Conversation Analysis and Institutional Talk

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From its very beginning, conversation analysis (CA) has investigated interaction that is institutional in character. Harvey Sacks' first lectures focused on telephone calls to a suicide prevention center in San Francisco, and many later lectures dealt with interactions in group therapy sessions (labeled "GTS" in lectures and other papers). Sacks examined these data as conversation in order to locate fundamental conversational practices within them: Using these data, he explored issues concerning turn taking, adjacency pairs, and story telling, to name but three topics (see Schegloff, 1992a, 1992b, for an overview). It was not until the late 1970s, with the publication of Atkinson and Drew's (1979) work on courts, that researchers began to examine institutional interaction for its distinctive features as institutional talk. In this chapter, I will outline the difference between these two approaches, describe the main differences between institutional talk and ordinary conversation, describe the development of work on institutional interaction and some of its major themes, and conclude with some discussion of its major objectives.

BACKGROUND

The origins of conversation analysis are to be found in the work of two great American originators: Erving Goffman and Harold Garfinkel (Schegloff, 2003a). With Goffman (1955, 1983), conversation analysts begin with the notion that conversational interaction represents an institutional order sui generis in which interactional rights and obligations are linked not only to personal face and identity, but also to macrosocial institutions. With Garfinkel (1967), conversation analysts recognize that analyzing conversation in terms of rules and practices that impose moral obligations, in the way that Goffman
stressed, needs to be supplemented by recognizing the importance of understanding and intersubjectivity. In particular, this approach means focusing on how interactional rules and practices are ceaselessly drawn on by the participants in constructing shared and specific understandings of where they are within a social interaction. Central to this process is a reflexive dimension in social action: By their actions participants exhibit an analysis or an understanding of the event in which they are engaged, but by acting they also make an interactional contribution that moves the event forward on the basis of that analysis. In this sense, to adapt Otto Neurath’s famous metaphor, they are building the ship while already being out on the ocean.

Most of the early work in conversation analysis focused on ordinary conversation—a term that has come to denote forms of interaction that are not confined to specialized settings or to the execution of particular tasks. Ordinary conversation is often defined negatively: wedding ceremonies are not ordinary conversation, legal proceedings in court are not ordinary conversation, though both adapt practices of talk and action from ordinary conversation and press them into service in these more specialized and restricted speech settings (Schegloff, 1999). In contrast, the studies of institutional talk that emerged in the late 1970s focused on more restricted environments in which the goals of the participants are more limited and institution-specific, there are often restrictions on the nature of interational contributions, and talk is understood in terms of institution- and activity-specific inferential frameworks (Drew & Heritage, 1992).

At the present time, then, it is possible to differentiate between two forms of CA that are being practiced. The first, basic CA, anchored and epitomized by the entire research output of Sacks, Schegloff, Jefferson, and others, investigates conversation as an institution. This research treats practices of action and sense making in talk-in-interaction as based in an institutionalized set of norms that are fundamental to the very intelligibility of social action itself. This work represents an extended reply to a question, first raised at the beginning of the 20th century by the German sociologist Georg Simmel. His question was: "How is society possible?" (Simmel, 1908/1971). Basic CA research redefines that question by asking, "How is intelligible social action possible?" In reply, CA research represents an extended body of theory and empirical analysis that examines the organization of particular social actions and their empirical and theoretical interrelations.

Basic CA, which studies conversation as an institution, specifies the normative structuring and logics of particular courses of social action and their organization into systems through which participants manage turn taking, repair, and other systemic dimensions of interaction's organization. And it examines the routine playing out of that structuring in empirical sequences of action, primarily in terms of the relationship between self and other. It is human competencies in the use of these resources that make social interaction possible. These resources, which are systemically biased in favor of affiliation and social solidarity (Heritage, 1984a), are the foundation of human sociality. They are relatively enduring and slow to change.

The second form of CA research, institutional CA, builds on the findings of basic CA to examine the operation of social institutions in talk. This kind of work involves a shift in perspective. One can examine calls to an emergency center by focusing on them as telephone calls subject to the constraints and contingencies of talking on the telephone, or one can focus primarily on their nature as emergency calls subject to the constraints
and contingencies of seeking emergency assistance from a public agency. Institutional CA takes the second approach. Its focus is to use basic CA as a resource to understand the work of social institutions, such as the police, law, education, medicine, mass media, and so on. Unlike work in basic CA, these findings tend to be less permanent: They are historically contingent and subject to processes of social change under the impact of culture, social ideology, power, economic forces, intellectual innovation, and other factors impacting change in society. For example, anyone who examines historical instances of doctor-patient interaction or news interviews cannot help being impressed by the tremendous changes that have occurred in these environments over even the past thirty years or so since we have had reliable recordings (see Clayman & Heritage, 2002a, chap. 6, for examples).

CONVERSATION ANALYSIS: PRELIMINARIES

Both forms of conversation analysis, like other forms of discourse analysis, focus extensively on issues of meaning and context in interaction. However, CA is distinctive in developing this focus by linking both meaning and context to the idea of sequence. In fact, CA embodies a theory that argues that previous actions are a primary aspect of the context of an action, that the meaning of an action is heavily shaped by the sequence of previous actions from which it emerges, and that social context itself 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, 1973/1987, 1964–1972/1992; 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, 1972). 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, 1992c). Through this process they become mutual understandings created through a sequential architecture of intersubjectivity (Heritage, 1984a).

CA starts from the view that all three of these features—the responsiveness to context by producing a next action that a previous one 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 that their use, or departures from their use, may engender.

**What Is Institutional Talk?**

Consider a traditional religious marriage ceremony. Such a ceremony, appropriately enacted, involves the participants—religious official, bride and groom, and sometimes others—to speak in a particular order, using forms of question and response that are precisely specified. The marriage ceremony embodies three basic elements of institutional talk (Drew & Heritage, 1992):

1. The interaction normally involves the participants in specific goal orientations that are tied to their institution-relevant identities: doctor and patient, teacher and student, bride and groom, and so on.
2. The interaction involves special constraints on what will be treated as allowable contributions to the business at hand.
3. The interaction is associated with inferential frameworks and procedures that are particular to specific institutional contexts.

These features are summarized in Table 5.1. Although the marriage ceremony is a good example of institutional talk, it has not been much studied by conversation analysts. Instead the general focus of research has coalesced around interactions between lay people and the representatives of professions or public bureaucracies: Thus the courts, education, police, social services, medicine, business meetings, and mass media have all

<table>
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<th>TABLE 5.1</th>
<th>Characteristics of Institutional Talk</th>
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<td><strong>Characteristic</strong></td>
<td><strong>Example: Traditional Marriage Ceremony</strong></td>
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<tr>
<td>The interaction involves goals that are tied to institution-relevant identities</td>
<td>Goal: Getting married</td>
</tr>
<tr>
<td>The interaction involves special constraints on what is an allowable contribution to the business at hand</td>
<td>Identities: Bride and groom, religious official, supporters, guests</td>
</tr>
<tr>
<td>The interaction will involve special inferences that are particular to specific contexts</td>
<td>Participants must enact the marriage ceremony as written. No departures are allowable.</td>
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<td>Sticking to the ceremony constitutes ‘getting married’. Departing from it warrants inferences about the participant(s)’ or bystanders’ attitudes to the marriage ceremony. To the participants themselves becoming married, and/or may void the ceremony as a marriage altogether.</td>
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been major areas of institutional talk research during the past twenty years. Compared to highly scripted events like rituals and ceremonies, these kinds of interactions permit the participants much more opportunity to vary their activities. But this variation tends to be quite strongly reinin by the limits of goal orientation, special constraints on contributions, and special inferences listed previously. It is these that inhibit, for example, news interviewees from asking questions of their interviewers, doctors from complaining to patients about their own illnesses, and callers to 911 emergency from asking for marriage guidance.

However, although these distinctions are obvious enough at this level, the distinction between ordinary conversation and institutional talk can seem arbitrary and unmotivated (McHoul & Rapley, 2001). After all, within conventional sociological understandings, the family, science, and magic are also institutions, and so a discussion of astronomy or astrology around the family dinner table should present itself as a target for analysis as institutional talk too. Moreover, to adapt Harold Garfinkel’s (1967) famous aphorism, a person is 95% conversationalist before entering an institutional setting: Persons interact using largely the same set of interactional resources in institutional talk as they do in everyday conversation. The difficulty of definition is further compounded by the fact that institutional talk is not confined to particular physical or symbolic settings such as hospitals, offices, or classrooms (Drew & Heritage, 1992): Institutional talk can occur anywhere, and by the same token, ordinary conversation can emerge in almost any institutional context.

Yet, though the boundaries between conversation and other types of talk can be difficult to define (Schegloff, 1999) and may not withstand the kind of highly skeptical, essentializing scrutiny sometimes thought desirable in academic fields, the subject matter has a defense. Consider the example below, from Drew and Sorjonen (1997, p. 93). Here, as the authors note, "It is evident from lines 28–30 that Kate has called a colleague, Jim, in order to conduct some work-related business; so that the call is in a general sense concerned with these participants’ institutional tasks. However before they come to the point of dealing with the call’s official business, they converse for a brief interlude in a way that might be considered ‘merely being sociable’ (lines 1–25). Thus within a single encounter participants may engage in, and move between, ‘sociable’ and ‘institutional’ talk."

(1) [J1MORE:12:4 - from Drew and Sorjonen 1997:93]
1 Kate: Hey Jim?
2 Jim: How are you Kate Fisher
3 Kate: How are you doin’
4 Jim: Well I’m doin’ all right [thank you very [much
5 Kate: [We- [Well goo:d
6 Jim: And a lo:vely day it is.
7 Kate: Oh, isn’t it gor[geous=
8 Jim: [Yes
9 Kate: =I snuck out at lunch
10 it’s [really [difficult to come [back
11 Jim: [hhh [You(h)oo [.hhh that was not-
12 good
Although the participants orient to their institutional identities (as colleagues) in the way that they discuss the weather and shopping in the initial exchanges of this interaction, it is evident that there is a marked shift to work talk at line 26, and indeed that the prospect that this is a business call overhangs the interaction to the extent that it is the recipient of the call (Jim) who initiates a turn to business—the reason for the call—rather than the caller. In this way, the participants themselves distinguish between the ordinary and the institutional dimensions of their interaction. In a similar way, doctors and patients orient to a dividing line between the pleasantries that may occur at the beginning of a medical visit and the turn to business that the doctor may initiate with “What’s the problem?” (Robinson, 1998, forthcoming).

In sum, although the boundaries between institutional talk and ordinary conversation are not clearly fixed and demarcated, the distinction is useful and empirically sound. There are clear empirical distinctions between classroom interaction, news interviews, mediation sessions, and medical visits on the one hand and ordinary conversations between friends, acquaintances, and strangers on the other. The distinctive features of these and other forms of institutional talk are realized in actual interactions through many levels of interactional organization and language choice. These vary from very general features like the special turn-taking system that may organize talk in particular institutional contexts like news interviews, through to the relatively specific, momentary, and evanescent lexical choices that, like a courtroom witness’ choice between the words “police” and “cops” (Jefferson, 1974), may embody a participant’s orientation to a specific institutional setting at a particular moment in her testimony.

