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Conversation analysis

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My first contact with conversation analysis (CA) was through the criticism that was targeted at this seemingly obscure way of doing social research. An MA-level textbook on phenomenological sociology, published in the early 1970s, described a kind of malformed offspring of phenomenological principles – a particular study that had focused on the mere first five seconds in the openings of telephone calls. This kind of microscopic approach would not help in understanding the social shaping of the experience of human beings, the author argued. Neither was the study of any use in terms of emancipation or social criticism.[1] Later on, as a beginning researcher, I remember having discussions with other qualitatively oriented researchers with whom I agreed that an approach that tries to study the 'mechanics' of social interaction has in fact returned to positivism. And this is weird, we thought, because for us, the study of 'meanings' (which we thought was our main task) required firm rejection of positivistic principles.

A few years later, however, I found myself doing conversation analysis. After having been engaged in ethnographic and interview studies, I joined a research project led by Professor David Silverman, focusing on professional–client interaction in British HIV/AIDS counselling. At that time, AIDS counselling was a newly established professional practice, of the utmost importance both in terms of prevention of the spread of HIV infection and the alleviation of the suffering of HIV-positive patients. As the services had been set up quickly, nobody really knew what was actually done in the counselling sessions. CA offered a way of examining and describing the actions of counsellors and their clients, in much more precise ways than the more traditional qualitative or quantitative approaches could have provided.

In this chapter, I will sketch the historical and theoretical background of conversation analysis. I will also describe the concrete research process – what researchers actually do – in conversation analysis, and present a few examples of CA research results from my own research. Finally, I will discuss the strengths and future challenges of this approach. Throughout the chapter, I hope to show what I found when I started to do conversation analysis, in spite of my initial misgivings, and what motivates me to continue pursuing this research.

HISTORICAL BACKGROUND

Conversation analysis is a method for investigating the structure and process of social interaction between humans. As their data, conversation analytic studies use video or audio recordings made from naturally occurring interaction, i.e. interactions that would take place even if the data collection was not there. As their results, conversation analytic studies offer qualitative (and sometimes quantitative) descriptions of interactional practices (structures underlying all interaction such as turn-taking, and specific actions such as asking questions, receiving news or making assessments).

Conversation analysis was started by Harvey Sacks and his co-workers – most importantly Emanuel Schegloff and Gail Jefferson – at the University of California in the 1960s. At the time of its birth, conversation analysis was something quite different from the rest of social science. Since the early 1950s, the most influential approach in the study of human social interaction had been Robert Bales's interaction process analysis (Bales, 1950; for a comparison between

Bales and Sacks, see Peräkylä, in press). In Bales's approach, the actions of the interactants were categorized using a coding scheme, consisting of twelve different action categories, such as 'shows solidarity', 'gives suggestion', 'asks for orientation', or 'disagrees'. The coding scheme was universally applicable: any interaction could be analysed in terms of these twelve categories. Using this approach, researchers were able to describe the differentiation of the participants' roles in small groups, and to find different phases in the evolvement of interactions. Moreover, the category system was a catalyst for theoretical work on the micro aspects of social organization (e.g. Bales, 1953; Parsons and Bales, 1953).

During the 1950s, two scholars started to develop approaches to social interaction that offered an alternative to the Balesian one. Erving Goffman (e.g. 1955) focused his analytic insights on the moral underpinnings of the interaction process. For example, he explored the various ways in which the participants in interaction maintain, sometimes break and then restore their mutual respect and worthiness, or 'face' (ibid.), and keep up their mutual engagement in the shared reality of conversation (Goffman, 1967). Goffman also adopted a theoretical position that emphasized the relative independence of the structure of social interaction (or the 'interaction order') from both the macro-social and the psychological realities (Goffman, 1983). Harold Garfinkel, on the other hand, became interested in the inferential procedures through which participants to interaction come up with joint understandings of their action and its scene (see Garfinkel, 1967, as a collection of his central articles, and Heritage, 1984, as an accessible account of his ideas). He showed the persistent and practical orientation of the interactants to this primary task of sense-making. For example, they treat all utterances as fragments that point to, or index, unspoken underlying patterns. To take part in a conversation requires continuous inferential work that revolves between the fragmentary spoken utterances and these underlying patterns. (Chapter 10 by ten Have in this volume discusses the work of Garfinkel and his followers.)

Both Goffman and Garfinkel offered a radical challenge to the understanding of social interaction encapsulated in Bales's interaction process analysis. Unlike Bales, they did not use predefined categories in their investigations. Instead, they examined sequences of social interaction case by case, trying to pin down some of the basic orders of social organization that make social interaction possible in the first place. For Goffman, these orders were predominantly moral; for Garfinkel, they involved inferential practices.

Sacks developed conversation analysis in an intellectual environment shaped by Goffman and Garfinkel. He was Goffman's doctoral student (but an independent and a rebellious one in many ways: Schegloff, 1992a) and worked in close collaboration with Garfinkel. In focusing his studies on the intrinsic organization of sequences of tape-recorded interaction, Sacks moved further forward in the direction already indicated in the studies of Goffman and Garfinkel. Like them, Sacks also abandoned the 'coding and counting' approach to interaction. But instead of the moral or inferential underpinnings of social interaction, Sacks started to study the real-time sequential ordering of actions: the rules, patterns and structures in the relations between consecutive actions (Silverman, 1998). Thereby, argues Schegloff (1992a: xviii), Sacks made a radical shift in the perspective of social scientific inquiry into social interaction: instead of treating social interaction as a screen upon which other processes (moral, inferential or others) were projected, Sacks started to study the very structures of the interaction itself.

