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## Ethnography and Conversation Analysis

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### What Is the Context of an Utterance?

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As this book makes clear, investigators who wish to examine social phenomena in an immediate way—that is, without the technologies of the survey or other measuring instruments, coding, counting, and quantifying—have an increasing number of choices. The two choices I examine in this chapter are conversation analysis and ethnography. Conversation analysis (CA) investigates how utterances, by virtue of the sequences in which they appear, perform recognizable social actions. Traditional ethnography depends on interview and participant observation to capture facets of members' life world, and would seem compatible with CA, which uses audio and video capture of interaction in its natural settings. Doing CA involves scrutiny of recordings and detailed transcripts and would seem to be a more intense kind of observation, potentially adding to ethnographic strategies. Or, from the other direction, we could say that ethnography enhances the CA style of close

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Adapted from Maynard, D., *Bad News, Good News: Conversational Order in Everyday Talk and Clinical Settings*, copyright © 2003, reprinted with permission of The University of Chicago Press.

inspection of talk. We will see, however, that the combined use of ethnography and CA involves a number of theoretical and methodological issues and that these issues are important to consider when employing the two methodologies together. In particular, if one is examining conversational interaction, a question is whether and how ethnography can provide access to the context in which talk and its constituent utterances reside.

The substantive matter in this chapter is the conveyance of “bad news” between parties in various kinds of social settings. In previous research (Maynard, 1996, 2003) using ethnographic and other narrative data, I have shown that discrete strategies for presenting the news affect recipients’ realization of the news in different ways. As might be expected, both *stalling* and *bluntness* heighten the possibility of misapprehension, whereas the strategy of *forecasting* enhances understanding and apprehension of the news. Even a simple preannouncement, such as “I have some bad news,” helps to prepare a recipient for the forthcoming announcement. Essentially, forecasting works well because it has two facets to it. On the one hand, a deliverer who forecasts is giving some preindication to a recipient of what is to come. On the other hand, the recipient, having been signaled, can estimate and predict what the news will be, can anticipate what is going to be said. Indeed, a regular pattern when news is forecasted is for recipients to venture a guess or candidate announcement and for the deliverer to simply confirm it. Here is one example:

I have a friend who had a brother who was in a lot of trouble all the time over a period of a year. And I got a call from my friend and she said, “Have you talked to Mary?” and she sounded upset. And I said “no” and she sounded so upset, immediately in my brain it turned into *uh oh what’s going on*. And she said, “It’s Davy.” And immediately I said, “Is he dead?” And she said, “Yeah.” . . . But like I knew it before she said it. It was really strange because it was almost as if the conversation was just a play, because I knew what was going to happen and I just went through the ritual of the conversation. (Maynard, 2003, p. 45)

In this case, the forecasting (“Have you talked to Mary?” “It’s Davy”) and the way it leads to the recipient’s guess (“Is he dead?”) seems rather inadvertent, although at other times it is a more purposeful strategy.

With a collection of narratives about bad news, identifying the strategies of delivery (whether they are done purposefully or not) and examining patterns of receipt will inevitably bring up a difficulty. It is that fitting the peculiarities of circumstance into one or the other of the analytically derived types of delivery (forecasting, stalling, being blunt) is often not easy to do. For example, when a clinician stalls in telling parents diagnostic news, it can aggravate a

tendency on the part of parents to deny and normalize. Normalization, in turn, produces expectations on the part of potential recipients:

The child was a twin, whose sister was stillborn. After the birth, the parents were told, "The other baby's fine," and the mother "didn't realize that anything could still go wrong." The baby was hard to feed, but the mother "thought it was just because she was a preemie." When the baby was 6 months old, the mother began to realize that her daughter "was not holding things like other babies" but again attributed the slowness to her prematurity. When, at the baby's regular 6-month checkup, the pediatrician suggested the possibility of cerebral palsy, the mother "just broke down completely in his office." She said that she "just couldn't believe it." (Darling, 1979, p. 139)

Even though we do not know the pediatrician's exact manner of delivering the bad news, the indications are that he was gently suggestive in a forecasting manner rather than boldly forthright in presenting the diagnosis (he "suggested the possibility of cerebral palsy"). Nevertheless, in the context of an initial stall ("the other baby's fine") and the mother's resultant normalizing beliefs about her child, the disclosure appears to have been experienced as entirely blunt. In a way, the bluntness of an informing is not an innate property of the deliverer's manner but is relative to the contingently ordered time delay in which the delivery ultimately occurs and to the set of convictions or beliefs a potential recipient holds during this period.