The relationship between ordinary conversation and institutional talk can be understood as that between a master institution and its more restricted local variants. Relative to the institution of conversation, the law courts, schools, news interviews, doctor–patient interactions, and so on, are comparatively recent inventions that have undergone a great deal of social change. The institution of mundane conversation by contrast exists, and is
experienced as, prior to institutional interaction both in the life of the individual and the life of the society. Relative to institutional interaction, it is relatively stable: The interactional maneuvers in the plays of Shakespeare, sophisticated though some of them are, are perfectly intelligible to us four centuries later.

In addition to its stability, ordinary conversation encompasses a vast array of rules and practices, which are deployed in pursuit of every imaginable kind of social goal, and which embody an indefinite array of inferential frameworks. Institutional interaction, by contrast, generally involves a reduction in the range of interactional practices deployed by the participants, restrictions in the contexts they can be deployed in, and it frequently involves some specialization and respecification of the interactional relevance of the practices that remain (Drew & Heritage, 1992). As Atkinson (1982) observes, these reductions and respecifications are often experienced as constraining, troublesome, and even threatening, especially by the lay participants.

**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 interaction and unaltered by it, 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. Empirically, this approach means showing that the participants build the context of their talk in and through their talk. The institutional talk approach aims to find out how that works when relatively enduring and, from an external point of view, monolithic institutions are involved. For example, if we analyze emergency calls to the police, then instead of treating them as necessarily and certainly being emergency calls, we want to be able to show the ways in which the participants are managing their interaction 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.

**OBJECTIVES IN STUDYING INSTITUTIONAL INTERACTION**

In the next sections of this chapter, I want to consider the kinds of aims that have been pursued in studying institutional interaction. Broadly, there are three main questions that have been asked about institutional interaction:

1. What is institutional about institutional talk?
2. What kinds of institutional practices, actions, stances, ideologies, and identities are being enacted in the talk, and to what ends?
3. How does the use of particular interactional practices matter for issues that are beyond the talk? Are there connections between the use of particular kinds of practices and actions in a given institutional arena and substantive outcomes of the interaction, for example, decision making, persuasion, satisfaction, and so on?

I will take up the first two of these topics in detail, concluding with a sketch of issues emerging in relation to the third.

**What Is Institutional About Institutional Talk?**

The early history of work on institutional talk was driven by the desire to pin down the matter of its distinctiveness. Granted that news interviews, courtroom proceedings, medical consultations, classroom instruction, and so on were different from conversation, exactly how were these differences manifested? This question was given added urgency by Schegloff’s (1991, 1992d) arguments about how claims about the institutionality of interaction should be supported. Schegloff argued that, although statistical methods can show that particular social characteristics (such as race, gender, ethnicity, class familial status, and social role) impact social interaction, establishing the mechanisms by which a specific identity is made relevant and consequential in any particular episode of interaction remains elusive. For those interested in what Schegloff (1992d) called “the interaction/social structure nexus,” the challenge has been to identify and describe the range of practices through which identities—and whatever forms of power and inequality may be associated with them—are linked to specific actions in interaction. Until we can identify the range of mechanisms by which such identities (and other variables) are made relevant in interaction, we will be left “with a sense of how the world works, but without its detailed specification” (Schegloff, 1992, p. 106). Schegloff framed this problem of detailed specification in terms of two main challenges: (i) the problem of relevance and (ii) the issue of procedural consequentiality.

The first problem, of relevance, arises from the fact that, as Sacks (1972) noted, because any member of society can be categorized in multiple ways, showing that one of these identities is the relevant one for producing and understanding a particular stretch of conduct in interaction constitutes a serious analytic challenge. For example, because every doctor and patient can be categorized as either male or female and also be categorized in terms of their age, race, educational attainment, and so on, how do we decide which categories are relevant for the analysis of actions produced by them? How can we show that, when, and where it matters to the participants that a person is a doctor and/or female, or a patient and/or African American? Schegloff called for a focus on aspects of interaction that are demonstrably relevant to the participants “... at that moment—at the moment that whatever we are trying to provide an account for occurs... for that is to show how the parties are embodying for one another the relevancies of the interaction, and are thereby producing social structure,” (Schegloff, 1991, p. 50).

The second issue identified by Schegloff concerns what he terms “procedural consequentiality.” Once it is established that a particular identity is relevant for a stretch of conduct, there is the further challenge of showing that it matters in some way: How can one demonstrate that the relevant identity is consequential? For example, how can an
analyst demonstrate that an identity is consequential for the trajectory of a stretch of talk, for its content, its character, or for the procedures used to organize it (Schegloff, 1992d). The aim of such analyses is to explicate the mechanism by which the social structural features of the interaction (whether specified in terms of a setting, a set of identities, or some other contextual feature) have determinate consequences for the talk. By attending to these issues, then, we can “enhance and expand our understanding of what ‘social structure’ could consist of, as a robust and expanding tool of analysis rather than as an inheritance from the disciplinary past,” (Schegloff, 1992d, p. 116).

These two issues have proved to be remarkably difficult to solve in the context of ordinary conversation, particularly—and paradoxically—in relation to the omni-relevant identities of gender, race, age, and class (see Pomerantz & Mandelbaum, this volume). Only a relative handful of papers have been either published or presented dealing with specific ways in which basic membership categories are invoked or evoked in the moment, in the talk (see Hopper & LeBaron, 1998; Kitzinger, in press; Raymond & Heritage, in press; Schegloff, 2001, 2003b, 2003c). In this context, the institutional talk program focused on the related, but somewhat simpler, task of showing how particular institutional, work-task-related identities are sustained in interaction.

Empirically, this approach means that analysis must first accomplish the basic CA tasks of analyzing the conduct of the participants, including their orientations to specific local identities and the underlying organization of their activities. Additionally, however, analysis will normally be concerned with showing that the participants’ conduct and its organization embody orientations that are specifically institutional or that are, at the least, responsive to constraints that are institutional in character or origin. The complexity of the analysis is further compounded by the fact that, as noted earlier, CA works with an elaborate and complex approach to the analysis of social context. Given the abandonment of the bucket conception of context in favor of a more dynamic context renewing one, CA researchers cannot take context for granted nor may they treat it as determined in advance and independent of the participants’ own activities. Instead, context and identity have to be treated as inherently locally produced, incrementally developed, and, by extension, as transformable at any moment. Given these constraints, analysts who wish to depict the distinctively institutional character of some stretch of talk cannot be satisfied with showing that institutional talk exhibits aggregates and/or distributions of actions that are distinctive from ordinary conversation. They must, rather, demonstrate that the participants constructed their conduct over its course—turn by responsive turn—so as to progressively constitute and hence jointly and collaboratively realize the occasion of their talk, together with their own social roles in it, as having some distinctively institutional character.

Early CA work on the distinctiveness of institutional interaction focused on contexts, such as courtrooms, classrooms and news interviews, that were drastically different from ordinary conversation. All three of these settings involve specialized turn-taking systems (Atkinson & Drew, 1979; Greatbatch, 1988; McHoul, 1978), and it was argued that insofar as the participants stuck to these distinctive ways of taking turns, they were showing a clear orientation to a specific institutional identity and the tasks and constraints associated with it (Heritage & Greatbatch, 1991). Beyond specialized turn-taking systems, analysts began to look at distinctive overall structural organization as a domain of inquiry. In a sequence of papers, Zimmerman and collaborators (Zimmerman, 1992a, 1992b; Wakin
& Zimmerman, 1999) have identified a wide variety of conduct in calls to 911 emergency, ranging from recurring fine details in the opening sequences of the calls through to massive consistencies in their overarching structure. The enactment of these features are resources for the participants to establish the identities of 911 caller and 911 call taker, whereas departures from them significantly disrupt these identities and the role relationship that is forged through them between the parties (Wakin & Zimmerman, 1999; J. Whalen & Zimmerman, 1987, 1998; M. Whalen & Zimmerman, 1990; Zimmerman, 1984, 1992a).

Beyond these domains of organization, although there is still significant interest in how things are done differently in institutional talk, the motivation for its investigation has tended to meld with our second question: how particular institutional tasks, identities, and constraints emerge and are dealt with. This question implies a primary focus on the institution itself, rather than a preoccupation with how it is different from ordinary conversation, and it is to this question that we now turn.

What Kinds of Institutional Practices, Actions, Stances, Ideologies, and Identities Are Being Enacted in the Talk?

If the answer to our first question was mainly to be found in turn taking and overall structural organization, the answer to the second question is to be found in all the domains of organization to be described in this chapter. In the news interview, for example, institutional constraints—that the interviewer is there to elicit talk for an overhearing audience and should do so neutralistically—inhabit the distinctive turn taking and related sequence organization of talk in this domain, as well as significant features of question design and the management of disagreement (Clayman & Heritage, 2002; Greatbatch, 1992). Similar arguments can be made about the law courts (Atkinson & Drew, 1979; Drew, 1992), mediation (Garcia, 1991; Greatbatch & Dingwall, 1989), and classroom interaction. In 911 emergency and doctor–patient interaction, the overall structure of the interaction and the affordances that are sustained by that structure play a similarly decisive role (Heritage & Maynard, forthcoming; Robinson, 2003; Zimmerman, 1992).

Within these larger overarching structures, specific action choices can exhibit particular professional ideologies and beliefs. For example, in Britain community nurses called health visitors have a mandate to visit the mothers of newborns to check on the health status of the mother and baby. These visits continue over a period of weeks and months. When we looked at how they begin the very first of these visits, we found that they began in strikingly different ways depending on whether fathers are present at the time of the visit. When the father is present, they open with questions about the name of the baby or compliments about the baby’s appearance. When the mother is on her own, they open in a different way—with a question about the mother’s experience of labor, or her general health, as shown in Table 5.2, which comprises the openings of seven first visits to first-time mothers.

