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Constituting and maintaining activities across sequences: *And*-prefacing as a feature of question design

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ABSTRACT

The role of the connective *and* is here considered as a preface to questions in spoken interaction. Using data from informal medical encounters, it is argued that *and*-prefacing is used to link a question to a preceding question/answer pair or pairs. In such contexts, *and*-prefacing indicates that the questions it prefaces have a routine or agenda-based character. This in turn can be a resource which invokes and sustains an orientation to an activity or course of action that is implemented through a series of question/answer pairs, but transcends any individual pair. The general characteristics of *and*-prefaced questions are contrasted with "contingent" or "follow-up" questions, which are not normally *and*-prefaced. Some strategic uses of *and*-prefaced questions are described, and the role of the device within the more general sociolinguistic context of the data is discussed. (Connectives, conversation analysis, discourse, institutional interaction, medical encounters, turn design)*

This article offers an analysis of the role and function of the connective *and* as a feature of question design. While *and* as a question preface is rarely found in ordinary conversation between peers or acquaintances, it is a commonplace feature of interactions in "institutional" settings such as law courts and certain types of medical encounter, where the parties are occupied with a restricted set of tasks, or address one another as incumbents of particular social roles.¹

In the linguistic literature, *and* is usually discussed by reference to other connectives (*but*, *so* etc.). It has long been recognized in this literature that the meaning of *and* cannot be fully accounted for in semantic terms. Thus van Dijk 1979 states that some aspects of connectives are clearly pragmatic, and require explication in terms of the knowledge and expectations of a speaker and hearer. In this context, sentence-initial *and* is described by a number of researchers (e.g. Halliday & Hasan 1976; van Dijk 1979; Schiffrin 1987) in terms of continuation. However, these researchers specify the concept of "continuation" in different ways. Halliday & Hasan (236) view "continuation" from the speaker's point of view, suggesting that one common usage of sentence-initial *and* is to link a series of questions meaning 'the next thing I want to know is . . .'. Schiffrin (147) roughly concurs, arguing that *and* "marks a speaker's definition of what is being said as a continuation of his/her own prior talk." Van Dijk (450), by contrast, adopts a less speaker-centered perspective, stating that "continuation" is a concept to be defined in terms of relations between speech acts, or between moves or turns in conversation. Most researchers who have discussed the *and*-constituted linkage between actions in spoken interaction have done so by reference to links between successive questions (Atkinson & Drew 1979:195; van Dijk 1979; Stenström 1984:145-7, 258; Halkowski 1990:173-5). However, Schiffrin (146-7) and Sorjonen & Heritage (1991:59-60) observe that *and*-prefaced questions may be linked either to a previous question or to its answer.²

Much current linguistic literature on the use of *and* as a preface is characterized by two major features:

(a) It is speaker- or utterance-centered: the analysis focuses on the speaker's pragmatic objectives. There is relatively little consideration of the *interactional* context in which the utterance is produced - including, most importantly, the sequential and activity context of the talk in which it is embedded and, more generally, the social context of the interaction and the social expectations that may be relevant to that context.³

(b) It is underspecified: the analysis has been aimed at a relatively generalized set of conclusions about the use of sentence-initial *and*. Yet, as van Dijk 1979 has also noted, the role of pragmatic connectives can only be described with reference to particular environments. The consideration of such environments, we believe, should include the utterance or speech act type prefaced by *and*, as well as the sequential context in which such prefacing occurs.

In this article, we focus on the use of *and* in turn-initial position, defining this position interactionally. As the first element in a turn, *and* invokes a relationship between the current turn and its interactional setting.⁴ In addition, we focus on the use of turn-initial *and* as a preface to a single type of turn: questions.

THE DATA BASE

Most of the data for this article are taken from a particular type of institutional talk: a corpus of self-administered audio recordings of interactions between British community health nurses ("health visitors") and first-time mothers.⁵ These interactions take place in the mothers' homes, and form part of a series that extends until the baby is approximately 5 years old. Within the context of the British health care system, the nurse arrives in the mother's home as an official with a statutory obligation to visit all newborns and their mothers. In this context, the nurse's role involves checking the health of the mother and baby, and advising the mother on the management of the baby's early months of life (CETHV 1977; Dingwall 1977; Donzelot 1980). During the early visits, the nurses normally attempt to establish a "befriending" relationship with the mothers. But at the same time, they must accomplish certain bureaucratic tasks. They have "face sheet" data to gather for their records, and a form covering immunization consents and related matters which the mother is expected to sign. In the early visits to first-time mothers, much of the talk centers on mother- and baby-related health inquiries - and, especially during the first visit, the gathering of face sheet information (Heritage & Sefi 1992).

In this article, most of our examples come from sequences of face sheet enquiries drawn from first visits by four nurses to seven families in this corpus. However, we also draw more broadly from a range of other "routine" question/answer sequences in these interactions.⁶ Related examples are drawn from a set of telephone calls to a cancer information center in the United States and from questioning in US criminal trials.

INITIAL CONSIDERATIONS: SEQUENCES VS. ACTIVITIES

An initial sense of the work of *and*-prefaced questions may be developed from a consideration of the example below (here, as elsewhere, "HV" designates the health visitor, and "M" designates the mother).⁷

- (1) (5A1:9)
- | | | |
|----|-----|--|
| 1 | HV: | Has he got plenty of work on, |
| 2 | M: | He works for a university college. |
| 3 | HV: | O:::h. |
| 4 | M: | So: (:) he's in full-time work all the time. |
| 5 | HV: | oYeh. ^o |
| 6 | | (0.4) |
| 7 | HV: | → And this is y'r first ba:by:. |
| 8 | M: | Ye(p). |
| 9 | | (0.3) |
| 10 | HV: | → .ich An' you had a normal pre:gnancy. = |
| 11 | M: | = Yeh. |
| 12 | | (1.1) |
| 13 | HV: | → And a normal delivery, |

- 14 M: Ye:p.
 (1.4)
 16 HV: °Ri:ght.°
 (0.7)
 18 HV: → And sh' didn't go into special ca:re.
 19 M: No:.
 (1.8)
 20 HV: → °An:d she's bottle feeding?°
 (1.2)
 22 HV: → °Um:° (0.4) and uh you're going to Doctor White
 for your (0.6) p[ost-na:tal]
 [Yeah.
 25 M:

This example contains a group of seven questions,⁸ six of which (arrowed) are prefaced by *and*. It is apparent that a form of continuity or coherence is being achieved across this group of questions, and that *and*-prefacing plays some role in achieving it. However, the coherence achieved is not one of topic, in the sense of referential continuity. Nor is it the product of the inclusion of the talk within a single sequence such as an adjacency pair – which, as Schegloff 1990 has demonstrated, is a further major source of coherence in discourse. On the contrary, whatever coherence that exists in this example is achieved *across* a series of adjacency pairs, which are nonetheless being managed as a coordinated series that overarches its component pairs.

To capture this coherence, it is relevant to distinguish the concept of *sequence*, e.g. an unexpanded or expanded adjacency pair,⁹ from the *course of action* that is constituted and undertaken in and through a series of them. We employ the term *activity* (Levinson 1979; Gumperz 1982, 1992; Ochs 1988) to characterize the work that is achieved across a sequence or series of sequences as a unit or course of action – meaning by this a relatively sustained topically coherent and/or goal-coherent course of action. This term is, of course, a “term of art.” An activity might embrace such things as “talking about the weather,” the “examination” or “diagnosis” phase of a medical consultation, or “claiming social security.”¹⁰ Our interest in this phenomenon is “emic” in character, i.e. with how the participants display an orientation to some course of action as a coherent undertaking and as something that may be “departed from” and “returned to.”

