediately Elvis' talk stops.

Where one person starts to talk while another person is still talking, the start of the overlapping talk is indicated by [ and the beginning of the overlap is aligned in the transcript.

(20) [Car conversation]

Elvis: I know the:: di:lemma hh. (1.0) ged up an scrub concrete huh //hen

Sasha: //poor Ni//ck

Nick: //no man I’ ve gotta ged up an fold jumpers (0.2) huh huh huh
The layout of this system is less clear when more than one overlap is present and the use of [ and alignment makes the transcript much easier to read. The end of a stretch of overlapping talk is shown by ]. But in this research the writer prefers to use // than ] to mark overlap.
A. Data Description

In the previous chapter, the writer has explicated the theory of conversation analysis and backchannel. Based on the theory, the writer will be analyzed the types and functions of backchannel that happens in the talk show.

This chapter contains the data that will be analyzed from the talk show in SBS Insight. The writer uses method of qualitative descriptive research to collect the data and needs some cards to categorizing the data before write it into the table. The writer found 19 data, contains of 12 verbal backchannels and 7 non-verbal backchannels.

From the identifying above, 16 data have been elected. They are: Text number 76, 115, 137, 179, 192, 199, 209, 219, 228, 237, 233, 142, 156, 157, and 244, 181. It’s shown in the table below:
Table 1
Verbal Backchannel

<table>
<thead>
<tr>
<th>No.</th>
<th>Sentences</th>
<th>Backchannel</th>
<th>Text Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Man : I don’t think anyone’s making it compulsory, if you don’t want to select—that’s fine. But this couple do. Jenny Brockie : Okay. Woman : Freedom of choice is most important. I think you know as democratic society here in Australia we should be able to....</td>
<td>Okay</td>
<td>76-78</td>
</tr>
<tr>
<td>2</td>
<td>JB : Okay. I wish Myles could talk. I really really do. I think he really wants to talk, but he just can’t quite get there. MH : Yes. JB : Let’s leave sex selection behind for a moment, and let’s talk about other things that you can identify, other genes that you can identify and screen for at the moment....</td>
<td>Yes</td>
<td>115-117</td>
</tr>
<tr>
<td>3</td>
<td>JB : I don’t want you to feel defensive about this.... MH : No. JB : because it’s just different points of view, you know..I really don’t want you to feel that you have to be defensive about it because... MH : oh no, definitely not.</td>
<td>No</td>
<td>137-140</td>
</tr>
<tr>
<td>4</td>
<td>SY : I can but I wonder if you would feel differently if you had a different system of support around you. I mean what we know about the Australian system //... DW : Yes ((head nods))</td>
<td>Yes</td>
<td>179-181</td>
</tr>
<tr>
<td></td>
<td>SY : // is that the disability support system is absolutely stuffed.</td>
<td></td>
<td></td>
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<tr>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td>JB : So is what you are worried about that the status of people with the conditions will get worse//....</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>LW : Yeah.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>JB : // if this screening becomes more widespread, is that a fear?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yeah 192-194</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>JB : Well your daughter’s sitting right beside you, Rachel.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>LS : Yes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>JB : And I know that you’ve had a conversation with Rachel about being here tonight.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>LS : Yes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes 199-202</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>JB : Yeah, okay. Alright, but you don’t want to say anything..</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>RC : No.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>JB : Okay Julian. I’m going to quote something back at you that you’ve said again...</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>No 209-211</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>JB : So you are not talking about things like cystic fibrosis......</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>KS : No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>JB : You are talking about the other things that are now being identified.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No 219-221</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>JB : So you are saying that it’s not eh just because the gene is there it doesn’t necessarily mean that’s going to have a uniform result or..</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>KS : Yeah so so.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>JS : But why not reduce the chances of schizophrenia, even by a little bit. What’s wrong with that, isn’t that, truly that’s rational thing to do.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yeah so so 228-230</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>JB : Julie, you have a child with down syndrome...</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>JF : I do yes. Yes</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>JB : Yeah, what do you think about this listening to this discussion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes 236-238</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>DM : Julian, Julian’s selection is happening, it happens in donor sperm programs where the recipients pour over the characteristics of the donor looking for intelligence, social status, job status. That sort of selection, not genetic selection but gene-ah selection is already happening on a small scale.</td>
<td>Oh exactly</td>
<td>261-263</td>
</tr>
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<td>---</td>
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<tr>
<td></td>
<td>MK : Do that with a husband as well.</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>DM : Oh exactly</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2
Non-Verbal Backchannel

<table>
<thead>
<tr>
<th>No.</th>
<th>Sentences</th>
<th>Backchannel</th>
<th>Text Number</th>
</tr>
</thead>
</table>
| 1   | LW : I actually find that sort of the easiest thing to understand, so people, couples owning their own feelings *about having a child* with a chronic illness or a disability.  
MH : *((nodding her head))*  
MH : *((Nodding her head))*  
LW : ...It’s actually easier for me to conceive than this sort of nebulous idea that that child’s going to have a bad life *because they have some sort of disease.* I think the fact that you guys have said it was our choice as a couple because we didn’t feel that we could parent that child adequately. Now I’m sure you actually could’ve, because I don’t think it’s - You know, I don’t actually think it’s that that difficult.  
MH : *((Nodding her head))* | Head Nods with type A | 142          |
| 2   | LW : *Yeah*, and I think living with these-with genetic conditions and makes gives you a lot. *it gives you a lot of resilience* it gives you a lot of strength.  
SY : *((nodding her head))* | Head Nods with Type C | 156          |
| 3   | JB : would either of you want to have children with your conditions?  
LW : I’m not *bothered!  
SY : *((nodding her head))* *yes, yeah.* I think that um being someone who is really passionate about disability culture, and I think that disabled adults.... | Head Nods with type D | 157-159       |
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4</strong></td>
<td><strong>5</strong></td>
</tr>
<tr>
<td>DW : I’m sure it would have made life a lot easier but I mean I, I certainly wouldn’t sit here and say that we still wouldn’t have changed <em>, like the course of action that we took.</em></td>
<td>TA : If you could screen things for Alzheimer’s, if you can screen for alcoholism or any other kind of problems, like I mean we talked about schizophrenia or mental disorders, but if you could screen for those things in the future, why not. I mean they cause as much problems to people’s families and lives <em>as you</em> know</td>
</tr>
<tr>
<td>SY : <em>((Nodding her head))&gt;</em></td>
<td>DW : <em>((nodding her head))&gt;</em></td>
</tr>
<tr>
<td></td>
<td>TA : having a child with a disability or not, I mean that’s just one aspect of it, people have a lot of aspects, in like particularly addiction problems, if I can screen my kid for addiction, give me <em>one without any of those.</em></td>
</tr>
<tr>
<td></td>
<td>DW : <em>((nodding her head))&gt;</em></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Head Nods with Type A</td>
</tr>
<tr>
<td></td>
<td>181</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Head nods with Type C</td>
</tr>
<tr>
<td></td>
<td>244</td>
</tr>
</tbody>
</table>
B. Data Analysis

The writer uses the data from the talk show between the presenter and the participants. First, the writer watches the video while giving sign in the transcription to make it easy and identifies the types and the function of backchannel based on chapter 2.

Here are the findings:

**Verbal Backchannel**

**Datum 1 (text number 76-78)**

(1) Man: I don’t think anyone’s making it compulsory, if you don’t want to select—that’s fine. *But this couple do*
(2) JB: *Okay*
(3) Woman: Freedom of choice is most important. I think you know as democratic society here in Australia we should be able to say as, well for me...

**Explanation:**

In this data, when the speaker 1 (man) talks about his opinion in the discussion, then JB responses his utterance with “okay” in simple backchannel, it means that JB accepts what his utterance or what is the information has been received. The function of this simple backchannel “okay” as a *continuers (CON)*, after the speaker 1 (man) finish then JB response it with “okay” because she wants the other speakers give another opinion or continuing the discussion. In the other hand, continuer has function to maintain the flow of discussion. In this situation, the Man (speaker 1) and Woman are the guests in that talk show who give their contribution to the issue. As a host, JB lets the speaker to give him a chance to continuing his utterance until finish. JB just give a little sign “okay” with
the man’s utterance. He says that, he agrees and does not make it problem when someone does a gender-selection to their baby, and JB accepts and understands it. So, JB lets another speaker (woman) to give her opinion.

Datum 2 (text number 115)

(1) JB: Okay. I wish Myles could talk. I really-Ireally do. I think he really wants to talk,* but he just can’t* quite get there.
(2) MH : *Yes*
(3) JB : Let’s leave sex selection behind for a moment, and let’s talk about other things that you can identify, other genes that you can identify and screen for *at the moment*....