Accordingly, whether any verbal form of delivery exhibits features of forecasting, stalling, or bluntness is dependent on what participants know; what they expect; and how they hide, provide, and discern cues about their worlds of habitation. Consider how even the most terse verbal message can be part of a situational contexture that is utterly communicative to a recipient. A husband who was waiting for his wife to arrive home at a local airport after a brief trip knew that her return involved one change of planes in Denver. While awaiting her arrival, he heard the phone ring, and answered the phone, according to his own account, with a "casual hello."

The caller sighed heavily and said (without reciprocating my hello), "I'm in Denver." I immediately identified the caller as my wife, and I knew from her sigh, the tone of her voice, her lack of reciprocity, and the violation of the mutually understood expectation that she wouldn't call before I picked her up at the airport that she had bad news. She informed me that her plane had been late and this led to her missing her connecting flight by three minutes. (Maynard, 2003, p. 59)

Here, the utterance "I'm in Denver" merely reports the caller's location. As a report, it does not name the type of news it projects. Nevertheless, the

narrator, operating in a context of mutual expectation regarding phone communication between his wife and himself, knows immediately “that she had bad news.”

The upshot is that, instead of regarding these strategies as literal descriptions of complex modes of communication, behavior, and relationship, a better approach may be to regard them in the way that ethnomethodology regards talk. All utterances are indexical expressions: How a participant understands an utterance depends on the relation of that utterance to such things as the person speaking it and the time or place of its production (Garfinkel, 1967, pp. 4–5). In other words, for their meaning, utterances depend on their context; the character of a message is related to the particularity of circumstances in which it is embedded. The question is, of what does context consist? How is one to analyze context? One answer is, use ethnography because, by way of interview and observation, it gives wider access to the social setting than does the talk itself. For me, however, there is a different answer. An utterance’s context is the organized sequence of turns in which it appears. This is not to discount the role of ethnography but it is to say that the analyst draws on a much more immediate and local sense of an utterance’s context than ethnography provides. For example, to the extent possible, analytic interpretations of what someone says must be grounded internally to the conversation—in participants’ own, turn-by-turn, displayed understandings and practice-based orientations rather than less technical observations (note taking, for instance) or interview-based narratives about such interaction.

Of course, this principled, or strong, version of CA methodology cannot work in relation to every feature of interaction. An investigator takes for granted or ignores some features in order to “focus” analytically on a particular phenomenon or “activity type” (Drew & Heritage, 1992; Levinson, 1979). My own inquiry, dealing with the actions of delivering and receiving bad and good news as these actions traverse an array of social settings, is activity focused in this very sense. I explain how, rather than investigating a particular setting where news deliveries occur, I came to examine these deliveries generically in various environments, assuming or using background features without analytic explication. However, whereas CA, in its methodologically strong version, eschews ethnographic description because it draws on resources that are external to the participants’ ongoing or real-time situated talk, my research, primarily based on audio and video recordings of interaction, also has been heavily ethnographic. It therefore trenchantly raises the question of how to integrate the ethnographic data with the mechanically recorded data and conversation analysis of news delivery activities.

To put the matter succinctly, I regard ethnography as an ineluctable resource for analysis, using it in a relationship with CA that is one of limited affinity. This is different from other approaches in which the relationship between the analysis of recorded interaction and ethnography is one of mutual affinity, and ethnography and CA or discourse analysis are more freely interwoven. The issues involved in this contrast between limited and mutual affinity are complex, and I probe them more fully after discussing the activity focus of my study.