BASIC THEORETICAL ASSUMPTIONS

Knowing the earlier CA results and understanding the theoretical generalizations based on them is necessary for anyone who wants to start to do conversation analysis. CA has developed through empirical studies that have focused on specific, observable phenomena. So, in the first place, CA is not a theoretical, but a very concretely empirical, enterprise. However, through empirical studies – in an 'inductive' way – a body of theoretical knowledge about the organization of conversation has been accumulated. The actual 'techniques' in doing CA can only be understood and appreciated against the backdrop of these basic theoretical assumptions of CA. In conversation analysis, *methods* of the study of social interaction and *theory* concerning social interaction are very closely intertwined.

In a short chapter, it will not be possible to give an overview of the wide range of empirical studies that have contributed to conversation analysis. However, I will try to sketch some of the basic assumptions concerning the organization of conversation that arise from these studies. There are perhaps three most fundamental assumptions of this kind (cf. Heritage, 1984, ch. 8; Hutchby and Wooffitt, 1998): (1) *talk is action*, (2) *action is structurally organized*, and (3) *talk creates and maintains intersubjective*

reality. As theoretical statements, these assumptions would be shared by many 'schools' of social science. The uniqueness of CA, however, is in the way in which it shows how 'action', 'structure' and 'intersubjectivity' are practically achieved and managed in talk and interaction.

Talk is action

As in some other philosophical and social scientific approaches (such as speech act theory: Austin, 1962; Searle, 1969) and discursive psychology (Edwards and Potter, 1992; Edwards, 1997; see also Hepburn and Potter's Chapter 12 in this volume), in conversation analysis talk is understood first and foremost as a vehicle of human action (Schegloff, 1991). The capacity of language to convey ideas is seen as deriving from this more fundamental task. In accomplishing actions, talk is seamlessly intertwined with (other) corporeal means of action, such as gaze and gesture (Goodwin, 1981). In CA, treating talk as action does not involve philosophical considerations, but very concrete research practice. Some CA studies have as their topics the organization of actions that are recognizable as distinct actions even from a vernacular point of view. Thus, conversation analysts have studied, for example, openings (Schegloff, 1968) and closings (Schegloff and Sacks, 1973) of conversations, assessments and ways in which the recipients agree or disagree with them (Pomerantz, 1984; Goodwin and Goodwin, 1992), storytelling (Sacks, 1974; Mandelbaum, 1992), complaints (Drew and Holt, 1988), telling and receiving news (Maynard, 2003) and laughter (Jefferson, 1984; Haakana, 2001). Many CA studies have as their topic actions that are typical in some institutional environment. Examples include diagnosis (Maynard, 1991, 1992; Heath, 1992; ten Have, 1995; Peräkylä, 1998, 2002) and physical examination (Heritage and Stivers, 1999) in medical consultations, questioning and answering practices in cross-examinations (Drew, 1992), ways of managing disagreements in news interviews (Greatbatch, 1992), or advice-giving in a number of different environments (Heritage and Sefi, 1992; Silverman, 1997; Vehviläinen, 2001). Finally, many important conversation analytic studies focus on fundamental aspects of conversational organization that make any action possible. These include turn-taking (Sacks et al., 1974), repair (Schegloff et al., 1977; Schegloff, 1992c) and the general ways in which sequences of action are built (Schegloff, 1995).

Organization of action – be it distinct everyday action such as storytelling, institutional action like diagnosis, or preconditions of all action like turn-taking – lies at the heart of all social life. By focusing its studies on these, conversation analysis has made a special contribution to enrich the foundations of social science.

Action is structurally organized

In the CA view, the practical actions that comprise the heart of social life are thoroughly structured and organized. In pursuing their goals, the actors have to orient themselves to rules and structures that only make their actions possible. These rules and structures concern mostly the relations between actions. Single acts are parts of larger, structurally organized entities. These entities can be called sequences (Schegloff, 1995).

The most basic and important sequence is called 'adjacency pair' (Schegloff and Sacks, 1973). It is a sequence of two actions in which the first action ('first pair part'), performed by one interactant, invites a particular type of second action ('second pair part'), to be performed by another interactant. Typical examples of adjacency pairs include question–answer, greeting–greeting, request–grant/refusal, and invitation–acceptance/declination. The relation between the first and second pair parts is strict and normative: if the second pair part does not come forth, the first speaker can for example repeat the first action, or seek explanations for the fact that the second is missing (Merritt, 1976: 329; Atkinson and Drew, 1979: 52–7).

Adjacency pairs serve often as a core, around which even larger sequences are built (Schegloff, 1995). So, a *pre-expansion* can precede an adjacency pair – for example, in cases where the speaker first asks about the other's plans for the evening, and only thereafter (if it turns out that the other is not otherwise engaged) issues an invitation. An *insert expansion* involves actions that occur between the first and the second pair parts and make possible the production of the latter, e.g. in cases where a speaker requests specification of an offer or request before responding to it. Finally, in *post-expansion*, the speakers produce actions that somehow follow from the basic adjacency pair, the simplest example being the 'OK' or 'thank you' that closes a sequence of a question and an answer, or a request and a grant (Schegloff, 1995).

Adjacency pairs are very frequent in talk and much of our action is organized in terms of them. However, sequential structures are not limited in adjacency pairs. Virtually *all* talk is organized in terms of *sequential implicativeness* (Schegloff and Sacks, 1973; Schegloff, 1979): any current

turn at talk (action performed by a speaker) sets the coordinates for the relevant choices for the next turn (Heritage and Atkinson, 1984: 6). Current action never determines the next action, but the next action is always heard and produced as something that occurs at its particular slot in the conversation, i.e., after the current action. In a way, any turn of talk 'renews' the interactants' shared reality, and the next speaker will inevitably speak and act in the world that has thus been renewed.