Explanation :

In this data, when JB said that she hopes Myles could talk, MH response her utterance with “yes” simple backchannel which means endorse or approve what JB said. She approved that Myles could not talk. *Yes’* backchannel has a function *as convergence tokens (CNV)* used to shows an agreement or disagreement with the information conveyed. MH is a parent who did a designing-babies, as a resource person and Myles is her babies who could not speak yet. JB hopes that Myles could talk to give his opinion about his parents, but in fact is he could not. So, MH gives her backchannel to correct it. Then, JB continues her duty to talk about another thing. MH gave her *yes* with falling intonation, it means that as an instance of neutral intonation with the impression that nothing else is needed to be add, the information is accepted and the statement finished. This analysis also represents of data number 179,199 and 237.
Datum 3 (text number 137)

(1) JB : I don’t want you to feel defensive about this....
(2) MH : No...
(3) JB : Because it’s just different points of view, you know I really don’t want you to feel that you have to be defensive about it..
(4) MH : Oh no. Definitely not.

Explanation:

The data above shows the other backchannel, actually the “no” backchannel’s meaning is similar with yes backchannel. This simple backchannel with falling intonation does not mean to overlap or cut the JB’s speech. The no backchannel in MH’S speech which means to response marks the affirmation of the utterance of JB that she didn’t want if MH felt defensive, which is carried by the negation in the form don’t. So, MH makes sure that she does not feel defensive. In this situation, JB as a host wants to the guests do not feel inconvenience with this topic, especially, MH who has a Cerebral Palsy son. JB worries that MH can feel uncomfortable with that. So, the function of no backchannel is information receipt tokens (IR). The main function of this backchannel is to state whether the listener accepts or denies the information or it may confirm what was said by the devices of agreement or disagreement. And here, MH gives her no sign to accepts that the information/utterance which JB say does not make MH feel defensive.

This data also represent another data about no backchannel in data 209 and 219.

Datum 4 (text number 179)

(1) SY: I can but I wonder if you would feel differently if you had a different system of support around you. I mean what we know about the Australian system //...
(2) DW: Yep.
(3) SY: ...// is that the disability support system is absolutely stuffed.

Explanation:

In this data, the situation shows that there is overlapping when SY in her turn then DW overlap with her backchannel to show that she is support to what SY talking about. Here, SY as a disability activist, gives her opinion about how DW feel about this topic where some parents can do a designing-babies while she does not do that and the fact is she has a son with Cerebral Palsy. When SY said “I mean what we know about the Australian system...” she talks hesitantly so DW gives her simple backchannel “yes/yes” means that acknowledge, DW already knew about the Australian system and the function in here as a continuers(CON) to support SY’s utterance is going on and she also agrees with SY. DW seems like, SY can represent what she feels. Sometimes when backchannel uttered, it’s usually happen with overlap, but it doesn’t mean that the listener want to take the speaker’s turn, he or she just wants to give attention to the speaker that she or he is listening.

Datum 5 (text number 199-202)

(1) JB: . Your daughter’s sitting right beside you*, Rachel*.
(2) LS: *Yes*. 
(3) JB : And I know that you’ve had a conversation with Rachel* about being here tonight.

(4) LS : *Yes.*

Explanation:

JB says to the LS, who have a child with Down syndrome, that Rachel (LS’ daughter) is coming there to listen and join in that talk show. LS answer it with the respond “yes”. The “yes” here is not to answer the question, because JB did not ask, she just wants to make sure that Rachel is okay to being there. Backchannels is not yes-no question, where there is a question and then it should be answer. The yes-no question is a part of Adjency Pair.

LS’ simple backchannel “yes”, shows that he agrees with JB’s statement. “Yes” backchannel here is one of accept types and it has function convergence tokens, to sign agreement or convergence to help maintain good relations. So we can see that, a good relation built by the good response that occurs in conversation between speaker and listener, where there is no overlap, and there is a backchannels to give sign.

Datum 6 (text number 209-211)

(1) JB: No. Is it interesting to you to be listening to this?
(2) RS : Yes.
(3) JB : Yeah, okay. Alright, but you don’t want to say anything…//
(4) RS : *No.*
(5) JB : Okay Julian. I am going to quote something back at you that you’ve said parents have a moral obligation to create the best child possible with the technology available. What do you mean by the best child possible?
Explanation:

Let’s see from the text (1) and (2), where JB communicated with RS, JB asked a question then RS answer it with “yes”, compare with text (3) and (4) when JB said her utterance and RS give her feedback fastly caused she cut JB’s statement. The text (1) and (2) it is not about backchannels, because the turn between JB and RS occurred neatly and it is about adjency pairs, where the question should have to reply by an answer. Different from text (3) and (4), when JB said that RS didn’t want to say anything and suddenly RS respond with “no”. RS didn’t mean to cut the JB’s utterance, she just wants to give feedback with her agreement. The “No” here is same with “yes”, it is simple backchannel which has function convergence tokens, with supportive move is accept.

RS gave her backchannels with the falling intonation, is usually regarded as an instance of neutral intonation with the impression that nothing else is needed to be add, she accepted the JB’s utterance and the statement finished. That turn seems like not interesting for RS, although JB as a host tried to make RS gives her opinion. So, JB continues her question to the other speakers.

Datum 7 (text number 219-221)

(1) JB: So you’re not talking about things like cystic fibrosis..
(2) KS: *No*
(3) JB: You’re talking about the other things that that are now being identified.
Explanation:

Actually, for some researcher the sentence above is one of overlapping way or cut the other utterance. But in this part, the “no” here sign that it is part of backchannel that has same meaning with “yes”. This simple backchannel gives stressed to the JB that KS was not talking about things like cystic fibrosis, she is talking about other things. KS wants to show her negative confirmation but still listening to the JB utterance without interrupt JB. This “no” backchannel has types to endorse the JB’s statement, and it has function as information receipt tokens (IR).

Datum 8 (text number 228)

(1) JB : So you are saying that it’s not eh just because the gene is there it doesn’t necessarily mean that’s going to have a uniform result…
(2) KS : *Yeah so so*.
(3) JB : But why not reduce the chances of schizophrenia, even by a little bit. What’s wrong with that, isn’t that, truly that’s rational thing to do.

Explanation:

This data shows about complex backchannel that composed of one several items from different backchannel categories “yeah so so” and it means that accept supporting acts. KS accepted the JB’s utterance and the backchannel function is information receipt tokens (IR).

Actually, JB wants to ask question with high intonation but KS cut the JB’s utterance directly. So JB’s changes her question with statement. If JB asks a question with high intonation, the writer doesn’t include it into this research, because the question-answer isn’t part of backchannel. But in
the other theory, Longman says that question-answer is also part of backchannel. The writer doesn’t agree with that opinion, the writer has opinion that the question-answer is a part of adjacency pairs.

Datum 9 (text number 261-263)

(1) DM : Julian, Julian’s selection is happening, it happens in donor sperm programs where the recipients pour over the characteristics of the donor looking for intelligence, social status, job status. That sort of selection, not genetic selection but gene-ah selection is already happening on a small scale.
(2) MK: Do that with a husband as well.
(3) DM : *Oh exactly*.

Explanation:

Thus, the complex backchannel’s type here is endorse supporting acts. Because “oh exactly” perceive to the utterance before, do that with a husband well, MK agree with that statement. The function of this backchannel is engaged response tokens (ER). This category is to shows that listener gives his emotive signals or opinion to the current statement and interest. DM express her Oh exactly with the rise-falling intonation, it conveys the meaning of strong feeling, like surprise or engaged interest with the opponent-speaker’s utterance. By the use of captured interest tokens, the current listener communicates that the information uttered by the current speaker is of great interest, or importance in relation to the listener.
1. Non Verbal Backchannel

Datum 10 (text number 142)

(1) LW : I actually find that sort of the easiest thing to understand, so people, couples owning their own feelings about having a child* with a chronic illness or a disability.
(2) MH : *nodding her head*
(3) LW : ...It’s actually easier for me to conceive than this sort of nebulous idea that that child’s going to have a bad life *because they have some sort of disease.* I think the fact that you guys have said it was our choice as a couple because we didn’t feel that we could parent that child adequately.
(4) MH : *Nodding her head*

Explanation:

Here, MH was nodding her head twice with type A. Type A means that small nods with a short duration. Type B, small or multiple nods with longer duration than type A. Type C, intense nods with a short duration. Type D, intense and multiple nods with longer duration than type C. And the last, type E the combination of type A and C, with longer duration than type A and type C nods. MH nodding her head with small nods in short duration but she does it twice, her nods represents that she agrees with LW utterances. LW, as a person who has disease of Cystic Fibrotic, gave her opinion about how is her feeling to the people who do a designing-babies and selecting their babies without any disease. Although she suffers with her disease, she does not make it as a big contra; she said that it is our choice to give the best for our babies. So, MH as a parent who did designing-babies felt appreciated to the LW. So, MH agrees with that and nods her head.
Datum 11 (text number 156)

(1) LW: *Yeah*, and I think living with these-with genetic conditions and makes gives you a lot. *it gives you a lot of resilience* it gives you a lot of strength.
(2) SY: *nodding her head*

Explanation:
SY and LW are the same people who have different genetic conditions. SY as a disability activist, and LW with her Cystic Fibrotic. When LW talked about her opinion then followed by SY’s head nods because as her friend absolutely she agreed with LW’s statement. When LW said about “it gives you a lot of resilience” SY also gave her emotion to the people to make the other participants sure about they feel, that they are okay with that conditions. SY used type C, she nods intense with short duration. It shows that she agrees with the LW statements.

