

Language and Social Institutions: The Conversation Analytic View

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Abstract: This paper considers some of the main lines of development in the application of conversation analysis (CA) to interactions in work settings such as medicine , education , law enforcement , courts , mass media etc. The paper describes some basic differences between ordinary conversational interaction and work-based institutional talk , that center on the range of language practices deployed in the two types of environment , and the forms of social change to which each is subject. Subsequently , six basic dimensions of organization are identified as sites of research on institutional talk: (1) Turn-taking organization; (2) Overall structural organization of the interaction; (3) Sequence organization; (4) Turn design; (5) Lexical choice; (6) Epistemic and other forms of asymmetry. Finally research on the causes of change in institutional language practices , and on the consequences of language practices for the outcomes of interactions is described.

Key words: institutional interaction; social context; conversation analysis; social role

Introduction

As detailed in an earlier contribution to this journal Drew (2013) , conversation analysis (CA) involves an approach to language and interaction premised on the notion the persons use language in order that their recipients will recognize their intentions in speaking. In implementing this Gricean (1957 , 1989) notion of meaning conversation analysts assume , following Austin (1962) and others , that the intentions to be recognized primarily concern the performance of social actions , including the representation of objects and events , agreement (or not) with the representations of others , and the performance of a indefinitely large range of other actions less concerned with representation *per se*.

From the outset , CA argued that interactants are primarily focused , not on the communication of propositions , messages or meanings , but rather on the actions these communications implement. For example , when A tells B that " My car has just broken down " , B has the job of determining whether this statement is intended as a complaint , a request for help , or as an excuse (for a late or non-arrival) . This task is of pressing significance because B must frame a response to this information then and there , and this response (for example , an offer of assistance , or an expression of sympathy , or of forgiveness) will unavoidably portray B ' s analysis of the action that A ' s utterance implemented. For this reason , conversational participants have an urgent and compelling interest in the analysis and performance of social actions , and this in turn mandates a corresponding conversation analytical focus on action and sequence organization (Sacks 1987; Schegloff and Sacks 1973) . An early finding was that even apparently elementary action sequences , such as those for opening and closing conversations , turned out have surprisingly complex ramifications (Schegloff 1986; Schegloff and Sacks 1973) . Sequence emerged as central , not only to the organization of action (Schegloff 2007) , but also to the management of reference and intersubjectivity as well (Schegloff 1992) . In the process , Goffman ' s (1955 , 1983) notion that

conversational interaction represents a distinct social and institutional order — an institutional order of interaction — acquired definition and substance.

Within this sequential perspective, contributions to interaction are understood to be both context-shaped and context-renewing (Heritage 1984a). They are context-shaped in the sense that they will be understood to be responsive to prior actions and are produced with an eye to that understanding (Schegloff 1984). They are context-renewing in that they establish a framework within which subsequent actions will be understood to be responsive. Thus, through the medium of sequence, a conception of context emerged that construed it as inherently dynamic.

The turns that make up sequences are composed of sentences and other turn constructional units or "tcus" (Sacks, Schegloff and Jefferson 1974) that are objects of turn design, and involve practices for building turns that manage relevant sequential tasks effectively and appropriately. In addition to the management of sequential appropriateness, these practices for designing turns are also deployed in building actions so as to manage a fit to the larger context of the interaction, and the social relationships between the parties concerned. For example, different practices of turn design are routinely employed to produce agreements and acceptances, as opposed to disagreements and rejections (Heritage 1984a; Pomerantz 1984; Schegloff 2007). Or again, the resources of evidentials (Chafe and Nichols 1986) and epistemic modality (Palmer 2001) may be deployed to affirm and re-affirm the socially sanctioned rights of the knowledgeable in relation to those whose rights to know, or at least to express their knowledge, may be less well founded (Heritage 2012c; Stivers, Mondada and Steensig 2011).

The Idea of 'Institutional Talk'

Early work in CA did not much distinguish between ordinary conversation, and interactions that are 'institutional' in character. Harvey Sacks' (1992a) first lectures on conversation focused on calls to a suicide prevention center in San Francisco, and many later lectures examined 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 them he explored issues concerning turn-taking, adjacency pairs and story telling, to name but three topics (see Schegloff 1992 for an overview). It was not until the late 1970s, with the publication of Atkinson and Drew's (1979) research on courtroom interaction, that researchers began to examine institutional data for their distinctive features as institutional talk. That is, rather than focusing on interaction as an institution in its own right, these researchers began to examine the institutional orders that are carried on in and through interaction. Other research rapidly followed in the 1980s, including work on news interviews (Clayman 1988; Greatbatch 1988; Heritage 1985), calls to the emergency services (Zimmerman 1984), classroom interaction (McHoul 1978; Mehan 1979), medical encounters (Heath 1986; West 1984), and many others. Finally in the early 1990s, two collections (Boden and Zimmerman 1991; Drew and Heritage 1992a) emerged that began to give definition to the field. In an influential discussion, Drew and Heritage (1992b) built on work by Stephen Levinson (1979) to argue that institutional interactions are distinctive because, in contrast to ordinary conversation, these interactions

(1) normally involve the participants in specific goal orientations which are tied to their institution-relevant identities: doctor and patient, teacher and student, etc.