Because this distinction between “sequence” and “activity” is central to our argument, it requires further brief elaboration. As Schegloff 1990 has shown, the units of “topic” and “sequence” are analytically distinct. He develops this demonstration by reference to a single request sequence in which a multiplicity of topics, subordinate sequences, and activities intervene between an initial question-formed request and its response. Schegloff's data also show that there is no simple correlation between a sequence – defined, for example, in terms of an adjacency pair – and the activity which may be housed within

its boundaries. A single sequence may enfold many analytically distinct activities. Conversely, we argue, a single activity may be sustained through multiple sequences. It is this analytical independence between “sequence” and “activity” that forms the starting point for this article.

As an initial illustration of the relevance of this distinction to the topics of this paper, consider the following two segments.

- (2) (3B1:2)
 1 HV: What are you going to (.) call her?
 2 M: → Georgi:na.
 (1.0)
 3 HV: → An:d you're spelling that,
 (3) (1C1:25)
 1 HV: Okay so that's that's your clinic fo:rm.
 ()
 2 M: An'all I put on here is you:r (0.7) there's a
 3 HV: bit about you:;. (0.7) it sa:ys here that you're
 4 twenty o:r ne is that ri:ght?
 5 M: That's ri:ght.=
 7 HV: → =How old's your husba:nd.
 8 M: Twenty s- un twenty six in April.
 (0.5)
 10 HV: → And does he wo:rk?
 11 M: He wo:ks at the factory yes.

The *and*-prefaced question in Ex. 2 clearly builds on the answer to the preceding question (line 2) – referentially through the pro-term *that*, and pragmatically as a request for some specification of that answer. In Ex. 3, by contrast, the *and*-prefaced question (line 10) is tied to the preceding question (line 7) through the pro-term *he*; but it is not tied, in a narrowly pragmatic sense, to that question's answer (line 8). These differential linkages support Schiffrin's contention (1987:146–7) that *and*-prefacing may be used to link a question either to a previous question or to its answer.

Underlying these differences, however, is a more fundamental similarity. In each case, the second, *and*-prefaced question achieves the maintenance of a larger activity: in Ex. 2, entering the name of the baby on a record card, a task for which correct spelling is necessary; and in Ex. 3, the gathering of face sheet information about a family.

Our basic proposal is that *and*-prefaced questions play a role in constituting and sustaining a joint orientation to the larger activity-focused courses of action which the questions implement. *And*-prefacing is primarily used by professionals to establish and maintain an orientation to the course-of-action character of their talk across sequences of question/answer adjacency pairs. Associated with this activity linkage, we argue, is the maintenance of an orientation by both parties to the questions as *agenda-based*, i.e. as members of a series that are in some way routine elements of an activity (as in Ex. 2), or as elements the questioner has anticipated or has “in mind” – or com-

monly, as externally motivated components of a bureaucratic task or other agenda which is being managed by the professional questioner as part of the "official business" of the encounter.

THE "BASE ENVIRONMENT" OF AND-PREFACED QUESTIONS

What are the basic characteristics of the sequences in which a series of *and*-prefaced questions occurs? A reconsideration of Ex. 1 gives us some initial observations.

First, it is noticeable that the mother's responses to the nurse's questions are all "no problem" responses. They are minimal (yes/no) responses to the prior inquiry, and are aligned to the polarity (Bolinger 1957; Quirk et al. 1972) of their prior declarative question. They are thus preferred responses (Sacks 1987) that do not depart from the orientations encoded in the prior inquiry. It is in this sense that they are built as no-problem responses.¹¹

Second, each of the nurse's next inquiries, in the way that it proceeds to a next referent and/or topic – with no, or at most minimal acknowledgment of the prior answer – also treats these responses as unproblematic and sufficient.¹²

Third, while the *and*-prefacing serves to underscore a tie between the current and a prior question, each question also marks a forward movement within the trajectory of a larger activity. As part of the work of treating prior answers as unproblematic and sufficient, these *and*-prefaced questions move the talk forward across a sequence boundary. In doing so, they mark the units out of which the activity is fashioned; and by marking the movement to a "next unit," they register progress within the activity.

Finally, if merely proceeding to a "next" question acknowledges the sufficiency of a prior answer, the *and*-prefacing of that next question constitutes its status as a next question in a "line" or "agenda" of questions. As a *socially constructed object*, this line is understandable as a routine or pre-established question sequence. As an *interactional object*, this line is ongoingly invoked and sustained with each next *and*-prefaced inquiry. It is notable in this context that the mother, through the minimal character of her responses in Ex. 1 (lines 8, 11, 14, 19, and 25) to questions which could be treated as invitations to more elaborate description, indicates that she understands and goes along with the nurse's series of *and*-prefaced questions as pro-forma parts of a form-filling activity.¹³ It is this invocation of a routine or agenda-based activity across a succession of question/answer sequences which we regard as the major task of *and*-prefacing.

The nature of the agenda, with its associated activity invoked through a series of *and*-prefaced questions, will necessarily vary from occasion to occasion. For example, the sequence of questions in Ex. 1 is in strict accord with a list of items on a record card that the nurse has previously introduced as

having to be completed, and which she is overtly completing during the course of this sequence.¹⁴ In such cases, there is clear evidence – both for the recipient of the questions and for the analyst – that a sequence of questions is based in a written document that is anterior and, in this sense, "external" to the talk. Elsewhere, however, *and*-prefacing may invoke an agenda that has no independent existence in this documentary sense. In such cases, *and*-prefacing may be deployed to invoke an activity and its component elements that may vary in scope from something that is intensely local (like the spelling of a name, in Ex. 2) to something that may be as broad as "the busyness of this encounter" (see Ex. 22).

Before proceeding further with the arguments of this article, we emphasize that, while *and*-prefacing is a highly recurrent feature of question series of this type, it is by no means obligatory. For example, the following excerpt contains a very similar series of questions to Ex. 1, and these questions are part of obtaining face sheet data (see line 1); but none of them is *and*-prefaced.

- (4) (1A1:21) Uh::m (1.1) >Where did we get to.<
 1 HV: (2.0)
 2
 3 HV: → How old are you father?
 4 (0.7)
 5 F: Twenty si:x.
 6 (4.0)
 7 HV: → Were you a uh::m (1.1) what (1.0) uh: (.) you were a nurse at the Randolph.
 8
 9 F: Yel:h.
 10 M: [Yea:h.
 11 (4.1)
 12 HV: → Uhm (.) an S.E.N.
 13 M: Ye(p).
 14 (2.2)
 15 HV: → Are you going to go ba:ck.
 16 F: Mm hm,
 17 M: Yea:h.

The occurrence of such sequences indicates that *and*-prefacing is an *optional* pragmatic choice, used to underscore the user's orientation to a question as a routine or agenda question within an activity. It is not an obligatory marker of such questions.

AGENDA QUESTIONS VS. CONTINGENT QUESTIONS

Agenda-based next questions may be contrasted with what we term "contingent" questions.¹⁵ These are built so as to deal ad hoc with some contingency in the prior response. Contingent questions, we propose, are generally not *and*-prefaced.

Contingent questions generally arise in our data in sequences having the following characteristics. First, the mothers' responses to the nurse's ques-

tions are expressive (from the mother's point of view) or indicative (from the nurse's point of view) of some problem or trouble not anticipated by the question. A prominent way in which this emerges is that responses are not aligned to the orientations encoded in the question. Such responses are often non-minimal. Second, the nurse's next inquiry, in the way that it elaborates or sustains a topical focus on the prior answer, treats the prior response as problematic, something to be "followed up." Ex. 5 is a prototypical case of an inquiry constructed as a contingent question.