Datum 12 (text number 157)

(1) JB: Would either of you want to have children with your conditions?
(2) LW: I’m not bothered!
(3) SY: *nodding her head* yes, yeah. I think that um being someone who is really passionate about disability culture,…

Explanation:
SY uses two expression of backchannel. First, she nods her head with type D (intense and multiple nods with a longer duration than type C nods) when LW say about her opinion that “I am not bothered”, it shows that SY agrees with LW’s utterance that she doesn’t want to have children with her condition. Besides that, she also uses verbal backchannel “yes, yeah I think that um being someone who is really passionate about disability
culture…”. The *yes, yeah* here also represents that she really agrees with that. This backchannel types is complex and the function of this backchannel is *convergence tokens*, to mark agreement.

**Datum 13 (text number 181)**

(1) DW : I’m sure it would have made life a lot easier but I mean, I certainly wouldn’t sit here and say that we still wouldn’t have changed *like the course of action that we took*. I guess I don’t understand why people wouldn’t want to have a healthy child if they’re able to

(2) SY : *Nodding head*

**Explanation:**

DW as a mother who has son with Cerebral Palsy, feels like it is okay with her life and has a different son, weather another people can do a designing-babies and she understand it. When DW spoke, SY nods her head with type A (small nods with short duration). DW said that “I’m sure it would have made life a lot easier but I mean, I certainly wouldn’t sit here and say that we still wouldn’t have changed *like the course of action that we took*” then SY nods her head shortly, so she agree with DW. We do not exactly how people feel when they are nodding head about some opinions, but we can conclude or see it from the first speaker’s utterance whether she agrees or disagrees.

**Datum 14 (text number 244)**

(1) TA : If you could screen things for Alzheimer’s, if you can screen for alcoholism or any other kind of problem, like I mean we talked about schizophrenia or mental disorders, but if you could screen for those things future, why not. I mean they
cause as much problems to people’s families and lives *as you know*.

(2) DW : *nodding head*

(3) TA : Having a child with a disability or not, I mean that’s just one aspect of it. If I can screen my kid for addiction, give me *one without any of those*

(4) DW : *nodding head*

Explanation:

Most of head nods in backchannel signed that it is expression (nonverbal) to show that the listeners/speaker opponents are agree with the statement which is saying from other people. Here, DW nods her head twice to show that she is listening, understanding and agreeing to what TA’s utterances that having child with some disease or not, or you want to do screening to your baby or not it is no problem, it is depend on you and your family. DW nodded her head twice with type A (small nods with a short duration). It means that DW support to what TA’s utterance, to represent what is her idea.
CHAPTER IV

CONCLUSION AND SUGGESTION

A. Conclusion

As we know, backchannel happens in the speaker floor, maybe it can be called as interruption or overlapping and some people say that backchannel is a part of turn taking. But backchannel does not involve the speaker shift, it doesn’t mean to take the speaker turn. If one speaker talks more or talks dominantly, the most backchannels happens. This research shows that backchannels is important to use in conversation, whether it is in talk show or daily conversation. Because silent in conversation could make many interpretations moreover it shows as impoliteness in some countries.

This research based on several sources, the classification according to discourse function is inspired by O’Keeffe and Adolphs (2008), the classification of complexity is based on the study by Tottie (1991) and the classification backchannels as supportive moves by Coulthard, Montgomery and Brazil (1981).

In short, according to the research findings the writer finds 19 data. The result shows that backchannels are used the most variant of backchannels is yes and followed by no with falling intonation. Because, yes is a simple backchannels to give feedback, and with the simple yes it could not disturb another floor. Sometimes we could not realize that backchannels occurs in every part of conversation with simple yes backchannels. Then the
less frequently used are *okay, yeah so so* and finally variant of backchannel *oh exactly*.

The most frequently perform functions are *convergence tokens* (CNV) and *information receipt tokens* (IR) with the same results are 4 for each. CNV as agreement/disagreement and IR as accepts or denies information occur in conversation, it depends on what are the speaker’s talk about. This research talks about pro and contra of an issue, so that CNV and IR are the most used in this research. The other function’s result such as *continuers* (CON) 2 and *engaged response* (ER) 1. Some researchers said that the using of backchannel depend on the background of that listener, where the conversation occurs, who is the speaker man or women. Because in this research, the writer took the data from talk show which has many participants so backchannel is less happen than in daily conversation between two people. This research found that *yeah/yes* is the most used by the participants, maybe *yes/yeah* is stronger to give signal than *mmm* or other backchannels.

### B. Suggestion

The research is only a gate for further research in *pragmatics* field. The writer believes that there are several comprehensive analyses which are needed to gain more data, information and conclusions. This research is only limited to Tottie’s theory of backchannel. There are still other theories which are structurally different.
The writer suggests for further researchers in term of backchannel to use the theory Longman approach which contradict with this research and using many others corpuses, such as conversation in a movie, in an interview or a conversation which involved two people on it. The writer hopes for critics in order to strengthen the process of this research and its findings. The writer insists for people to study this subject because of its importance and conclusive process in order to comprehend backchannel as symbol which contextually related with the speaker’s intention.
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The Transcription of SBS Insight Talk Show entitled Designing Babies
Episode Aired Tuesday, October 9th 2012

T1. JENNY BROCKIE: Hi, I’m Jenny Brockie. Let’s cross straight to Bangkok tonight, and Danielle Morris, tell us why you’re doing IVF there and not here?
T2. DANIELLE MORRIS: Yeah, we’re over here because we’re doing the PGD and um gender selection which obviously they don’t offer us back at home.

T3. JENNY BROCKIE: So what is it that you want, a boy or a girl?
T4. DANIELLE MORRIS: A boy.
T5. JENNY BROCKIE: Any why do you want a boy, Corey?
T6. COREY LEIGHTON: We have six lovely girls. Um Danielle has one boy from a previous relationship, um so we’re a split family.

T7. JENNY BROCKIE: And how does the sex selection process work? What’s involved? What do you have to go through?
T8. DANIELLE MORRIS: Um it’s basically the same as IVF, but instead of them taking the eggs out and putting them straight back in after they’re fertilised, they grow them for five to six days, and then they do the tests on them, the PGD testing. And then they do the gender um testing, and then they put them back in and we find out which are girls and which are boys.

T9. JENNY BROCKIE: How much does it cost to do it?
T10. DANIELLE MORRIS: If you just had standard IVF it would be probably cheaper than Australia, but with the PGD and gender selection it’s about nine and a half thousand Australian um to go through the whole cycle.

T11. JENNY BROCKIE: Corey, what if you get all female embryos and you don’t get a boy? What will you do?
T12. COREY LEIGHTON: We would still have one implanted, I suppose. Um we still want that child, so yeah - we’d still go ahead with one of the embryos.

T13. JENNY BROCKIE: David, ah why can’t this couple select the sex of their baby here in Australia?
T14. DR DAVID MOLLOY: Well IVF units in Australia are licensed and you’ve got to agree to follow the NHMRC’s code of ethical conduct. And the NHMRC in its wisdom has decided that gender selection just can’t be offered to Australian couples. So a very small, very select, very narrow committee of the NHMRC has decided to limit reproductive choice for couples in this country, and we can’t offer it.

T15. JENNY BROCKIE: Now you used to do it.
T16. DR DAVID MOLLOY: We used to do it, that’s right.
T17. JENNY BROCKIE: And when did that stop?

T19. JENNY BROCKIE: And what did most people in Australia choose?
T20. DR DAVID MOLLOY: Well, surprisingly, ah and this is also true in the United States, our requests for gender selection were about eight to two for girls versus boys.