Talk creates and maintains intersubjective reality

With its analytic interest often focusing on minute details in conversation, and with its insistence on observable evidence for any analytic claims, CA may give an impression of being a rather mechanistic approach (cf. Taylor and Cameron, 1987: 99–107; Alexander, 1988: 243). This was, in fact, the kind of critical position that I shared before really reading any CA studies: CA was considered as an approach that over-looked 'meaning' and 'experience'. My current understanding, however, is that rather than over-looking them, CA offers a tool for studying meaning and experience in a rigorous empirical way. In CA studies, talk and interaction are examined as a site where intersubjective understanding about the participants' intentions is created and maintained (Heritage and Atkinson, 1984: 11). Thereby, CA gives access to the construction of meaning in real time. But, it is important to notice, the conversation analytic 'gaze' focuses exclusively on meanings and understandings that are made public through conversational action, and it remains 'agnostic' regarding people's intra-psychological experience (Heritage, 1984).

The most fundamental level of intersubjective understanding – which, in fact, constitutes the basis for any other type of intersubjective understanding – concerns *the understanding of the preceding turn displayed by the current speaker*. Just as any turn of talk is produced in the context shaped by the previous turn, it also displays its speaker's understanding of that previous turn (Atkinson and Drew, 1979: 48). Thus, in simple cases, in producing a turn of talk that is hearable as an answer, the speaker also shows that she or he understood the preceding turn as a question. Sometimes these choices can be crucial for the unfolding of the interaction and the social relation of its participants, e.g. in cases where a turn of talk is potentially hearable in two ways (as an announcement or a request, or as an informing or

a complaint) and the recipient makes the choice in the next turn (cf. Peräkylä et al., 2002). In case the first speaker considers the understanding concerning his talk, displayed in the second speaker's utterance, as incorrect or problematic, the first speaker has an opportunity to correct this understanding in the 'third position' (Schegloff, 1992c), for example by saying 'I didn't mean to criticize you but just to tell about the problem', or the like.

Another level of intersubjective understanding concerns *the state of the talk* (Heritage and Atkinson, 1984: 10). For example, in completing activities and in initiating new ones, the speakers show their understanding of 'where' or 'at what phase' they are in a conversation. A request cannot be made at any junction, nor can a funny story or sad news be told. Speakers show their orientation to the 'right time' (Erickson and Shultz, 1982: 72) in and through their choices.

An equally important level of intersubjective understanding concerns the *context* of the talk. This is particularly salient in institutional interaction, i.e., in interaction that takes place to fulfil some institutionally ascribed tasks of the participants (e.g. psychotherapy, medical consultation or news interviews) (Drew and Heritage, 1992). The participants' understanding of the institutional context of their talk is documented in their actions. As Schegloff (1991, 1992b) and Drew and Heritage (1992) point out, if the 'institutional context' is relevant for interaction, it can be observed in the details of the participants' actions: in their ways of giving and receiving information, asking and answering questions, presenting arguments, and so on. Conversation analytic research that focuses on institutional interactions explores the exact ways in which the performers of different institutional tasks shape their actions so as to achieve their goals.

RESEARCH PROCESS

I have outlined above, in a rather abstract way, some central principles of conversation analysis. Now I want to move on to a much more concrete level, by giving an account of the research procedure in conversation analysis (for a comprehensive account, see ten Have, 1999). I am going to present this as a linear process consisting of distinct phases. As Hepburn and Potter point out in the following chapter, the actual research work is often much messier: you work simultaneously on many 'phases' and often need to reverse as well as move forward. Nevertheless, a linear

account of the research process is useful as a simplified map. It can be used by the researcher to find his or her way from the first contact with data to the written output of research.

By necessity, conversation analytic research starts from the *selection of the research site* – by the researcher choosing what kind of interactions he or she is going to be investigating. By and large, the biggest choice is to be made between 'ordinary conversation' and institutional inter-action. Ordinary conversation means informal, casual conversation without specific institutional goals or tasks. If the research project focuses on this kind of conversation, then it often happens that any site where people talk informally to one another is equally good for research purposes. Many practices of ordinary conversation are ubiquitous in talk, and research material can hence be collected from almost anywhere. In researching institutional interaction, on the other hand, the research questions usually concern par-ticular institutional practices, and the research site has to be chosen accordingly. Even after the basic site (say, medicine, therapy or news inter-views) has been chosen, the researcher has to consider the possible variation in interactional practices at different settings. Practices of, for example, advice-giving are likely to be different in general practice and in more specialized medicine. The researcher has to try and make as well-informed and conscious choices as pos-sible, arising from his/her and his/her sponsors' interest. Another difference is that in getting access to the sites of institutional interaction, quite elaborate official procedures may often need to be undergone, whereas consent to recordings of ordinary conversation may be acquired more straightforwardly.

Tape recording is the second step in the research procedure. In face-to-face interactions, video should be used whenever possible. Even when the actual research topic would not involve any non-vocal aspects, knowing what happens through the gaze, the body movement and the gestures of the participants may be nec-essary to grasp the immediate context and mean-ing of the talk. Telephone conversations, of course, can be recorded only on audio. Modern recording technologies make high-quality recordings possible in many environments (Goodwin, 1992).