- (5) (IC1:33)
- 1 HV: 1 → Your tail's alri:ght.
(0.7)
 - 2 M: Ye::s.
 - 3 M: (.)
 - 4 M: Lot more comfortable no:w.
 - 5 M: (0.7)
 - 6 HV: 2 → Did you have stitches.
 - 7 M: I d;:d Yēah.
 - 8 M: °Mim:.
 - 9 (M): (2.1)
 - 10 HV: And uh y- you're having salt ba:ths.

Here the nurse's question at line 1 projects a yes/no answer and anticipates a no-problem response. Although the mother's initial response (line 3) is fitted to this anticipation, it is substantially delayed; the delay is indicative of some difficulty in aligning her reply to the preference of the prior inquiry (Pomerantz 1984, Sacks 1987). Subsequently (line 5), she goes on to indicate a previous problem (pain or discomfort) in a way that suggests that it is not quite resolved. The nurse's second question now topicalizes the issue by formulating its likely cause. This question – which is addressed to a response that was not anticipated by the prior question, and topicalizes that response – is a contingent question. It is not *and*-prefaced. Note, by contrast, that after the mother's expected confirmation of the nurse's inquiry, the nurse moves on with a routine question dealing with salt baths, the basic therapy for stitches. This question is *and*-prefaced (line 11).

Similarly, in the following case, a mother develops an elaborated response to the nurse's question about family planning. While the response indicates that a (nonspecified) decision has been made, its design counters the presumption of the question that the decision will have been based on hospital advice.

- (6) (3A1:9)
- 1 HV: 1 → Er >did you get any family planning advi:ce
at the hospital.
 - 2 M: Yes; a lady came round but I've already
decided what I want to do: so:.
 - 3 M: (0.6)
 - 4 M: u[m.]
 - 5 HV: 2 → [What's it- What are you going to do.

The nurse's next question (line 7) topicalizes this response, and once again is not *and*-prefaced.

Similar instances of contingent questions arise in relation to mothers' responses that are less obviously problematic. For example, questions that particularize the sense of a prior answer (and sometimes the sense of a vaguely formulated prior question) deal with a "problem" in a prior answer and also sustain the topical focus of the prior question. Such questions are also not *and*-prefaced. In the two following cases, the mothers' responses are minimal and bland. In each case they are treated as insufficiently informative as descriptions of the baby's condition. Rather than shifting to some new issue, the nurse produces a contingent question designed to elaborate the prior response in more detail.¹⁶

- (7) (5A1:3)
- 1 HV: 1 → =That's good. .h ↑How's the tummy button.
 - 2 M: That's alri:ght.
 - 3 HV: 2 → All healed up.
 - 4 M: Yea:h.
- (8) (5A1:14)
- 1 HV: 1 → What are her stoo:ls li:ke are the:y.
 - 2 M: (.)
 - 3 M: Alri::ght.
 - 4 HV: Ye:s.
 - 5 M: (.)
 - 6 HV: 2 → What do they sort'v look li:ke.
 - 7 M: Yellowy color.
 - 8 HV: 3 → Like putty.
 - 9 M: Yea:h.
 - 10 HV: Yēs that's good.

In both cases, the nurse's contingent questions that propose or request some elaboration of a prior response, thereby preserving topical continuity, are not *and*-prefaced.

More generally, our data show alternations between (a) expanded sequences, involving contingent questions (non-*and*-prefaced, arrow 1), which take up and deal with some unexpected and/or problematic feature of a prior response, and (b) returns to "routine agenda" questions, which are *and*-prefaced (arrow 2).

- (9) (3A1:4)
- 1 HV: What's your loss like?
 - 2 M: Uh:::m .tch it's (0.5) I s- I suppose I might u:se
(0.4) one to two pa:ds in the morning. It's still
quite,
(0.4)
 - 3 M: °heavy in the morning =
 - 4 M: =Yea:h. =
 - 5 HV: 1 → =Mm. Does it (.) tail-off (0.7) as the day goes
o:[n.]
 - 6 M: [Yea:h.

- 11 HV: Yes.=
 12 M: =That's ri:ght. Yea:h.
 13 HV: Y(es).
 14 M: °Mm ()°
 15 HV: 2→ .hhh And are your bowels oka:y?

Here the nurse's *and*-prefaced question about the mother's bowels is a standard one in these visits, and constitutes a forward movement to a new routine topic.¹⁷

Some of the consequentiality of *and*-prefacing in question design can be glimpsed in the following example in which the nurse vacillates: line 11 shows an *and*-prefaced (routine) question design, but line 9 shows a design that would provide for her inquiry as contingent upon the mother's trouble-premonitory response to an earlier question.

- (10) (4A1:19-20)
- 1 HV: 1→ And you're feeling well.
 2 (0.7)
 3 M: Yeah.
 4 (1.1)
 5 HV: 2→ And your- (.) >you didn't ha- did you have
 6 stitches?<
 7 (0.8)
 8 M: Ye:|s.
 9 HV: 3→ [You did.
 10 M: [Mh hmh
 11 HV: 4→ [n are you so:|re.
 12 M: [I had a third degree
 13 tea:r|=
 14 HV: 5→ =#O:;:h# did you:;:=
 15 M: =Yeah. It's uh (.) they think what happened 'is
 16 chin must 'ave caught me,

This segment begins with a routine *and*-prefaced question that addresses the mother's health (the mother had left the maternity ward a few days previously). The question is open as to what *feeling well* might consist of, but projects an affirmative response. The response (line 3) is substantially delayed; and after a further delay (line 4), the nurse begins a new inquiry that eventuates in a question about *stitches* (lines 5-6). It is notable that this second *and*-prefaced question is redesigned twice after the initial *and*-preface. These revisions involve a shift from a declarative (*you didn't ha-*), whose negative form would prefer a *no* response, to an interrogative (*did you have stitches?*) - which is, relative to the declarative, more favorable to a *yes* response. The successive shifts in the design of this question appear to show that this is the point at which the nurse has caught the import of the mother's delayed response.

The mother's *Yes* response (line 8) is again substantially delayed. This response stands in a complex relationship to the prior question. Through the

delay in its timing, this turn could be heard as a dispreferred response to the declarative version of the nurse's prior question; but it is also the response which is provided for in the subsequent interrogative version of the question. The nurse treats this response in two alternative ways. First, she responds (line 9) with a "news-mark" *You did* (Jefferson 1981a, Heritage 1984); this takes up the response as an out-of-the-ordinary matter, and projects further talk by the mother with respect to it as "news." Second, she immediately proceeds to an *and*-prefaced question (line 11) which revises her stance toward the stitches: the *and*-preface re-routinizes the mother's response by treating the stitches as a routine and relatively unproblematic feature of having a baby.¹⁸ Only after the mother's subsequent responsive announcement that she had a third-degree tear is the nurse finally induced (line 14) to abandon her "life as usual" approach to the stitches with a sympathetically intoned news receipt (#O:;:h#), and a news-mark (*did you:;:*) that permits the mother to begin detailing the problem (lines 15-16).

Taking the segment as a whole, the mother's position displays a striking degree of "troubles resistance" (Jefferson 1988). In particular, it may be argued that her delayed response (line 8) is markedly "resistant" to coming forward with a description of what turns out to have been a third-degree tear. In this context, the nurse's consecutive actions (lines 9/11), which embody a normalizing shift of stance to the mother's news, are congruent with the mother's troubles resistance. The *and*-prefacing of the nurse's question (line 11) is accomplice to this "normalizing," and to her associated management of a reciprocal troubles-resistant stance.