T21. JENNY BROCKIE: Mm, interesting, eight to two?
T22. DR DAVID MOLLOY: Yeah, it’s even politically correct, yeah!
T23. JENNY BROCKIE: Alright, Vijay, what do you think of the idea of being able to choose the sex of a baby, particularly given your background, where you come from?
T24. VIJAY YADAV: I’m totally against it. I come from India, for people who don’t know me. I mean all of you don’t know me! But um um in India i-it’s the opposite of what um the ratio it is. It is more boys ah as opposed to girls, and um the recent numbers show that for every 100 girls there are about 110 boys.
T25. JENNY BROCKIE: Is gender selection allowed in India?
T26. VIJAY YADAV: It’s illegal in India, and people still are able to do it.

T27. JENNY BROCKIE: So what would happen in India, do you think - if there was gender selection?
T28. VIJAY YADAV: You’d see a whole lot of boys and”.

T29. JENNY BROCKIE: Why?
T30. VIJAY YADAV: The reason I think in my head why this has ah come about is because of two very distinct things, one being the dowry system in India, which is still very prevalent in in the society.

T31. JENNY BROCKIE: This is where the woman has to provide a dowry when she’s married?
T32. VIJAY YADAV: Yes, yes. So every time a couple, you know a family is about to have a child and it turns out to be a girl, there is a whole lot of things going through the parent’s mind, even before the baby is born. And the first and foremost thing I’d say would be how- where would be - where would we come up with all this money from to sort of you know marry our daughters into the family that we want to marry? . . .
T33. JENNY BROCKIE: So it’s cheaper to have a boy?
T34. VIJAY YADAV: Yes!
T35. JENNY BROCKIE: Yeah. Imtiaz, what about you? You’re from Bangladesh. Does Bangladesh have sex selection?
T36. IMTIAZ MULLICK: No, no, no. Bangladesh don’t have it.
T37. JENNY BROCKIE: Okay. And what would happen if you did?
T38. IMTIAZ MULLICK: Obviously boys and boys all.
T39. JENNY BROCKIE: All boys?
T40. IMTIAZ MULLICK: All boys.
T41. JENNY BROCKIE: Everybody would want boys?
T42. IMTIAZ MULLICK: Yeah.
T43. JENNY BROCKIE: Um Turkan, what do you think about this?
T44. TURKAN AKSOY: I’m for it. I mean having a child is a choice, and if this wonderful couple is a great example, they’ve gone far and wide to be able to make a choice of having a boy, because they want to balance out their family. I mean good on them! And I think that people have to be able to make that choice and not be judged for that.
T45. JENNY BROCKIE: Okay, so you wouldn’t be concerned about - What’s your cultural background?
T46. TURKAN AKSOY: I’m from a Turkish background. But I do understand what happens in other countries, and culture plays and finances play a big part in it. But in Australia . . .
T47. JENNY BROCKIE: So do you see any dangers with it at all, culturally?
T48. TURKAN AKSOY: Not in Australia I don’t. In other countries, yes - I mean the fact that there is an imbalance in India shows that there- it can get quite unbalanced. But in Australia, I don’t believe that there’s issues like that.
T49. JENNY BROCKIE: Mm. Jin, you’re from China originally. What do you think?
T50. JIN JING: My dad always wanted a boy, but you know I brought up the best way I could- they could um support me. I think there are, you know, parents out there probably have reason to select genders, but I don’t think it should be, you know, that readily available to everybody.
T51. JENNY BROCKIE: ’Cause China is interesting, yes?
T52. JIN JING: Yes, yes. . .
T53. JENNY BROCKIE: As a, as a study in this with the one child policy.
T54. JIN JING: Yes, we have far more boys than girls.
T55. JENNY BROCKIE: So is sex selection going on in China at a formal level or an informal level, or both?
T56. JIN JING: I think informal level. Like my friends back in China who are having babies at this age, if they’re going to ultrasound they wouldn’t be able to know the sex of the babies, just because probably you know do something about it if it’s a girl . . .
T57. JENNY BROCKIE: Terminate the pregnancy?
T58. JIN JING: Exactly, yeah
T59. JENNY BROCKIE: So terminate it if it’s a girl?
T60. JIN JING: Yeah. It happens. It still happen in China, like you know, people going to great lengths to make sure they have a boy.
T61. JENNY BROCKIE: Mm. Julian, you’re an ethicist, what do you think of sex selection?
T62. JULIAN SAVULESCU, ETHICIST: Well I think this ban is both ineffective and profoundly immoral. It’s ineffective because any woman in Australia can have sex selection by having precisely what you mentioned, prenatal diagnosis, and then having a termination of pregnancy. And in fact there are huge problems with sex selection in India and China, and that’s not through this technology, it’s through prenatal testing and abortion and infanticide.
But more importantly it’s profoundly immoral, because people’s liberty to do things should only be restricted when they’re harming other people. And in Australia this couple is not harming anyone. As we heard, most people in Australia want to have a child to balance the sexes of the- of the children already in the family.
T63. JENNY BROCKIE: But what if it plays to you know – a cultural structure that’s going to favour people having one sex over the other? Is that an ethical problem?
T64. JULIAN SAVULESCU: You should, you should have evidence of that kind of harm before you fundamentally infringe something very important to people. This couple spent a lot of money and time, and we have no evidence of that in Australia. And in fact they’re going to have it in Thailand and come back to Australia anyway. So it’s, it’s both ineffective and an improper restriction of liberty in Australia.
T65. JENNY BROCKIE: Rob, you’re a philosopher. What do you think?
T66. ROB SPARROW, PHILOSOPHER: I think it’s way too simple to think of this as simply an individual choice. It’s a technological system, it’s a set of ah regulations. Ah for most of human history people simply haven’t had this choice. And people who succeed in getting a male child, that child may still grow up to want to play with dolls instead of ah action figures, wear perfume instead of aftershave, might end up cross-dressing. Ah we simply can’t guarantee that we’re going to have the child we want through this technology.

T67. JENNY BROCKIE: Okay, Vijay, you’re nodding your head here.

T68. VIJAY YADAV: I agree 100 percent to that, I mean it also sort of brings up this whole um trait of people wanting to select and choose and always have their way with things. I mean where would it stop? It’s discrimination under the guise of preference really, according to me.

T69. JENNY BROCKIE: Alright, Danielle and Corey, what do you think listening to that? That you’re somehow being discriminatory on the basis of preference?

T70. COREY LEIGHTON: I don’t think we are being discriminatory. I mean we’d like to have a child together and the option we’ve chosen is to try our best to have a boy. And if we can’t, well we won’t. But at the moment we’ll try our best that we can.

T71. DR DAVID MOLLOY: Can I say something? This couple are not doing anything that hasn’t been done for centuries. People have been sex selecting for millennia. Aristotle had people tying off their left testicles to have a boy baby. I mean bull’s pizzle, herbs, you get 60 million hits on Google if you ask sex selection. People are sex selecting out there in the suburbs left, right and centre. The only thing that can’t be done in Australia is the one technique that really works. But you can time your intercourse, diet, have yoghurt, hang from the ceiling to sex select, but the only thing that’s banned.

T72. JENNY BROCKIE: People at home writing down . . . Hang from ceiling!

T73. DR DAVID MOLLOY: Hit Google, it’s all there! You don’t even have to buy the book now. You know, but the only thing that is banned in Australia is the one thing that really, really works well.

T74. WOMAN: But by using that technology you’re taking it a step further, that’s direct human intervention that we didn’t have, you know, hundreds and hundreds of years ago. You can tie off your left testicle or whatever, but it’s not someone specifically selecting an egg down like the passage of a microscope. It’s a different process. I think it takes it a step higher.

T75. TURKAN AKSOY: And again, but isn’t it their choice to do that? I mean you get a choice to get your ears pierced or to get immunised. But why can’t they have a choice to have a son over a daughter?

T76. MAN: I don’t think anyone’s making it compulsory, if you don’t want to select – that’s fine. But this couple do.

T77. JENNY BROCKIE: Okay.

T78. WOMAN 2: Freedom of choice is most important. I think you know as a democratic society here in Australia we should be able to say as, well for me a-as a woman, what I do and don’t want to do with my body and what I do and don’t want to do with my partner. And I agree with the point before, you know, as long as it’s not um infringing anyone else’s rights or imposing on anyone else.

T79. JENNY BROCKIE: Okay, anyone like to take up? Julian?

T80. JULIAN SAVULESCU: I think it’s really insulting t-to say to people like this that they’re discriminating what matters is how they’ll bring up their child and how they treat other people, not what choices they make about embryos. I think choosing between embryos is not discriminating against people, it’s deciding what child to have in the future.