In this situation, the health visitors are faced with distinctive and sometimes conflicting objectives (Heritage, 2002; Heritage & Lindstrom, 1998; Heritage & Sefi, 1992). On the one hand, they wish to establish a befriending relationship with the new mother and to lay the basis on which the mother can feel able to turn to the health visitor for support
TABLE 5.2
Health Visitor Openings (Heritage, 2002)

<table>
<thead>
<tr>
<th>Father or “significant other” present</th>
<th>What you going to call him?</th>
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<tr>
<td></td>
<td>Lovely = A little boy, what are you calling him.</td>
</tr>
<tr>
<td></td>
<td>She’s beautiful isn’t she.</td>
</tr>
<tr>
<td>Father or “significant other” absent</td>
<td>Did you have an easy time?</td>
</tr>
<tr>
<td></td>
<td>Anyway, what sort of time did you have?</td>
</tr>
<tr>
<td></td>
<td>How do you feel?</td>
</tr>
<tr>
<td></td>
<td>.hh What sort of time did you have.</td>
</tr>
</tbody>
</table>

in times of need. Beginning the relationship by sharing the mother’s recent experience of the birth of her child is a virtually ideal vehicle for this, while also being a part of the medical fact gathering that the health visitor must engage in anyway. With the father present, however, the health visitors can be concerned that such an intimate opening would shut out the father and alienate his interest and support for the health visiting service. The desire to foster the father’s involvement in all aspects of child care is manifest in many of these encounters, and anxiety about the father’s being left out sometimes surfaces explicitly, as in the following discussion of breast feeding at line 19:

(2) [1A1:24]
1 HV: And you’re quite happy about breast feeding you’re not having
2 second thoughts about it?
3 (0.3)
4 M: Oh I was last night.
5 HV: Were you really.
6 M: (0.5)
7 M: We’ll (but I-) I dunno:
8 HV: I’m- I’m sure it’s the best thing for your baby.
9 M: [mYeah.
10 ()
11 HV: You know it’s uh (.). it’s certainly cheap (hh) est [huh huh
12 M: [Oh yeah. =
13 HV: .hhhh Uhm and it’s such a shame when you’ve got lots
14 of milk you know
15 M: [Yeah
16 HV: [and uh you’re giving her a bit of immunity and
17 you- (.). you’re very close to her when you’re breast feeding.
18 (0.6)
19 HV: → Sometimes Dad feels a bit left out do you?
20 F: Long as I get to sleep I don’t mind.
21 HV: hhh hhh hhh
22 F: [huh huh huh huh huh
23 HV: hhhhh UH-HH-HH
24 M: [No he’s very good ’cos he: ’e ’as lots of cuddles.
Examples like this suggest that the pattern of openings presented in Table 5.2 may reflect a similar concern about "Dads" feeling "left out."

Underlying the strategic patterning of these opening topics is the capacity of institutional representatives to develop strategies to deal with the typical contingencies of their working day (Zimmerman, 1969a, 1969b). And this approach in turn reflects a more general underlying feature of institutional interactions: The institutional representative—whether a school official, a health visitor, a 911 call taker, a doctor, or a teacher—has vastly more experience and know-how about both the institution and the kinds of problems (Sudnow, 1965) it deals with than lay participants. For example, an emergency call center in a midsized U.S. city may take upwards of one million calls per year, but the caller may be making his or her once-in-a-lifetime call to the call center. An average healthy patient may visit his or her primary care physician five times per year (around 400 visits in a lifetime), whereas the average primary care physician will conduct 160,000 such visits in a working career. At the beginning of her junior year, an undergraduate may have experienced twelve to fifteen university courses, whereas her 50-year-old professor may have taught upwards of 100.

These are very substantial discrepancies in experience, and they are associated with very extensive differences in technical knowledge, institutional know-how, and rights to express knowledge by the participants. Added to this pattern are the potentially very great differences in the emotional involvement of the participants in the topics of institutional interaction (Whalen & Zimmerman, 1998). A call to 911 emergency may be a matter of routine for the call taker, but of life and death to the caller (Whalen, Zimmerman, & Whalen, 1988). A condition that is unusual or interesting to a physician may threaten a patient's entire well-being and her sense of a future (Maynard, 2003). A professor whose interest is primarily in subject matter may be faced by students whose primary interest is in their grades. These topics are generally handled under the rubric of asymmetry in institutional talk. A summary of the many strands of research in this domain is beyond the scope of this overview (see Drew & Heritage, 1992; Drew & Sorjonen, 1997; Heritage, 1997). Asymmetry and its dysfunctions have animated many studies of the doctor–patient relationship (see Fisher & Todd, 1993; Mishler, 1984; Waitzkin, 1991; West, 1984; among many others). It is implicit in every study of pedagogy and its dysfunctions (Rosenthal & Jacobson, 1966; Rist, 1970) and in numerous studies of organizational decision making.

In all of these areas, it is generally recognized that interactional practices both reflect and embody differential access to resources and to power; however, the exact contribution of interactional practices to the maintenance of these disparities, and to dysfunctional outcomes, has not yet been teased apart. And there is an everpresent risk that interactional outcomes—from interruption to denial of medical services—may be misattributed to gender- or class-based asymmetries without adequate empirical support (Schegloff, 1997, 2002).

Underlying the complexities of this area is a need, hardly addressed at present, to examine both interactional conduct and its outcomes as products of earlier interaction. This kind of causal reasoning has so far been relatively underdeveloped within conversation analysis, in part because it involves the difficult task of quantifying interactional conduct and its outcomes.
How Does the Use of Particular Interactional Practices Matter for Issues That Are Beyond the Talk?

The quantification of CA data is implicit in many of the comments made in the preceding paragraphs. Consider, for example, the health visitor openings previously described in Table 5.2. Although there is an exact linkage between the type of opening and whether the father (or other significant other) is present or not, the linkage is empirical and contingent rather than absolute or preordained. Moreover, the table contains only seven openings. Would the exact linkage still hold if we had 100 openings, or would it devolve to only a statistical likelihood? If the pattern obtains for only some of the cases, would the variation be attributable to particular health visitors? Might it reflect the nature or extent of their training? Could there be a relationship between the use of these types of openings in context and subsequent satisfaction with, or alienation from, the health visitor in later visits? We do not know the answers to any of these questions, and yet they are all crucial when it comes to considering the relationship between particular interactional practices and choices and their social consequences. I shall return to these issues much later in this chapter.

DIMENSIONS OF DISTINCTIVENESS IN INSTITUTIONAL TALK

Despite the fact that, as already noted, institutional talk embodies many practices of mundane or ordinary conversation, it is also normally distinctive in specific ways from its ordinary counterpart. Many of these differences were first systematized by Drew and Heritage (1992), and in the next several sections I shall summarize and illustrate the major points.

Turn Taking

All interactions involve the use of some kind of turn-taking organization (Sacks, Schegloff, & Jefferson, 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. For example, the opportunities to initiate actions, what the actions can be intended to mean, and how they will be interpreted can all be significantly 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 institutional 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 that are systematically different from conversation: They constitute groupings of distinctive turn-taking practices, used by both speakers and hearers, that are organized as a group and are geared to a common outcome.
The most intensively studied institutional turn-taking organizations have been those that obtain in the courts (Atkinson & Drew, 1979), news interviews (Clayman & Heritage, 2002; Greatbatch, 1988) and classrooms (McHoul, 1978; Mehan, 1985). As these examples—suggest, special turn-taking organizations tend to be present in large-scale formal environments involving many potential speakers and hearers. However, special turn-taking systems can be found in more private, and less formal, contexts. For example, Peräkylä (1995, chap. 2) has described turn-taking practices within counseling contexts that are designed to implement special therapeutic processes, including the elicitation of thoughts about death. 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 in non-Western societies that order speakership by age, rank, or other criteria of seniority (Albert, 1964; Duranti, 1994), though these systems have so far been less studied, perhaps because CA has focused on conduct in (mainly) European and North American societies that may be less hierarchical than others in the world.

Special turn-taking procedures fall into three broad groups: (i) turn-type preallocation, which is characteristic of courtrooms and news interviews (Atkinson & Drew, 1979; Clayman & Heritage, 2002; Greatbatch, 1988); (ii) mediated turn allocation procedures characteristic of business and other forms of chaired meetings (Cuff & Sharrock, 1985), and (iii) systems that involve a combination of both processes that are common in mediation (Garcia, 1991) and some forms of counselling (Peräkylä, 1995).

The most pervasive form of turn-type preallocation involves the restriction of one party (normally not the representative of the institution) to answering questions. This form of preallocation is characteristic of interactions in courtrooms, news interviews, and classrooms. Its effect is to severely restrict which persons may speak (the addressee of the question) and the type of contribution they may make (responding to the question). In all three institutions, formal and informal sanctions—ranging from contempt of court to informal interactional sanctions—exist for persons who talk out of turn or who fail to be responsive to questions. This type of restriction is often deployed in contexts where large numbers of people are copresent and it is necessary to restrict their initiative to speak, a necessity that is reinforced when the others copresent are the non-addressed targets of the dialogue between primary protagonists (Levinson, 1988). In circumstances where two or more persons may be in opposition, such as mediation or news interviews, this restriction also works to prevent direct opposition or argument between the opponents, by forcing them to present their positions to a third party (Garcia, 1991; Greatbatch, 1992). The restriction of rights to initiate also permits the institutional representative to maintain control over the overall structure of the occasion—particularly its beginning, end, and internal phase transitions (Clayman & Heritage, 2002a).

In addition, restrictions may be placed on the types of turns that the institutional representative may perform. The most common of these is to restrict institutional representatives to turns that 'question'—this is the case in both courtrooms and news interviews. It deprives them of rights to make statements, to overtly evaluate responses to previous questions, and even to engage in the kind of routine acknowledgments (mm hm, uh huh, etc.) that are commonplace in ordinary conversation. The effect of these constraints is that the institutional representative is understood to be the elicitor
of responses, but not the addressee of those responses that are, instead, understood to be targeted at the nonaddressed news or courtroom audience. It also enforces a kind of neutralism on the institutional representative who is deprived of the opportunity to editorialize on the answers that are produced (Clayman & Heritage, 2002a).

In mediated turn-allocation systems, there are often fewer restrictions on the content and type of contributions that can be made, but at the end of each contribution the mediator (often the Chair) of the proceedings allocates the next turn. The functions of this system are similar to turn-type preallocation systems: Within the context of a large group, control over topic and speakership is restricted to a single guiding individual, whose authority is thereby reinforced. In the context of contentious meetings—ranging from mediations involving three or four individuals to parliamentary proceedings involving several hundred—conflict can be controlled by avoiding direct address between opposed persons. These constraints are augmented in mixed systems (Garcia, 1991), where a controlling mediator may also police initially established restrictions on the contributions made by other participants (Dingwall, 1980; Greatbatch & Dingwall, 1989).

How do we identify interactions in which a distinctive and institutionalized turn-taking system is in place? Most special turn-taking systems in contemporary industrial societies exploit question-answer exchanges to form particular turn-taking systems, so we will concentrate on these. To identify special turn-taking systems, we must distinguish interactions in which the pursuit of immediate interactional goals happens to involve the participants in lengthy question-answer (Q-A) chains, for example, medical history taking (Mishler, 1984; Boyd & Heritage, forthcoming) or the interrogative series in 911 emergency calls (Zimmerman, 1992), from interactions, like news interviews or courtroom examinations, in which the conduct of the interaction through questioning and answering is mandatory. Although it might seem otherwise, statistical studies indicate that it can be difficult to distinguish these two kinds of interactions on a quantitative basis (Linell, Gustavsson, & Juvonen, 1988).

Rather than a quantitative criterion, the decisively identifying 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—are explicitly requested or sanctioned. This happens when a person asks to speak out of turn or indicates that their talk will defer an answer to a question (Clayman & Heritage, 2002a). Similarly 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 rules that we initially hypothesize from empirical regularities in the participants' actions are in fact rules that the participants recognize that they should follow as a moral obligation. In short, explicit sanctions show that a turn-taking system is being treated as a normative organization in its own right.

