12 Conversation analysis and institutional talk

Analyzing data

John Heritage

INTRODUCTION

In a long series of writings, Erving Goffman (1955, 1983) established that social interaction embodies a distinct moral and institutional order that can be treated like other social institutions, such as the family, education, religion, etc. This "interaction order," he argued, comprises a complex set of interactional rights and obligations which are linked both to face and personal identity, and also to large-scale macro social institutions. Further, the institutional order of interaction has a particular social significance. It underlies the operations of all the other institutions in society, and it mediates the business that they transact. The political, economic, educational, and legal conduct of societies is all unavoidably transacted by means of the practices that make up the institution of social interaction.

Goffman's idea of an "institutional order *of* interaction" was pursued by conversation analysts who study the practices that make up this institution as a topic in its own right. Conversation analysis (CA) has established that these practices – which are complex and intricate and, in many cases, acquired early in life – make social action and interaction, mutual sense-making, and social reality construction possible. These practices are special and significant because they are basic to human sociality (Schegloff, 1992). CA studies of these practices describe how people take turns at talk in ordinary conversation and negotiate overlaps and interruptions; how various kinds of basic action sequences are organized and different options are activated inside those sequences; how various kinds of failures in interaction – for example, of hearing and understanding – are dealt with; how conversations are opened and closed; how gaze and body posture are related to talk; how laughter is organized; how grammatical form and discourse particles are related to turn-taking and other interactional issues; and so on.

However, there are also social and institutional orders *in* interaction. The social worlds of the corporation and the classroom, of medicine, law, etc., are evoked and made actionable in and through talk. But though their reality is invoked in talk – "talked into being" (Heritage, 1984) in interaction – their

reality is not confined to talk. These institutional realities also exist in and as documents, buildings, legal arrangements, and so on. The conversation analytic study of institutional talk is concerned with how these institutional realities are evoked, manipulated, and even transformed in interaction.

There are, therefore, at least two kinds of conversation analytic research going on today and, though they overlap in various ways, they are distinct in focus. The first examines the social institution *of* interaction as an entity in its own right; the second studies the management of social institutions *in* interaction. The aim of this chapter is to describe some ways to go about the second task, and specifically to identify ways of cutting into the data to gain access for analysis. To keep things simple, I will illustrate the chapter mainly with observations about a single "institutional" conversation which is typical of the "professional–lay" interaction that many sociologists are interested in. But the relevance of the entry points I describe is not confined to this inter-action. In fact, I believe that there is a reasonable chance that they are useful in gaining access to most kinds of "institutional" data, including the new "workplace" studies (Goodwin, 1996; Goodwin and Goodwin, 1997; Heath and Luff, 2000) that have recently emerged.

CONVERSATION ANALYSIS AND INTERACTIONAL SEQUENCES

CA is a field that focuses heavily on issues of meaning and context in inter-action. It does so by linking both meaning and context to the idea of sequence. In fact, CA embodies a theory which argues that sequences of actions are a major part of what we mean by context, that the meaning of an action is heavily shaped by the sequence of previous actions from which it emerges, and that social context is a dynamically created thing that is expressed in and through the sequential organization of interaction.

Underlying this approach is a fundamental theory about how participants orient to interaction. This theory involves three interrelated claims:

1 In constructing their talk, participants normally address themselves to preceding talk and, most commonly, the immediately preceding talk (Sacks, 1987 [1973], 1992 [1964–72]; Schegloff and Sacks, 1973; Schegloff, 1984). In this simple and direct sense, their talk is *context-shaped*.

2 In doing some current action, participants normally project (empirically) and require (normatively) that some "next action" (or one of a range of possible "next actions") should be done by a subsequent participant (Schegloff, 1992). They thus *create* (or *maintain* or *renew*) a context for the next person's talk.

3 By producing their next actions, participants show an understanding of a prior action and do so at a multiplicity of levels – for example, by an "acceptance," someone can show an understanding that the prior turn was complete, that it was addressed to them, that it was an action of a particular

type (e.g., an invitation), and so on. These understandings are (tacitly) confirmed or can become the objects of repair at any third turn in an ongoing sequence (Schegloff, 1992). Through this process they become "mutual understandings" created through a sequential *"architecture of inter-subjectivity"* (Heritage, 1984).

CA starts from the view that all three of these features – the responsiveness to context by producing a "next" action that a prior action projected, the creation of context by the production of that next action, and the showing of understanding by these means – are the products of a common set of socially shared and structured procedures. CA analyses are thus simultaneously analyses of action, context management, and intersubjectivity because all three of these features are simultaneously, but not always consciously, the objects of the participants' actions. Finally, the procedures that inform these activities are normative in that participants can be held morally accountable both for departures from their use and for the inferences which their use, or departures from their use, may engender.

CONVERSATION ANALYSIS AND INSTITUTIONAL INTERACTION

As CA turned to the study of talk in institutions, it began with the same assumptions that had proved successful in studying ordinary conversation. Rather than starting with a "bucket" theory of context (Heritage, 1987) in which pre-existing institutional circumstances are seen as enclosing inter-action, CA starts with the view that "context" is both a project and a product of the participants' actions. The assumption is that it is fundamentally through interaction that context is built, invoked, and managed, and that it is through interaction that institutional imperatives originating from outside the interaction are evidenced and made real and enforceable for the participants. We want to find out how that works. Empirically, this means showing that the participants build the context of their talk *in and through* their talk. For example, if we analyze emergency calls to the police, we want to be able to show the ways in which the participants are managing their inter-action *as* an "emergency call" on a "policeable matter." We want to see how the participants co-construct it as an emergency call, incrementally advance it turn by turn as an emergency call, and finally bring it off as having been an emergency call.

Now how are we going to go about this business of digging into institutional talk to see the ways in which participants are addressing themselves to these specialized and particular tasks? In general, we can look at three main types of features (Drew and Heritage, 1992):

1 Institutional interaction normally involves the participants in specific goal orientations which are tied to their institution-relevant identities: doctor and patient, teacher and pupil, etc.

2 Institutional interaction involves special constraints on what will be treated as allowable contributions to the business at hand.

3 Institutional talk is associated with inferential frameworks and procedures that are particular to specific institutional contexts.

These special features create a unique "fingerprint" (Heritage and Greatbatch, 1991: 95–6) for each kind of institutional interaction, the fingerprint being made up of specific tasks, identities, constraints on conduct, and relevant inferential procedures that the participants deploy and are oriented to in their interactions with one another.

Implicit in this way of thinking is the idea that, relative to ordinary conversation, institutional interaction generally involves a reduction in the range of interactional practices deployed by the participants, and a specialization and respecification of the practices that remain (Drew and Heritage, 1992). These reductions and respecifications are often experienced as constraining and irksome – especially by the lay participants (Atkinson, 1982). And underlying these ideas is the further assumption that, again relative to the institution of conversation, the law courts, schools, news interviews, doctor–patient interactions, etc., are relatively recent inventions that have undergone a great deal of social change. The institution of conversation by contrast exists, and is experienced as, prior to institutional interaction both in the life of the individual and in the life of the society.

Where would someone go in the data to look for these and other related features of institutional interaction? The short answer to this question, of course, is "everywhere." But we need to start somewhere, and I will describe six basic places to probe the "institutionality" of interaction. These are:

1 Turn-taking organization
2 Overall structural organization of the interaction
3 Sequence organization
4 Turn design
5 Lexical choice
6 Epistemological and other forms of asymmetry

I will deal with each one in turn.