T81. JENNY BROCKIE: But can you understand why people would be concerned about where this might go, how far it might go?

T82. JULIAN SAVULESCU: Well the problem in India, as we heard, is the dowry system and the social and cultural structures, the religions. Those are the things that should change, and not how people choose to repro - These are symptoms of a problem.

T83. WOMAN: And as Jenny said, when does that stop? Where do you draw the line? Are you- Is the next thing that you’re going to have a child with brown hair because you want them to have brown hair and have a better life chance, something like that? I think it’s, it’s a risky area.

T84. JENNY BROCKIE: Rob?

T85. ROB SPARROW: Look, I think it’s naive to think that - you know India’s sexist, China’s sexist and that there’s no sexism in Australia. And that having a technology and an institution that says look, it’s very, very important whether your child is a boy or a girl because boys are like this and girls are like that. But that isn’t sending some sexist messages as well.

T86. JENNY BROCKIE: So you’re against it?

T87. ROB SPARROW: Yes, yes.
T88. JENNY BROCKIE: Yeah, so you’re against it for potential reasons rather than actual reasons? Or are you against it because David’s saying eight to two girls to boys at the - in terms of the people that he saw?
T89. ROB SPARROW: Ah, it’s not just about the consequences in terms of who’s choosing boys and who’s choosing girls. It’s about a society-wide message saying - it’s if you have a girl, that girl is going to be like this; if you have a boy, that boy is going to be like this . . .
T90. DR DAVID MOLLOY: It’s important to draw the difference though between gender balancing, which is what this couple are doing, and choosing the sex of your first child, you know. I’m".
T91. JENNY BROCKIE: So you think there’s an ethical difference there between those two things?
T92. DR DAVID MOLLOY: There’s certainly a big practical difference. You know, if you allow people to choose only one child and one gender, you get the India/China problem. If you allow gender balancing, which is really what I’m for, then basically you keep the ratio about right, because you know if you’ve had three girls and then you have your one boy, you’ve had three boys and you have your one girl, it shuffles itself out.
T93. JENNY BROCKIE: So does that mean you wouldn’t do this selection for a first child?
T94. DR DAVID MOLLOY: I’d be hesitant to, yeah . . .
T95. JENNY BROCKIE: As a medical practitioner?
T96. DR DAVID MOLLOY: Yeah, I’m really in favour of gender selection for gender balancing, and I think we need to be very careful about providing it just for first children.
T97. JENNY BROCKIE: So better not to do it at all?
T98. LOUISA WALSH: Yeah, probably!
T99. JENNY BROCKIE: Louisa, what do you think?
T100. JULIAN SAYULESCU: No. I mean I think in countries like China and India maybe. This is- this is Australia, it’s not China or India. There’s no evidence there are sex ratio problems. And Rob’s speculations about you know the message this is sending I think are just completely false. This couple are sending a message that they’ve had a number of you know children of one sex and they want a child of a different – perfectly reasonably!
T101. JENNY BROCKIE: What does everyone else think? Julian, big difference?
T102. LOUISA WALSH: I was gonna say that it seems um sort of massively hypocritical to sort of say oh not for the first child, but for children following. I’m sort of quite undecided, like about gender sex selection. But then if you’re allowing one and disallowing another, I mean this this gets very complicated and very thorny and brings up a lot of issues that are discriminatory in essence themselves.
T103. JENNY BROCKIE: So you think there’s a big difference between those two things?
T104. DR DAVID MOLLOY: That’s exactly correct . . .
T105. JENNY BROCKIE: And that’s under review, yes?
T106. DR DAVID MOLLOY: Yeah, and what I’m".
T107. JENNY BROCKIE: But you’re saying you would make the call as a doctor, because you have an ethical- you see an ethical difference between those two things?
T108. DR DAVID MOLLOY: Not really. You know, we’re the";
T109. JENNY BROCKIE: The law makes the call or the framework makes the call at the moment.
T110. DR DAVID MOLLOY: That’s exactly correct . . .
T111. JENNY BROCKIE: And that’s under review, yes?
T112. DR DAVID MOLLOY: Yeah, and what I’m";
T113. JENNY BROCKIE: But you’re saying you would make the call as a doctor, because you have an ethical- you see an ethical difference between those two things?
T114. DR DAVID MOLLOY: No. What I’m doing is I’d like to see the law changed and I think the best way to change it is by stages. And we do have examples internationally where if you can only choose one baby, then what happens, or one gender, then what happens is imbalances occur. Gender balancing is a safer first step than open slather gender selection, and so you know Julian’s got a very good point. It is slightly hypocritical, it is slightly discordant. But the fact is that if we’re going to relax in Australia and allow some gender selection, as I believe passionately we should, gender balancing is a good first step.
T115. JENNY BROCKIE: Okay. I wish Myles could talk. I really - I really do. I think he really wants to talk, but he just can’t quite get there.
T116. MELISSA HUNTER: Yes.
T117. JENNY BROCKIE: Um David, let’s leave sex selection behind for a moment, and let’s talk about other things that you can identify, other genes that you can identify and screen for at the moment. I mean I know there’s a long list of diseases and things, but what are some of the key things that we now can screen for?
DR DAVID MOLLOY: Probably the most important one that’s really on the map now is cystic fibrosis. One in 24 people carry the gene in the community. There’s now a screening test that will pick up over 80 percent of carriers, and IVF can reliably pick embryos that carry the cystic fibrosis gene and we can prevent cystic fibrosis couples from having cystic fibrosis children.

JENNY BROCKIE: Brad and Melissa, we’ll get back onto cystic fibrosis in a moment. Brad and Melissa, and baby Myles, welcome. And you didn’t choose Myles because of his sex, did you?

MELISSA HUNTER: No, no.

JENNY BROCKIE: Tell us what you - why you decided to go through the process you did and the reasons why?

MELISSA HUNTER: Well we found out that we were both cystic fibrosis carriers. Um so we automatically just went straight through to the IVF process, using PGD, so we didn’t actually have to, you know, have a child with cystic fibrosis. So basically cutting a long story short, two and a half years later and six cycles of IVF/PGD we have this little man.

JENNY BROCKIE: You checked out the chances that the two of you had of this before you went through this process, yes?

BRAD HUNTER: Yeah, we were a one, one in four chance of having that child with cystic fibrosis.

JENNY BROCKIE: How did you feel about that possibility of having a child . . .

BRAD HUNTER: I wasn’t going to take that risk. I think life is hard enough as it is. Bringing a child into the world, let alone one with ah special needs. And mentally I don’t think we were ready for that in our life, and we want to give the best chance for our baby boy or baby girl, whatever may have been.

JENNY BROCKIE: You checked out the chances that the two of you had of this before you went through this process, yes?

LOUISA WALSH: Yes, I’m a child with special needs!

JENNY BROCKIE: How do you feel hearing that?

LOUISA WALSH: Look I guess, you know, I am pro-choice and so sometimes that means that people make choices that are uncomfortable or that you don’t necessarily agree with or that challenge you. Um I guess this sort of, this sort of concept that perhaps people or children with CF suffer or that their lives are somehow less because of their CF is very interesting to me. I don’t feel that I’ve ever been a sufferer - my life has been difficult at times, but I think everybody has difficult times. And mostly because of m-my parents’ influence I was brought up to think that I was no less, no less capable than my sibling, my brother who’s four years older than me and doesn’t have CF. Treatments have got better, gotten better and better, so it means that I’ve never actually caught up to my life expectancy. So I’m still, because now it’s in the late 30s. So I think you know having a child with CF these days, um life expectancy still isn’t as long as someone without CF obviously.

JENNY BROCKIE: Can you understand Brad and Melissa’s choice though?

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T139. JENNY BROCKIE: Because it's just different points of view, you know... I really don't want you to feel that you have to be defensive about it because...

T140. MELISSA HUNTER: Oh no, definitely not.

T141. JENNY BROCKIE: Louisa?

T142. LOUISA WALSH: I actually find that sort of the easiest thing to understand, so people, couples owning their own feelings about having a child with a chronic illness or a disability. It's actually easier for me to conceive than this sort of nebulous idea that that child's going to have a bad life because they have some sort of disease. I think the fact that you guys have said it was our choice as a couple because we didn't feel that we could parent that child adequately. Now I'm sure you actually could've, because I don't think it's - You know, I don't actually think it's that that difficult.

T143. MELISSA HUNTER: No.

T144. LOUISA WALSH: I mean my parents did it, probably gonna watch this. No, they're great, my parents are great! Um but you know, they - It's a situation that you don't know until you get into it.

T145. JENNY BROCKIE: Julian, you say that we shouldn't tolerate children being born with genetic disorders. Why?