(2) normally involve special constraints on what will be treated as allowable contributions to the business at hand. And

(3) are normally associated with inferential frameworks and procedures that are particular to specific institutional contexts.

These three main characteristics of institutional interactions were offered as a broad conceptualization of the kinds of interactions that would fall under the rubric of institutional talk. They were not intended as a definition of the field. In fact the boundaries between ordinary conversation on the one hand and institutional talk on the other are far from exact, and can be very difficult to specify (Schegloff 1999). In part, this is because institutional talk is not confined to any particular physical or symbolic settings such as hospitals, offices or classrooms (Drew and Heritage 1992b), and by the same token, 'ordinary conversation' can readily emerge in each and every one of these settings (Drew and Sorjonen 1997). Moreover, many — indeed a large majority — of the practices associated with ordinary conversation are also deployed in institutional settings as well. However, though the boundaries between ordinary conversation and institutional interactions cannot always be specified with precision, the distinction between the two is often abundantly obvious to even naive observers, who do not readily confuse medical consultations, courtroom examinations, news interviews or mediation hearings with ordinary conversation between peers (Atkinson 1982). The study of institutional interaction is essentially mandated by these basic differences.

The three characteristics of institutional interaction enumerated earlier are also indicative of a number of underlying assumptions that concern the primacy of ordinary conversational interaction. This primacy emerges in a variety of ways. First, ordinary conversational interaction involves the deployment of the widest array of interactional rules and practices. Talk in various institutional settings, by comparison, involves restrictions of the use of particular practices, and the re-specification of those that remain (Drew and Heritage 1992b; Heritage 1985; Heritage and Clayman 2010). Second, ordinary conversation is the predominant form of interaction in the social world: other forms of institutional interaction are practiced in more restricted 'niche' environments. Third, ordinary conversational practices are historically primary in the life of a society. Conversational interaction evidently antedates legal or pedagogic discourse, for example. Fourth, conversation is biographically primary in the life of the individual: language socialization proceeds through conversation (Ochs and Schieffelin 1979, 1986). Thus for example, if children are to become successful participants in the classroom, they must learn new interactional conventions and practices that are different from those of ordinary conversation. Fifth, ordinary conversation is characterized by relative stability over time, whereas institutional talk can undergo rapid historical change (Clayman and Heritage 2002a, b; Heritage and Clayman 2012). And finally, whereas most conversational norms and practices are, like those of grammar, tacitly learned and implemented, the norms and practices of institutional interactions are the objects of explicit discussion, justification and proposals for active change. While this process is most obvious in, for example, discussions of the rules for Presidential Debates in US Elections, it is also present in movements for the reform of educational practice, for the alteration of the doctor-patient relationship, and in adjustments to rules for the conduct of police interrogations and courtroom trials.

Aims in Studying Institutional Interaction

In this paper , I will focus on two of the primary foci of research in institutional interaction that present themselves at the present time:

1) Discovering what is ‘institutional’ about institutional interaction.

2) Examining causal relationships between the larger social context of an institution and the use of particular interactional practices , and the relationships between their use and the outcomes of interaction.

I will take up each of these issues in turn.

1) What is ‘institutional’ about institutional interaction?

This first objective was of considerable urgency in many of the early studies of institutional interaction. If news interviews , courtroom proceedings , medical consultations , classroom instruction and so on are different from conversation , exactly how are these differences manifested? The question was given added urgency by CA’s sequential approach to context: because actions are treated as context-shaped and context-renewing , it follows that ‘context’ is both a project and a product of the participants’ actions. Within this view , ‘context’ and identity have to be treated as inherently locally produced , incrementally developed and , by extension , as transformable at any moment. Thus identifying the specific practices through which particular identities and institutions are made relevant in talk is an essential first step in the application of CA to social institutions.

By the mid 1990s , the response to this question embraced six primary dimensions of analysis (Drew and Heritage 1992b): (1) Turn-taking organization; (2) Overall structural organization of the interaction; (3) Sequence organization; (4) Turn design; (5) Lexical choice; (6) Epistemic and other forms of asymmetry.

(1) Turn-taking: All interactions involve the use of some kind of turn-taking organization (Sacks , Schegloff and 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 of 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 , in a ‘formal’ classroom 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 that setting (McHoul 1978) .

In ordinary conversation , almost everything that is said , the actions performed , or the order in which things are done is managed locally and ‘in the moment’ through procedures that operate on a turn constructional unit basis (Sacks , Schegloff and Jefferson 1974) . In contrast , in some forms of institutional interaction , such as ceremonies , debates and some kinds of meetings , the topics , contributions and orders of speakership are organized from the outset in an explicit and predictable way through special turn-taking procedures that are systematically different from conversation.

Many of the most intensively studied institutional turn-taking arrangements , such as those obtaining in courts (Atkinson and Drew 1979) , news interviews (Greatbatch 1988; Clayman and Heritage 2002a) and classrooms (McHoul 1978; Mehan 1979) , fall in between these extremes. 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 also be found in more private, and less formal, contexts. For example, Peräkylä (1995, Ch. 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 pre-trial mediation can involve special turn-taking practices as a means of limiting conflict between the participants.