In sum, we have distinguished routine or agenda-based questions from contingent inquiries. Routine or agenda-based questions, we propose, are commonly *and*-prefaced. Contingent inquiries, by contrast, are generally not *and*-prefaced. The two classes of inquiry are routinely associated with distinctive sequential environments. *And*-prefaced questions are produced in the context of (a) expectable, no-problem responses to the prior question, where (b) the question embodies some forward movement within a larger sequence; it thereby (c) treats the prior response as unproblematic, and (d) constitutes the next question as an item in a line or agenda of questions to be dealt with. Contingent inquiries emerge in environments in which there is (i) some "unexpected" or "problematic" response to the prior question, where (ii) the inquiry sustains the topical focus of the preceding question/answer sequence; it thereby (iii) treats the prior response as embodying some problem that needs to be dealt with, and (iv) it is recognizably produced as ad hoc or contingent in character, rather than as "anticipated" or "prefigured." In short, the pragmatic option of *and*-prefacing invokes an orientation to the questions so prefaced as routine or agenda-based. Contingent or "follow-up" inquiries, by contrast, are rarely *and*-prefaced.

THE MANAGEMENT OF ACTIVITIES

We have described the ways in which *and*-prefacing may invoke the routine or agenda-based character of a question. We now turn to the ways in which *and*-prefacing may be used to invoke or sustain an orientation to questions as part of a larger activity or course of action.

The clearest cases in which *and*-prefaced questions are associated with the management of an activity are those in which the activity or agenda is announced, often associated with some account or explanation, prior to a course of questioning. In these contexts, as illustrated below, *and*-prefacing is a routine feature in the design of subsequent (2nd-*n*th) questions.

In each of the following cases, the nurse begins by projecting a form-filling task to be completed, thereby invoking the activity that will occupy a subsequent series of questions. In Ex. 11, for example, the nurse begins a subseries of questions at lines 1-2 by formulating their relevance as "particulars," i.e. face-sheet questions.

- (11) (4B1:5)
- 1 HV: → Uh:m (0.5) .hh now fi:rst th' particulars they want
to know th' baby's father's a:ge.
 - 2 (2.0)
 - 3
 - 4 G: He will bje,
[He will (.) nineteen.
 - 5 M: Nineteen.
 - 6 HV: (0.8)
 - 7 °Lovely.°
 - 8 HV: (0.5)
 - 9 HV: → And his occupation,
 - 11 M: He's a bookmaker.

In this interaction, and elsewhere in our data, it is apparent that answers to these questions are being entered onto a record card. This is made verbally explicit at the beginning of Ex. 12-13.

- (12) (3A1:8)
- 1 HV: → Ehm, so anyway I'll fill this: I'll finish
filling this card in. .hhh Eh:m (0.7) father's age
at bi:rnth.
 - 2
 - 3
 - 4 M: .tch He's twenty ni:ne.
 - 5 HV: °Twenty nine.°
 - 6 (1.2)
 - 7 HV: → And he is a builder.
 - 8 (1.1)
 - 9 M: °Y:up.°
 - 10 (1.2)
 - 11 HV: → And um: (.) you were (.) anaesthetic's nurse
weren't you.
 - 12
 - 13 M: Yep.
- (13) (1C1:25)
- 1 HV: Okay so that's that's your clinic fo:rm.
 - 2 M: ()
 - 3 HV: An' all I put on here is you:r (0.7) there's a

- 4 bit about you: (0.7) it sa:ys here that you're
twenty one is that ri:ght?
- 5
- 6 M: That's ri:ght. =
- 7 HV: =How old's your husband.
- 8 M: Twenty s- uh twenty six in April.
- 9 (0.5)
- 10 HV: → And does he wo:rk?
- 11 M: He [wo:rks at the fa:ctory yes.
for
- 12 HV: (.)
- 13 B L.
- 14 M: Mm hm B L.
- 15 HV: (1.0)
- 16 °(Do::n't Oh:::)=
- 17 M: And is this your first baby.
- 18 HV: →
- 19 M: Yes::s.

Similarly, Ex. 14 contains both a reference to the information-gathering activity that is invoked by reference to the "card" and, subsequently, to the action (*I'll ring no:rmal.*) being carried out following the mother's response.

- (14) (1A1:12)
- 1 HV: → So this'll be her clinic ca:rd.
 - 2 (1.0)
 - 3 HV: (-hh) And on here we have a record (0.8) of how you
were in- (0.3) did you have a normal pregnancy:?
 - 4 Yes.
 - 5 M: (0.7)
 - 6
 - 7 HV: → I'll ring no:rmal. And what about your delivery,

It is apparent that the form-filling activity invoked in these sequences involves the management of an agenda of questions provided for in the form.

In some interactions, this kind of agenda may be quite specifically adumbrated. For example, in Ex. 15, from a call to a Cancer Information Service hotline in the United States, a "cancer information adviser" (A) prepares her recipient for a series of questions with a request (lines 1-3) that specifies that there will be three questions. Her subsequent description (lines 5-7) provides their relevance (as a "survey"). The second and third questions (lines 17 and 20), which complete the prespecified number of questions, are both *and*-prefaced.

- (15) (CIS:244 Trans)
- 1 A: → .hhhh Ma'am there 're- there are u:h-
three questions you could answer for me if
you have the ti:me,
 - 2
 - 3 → Sure
 - 4 C: .hhh We like to do a survey of our first time
ca:llers and if- ih- I'd be very grateful if you
took the time to answer these questions for me=
=[I sure wi:ll]
 - 5 A: → =[.hhhhhhh] Uh your age range. Are you in your
forties fifties sixties?
 - 6
 - 7 C: Mine?
 - 8 Mm hm?
 - 9 A: →
 - 10
 - 11 C: Mine?
 - 12 A: Mm hm?

- 13 C: .hhh I a:- W'I'll be sixty tomorrow.
 14 A: [O:~h well happy] [birthday tomorrow]
 15 C: [hhh hhh] [huh huh huh huh] U- thank you
 16 .hhh and- my husband's sixty five.
 17 A: 2→ Mm him? .hh And the highest level of education
 18 you completed.
 19 C: .hhh Well one year of college.
 20 A: 3→ Okay .hhh and your ethnic background are you White
 21 [Black]
 22 C: [White]
 23 (0.5)
 24 A: pt (0.2) White?
 25 C: Yes.
 26 A: Thank you for answering those questions for me Mrs
 27 Smith I really appreciate it It helps us to see who
 28 we're reaching with our 'advertising'
 29 C: Oh oka:y

This practice is prototypical for the Cancer Information Service calls (Hopper et al. 1993). The British nurses are far less specific about the much more elaborate agenda of questions which are to be included in their form-filling activities. However, it is clear to the participants – from the visible presence of the form, and the nurse's physical and verbal orientation to it – that the subsequent agenda-based sequence of questions is founded in a document that will have to be completed.

SUSTAINING AND RE-ESTABLISHING AGENDAS AND ACTIVITIES

We have established that *and*-prefacing across a series of questions invokes, in and of itself, an orientation to the questions as routine or agenda-based. We have also shown that it is routinely associated with prefatory announcements of the activity with which the questions will be occupied. We now turn to a broader range of cases in which, we propose, *and*-prefacing invokes agenda- and activity-maintenance across intervening stretches of talk of varying lengths.

The simplest of these more extended cases are those in which an initial question-answer sequence gets a short postexpansion. One such type is *assessment*, as in the following example. (Double-shafted arrows point to intervening talk between the material marked with numbered arrows.)