Turn-taking organization

A first thing to consider is whether the interaction you are looking at involves the use of a special turn-taking organization. All interactions involve the use of some kind of turn-taking organization (Sacks et al., 1974), and many kinds of institutional interaction use the same turn-taking organization as ordinary conversation. Some, however, involve very specific and systematic transformations in conversational turn-taking procedures. These special turn-taking systems can be very important in studying institutional interaction because they have the potential to alter the parties' opportunities for action, and to recalibrate the interpretation of almost every aspect of the activities that they

structure. Think, for example, of how the opportunities for action, what the actions mean, and how they will be interpreted can be shaped by the turn-taking rules for interaction in a "formal" classroom (McHoul, 1978).

In conversation, very little of what we say, the actions we perform, or the order in which we do things is determined in advance (Sacks et al., 1974). In this sense, conversations are unpredictable. In some forms of interaction – debates, ceremonies, and many kinds of meetings – the topics, contributions, and order of speakership are organized from the outset in an explicit and predictable way. This kind of organization involves special turn-taking procedures.

The decisive feature of a special turn-taking organization is that departures from it – for example, departures from the order of speakership, or the types of contributions individuals are expected to make – can be explicitly sanctioned. This happens in meetings when speakers are ruled "out of order," in the courts when persons are sanctioned for answering when they should not, or failing to answer appropriately, or when children in classrooms are punished for "shouting out" answers, or talking when the teacher is talking. These explicit sanctions are very important analytically. They tell us that the turn-taking organization is being oriented to normatively *in its own right*. Many of these turn-taking organizations work by specifically restricting one party to asking questions and another to answering them. Interactions organized by this kind of Q–A turn-taking organization are distinct from those, like many professional–client interactions, in which one party tends to do most of the question asking and the other does most of the answering. Here the imbalance between the two parties is normally a product of the task the parties are engaged in or some other feature of the interaction, and is *not* the result of a special – and sanctionable – turn-taking organization (Heritage and Greatbatch, 1991).

The most intensively studied institutional turn-taking organizations have been those that obtain in the courts (Atkinson and Drew, 1979), news interviews (Greatbatch, 1988; Clayman and Heritage, 2002a), and classrooms (McHoul, 1978; Mehan, 1985). As these examples – courts, news interviews, classrooms – suggest, special turn-taking organizations tend to be present in large-scale "formal" environments when (1) there are a large number of potential participants in the interaction, whose contributions must be "rationed" in some kind of formal way, and/or (2) when the talk is designed for an "overhearing" audience. However, special turn-taking systems can be found in other contexts. For example, Peräkylä (1995: Chap. 2) has described turn-taking practices within counseling contexts that are designed to implement special therapeutic processes. Similarly Garcia (1991) has shown that mediation can involve special turn-taking practices as a means of limiting conflict between the participants. Finally, there are other turn-taking organizations that order speakership by age, rank, or other criteria of seniority (Albert, 1964; Duranti, 1994) though, perhaps because European and North American societies are less hierarchical than others in the world, these systems have so far been less studied.

Overall structural organization

Once you have determined whether (or not) some special turn-taking organization is in operation in your data, the next thing to do is to build an overall "map" of the interaction in terms of its typical "phases" or "sections." This will help you to look at the task orientation which is normally central in the kinds of interaction we are looking at. While institutional interactions cannot always successfully be described in terms of a phase structure, it is always worth making an attempt to do so.

This is a convenient moment to introduce the piece of data that we will look at during the rest of this chapter. It is a short telephone conversation in which a school employee telephones a mother whose son may be a truant from school. This conversation is drawn from a small collection, and many of the observations I will make are confirmed by other cases in the set. In general, the more conversations you collect, the more sure you can be that what you are studying is representative (see Peräkylä, this volume). As we turn to the data, you will see right away that this conversation is very "institutional" in the sense of being task-focused, but it will also be obvious that no special turn-taking organization is involved in the conversation. To preserve the participants' anonymity, all names in this conversation have been changed. The Appendix to this volume outlines the transcription conventions.

```
Arroyo
   1  Mom:  Hello.
   2        (0.5)
   3  Sch:  Hello Mister Wilson?
   4        (0.8)
   5  Mom:  Uh: this is Missus Wilson.
   6  Sch:  Uh Missus Wilson I'm sorry. This is Miss Matalin
   7        from Arroyo High School calling?
   8  Mom:  Mm hm
```

End of Section 1

```
   9  Sch:       .hhhhh Was Martin home from school ill today?=
  10  Mom:  =U:::h yes he was in fact I'm sorry I- I didn' ca:ll
  11        because uh::h I slept in late I (.) haven' been feeling
  12        well either. .hhhh And uh .hhh (0.5) u::h he had uh yih
  13        know, uh fever:
  14        (0.2)
  15  Mom:  this morning.
  16  Sch:  U::h hu:h,
  17  ():   .hhh=
  18  Mom:  =And uh I don' know y'know if he'll be (.) in
  19        tomorrow fer sure er no:t, He's kinna j'st bin laying
  20        arou:nd j(hh)uhkno:w,=
```

End of Section 2

```
21  Sch:   =Okay well I'll ⌈go ahead en:' u:hm
22  Mom:                   ⌊()
23  Sch:   I won' call you tomorrow night if we don' see 'im
24         tomorrow we'll just assume he was home ill.
25         (.)
26  Mom:   nnRig[ht ()
27  Sch:        [A:n-
28  Sch:   Send a note with him when he does return.
29  Mom:   I will.
```

End of Section 3

```
30  Sch:   O:kay.
31  Mom:   Okay=
32  Sch:   =Thank you
33  Mom:   Uh huh Bye [bye
34  Sch:              [B'bye
```

- - - - - - - - - - - - - - - - - - End Call -

In this phone call Ms. Matalin, who has been notified by teachers that Martin did not attend school on the day of this call, calls Martin's home to check on his whereabouts. Martin's mother picks up the phone (it could have been another relative or even Martin himself) and the call proceeds. I have divided this phone call into four sections because, although Ms. Matalin has only one piece of business to transact with this mother, it takes four distinct clusters of activity to achieve:

1 *Opening*: The first section (lines 1–8) is an "opening" section in which the parties enter into a state of interaction and establish their identities for one another (Schegloff, 1986).
2 *Problem initiation*: In the second section (lines 9–20), Ms. Matalin gets to the "business" of the call by raising the question of Martin's absence and the mother explains it. I have termed this the "problem initiation" section, because although Martin's mother resolves the problem in this call, simple resolutions of this kind do not always happen.
3 *Disposal*: In the "disposal" section (lines 21–9), Ms. Matalin details the bureaucratic action she will take toward Martin's absence in the light of the mother's account, and describes the action that the mother should take. In other calls, she describes what the child should do as well.
4 *Closing*: The final section of the call (lines 30–4) is devoted to managing a coordinated exit from the conversation (Schegloff and Sacks, 1973).

Now that we have identified these four sections, we can see that each of them involves the pursuit of a specific sub-goal. Each section is *jointly* oriented to – indeed co-*constructed* – by both participants as involving a task to be achieved. In this call, all tasks are fulfilled to the apparent satisfaction of both parties, but this does not always happen and it is not essential to identifying sections of institutional talk. What we are identifying here are goal- or task-

oriented sections, which the parties co-construct and identify as somehow relevant to the completion of their business together.

Identifying these main sections of the call allows us to notice other features as well:

1 Doing the sectional analysis forces us to see that the call is focused on a single topic – "dealing with Martin's absence from school." Other interactions may have more than one "item" of business to transact: a patient, for example, may have several ailments to be dealt with, or a family may have several difficulties that require social worker support. This distinction can be important in analyzing institutional interaction.