Especially in research on institutional interac-tion, *additional information* about the research site, along with the tape recordings, can be of the utmost importance. The conversation analyst may need to make ethnographic observations, conduct interviews or collect questionnaire data. This information is used to contextualize the CA

observations, in terms of the larger social system of which the tape-recorded interactions are a part. Even though ethnography, interviews or questionnaires cannot substitute for the tape recordings, they can offer information without which also the understanding of tape-recorded interactions may remain insufficient.

Transcribing the tape recordings is an impor-tant and laborious task. The CA notation was developed by Gail Jefferson (see Appendix and Atkinson and Heritage, 1984, and Drew and Heritage, 1992). This notation includes symbols for a wide variety of vocal and interactional phe-nomena, including pitch variation, prolongation of sounds, amplitude, overlapping speech and silences. Recently, proposals for further specifi-cation of the notation have been made by linguists studying prosody in conversation (see Couper-Kuhlen and Selting, 1996). Computer-ized analysis of, for example, pitch has been introduced along with the traditional notation based on auditive impression.

Using the CA notation requires some skill. To my understanding, anyone can learn it, but advice from a skilled person and some time is needed for training. The 'ear' of the transcriber develops through experience: part of what was first inaudible becomes gradually audible, timing of overlaps becomes more accurate, and so on. If at all possible, it is good to have two persons involved in the transcription of any single inter-action – one actually doing the transcription, and the other one checking and correcting it – because it often happens that one person hears things that the other misses. Having someone correcting one's transcriptions is also an impor-tant learning device.

In some projects, all tape-recorded data are transcribed, and in others, only parts of them. In my own research projects, I have found it worth-while to tape-record as much as possible, and to transcribe only part of the data at the beginning of the research project. In the course of the research, I have become interested in rather spe-cific sequences (such as diagnostic statements in medical consultations), and then I have been able to 'pick up' for transcription these specific sequences from that part of the database that was left untranscribed at the beginning. In other words, the other part of the database has been transcribed only selectively.

Thus far, most conversation analysts have used analogue tape for recording and storing the data, and separate textual document for tran-scription. In recent years, however, computer programs that integrate a digitalized audio or video file and the textual document have gained momentum (for example, WORKBENCH,

CLAN and TRANSANA), and they seem to offer many advantages in terms of simplifying and intensifying the research process.

Unmotivated exploration of the data constitutes the next step in the research process. This is a phase of research where the initial observations regarding the organization of action are made; later, these observations may lead to the actual research results. Exploration of the data involves listening and watching the tapes and examining the transcripts, sometimes focusing on very small segments (e.g. a single utterance) and sometimes on larger entities, trying to explicate the organization of what is happening in the recorded interactions. This can take place as an individual researcher's activity, as pair work, or as a group activity in 'data sessions' where a number (say 3 to 10) of researchers listen to the data and discuss their observations. Intuition is often the point of departure for the examination of data: the chosen segment 'looks like' or 'feels like' something. Intuition is of great value. The examination of the data aims at uncovering the organizational features that give rise to the researcher's initial intuitions. Sometimes it happens that one's initial intuition turns out to be incorrect. In any case, through the exploration of the data, intuition leads to systematic observations and, in the course of the research process, is finally replaced by rigorous analysis. Like many conversation analysts, I find this phase of research extremely rewarding. One easily develops a kind of passion for trying to understand the organization of action in one's data. When other researchers are involved in this (in data sessions), it can also be great fun.

The exploration of data is unmotivated in the sense that the phenomena under consideration are not predefined. Any segment of interaction selected as focus involves numerous orders of organization, which may be discovered through the unmotivated exploration. But the observations that are made do not arise from a void, or from common sense, or from the sheer creativity of the observers. Any observations, including those made by CA researchers, are informed by theories and the observer's preconceptions. Basic theoretical assumptions of CA, arising from previous CA studies, constitute the distinct intellectual resources with the help of which the researchers can make observations that are theoretically valid and differ from what common sense can offer. Therefore, the questions that researchers ask in the unmotivated exploration of data are, in fact, quite disciplined ones. They are of the following kind: 'What is the action in this segment of data?', 'What are the relevant next actions that it gives rise to?', 'How is this action

perceived by the other interactants, as shown in their responses to it?', and 'How do the generic organizations of interaction – such as turn-taking, sequence organization and repair organization – figure in and facilitate this action?'

Identification of the phenomena to be examined is possible after the researcher has familiarized him- or herself with the data through the unmotivated exploration of it. Something arises from the data as exciting, challenging, and/or as something that seems to encapsulate seemingly important aspects of social organization or social relations. Usually the phenomenon is a specific practice or a specific kind of sequence. In my own work, such phenomena have included particular types of questions asked by counsellors in AIDS counselling (Peräkylä, 1995), doctors' ways of referring to evidence in their diagnostic statements (Peräkylä, 1998) and, more recently, psychoanalysts' ways of presenting linkages between childhood, current life and the analytic hour (Peräkylä, forthcoming a).

There are basically two ways to proceed at this juncture of research. One is to focus on phenomena that earlier research has in one way or another already covered. Potentially, this is an excellent way of doing research: science needs replication of studies and, moreover, research that starts from an already known phenomenon can show new layers of organization related to that phenomenon. Comparisons between similar practices at different institutional sites are also possible. On the other hand, there is also a danger that the researcher *projects* on his or her data an organization (found from earlier studies) that is not really there, or makes findings that are in themselves valid, but do not in any way transcend what has been found and reported in earlier studies. Therefore, a kind of mastery of doing CA gets manifested in research where genuinely new phenomena – thus far unknown or unanalysed practices or sequences – are identified and examined. One recent example of such a study is found in Heritage and Stivers's (1999) study on 'online commentary' in medical consultations. The practice that they identified was the doctor's 'online' reporting of the findings during a physical examination. This practice had not been discussed in earlier research on medical consultations, and it was hardly mentioned in medical textbooks.