Earlier, it was suggested that turn-taking systems offer particular interactional affordances to the participants. As an illustration, consider the design of questions in news interviews and press conferences (Clayman & Heritage, 2002a, 2002b). The constraint that interviewees may only respond to questions is exploited by interviewers to preface their questions with background statements. These may be relatively innocuous and transparently motivated by an interest in informing the news audience, as in (3):
(3) U.K. BBC Radio World at One: 25 Jan 1979: Letters
IR: Anna Sebastian; IE: Harry King, Librarian

1 IR: 1→ .hhh The () price being asked for these letters
2 is () three thousand pounds.
3 IR: 2→ Are you going to be able to raise it,

But this practice can be exploited to include background information that is quite damaging to the interviewee, as in (4):

(4) [Face the Nation, 16 Apr 1995, Senator Phil Gramm (Texas, R)]
1 IR: I just wanna get to thuh politics of this McNamara book. .hh
2 a→ Ah President Clinton avoided thuh draft,
3 b→ and he seemed to suggest that this book in some way:: ah
4 vindicates that draft avoidance and almost removes Vietnam
5 as a political issue now and forever more.
6 c→ .hh You avoided thuh draft, .h
7 d→ do you feel .h that this ih- this book is gonna help inoculate
8 you from say Bob Dole, who has this war record, in your own
9 competition?
10 IE: I don't think so. I don't- I don't think I need vindication,
11 (0.3) and I don't think books vindicate you.

Or to contradict the interviewee, as in (5):

(5) U.K. BBC Radio World at One: 13 Mar 1979: Miners
IR: Robin Day; IE: Arthur Scargill

1 IR: .hhh er What's the difference between your
2 Marxism and Mister McGahey's communism.
3 IE: er The difference is that it's the press that
4 constantly call me a Marxist when I do not, ()
5 and never have () er er given that description
6 of myself; .hh I-
7 IR: 1→ [But I've heard you-
8 1→ I've heard you'd be very happy to: to: er .hhhh
9 1→ er describe yourself as a Marxist.
10 2→ Could it be that with an election in the offing
11 2→ you're anxious to play down that you're a
12 Marxist.
13 IE: 3→ [er ] Not at all Mister Day:=
14 4→ =And I'm () sorry to say I must disagree with you,
15 4→ =you have never heard me describe myself .hh er as a
16 4→ Marxist.=I have only ((continues))

In each of these cases, the interviewee does not interject during the question preface. This is appropriate in a context where the understanding is that the interviewee is there to answer questions and should wait for a question to emerge before answering. And, in turn, the interviewer can rely on the interviewee's mandated withholding to get background facts into the interaction. For example, it is noticeable in (5) that Mr. Scargill does not
interject to dispute the interviewer’s suggestion (1→) that he’d be happy to call himself a Marxist but waits for the question (2→). Moreover, when he does speak, he begins by answering the question (3→) before moving on to dispute the question’s preface (4→).

Of course, this kind of cooperation is not guaranteed, but when cooperation breaks down, interviewers defend their rights to “ask a question,” as in the following exchange between CBS News anchor Dan Rather and then-Vice President George Bush, Sr:

IR: Dan Rather; IE: George Bush

1 IR: You said that if you had known this was an arms
2 for hostages swap, hh that you would’ve=
3 IE: [ Yes ]
4 IR: =opposed it. hhhhh You also [said that]=
5 IE: 1→ [ exact ]
6 IR: =[that you did NOT KNOW that y-]
7 IE: 1→ [ ( m- may- may I- ) may I ] answer that.
8 (0.4)
9 IE: (Th[uh] right () ]
10 IR: 2→ [That wasn’t a ] question.=it w[as a]=
11 IE: 3→ [Yes ]=
12 IR: 2→ =[statement eh-]
13 IE: 3→ =[ it was a ] statement [ and I’ll ]=
14 IR: 4→ [Let me ask]=
15 IE: 3→ =[answer it. The President ] created this=
16 IR: 4→ =[the question if I may first]
17 IE: =[program. h has testified or stated publicly,]
18 ( ) he did not think it was arms for hostages.

Here Bush initially orients to his restricted rights to speak by asking permission to do so (1→), but, after the rejection of that request (2→), he then asserts a claim to respond to a statement (3→), a claim that Rather rebuts with a demand to “ask a question if I may first.”

This use of the news interview Q–A turn-taking system to build prefatory statements that are hostile to the interviewee has grown substantially in presidential press conferences over the last thirty years (Clayman & Heritage, 2002b) and most probably in news interviews as well.

Distinct turn-taking systems are by no means definitive of institutional interaction. Indeed, as indicated earlier, most forms of institutional talk do not manifest specialized turn-taking systems at all. However, specialized turn-taking systems profoundly structure the frameworks of activity, opportunity, and interpretation that emerge within them. It is for this reason that the determination of their existence (or not), and investigation into their features is an important first step in the analysis of institutional talk.

Overall Structural Organization

Most kinds of interactions have some overall structural features. In ordinary conversation, these structural features include specific located activities such as openings and closings
and slots for first topics (Button, 1987; Button & Casey, 1984, 1985; Schegloff, 1968, 1986; Schegloff & Sacks, 1973), whose absence may be noticeable and accountable. However within the body of an ordinary conversation, matters are comparatively fluid and free to vary with the inclinations of the participants. In contrast, some kinds of institutional talk have a quite specific internal shape or overall structural organization. This structural organization is built from component phases or activities that characteristically emerge in a particular order. For example, calls to 911 emergency ordinarily take the shape outlined in Table 5.3. This structure is illustrated in (7) which follows:

(7) [Zimmerman 1984: 214]
1 911: Midcity Emergency:,
2 ()
3 C: Um yeah ()
4 somebody just vandalized my car,
5 (0.3)

6 911: What’s your address.
7 C: three oh one six maple
8 911: Is this a house or an apartment.
9 C: It’s a house
10 911: (Uh-) your last name.
11 C: Minsky
12 911: How do you spell it?
13 C: M I N S K Y

14 911: We’ll send someone out to see you.
15 C: Thank you.=
16 911: =Mhm=
17 911: =bye.=
18 C: =Bye.
Here, the caller launches a description of trouble (line 4), which, in this context, functions and is treated as the first pair part of a request–response adjacency pair (Wilson, 1991). After a series of inserted (Schegloff, 1972, forthcoming) question–answer sequences (lines 6–13)—the interrogative series (Zimmerman, 1984, 1992) the call taker grants the request and is thanked as a “benefactor” (Bergmann, 1993). The call taker briefly acknowledges these thanks (the “mhm” at line 16) and immediately launches a closing to the call (at line 17) with a first pair part terminal (Schegloff & Sacks, 1973) that is accepted by the caller at line 18. Though other calls may be longer—the caller may launch the call as a narrative (Zimmerman, 1992), and the interrogative series may be more extended and problematic (Tracy, 1997; Whalen & Zimmerman, 1998; Whalen et al., 1988; Zimmerman, 1992)—this structural pattern is comparatively constant for calls to emergency centers, and indeed for other types of service calls (Zimmerman, 1992).

Each of these five sections involves the pursuit of a specific goal (or subgoal), and each is jointly constructed (or co-constructed) by both participants in terms of the constituent tasks of the call. Laying out the overall structure of the call in this way allows us to see that the call is monotonical and focused on a single task and that the parties are jointly focused on that task and its organizational contingencies. For example, the interrogative series is related both to the task of gathering relevant information and to the call taker’s triage or gate keeping function of determining whether the problem is appropriate for emergency assistance (Bergmann, 1993; Meehan, 1989; Tracy, 1997; Whalen & Zimmerman, 1990). In this case, the caller evidently can see that the information being asked for is directly relevant to the task of getting emergency assistance and therefore related to the problem at hand. In other cases, callers may be less clear about this:

(8) (Whalen et al. 1988)
1 911: Fire department
2
3 C: Yes, I’d like tuh have an ambulance at forty one
4 thirty nine Haverford please?
5
6 911: What’s thuh problem sir.
7 C: I don’t know, n’if I knew I wouldn’t be calling you all.
8
9 (0.5)
10 911: Are you thuh one th’t needs th’ambulance?
11 C: No I am not =It’s my mother.
12 (0.7)
13 911: Lemme letya speak with thuh nurse?
14 C: Oh bu’ll shit!

Here the caller appears not to understand, and seems somewhat resistant to, 911’s initiation of the interrogative series at line 6, and in fact serious interactional difficulties inhabit this call from beginning to end (Whalen et al., 1988).

Acute care doctor–patient interactions (interactions involving the presentation of a new medical problem) also have a highly structured overall organization (Byrne & Long, 1976; Robinson 1998, 2001, 2003), as summarized in Table 5.4. Although this structure is a great deal more complex than the structure of 911 emergency calls and is subject to a great
TABLE 5.4
Overall Structure of Acute Primary Care Visits (Byrne & Long, 1976)

<table>
<thead>
<tr>
<th>Phase</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Opening: Doctor and patient establish an interactional relationship.</td>
</tr>
<tr>
<td>2</td>
<td>Presenting Complaint: The patient presents the problem/reason for the visit.</td>
</tr>
<tr>
<td>3</td>
<td>Examination: The doctor conducts a verbal or physical examination or both.</td>
</tr>
<tr>
<td>4</td>
<td>Diagnosis: The doctor evaluates the patient's condition.</td>
</tr>
<tr>
<td>5</td>
<td>Treatment: The doctor (in consultation with the patient) details treatment or further investigation.</td>
</tr>
<tr>
<td>6</td>
<td>Closing: The visit is terminated.</td>
</tr>
</tbody>
</table>

dale more variation, doctors’ and patients’ conduct can be examined for how they orient and negotiate the boundaries of each of the main activity components (Heritage, 1997). For example, the ways in which patients present their medical problems may already anticipate a possible diagnosis both implicitly (Stivers, 2000, 2002) and explicitly (Heritage & Robinson, forthcoming), and in these ways indicate an orientation favoring a particular treatment recommendation (Stivers, Mangione-Smith, Elliott, McDonald & Heritage, 2003). Particular behaviors during problem presentation pointing toward the physical examination, diagnosis, or treatment (Robinson & Heritage, 2003; Robinson & Stivers, 2001; Ruusuvuori, 2000) may be used to indicate that, from the patient’s point of view, the problem presentation is complete. Physician conduct during the physical examination may forecast (Maynard, 1996) a final diagnosis (Stivers, 1998; Heritage & Stivers, 1999; Stivers, Elliott, McDonald, & Heritage, Mangione-Smith, 2003). In all of these ways, the overall structure of an encounter may be evoked as a resource for moving the encounter forward.

Using these kinds of structural frameworks, it can be relatively easy to identify the relevant sections of these kinds of encounters. However the purpose of these classifications is not to exhaustively identify each section of every 911 call, medical visit, or other task-focused institutional encounter. And it is not to claim that each of these sections will always occur in each and every institutional interaction of a particular type. Still less should it be an objective to force data into these sections, not least because, for example, the parties may well reopen sections and reinstate task orientations that they had previously treated as complete. The **overall structural organization of interaction is of interest only and exclusively to the extent that it can be shown that and how the parties are oriented to such organizations in their talk and the conduct of the interaction**.