2 The sectional analysis allows us to see significant stages in the *parties'* co-construction of the tasks and goals of the conversations, and that for the parties, these are incremental moves toward the completion of the business of the call. This is significant: there are institutional interactions where the goals and tasks of the encounter can be unclear, opaque, or even suspicious to one or both of the participants (Baldock and Prior, 1981; Heritage and Sefi, 1992). In these interactions, the "sections" are shapeless or non-existent for the parties and, correspondingly, difficult or impossible to identify analytically.

3 Within each section, we can examine how the parties progressively develop (or not) a joint sense of the task that is to be accomplished and look at the roles each party plays in this process.

4 We can look at whether the parties agree about "where the boundaries are" as they shift from one section to another (Robinson and Stivers, 2001). In this call, the parties make very "clean" transitions from one section (and one component of their "business") to the "next." But confusion and foot-dragging are also possible: one party may want to move on to the next issue while the other party is reluctant to quit the current one. Or one party may not recognize that a "next issue" is now relevant, while another is trying to press on with it. Different interests (and clear conflicts of interest) may be involved in these clashes.

Using this four-section framework, it is relatively easy to identify the same sections, occurring in the same order, in most of the phone calls Ms. Matalin makes. However, the purpose of identifying these sections is not to exhaustively classify every piece of every one of Ms. Matalin's interactions in these terms. Still less is it to assert that these sections will always occur in her conversations in this order, or even that they will always occur (cf. Byrne and Long, 1984 [1976]; Robinson, 2003). In other cases of these school calls, we can find the participants *reopening* sections and *reinstating* task orientations that they had previously treated as complete. So we are not trying to find invariance or even statistical regularity in the presence or ordering of these sections. The purpose of describing these sections is to identify task orientations which the *participants* routinely co-construct in routine ways. *Overall structural organization, in short, is not a framework -fixed once and for all – to fit data*

into. Rather it is something that we are looking for and looking at only to the extent that the parties orient to it in organizing their talk.

Sequence organization

With the third level of analysis – sequence organization – we come to a very central aspect of CA work. It is by means of specific actions that are organized in sequences that the participants initiate, develop, and conclude the business they have together, and generally manage their encounters. In analyzing sequences, we essentially look at how particular courses of action are initiated and progressed and, as part of this, how particular action opportunities are opened up and activated, or withheld from and occluded. All of these possibilities, while explicitly analyzed by us, are also implicitly grasped – to a greater or lesser extent – by the participants who may use what transpires as a basis for inferences about the character and situation of their co-interactants.

Ms. Matalin's phone call is a rich source for sequence analysis, but here we will just focus on one aspect of the conversation: the fact that after Ms. Matalin's question at line 9, the mother's reply seems to go on and on and on. This is an accomplishment. If we look at the structure of the reply, we can see right away that the mother answers Ms. Matalin's question in the very first line of her response with "U:::h yes he was":

```
 9  Sch:      [.hhhhh Was Martin home from school ill today?=
10  Mom:   =U:::h yes he was * in fact * I'm sorry I- I didn' ca:ll *
11             because uh::h I slept in late * I (.) haven' been feeling
12             well either. .hhhh And uh .hhh (0.5) u::h he had uh yih
13             know, uh fever:
14             (0.2)
15  Mom:   this morning.
16  Sch:    U::h hu:h,
17  ():       .hhh=
18  Mom:   =And uh I don' know y'know if he'll be (.) in
19             tomorrow fer sure er no:t, He's kinna j'st bin laying
20             arou:nd j(hh)uhkno:w,=
```

However, the mother then continues with an apology for not "calling" (to notify the school), and then with an elaborate series of explanations for the situation. A noticeable feature of her turn from line 10 to line 12 is that she is careful to avoid pausing at sentence boundaries. At all the other points where her sentences are grammatically complete (marked with an asterisk in this transcript), she (1) is careful to avoid a falling ("final") intonation (which would be marked with a period – see the transcript conventions in the Appendix), and (2) moves straight to the next sentence without a break. It is also noticeable, looking at line 11, that she only pauses at grammatical places where she is unlikely to be interrupted – after the word "because" in line 11, and also *after* she starts a new sentence with the word "I" (also in line 11). All of this is

significant because, given the turn-taking system for conversation (which is in play in this interaction), a sentence boundary is a place where Ms. Matalin could intervene with a question or a new observation, and thus disrupt the explanation that the mother is piecing together. It seems clear that the mother talks in the way she does so as to avoid creating these opportunities, and that she does this so that she can conclude her explanation for why she has not called the school without being interrupted. Thus it is only *after* she has completed her explanation that she has not been feeling well "either," that she takes a breath at a sentence boundary (and it is a big breath as indicated by the four h's!).

If the mother's talk to this point is managed so as to retain the turn in progress, her subsequent elaboration seems to emerge because she is unable to relinquish it. Extending her turn at lines 12–13 with a description of the child's illness, she pauses at line 14, only to find no uptake from Ms. Matalin. In response to this, she recompletes her turn with an incremental (and redundant) time specification ("this morning"), and then encounters a response from Ms. Matalin ("uh huh") that is prototypically used to indicate an understanding that the previous speaker (in this case, the mother) is not yet finished. In the face of this response, the mother continues with a prognosis of her son's condition (lines 18–20), finally coming to a halt at line 20.

Thus in this exchange of question and answer-plus-elaboration, we can see that the mother treats Ms. Matalin's question as implicitly pointing to a fault in her conduct, a fault for which she is accountable, and for which she is at pains to supply an explanation (for some parallels in medical encounters, see Silverman, 1987: 233–64, Heritage and Sefi, 1992, and Heritage and Lindström, 1998). Her treatment of the question is not as a "casual inquiry," but rather embodies a particular – and specifically "institutional" – understanding of its relevance. Subsequently we can see the further extension of her account as the product of an implicit sequential negotiation over who will make the conversational running. The detailed internal structure of the mother's rather lengthy turn is thus the product of a complex sequential negotiation. There are many other aspects of the sequences making up this exchange that merit analysis of the "institutional" relevances that inform their production. We will catch some of these aspects as we move on to the fourth area where initial analysis might proceed: turn design.

Turn design

Turn design is an important place to examine the "institutionality" of interaction. When we talk about a turn being "designed," we are pointing to two distinct selections that a person's speech embodies: (1) the action that the talk is designed to perform and (2) the means that are selected to perform the action (Drew and Heritage, 1992).

One sense in which a turn is "designed" concerns the selection of the action which someone wants to accomplish in a turn at talk. In work with Sue Sefi on health visitors' home visits to mothers of newborns, I came across the

following sequence in the health visitor's opening visit. The father and mother respond to what looks like a casual observation by the health visitor by performing quite different actions:

```
1  HV:        He's enjoying that [isn't he.
2  F:    →                      [°Yes, he certainly is=°
3  M:    →    =He's not hungry 'cuz (h)he's ju(h)st (h)had
4             'iz bo:ttle .hhh
5             (0.5)
6  HV:        You're feeding him on (.) Cow and Gate Premium.=
                             (HV:4A1:1) (Heritage and Sefi, 1992: 367)
```

The health visitor's remark "He's enjoying that" notices the baby sucking or chewing on something. (Unfortunately, we do not have a video tape, but certainly this is how the mother understands the word "enjoy" when she responds "He's not hungry . . ." (lines 3–4).) In replying that way, the mother treats the health visitor's remark as implying that the baby is "enjoying" whatever he is sucking or chewing because he is hungry – an implication which she rejects by observing that the baby has just been fed. The mother's response, then, is "defensive" in rejecting an unstated implication which she treats the health visitor's remark as having conveyed. The father, by contrast, simply agrees with the health visitor.