T146. JULIAN SAVULESCU: Well, I wouldn't - don't know that I'd put it that strongly! But I do think we have an obligation, as was said, to try to have healthier children. I mean if we put folate in cereal in order to prevent spina bifida. Now if there was some vitamin that we found that could prevent cystic fibrosis, then of course we should put that in the cereal. I mean that's as straightforward as anything. And I think there's a big mistake that's made between how we should treat people and how we should treat diseases. And of course people all deserve equal concern and respect and opportunities and choices, equal choices. But diseases are not people and cystic fibrosis is a bad disease.

Every person who wants to become pregnant could be given carrier screening so that they know what the risks are of having a child with cystic fibrosis, Tay-Sachs disease, lots of conditions. And they could be offered free. I mean I was shocked to hear that the government doesn't support this, and they could be offered you know free testing and free, you know, facilitation of their decisions to have a child who’s healthier rather than suffering from a serious disease. So disease is not the only thing that represents an impediment in our lives. And all of us have limitations of different kinds. If we can overcome those and make it easier to have better lives, I can't see the reason why we shouldn't. We will always have disability and disease and injury. There will always be ah things that happen all through our lives so there'll be plenty of that to go round. Life will always be difficult. Why make it more difficult?

T147. JENNY BROCKIE: Okay, lady over here. Yes?

T148. MARGOT KELLY: It's the use of the word to have better lives that I think is really loaded, that's really implying that if we haven't stamped this out yet, people who are already living with these conditions have an inferior quality of life. So while, you know, while we do want to do the best to make sure people don't have to suffer, the flow-on effects of in society of how we then view people who do have these diseases and who haven't been stamped out yet, that's where it gets quite dangerous.

T149. JENNY BROCKIE: Stella, you're an activist for people with disabilities. What do you think about this?

T150. STELLA YOUNG: Um look I find it really confronting to have conversations about whether or not it’s moral to let people with disabilities exist, people with whether you want to call it diseases or genetic conditions or whatever you want to call it. Louisa and I, you know, we both have them, lots of different conditions that some of those qualities are seen as bad. Like we said before, someone said before that CF is a bad thing. Um I don't know that that's necessarily a fair statement. I don't consider the condition that I’ve got to be a bad thing. I consider it to have really enriched my life, and my family considers it to have enriched their lives as well. And I think that if we lived in a fair and equal society, where everyone had equal rights, disability or genetic conditions or diseases or whatever you call them, wouldn't necessarily be such a disadvantage. My issues in my life come not from the fact that I break my bones occasionally, they come from the fact that I can't get into the vast majority of public buildings I want to get into. Those are things that we could address and we could fix.

T151. JENNY BROCKIE: So what do you think of genetic screening?

T152. STELLA YOUNG: Um look, I, like Louisa I'm pro-choice and I think people should be able to make decisions based on who they can parent, they were told after I was born that they really shouldn't have any more children. Ah by the time they pinpointed the exact genetic issue with me, they'd gone on and had two more, because they said this is not bad? We don't think so, we want more kids, let's have two more. They say in many ways I was one of their easiest children because I didn't have independent mobility until I got a chair. So I stayed where they put me!
It’s easy for people to support my right to exist now, but when I was a cell, when I was an embryo, when I didn’t have that same right to be alive - it’s an entirely different story. And people do say things like but what about the suffering? And those people who say that, they come from positions of privilege and also of ignorance. The assumption that my life has involved suffering is a prejudiced assumption. A friend of mine who suffers from incredibly chronic depression, he has suffered far more in his life than I have in mine from my condition.

JENNY BROCKIE: Julian? Your reaction to what Stella is saying about the, about . . .

JULIAN SAVULESCU: Well I think it’s certainly true that much of the disadvantage that people with disabilities suffer is from the way in which society is constructed. I think that’s correct. But I think there’s also an element of inherent disadvantage. If I said to people in this room that you have a virus and you’re going to end up with Osteogenesis imperfecta, unless I give you this treatment, everyone would be clamouring for that. And nobody thinks we shouldn’t be looking into treatments for Osteogenesis imperfecta and trying to alleviate that condition and that shows that people inherently view this as some kind of disadvantage.

STELLA YOUNG: I haven’t overcome Osteogenesis imperfecta, like no amount of you know putting on a happy face will make it go away. I’ve incorporated it into my identity and it’s something that has made me who I am and I’m fiercely proud to be a disabled woman, to be a woman with Osteogenesis imperfecta.

LOUISA WALSH: Yeah, and I think living with these - with genetic conditions and makes- gives you a lot. It gives you a lot of resilience, it gives you a lot of strength.

JENNY BROCKIE: Would either of you want to have children with your conditions?

LOUISA WALSH: I’m not bothered!

STELLA YOUNG: Yes, yeah. I think that um being someone who is - I’m really passionate about disability culture, and I think that disabled adults in particular have a lot to offer disabled children. And there will always be disabled children. I would consider it a great privilege to parent a disabled child.

JENNY BROCKIE: Tonight we’re talking about genetic screening, everything from choosing the sex of your baby to eliminating disease. David, you wanted to say something about what we were talking about before the break.

DR DAVID MOLLOY: Oh I pretty much admired Stella’s resolve but I think in in balancing the argument, hardly a week would go by in my practice where I don’t have a couple or a patient who’s got a genetic disability come and see me and say look, can you make sure our children don’t have this because I don’t want them to go through what I’ve had to go through in my life.

JENNY BROCKIE: Debbie, that’s a good point to talk to you because you and your husband do wish you’d had a choice to screen out the genetic disorder that your 12 year old son now has. Can you can you explain to us what he has.

DEBBIE WALLER: He has a blood clotting disorder called anti-thrombin deficiency so it predisposes him to his blood clotting basically, and in the newborn period that’s exactly what happened, he had what’s called extensive venous sinus cerebral thrombosis so he had extensive blood clots in the veins of his brain. From that, he now has severe cerebral palsy, um he also has epilepsy and his seizures can last up to 30, 40 minutes if we don’t give him medazolam, which knocks him out. Um probably for the first four, five years of his life he was having 30, 40 minute seizures if not daily, every second day. Um it’s a bit better now, under control. He also has cortical visual impairment, which is from the cerebral palsy and he has sensory processing issues so he’s a 24 hour a day care job basically, so.

JENNY BROCKIE: Let’s have a look at your family.

THE WALLER FAMILY:

DEBBIE WALLER: Sometimes you sit here and think, "How does this happen?" Your mind wanders and you think of the movie 'Sliding Doors' where life goes one way or life can go the other way. Your mind plays tricks on you, you think of Keeden running in after school with his backpack on and a couple of mates behind him and yacking away and having a good time. And then the mind plays the other trick and you obviously have Keeden, as much as we love him, but he doesn't talk and can’t walk and doesn’t go to school.

MR WALLER: Keeden's made that. It's toast. It's nice. You can eat it. It's nice. Keeden wants to do things and he can't. We have to keep him happy and push through the day.


MR WALLER: It's a hard life. It's a life of suffering for the child, for the families, the extended families. I used to surf before Keeden came along, every day and work and I don't do any of that anymore. I can't. Once he was born, any mates I had, they dropped off pretty much. You don't fit in anymore. You're a carer, you're a nurse type thing. He's a wonderful little boy. He's here. We look after him till the day he dies. When there is something that's preventable, my view is why not do it, really?
MR WALLER: Yeah. A genetic condition that can potentially kill someone and give them brain damage, why not stop that? I personally think it would be a better world. There's people that don't have genetic conditions in the world that are suffering.

T172. JENNY BROCKIE: Debbie, would you have gone ahead with that pregnancy if you'd known?

DEBBIE WALLER: No. No. I was only 24, 25 at the time, had we have known we certainly would have stopped and we would have gathered as much information as we could so that we had, just like this couple here, the right to make a decision as to what we wanted to do as, you know to have as much chance of having a healthy child as the next person.

T174. JENNY BROCKIE: But you didn’t have that information?

DEBBIE WALLER: Not at all. We also went through IVF for infertility reasons and it’s a long story, but to cut it short in amongst that IVF procedure this condition was discussed so our IVF practitioner knew that my husband had this condition, unfortunately the process went astray and we didn’t get genetic counselling and we just went through IVF and Keeden was born and then after he was born we found out he had this condition and yeah.

T176. JENNY BROCKIE: So how have you felt listening to this discussion?