- (16) (IC1:25)
 1 HV: Didju have a normal pregnancy..
 2 M: Yes a very goo:d pregnancy: =I carried her well.
 3 (1.2)
 4 HV: 1→ A:nd uh: (1.5) how long were you in labor for
 5 the:n,
 6 (1.0)
 7 M: Uhm thirteen to fourteen hou:rs.
 8 (1.0)
 9 HV: ⇒ W'I'll that's pretty: average actually for a first
 10 baby:;

- 11 (1.2)
 12 HV: 2→ And didju: (0.6) push her out yourself or did
 13 you have to have forceps (then): =
 Another type is *repair*:¹⁹
 (17) (4BI:11)
 1 HV: 1→ An' di- did you have to have forceps or anything.
 2 M: No.: Well I had an epidu:ral.
 3 HV: Ri: [ght.
 4 M: [No forceps =
 5 HV: ⇒ =No forceps: = You (.) pushed her out yourself.
 6 M: Yeah ([)
 7 HV: [Lovely.
 8 (2.1)
 9 HV: 2→ And did she sta:y with you all the ti:me,

A third type is *brief topical elaboration* – in the following case, it appears in lines 5–13 and 18–22:

- (18) (5A1:1)
 1 HV: → .hhh And how did you fi:nd the hospita:l,
 2 (.)
 3 M: That was allright: = It was a bit bo:ring,
 4 HV: [()
 5 HV: Bit boring, =
 6 M: = Ye:ah =
 7 HV: = Yeh.
 8 M: Otherwise no one bothered you or anything.
 9 HV: Good.
 10 M: °It was alright. °
 11 HV: You got all the help you needed?
 12 M: Yea:h.
 13 HV: Good.
 14 (.)
 15 HV: → .hh And the actual birth?
 16 (0.7)
 17 M: Wasn't too bad:.
 18 HV: °Not too bad: = °
 19 M: = He was there all the time so it wasn't s' bad.
 20 HV: Was he impressed?
 21 M: Yea:h =
 22 HV: = hhhh Goo:d. hhh
 23 (0.9)
 24 HV: → And uh (.) stitches?

In each case, the *and*-prefaced question resumes a course of action, with its associated agenda, that was briefly departed from in the immediately preceding talk. In each of them, the question's *and*-prefaced form manages an active "doing" of a resumption of a course of questioning: it thereby "does" (a) a formulation of the prior talk as "intervening" – and hence as a departure, something distinct from what it also (b) now formulates as the "main" line of questioning.

A similar pattern may now be seen to arise in the context of somewhat longer stretches of intervening talk:

- (19) (4A1:17)
- 1 HV: I → And did you go into labor (.) all by yourself?
 2 M: No: I was started off because um: (0.5) the blood
 3 HV: [Induced.
 4 M: pressure (0.7) went up in the last couple of weeks.
 5 (1.8)
 6 M: I was going in the G.P. unit until two weeks
 7 before he was born,
 8 HV: [Q: h what a pity.
 9 (.)
 10 M: an' then uh .hh the blood pressure went up.
 11 HV: Mhm:.
 12 M: [So I had him in the consultant's,
 13 HV: Yg:s.
 14 (0.2)
 15 M: a week early,
 16 HV: tOh well that was rather nice. You didn't have to
 17 wait quite so [long.
 18 M: [N(h) [o(h) t'uh .hhh °mm: °=
 19 HV: 2 → =An' was he alright when he was born.
 20 F: Mm:.

In this example, in answer to the nurse's question concerning the beginning of labor, the mother starts to elaborate on her answer *No*: with an account of the events that led to the early initiation of labor (lines 2-7). The nurse responds first (line 3) with a possible description of the event (*Induced*),²⁰ then she sympathetically assesses the mother's description (line 8), and after a possible completion of the telling, she provides an other-attentive assessment that highlights the positive side of the early labor (lines 16-17).²¹ Slightly after this she moves to a new topic with an *and*-prefaced question in line 19, thereby marking a return to "business."

Similarly, in Ex. 20, the nurse's misunderstanding of the term *bookmaker* generates a substantial segment of talk, first a clarification of the term and then a discussion of betting experiences. Here again, a line of questioning – and return to the "business at hand" – is resumed with an *and*-prefaced question (line 33).

- (20) (4B1:5)
- 1 HV: I → And his occupation,
 2 M: He's a bookmaker.
 3 HV: tBook- Oh that's nice. Binding books ofr [Ng: ng: (.)
 4 M: in a: m- uh [betting office.
 5 [betting shop.
 6 G: Oh rilly.
 7 HV: [huh huh huh huh
 8 M: [huh huh huh huh
 9 M: .hh Total opposite huh hu[h huh
 10 HV: [hgeh huh huh huh huh
 11 (0.7)
 12 G: No it's not so ni:(h)ce is it hih huh huh
 13 HV: Well I don' kno:w about it actual[ly.
 14 M: [.hhhh[huh
 15 HV: [t-

- 16 I suppose (0.4) putting my tenpen- pence each
 17 way on the Gra:nd National.
 18 G: [Mm]:.
 19 M: [Mm: that's ()]=
 20 HV: =Going into the smokey: (0.6) room you alw[ays feel
 21 a bit uh (0.2) anxious about go[ing in ()
 22 M: [Mm:;.
 23 (.)
 24 HV: somehow. Uh[h[huh huh huh
 25 G: [I've never been into one ([()
 26 HV: [I have
 27 to put my ten pee on both ways.
 28 G: ([()
 29 HV: [huh huh huh But I've never won anything.
 30 M: No no[r have I: huh huh
 31 G: [(No:.)
 32 (2.3)
 33 HV: 2 → .hh And (.) are you: thinking of going back to
 34 wo:rk or are you going to stay at home.

Advice giving – perhaps the major business of the nurse visits (Heritage & Sefi 1992) – is another common intervening activity in our data, as in the following example. Here the nurse's initial question (lines 1 and 4) establishes a context for a range of possible questions about the baby's body.²² The question *Is the cord ehm (1.0) dry now?* (line 7) focuses on a routine problem area for newborns, and the mother's slightly vacillating response (line 8) opens the way to an extended advice-giving sequence.

- (21) (1A1:10)
- 1 HV: → Have you sort of examined her all over an',
 2 (.)
 3 M: Mm:;.
 4 HV: had a good look at her.
 5 (.)
 6 M: Ye:f:h.
 7 HV: → [Is the co:rd ehm (1.0) dry now?
 8 M: Ye:s it's- (.) it weeps a little bit.
 9 HV: And what do you do[:.
 10 M: [(m)Yeah.)
 11 M: I've got some of those mediswa:b[s
 12 HV: [Uh [huh [an' I use it
 13 M: to clean it with and I put a bit of talcum (powder
 14 on).
 15 HV: Don't be frightened of uhr (.) the co:rd because
 16 it's uhm
 17 (1.2) ((?DOOR MOVEMENT))
 18 HV: nothing aw[ful will happen.
 19 M: Mm:;.
 20 M: Uhm (.) just make sure you clean right
 21 HV: insi:de with (.) with the mediswabs. Pull-
 22 [Yea:h
 23 M: pull it apar:t with your_finger:s .hhh and give it
 24 HV: a good (.) clean.
 25 (.)
 26 (.)

- 27 HV: An' then put yea: (.) sterile powder on.
 28 M: Yef:h.
 29 HV: [And if you need any more we can give you some
 30 more swabs,
 31 (.)
 32 M: Ri:ght.
 33 HV: → Uhm (0.3) and what about- her bottom's alright?

The completion of this sequence (line 32), with the mother's marked acknowledgment (Heritage & Sefi 1992:395-402), provides an opportunity for some next business. In this case, it is a new body-related inquiry. This second inquiry is *and*-prefaced; and in this context, the *and*-prefacing not only provides for a resumption of a line of questions, but also formulates the question at line 33 as a "second" in a sequence of body-related inquiries that is now seen to have been provided for by the preliminary question at lines 1 and 4.