The kind of complex internal overall structural organization of talk described in this section is not to be found in all forms of institutional talk. In news interviews, as in ordinary conversation, only the opening and closing activities of the interview are clearly structured in this way, though with very substantial differences from ordinary conversation (Clayman, 1989, 1991; Clayman & Heritage, 2002). The kind of standardized, repetitive overall organization that parties can use and rely on in their dealings with one another tends to be found in highly focused monotopical task-oriented encounters,
including many kinds of bureaucratic and service encounters and interactions that involve requests for help of various kinds.

**Sequence Organization**

Sequence organization is the "engine room" of interaction. It is through sequence organization that the activities and tasks central to interaction are managed. Sequence organization is the primary means through which both interactional identities and roles (story teller, news deliverer, sympathizer) and larger social and institutional identities (woman, grandparent, Latina, etc.) are established, maintained, and manipulated. This role for sequence organization applies to both ordinary conversation and institutional interaction. To illustrate this role for sequence organization, I shall focus on a comparison between question–answer sequences in conversation with those that occur in various kinds of institutional talk.

In ordinary conversation, many question–answer sequences that embody requests for information are completed with a sequence-closing third action (Schegloff, forthcoming), most commonly the change of state response token oh (Heritage, 1984b). The logic of this practice is straightforward. By the act of requesting information, a questioner commits to a lack of knowledge (a nonknowing or K- position) with regard to the matter at hand and projects the answerer to be in a knowing (or K+) position with regard to that same matter. In this context, oh is used to communicate a shift in knowledge (from K- to K+) and thus indicate that the answer was informative to the questioner. This pattern is particularly clear in cases like (9), in which one speaker (Nancy) is talking to her friend Hyla about Hyla's new boyfriend in San Francisco:

(9) (HG:II:25)

1 Nan: a→ .hhh Dz he 'av 'iz own apa:rt[mint?]
2 Hyl: b→ [.hhh] Yea:h,=
3 Nan: c→ =Oh;
4 (L.0)
5 Nan: a→ How didju git 'iz number,
6 ()
7 Hyl: b→ l(h) (. ) c(h)alled informacion 'n San Fr'nccis(h)[uh!]
8 Nan: c→ [Oh:
9 ( )
10 Nan: Very clever, hh=
11 Hyl: =Thank you[ l ... hh ... hhhhhhh hh=
12 Nan: a→ [W'ts 'iz last name,
13 Hyl: b→ =Uhh:. Freedland hhhh
14 Nan: c→ [Oh!
15 Hyl: (r) Freedland.
16 Nan: d→ =Nice Jewish boy?
17 ( )
18 Hyl: e→ Of course,=
19 Nan: f→ =v [ course, ]
20 Hyl: (hh-hh-hh)hhhh, hhhhh=
21 Nan: =Nice Jewish boy who doesn't like tih write letters?
Here, in a series of three question–answer sequences, Nancy interrogates her friend about her new *amour*. Each of Nancy’s questions solicits new information from her friend, and she acknowledges each of Hyla’s answers with *oh*, indicating that the answer is news for her.

The use of *oh* receipts to sequentially lock down the K−/K+ relationship of questioner and answerer is also strongly supported by counterexamples. In this example, at line 16, Nancy seemingly offers an observation whose question intonation makes it hearable as the fourth question in the series: “Nice Jewish boy?” Although this turn could readily be understood as a continuation of this line of questioning, it is noticeable that Nancy’s acknowledgement of Hyla’s response at line 19 does not involve the *oh*-carried change of state claim. To the contrary, it echoes Hyla’s answer “O:fcou;:rse” in such a way as to treat that answer as having been quite specifically *un*informative. This receipt has the effect of recalibrating how “Nice Jewish boy?” is to have been understood. It provides that her utterance is to be understood, not as a query, but as a comment—an obvious enough inference from a common Jewish family name—and Hyla’s confirmation is not therefore to be treated as informative. Here, then, the presence or absence of *oh* has consequences for how knowledge and information are understood to be possessed and trafficked by these conversationalists. With an *oh* receipt, Nancy would have acknowledged a transfer of information, but, with it, she would have also acknowledged a certain lack of social know-how about the boyfriend. With the “’v cou;:rse,” receipt, Nancy lays claim to that knowledge and, perhaps, to the underlying social basis (the Jewish faith) of Hyla’s choice of boyfriend.

If we now compare how question–answer sequences run in institutional contexts, we find that the occurrence of this sequence-closing change of state *oh* is dramatically reduced. For example in (10), a middle school teacher is engaged in poetry analysis with his class. The teacher is trying to get the class to recognize that the underlying theme of the poem has to do with the passage of time:

(10) (Classroom interaction: Gypsyman:3)
1  T:   Okay (.) now then (.) has anyone anything to say (.)
2     what d’you think this poem’s all about?
3     (2.9)
4  T:   Miss O’Neil?
5  S1:  The uh:man gypsyman they want him to stay one more day
6     longer.
7  T:   → The gypsyman they want him to stay one day longer,
8     (.) Don’t be afraid of making a mistake, if you’ve
9     got any thoughts you put your hand up.=No-one’s
10    gonna laugh at ya.=I shall be very grateful for
11    anything you have to say. Miss O’Neil said it’s a
12    poem about a gypsyman (.). an’ somebody wants him to
13    → stay. (0.3) Any other ideas.=She’s not right.
14     (3.1)
15  T:   That’s the answer I expected but she’s not right.
16     (0.9)
T: Kate my love what are your thoughts?
(4.3)
T: Mister Williams?
(2.5)
T: Don't be frightened don't be frightened. This is a
not an easy poem. (1.3) Miss Cotrell my dear,
S2: They want him to come (1.0) just come anyway they
want him to come and stay [with them].
T: [Uhr who- they want who to come?]
S2: The gypsy.
T: The gypsy. You say (.) we are talking about a gypsyman.
(1.1)
T: You are arn'tcha?
S2: ((nods))
T: \[ Well we're not. (1.1) We are not talking about a
gypsy living in a caravan, (.) Not really. They-
the- the word gypsyman is there and the caravan
etcetera etcetera etcetera. (.) But (.) ehr this
is not really what the poem is all about.
(... (A number of lines of data deleted)
...
T: Mister Roberts.
S3: Could it be some kind of- pickpocket or something-
always on the move so he doesn't get caught
T: \[No: it
is not a pickpocket on the move. (.) Mister Amos?
P: Is it about a bird that flies around.
T: About a?
S4: A bird that flies around
T: \[A bird flying around.=No.

There are no oh acknowledgments in this sequence. Instead, at each of the arrowed
points, the teacher evaluates the answers that the students offer by rejecting them. In
this way, he conveys that his initial question was not in search of information (or even
opinion), but rather that it was a 'known answer' or exam question. In this context, the
students' job becomes one of guessing what the teacher has in mind, something that
the students increasingly index with the use of interrogative syntax in their answers to
the question (lines 44 and 48). Here then, the substitution of evaluative for oh responses
to these answers invests these sequences with a specifically instructional tenor. Indeed, the
elimination of oh from classroom interactional sequences of this type is a constitutive part
of what makes them instructional. It is part of the interactional fingerprint of instruction.

In the news interview, by contrast, interviewers use neither oh receipts nor evaluations
as part of their repertoire of response to interviewees' answers. Indeed, there are no
oh receipts to be found in news interview data (Clayman & Heritage, 2002a). In (11),
the interviewer does not respond at all to the various (arrowed) segments of Treasury
Secretary Rubin’s response to his question:

(11) [U.S. ABC This Week, May 1996] (Interview with Treasury Secretary Robert Rubin – the initial question concerns the price of gasoline)

1 IR: =Well tell me where you would like (for) it to go.
2 (.)
3 IE: Well David let me take it- a slightly different approach if I
4 may.=And that is that (.) thuh president took sensitive
5 action this past week, and I think action that was very
6 sensitive; (.) to thuh concerns of very large numbers of
7 Americans with respect to gas prices,
8 \( \rightarrow \) (0.3)
9 He ordered an accelerated sale of: twelve million barrels of oil
10 that congress had mandated that we sell. =As part of thuh
11 budget,
12 \( \rightarrow \) (0.3)
13 As a consequence I think we’ll get good prices f’r thuh
14 taxpayers,
15 \( \rightarrow \) (.)
16 He asked thuh secretary of energy to take a look at thuh whole
17 situation, report back in forty five days, hh and independently
18 (0.2) I (re)stress: independently, (.) thuh Justice Department
19 to try to take a look at thuh=situation; and (0.2) draw their
20 own conclusions.

This absence of response is prototypical of the news interview. To understand it, we

- begin by recognizing that an oh receipt of an answer to a question (with its K- to K+

- implication) implies an acceptance of the answer as true. Such an acceptance is beyond the

- remit of a news interviewer who should, ideally at least, remain impartial with respect to

- what interviewees say. Additionally, however, the interviewer is there to elicit interviewee

- responses for the news audience, and this aspect of the role mandates no-response to

- what the interviewee says. Even other more neutral forms of acknowledgment (like

- “mm hm” or “I see”) would cast the interviewer (rather than the news audience) as the

- primary addressee of the interviewee’s remarks. They would involve the interviewer

- getting between the interviewee and the audience, and consistent with this interviewers

- do not produce them. Here the withholding of acknowledging responses to answers

- to questions is part of the interactional fingerprint of the news interview (Clayman &

- Heritage, 2002a) and contrasts markedly with the conduct of broadcasters in chat shows,

- who frequently use acknowledgments such as “oh,” “I see,” “mm hm,” and so on. These

- usages are integral to the genre whose purpose, after all, is to simulate ‘conversation’ itself!

As a final example, consider the following dialogue from medical history taking—

- a phase of the medical visit that is overwhelmingly occupied with question-answer

- sequences. The following case is from a pediatric visit:

(12) [History Taking]*

1 Doc: Has he been coughing uh lot?
2 \( \rightarrow \) (0.2)
Mom: .hh Not uh lot.=h[h
Doc: \[Mkay?:
Mom: But it- it <sounds:> deep.
→ (1.0)
Mom: An' with everything we heard on tee v(h)ee=hhhh
£we got scare.£
Doc: → Kay. (An fer i-) It sounds deep?
( )
Mom: Mm hm.
Doc: Like uh barky cough?'
Mom: .hh (1.1) Uhhhm=hhh It sounds very:=uhm ()
(I don’t know:=wwill:;) (0.2) It sounds· (2.5) Tlk
. hh Tlk Not like that like:
Doc: Not (barky.)
Mom: [Like when someone has bronchitis that it sounds
( )
Doc: → Okay.
Doc: Does he sound like uh dog er uh seal barking?
Mom: No.
Doc: → Okay.

*The English pound sign in line 8 (£we got scare.£) indicates the speaker
is hearbly smiling.