DEBBIE WALLER: I guess, I think if people have a right to make decisions about their lives and their bodies and their, you know, their reproductive rights, then you know they should be allowed to make decisions based on, you know, selecting healthy embryos. Um as like my husband said in the picture there, we’ve lost our house 'cause we’ve lost our incomes, we’ve, our lives have been completely turned upside down. We have to care for our child, which we love, 24 hours a day for the rest of his life. He’s in nappies, he drinks from a bottle, he’s never going to go to school, he’s never going to grow up, he’s going to be a baby for the rest of his life and that’s not something that, any parent would choose. If something went wrong in the delivery process or something happened by nature, there’s nothing you can do about that but we didn’t get the right to make a decision.

T178. JENNY BROCKIE: Stella, can you understand why Debbie feels like that?

STEELA YOUNG: I can but I wonder if you had a different system of support around you. I mean what we know about the Australian system

T180. DEBBIE WALLER: Yep

T181. STELLA YOUNG: “is that the disability support system is absolutely stuffed.

T182. DEBBIE WALLER: I’m sure it would have made life a lot easier but I mean I, I certainly wouldn’t sit here and say that we still wouldn’t have changed like the course of action that we took. I guess I don’t understand why people wouldn’t want to have a healthy child if they’re able to.

T183. JENNY BROCKIE: Leon, what you, I’d like to hear from Leon on this.

LEON SUGRIM: But I think you know the discussion that we’ve had so far is it’s sort of struggling to establish where the line should be drawn and I think, you know, the other flip side of the coin is some people with disabilities lead a very normal life, they lead a very full life and we’ve had some in the audience today. For a foetus with Down Syndrome the most dangerous place is in the womb because about 80 or 90 percent of Down Syndrome foetuses are terminated. So I, and now if we screen Down Syndrome out of the population, I think the population will be poorer, the society will not be as rich because they do, you need imperfect plus perfect people in society. They all have something to contribute I think.

T185. DEBBIE WALLER: And I agree with you but that’s everybody’s choice as to whether they want to have a child who has that.

T186. STELLA YOUNG: You are talking about choice though as though these choices exist in a vacuum, they don’t. I’ve got a friend who has a 7 year old daughter with down syndrome who says that her choice to carry her pregnancy to term was not supported, she had to fight that every step of the way. She fought against having the testing in the first place, was pressured into it, then found out she was carrying a child with down syndrome, was pressured to have a termination. She said that she was asked so many times, are you sure, are you sure, that the translation became are you mad.

T187. MELISSA HUNTER: Well cystic fibrosis in particular, one in twenty four Caucasians carry the gene and look how many people in the audience tonight, there’s potentially three or four of you that carry the gene. Now it’s only where it presents the problem when there’s two people that actually get together that, you know, we have that one in four chance, but I think when you’re coming to a child’s life, that you want to have a healthy baby, then why not allow it. I think it’s.

T188. JENNY BROCKIE: Louisa, do you want to "}
LOUISA WALSH: I mean there's always going to be people who choose to have that child or to not have testing so I think this idea that we can, we should and we can and we should get rid of CF or any other condition is sort of, again it's a flawed idea because there's always going to be people who, who don't choose to get testing or choose to take that

BRAD HUNTER: But that's their choice not to do that, but as the doctor said we've got a real problem with cystic fibrosis in Australia, why why why don't we screen for this.

LOUISA WALSH: Yep but then it's also about, you know, what's the I guess status of people who then go onto live with these conditions when it's seen to be something that could have been stamped out.

JENNY BROCKIE: So is what you're worried about that the status of people with the conditions will get worse?"

LOUISA WALSH: Yeah

JENNY BROCKIE: "".if this screening becomes more widespread, is that a fear?

STELLA YOUNG: Absolutely. That's that's true.

LOUISA WALSH: Yeah.

JENNY BROCKIE: What do you think about that Leon?

LEON SUGRIM: Yes I think, I mean like I said before, I mean there are some things, some that I can understand if it's a disease or whatever and you can screen for that that and I think we are struggling to draw the line, where do you draw the line. I've seen a lot of down syndrome 'cause there's a whole community of them, they live perfect lives, they are happy.

JENNY BROCKIE: Well your daughter's sitting right beside you, Rachel.

LEON SUGRIM: Yes

JENNY BROCKIE: And I know that you've had a conversation with Rachel about being here tonight

LEON SUGRIM: Yes

JENNY BROCKIE: And about whether she's comfortable about being here tonight and you said you were Rachel, yeah? Yeah?

RACHEL SUGRIM: Yeah.

JENNY BROCKIE: What do you think about what you’ve heard? Do you do you want to say anything about what these people are saying?

RACHEL SUGRIM: No.

JENNY BROCKIE: No. Is it interesting to you to be listening to this?

RACHEL SUGRIM: Yes.

JENNY BROCKIE: Yeah, okay. Alright, but you don't want to say anything.

RACHEL SUGRIM: No.

JENNY BROCKIE: Okay. Julian, I’m going to quote something back at you that you've said again, you've said parents have a moral obligation to create the best child possible with the technology available. What do you mean by the best child possible?

JULIAN SAVULESCU: Yeah well as you heard, if you have a range of embryos and you can do certain genetic tests, you should pick the embryo that on the basis of the tests is going to start off with the least obstacles in life.

JENNY BROCKIE: Okay, Karola, I wanted to ask you about this because you’re a philosopher of science, your reaction to what Julian's been saying?

KAROLA STOLZ, PHILOSOPHER OF SCIENCE: All of that is of course based on certain assumptions of what can science can do and what assumptions of what genes do, after all I our genome is not just a box of apples which you can open and you can pick out the wrong the apples which are rotten and throw away, we have certain well working genetic tests where we have a very good ah probability of what this ah this particular genetic disease, this mutant is doing but for the most cases, we don’t.

JENNY BROCKIE: Julian what other kinds of?"

KAROLA STOLZ: So what we're doing then is not designing babies, we’re doing astro-genomics in a way. You get, astro genetics.

JENNY BROCKIE: What are astro-genetics?

KAROLA STOLZ: Well it’s a little bit like asking the stars what but probably the percentage is a little bit higher but not much for many genetic mutations.

JENNY BROCKIE: So you're not talking about things like cystic fibrosis.

KAROLA STOLZ: No

JENNY BROCKIE: You're talking about the other things that that are now being identified.
KAROLA STOLZ: Yeah, the general idea, now there is not a gene for schizophrenia, right, there may be 20,000 oh well, well let’s say 5,000 genes for schizophrenia, right, you cannot screen for them.

JENNY BROCKIE: Okay Julian, what kinds of things are being identified at the moment, genetically, what other sorts of things?

JULIAN SAVULESCU: Let me give you some that you can test for now, there’s a there’s a gene, the mayo A gene, comes in two variants, okay the low and the high activity variant, okay. If you have the high activity variant, two thirds of people have this variant, then you’re protected in early childhood if you’re abused and deprived as a child, you turn out more normal, less likely to be a criminal than if you have the low variant. Okay. Now that effects one third of people.

If you have the low variant plus social deprivation or violence as a child, you’re much much more likely to be a criminal than the ordinary population or indeed even somebody who’s had social deprivation. So here is a test that you could do today on top of your genetic tests for something which seems to have some relevance.

LOUISA WALSH: So then if you choose the high variant, you can abuse your child at will without them going on to have problems later in their life.

JULIAN SAVULESCU: Ah and this is again a mistake to think that how we treat our children is determined by how we select the genes, I mean these are completely separate events.

KAROLA STOLZ: We know that there are there are hundreds or thousands of genes involved and any- any one you can screen for will only have a very very very small effect on the final outcome of schizophrenia.

JENNY BROCKIE: So you’re saying that it’s not eh just because the gene is there it doesn’t necessarily mean that it’s going to have a uniform result or ""

KAROLA STOLZ: Yeah so so . . .

JULIAN SAVULESCU: But why not reduce the chances of schizophrenia, even by a little bit. What’s wrong with that, isn’t that, truly that’s a rational thing to do.

JENNY BROCKIE: Okay. Hang on over here.

MAN 2: Where do you draw the line? Like if have a, the people say that there’s a gay gene now, would you allow parents to say oh I don’t want to have a gay child so please eliminate the gay gene. Like you can’t give freedom of choice to parents nil- like willy nilly and expect them to um have kind of moral ethics at all points of time.

KRISTINA TJERNSTROM: Eh I’m the mother of a child with cerebral palsy. I love him dearly, I’ve loved him from the first day he was born and I went on loving him even when he showed that he had cerebral palsy. I have been thinking of it many times, what should have happened if I had had a choice to get a real healthy young man, a rather healthy baby and he would have had a quite different life.

JENNY BROCKIE: Would it have made a difference to you, would you have made a choice not to have him.