A common form of special turn-taking procedure involves turn-type preallocation in which one participant (ordinarily an institutional representative) is limited to asking questions and the other (a lay individual) is limited to responding to them. This form of preallocation is characteristic of interactions in courtrooms, news interviews and classrooms. Its effect is to severely restrict when and which persons may speak, and the types of contribution they may make. This type of restriction is often deployed in contexts where large numbers of people are co-present, and it is necessary to restrict their initiative to speak — a necessity that is reinforced when the other co-present persons (for example, audience members, juries, and other children) are the non-addressed 'targets' of the dialogue between primary protagonists (Levinson 1988). In circumstances, such as mediation or news interviews, where two or more persons may be in opposition, 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.

The correlative restriction on institutional representatives to do nothing but question, deprives them of rights to make statements, to explicitly evaluate previous responses, and even to give brief acknowledgements that are routine in conversation (such as mm hm, uh huh, oh etc.). Thus institutional representatives become the elicitors of responses, but not their addressees (Heritage 1985). At the same time, turn-type preallocation enforces a kind of 'neutrality' in which the institutional representative is deprived of the opportunity to 'editorialize' in the responses that are produced (Clayman and Heritage 2002a).

Many institutional contexts are characterized by large numbers of questions and answers. In this context, it is helpful to distinguish interactions in which the pursuit of immediate interactional goals involves the participants in lengthy question-answer [Q - A] chains, e. g., medical history taking (Mishler 1984; Heritage 2010) or the 'interrogative series' in 911 emergency calls (Zimmerman 1992), from interactions in which such chains are 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 and Juvonen 1988). How then can we distinguish the two? The operation of special turn-taking systems can always be identified when departures — for example, from the order of speakership, or from the appropriate types of contributions — are explicitly oriented to and/or sanctioned. For example, when a person asks to speak out of turn or indicates that their response to a question will be deferred, they indicate that it is an orientation to a normative rule, that is primarily influencing their questioning and answering. Similar considerations apply to sanctions when persons are ruled 'out of order' or are sanctioned for not answering when they should have, or not responding appropriately. In short, explicit sanctions show that a turn-taking system is being treated as a normative organization in its

own right. By the same token , when participants orient to these special turn-taking rules , by following them or acknowledging departures , they specifically orient to the institutional context of the talk and to their own role within it (Heritage and Greatbatch 1991) , thus ‘talking the institution into being’ (Heritage 1984a) .

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 and Heritage 2002a , b) . The constraint that interviewees may only respond to questions can be exploited by interviewers (IRs) 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 (1) :

(1) UK 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 pou::nds.
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 (IE) , as in (2) where the IE is US Presidential hopeful Phil Gramm:

(2) [Face The Nation 16 Apr 1995 Senator Phil Gramm (Texas , R)]

1 IR: I just wanta 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 (3) :

(3) UK 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 Ma:rxist 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 Marx[ist.]
 13 IE: 3-> [er] Not at all Mister Da:y.=
 14 4-> =And I:'m (.) sorry to say I must disagree with you,
 15 =you have never heard me describe myself .hhh er as a
 16 Ma:rxist.=I have o:nly ((continues))

In each one 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 (3) 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 - >) . This use of the news interview turn-taking system to build hostile question prefaces has grown substantially in presidential press conferences during the past thirty years (Clayman and Heritage 2002b; Clayman et al. 2006; Heritage and Clayman frth) .

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.

(2) Overall Structural Organization: Most forms of interaction have some kind of overall structural organization. In ordinary conversation , these structural features include specific located activities such as openings and closings and slots for ‘first topics’ (Schegloff 1968 , 1986; Schegloff and Sacks 1973; Button 1987; Button and Casey 1984 , 1985) , 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 that is constructed from component phases or activities. In Zimmerman’s (1984 , 1992) analysis , calls to 911 emergency normally take on the structure shown in Table 1 below:

Here , after a truncated opening sequence (cf Schegloff 1986; Heritage and Clayman 2010; Zimmerman 1992) , the caller launches a description of trouble (line 4) which in this context functions as a request for assistance , and is so treated by the call taker (Wilson 1991) . After a series of inserted (Schegloff 1972 , 2007) question-answer sequences — the interrogative series (Zimmerman 1984; 1992) [lines 6 - 13] , the call taker grants the request and is thanked as a ‘benefactor’ (Bergmann 1993) . The call taker briefly acknowledges these thanks (the ‘mmhm’ at line 16) and immediately launches a closing to the call (at line 17) with a first pair part terminal (Schegloff and Sacks 1973) that is reciprocated 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 (Zimmerman 1992 , Whalen , Zimmerman and Whalen 1988; Tracy 1997; Whalen and Zimmerman 1998) , this structural pattern is comparatively constant for calls to emergency centers , and indeed for other types of

service calls (Baker , Emmison and Firth 2005; Zimmerman 1992) . This structure is clearly an object of orientation by the participants: callers may be intolerant of questions in the interrogative series that they perceive to be time-wasting and irrelevant (Whalen , Zimmerman and Whalen 1988) and , orienting to questions about locations and telephone numbers are preliminary to an offer of help , may become frustrated or discouraged when questioning proceeds beyond that point (Heritage and Clayman 2010) .