Finally, *and*-prefaced questions may be used to constitute a "return" to a course of questioning, after relatively massive stepwise topical progression following an earlier inquiry. For example, Ex. 22 shows the conclusion (lines 1-14) of a discussion of immunization arrangements for the baby. Following this, in the omitted 88-line segment, a friend of the mother begins to leave the house and there ensues a series of topically disjointed sequences.

- (22) (IC1:37-39)
 1 HV: And then (0.3) you can talk it o:ver with the
 2 doctor or you c'n (.) make a special (1.0) uh when
 3 you see: your: Doctor Kirkenshaw at your postnatal
 4 for instance. >You could [a:sk hi:m then what he
 5 M: [(Ye:h.)
 6 HV: thinks.
 7 (1.8)
 8 HV: Uhm
 9 (1.1)
 10 HV: and discuss it with your husband.
 11 (0.7)
 12 M: I wi:ll uh (0.3) talk to uhm Doctor Kirkenshaw
 13 ()
 14 HV: [That's ri:ght. You do: tha:t.
 15 ()
 16 ((88 LINES OMITTED))
 17
 18 HV: That's ri:ght. (Though) you have to be ca:reful
 19 with all these (.) chocolates () =
 20 M: =That's ri:ght.
 21 (0.3)
 22 HV: And the fi:rst baby gets a lot of presents you <
 23 (M): "Mm,"
 24 HV: don't get so much attention with the next one so you
 25 will have to .nff lap it up.
 26 (0.2)
 27 M: (That's-) Oh I enjoyed it. You know. But I'm gla:d
 28 it's over now.
 29 HV: Mm:.

- 30 (.)
 31 HV: → An' you feel- (0.3) you're alright ba:thing her.

Following the departure of the friend, a locally triggered conversation (data not shown) develops about the number of well-wishers who have recently visited the mother's home; this concludes at lines 18-29. At line 31, the *and*-prefaced inquiry marks a return to what the participants may understand as the baby-health-centered focus of the visit.

In sum, as we have shown in this section, *and*-prefacing can be used in and of itself to reinvoke a line or agenda of questions, and to re-engage a course of action across what it reciprocally formulates as a departure from a line, or course of action, across varying lengths of such departures.

SOME STRATEGIC USES OF AND-PREFACING

The routine or agenda-based character of questions generally invoked by *and*-prefacing can be strategically deployed to achieve specific interactional ends. As we have argued, *and*-prefacing can be used to constitute a question as a routine member of a series; this design is one that contrasts with the design of what we have termed contingent questions. This "normalizing" feature of *and*-prefacing may be used to address some difficulty or delicacy associated with a question, by providing for it as in some way "routine."

For example, *and*-prefacing may normalize a contingent question by constituting it as a routine inquiry in a larger course of action. A return to Ex. 21 illustrates this phenomenon.

- (21')
 1 HV: Have you sort of examined her all over an',
 2 (.)
 3 M: Mm:.
 4 HV: had a good look at her.
 5 (.)
 6 M: Ye:[h.
 7 HV: I → [Is the co:rd ehm (1.0) dry now?
 8 M: Yes it s- (.) it weeps a little bit.
 9 HV: 2 → And what do you do[:
 10 M: [(m)Yeah.)
 11 M: I've got some of those medis:wa:bs [continues]

Here, as noted above, the nurse's initial question (lines 1 and 4) establishes a context for a range of possible questions about the baby's body. The question *Is the co:rd ehm (1.0) dry now?* (line 7) focuses on a routine problem area for newborns. The mother's response (line 8), as initially designed (*Ye:s it s-*), appears to be moving toward a no-problem response. However, she then revises it into one which indicates a possibly problematic state of affairs. The nurse's next question (line 9), which prepares for a subsequent advice-giving (Heritage & Sefi 1992), is addressed to the revision of this response and is contingent upon it. The question raises the matter of how the mother

has been treating the weeping cord. This question, touching as it does on the mother's practical expertise, has the potential to uncover deficiencies in her practice. However, while the nurse may suspect (from the incompleteness of the healing) that the mother may not know how to deal with the problem, or has not been treating it correctly, the design of her question (*what do you do:*) does not allude to these possibilities. Here the *and*-preface is appropriate to this design in that it provides for the nurse's question as a "routine next" in a series of questions – and, by implication, for the problem detailed in the mother's response as a routine problem.

Similarly, *and*-prefaces may be exploited to "normalize" possibly problematic issues raised by the questions they preface. In Ex. 23, we encounter two expanded question/answer sequences (lines 1–20) concerning feeding. This interaction involves a mother who is living with her boyfriend in her parents' household. The maternal grandmother is present throughout the interaction, and she is alluded to in the nurse's slightly arch reference (line 15) to *somebody else round these parts* who might be able to feed the baby – itself a response that makes the best of the fact that the mother, contrary to "ideal practice," is not breast-feeding the baby. Within this generally affirmative context, the nurse produces a question (line 22) that will open into a discussion of the possibility that the mother may wish to find a home of her own (lines 25–31 and beyond; data not shown). This affirmatively designed question is *and*-prefaced.

- (23) (4B1:4)
 1 HV: And I – how are you feeding her.
 2 (.)
 3 HV: Breast of r bottle.
 4 M: [Bottle.
 5 HV: Bottle.
 6 (.)
 7 HV: Did you breast-feed her at all.
 8 B: uh
 9 M: No[:.
 10 HV: [No.
 11 M: No:.
 12 HV: [No.
 13 M: Not (()
 14 HV: [Well that's fine. An' it's rather nice
 15 because uh:m (0.3) >somebody else round these parts
 16 might be able tuh (0.2) feed her when you,
 17 M: (S)he already ha:s.
 18 HV: Huh huh huh .hhh Lovely:.
 19 (0.6)
 20 HV: Goo:d.
 21 (1.0)
 22 HV: → And you're happy (.) living he:re.
 23 M: Yeh.
 24 (0.2)
 25 HV: You – u – y – If you want to you can put your name down
 26 on the cou:ncil because of if [you

- 27 M: [Well I w's thinking of
 28 doing tha:t but not – it's not 'cos I wanna leave
 29 no:w buft ()
 30 HV: [No:.
 31 HV: It – it'll probably be two years or so:.

Here the *and*-preface may serve to invoke a routine quality for, and hence detoxify, an inquiry into a potentially delicate matter between the mother and the grandmother, by constituting it as one in a series.²³

Finally, *and*-prefacing may be used to warrant a forward topical movement or shift in a possibly problematic environment. The clearest cases of such deployment emerge in environments in which an *and*-prefaced next inquiry is initiated in the context of an answer that is "non-minimal" and unexpected. These are precisely the environments in which contingent follow-up inquiries would normally occur.

One environment of this type that is relatively common in our data base may be characterized in the following way. In response to an initial (or *n*th) question, a mother will develop an on-topic response into a turn that foregrounds a troubles-telling (Jefferson 1988). In Ex. 24, an initial inquiry directed to a no-problem response encounters an elaborated turn that is initially shaped as a no-problem response (*Yeah*; line 3). The continuation of this response (*they 'ave no:w. = Yeah.*) – with its retrieval of the previous, terminally overlapped *now* – incorporates the nurse's invocation of an earlier problem, and incipiently topicalizes it.

- (24) (5A1:5)
 1 HV: 1 → How about your breast:s they've
 2 settled do:w:n [no:w.
 3 M: [Yeah they 'ave no:w. = Yeah. =
 4 HV: =They're not uncomfortable anymo:re.
 5 M: No: they was la:st week.
 6 HV: [Mm.
 7 M: [(U:h:m) (0.3) She was playing up all night
 8 I thought "Oo:h Go::d."
 9 HV: u – Ye:s eh:h hah high
 10 (0.2)
 11 HV: 2 → .hhh An:d uh wh't about your blood lo:sss.