KRISTINA TJERNSTROM: I certainly would have made the choice to have a healthy child for the sake of the child mainly. A little big egoistic also, little bit for the sake of me but above all for the sake of the child.

JENNY BROCKIE: Julie, you have a child with down syndrome"

JULIE FISHER: I do yes. Yes

JENNY BROCKIE: Yeah, what do you think about this listening to this discussion?

JULIE FISHER: Look there’s lots of different variations with disabilities, you know I can certainly understand where the lady behind me is coming from and the lady on the stage there. Kids with Down Syndrome, there’s lots of varying degrees with that too but they’re very active in our community. They can be taught to be anything they want, they can work, they can drive, I found out that I was having my son with downs and I chose to go ahead with that because I didn’t want anyone to cry or grieve when he was born, I wanted everyone to be happy when he was born and that’s what happened and he’s had nothing but unconditional love since he’s been born and he’s just amazing, he’s doing some great things, great with speech, all sorts of things and the community are really supportive as well.

JENNY BROCKIE: Mm and is he your only child?

JULIE FISHER: No I’ve got two older sons as well, so yeah I’ve got two average children as well but I consider Darcy yeah just as average as they are.

JENNY BROCKIE: Julian, tell us just a little bit about other genes that could be identified for other things, like intelligence, psychopathy is one thing that’s being discussed.

JULIAN SAVULESCU: The callous unemotional personality in children, we have to talk about Kevin, that film, is about this condition that goes on in many cases to psychopathy. This has a very strong genetic contribution. Now if you identified the genes that contributed to that condition in children, that’s something that you could make selection decisions about. Now you know it seems to me that in addition to diseases, if we have information about
these conditions, even if it’s weak, even if the chances are only 5 percent, 1 percent, why shouldn’t we use that information?

T243. JENNY BROCKIE: So does that mean everyone goes through IVF, everyone goes through screening when they have a baby? Because at the moment it’s just the people who choose to go.

T244. JULIAN SAVULESCU: Well it’s very expensive as we’ve heard, it’s still not quite as efficient as natural reproduction, but natural reproduction’s very inefficient. Only one in five embryos goes on to produce a baby normally and 5 percent of them are abnormal. At some point in the future, IVF will be more efficient and safer than natural reproduction and who knows, maybe more and more people who aren’t infertile will choose to have it.

T245. JENNY BROCKIE: Okay so who here would test for those things with babies, would test for intelligence, who’d take up that option?

T246. NIGEL LECK: Yep, absolutely.

T247. JENNY BROCKIE: Yep.

T248. NIGEL LECK: Yeah look if I was in the IVF and you — you’re presented with 20 embryos, of course you’re going to take the best chance, you’re going to get the kid with the best chance for whatever it is, what are you doing otherwise, you’re rolling a dice, I mean. Can’t we . . .

T249. JENNY BROCKIE: So you’re going to check, so you’re going to check out for, what would you check out for?

T250. NIGEL LECK: Yeah I, if yeah, obviously the genetic diseases, CF, etc and um?

T251. JENNY BROCKIE: Altruism?

T252. NIGEL LECK: Yeah actually, but intelligence?;

T253. JENNY BROCKIE: Intelligence?

T254. NIGEL LECK: Sure, yeah absolutely intelligence. I can’t see a downside to that. Do you below average or over . . .

T255. BRYLEE TODD: But the downside, sorry, the downside would be that the child?;

T256. NIGEL LECK: To intelligence?

T257. BRYLEE TODD: *might be more intelligent than you

T258. NIGEL LECK: I’ve already got that.

T259. BRYLEE TODD: How are you going to cope?

T260. NIGEL LECK: I’ve already got that . . .

T261. DR DAVID MOLLOY: Julian, Julian’s selection is happening, it happens in donor sperm programs where the recipients pour over the characteristics of the donor looking for intelligence, social status, job status. That sort of selection, not genetic selection but gene- ah selection is already happening on a small scale.

T262. MARGOT KELLY: Do that with a husband as well.

T263. DAVID MOLLOY: Oh exactly.

T264. JENNY BROCKIE: Sorry, sorry?

T265. MARGOT KELLY: No you do that with a husband as well, you look for the best qualities that they could have. You choose someone who you think’s going to produce good children.

T266. DR DAVID MOLLOY: Exactly and this, the I guess the second thing is that that I still, even though I’m heavily involved in this, I still have a lot of faith in what I call the genetic tumble dryer. You know when those genes tumble mostly it goes very well. I mean we’re there to try and pick up the problems when the genes go bad and that’s what we’re currently doing, but there’s an enormous diversity in society and there’s a wonderful diversity and richness in our society that perhaps breeding that diversity out may not always be the best thing in the future and we should be very careful about it.

T267. JENNY BROCKIE: I just want to ask, I just want to ask a few people here, a little bit more about what they would and wouldn’t choose. If that doctor sat down with you and said we can now test for altruism, intelligence, infidelity, psychopathy do you . . . somebody said infidelity was awesome over here. If you had a doctor who presented you with those options, I mean would you take them up?

T268. BRAD HUNTER: I would take the option where they would be the best golfer in the world or the best tennis player in the world.

T269. MELISSA HUNTER: So hopefully we get the money back.

T270. BRAD HUNTER: That’s the option I would take.

T271. JENNY BROCKIE: To support you in your retirement, yeah okay.

T272. TURKAN AKSOY: If you could screen things for Alzheimer’s, if you can screen for alcoholism or any other kind of problems, like I mean we talked about schizophrenia or mental disorders, but if you could screen for those things in the future, why not. I mean they cause as much problems to people’s families and lives as you know having
a child with a disability or not, I mean that’s just one aspect of it, people have a lot of aspects, in like particularly addiction problems, if I can screen my kid for addiction, give me one without any of those.

T273. MARGOT KELLY: Is there actually going to be a an embryo that doesn’t have any problems with it, like are we going to be able to find something that’s not got an issue that’s going to cause problems later in life.

T274. JENNY BROCKIE: Rob, what did you want to say?

T275. ROB SPARROW: I think people’s thinking about this issue would change radically if they realised that the best child they can have is probably not their child, I mean we all have genes that we might wish that we didn’t have, if you really wanted to have the best child possible, you’d be looking around the community for people who had the best genetics, you’d be you’d be asking them for their embryos and people don’t do that, they want to have their child and that means they’re prepared to accept all sorts of things that won’t give their child the best life possible.

T276. FEMALE: That’s not necessarily true though.

T277. JENNY BROCKIE: So where”’.

T278. NIGEL LECK: Wouldn’t you have the best child you can have though? Your best child.

T279. TINA ODLING: But what’s the best child?

T280. JULIAN SAVULESCU: . . . these people are having IVF anyway, they’re having I- they’re already incurring the cost, they won’t be incurring any additional cost, at the moment the law prohibits them from accessing other tests which are available and I think that is profoundly immoral. First of all they should be free to access any extra tests and if it incurs any extra costs, maybe they should have to pay that, but it’s illegal in this in this country to do anything else than test for diseases. Now why’s that?

T284. JENNY BROCKIE: Okay we do we do have to we do have to wrap up here, um where does all this leave us in terms of law because we do have laws around these things, we have decided um various things and the science is racing ahead. I mean how do we frame our attitudes to these things when they’re happening so quickly?

T285. JULIAN SAVULESCU: Well I think the basic principal is we should give people freedom and liberty to make their own choices unless they’re harming others.

T286. JENNY BROCKIE: But we’ve still got to frame laws and we’ve still got a situation where sex selection’s under review at the moment in Australia.

T287. JULIAN SAVULESCU: Remove the ban, let people access tests, try to work out and encourage and persuade or engage in dialogue about what sorts of choices they should make but don’t stop them making choices about their own lives and families unless you’ve got a really good reason, and we don’t have any good reasons to.

T288. JENNY BROCKIE: Stella what do you think we should do about this in terms of the frameworks around it?

T289. STELLA YOUNG: You know we’d be naïve to think as it as someone said before that there’s no sexism in in Australia, we need to look at the broader social context and the laws need to reflect broader social values and make sure that they’re not based on prejudice and misinformation.

T290. JENNY BROCKIE: Mm okay Rob, what do you think we should do?

T291. ROB SPARROW: I think it’s a really bad idea to leave ah the future of human nature and our genes up to the free market or even to individual choice ah when the reality is there’s an enormous amount of money ah to be made here, businesses are offering these services, aggressively marketing them. We know where that goes.

T292. JENNY BROCKIE: Okay we have to wrap up here, thank you very much too for all your stories tonight. It’s been ah a fascinating discussion. You can keep talking on our Facebook page on Twitter or on Insight’s website. While you’re there, you can also find information about some of the technologies that we’ve heard about tonight.