Thus in "constructing" their responses (quite apart from the particular designs of their turns), the mother and father have elected to perform alternative activities. Both activities, of course, have a "logic" as relevant next actions. The father treats the health visitor's remark as innocent while the mother finds in it an implied criticism regarding the proper care of her baby. They thus construct their responses differently by selecting different "next" actions. These two actions may well reflect a "division of labor" in the family, in which the mother is treated as having the primary responsibility for her baby (reflected in her defensiveness), while the father, with less responsibility, can take a more relaxed and "innocent" view of things.

The second aspect of turn design is that speakers also select among alternative ways of saying something or performing the same action. The following extract – from the same health visitor interaction as the previous one – illustrates this clearly. In this extract, the mother and father each perform a broadly similar activity – agreeing with the health visitor's suggestion that they will be "amazed" at the child's progress (in physical development), and they do so nearly simultaneously (lines 5 and 6). But they design their agreements rather differently. While the mother's agreement refers to the development of children in general ("They learn so quick don't they"), the father refers to their experience of their own child's progress ("We have noticed hav'n't w-"). While the father's utterance exhibits a commitment to noticing their own child's behavior and development, the mother's response does not.

```
1  HV:  →   It's amazing, there's no stopping him now, you'll be
2          amazed at all the di[fferent things he'll start doing.
3  F:                           [(hnh hn)
```

```
4              (1.0)
5  M:  →   Yeh. They [learn so quick don't they.
6  F:  →             [We have noticed hav'n't w-
7  HV:     That's right.
8  F:  →   We have noticed (0.8) making a grab for your bottles.
9              (1.0)
10 F:      Hm[::.
11 HV           [Does he: (.) How often does he go between his feeds?
                        (HV:4A1:2) (Drew and Heritage, 1992: 34)
```

Significantly, the mother's response avoids the "expert–novice" stance that the health visitor's remark might be seen as expressing, while the father's agreement(s) (at lines 6 and 8) seem designed to prove to the health visitor that they are observant and alert about their new baby. The different ways in which they design their actions may also point to the same underlying division of labor in the family that we suggested earlier. The father, who is putatively the junior partner in the family's childcare arrangements, appears eager to prove their competence in noticing the details of their child's behavior. The mother's agreement, by contrast, seems to avoid taking the "inferior" and "inexpert" position of "proving" anything to the health visitor, but rather asserts an agreement in bland and general terms.

The alternatives that may be involved in turn design are rarely as explicitly contrasted as they are here where different speakers employ different designs in the same responsive position. More usually, we analyze turn design by looking at the details of a turn's component features, and by determining their interactional purpose or significance.

To illustrate this, I want to go back to Ms. Matalin's telephone call and look at line 9: "Was Martin home from school ill today?=". Ms. Matalin very frequently begins her inquiries to the families she calls with this question. In an important sense, it is a "highly designed" turn that is repeated exactly (or nearly exactly) over and over again.

One way of analyzing a highly designed turn of this kind is to think of the interactional contingencies it might be addressing. In the context of Ms. Matalin's calls, there are two main possibilities that her question might turn up:

1 The child is away from school sick and the parent knows it. Sickness, of course, is bad news in its own right for the child (who may be in pain) and the parent (who may be worried and losing pay by being away from work). But Ms. Matalin's call is also bad news for the parent at another level. The parent of a sick child is normally supposed to call in to notify the school of the situation. There is, if you like, a kind of informal contract between home and school such that the school tells the parent if they have reason to believe the child is missing, but the parents equally have the obligation to tell the school if they suppose that the child will not be coming to school. The fact that Ms. Matalin has had to call in the first place may be the product of a little "breach of contract" on the parent's part. It is just that breach of

contract which the mother's defensive explanation, which we looked at earlier, seems designed to address.

2 The child is away from school and the parent does not know it, i.e., the child is truant. For this possibility, Ms. Matalin's call may involve a very serious piece of information for parents who, up to now, may have no idea that their child is not attending school.

It is in this context that we can begin to see that how Ms. Matalin opens up the topic of this call matters a lot, and that her opening utterance involves quite a bit of caution.

Consider the turn itself: (1) it indicates that the child has not been at school "today" (i.e., on the day of the call), but does not assert it as a fact: that the child has not been at the school is presupposed in the design of the question rather than stated as such (Pomerantz, 1988). (2) It offers as an account for the child's presupposed absence the most *commonplace* and the most *legitimate* reason for the child to be away from school – sickness. (3) The question is designed so that the easiest response for the parent will be an affirmative "yes" response to the possibility of sickness. In CA terminology, the question "prefers" a "yes" response. (4) Even if the child is, in fact, a truant, the inquiry avoids any implication of this and particularly avoids any accusation of truancy. (5) The question does not in any way directly thematize the parent's responsibility to inform the school. Instead, it leaves it open for the parent, where relevant, to *assume* that responsibility – as our mother in fact does. This, then, is a highly judicious, cautious, and "institutional" piece of question design (see the next section but one).

Now in recognizing that this is so, you do not have to assume that Ms. Matalin is a very tricky, Machiavellian type of person. You just have to remember that she makes dozens, even hundreds, of these calls every week. She has learned the range of possible responses that mothers make to her question, and she has also learned that certain ways of asking this question can attract resistance or cause arguments. So, for Ms. Matalin, recurrently raising this topic is like a "wind tunnel" experiment: the "wind tunnel" of repetition leads her to a question design that evokes the least resistance. You can see this wind tunnel effect in many other kinds of institutional talk – in medicine, social security offices, emergency calls to the police and fire departments, and others – where the institutional representative has a repetitive set of tasks to be worked through.

Thus, the second sense in which one can say that a turn is "designed" is that there are always alternative ways of saying something from which speakers, unavoidably, make a selection. The syntactic, lexical, and other (e.g., prosodic) selections by a speaker are aspects of a turn that articulate with the performance of organizational tasks and, very often, are shaped into "least resistant" forms by the repetition of those tasks. An important component of turn design is our next topic: lexical choice.

Lexical choice

A clear way in which speakers orient to institutional tasks and contexts is through their selection of descriptive terms. For instance, while someone might use "cop" in ordinary conversation, when giving evidence in court they are likely to select "police officer" instead (Sacks, 1979). The fact that this can involve selection is evident when speakers – as in Jefferson's (1974) data – cut off the beginning of "cop" ("kuh-") in favour of the word "police." Many studies that have dealt with the context-sensitivity of descriptions show that speakers select descriptive terms which are fitted to the institutional setting, or their role within it (Drew and Heritage, 1992). A dramatically clear illustration – first noted by Sacks (1992 [1964–72]) – is the way that, when speaking as a member of an organization, persons may refer to themselves as "we", not "I" (Drew and Heritage, 1992). There is a clear case in our data (lines 23–4). Here Ms. Matalin initially describes a course of action as her own decision ("I won' call you tomorrow night"), but then adds the inference that will be made if Martin is not at school tomorrow: "if we don' see 'im tomorrow we'll just assume he was home ill.". Here the "we" referred to as making this inference is evidently the school as an institution.

Another systematic type of lexical selection involves what might be termed "institutional euphemism." Here issues that may be problematic for the institution's representatives to address for some reason are downplayed. In the *New York Times* (November 5, 1995) it is reported that Microsoft – the giant software corporation – no longer likes to talk of "industry dominance" but rather of "industry leadership." In medicine, references to pain are often euphemistic – a patient will be asked "Is it sore?" rather than "Is it painful?" (Heritage and Sorjonen, 1994). In other phone calls like the one we are looking at, when Ms. Matalin does not get an adequate explanation for a child's absence, she often says "We need him/her to come into the office to clear this up." While this seems to indicate just a matter of bureaucratic record keeping, it leaves open the broader question of the child's accountability for the absence and what kind of punishment might be involved in "clearing up" his or her record.