### **Collecting Data to Analyze an Activity Rather Than a Setting**

I became interested in the phenomena of bad and good news when a colleague, Professor Bonnie Svarstad of the University of Wisconsin School of Pharmacy, had completed her own coding studies of discourse data—tape recordings and transcripts—from a developmental disabilities clinic (Lipton & Svarstad, 1977; Svarstad & Lipton, 1977) and offered these data to me. As I began to read transcripts and listen to the recordings with as few preconceived ideas as possible,<sup>1</sup> it soon emerged that a dramatic and difficult event was occurring. The tapes exhibited what I call a *noetic crisis* (Maynard, 2003, p. 12), or breakdown in the taken-for-granted social world as clinicians convey diagnostic bad news to families. Clinicians talked quickly, hesitated, used euphemism, backtracked, and engaged other tactics indicating that relaying a diagnosis was no simple naming or labeling matter (Gill & Maynard, 1995). Parents responded with questions, silence, stoical statements, or emotional outbursts, or in other ways that mirrored and entered into the clinicians' presentational difficulties.

Although I began by listening to someone else's tape recordings, the project soon took on an expansive life of its own and developed into a traditional field study. After working with these audiotapes, I obtained a grant from the National Institutes of Health to expand my investigation by observing, interviewing, and videotaping in a local center for developmental disabilities. In this center full-time for one year and part-time for another, I watched the operations of the clinic, participated in meetings, talked to professionals and family members, and took copious notes on the diagnostic process, in addition to recording examinations and diagnostic informing interviews. My idea was that the study of other clinical processes (Marlaire & Maynard, 1990; Maynard & Marlaire, 1992), complemented by ethnographic inquiry, including observations and interviews, would enhance my analysis of the delivery

and reception of diagnostic news. I know that my ethnographic inquiries did augment analysis of the informing interviews, but I also made a decision that studying the delivery of *diagnostic* news in the medical environment would benefit by inquiry into the delivery of *news* in more casual conversational interaction. In other words, my study should concentrate not just on the clinic as a setting for the presentation of a diagnosis but also on the relation of practices involved in clinical presentations to the conversational undergirding on which those practices build. As an *activity*, the delivery of bad news occurs in many social worlds, and to understand that activity in its fullness and in relation to generic devices for its delivery, data are needed that sample its variety.

Along with expanding my investigation to include ordinary conversation, I made another decision. Following the Sacks, Schegloff, and Jefferson (1974) strategy of collecting data across settings, I wanted to sample diagnostic news deliveries in other kinds of clinics besides the developmental disabilities one. This comparative approach<sup>2</sup> differs from previous ethnographic research on bad news, which tends to be occupationally and substantively confined. Investigators, in studying professionals (clergy, law enforcement personnel, medical practitioners), not only slight participants giving news to one another in more private and ordinary conversational encounters. Substantively, they also concentrate on one particular topic—such as death, cancer, developmental disabilities, or legal entailment. Subsequent to my presence in the developmental disabilities clinic, I gathered data in a department of internal medicine at a Midwestern university teaching hospital, at a clinic for HIV-antibody testing in an urban setting, and in the oncology clinic and hospital ward of another university teaching hospital in the eastern United States.

All my endeavors to assemble comparative clinical data involved observation and interview in addition to the focal aim of taping a multiplicity of diagnostic announcements. My most intensive field study was at the HIV-antibody testing clinic, which was mostly staffed by volunteers. This meant that I could and did become a working member of the setting, and I spent time at the intake desk, being trained as a counselor, and doing HIV prevention instruction with individual clients. As an ethnographer, I wrote copious notes about my experiences and observations in each setting to which I gained access, and gathered two kinds of narrative data: (a) about participants' views of bad or good news that they experienced in the particular setting and (b) about their previous experiences with bad or good news. Placing this information together with stories from students in my classes and from journalistic and research literatures returns us to the original issue. With taped real-time interactions as well as field research and narrative data in hand, how do we handle the research evidence? Granting primacy to recorded talk and social interaction, as I do, what is the context of utterances occurring within this interaction? What is the relation between CA and ethnography?