Here the physician does acknowledge the parent's answers to his questions but he
does so, not with "oh," but with the comparatively neutral acknowledgment token
"okay." Again, this response is very typical of this phase of doctor-patient interaction.
The avoidance of oh here, which is something that medical students are trained to do
(Frankel, personal communication), is differently motivated than it is in news interviews.
The acknowledgement of answers to questions with oh might convey to a patient that
the answer was unexpected, with the further inference that either the doctor does not
know enough to predict such answers or that the condition is a very rare and unusual one.
From the patient’s point of view, either of these inferences is discouraging. On the whole,
patients prefer to have a knowledgeable doctor and would prefer not to have an unusual
medical condition. Doctors, whatever their level of expertise or their private sense of
how unusual a condition may be, avoid triggering these inferences in their patients and
they do so, in part at least, by avoiding the use of oh receipts.

This is one small example of the ways in which the sequential organization of institu-
tional talk differs from institution to institution and from ordinary conversation. How
sequences are managed in institutional interaction is part of the constitutive fingerprint
of activities within particular social institutions, their particular tasks, constraints, and
inferences.

Before leaving the topic of sequence organization, it is also relevant to note that
institutional representatives often systematically and strategically manipulate its structure
to achieve rather particular institutional objectives. For example, in a series of papers,
Maynard (1991a, 1991b, 1992, 1996) has identified a practice used by clinicians to prepare
recipients for the delivery of adverse medical news. This practice involves a presequence
of sorts. Patients are invited to describe their own view of the medical problem before
clinicians proceed to describe their own clinical conclusions. At one level, this practice can seem like a grotesque manipulation of medical authority: What possible value can the layperson's view have in a context where a professional medical judgment is about to be rendered? But Maynard shows that, among other things, the practice prepares the patients for the difficult information they must receive, while also establishing an interactional environment in which the professional can build on the patient's perspective through agreement rather than confrontation. The practice does involve a strategic manipulation of the asymmetric relations between doctor and patient, but in a thoroughly benign way and with consequences that are often beneficial to the patient (Maynard, 1996).

**Turn Design**

Sequences are made up of turns and cannot, therefore, be completely analyzed without a consideration of turn design. This section deals with some ways that institutional contexts are implicated in the design of turns and of the actions they implement. This is a massive topic and only glimpses of its ramifications can be presented in a short review. It is worth beginning, however, by remembering that in a great deal of institutional interaction, a highly practiced institutional representative is talking with a very much less practiced layperson. Thus sheer repetition generates a kind of know-how about dealing with the general public, and in particular how conflict or confrontation can be avoided. This is clearly illustrated in the following example, in which a school official is calling the mother of a child who was absent from school:

(13) [School Call:1:1]

1 Mom: Hello.
2 (0.5)
3 Off: Hello Mister Williams?
4 (0.8)
5 Mom: Uh: this is Missus Williams,
6 Off: Uh Missus Williams I'm sorry: This is Miss Medeiros
7 from Redondo High School calling?
8 Mom: Mm [hm
9 Off: → [hbbhh Was Martin home from school ill today?=
10 Mom: =U:::h yes he was in fact I'm sorry I didn't call
11 because uh::h I slept in late I ( ) haven't been feeling
12 well either. hhhh And uh hhh (0.5) u::h he had uh yih
13 know, uh fever: (0.2) this morning.

Here the social context is delicate: Either (a) the child is home sick and the mother has failed in her obligation to notify the school of this fact, or (b) the child is a truant from school, and the mother is unaware of this fact. Neither contingency reflects well on the family. At line 9, the school official (Off) uses a highly designed turn to initiate the move to business that manages the delicacy of the situation in various ways.

1. Her question at line 9 indicates that the child was not at school "today," but it is not explicitly occupied with informing the parent of that fact (cf. Pomerantz, 1988, forthcoming). Instead, by presupposing the child's absence rather than asserting it,
this turn avoids an assertion (e.g., “Martin wasn’t at school today.”) that might be heard as accusatory.

2. The question offers the most frequent and legitimate account for a child to be away from school—sickness—using a question form that is designed for the mother to respond to affirmatively (an aspect of turn design discussed in greater detail later).

3. Even if it turns out that the child is in fact truant, the inquiry avoids any direct reference to, or implication of, that possibility. That possibility is, however, put in play by the inquiry.

4. Finally, the question does not directly thematize the parent’s responsibility to inform the school, but rather leaves it to the parent to assume the responsibility, where relevant, which this parent does in fact do (lines 10–11).

This school official begins many of her routine calls with this question, and it is not difficult to see why. Almost any other opening might attract resistance or cause disagreements or arguments to emerge. If she was not directly taught this opening, the official will likely have developed it through experience, because it is a question design that evokes the least resistance. This judicious, cautious, even bureaucratic question design is the kind of design that develops in contexts where officials have to do interactionally delicate things on a repetitive basis.

Other kinds of turn design are less exactly repetitive, but just as highly patterned. For example, medical questioning is shaped by the twin principles of optimization and recipient design (Boyd & Heritage, forthcoming; Heritage, 2002; Stivers & Heritage, 2001). Optimized questions embody presuppositions and preferences that favor best case or no problem responses. For example, in reviewing a patient’s medical history, the question “Is your father alive?” is optimized relative to an alternative formulation “Is your father dead?” Each question proposes a state of affairs in the interrogative mood. But the first question permits the patient to confirm good news affirmatively, whereas in the second, good news can be conveyed only by rejecting the state of affairs described in the question.

The following exchange, from an interaction in which a British health visitor is questioning a first-time mother about her labor embodies the principle of optimization in an extended sequence of checklist questions. Each question, whether framed positively (lines 1, 3, 10, 13, 15 and 18) or negatively (line 19), is designed for a no problem response:

(14) [4A1:17]
1   HV:   Uh::m (.) hh So your pregnancy was perfectly normal.
2   M:   Yeh.
3   HV:   And did you go into labor (.) all by yourself?
4   M:   No: I was started off because uh::m (0.8) the blood
5   HV:   [Induced.
6   M:   pressure (0.7) went up in the last couple of weeks.
7   ...
8   ...  [Segment dealing with why mother was induced]
9   ...
10  HV:   And was he all right when he was born.
Questioning of this kind expresses what Maynard (1996) terms “the benign order of everyday life.” Within this order, medical (and other) questioning is normatively framed to favor positive responses.

Questioning that favors problematic responses, by contrast, is ordinarily only done for cause, that is, when prior information or other aspects of the recipient’s circumstances warrant it. In the following case, the parents of the new baby have been describing difficulties with the labor process that centered on getting the baby’s shoulders out. The health visitor resumes her checklist questioning as follows:

(15) [1A1:14] (At line 11, the word “schoo” is the health visitor’s pronunciation of SCBU, an abbreviation for ‘special care baby unit’)

At line 1, the health visitor was heading toward the normal delivery part of the checklist (Heritage, 2002), as in the previous example, line 15. However, as she reaches the point at which the word “normal” would be articulated, she hesitates for a second and starts (at line 3) to reframe the question in terms of whether the mother had, though much less desirable, a forceps delivery. She begins with a declarative form, “You didn’t,” that would likely favor a no problem report. Abandoning this, she reinitiates her question with an interrogative form, “Did you-,” that, as in (14) previously, would be more favorable to a problematic response. Finally she reverts to a fuller declarative form favoring a no problem response: “You didn’t have forceps you had a.” Here it seems likely that the full question that the health visitor was heading towards was: “You didn’t have forceps you
had a normal delivery.” However, once again, the health visitor abandons the question at the point at which the word “normal” was due. In this case, the health visitor was clearly in genuine doubt as to whether her question should be framed so as to favor a no problem response, or whether in the light of the parents’ description of a difficult birth process, she should depart from this norm toward a less upbeat form of question design.

There are other circumstances in which medical questioning is systematically less optimized. So-called lifestyle questions about smoking and drinking are ordinarily not optimized, as in (16):

(16) [MidWest 3.4:6]

1  DOC: \rightarrow tch D’you smoke?, h
2  PAT:  Hm mm.
3
4  DOC: \rightarrow Alcohol use?
5        (1.0)
6  PAT:  Hm: moderate I’d say.
7        (0.2)
8  DOC:  Can you define that, hhhehh ((laughing outbreath))
9  PAT:  Uh huh hah .hh I don’t get off my- (0.2) outa
10     thuh restaurant very much but ([awh:)
11  DOC: \rightarrow [Daily do you use
12        alcohol or:=h
13  PAT:  Pardon?
14  DOC: \rightarrow Daily? or:
15  PAT:  [Oh: huh uh .hh No: uhmm (3.0) probably::
16        I usually go out like once uh week.

Here a whole series of questions are not optimized. The grammatical form of “D’you smoke?,” is designed for an affirmative response, as is, albeit less clearly, “Alcohol use?” The subsequent questions invite the patient’s assent to the possibility that she uses alcohol on a daily basis—something that the patient is at pains to reject (Boyd & Heritage, forthcoming). It is not difficult to understand why these questions are not optimized. Smoking and drinking are medically stigmatized activities and are difficult to acknowledge. Optimized questions (of the form “You don’t smoke, do you?”) would be more likely to result in nondisclosure, with a loss of medically important information and of any possibility of encouraging the patient to desist. Moreover, nonoptimized questions can permit nonsmoking/drinking patients to respond with a “righteous” claim of virtue, as this one does with an oh-prefaced response at line 15 (Heritage, 1998).

This section began with the suggestion that turn design is a massive and complex subject. But I think it is clear that its investigation can be enormously fruitful. Turn design is a domain with substantial potential for large-scale analysis of data. For example, Robinson (forthcoming) has shown that small variations in the design of the questions with which physicians begin the medical business of a consultation index the physician’s preunderstanding of why the patient has made the appointment. Broadly speaking, questions like “What can I do for you today?” index the physician’s belief that the patient is presenting for a new medical concern, whereas “How are you feeling?” indexes a belief
that the patient is presenting for a follow-up or routine visit. Similarly Stivers (Stivers, 2002; Stivers et al., 2003) has shown that a patient’s initial problem presentation that offers a candidate diagnosis (e.g., “I think I have an ear infection”) is understood by physicians as indexing a desire for antibiotic treatment, whereas a simple description of symptoms (e.g., “I have a fever and my ear hurts.”) is not understood in this way. We shall return to the significance of this observation later in the chapter.

More generally, turn design is a vehicle for dealing with dilemmas that the participants to institutional talk often face on a highly recurrent basis. Accordingly, turn design is an arena in which the trade-offs between institutional task, its sequential management, and issues of identity and ‘face’ are addressed recurrently and unavoidably.

**Lexical Choice**

Turns are made up of words, and turn design involves choices among them. The choice of specific words or phrases by themselves can index an interactant’s stance toward a particular circumstance, as well as the interactional context they are in, in very precise ways (Schegloff, 1972, 1996). Lexical choice implies that alternative lexical formulations are available to reference the same state of affairs. For example, speakers can reference themselves using “I” or “we,” the latter choice often being used to index that they are speaking on behalf of an institution (Sacks, 1964–1972/1992). Again, law enforcement can be referred to as “police” or “cops,” but the selection between these two terms may be sensitive to whether the speaker is appearing in court (Jefferson, 1974) or talking with adolescent peers (Sacks, 1979).