Collection of instances of the phenomenon begins once the researcher has identified the phenomenon or the phenomena that he or she wants to focus on. The researcher now goes through all her transcripts (or a chosen part of them, if the phenomenon is very frequent) and picks up sequences where the object of her interest occurs.

There are CA studies that focus on single instances only; Sacks's (1974) analysis of telling a joke is a classic example. In the long run, however, CA research in general and also individual researchers can only progress through working with collections of cases.

So, in my study of AIDS counselling, I collected all instances of certain types of questions (circular questions, live open supervision questions and hypothetical questions) from my data; in my study of general practice, I collected all instances of diagnostic statements; and in my current work on psychoanalytic sessions, I and my co-researcher Sanna Vehviläinen have collected all interpretative statements from the data transcribed thus far.

The end result of this phase of research is a file – an electronic one, or a hard copy – with a number of instances of the chosen phenomenon (or a few parallel files of different phenomena). It is advisable to be inclusive rather than exclusive when choosing instances for the collection: cases that turn out not to really fit into the collection can always be discarded later, but one cannot easily find anew cases that were discarded at the outset, even if the analysis were later to prove that they would actually have been relevant members of the collection.

Determining the variation of the phenomenon becomes possible as soon as the researcher has created a collection. The researcher examines members of his collection case by case (using the original tape recordings rather than transcripts only). Some cases are examined really intensively – you can spend days with them, and return to them again and again – while others, which seem to replicate some of the structures found in cases subjected to more intensive analysis, are examined only to the degree that their relation to other cases can be defined.

The end result of this stage of the research is a description of the different types of realizations of the sequence or the action under investigation. The results involve typification of some kind – for example, typfication of designs in utterances doing the same sort of action or, conversely, typification of different actions performed by similarly shaped utterances. Exactly what kind of things the actual variation involves differs in different studies. I will use my own work as a source of examples.

When investigating doctors' diagnostic statements in general practice, I found that they had three ways of displaying the evidence to patients (Peräkylä, 1998). One involved verbal explication of that evidence, another involved indirect references to evidence through 'evidential' expressions such as 'it seems to be X', and the third one was a plain assertion without any verbal reference to evidence. Extracts 1 to 3 provide examples:

(1) (Explicating the evidence)
Dr: As [tapping on the vertebrae didn't cause any, ↑pain and there aren't (yet) any actual reflection symptoms in your legs it suggests a m̲uscle h (.hhhh) c̲omplication so hhh it's only whether hhh (0,4) you have been exposed to a d̲raft or has it otherwise=
P: =Right,
Dr: .Hh got irritated,

(2) (Indirect reference to evidence)
Dr: Now there a̲ppears to be an (1.0) infection at the contact point of the joint below it in the sac of mucus there in the hip.

(3) (Plain assertion)
Dr: That's already proper bronch̲i̲t̲is.

In my current work on interpretations in psychoanalysis, I have identified a number of techniques through which the analyst displays to the patient the connectedness of the patient's experiences in his or her childhood, in his or her current life, and during the analytic hour. Some of these techniques are used as kind of preparation that takes place before the delivery of the very interpretations, while others are ways of designing the very interpretative utterances (Peräkylä, forthcoming a). And in my earlier work that focused on 'circular questions' in AIDS counselling, I found that a 'full' sequence where such questions were asked consisted of four turns: (1) the counsellor's question to a client concerning the thoughts or feelings of a co-present other client, who was usually a partner or a family member, (2) the client's answer, (3) the counsellor's question concerning these thoughts or feelings to this other client him- or herself, and (4) this other client's answer. In this case, the variation of the phenomenon involved different truncations of this 'standard' sequence: sometimes the counsellor's other question was not there, so that stage 4 followed after stage 2; and in a very few cases, stage 2 was also omitted and stage 4 came right after stage 1.

The core task in the description of the variation of the phenomenon in conversation analytic studies is qualitative: the analyst constructs typifications to pin down the different designs in utterances doing the same sort of action, different actions performed by similarly shaped utterances, or different shapes that a particular sequence can take. In a number of studies,

however, the qualitative analysis is followed by a quantitative one. For example, in Clayman and Heritage's (2002) recent study on question design in presidential press conferences in the US, calculations were made to show how the relative proportions of different types of journalistic questions, showing different degrees of 'adversarialness', changed over time. The calculations showed that the journalists have become much less deferential and more aggressive in their treatment of the president.

As conversation analysis is a naturalistic and descriptive approach, much of the researcher's effort is invested in the determination of the variation of the phenomenon. However, the determination of the variation leads seamlessly to another important step in the research procedure, which involves *accounting for the variation*. The researcher examines the data to find out what would account for the variation of the phenomenon. (S)he asks what the different realizations of the phenomenon are used for, and tries to show what interactional consequences these different realizations have. Importantly, when exploring the usages and consequences of the different realizations of the phenomenon, the researcher focuses on the orientations of the participants, as they are displayed in their actions. This is also a rather demanding task where the researcher's perceptivity and creativity are tested.