Table 1 The Overall Structure of Emergency Service Calls: (Zimmerman 1984; 1992)

Phase	Activity	
1	Opening	1 911: Midcity Emergency::, 2 (.) 3 Clr: U::m yeah (.)
2	Request	4 Clr: somebody just vandalized my car, 5 (0.3)
3	Interrogative series	6 911: What's your address. 7 Clr: three oh one six maple 8 911: Is this a house or an apartment. 9 Clr: I::t's a house 10 911: (Uh-) your last name. 11 Clr: Minsky 12 911: How do you spell it? 13 Clr: M I N S K Y
4	Response	14 911: We'll send someone out to see you. 15 Clr: Thank you.= 16 911: =Mhm=
5	Closing	17 911: =bye.= 18 Clr: =Bye.

Similar considerations arise in other institutional environments. Primary care medical visits , for example , have a highly institutionalized phase structure: opening -> problem presentation -> history taking and physical examination -> diagnosis -> treatment recommendation -> closing (Byrne and Long 1976; Robinson 2003) . This structure is taught in medical schools around the world , and learned as a matter of practical experience by patients , who can display a very exact orientation to the phases and their boundaries (Robinson and Stivers 2001) . For example , the ways in which patients present their medical problems may already anticipate a possible diagnosis both implicitly (Stivers 2002 , 2007) and explicitly (Heritage and Robinson 2006a) , and in these ways indicate an orientation favoring a particular treatment recommendation (Stivers et al 2003) . Particular behaviors during problem presentation pointing towards the physical examination , diagnosis or treatment (Robinson and Stivers 2001; Ruusuvoori 2000; Robinson and Heritage 2005) 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 1992 , 1996 , 2003) a final diagnosis (Stivers 1998 , Heritage and Stivers 1999 , Mangione - Smith et al.

2003). In all of these ways, the overall structure of an encounter may be evoked as a resource for moving the encounter forward. Finally, each phase, of course, tends to restrict the kinds of actions that can be undertaken by each participant, and the ‘same action’ — for example, soliciting patient questions and concerns, or patient questioning — will tend to have different significances and consequences, depending on the phase in which it is produced.

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, like 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 itself (Clayman 1989, 1991; Clayman and Heritage 2002a). In cases where this kind of structure can be discerned, the fundamental interest lies in seeing how the participants orient to it in terms of the production and analysis of one another’s actions. It should not be an objective to force the data to fit into pre-existing categories of the analyst’s devising. Rather, as in other areas of CA, the participants’ actions and orientations are sovereign and the task of the analyst is to accommodate analysis to this fundamental fact.

(3) Sequence Organization: Sequence organization is the ‘engine room’ of interaction. As previously noted, 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 (doctor, patient, lawyer, interviewee, etc.) are established, maintained and manipulated. Because so much of institutional interaction is conducted through question-answer sequences, I will briefly illustrate this aspect of sequence organization with a comparison between question-answer sequences in ordinary conversation and in doctor-patient interaction (Heritage and Clayman 2010).

In ordinary conversation, many question-answer sequences that embody requests for information are completed with a ‘sequence closing third’ action (Schegloff 2007), most commonly the ‘change of state’ response token ‘oh’ (Heritage 1984b), as illustrated in (4) below. The logic of this practice is straightforward. By the act of requesting information, a questioner commits to a lack of knowledge (a non-knowing 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. This is particularly clear in cases like (4), in which one speaker (Nancy) is talking to her friend Hyla about Hyla’s new boyfriend in San Francisco:

(4) (HG: II: 25)

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1  Nan: a-> .hhh Dz he 'av 'iz own apa:rt[mint?]
2  Hyl: b->                                     [.hhhh] Yea:h,=
3  Nan: c-> =Oh:,
4          (1.0)
5  Nan: a-> How didju git 'iz number,
6          (.)
7  Hyl: b-> I(h) (.) c(h)alled infermation'n San
8          b-> Fr 'ncissc(h)[uh!
9  Nan: c->                                     [Oh::::.
10         (.)
11 Nan:      Very cleve:r, hh=

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12 Hyl: =Thank you[: I- .hh-.hhhhhhh hh=
 13 Nan: a-> [W'ts 'iz last name,
 14 Hyl: b-> =Uh:: Freedla:nd. .hh[hh
 15 Nan: c-> [Oh:,

Here, in a series of Q-A-oh sequences (labeled a, b, c), Nancy questions her friend about the new boyfriend. Each question solicits new information, and after each answer Nancy acknowledges the new information with 'oh', thus retrospectively confirming and 'locking down' the K-/K+ relationship of questioner and answerer.