Consider the following case, where the school official (previously described in example 13) is calling the parent of another child:

(17) [School Call 5:1]
1  Off:  Was Bryan home from school ill today?
2   (0.4)
3  Mom:  hhh (0.7) Bryan wasn’ home ill today was he? (Off phone))
4   (0.3)
5  B:  Not at all.
6  Mom:  No.
7  Off:  M[m hmm
8  Mom:  [No he wasn’t.
9  Off:  hhh Well he was reported absent from his thir:d and
tenth period classes today.
11  Mom:  Uh huh
12  Off:  hhh A:n we need ‘im to come inna the office in the
13          morning to clear this up.

In this short sequence, the school official engages in a range of cautious actions (see Drew & Heritage, 1992; Heritage, 1997; Pomerantz, forthcoming). Two of these are managed through lexical choice. First, we can note her use of the phrase “reported absent,” rather than merely “absent,” through which she conveys an element of caution about whether Bryan really was absent from school during the periods, and conveys too that she is merely
a relayer of information rather than its source. Second, when she describes the remedy for the situation at lines 12–13, she uses the phrase “to clear this up.” Such a phrase is ambiguous as to whether the absence is going to be accounted for or otherwise explained away, or whether, alternatively, the child will be placed in detention—another means of clearing up the situation. This ambiguity is one through which the official avoids making a judgment about the case and implies, further, that that is a matter for others. In another call, where the child is more likely to be a truant, she uses similar phrasing, although with less ambiguity about what it could mean:

(18)  [School Call 2:1]
1  Off:  .hhh Okay:. We have a new uh:: detention system now
2  (.)
3  Off:  → that if they don’ clear these they’ll become truants.
4  (.)
5  Off:  → .hh And she will need to come in en clear them up.
6  (.)
7  Mom:  Nnkay
8  Off:  [Okay?
9  Mom:  Do: I have tuh get back t’you ’r (. ) jus’ sending her
10   is that enough.
11  Off:  .hhh Well if you c’n excuse any of these with a
12   note saying yes she’s been home ill er at the
13   doctor’s or whatever .hhhh uh:: (. ) just send a note
14   but otherwise you don’ need tuh come in.
15  Mom:  [Yeah]
16  Mom:  Okay then.

Again, as the talk in lines 11–14 makes clear, clearing up absences is compatible both with detention and with a note from the parent. The use of institutional euphemisms (Heritage, 1997) of this kind reduces the potential for conflict and disagreement within calls that, from the school official’s perspective, are essentially bureaucratic in nature.

As Drew and Heritage (1992) note, the formulation of time and quantity can be a recurrent source of difficulty in institutional interactions. A return to (16) illustrates the kinds of issues that can be at stake well:

(16)  [MidWest 3.4:6]
1  DOC:  tch D’you smoke?, h
2  PAT:  Hm mm.
3  (5.0)
4  DOC:  Alcohol use?
5  (1.0)
6  PAT:  → Hm:: moderate I’d say.
7  (0.2)
8  DOC:  Can you define that, hhhehh ((laughing outbreath))
9  PAT:  → Uh huh hah .hh I don’t get off my- (0.2) outa
thuh restaurant very much but [(awh:)  
[Daily do you use  
[Pat:  
alcohol or:=h  
Pardon?  
[Doc:  
Daily? or:  
[Pat:  
[Oh: huh uh...hh No: uhm (3.0) probably::  
[Doc:  
I usually go out like once uh week. (1.0)  
"kay."  

Asked about her alcohol use?, the patient, a divorced restaurant owner in her fifties, 
initially offers the formulation "Hm:: moderate I'd say." (line 6). Although her 'considering'  
preface ("Hm::") and the postpositioned "I'd say." frame her use of the term "moderate"  
as the product of considered choice, it is clear that it is unsatisfactory, if only because the  
term means different things to different people. In response to the doctor's pursuit (line  
8), the patient starts to formulate a revised description in terms of how frequently she  
gets out of the restaurant. Although not (yet) an estimate of quantity, this clearly frames  
her drinking as social rather than something she does at work or when she is home alone.  
This response in turn is intersected with the doctor's "Daily do you use alcohol or:=h,"  
which offers a (nonoptimized) frequency term ("Daily") as exemplary of the kind of  
answer he is looking for. The patient clearly finds this formulation to be not at all what  
she had in mind. At line 13, she initiates repair with an open question ("Pardon?") which  
Drew (1997) has shown to be a systematic response to turns whose motivation or basis  
is unclear. After the doctor reissues this formulation at line 14, she again responds with a  
turn whose oh-preface clearly indicates that the question is inapposite (Heritage, 1998).  
Finally, she responds with a temporal estimate that is still tied to her social activities: 
".hh No: uhm (3.0) probably:: I usually go out like once uh week.". The doctor accepts this  
estimate with a quiet and minimal ""kay." (Beach, 1993, 1995).

Here there is a struggle over the terms in which the patient’s alcohol consumption  
is to be framed. Viewed from a medical point of view, the patient is old enough to  
know that the doctor would ideally like to know the number of units of alcohol she  
consumes. And so her response might seem to be obtuse or even concealing. Viewed  
from a sociological point of view, it might be tempting to see this sequence as an instance  
of the struggle between what Mishler (1984) calls the "voice of medicine" and the "voice of  
the lifeworld." However, it might be more instructive to see this sequence as the  
expression of a dilemma in describing morally awkward topics. The doctor’s priority,  
consistent with his obligations as a clinician, is to satisfy himself that the patient is not  
drinking in a fashion that could have adverse consequences for her health. For him, a  
response framed in terms of quantity (numbers of units) would settle the matter. For the  
patient, the evident priority is to describe how she drinks as a part of conveying how much  
she drinks. Conveying both these things means showing how drinking is embedded in  
her life activities. In such a context, to formulate a response in terms of units might be  
to betray an unhealthy technical preoccupation with her drinking that might arouse  
unfounded suspicion. In an important sense then, both parties are socially mandated  
to address the problem in the ways they do. Their little dance around the matter of
quantity is effectively preordained by their social roles and the ways alcohol is viewed in our society.

As a final example in this section, I want to look at three uses of the word “notice” in distinctive interactional contexts. The first is from a call from 911 emergency:

(19) [Zimmerman, 1992: 440]
1  C: .hh Yeah hi, uh this is Mary Cooper .hh um: my sister and I
2  left our house earlier tonight (.) and we were certain we
3  locked thuh doors and .hh when we came back .hh oh: about a
4  → half hour ago oh twenty minutes ago .hh we noticed thuh
5  front door was open hhh an so we jus’ didn’ feel like uh
6  checkin’ aroun: so I thought we’d call you

Here a caller is reporting something suspicious about her house: she left the doors locked, and when she returned the front door was open. This discovery is reported as something that she and her sister “noticed” (line 4). When persons describe something as a noticing, what they are conveying is that coming upon it was unmotivated: It was not something they were looking for. In this case, what seems to be suggested with this verb is that the discovery was inadvertent, unexpected, and not the product of a witness who is on the lookout for problems.

A similar usage is also apparent in the following case, from a pediatric primary care visit. A mother is presenting her eleven-year-old daughter’s upper respiratory symptoms. The time is Monday afternoon, and the daughter has not attended school that day. The mother begins with a diagnostic claim (lines 1–2, 5) that strongly conveys her commitment to the veracity of her daughter’s claims about her symptoms, and may imply the relevance of antibiotic treatment (Heritage & Stivers, 1999; Stivers, 2002; Stivers et al., 2003):

(20) [Pediatric Visit]*
1  MOM: .hhh Uhm (?) Uh- We’re- thinking she might have an
2  ear infection? [in thuh left ear?
3  DOC: [Okay,
4  DOC: Okay,
5  MOM: Uh:m because=uh: she’s had some pain_
6  (.)
7  DOC: [Alrighty?
8  MOM: [over thuh weekend.: ..hh
9  DOC: [No fever er anything?,
10  MOM: Uhm[:
11  DOC: [Mkay?:
12  MOM: [An’ uh sore throat.
13  (0.2)
14  MOM: An’ like uh (.) cold.
15  ()
16  DOC: Wow.
17  MOM: (An’ thuh)/(Kinda thuh) cold symptoms, huhhh.
18  DOC: Was it like that over thuh weekend too?
19  (0.2)
After some elaboration of the child's cold symptoms (lines 12–17), the doctor asks about their duration (line 18), and the mother refers the question to her daughter at line 20 ("Uh:m: When did you notice it."). Again, the verb form—"notice"—that she uses here conveys a quite distinct notion of attention and cognition. It suggests that the child's perception of her symptoms emerged in an unlooked for and, hence, unmotivated way. Its use is one of several ways in which the mother conveys her commitment to the facticity of her daughter's symptoms, and especially works against any possibility that they were fabricated as a means of not attending school—an issue that can hang heavily over Monday visits to the pediatrician. Subsequently, the mother distinguishes between the child's noticing her symptoms and mentioning them—thus opening up the possibility that the child has endured them for longer than 24 hours, which would further underwrite the unmotivated nature of their discovery and report. Here, then, what is at issue is how the discovery of, and the process of coming to recognize, medical symptoms is to be portrayed (see Halkowski [forthcoming] for an extended discussion of this subject).

The final case involves a follow-up visit to a doctor's office. The patient is on a third visit to deal with his sinusitis. As the doctor observes (lines 10–12), she has already prescribed a great deal of medication to address the problem:

How are you feelin' to[day:. ]
[.hhhh]h Better, h[hhhhhhhh]
[And your ] siuu[ s c[s? ]]
[.hh[h]h
(W)ell they're still: they're about the same.
(.)

'Bout the same: okay. Why don' I have you sit up here for a
second,
(1.1)
I gave you a lot of medicine over the last (0.5) (general)
month or so. fer yer sinuses.
(0.4)
But the heemobi::d an' the vancena::se an' then the antibiotic,
the augmentin.
{(0.7)/(.hhhhhhhh)}
A::nd you should be noticin' a pretty big difference.
18 Pat: Compared to the first visit, ( ) a lot.
19 ()
20 Doc: O {kay.}
21 Pat: [It's still hhhhh (sniff)] > you know< it's not a hundred percent. (patient continues)

Here it is clear that the doctor and patient are moving into a state of incipient dispute about the patient's symptoms. The patient reports that his sinuses are "about the same" (line 7), and the doctor responds that she gave him "a lot of medicine," which she then proceeds to itemize (lines 11–12 and 14–15). She concludes the list with the observation (line 17) that he "should be noticin' a pretty big difference." Here the use of "noticing" suggests that, even without looking for it, he should be experiencing the beneficial effects of the medications. With its implication that an unbiased or unmotivated noticing would yield this conclusion, she also evokes the possibility that his failure to notice this is in some way motivated—perhaps by an overpreoccupation with health concerns. At any rate, it contributes to the overall weight of her suggestion that he should be feeling better.