Again, I would like to use my own recent study as an example. After having outlined the general practitioners' three different ways of displaying the evidence of their diagnostic statements to their patients (see above and Peräkylä, 1998), I explored my data to find out what would account for this variation. Focusing my attention on the context of the delivery of the diagnosis, I found two issues that were associated with the doctors' choices regarding the display of evidence. One was 'inferential distance': it turned out that the doctors used the 'plain assertion' format in cases where the physical examination of the patient, or the examination of the medical documents, was rather straightforward and occurred immediately prior to the delivery of the diagnosis. In these cases, the inferential distance between the diagnosis and its evidence was short. Extract 4 provides an example:

(4) (Expansion of (3))
(Dr has listened to the patient's chest))
Dr: Let's listen from the back. (0.3)
P: .nff
      (9.0) ((P breaths in and out, Dr listens.))
Dr: That's already pr<u>o</u>per bronch<u>i</u>tis.
P: Is it [hh
Dr: [It is.

However, there were other cases where the examination of the patient or the documents was complicated and, hence, opaque for the patient, or there was a temporal gap between the examination and the delivery of the diagnosis. In these cases the inferential distance between the examination and the diagnosis was longer – and the doctors much more frequently explicated the evidence of the diagnosis or referred to it indirectly. For example, in Extract 5, the doctor has just looked at and touched the foot of a patient who complained of a sudden pain in her leg some weeks ago. For a lay participant, the connection between looking at and touching the foot and the negative diagnosis regarding circulation problems is not transparent, and hence the doctor explicates the evidence for his statement (he felt the pulse):

(5) (Explication of evidence)
((The doctor has just examined the patient's
  foot))
Dr: <u>O</u>kay:. .h fine do put on your,
      (.)
Dr: the p<u>u</u>lse [can be felt there in your foot
P: [↑Thank you.
Dr: So, .h there's no, in any case (.) no real
      <u>c</u>irculation problem
      …
      is <involved>.

Thus, it appeared that the doctors' choice of action documented a particular orientation. They treated themselves accountable, vis-à-vis the patient, regarding the evidence of their diagnostic statements: in cases where the patient could have been expected to have difficulties in grasping the direction from which the evidence comes, the doctors showed verbally where it came from.

The other issue that was associated with the doctors' choices regarding the display of evidence was any challenge to the medical authority. In cases where the doctor's diagnosis involved open discrepancy with the views expressed by the patient, and in cases where the doctor indicated uncertainty regarding the diagnosis, explication of evidence and indirect references to it were much more frequent. It appeared that the doctors oriented to an intensified accountability regarding the evidential basis of diagnosis in these kinds of cases.

As for the interactional consequences of the phenomenon, in my study of the delivery of the diagnosis it became apparent that the different turn designs regarding the display of evidence

make relevant different types of responses from the patient (Peräkylä, 2002, forthcoming b). Diagnostic utterances where the evidence was displayed often invited the patient to join in the discussion on diagnosis, whereas especially the 'plain assertions' presented the diagnosis as one that would not make relevant the patient's further talk. These orientations were incorporated in the patients' next actions after the doctors' diagnostic utterances.

Accounting for the variation of the phenomenon is a key to understanding both the actors' orientations and the place and 'function' of the phenomenon in the larger context of conversation or institutional interaction. In fact, it may be that any phenomenon can only be understood through attending to variation; as Bateson (1972) suggests, we only observe through attending to differences. In other words, only by examining what brings about the different realizations of the phenomenon (such as different ways of referring to evidence, or different realizations of a sequence of circular questioning) will the researcher understand the phenomenon itself.

The final step in conversation analytic research procedure – a step that in many studies need not be taken at all, but in others is extremely important – involves an effort to *understand the wider implications, for social relations and social structures, of the phenomenon under investigation*. If the preceding step aimed at understanding the place and function of the phenomenon in the larger context of conversation or institutional interaction, this final step widens the scope beyond the actual interaction: the researcher now tries to understand the place and function of the phenomenon in the larger social system.

Especially in research on ordinary (i.e., casual, non-institutional) conversation, this step need not, and in most cases cannot, be taken. The practices investigated by this kind of research are so generic and so omnipresent that it is often neither useful nor possible to define their specific functions for social life. Or we can only say that they are utterly important for *all* social life: turn-taking, for example, regulates all opportunities for verbal action in society. Sometimes, however, somewhat more specific functions of generic practices are useful to discuss: for example, Schegloff (1992c) offers an illuminating discussion on the crucial importance of *repair organization* (conversational devices for dealing with troubles of speaking, hearing or understanding) for the maintenance of intersubjectivity in social life.

In studies focusing on institutional interaction it is more often both possible and useful to define

such functions, also regarding rather specific interactional phenomena. *Gender system* constitutes an overarching institution in society, and many conversation analytic studies have indeed contributed to our understanding of the ways in which specific interactional practices contribute to the maintenance or change of that system. Work by West (1979) and Zimmerman (Zimmerman and West, 1975) on male/female interruptions is widely cited. More recently, Kitzinger (2000) explored the implications of preference organization for the politics of rape prevention, and turn-taking organization for the practices of 'coming out' as gay or lesbian. In a somewhat more linguistic CA study, Tainio (2002) explored how syntactic and semantic properties of utterances are used in the construction of heterosexual identities in elderly couples' talk. Studies like these (for a fresh overview, see McIlvenny, 2002) also amply demonstrate the *critical* potential of conversation analysis. Relations between interactional practices and wider social relations are also addressed in the already mentioned work on presidential press conferences by Clayman and Heritage (2002): they demonstrate the historical change in the US presidential institution and media by examining the evolution of journalistic questioning design. My study on the delivery of diagnosis involves yet another example. The results of this study also seemed to address some issues that were of general social scientific interest.