Many forms of institutional talk systematically lack this 'sequence closing third' acknowledgment of newly furnished information as 'new' (Heritage and Clayman 2010). Consider, for example, the following sequence from the history-taking phase of a pediatric visit:

(5) [History Taking]

1 Doc: Has he been coughing uh lot?
 2 (0.2)
 3 Mom: .hh Not uh lot.=h[h
 4 Doc: -> [Mkay:?,
 5 Mom: But it- it <sound:s:> deep.
 6 (1.0)
 7 Mom: An' with everything we heard on tee v(h)ee=hhhh
 8 fwe got sca:re.f
 9 Doc: -> Kay. (An fer i-) It sounds deep?
 10 (.)
 11 Mom: Mm hm.
 12 Doc: Like uh barky cough?
 13 Mom: .hh (1.1) Uhhhm=hhh It sounds very:=uhm (.)
 14 (I don't know:=wwlike:) (0.2) It sounds- (2.5) Tlk
 15 .hh Tlk Not like that like:
 16 Doc: [Not (barky.)
 17 Mom: [Like when someone has bronchitis that it sounds
 18 ()
 19 Doc: -> Okay.
 20 Doc: Does he sound like uh dog er uh seal barking?
 21 Mom: No.
 22 Doc: -> Okay.

Here the doctor does not acknowledge the mother's responses to his questions with 'oh' (ten Have 1991), but rather with 'okay'—a form of acknowledgement that does not treat what was previously said as 'news' but does indicate a readiness to move on to something new (Beach 1993). It is not hard to understand this variation in sequence organization. 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 anticipate such answers, or that the condition is a very rare and unusual one. For the patient's point of view, either of these inferences is alarming! On the whole, patients prefer to have an knowledgeable, expert doctor, and would prefer not to have an exceptionally 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. However doctors may often need some kind of 'sequence closing third' as a means of

segmenting the current Q-A sequence from subsequent ones. 'Okay' is an appropriate resource in this context because, though it does not treat what was said previously as informative or 'news', it does indicate a readiness to move on to something new (Beach 1993).

As previously mentioned, medical interaction is not the only form of institutional talk from which the word 'oh' is absent in the third position. For example, comparing the Q-A-oh sequence of ordinary conversation with instructional interactions, it is evident that evaluations are substituted for 'oh', thus instantiating an epistemic hierarchy:

- | | |
|---------------------|-----------------------------|
| 1. Conversation | 2. Pedagogy |
| A: What's the time? | A: What's the time? |
| B: Three fifteen. | B: Three fifteen. |
| A: Oh thank you. | A: That's right. Well done! |

In Sequence 1, the initial third turn component ('oh') treats the response to the question as 'new information', and as true (Heritage 1984b), while the second ('thank you') acknowledges the response as a granting response to a genuine information request. In Sequence 2, of course, the initial third turn component ("That's right") treats the response as 'correct information' (Mehan 1979; Sinclair & Coulthard 1975), while the second praises the answerer's achievement in answering correctly. Here then, two distinct turns in the third position (after a Q-A sequence) each embody distinctive resources to retroactively constitute the prior exchange in different ways (Heritage 1984a; Heritage & Clayman 2010; Schegloff 2007). As these examples illustrate, each element in a sequence, including the last, shapes the overall understanding of the actions performed, and the social roles of the participants in performing them. Actions, roles and identities are thus simultaneously constituted and enacted through participation in orderly sequences of interaction. Similar arguments have been constructed across a range of institutional environments, showing how comparatively small changes in sequence organization instantiate significant shifts from institution to institution (Heritage and Clayman 2010).

(4) Turn Design: Sequences are made up of turns, and turns are produced through practices of turn design. A central concept in understanding turn design was introduced by Sacks, Schegloff and Jefferson under the rubric of 'recipient design', a term referring to "the multitude of respects in which the talk by a party in a conversation is constructed or designed in ways which display an orientation and sensitivity to the particular other(s) who are the co-participants" (Sacks, Schegloff and Jefferson 1974: 727). All turns at talk are constructed, and will be evaluated by others, in terms of their analysis of, and sensitivity to, the circumstances in which they are produced (Drew 2012; Drew, Walker and Ogden frth). Institutional talk is no exception to this generalization. Sequences of institutional talk are made up of turns that quite often exactly index the institutional circumstances in which they are produced, and that also, of course, instantiate these same circumstances. Turn design is a massive topic of investigation, and can only be briefly illustrated in an overview of this nature.

We can begin by noting that quite a substantial amount of institutional interaction is quite repetitive for the institutional representative involved. One consequence is that institutional representatives can become highly practiced in their dealings with 'the public' and this means a high level of practice in the management of turns and sequences. Consider the following case, where a school official is calling a parent whose child was absent from school that day. Shortly after the telephone call begins, the following

exchange occurs:

(6) [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 (0.5)
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
10 his fifth period cla:sses today.
11 Mom: Uh huh
12 Off: .hh A:n we need 'im to come inna the office in the
13 morning to clear this up.

Here the social context is delicate. Either the child is "home ill" and the mother has failed in her obligation to notify the school of this fact. Or the child is a truant from school, and the mother is unaware of it. Neither contingency reflects well on the family. At line 1, the school official (Off) uses a highly designed turn to initiate the 'move to business' which manages the delicacy of the situation in various ways.