Lexical selections can shape whole sequences and, with them, the overall pattern of the interaction. For example, the beginning of Ms. Matalin's phone call runs as follows:

```
1 Mom:  Hello
2       (0.5)
3 Sch:  Hello Mister Wilson?
4       (0.8)
5 Mom:  Uh: this is Missus Wilson.
6 Sch:  Uh Missus Wilson I'm sorry. This is Miss Matalin
7       from Arroyo High School calling?
8 Mom:  Mm hm
```

At line 8, the mother, rather than greeting Ms. Matalin by saying "hello" – which is the kind of action that normally occurs at this point (Schegloff, 1986),

just says "mm hm" – a prototypically non-committal "continuer" (Schegloff, 1982) that invites Ms. Matalin to proceed with the conversation. Now one could imagine that this is an unfriendly, even a hostile, action from someone who does not like talking to school officials. But if we look back up the sequence, we can see an alternative basis for the mother's action. In particular, we can see that Ms. Matalin identifies herself using a particular lexical choice – a formal "last name plus organizational id" identification. By using this identification, rather than, for example, "Nancy Matalin" or just "Nancy," she identifies the phone call as a "business call" and, specifically, a "call about school business." (In fact, that process begins to emerge even earlier when, trying to identify who she is talking to, Ms. Matalin names the mother using "Mister Wilson" rather than a more informal identification – the mistaken identification (Mister for Missus) seems to arise because the mother's voice sounds rather deep on the phone.) So, when the mother responds to Ms. Matalin's formal, business-oriented self-identification with "mm hm" at line 8, she is in fact inviting Ms. Matalin to proceed with the business-based "reason for the call" that Ms. Matalin has clearly projected right from the start. That clear projection – and, because of it, the very brevity and economy of this opening sequence – arises from the lexical selections made at the earliest stages of this telephone call.

Interactional asymmetries

Finally, interactional asymmetries are a place at which to begin examining the specific institutionality of interactions. Here, I will briefly mention four types of asymmetry that involve: (1) participation; (2) "knowhow" about the interaction and the institution in which it is embedded; (3) knowledge; and (4) rights to knowledge.

Asymmetries of participation

Many studies of institutional interaction document asymmetries of participation in institutional interactions, and in particular that institutional participants in lay–professional encounters – for example, involving doctors, teachers, social workers, etc. – take and retain the initiative in these interactions (Linell et al., 1988; Mishler, 1984; Frankel, 1990). Underlying these observations is an implicit contrast with a standard of "equal participation" between speakers in ordinary conversation. As Linell and Luckmann (1991) have commented, we need to be cautious about this. This dichotomy between the symmetries of conversation and the asymmetries of institutional discourse can oversimplify the nature of asymmetry and overlook the ways in which talking in ordinary conversation can be asymmetric. As they observe: "if there were no asymmetries at all between people, i.e. if communicatively relevant inequalities of knowledge were non-existing, there would be little or no need for most kinds of communication!" (Linell and Luckmann, 1991: 4). Viewed from a perspective that asks which persons participate in talk and to what effect, it is apparent that ordinary conversation can embody several kinds of

asymmetry – between the speaker and the hearer of a turn at talk; between the initiator and the respondent in a sequence of interaction; between those who, more broadly, are active in shaping topics and those who are not; and between those whose interventions are decisive for the outcomes of conversations and those whose interventions are not (Linell, 1990; Linell and Luckmann, 1991). From this standpoint, the contrast between the symmetry of ordinary conversation and the asymmetry of institutional discourse is indeed over-simplified (Robinson, 2001; Stivers and Heritage, 2001): all social interaction must inevitably be asymmetric on a moment-to-moment basis and many interactions are likely to embody substantial asymmetry when moment-to-moment participation is aggregated over the course of one or more encounters.

Yet at a more general level, it is clear that there is a fundamental distinction between the symmetry of ordinary conversation and the asymmetries of institutional interaction. The general operation of ordinary conversation is not tied to any particular set of social roles, identities, or tasks. If it were, conversation would be a much less flexible and sophisticated institution. In many forms of institutional discourse, by contrast, there is a direct relationship between institutional roles and tasks on the one hand and discursive rights and obligations on the other. For example, institutional representatives commonly ask questions and require of lay participants that they answer them. In this way, they may secure the initiative in determining (1) when a topic is satisfactorily concluded, (2) what the next topic will be, and, (3) through the design of their questions, how that new topic will be shaped (Mishler, 1984; Drew and Heritage, 1992). Thus institutional representatives can often direct the interaction in ways that are not found in ordinary conversation.

Asymmetries of interactional and institutional "knowhow"

An important dimension of asymmetry between the participants in institutional interaction arises from the difference, and often tension, between the organizational perspective that treats the individual as a "routine case" and the client for whom the case is personal and unique. Ms. Matalin's phone call to the mother in our data was one of around a dozen she made that day and, for her, it was absolutely routine. For the mother, however, it was an unusual and morally threatening occasion. The parties, therefore, brought asymmetric experience and reasoning to the encounter. All agencies have procedures for the routine management of multiple cases, for "processing" cases by assigning them to routine categories, and so on. However, the clients – whose inquiries, troubles, illnesses, claims, and the like constitute an organization's routine cases – may not be really aware of, or concerned with, the pattern into which their individual cases fit. The client's perspective often arises out of the particular circumstances which bring him or her into contact with the organization, perhaps for the first or only time, or at least not frequently enough to have developed a self-conception as a routine case. In doctor–patient encounters, this gap between routine institutional "knowhow" and singular experience can be extraordinarily stressful (Zola, 1987; Whalen and Zimmerman, 1998) and can emerge in behavior that can be experienced as

very callous (Maynard, 1996). This gap can exist, and be significant, in all forms of institutional talk. In some psychiatric and social service encounters, the "client" may have only a dim awareness of the professional objectives being pursued across the entire encounter (Baldock and Prior, 1981; Heritage and Sefi, 1992; Peräkylä, 1995). In others, the lay caller may have an exact idea of the purpose of the conversation, but may be unable to grasp the point of a particular action. For example, in a notorious call for emergency assistance (Whalen et al., 1988), the following episode occurs. The caller (B) has just given his address and then is asked, using a "fixed choice" question design, whether the address is a house or an apartment. As the data show, he responds with a lexical selection drawn not from the choices he is given, but rather from the language of real estate. He replies: "it is a home":

> A: Okay iz this uh <u>hou</u>se or n' <u>apar</u>tmen'?
> B: It- it <u>is</u> a <u>ho:me</u>

Here, probably under the pressure of the emergency (the caller's mother is dying), the caller simply fails to grasp the relevance of the distinction between a house and an apartment to an ambulance crew looking for an address and a way to enter the location.

Routine organizational contingencies, which are taken for granted by one party but are unknown to the other, can be the source of many other kinds of difficulty and confusion. In the case of "911" emergency calls, Whalen (1995) has argued that such contingencies as the current position of the cursor on a menu-driven computer screen can influence the order in which questions are asked, and sometimes make them seem confusing or irrelevant to callers. Similar asymmetries in organizational and interactional "knowhow" often strongly influence police and courtroom interrogations, and other interactions in which organizational resources and routines are used to evaluate the truth of lay claims (Boyd, 1998; Drew, 1992; Heritage et al., 2001; Watson, 1990).