Here are three uses of the word "notice." They could be multiplied many times (see Halkowski, forthcoming, for a number of additional examples). In each case, the verb is being used when one of the parties wishes to convey the unmotivated nature of an observation. However, in each case, the parties are pursuing different objectives in their use of this term. The caller to 911 wants to convey that hers is a bona fide concern that is not a product of being nervously on the lookout for trouble. The mother of the sick child is building a case for the reality of her child's medical problem. The doctor in the final case is constructing a position that will turn out to be opposed to the prescription of further medication.

Lexical choice is a profoundly complex aspect of the investigation of institutional talk. In this section, I have pointed to some elements of word selection that are both general and yet are also deeply linked to the interactional projects in which the participants are engaged. As Schegloff (1972) showed years ago, lexical formulation is strongly impacted by considerations of recipient design and this is just as true of institutional contexts as it is of conversational interaction. Examining participants' lexical choices, therefore, can give a very exact window into how they are oriented to the state of affairs they wish to describe, the circumstances they are in, and the ways in which those circumstances are to be navigated.

MAKING THE LINK BETWEEN INTERACTIONAL PRACTICES AND ISSUES THAT ARE BEYOND THE TALK: THE QUESTION OF QUANTIFICATION

Earlier I commented that the quantification of CA data was implicit in many of the comments made in preceding sections. Although the question of quantification has been controversial in CA (Drummond & Hopper, 1993; Guthrie, 1997; Schegloff, 1993; Zimmerman, 1993), it is clear that a number of questions about the relationship between talk, its circumstances, and its outcomes cannot be answered without the statistical
analysis of results. For example, if it is claimed that some form of institutional talk, for example, the news interview or the doctor–patient relationship, has changed over time, there must be some way of specifying and quantifying the elements of talk that may have changed. Similarly, if particular features of institutional talk are to be connected to characteristics of the participants such as attitudes, beliefs and, perhaps most important, the outcomes of the talk, forms of measurement must be developed that permit the relevant connections to be made. The main work embodying this kind of effort has focused on the level of turn design, and in what follows I briefly describe two studies that focus on turn design and develop CA in a quantitative direction.

The first of these is a study of presidential press conferences. It investigates whether the White House press corps’ questioning of presidents has become more adversarial during the period 1952–2000, and if so, what factors impacted this change. Drawing on earlier work on the news interview, Clayman and Heritage (2002b) coded press conference questions in terms of (i) initiative, whether the question is enterprising rather than passive; (ii) directness, whether the question is delivered bluntly rather than cautiously or indirectly; (iii) assertiveness, whether the question displays a preference for a particular answer and is thus opinionated rather than neutral; and (iv) hostility, whether the question contains information that is overtly critical of the president or his administration.

The results reveal significant historical trends for all dimensions. In general, questions have become less deferential and more adversarial over time, although this process has developed differently for different aspects of question design. The increase in initiative and directness has been gradual, continuous, and largely unidirectional. Thus, whereas journalists in the 1950s were exceedingly passive and indirect in their questioning (i.e., often asking simple questions in the form “Would you care to tell us . . . ?” “Can I ask whether . . . ?,” etc.), they have gradually become more enterprising and more straightforward in putting issues before the president. Because these trends have steadily advanced across a dozen administrations, both initiative and directness in question design appear to be deeply ingrained aspects of journalistic conduct, and their change represents a gradual tectonic shift in the culture of the White House press corps and its relationship to the office of the presidency.

By contrast, both assertiveness and hostility are more contextually sensitive, rising in a more concentrated manner in certain historical periods and falling in others. Both assertiveness and hostility remained essentially flat from Eisenhower through the Johnson administration, rose moderately during the Nixon and Ford presidencies, and then more sharply during the Carter administration and Reagan’s first term. Both dimensions have subsequently been on the decline from Reagan’s second term through Bush, Sr., and Clinton. These patterns suggest that a series of historical events, culminating in the Watergate affair, have prompted subsequent journalists to exercise their watchdog role much more vigorously from the late 1960s through the 1980s, but they have recently retreated to a less adversarial posture. Correspondingly, because every significant historical shift in adversarialness cuts across presidents of different parties, the characteristics of individual presidents (e.g., their party affiliation, general popularity, etc.) do not appear to explain much of the variation in modes of questioning over time.

When historical trends are controlled (by including a time trend variable in the models), other circumstantial factors emerge as significant predictors of adversarialness in
question design. Three robust factors are (i) the content of the question, (ii) the identity of the journalist, and (iii) the state of the economy. Concerning question content, journalists behave differently depending on whether the question concerns domestic affairs as opposed to foreign and military affairs. Consistent with the "rally 'round the flag" syndrome and the maxim that "politics stops at the water's edge," journalists are significantly less adversarial when raising foreign and military matters. Historical trends can be found here as well, closely mirroring trends in questioning more generally, but these questions are consistently less aggressive than their domestic counterparts.

Journalistic conduct also differs depending on who is asking the question. Adversarialness varies with the gender of the journalist and the medium with which he or she is affiliated. Contrary to stereotypical notions of femininity and masculinity, female journalists have generally been more aggressive than their male counterparts for various aspects of question design. However, most of these differences have attenuated over time so that by the 1990s, the culture of the White House press corps has become relatively homogeneous.

Finally, concerning the economic context, although trends in inflation, interest rates, and the stock market have little predictive value, the unemployment rate is a broad and consistent predictor of question design. When the unemployment rate is rising, journalists become significantly more adversarial in a variety of ways. Journalists thus exercise their watchdog role more vigorously during economic hard times, and they seem more attuned to conditions on Main Street than on Wall Street.

Methodologically, this study drew on earlier work on the news interview to develop a coding system for question design that was then applied to some 4,400 interviewer questions. The description of these historical trends and the contextual factors to which they are sensitive would not have been possible without quantitative analysis.

For a second example, I will describe a study of pediatric medical visits conducted by Stivers (Stivers, 2000, 2002a; Stivers et al. 2003). Stivers' research is based on findings that link inappropriate antibiotics prescribing (prescribing for viral conditions where antibiotics are ineffective) with the physicians' belief that parents expected an antibiotic prescription for their child. In a substantial study, Mangione-Smith et al. (1999) found that this perception was the only significant predictor of inappropriate prescribing: When physicians thought the parents wanted an antibiotic for their child, they prescribed them 62% of the time versus 7% when they did not think antibiotics were desired ($p = .02$). Actual parental expectations for antibiotics (as reported in a previsit survey) were not a significant predictor of inappropriate antibiotic prescribing after controlling for covariates. Additionally, when physicians thought parents wanted antibiotics, they diagnosed middle ear infections and sinusitis much more frequently (49% and 38% of the time, respectively) than when they did not think antibiotics were desired (13% and 5%, respectively; $p < .001$).

Given that overt requests for antibiotics were rare in the data (Stivers, 2002b), Stivers looked at parents' opening descriptions of their child's medical condition and distinguished between symptoms only descriptions and those descriptions that included (or strongly implied) a candidate bacterial diagnosis. She argued that the symptoms only descriptions assert a medical problem but are agnostic on whether the problem can be treated with an antibiotics prescription.
(22) [Symptoms Only] [Stivers 2002a: 305]*
1   DOC:   And so: do: What's been bothering her.
2       (0.4)
3   MOM: → Uh:m she's had a cou:gh?, and stuffing: stuffy
4       → ngse, and then ygestday in the afternoo:n she
5       → started tuh get #really goopy eye:s, and every=
6   DOC:   [Mm hm,
7   MOM: → =few minutes [she was [(having tuh-).
8   DOC:       [ hh    [Okay so she ha-
9   MOM:       ( )    so when she woke [up this morning were her eyes=
10  DOC:       (=               =all stuck shut,
11  MOM:    Yeah but- Well actually during thuh middle of the
12     → night [she woke up_ and they we're stuck shut n’
13  DOC:      [Okay,    [Okay_    [Okay_
*The # sign in line 27 is used to indicate gravelly or raspy voice. The underscore following words in lines 13 and 14 (and also in example 23 below in lines 8 and 11) is used to indicate level intonation, neither rising nor falling.

By contrast, the parent's candidate diagnoses as in the following example assert the treatability of the child's complaint, and may imply that the treatment should be antibiotic:

(23) [Candidate Diagnosis] [Stivers, 2002a: 308]
1   DOC: Alr:ght, well what can I do
2   [for you today.
3   MOM:    [“hm=hm=hm=hm.”)
4   MOM: → .hhh Uhm (.) Uh- We’re- thinking she might
5   → have an ear infection? [in thuh left ear?
6   DOC:       [Okay,
7   DOC: Ok:ay.
8   MOM:   Uh:m because=uh: she’s had some pain_
9   (.)
10  DOC:   [Alrighty?
11  MOM:   [over thuh weekend:(.)/($)_.h[h

Quantitative analysis showed that physicians are significantly more likely to perceive parental expectations in favor of antibiotics when they are presented with a candidate diagnosis problem presentation, rather than a symptoms only presentation. On the other hand, the data also indicated that parents do not systematically discriminate between these problem presentations: Equal numbers of those who indicated prior to the consultation that they expected to get an antibiotic prescription for their child used each type of problem presentation (Stivers et al., 2003). Stivers' work uncovers a complex form of "noisy communication" between parents and physicians: a problem presentation type that does not clearly index a parental preference is understood by physicians as if it does, and the result is inappropriate prescription of antibiotics.

The focus of both these studies is at the level of turn design. This is no accident. It is comparatively easy, in a statistical sense, to link coded turn designs to measurable outcomes (like medical decision making) and attitude data (such as expectations for
antibiotics). The focus on question design reflects the fact that the statistics of the individual turn are easier to manage than the statistics of interactional sequences (Inui and Carter, 1985), but work on the statistics of sequence is also in progress and results will be not long in coming.

I have spent some time in describing these studies because if we believe that interaction matters in the management of institutional context, in the expression of identity, and in the strategic manipulation of asymmetric relations, then we should also accept that the specifics of institutional talk matter, and matter a lot, for the outcomes of that talk—the decisions made by organizationally mandated decision makers. The studies described earlier are the very first to show in concrete detail that this is unquestionably the case.

CONCLUSION

We have now travelled a considerable distance in this brief overview. We began with the ethnomethodological insistence on the abandonment of the bucket theory of context and its corollary that CA studies should focus on how talk is implemented in the ongoing turn-by-turn construction of social context, whether conversational or institutional. We found that, although there is not a clear and exact demarcation line between ordinary conversation and institutional talk, there is a defensible distinction to be made between interaction in special institutional contexts such as medicine, education, the law, and mass media and other kinds of interaction. We also examined a variety of ways in which these differences emerge at various levels of the organization of talk. Finally, we looked at recent efforts to connect the details of institutional talk to processes of historical change, to beliefs and attitudes toward the encounter and toward to outcomes of the interaction. There can be no doubt that analysis operating at the various levels I have described in this chapter and focusing rigorously on the precise details of talk will uncover new ways of identifying and estimating the dynamics of institutional process and evaluating the causes and consequences of its many asymmetries.

REFERENCES


5. CONVERSATION ANALYSIS AND INSTITUTIONAL TALK