## Affinities Between Conversation Analysis and Ethnography

Ethnographers are often much more expansive than conversation analysts in what they consider the context of talk to be, and they muster their observations and interviews to describe features of the distant social environment (sometimes referred to as “social structure”) thought to be relevant to understanding given utterances. Consequently, ethnographers sometimes criticize CA for its almost exclusive use of recorded interactions, eschewal of field methods, and willed neglect of social structure. However, the ethnographic proposal—what I call the “contextual critique”—that CA needs to turn its attention away from local organization and appreciate the provenance of such organization in external structure, would mean distorting the phenomena of everyday life and the social experience of participants. Conversation analysts question whether ethnographers have a systematic enough way of connecting social structure to talk.

What is needed, I believe, is for each perspective—ethnography and CA—to have a deeper appreciation of the other. Conversation analysts have not explicated their use of ethnography and could benefit from reflective consideration of field methods and the copious ethnographic literature. At the same time, ethnographers need to appreciate the CA rejoinder to their contextual critique, which helps in specifying why using ethnography in a limited way to inform CA is desirable. Limited use of ethnography provides *analytic control* over the interpretive statements that an investigator proposes and prevents *data loss* that derives from premature decisions about what interactional detail is of critical importance to the study.

### Mutual Affinity

The number of ethnographic investigators who combine traditional methods of participant observation and open-ended interviewing with a more or less heavy use of tape recordings is very large,<sup>3</sup> in part because of the technological advantages (Grimshaw, 1989, pp. 58–64; Sacks, 1984). Researchers in the fields of communications (Hopper, 1990/1991; Nelson, 1994), discourse analysis (Jonathon Potter, 1997; van Dijk, 1985), linguistically-oriented anthropology (Duranti, 1997, pp. 98–99; Erickson & Schulz, 1982; M. H. Goodwin, 1990; J. J. Gumperz, 1982), pragmatics (Levinson, 1983), and sociology (Corsaro, 1982; Grimshaw, 1989; Gubrium & Holstein, 1997; Jimerson, 1998; Miller, 1994; Silverman, 1993; Spencer, 1994) use recordings along with ethnographic methods, sometimes as a supplement to participant observation and interview and sometimes without prioritizing either

approach. As opposed to the “primary or exclusive” use of tape-recorded material, for example, Emerson, Fretz, and Shaw (1995) propose that such usage is “*one way among others* for closely examining the meaning events and experiences have for those studied” (p. 77, emphasis added).

An extended argument for mutual affinity is to be found in Gubrium and Holstein (1997), who advocate combining ethnographic *naturalism* with ethnomethodological *social constructionism*. In naturalistic inquiry, the stress is on immersion in the social worlds of prison, mental illness, medical settings, street life, schools, and communities. As demonstrated in such classics as Whyte’s *Street Corner Society* (1943), Liebow’s *Tally’s Corner* (1967), and Anderson’s *A Place on the Corner* (1976), the attempt is made to secure the *substance* of life in these worlds by capturing members’ own words, modes of expression, descriptions of experience, and the like. Social constructionism, which includes the methods of CA, involves a shift of attention from an ethnographic insider’s depiction of substance to the *how* of social life—the methods implicit in talk and interaction whereby social actors sustain the substantive sense that life has. This distinction between grasping substance and studying the methods or practices for the achievement of meaning highlights a shift investigators can make as they probe a given setting. Here, then, is a clear statement of mutual affinity. In my own research using both recordings and ethnography, however, a difficulty is knowing when or how to make the transition between capturing everyday substance through ethnographic naturalism and breaking down that substance into the methodic practices for its achievement. I will specify strategies for making this transition when I discuss limited affinity.