Epistemological caution and asymmetries of knowledge

A notable feature of many kinds of institutional interaction is a kind of epistemological "cautiousness" in which the professionals avoid committing themselves to taking firm positions. This cautiousness is mandatory in certain institutional interactions such as the news interview (Heritage, 1985; Clayman, 1988, 1992; Heritage and Greatbatch, 1991) or the courts (Atkinson and Drew, 1979; Atkinson, 1992). In other contexts, such as medical diagnosis, it is quite common. Even in Ms. Matalin's calls a kind of epistemological caution is evident. For example, when a parent seems unaware that their child is away from school, Ms. Matalin normally tells them about the absence in this way:

```
1   Sch:  Was William home from school ill today?
2         . . . ((conversation off the phone in which Mom asks another person
3         . . . if William was home))
4   Mom:  No he wasn't
```

5 Sch: .hhh Well he was reported absent from his thir:d and
6   his fifth period cla:sses today.

Here Ms. Matalin does not say "he was absent from . . ."; instead she says "he wz reported absent from. . . ." By including "reported," Ms. Matalin invokes an (unnamed) source for the information and thus portrays herself as *relaying* the information she is giving. She thus avoids underwriting the information as a *fact* and, because "reports" need to be confirmed before becoming "facts," she also avoids committing the school to an "official" position on the issue.

At the same time as professionals and institutional representatives are often cautious about making claims, they also deploy distinctive, functionally specialized, and superior knowledge bases that can impart a specific expert authority to claims made within the relevant knowledge domain. The epistemological superiority of expert knowledge is something that is recurrently renewed in talk and in many different ways (Silverman, 1987; Gill, 1998; Jacoby and Gonzales, 1991; Peräkylä, 1998, 2002; Raymond, 2000). Medicine provides numerous examples. Patients may orient to the authority of medical knowledge by their lexical choices, for example, the tentative or uncertain use of medical terminology (Silverman, 1987; Drew, 1991; Maynard, 1991), or by failing to raise questions about important problems and concerns (Frankel, 1990; Todd, 1993), or by permitting "medical" definitions of their problems to prevail over their lifeworld concerns (Mishler, 1984). Moreover, lack of medical knowledge may mean that patients may not know or understand the purposes lying behind particular questions, and they may not grasp the line of inquiry which the doctor is pursuing in questions on what seem to be unconnected topics. This lack of access to the "hidden agenda" of doctors' questioning represents another avenue of analysis into asymmetry in medical interaction (Fisher, 1983; Silverman, 1987).

Rights of access to knowledge

Asymmetry of knowledge arises when people – usually lay people – have limited resources with which to answer the questions "what do I know?" and "how do I know it?" But these same people may also have limited resources with which to answer the questions "what am I entitled to know?" and "how am I entitled to know it?" Limitation in this regard is an asymmetry in rights of access to knowledge. Here lay persons are sometimes in a position analogous to the gossips described by Bergmann (1993): they have information that is relevant or significant, but they do not have *rights* to know it or they have come to know it in a "morally contaminated" way. Thus a person calling to inform the emergency services about an incident may be at pains to show that they are calling from a sense of duty about an event that imposed itself on them, and not because they are "nosey" or "looking for trouble" (Whalen and Zimmerman, 1990). A patient who is concerned about a possible illness may be similarly at pains to show that he or she is not excessively preoccupied with minor bodily changes (Halkowski, 2004). Patients are similarly reluctant to voice diagnostic hunches about their illnesses except under relatively defined circumstances (Heath, 1992; Peräkylä, 1998; Gill, 1998; Stivers, 2002;

Heritage and Robinson, 2004), and Strong (1979) documents the fact that doctors accompanying their children on pediatric consultations suspend their medical expertise and act "like parents" when dealing with the attending physician. In this last case, persons with every "right" to medical expertise voluntarily suspend those rights in the limited environment of a medical consultation with another person qualified as expert. In institutional interaction then, knowledge may not be enough; one must also be entitled to the knowledge, and have come to it in an appropriate way.

FROM QUALITATIVE TO QUANTITATIVE RESEARCH: A NOTE

As many readers will have inferred, if the kinds of qualitative observations made in this chapter are true, then they should have an impact and significance that is quantitatively measurable as well. For example, questions that are designed to favor a "no" response, e.g., negatively polarized questions such as "Any questions?" (Heritage, 2002; Boyd and Heritage, 2004), should result in less questioning overall than positively polarized questions, e.g., "Do you have questions you would like to ask?" Most of the work that has explored quantitative aspects of institutional interaction has focused on this level of *turn design*. For example, Boyd (1998) distinguished between "bureaucratic" and "collegial" opening questions in interactions in which physicians were questioned about patients' need for surgery and found a systematic relationship between the "collegial" opening questions and the likelihood that the patient would be approved for surgery. This research can also have an historical dimension: for example, Clayman and Heritage (2002a, 2002b) showed that question designs that are more hostile and assertive have become very much more frequent in presidential press conferences over the past fifty years.

This quantitative work can have significant "applied" value. Stivers (2002) distinguished between medical problem presentations that simply describe symptoms ("sore throat, scratchy cough, phlegm") and those that suggest a diagnosis ("strep throat"), and found that physicians were more likely to believe that the latter problem presentations reflected a desire for antibiotics (and prescribed accordingly) even though the differences did not reflect actual patient desires as revealed in pre-visit surveys (Stivers et al., 2003). Similarly conversation analytic research that suggested that "online commentary" (e.g., "Your throat's a little red") produced during patients' physical examination might be a means of forecasting "no problem" diagnostic outcomes and avoiding unnecessary prescribing also turned out to have quantitative support (Heritage and Stivers, 1999; Mangione-Smith et al., 2003).

These are relatively straightforward linkages that focus centrally on turn design – the easiest dimension of interaction to quantify. They suggest that the study of institutional talk can support an important "applied" dimension in the future, though considerable work will be needed to achieve this objective.

CONCLUSION

By now, readers will have seen that many of the different dimensions or levels of "institutionality" in talk are thoroughly interrelated. Rather like Russian dolls that fit inside one another, each of these elements is a part of the next higher level: lexical choice is a part of turn design; turn design is a part of sequence organization; sequence organization is a part of overall structural organization.

There are two "wild cards" in the pack. Turn taking is one because where a distinct turn-taking system is in place, it has major effects at many levels of an interaction's organization. Asymmetry is the other because it is embodied at all other levels of the organization of interaction in institutional settings – lexical choice, turn design, sequence organization, overall structure organization, and turn taking. Indeed CA may end up with an affinity with a rather Foucauldian conception of power, advocated by other contributors to this volume. The view that power inheres in institutional knowledge, classifications, knowhow, and normative arrangements is compatible with the CA view that it is created, renewed, and operationalized in many disparate but interlocking facets of the organization of interaction. Both perspectives converge in the idea that this power inheres both in the knowledge, classificatory, and interactional practices of institutions and their incumbents, and in the discretionary freedoms which those practices permit for the incumbents of institutional roles.

Recommended readings

For a range of studies of talk in institutions, two collections from the early 1990s are still relevant:

Paul Drew and John Heritage (eds.) (2002), *Talk at Work*, Cambridge University Press, contains chapters dealing with a wide range of settings, together with an Introduction that sets the contents within a sociolinguistic context.

Dierdre Boden and Don Zimmerman (eds.) (1991), *Talk and Social Structure*, University of California Press, contains several chapters that situate conversation analytic approaches to talk in institutions within sociology.

John Heritage and Douglas Maynard (eds.) (2004), *Practicing Medicine*, Cambridge University Press, contains state of the art chapters on primary care.