One quite influential view concerning the relation between doctors and patients emphasizes the doctor's authority. The advocates of this view include, for example, Talcott Parsons (1951), Elliot Freidson (1970) and Andrew Abbott (1988). They point out that the doctor possesses technical and scientific knowledge that enables him to diagnose illnesses, and society has warranted him with the licence to decide about medication and sick leaves, and to perform surgical and other therapeutic procedures. The patient does not have such knowledge and licences. Therefore, these writers point out, the relation between the doctor and the patient is necessarily characterized by the doctor's authority. My conversation analytic research results concerning the display of evidence in diagnostic statements question this view. The doctors in my data oriented systematically to their accountability, vis-à-vis the patient, regarding the evidential basis of their diagnoses. Through the placement and the design of their diagnostic utterances, they ensured that at least some aspects of the evidential basis of the diagnosis are available for the patient. By thus justifying their diagnostic statements through verbal or tacit references to the

evidence, the doctors do *not* claim the kind of authority in relation to the patient that has been proposed in the theories cited above.

However, in social science literature there is also another view concerning the relation between doctors and patients. This view emphasizes, often programmatically, the patient's knowledgeability and his or her participation in the diagnostic procedure and the decisions about the treatment. A number of writers, for example in medical anthropology (e.g. Stimson and Webb, 1975; Kleinman, 1980; Helman, 1992), maintain that the patient as well as the doctor has ideas about the nature, the origin and the possible remedies of the patient's ailment. The consultation could and should be an encounter between two differently but equally resourceful agents where they negotiate diagnosis and treatment. In an ideal case, the parties' views will merge. My conversation analytic results are not quite in line with this literature either.

In spite of the doctors' systematic ways of treating themselves as accountable for the evidential basis of the diagnosis, they, as well as the patients, systematically orient themselves to the difference between the doctor's and the patient's ways of reasoning. This orientation is shown, for example, in the patients' ways of responding to the doctors' diagnoses. In ordinary cases, the patients remain silent or produce small acknowledgement tokens in response to the doctors' diagnostic statements (Heath, 1992). Sometimes – especially after diagnostic utterances where the evidence for diagnosis is explicated – they produce more elaborate responses in which they express reservations towards the doctors' diagnosis. Their regular way of questioning the diagnosis is to offer additional observations (discrepant with the diagnosis) that come from their own bodily sensations or other everyday experience. Systematically, they refrain from referring to or discussing the medical evidence that the doctors refer to in their statements (Peräkylä, 2002). Thus, the 'dialogical' model of the doctor–patient relation, referred to above, is at best only half true: conversation analysis shows the limits that the participants themselves put to the degree of negotiation in the doctor–patient relation.

On the whole, the results of my studies on the delivery of diagnosis show the doctors and the patients maintaining a balance between conflicting orientations. At the same time, they orient to the doctors' accountability for the evidential basis of the diagnosis, *and* the doctors' authority in the domain of diagnostic reasoning, *and* the patients' capability to understand some aspects of the diagnostic process. The empirical reality of the doctor–patient relation seems to be much more complex and multi-faceted than the theoretical models of this relation have been able to express. The complexity can be illuminated by rigorous data-driven research, such as conversation analysis.

DISCUSSION

I started this chapter with an account of my first contact with conversation analysis, which was characterized by a quite critical attitude. While being engaged in the studies that I have described in the chapter, my own perception of CA has of course changed. But a scientist should never lose a critical attitude. I will conclude this chapter by first stating the basis of my motivation for continuing to do CA, and by thereafter reviewing the challenges of CA as I see them now.

I think there are two basic reasons for me to keep on doing CA. First, CA offers a way to increase our understanding of the basic, or 'generic', practices of human social interaction. Goffman's (1983) idea of real-time social interaction as a relatively autonomous realm of social organization – independent of both the psychological domain and the macro-social domain – remains a vivid and powerful notion. If one accepts that the interaction order is indeed such a realm of social organization, with its own particular rules, regularities and practices, then one definitely also sees the need for particular research methodology and theory for its investigation. And this is exactly what CA offers. In doing their basic research on the generic practices of social interaction (which are best found in ordinary conversation), conversation analysts come as close to natural science as it is possible in social science: they make systematic observations on the interactional behaviour, in natural settings, of *Homo sapiens*. If this is to be regarded as positivism, then CA *is* positivistic, and, unlike in my student times, I do not see any problem with that. However, CA is also a genuinely *verstehende* approach. The interactional behaviour of humans is always mediated by interpretative processes that are documented in the sequentially organized behaviour itself. CA studies treat these two, behaviour and interpretation, as inseparable.

Second, CA offers a way to observe the workings of central social institutions, such as medicine, law and education, as well as technological systems (Heath and Luff, 2000). Conversation analytic research on institutional interaction gives access to the everyday life shaped by modern

social institutions. These institutions encounter individual human beings often (but not exclusively) through social interaction, in consultation rooms, courtrooms, technological working environments, etc. The rules, regularities and practices of social interaction are the medium of this encounter. In the encounter between institutions and individuals, the rules, regularities and practices of social interaction also get modified, in ways that facilitate the workings of the institutions (Drew and Heritage, 1992). In their ongoing research endeavour, conversation analysts explore this modification, in the context of a widening variety of social institutions.

In both these focal areas of CA research – basic practices of human social interaction, and institutional interaction – there are a number of challenges that CA researchers are facing and working with right now. Regarding the former area, three overlaping challenges include the prosody, gesture and affective expression (cf. Hakulinen, 2002). Prosody means the rhythm, the amplitude, the pitch and the voice quality of speech. Research on the ways in which these features of talk are coordinated with and contribute to the basic conversational organization started in the 1990s (see Couper-Kuhlen and Selting, 1996). Researchers are asking, for example, how prosodic features contribute to turn-taking or the constitution of some basic conversational activities such as openings (Schegloff, 1998) or news deliveries (Freese and Maynard, 1998).