1) Her question 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, 2004). Instead, by presupposing the child's absence rather than asserting it, this turn avoids an assertion (e.g., "Bryan wasn't at school today.") that might otherwise 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.

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.

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 least resistance. The judicious, cautious, even 'bureaucratic' nature of the framing of this question is the kind of design that develops in contexts where officials have to do interactionally delicate things on a repetitive basis. It may be noted, moreover, that the school official takes up stances later in the sequence which are also 'cautious' and 'bureaucratic'. For example, in line 9 she states that the child was 'reported absent' from two of his classes. This evidentialization of the claim (Aikhenvald 2004; Chafe and Nichols 1986; Pomerantz 1984b) is, of course, compatible with the possibility that the child was present rather than absent as 'reported,' and has the additional advantage of presenting the school official as a relayer of information, rather than as its source (Goffman 1979;

Levinson 1988). Here, then, the institutional setting, with its complex difficulties for the management of social relationships between home and school, is indexed, invoked and even inscribed in the turn design implemented in the sequence.

(5) Lexical Choice: Turns are, of course, populated with words, and the selection of words is an integral feature of turn design. Lexical choices embody the same issues of recipient design that were described earlier, because they can index an interactant's stance towards the particular circumstance, interactional context, and relevant others that they are engaged with in very precise ways (Enfield and Stivers 2007; Sacks and Schegloff 1979; 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 (Drew and Heritage 1992b; Sacks 1992). Some of the earliest CA publications centered on the choice between the words 'police' and 'cops' to describe law enforcement officers in the contrasting contexts of courtroom proceedings (Jefferson 1974) and conversations between adolescent peers (Sacks 1979), and a correlative focus on the use of word selection as an index of identity has continued to the present day (Kitzinger and Mandelbaum 2013). Specialized vocabularies are characteristic of almost every occupation and occupational subculture, and are frequently used to index degrees of epistemic access to esoteric institutional knowledge.

In this overview, we will focus on broad themes in lexical selections in institutions. One of these might be termed 'institutional euphemism': the tendency for representatives of institutions to be less than specific or affirmatively ambiguous in the terms they select to characterize objects and events. Consider, for example, lines 12 – 13 of the previous case in which the school official is calling the mother of a child who was apparently absent from school. After the mother has indicated that the child was not 'home ill', the officer describes the reported absences (lines 9 – 10), and concludes by saying that "we need 'im to come inna the office in the morning to clear this up." The phrase 'to clear this up' 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 judgment is a matter for others. In another call, where the child is more likely to be a truant, the same school official uses similar phrasing, although with less ambiguity about what it could mean:

(7) [School Call 2:1]

1 Off: .hhh Okay:. We have a new uh:: detention system now
 2 (.)
 3 Off: -> that if they don' clear the:se they'll become truants.
 4 (.)
 5 Off: -> .hh A:nd she will need to come in en clear them up.
 6 (.)
 7 Mom: Nnk[ay
 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 excu:se 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 othe[rwise you don' need tuh come in.
 15 Mom: [(Yeah)
 16 Mom: Okay then.

As the subsequent talk towards the end of this sequence makes clear, 'clearing up' an absence is compatible both with detention and with a note from the parent, and appears designed to reduce the potential for disagreement and conflict from an interaction that is, for the school official's point of view, essentially bureaucratic.

A similar kind of euphemism informs the language of pain description in medicine, where words like 'sore' and 'uncomfortable' tend to be deployed, rather than terms like 'pain' and 'agonizing.' Thus, in (8), after it has emerged that a new mother had to have stitches, she is asked whether she is 'sore' (line11):

(8) (4A1:19-20)

1 HV: And you're feeling well.
 2 (0.7)
 3 M: Yeah.
 4 (1.1)
 5 HV: And your- (.) >you didn't ha- did you have
 6 stitches?<
 7 (0.8)
 8 M: Ye:[s.
 9 HV: [You did.
 10 M: [Mh hmh
 11 HV: -> ['n are you so:[re.
 12 M: [I had a third degree tea:r=
 13 HV: =#0:::h# did you::.=
 14 M: =Yeah. It's uh (.) they think what happened 'is
 15 chin must 'ave caught me,

Her reply, which is somewhat responsive to the question (Stivers and Hayashi 2010), is to describe the condition that made the stitches necessary. But in the following case from a similar interaction, a young mother's describes the labor experience as "bloody agony" (line 7):

(9) [IC1:1]

1 HV: Didju have an easy ti::me,
 2 HV: hhh .hh
 3 M: W'l I: didn't think so:,
 4 HV: Oh dea:r.
 5 (.)
 6 HV: -> Was it a:wful.
 7 M: -> Yes bloody ago(hh)n(hh)y,
 8 (.)
 9 HV: Rea:lly.
 10 M: Yes.
 11 (0.2)
 12 M: I uh [I- I thou:ght (.) I ^kne:w that labour was

13 HV: [Uh::
 14 M: going to be painful 'n >fr'm what I'd heard and everything<
 15 ((sniff)) but it was worse that what I expected.=
 16 HV: -> =Oh de::ar. .hhh Did you try: and prepare yourself
 17 -> at all.= uh mean did you go to uh
 18 M: No [I didn't go to classes but u:m (0.4) I did read a ...
 19 HV: [classes.