REFERENCES

Albert, E. (1964). "Rhetoric," "logic," and "poetics" in Burundi: culture patterning of speech behavior. *American Anthropologist* 66, pt 2 (6): 35–54.
Atkinson, J.M. (1982). Understanding formality: notes on the categorisation and production of "formal" interaction. *British Journal of Sociology* 33: 86–117.

Atkinson, J.M. (1992). Displaying neutrality: formal aspects of informal court proceedings. In P. Drew and J. Heritage (eds.), *Talk at Work*. Cambridge: Cambridge University Press, pp. 199–211.

Atkinson, J.M. and Drew, P. (1979). *Order in Court: The Organisation of Verbal Interaction in Judicial Settings*. London: Macmillan.

Atkinson, J.M. and Heritage, J. (eds.) (1984). *Structures of Social Action: Studies in Conversation Analysis*. Cambridge: Cambridge University Press.

Baldock, J. and Prior, D. (1981). Social workers talking to clients: a study of verbal behaviour. *British Journal of Social Work* 11: 19–38.

Bergmann, Jörg R. (1993). *Discreet Indiscretions: The Social Organization of Gossip*. Chicago: Aldine.

Boyd, Elizabeth (1998). Bureaucratic authority in the "company of equals": the interactional management of medical peer review. *American Sociological Review* 63 (2): 200–24.

Boyd, Elizabeth and Heritage, John (2004). Taking the Patient's Medical History: Questioning During Comprehensive History Taking. In John Heritage and Douglas Maynard (eds.), *Practicing Medicine: Structure and Process in Primary Care Encounters*. Cambridge: Cambridge University Press.

Byrne, P.S. and Long, B.E.L. (1984 [1976]). *Doctors Talking to Patients: A Study of the Verbal Behaviours of Doctors in the Consultation*. Exeter: Royal College of General Practitioners.

Clayman, S. (1988). Displaying neutrality in television news interviews. *Social Problems* 35 (4): 474–92.

Clayman, S. (1992). Footing in the achievement of neutrality: the case of news interview discourse. In P. Drew and J. Heritage (eds.), *Talk at Work*. Cambridge: Cambridge University Press, pp. 163–98.

Clayman, S. and Heritage, J. (2002a). *The News Interview: Journalists and Public Figures on the Air*. Cambridge: Cambridge University Press.

Clayman, S. and Heritage, J. (2002b). Questioning Presidents: Journalistic deference and adversarialness in the press conferences of Eisenhower and Reagan. *Journal of Communication* 52 (4): 749–75.

Drew, P. (1991). Asymmetries of knowledge in conversational interactions. In I. Markova and K. Foppa (eds.), *Asymmetries in Dialogue*. Hemel Hempstead: Harvester Wheatsheaf, pp. 29–48.

Drew, P. (1992). Contested evidence in a courtroom cross-examination: the case of a trial for rape. In P. Drew and J. Heritage (eds.), *Talk at Work*. Cambridge: Cambridge University Press, pp. 470–520.

Drew, Paul and Heritage, John (1992). Analyzing Talk at Work: An Introduction. In P. Drew and J. Heritage (eds.), *Talk at Work*. Cambridge: Cambridge University Press, pp. 3–65.

Duranti, Alesandro (1994). *From Grammar to Politics*. Berkeley, CA: University of California Press.

Fisher, Sue (1983). Doctor talk/patient talk: how treatment decisions are negotiated in doctor/patient communication. In S. Fisher and A. Todd (eds.), *The Social Organization of Doctor-Patient Communication*. Washington, DC: Center for Applied Linguistics, pp. 135–57.

Frankel, Richard (1990). Talking in interviews: a dispreference for patient initiated questions in physician-patient encounters. In G. Psathas (ed.), *Interaction Competence*. Lanham, MD: University Press of America, pp. 231–62.

Garcia, Angela (1991). Dispute resolution without disputing: how the interactional

organization of mediation hearings minimizes argumentative talk. *American Sociological Review* 56: 818–35.

Gill, Virginia (1998). Doing attributions in medical interaction: patients' explanations for illness and doctors' responses. *Social Psychology Quarterly* 61 (4): 342–60.

Goffman, Erving (1955). On face work. *Psychiatry* 18: 213–31.

Goffman, Erving (1983). The Interaction Order. *American Sociological Review* 48: 1–17.

Goodwin, Charles and Goodwin, Marjorie Harness (1997). Seeing as a Situated Activity: Formulating Planes. In David Middleton and Yrjö Engestrom (eds.), *Cognition and communication at work*. Cambridge: Cambridge University Press.

Goodwin, Marjorie Harness (1996). Informings and Announcements in Their Environment: Prosody within a Multi-Activity Work Setting. In Elizabeth Couper-Kuhlen and Margret Selting (eds.), *Prosody in Conversation: Interactional Studies*. Cambridge: Cambridge University Press, pp. 436–61.

Greatbatch, David (1988). A Turn-Taking System for British News Interviews. *Language in Society* 17 (3): 401–30.

Halkowski, Timothy (2004). Realizing the illness: patients' narratives of symptom discovery. In John Heritage and Douglas Maynard (eds.), *Practicing Medicine: Structure and Process in Primary Care Consultations*. Cambridge: Cambridge University Press.

Heath, Christian (1992). The delivery and reception of diagnosis and assessment in the general practice consultation. In P. Drew and J. Heritage (eds.), *Talk at Work*. Cambridge: Cambridge University Press, pp. 235–67.

Heath, Christian and Luff, Paul (2000). *Technology in Action*. Cambridge: Cambridge University Press.

Heritage, John (1984). *Garfinkel and Ethnomethodology*. Cambridge: Polity Press.

Heritage, John (1985). Analyzing News Interviews: Aspects of the Production of Talk for an Overhearing Audience. In Teun A. Dijk (ed.), *Handbook of Discourse Analysis Volume 3*. New York: Academic Press, pp. 95–119.

Heritage, John (1987). Ethnomethodology. In Anthony Giddens and Jonathan Turner (eds.) *Social Theory Today*. Cambridge: Polity Press, pp. 224–72.

Heritage, John (2002). Ad hoc inquiries: two preferences in the design of "routine" questions in an open context. In D. Maynard, H. Houtkoop-Steenstra, N.K. Schaeffer, and H. van der Zouwen (eds.), *Standardization and Tacit Knowledge: Interaction and Practice in the Survey Interview*. New York, Wiley Interscience, pp. 313–33.

Heritage, John and Greatbatch, David (1991). On the Institutional Character of Institutional Talk: The Case of News Interviews. In Dierdre Boden and Don H. Zimmerman (eds.), *Talk and Social Structure*. Berkeley, CA: University of California Press, pp. 93–137.

Heritage, John and Lindström, Anna (1998). Motherhood, medicine and morality: scenes from a medical encounter. *Research on Language and Social Interaction* 31 (3/4): 397–438.

Heritage, John and Robinson, Jeffrey (2004). Accounting for the visit: giving reasons for seeking medical care. In John Heritage and Douglas Maynard (eds.), *Practicing Medicine: Structure and Process in Primary Care Consultations*. Cambridge: Cambridge University Press.

Heritage, John and Sefi, Sue (1992). Dilemmas of Advice: Aspects of the Delivery and Reception of Advice in Interactions Between Health Visitors and First Time Mothers. In P. Drew and J. Heritage (eds.), *Talk at Work*. Cambridge: Cambridge University Press, pp. 359–417.

Heritage, John and Sorjonen, Marja-Leena (1994). Constituting and maintaining

activities across sequences: and-prefacing as a feature of question design. *Language in Society* 23: 1–29.

Heritage, John and Stivers, Tanya (1999). Online Commentary in Acute Medical Visits: A Method of Shaping Patient Expectations. *Social Science and Medicine* 49 (11): 1501–17.