## The “Contextual Critique” of Conversation Analysis

Before explicating the notion of limited affinity, other ground needs to be cleared. A point of contention between those who advocate for a mutual affinity between ethnography and CA and those who, like me, suggest a more limited approach is whether studying conversation, performing *sequential analysis*,<sup>4</sup> and confining investigation mostly to recordings and transcripts is by itself adequate social science. Indeed, some conversation analysts, particularly those who concentrate on “ordinary” conversation as opposed to that which occurs in institutional settings, eschew ethnography altogether. Such eschewal gives rise to criticism of CA’s close attention to what have been called the “autonomous”-seeming structures (Corsaro, 1981, pp. 12–16; Duranti, 1988; Zimmerman, 1988) of sequential organization of talk. Without explication of the *larger* context of that talk, CA misses the forest for the



trees. In Bourdieu's (1977) words, ethnomethodologists and conversation analysts operate with the "occasionalist illusion" that the essence of interaction is entirely contained within it. Other sociologists (Burawoy, 1991, pp. 271–276; Cicourel, 1987; Grimshaw, 1989; Mehan, 1991; Miller, 1994) have developed this critique, as have discourse analysts (Coulthard, 1977; Stubbs, 1983) and linguistic anthropologists. The student of Thai language and society Michael Moerman suggests that CA has a preoccupation with the "dry bones" of talk and is "bloodless" and "impersonal" with regard to "richly experienced human reality" (1988, pp. x–xi). Against Moerman, Pomerantz (1990/1991) observes that he invokes notions of members' "orientations" and "concerns" and implies that ethnographers have privileged access to these features of conduct. Pomerantz, along with Potter (1998), suggests approaching these "mental" concepts as social and occasioned rather than as static backdrops to behavior. However, making the case for a "culturally-contexted conversation analysis," Moerman (1988, p. 57) writes, "Sequential analysis delineates the structure of social interaction and thus provides the loci of actions. Ethnography can provide the meanings and material conditions of the scenes in which the actions occur" (p. 57).

Less trenchantly but similarly, Hanks (1996), in speaking to linguistic traditions, argues that spoken interactions contain elements of both transcendent formal structures of language and more contingent, local, and momentary developments. CA, being confined to the proximate realm, disregards the "broader social backdrop" (p. 218) of everyday interactions. While recognizing that "the surrounding discourse in which any expression is embedded is its first tie to context," there are "larger scale discursive formations" in need of analytic appreciation (pp. 185, 223).

Judging by the convergence of many fine scholars on the contextual critique of CA, the impulse to grasp the large, or wide, social backdrop to a particular spoken activity is strongly felt. As strong as it is, however, where the impulse leads is not at all clear. Goodwin and Duranti (1992, p. 2) argue, for example, that "it does not seem possible at the present time to give a single, precise, technical definition of context, and eventually we might have to accept that such a definition may not be possible." Indeed, when advocating for context, investigators do not often specify what is meant by "broader" or "larger scale" social structures and organizations or precisely how to incorporate features of context residing outside of and purportedly influencing direct interaction and talk. Hanks (1996, pp. 217–222) points to Goffman's (1974, 1979) frame-analytic "participation frameworks," Gumperz's (1982) "contextualization cues," and Lave and Wenger's (1991) "communities of practice" as notions helpful to the involvement of social environments in the dissection of conversational interaction.<sup>5</sup> Although these notions are

intuitively appealing and are employed pervasively in many studies that fit in the *ethnography of speaking* tradition (Hymes, 1974), a close look suggests they nevertheless are like what Blumer (1956) once called “sensitizing concepts” and do not theoretically or methodologically provide a disciplined approach to capturing their referents in the expansive social arenas to which they point.<sup>6</sup> In short, as Schegloff (1987, p. 221) argues, investigators have treated “contexts” (frameworks, cues, communities) as utterly transparent, when they may be anything but.

## Response to the Contextual Critique

The impulse to grasp wider contexts surrounding an utterance points toward obtaining more ethnographic information and data. Without proper analytic control of contextual information, however, paradoxically, investigators may lose data in which the local orderliness or important facets of social organization actually reside.