Slightly later however, this description (elaborated in lines 12, 14 – 15) is met with an unsympathetic response (lines 16 – 17) that implies that she may be the cause of her own misfortunes (lines 16 – 17, 19).

(6) Interactional and Epistemic Asymmetries: Finally institutional interactions are overwhelmingly characterized by asymmetries of various kinds that involve: (i) participation; (ii) 'knowhow' about the interaction and the institution in which it is embedded; (iii) substantive or technical knowledge, and (iv) rights to articulate substantive knowledge.

(i) Many studies have documented asymmetries in participation in a wide variety of institutional interactions, and that the participant representing the institution takes and retains the initiative in these interactions relative to lay persons (Linell, Gustavsson and Juvonen 1988). In one sense, an implied contrast between the asymmetries of institutional talk and the 'equal participation' of ordinary conversation may be oversimplified and overstretched. As Linell and Luckmann observed a number of years ago 'if there were no asymmetries at all between people, i. e. if communicatively relevant inequalities of knowledge were non-existing, there would be little or no need for most kinds of communication!' (Linell and Luckmann 1991:4). Yet it is also clear that there is a distinction to be made between the moment to moment asymmetries, whether epistemic or otherwise (Drew 1991; Heritage 2012b), of ordinary conversation on the one hand, and interactions in which one party is in need of help, and the other has institutional authority that is directly tied to discursive rights in the situation. This is clearly the case in medicine, for example, where clinicians retain the initiative in opening topics, and in determining (i) when a topic is satisfactorily concluded, (ii) what the next topic will be and, (iii) through the design of their questions, how that new topic will be shaped (Drew and Heritage 1992; Heritage 2010; Mishler 1984).

(ii) Many forms of institutional talk involve asymmetries of interactional and institutional 'knowhow'. These gaps in knowledge and knowhow are very great in the field of medicine, especially involving 'vulnerable subjects' such as children or the mentally ill, and has stimulated a large scale movement to redress the balance so that patient choices are better informed and medical care is more patient-centered. In other areas too, gaps in 'knowhow' may be chronic and disabling. For example in calls to 911 emergency services callers who hear only the clicking of a computer keyboard and some questions that do not seem to 'follow' logically, may not grasp the implications of their responses for the dispatch of assistance, nor the logistics of the implementation of that dispatch in a computer-assisted process (Whalen and Zimmerman 1995). And, under the pressure of events, any caller may lose sight of the underlying issues investigated by 911 call takers. In the following case, the caller is asked about the place where the ambulance is to be dispatched:

(10)

1 911: Okay iz this uh house or n' apartmen'?
2 Clr: It- it is a ho:me

Calling on behalf of his dying mother (Whalen , Zimmerman and Whalen 1988) ,this caller does not grasp the reason for the question (which concerns how ambulance personnel can enter the building) , and responds in a way that is completely irrelevant to the needs of the emergency services.

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

Closely related are the asymmetries of (iii) substantive knowledge and (iv) rights to articulate that knowledge. These asymmetries are so overwhelmingly present , diverse and complex as to resist any useful summary. One systematic problem that they generate concerns a dilemma over vocabulary. Put simply , should the expert use technical terminology and risk lay misunderstanding , or should the expert use simpler vernacular terminology and risk appearing patronizing to the lay person (Kitzinger and Mandelbaum 2012) . The choice , of course , is one of 'recipient design' and it has to be made on each occasion where some term or some element of knowledge must be discussed. Opportunities for error abound , as in the following two cases. In (11) in a discussion with a caretaker about a patient' s overnight pain , the doctor persists with the use of the term 'tummy' , while the caller , as it turns out , would prefer the more anatomically correct term 'abdomen':

(11) [DEC 2:2:2]

1 Doc: And he's had thuh pain in 'is tummy all night (h)as ['e?
2 Clr: [Y:es,
3 in the lower part of his hh
4 (1.0)
5 Doc: tummy.h
6 (0.3)
7 Clr: abdomen. Yes_

In (12) , by contrast , the doctor begins with the more technical sounding term " gastroenteritis" (line 2) , and then immediately proceeds to unpack its meaning in lay terms (lines 2 - 3) :

(12) [DEC 1:1:1]

1 Doc: No, fine. 'hh I mean: it- it sounds a little bit (jis')
2 like'a a touch a' gastroenteritis posh word really for

"moderate" as the product of thoughtful consideration , it is clear that the response is unsatisfactory , if only because the term 'moderate' means different things to different people. In response to the doctor's pursuit of a revised response (line 8) , the patient starts to formulate an alternative description in terms of how frequently she 'gets out of the restaurant':

(14) [MidWest 3.4]

1 DOC: tch D'you smoke?, h
 2 PAT: Hm mm.
 3 (5.0)
 4 DOC: Alcohol use?
 5 (1.0)
 6 PAT: Mm:: 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: [Daily do you use
 12 alcohol or:=h
 13 PAT: Pardon?
 14 DOC: Daily? or[:
 15 PAT: [Oh: huh uh. .hh No: uhm (3.0) probably::
 16 I usually go out like once uh week.
 17 (1.0)
 18 DOC: °Kay.°

While 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 (non-optimized) 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 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. " that projects sequence closure (Beach 1993) .