The nurse's next turn (*They're not uncomfortable anymo:re.*), while preserving a reference (*any more*) to the earlier difficulty, continues to pursue a no-problem outcome. Insofar as the mother's prior turn adumbrated a troubles-telling and thereby solicited the nurse's alignment as a troubles-recipient (Jefferson 1988), the nurse's response, while addressed to the prior trouble, does so in a troubles-resistant way. The mother now renews her reference to the prior trouble with the elaboration *they was la:st week* (line 5). Simultaneously with the nurse's minimal acknowledgment (line 6), the mother proceeds with a full-fledged initiation of a report of a problem with her baby (lines 7–8). This report culminates in a description of her reaction to the trouble (*Oo:h Go::d*), the serious import of which is counterbalanced with a

"light," troubles-resistant intonation. It is the tone of this report which is addressed by the nurse at line 9 with a troubles-resistant, laughing acknowledgment (Jefferson 1984c). A short silence ensues, followed by the nurse's *and*-prefaced inquiry which shifts topic. Here, while the parties collaborate in bringing closure to the topic without developing further talk by reference to the trouble, the *and*-preface plays a role in implicating an agenda as an account for the topic shift, and for any curtailment of the incipient troubles-talk which the shift engenders.²⁴

In sum, *and*-prefacing, by displaying the routine or agenda-based nextness of a question, can be used to normalize or detoxify the questions it prefaces. This display of a task- or agenda-orientation can also be used as a basis for curtailing troubles talk (as in Ex. 24) or, more generally, for progressing the talk away from some undesired topic. The device is thus usable to imply a routine, task-centered motivation for questions which might otherwise be treated as troublesome by virtue of their content or by virtue of their placement in a sequence of talk.

CONCLUSION

We have sketched a design feature, *and*-prefacing, through which the agenda-based character of a question may be achieved in talk. In the social context from which the main body of our data is taken, an informal medical encounter, this design feature invokes a sense of the questions it prefaces as routine, as a part of a line or agenda of questions, and as a component of a course of action that is being implemented in and through them.

As we have indicated, *and*-prefacing with its associated invocations is an optional pragmatic choice. What are the larger interactional purposes that inform the exercise of this option? Answers to this question may, as in the "strategic" uses discussed above, be highly specific, and rooted in the particulars of singular events. However, more general objectives may inform the use of *and*-prefaced questions. Here it is relevant to consider the broader nature of the activity and its context in which particular senses of a "routine" or "agenda" may be invoked.

For example, in the following sequence from a cross-examination of the alleged victim of a rape (Drew 1992), the cross-examining attorney (D) uses *and*-prefaced questions at points where he progresses a compilation of "puzzling" or "inconsistent" events. Here each successive *and*-prefaced question introduces a new item in a series (see also note 17). The confirmation by the witness (W) of each item, as Drew (510-15) notes, contributes an element to what comes to be seen as an "inconsistency" in her testimony.

(25) (Drew 1992:510)

- 1 D: Now (.) subsequent to this uh (0.6) uh you say you
2 received uh (0.8) a number of phone calls?

22

- 3 (0.7)
4 W: Yes.
5 (0.4)
6 D: From the defendant?
7 (1.2)
8 W: Yes.
9 (0.8)
10 D: → And isn't it a fact uh (.) Miss ((Name)) that you have
11 an unlisted telephone number?
12 (0.3)
13 W: Yes.
14 (1.2)
15 D: → An' you ga...ive the defendant your telephone number didn'
16 you?
17 W: No: I didn't.
18 (0.3)
19 D: You didn't give it to [him
20 W: [No:.

Here, after each confirmation, the *and*-prefacing of each next question invokes the sense, both for the witness and for the overhearing judge and jury, that a preplanned and preconstructed argument toward a particular point is being progressed step-by-step.

In our own health visitor data, involving as they do a quite different activity and context, *and*-prefacing appears to be deployed in pursuit of more benign objectives. As we have noted, the nurses have bureaucratic form-filling tasks to perform, within a context in which they more generally attempt to establish a "befriending" relationship. A common way in which the nurses handle the form-filling task is to begin by distancing themselves from it (Goffman 1961). For example, they commonly introduce the record forms and/or the specific questions that they must administer using formulations such as the following (see also Exx. 3 and 11):

(26) (4A1:13)

These details (.) I don't know why they want to know but father's a:ge.

(27) (4B1:2)

Well whi(he) she's asleep we might as well fill in these forms and get them over and done with.<

In this context, *and*-prefaced questions, with their recurrent invocation of the official agenda lying behind the subsequent course of questioning, can underscore that, at this point in the encounter, the nurses are "doing bureaucracy" rather than "establishing a helping relationship." By sustaining and highlighting the distinctiveness of this set of "bureaucratic" questions through *and*-prefacing, and in conjunction with their initial expressions of distance from them, the nurses can separate themselves from the bureaucratic aspects of their visits, and thereby seek to emphasize that the more affiliative relationship with the mother as a "helper" and "befriender" is central to their purposes in the encounter.

23

However, across all the purposes that *and*-prefacing may be deployed to accomplish, whether local or more general, its fundamental task is to invoke the sense that the questions it prefaces are either routine, or agenda-based parts of some larger course of action. What this invocation may achieve in situ will, of course, vary with the activity context in which *and*-prefacing is deployed, and hence with the nature of the routine or the agenda that it is understood to have invoked.

NOTES

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¹ For a characterization of aspects of "institutional" interaction, see Boden & Zimmerman 1991, Drew & Heritage 1992.

² Schiffrin (146-7) discusses both types of *and*-prefaced linkage in question/answer sequences; she indicates (152) that the discourse context is central in determining which action, i.e. the prior question or answer, is continued by *and*. However, the main conclusion of her discussion of *and*-prefaced questions (147) highlights the centrality of *and*-prefacing as a means through which speakers mark the continuation of their own talk.

³ Many of those who have dealt with *and*-prefaced questions have drawn on data from institutional or "non-conversational" contexts such as courtroom data (Atkinson & Drew 1979, Stenström 1984), public hearings (Halkowski 1990), and sociolinguistic interviews (Schiffrin 1987). The relevance of these specific contexts, however, has not been addressed in detail.

⁴ For a discussion of the significance of turn-initial position as a strategic locus of turn design, see Schegloff 1987.

⁵ These data were collected by Sue Sefi. We are most grateful to her for the opportunity to use them in this article.

⁶ By "routine," we here mean questions that are recurrently asked across the set of visits that form our data base. These questions commonly address basic topics related to the health of the mother and baby.

⁷ Other speakers are designated as follows: F = Father, G = Grandmother, B = Baby. All proper names in the transcribed data are pseudonyms. The visits themselves are identified using a three-character code: the first character indicates a particular HV, the second indicates one of the families which she has visited, and the third indicates the 1st-*n*th visit to the family in question. The transcription system used in this article is described in Atkinson & Heritage (1984:ix-xvi). Additionally, the # sign indicates creaky voice.

⁸ We use the term "question" to refer to the context-dependent function of an utterance as a request for information. Such a function can be realized through a variety of linguistic devices, such as syntactic form, intonation, and lexical choices (cf. Bolinger 1957, Labov & Fanshel 1977, Schegloff 1984, Stenström 1984).

⁹ For a discussion of adjacency pairs as a basic sequence type, and of the various forms of their expansion, see Schegloff 1990.