Heritage, John, Boyd, Elizabeth, and Kleinman, Lawrence (2001). Subverting Criteria: The role of precedent in decisions to finance surgery. *Sociology of Health and Illness* 23 (5): 701–28.

Jacoby, Sally and Gonzales, Patrick (1991). The Constitution of Expert-Novice in Scientific Discourse. *Issues in Applied Linguistics* 2 (2): 149–81.

Jefferson, Gail (1974). Error Correction as an Interactional Resource. *Language in Society* 2: 181–99.

Linell, P. (1990). The power of dialogue dynamics. In I. Markova and K. Foppa (eds.), *The Dynamics of Dialogue*. Hemel Hempstead: Harvester Wheatsheaf, pp. 147–77.

Linell, P. and Luckmann, T. (1991). Asymmetries in dialogue: some conceptual preliminaries. In I. Markova and K. Foppa (eds.), *Asymmetries in Dialogue*. Hemel Hempstead: Harvester Wheatsheaf, pp. 1–20.

Linell, P., Gustavsson, L., and Juvonen, P. (1988). Interactional dominance in dyadic communication: a presentation of initiative-response analysis. *Linguistics* 26: 415–42.

Mangione-Smith, Rita, Stivers, Tanya, Elliott, Marc, McDonald, Laurie, and Heritage, John (2003). Online commentary on physical exam findings: a communication tool for avoiding inappropriate antibiotic prescribing? *Social Science and Medicine* 56 (2): 313–20.

Maynard, D. (1991). On the interactional and institutional bases of asymmetry in clinical discourse. *American Journal of Sociology* 92 (2): 448–95.

Maynard, Douglas (1996). On "realization" in everyday life. *American Sociological Review* 60 (1): 109–32.

McHoul, A. (1978). The Organization of Turns at Formal Talk in the Classroom. *Language in Society* 7: 183–213.

Mehan, Hugh (1985). The Structure of Classroom Discourse. In Teun A. Dijk (ed.), *Handbook of Discourse Analysis Volume 3*. New York: Academic Press, pp. 120–31.

Mishler, E. (1984). *The Discourse of Medicine: Dialectics of Medical Interviews*. Norwood, NJ: Ablex.

Peräkylä, Anssi (1995). *AIDS Counselling; Institutional Interaction and Clinical Practice*. Cambridge: Cambridge University Press.

Peräkylä, A. (1998). Authority and accountability: the delivery of diagnosis in primary health care. *Social Psychology Quarterly* 61 (4): 301–20.

Peräkylä, A. (2002). Agency and authority: extended responses to diagnostic statements in primary care encounters. *Research on Language and Social Interaction* 35 (2): 219–47.

Pomerantz, Anita (1988). Offering a Candidate Answer: An Information Seeking Strategy. *Communication Monographs* 55: 360–73.

Raymond, Geoffrey (2000). The voice of authority: the local accomplishment of authoritative discourse in live news broadcasts'. *Discourse Studies* 2(3): 354–79.

Robinson, Jeffrey D. (2001). Asymmetry in action: sequential resources in the negotiation of a prescription request. *Text* 21 (1/2): 19–54.

Robinson, Jeffrey D. (2003). An Interactional Structure of Medical Activities During Acute Visits and its Implications for Patients' Participation. *Health Communication* 15 (1): 27–59.

Robinson, Jeffrey D. and Stivers, Tanya (2001). Achieving activity transitions in primary-care consultations: from history taking to physicial examination. *Human Communication Research* 27 (2): 253–98.

Sacks, Harvey (1979). Hotrodder: A Revolutionary Category. In George Psathas (ed.), *Everyday Language: Studies in Ethnomethodology*. New York: Irvington, pp. 7–14.

Sacks, Harvey (1987 [1973]). On the Preferences for Agreement and Contiguity in Sequences in Conversation. In Graham Button and John R.E. Lee (eds.), *Talk and Social Organisation*. Clevedon, England: Multilingual Matters, pp. 54–69.

Sacks, Harvey (1992 [1964–72]). *Lectures on Conversation* (2 Vols.). Oxford: Basil Blackwell.

Sacks, Harvey, Schegloff, Emanuel A., and Jefferson, Gail (1974). A Simplest Systematics for the Organization of Turn-Taking for Conversation. *Language* 50: 696–735.

Schegloff, Emanuel A. (1982). Discourse as an interactional achievement: some uses of "uh huh" and other things that come between sentences. In D. Tannen (ed.), *Analyzing Discourse* (Georgetown University Roundtable on Languages and Linguistics 1981). Washington, DC: Georgetown University Press, pp. 71–93.

Schegloff, Emanuel A. (1984). On Some Questions and Ambiguities in Conversation. In J. Maxwell Atkinson and John Heritage (eds.), *Structures of Social Action*. Cambridge: Cambridge University Press, pp. 28–52.

Schegloff, Emanuel A. (1986). The Routine as Achievement. *Human Studies* 9: 111–51.

Schegloff, Emanuel A. (1992). Repair after next turn: the last structurally provided defense of intersubjectivity in conversation. *American Journal of Sociology* 95 (5): 1295–345.

Schegloff, Emanuel A. and Sacks, Harvey (1973). Opening Up Closings. *Semiotica* 8: 289–327.

Silverman, D. (1987). *Communication and Medical Practice*. London: Sage.

Stivers, Tanya (2002). "Symptoms only" and "Candidate diagnoses": Presenting the problem in pediatric encounters. *Health Communication* 14 (3): 299–338.

Stivers, Tanya and Heritage, John (2001). Breaking the sequential mold: answering "more than the question" during medical history taking. *Text* 21 (1/2): 151–85.

Stivers, Tanya, Mangione-Smith, Rita, Elliott, Marc, McDonald, Laurie, and Heritage, John (2003). What Leads Physicians to Believe that Parents Expect Antibiotics? A Study of Parent Communication Behaviors and Physicians' Perceptions. *Journal of Family Practice* 52 (2): 140–8.

Strong, P. (1979). *The Ceremonial Order of the Clinic*. London: Routledge.

Todd, Alexandra (1993). Exploring women's experiences: power and resistance in medical discourse. In Sue Fisher and Alexandra Todd (eds.), *The Social Organization of Doctor-Patient Communication* (2nd Edition). Norwood, NJ: Ablex, pp. 267–86.

Watson, D.R. (1990). Some features of the elicitation of confessions in murder interrogations. In G. Psathas (ed.), *Interactional Competence*. Lanham, MD: University Press of America, pp. 263–96.

Whalen, Jack (1995). A technology of order production: computer-aided dispatch in public safety communications. In Paul ten Have and George Psathas (eds.), *Situated Order: Studies in the Social Organization of Talk and Embodied Activities*. Washington, DC: University Press of America, pp. 187–230.

Whalen, J. and Zimmerman, D.H. (1998). Observations on the display and management of emotions in naturally occurring activities: the case of "hysteria" in calls to 9-1-1. *Social Psychology Quarterly* 61 (2): 141–59.

Whalen, Marilyn and Zimmerman, Don H. (1990). Describing trouble: practical epistemology in citizen calls to the police. *Language in Society* 19: 465–92.

Whalen, Jack, Zimmerman, Don H., and Whalen, Marilyn R. (1988). When Words Fail: A Single Case Analysis. *Social Problems* 35 (4): 335–62.

Zola, Irving K. (1987). Structural constraints in the doctor-patient relationship: the case of non-compliance. In Howard Schwartz (ed.), *Dominant Issues in Medical Sociology*. New York: Random House, pp. 203–9.