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 deceptive. 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 addressing 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 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 in which alcohol is viewed in North American society.

In this section, we have reviewed some basic dimensions in the construction of actions in a variety of institutional circumstances. Some of them — sequence organization, turn design and lexical choice — are clearly interlocking, while others are more free-standing and independently tied to the exigencies of particular institutions. All of them, however, speak to the ways that the institution of ordinary conversation — the interaction order (Goffman 1983) — is inflected by institutional constraints and purposes.

Institutional Interaction: Causes and Consequences

In the final section of this paper, I briefly review efforts to connect the details of language use in institutional settings to the causes and consequences of this use. This topic is quite closely associated with the sociological origins and characteristics of CA. But it should also be a matter of interest to all students of language and communication practices. For if we assume that language is, first and foremost, a resource for the implementation of social action, then it follows that language use is unavoidably embedded in the culture and the institutions of the society of which it is an enabling facet. Moreover, if language implements actions, and actions have consequences, then it should also be possible to identify ways in which specific language practices are associated with social outcomes, thus enabling the application of language and interaction analysis to real world functions and dysfunctions.

In a sense, the causes of many of the institutional formats for interaction described in this paper are discernable to their practitioners and to others. For example, the overall structural organizations of calls to 911 emergency and of primary care medical interactions are strongly influenced by the informational needs which must be met if the institutional agent is to be able to assist the lay person. In other cases, structural causes are discernable but more complex to unravel. For example, courtroom procedures have evolved and continue to do so against a background in which the need to establish evidence and to build cases with the use of witnesses has generally been of paramount importance. The rules, conventions and practices that structure news interviews are the product of a variety of political, legal and commercial forces that play out in distinctive ways in different societies (Clayman and Heritage 1992a) .

Technological, ideological and other structural sources of change are factors that plainly lead to change in the overall pattern of rules, conventions and practices that structure institutional talk. For example, as Whalen and Zimmerman (1995) document, the introduction of computer-aided dispatch in 911 emergency settings has had a discernible influence on how the interaction is structured, and similar arguments have been made about the introduction of computer terminals and electronic record keeping in doctors' offices (Murphy et al 1998) . In the news interview context, the introduction of commercial competition into British broadcasting was associated with decisive changes in the quality and tenor of news

questioning (Clayman and Heritage 2002a) . A similar process in the United States followed the abandonment of the "Fairness Doctrine" that mandated equal time for politically opposed points of view on network radio and television. This change ,coupled with the vast increase in bandwidth created by cable , satellite and internet broadcasting , has greatly altered the basic formats of news interview broadcasting (Clayman 2004) .

While the overall format of US presidential news conferences has remained quite stable over the past sixty years ,there have nonetheless been distinctive shifts towards more adversarial styles of question design over this period (Clayman and Heritage 2002b; Clayman et al. 2006) . Quantitative studies of question design over a fifty year period have uncovered a secular trend towards greater adversarialness , and have also tied more temporary changes to the business cycle and other more local factors (Clayman et al 2007) , and also shown the decisive impact of the 1972 ‘Watergate’ scandal in permanently changing the relationship between the president and the Washington press corps (Clayman et al. 2010) . In a variety of ways ,then ,it can be shown that practices of institutional interaction are shaped by wider social processes.

These practices can also have measurable consequences for participants. For a long time it has been recognized that the openings of interactions have effects on ‘downstream’ aspects of interaction. Thus Heritage and Robinson showed that the initiating questions in medical encounters influence the ways in which patients describe their problems to doctors as well as their satisfaction with the medical visit as a whole (Heritage and Robinson 2006b; Robinson and Heritage 2006) . Boyd (1998) was able to show that the openings of medical review conversations influenced the outcome of the review even though the review was designed to be based on explicit criteria. Stivers (2002 ,2007; Stivers et al 2003) showed that the ways in which parents describe their children’ s upper respiratory symptoms had a significant impact on doctors’ treatment decisions. Finally ,Heritage et al (2007) showed that a one word variation — the substitution of the word ‘some’ for the word ‘any’ — in the question "Do you have any other problems you want to address today" in primary care visits could reduce the likelihood that patients would leave the visit with unmet concerns by about 75% . For language scholars ,the idea that language choices are consequential is hardly new ,yet some of these findings are quite startling and clearly point to the relevance of further research to uncover the nature and extent of the influence of language and interaction on social processes.

Conclusion

In the brief compass of this paper ,I have tried to indicate and to illustrate some of the interests and concerns that conversation analysts have pursued as they turned their attention to talk in institutions. Many analysts have contributed to this endeavor ,and I believe that the results are powerful and striking. Yet ,as will also be apparent to the readers of this journal ,we are clearly in the early stages of this program of research. Much remains to be done ,and this effort must be international in character. Our endeavor would be significantly weakened if scholars from the most populous nation on earth were not prepared to answer the call.

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