Gesture involves another challenge for conversation analysis. For quite a long time, gesture and other aspects of non-verbal communication have been of interest for some conversation analysts (see e.g. Goodwin, 1981; Schegloff, 1984; Heath, 1986). Goodwin (1981) offers a systematic treatise on the interrelations between gaze and turn-taking. However, systematic knowledge on the relations between (other aspects of) gesture and spoken interaction is still lacking. This area of research seems to have attracted more interest in recent years (see, e.g., McNeill, 2000), and we may expect that new findings will be reported in the future.

Affect in interaction involves still another challenge for conversation analytic research focusing on the basic practices of human social interaction. Affect is, indeed, closely intertwined with prosody and gesture: along with the selection of words, prosody and gesture (including facial expression) are central means for the expression of affect. There are a number of individual studies that have touched upon emotionally relevant phenomena, such as troubles-telling (Jefferson, 1988), laughter (Jefferson, 1984; Haakana, 2001), expression of pain (Heath, 1989) or the management of hysterical callers at an emergency centre (Whalen and Zimmerman, 1998), but in this area too, systematic knowledge is still missing. In the near future, we will probably see studies where the means for expression of affect, and their usage in different conversational actions, will be addressed (Peräkylä, in press).

In research on institutional interaction, some of the key challenges include the integration of outcome assessment into CA research designs, and a dialogue between professional practitioners and CA researchers. The central strength of CA is in the *description* of practices and patterns of interaction; CA has, in fact, set a new standard for detailed description of social action in social science. Traditionally, and for good reasons, CA researchers have not asked questions about the outcome or consequences of the interactions that they have studied. The consequences of interaction – such as patient satisfaction and compliance in medicine, or decisions that are made in meetings, or reduction of symptoms in psychotherapy – have simply been something outside the CA business: CA methodology is geared to describe what happens *in* the interaction, and questions concerning the consequences are really something that CA as such cannot handle. However, the outcome of interaction is something that the professionals themselves and the policy-makers are primarily interested in. As CA studies on institutional interaction proliferate, the need to combine conversation analytic description of interaction with outcome measurement becomes increasingly urgent.

Boyd's (1998; see also Heritage et al., 2001) study on medical peer review involves a promising example of this kind of approach. She studied telephone consultations between physicians and the medical representatives of an insurance company. Each consultation yielded a decision concerning the financial coverage of a proposed surgical operation. Boyd showed that the interactional format of the *initiation* of the first topic of the call was a strong predictor of the outcome (the decision concerning the surgery). In other words, the opening of the call set the trajectory for the ensuing review, since as a result of the initiation, the participants were either 'collegially' or 'bureaucratically' aligned, and these alignments led to different decisions. Thereby, the interactional format intervened into the decision-making that was supposed to be based on medical facts only. In the coming years, we will possibly see many more studies where the ways in which the participants' choices in their ways of interacting with one another are linked with the consequences that their interactions have. Studies like that will have a strong potential for making CA relevant for professional practitioners.

Another, related challenge in the study of institutional interaction involves enhancing the dialogue between professional practitioners and CA researchers. In a number of sites studied by conversation analysts (e.g. at therapeutic, medical and educational settings) the practitioners have, as part of their professional knowledge, their own theories and concepts regarding their interactions with the patients (Peräkylä and Vehviläinen, in press, 2003). Various therapeutic and didactic models and concepts of 'patient centred medicine' are examples of this. To a degree, the practitioners describe and assess their work using these models and concepts. The results of conversation analytic research constitute another, often quite different way of talking about the practitioners' work. CA research describes the details of professional practice, while the professionals' own theories and models often offer normative ideals and summarizing descriptions. CA results may sometimes complement (see Peräkylä, 1995, ch. 6) and sometimes correct (Vehviläinen, 1999; Ruusuvuori, 2000) the professionals' own theories. Thus far, however, the CA results and professionals' theories have lived their lives separately, and it remains a future challenge for conversation analysts to create instances for their meeting.

NOTE

1   The study that was criticized was Schegloff's 'First five seconds' (Schegloff, 1968).

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APPENDIX: THE TRANSCRIPTION SYMBOLS IN CA

[	Starting point of overlapping speech.
]	End point of overlapping speech
(2.4)	Silence measured in seconds
(.)	Pause of less than 0.2 seconds
↑	Upward shift in pitch
↓	Downward shift in pitch
w<u>o</u>rd	Emphasis
wo:rd	Prolongation of sound
°word°	Section of talk produced in lower volume than the surrounding talk
WORD	Section of talk produced in higher volume than the surrounding talk
w#ord#	Creaky voice
£word£	Smile voice
wo(h)rd	Laugh particle inserted within a word
wo-	Cut off in the middle of a word
word<	Abruptly completed word
>word<	Section of talk uttered in a quicker pace than the surrounding talk

<word>	Section of talk uttered in a slower pace than the surrounding talk	?	Raising intonation at the end of an utterance
(word)	Section of talk that is difficult to hear but is likely as transcribed	,	Flat intonation at the end of an utterance
( )	Inaudible word	word.=word	'Rush through' without the normal gap into a new utterance.
.hhh	Inhalation	((word))	Transcriber's comments
hhh	Exhalation		
.	Falling intonation at the end of an utterance		

(Adapted from Drew and Heritage (eds), *Talk at Work*. Cambridge: CUP, 1992.)