¹⁰ As Goodwin & Goodwin (1992:77) note:

Activities have recently become a focus of study by scholars analyzing language and cognition from a number of different perspectives including pragmatics (Levinson 1979), linguistic anthropology (Gumperz 1982, 1992; Ochs 1988), Vygotskian approaches to cognition (Engeström 1987; Wertsch 1981), and the study of how cognition is embedded within practice (Lave 1988). One consequence of this very productive and stimulating body of research is that the term "activity" has different meanings within alternative research traditions.

In this article, our usage of the term "activity" is specified in and through the analyses presented.

¹¹ Note that the mother does not respond to the nurse's *sotto voce* inquiry at line 21, delivered as an overt recollection of a response to an earlier inquiry. Moreover, while we do not have a video record of the interaction, the *sotto voce* character of the nurse's utterance is entirely compatible with the possibility that she is simultaneously entering "bottle feeding" onto the record card that she is filling in. To be sure, silence at this point might normally be treated as foregrounding a dispreferred response (Pomerantz 1984); but in this case, insofar as the mother withholds any verbal response at this point, she can be treated as tacitly confirming the state of affairs depicted. The nurse's next *and*-prefaced question (line 23) thus represents a virtually pure case of a subsequently produced inquiry. In the absence of a video record, however, we again cannot know whether the mother engages in some form of nonverbal confirmation.

¹² By "minimal acknowledgment," we refer to such objects as *yes*, *okay*, *mm hm* etc. - assessments and the like which do not engender, and are not designed to engender, further topical elaboration (Jefferson 1981b, Schegloff 1982, Jefferson 1984a, C. Goodwin 1986, Goodwin & Goodwin 1987). Also included are nonvocal acknowledging actions that range from such activities as nodding (M. H. Goodwin 1980) to the action of writing down the answer. Although our data were not videotaped, we have access to the last of these possibilities from data in which the nurse's verbal commentary specifies her quasi-concurrent nonvocal action, as in Ex. 14.

¹³ It is also noticeable that the mother responds with a version of the response token *Yes* at lines 8 (*Ye/pe*), with an unreleased final stop and 14 (*Ye:p*). Although we cannot pursue the point here, this manner of articulation appears to be an iconic indication that she will not continue her responses further - and hence an underscoring of her treatment of the questions which she is dealing with as form-filling questions. The mother here specifically avoids treating the questions as non-bureaucratically motivated or "genuine" inquiries into her circumstances, experiences, or welfare. Elsewhere in our data, the design of responses as aspects of a form-filling task is particularly apparent in cases like that below, where the mother, in response to a request for the child's name, also proceeds to spell it.

(3A1:5-6)

HV: *hh* So: what are you going to call her?

M: Phoe:be Christi:na. = And that's P-H-O (0.7) E-B-E,

(1.1)

M: Christi:na.

(0.3)

M: with a C.

(1.5)

M: H,

(1.0)

HV: C-H-R-I-S (0.5) [T,

[T (.) I-N-A.

M: (1.7)

HV: That's ni:ce.

¹⁴ The questions in Ex. 1 are part of a sequence that is earlier introduced as follows:

HV: *tch* Now these are her (0.2) her cards.

M: Mm hm.

HV: This is the: uhm card that we keep. Health visiting card.

M: [Yeah.

HV: We keep a note of all her injections an(d) (0.8) uh|:m

M: [Mm hm

HV: various bits and pieces checks and things. (0.2)

HV: *hh* And this is her clinic card.

M: Oh yeah:h.

HV: And this is the card that will go through with her: (0.5) to school.

¹⁵ Although Garvey 1977 used the term "contingent query" to name what have now come to be referred to as "next turn repair initiators" (Schegloff et al. 1977), we employ the term "contingent question" to refer to a different phenomenon.

¹⁶ These sequences illustrate an interest that the nurses have in assuring themselves of the particulars of the baby's condition. Question sequences that begin with open WH-questions, as in Exx. 7-8, routinely get elaborated by contingent questions in the event of bland or non-specific responses. In such environments, more detailed responses that depict satisfactory aspects of the baby's condition do not get contingent questions (see Heritage & Sefi 1992).

¹⁷ This alternation of contingent sequence expansions with *and*-preface constituted returns to an agenda is not restricted to our nurse data. It can also be found, for example, in courtroom examination data. The following is from a cross-examination of the alleged victim of a rape (Drew 1992; D = Cross-examining defense attorney, W = Witness, J = Judge):

D: Now: (0.7) [February fourteenth of nineteen seventy five you were (0.3) you were down a- (.) in Bo:ston. Is that-

Is that right?

W: Yes.

D: a → An' you went to a uh (0.9) uh >you went to a bgr: in Bo:ston.

(0.6)

D: Is that correct?

W: (1.0)

It's a club.

(0.3)

D: b → A club.

(1.0)

D: b → >There was liquor served there wasn't there? <

W: Yes.

(0.5)

D: b → You had some liquor didn't you?

W: Yes.

(2.7)

D: b → It's a: uh si:ngles club. Isn't that what it is? =

=(sound of striking mallet)

(No.)

(0.9)

J: No you may have it.

(1.1)

D: b → It's where uh (.) u:h (0.3) girls and fellas meet.

Isn't it?

(0.9)

W: People go: there.

(4.9)

D: a → An' when you went do:wn there: uh (0.7) you went with u:h

(1.0) some girlfriends didn't you?

Here the cross-examining attorney produces contingent non-*and*-prefaced questions in sequences where the witness has previously responded to his formulation of events in an "unexpected" or "contesting" way, while reverting to *and*-prefaced questions at points where he resumes the "narrative agenda" of his questioning.

¹⁸ We also note in this connection the nurse's use of the term *sore* at line 11. While terms like *sore* and *uncomfortable* are parts of the standard pain lexicon of this group of professionals, the import of this term seems undeniably normalizing.

¹⁹ Note that, in addition to the repair, the segment also includes an assessment at line 7 (*Love(y)*): the nurse uses this to acknowledge the confirmation (line 6) of her earlier understanding check (line 5).

²⁰ The term *induced* here represents a selection from the categories on the form which the nurse is filling in. Both the term and its placement in this sequence - i.e. in overlap with a first

possible completion of the mother's response - indicate that the nurse is primarily oriented to the task of form-filling at this point.

²¹ This use of an other-attentive assessment or summary is a prototypical recipient's method for managing an exit from a "teller's topic" (Jefferson 1981b) - particularly, as in this case, in the context of a troubles-related matter (cf. Jefferson 1984b).

²² This kind of "initial" question is characteristic of the early nurse visits to first-time mothers; these visits often involve a wide-ranging search for candidate problems, troubles, and issues. The initial question, rather than dealing with some matter in its own right, is designed to secure a domain for questioning. Its character as a "preliminary" question, in the way that it provides for subsequent questions to be heard as "dependent" or "subsequent" to it, may render *and*-prefacing of the immediately subsequent question, but *not* the 2nd-*n*th subsequent questions, redundant.

²³ That the *and*-preface here very specifically detoxifies the inquiry is available not only from the fact that the inquiry is not at all "routine," but also from the fact that the topic arises close to the nurse's somewhat arch reference to the co-present grandmother. The closeness of the inquiry to this reference suggests that the nurse's question has been triggered by the previous reference - though, of course, it is not produced as triggered (Jefferson 1978).

²⁴ It is notable that the topic-shifting inquiry in Ex. 24 is other-attentive - which, as Jefferson 1984b has shown, is a standard recipient's device for closing off troubles talk. While this other-attentiveness is, so to speak, a built-in feature of questions that deal with the mother's health status, it is also true that the other-attentiveness may also help to detoxify the topic shifts they achieve.

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