*Analytic Control.* The burden for investigators is to provide a methodological apparatus—what Kaufmann (1944) describes as inquiry-specific rules of scientific procedure—for decisions about what to include from the wider-than-sequential context or broader social environment surrounding an utterance or other piece of interaction. In much very fine ethnography, I do not find rules of procedure for incorporating the analysis of social structure. Consequently, like other conversation analysts, I have come to rely on terms that Schegloff (1987, 1991) raises about “micro and macro” sociology and “talk and social structure.” In examining utterances and interaction, two questions to be posed about larger or broader structures, categories, or organizations are (a) whether such categories are *relevant* to participants and, if so, (b) whether they are *procedurally consequential* in the sense that participants display, in their talk and interaction, an orientation to them. Considerations of relevance point to the many possible ways in which the “same” participant can be identified. Against the positivist solution of defining relevance according to sociodemographic categories that may have theoretical provenance or are statistically significant in their correlation with attitudes and beliefs, Schegloff (1987) proposes a concrete approach. Investigators’ characterizations of participants should be grounded in actual displays of participants themselves using such characterizations to perform and understand their actions. Furthermore, if social structure and other abstract aspects of “context” are real to the participants, they will be procedurally consequential, as reflected in speech exchange systems (turn-taking)<sup>7</sup> and other features

of talk, such as repair (Schegloff, Jefferson, & Sacks, 1977). In CA, *repair* refers to mechanisms for dealing with troubles or problems in speaking, hearing, or understanding the talk in progress—what someone has just said—and these mechanisms may be encouraged or suppressed in specific environments. In the survey interview, for example, certain mechanisms for repair are suppressed on behalf of attempting to achieve standardization (Moore & Maynard, 2002).

*Data Loss.* Instead of providing methodological criteria for analyzing context, investigators often rely on those sensitizing concepts that are more or less theoretically sophisticated but otherwise ungrounded vernacular depictions of interactions. Consider further the work of Bourdieu (1977, pp. 4–6), who eloquently criticizes “objectivist knowledge” for its ignorance of “practical knowledge of the social world,” opposes abstract rule-oriented theories of social action, incorporates real time as a feature to be appreciated about social life, and thereby assimilates an extraordinary amount of complexity and detail in his analysis of everyday social and cultural phenomena. The ground seems well plowed for inquiries alive to all manifestations of ordinary conduct that contingently develop in the course of actual talk and social interaction. Not so, however, for, according to Bourdieu, actors are situated according to a “habitus” and system of “dispositions” that derive from social structure—the material conditions of class relations—and thereby provide the forms that interaction takes (pp. 78–81). Whereas the implications are clear, the mechanism is not; social structure is somehow operating behind the backs of participants. Indeed, when Bourdieu says, “‘interpersonal’ relations are never, except in appearance, *individual-to-individual* relationships and . . . the truth of the interaction is never entirely contained in the interaction” (p. 81), it could simply imply that, as Grimshaw (1989, p. 83) puts it, “Life is complex.” Any strip of interaction, because it is complex, could be accorded “alternative interpretations,” and it is difficult to adjudicate among them. But Bourdieu is up to other things. He means that nothing is autonomous in the domain of language use; anything and everything interactionally is related to habitus and its class conditioning.<sup>8</sup> As against the “occasionalist illusion,” this smacks of a “social-structural illusion,” the idea that there is no time out from participants’ potential placement according to race, gender, class, and a society’s other structural positionings.

Conversation analysts subscribe to a different sensibility—that many social behaviors are ordered according to local principles that are impervious to effects from social structure. Not always or everywhere, for conversation analysts neither dispute the importance of class and other social structural concepts nor argue with studies documenting, for instance, the distribution of

language styles according to class or ethnic backgrounds of people (Schegloff, 1997, p. 413), as in the pioneering work of Labov (1972a; 1972b), Gumperz (1982), and other sociolinguists, most recently Baugh (1999). In fact, there is a growing number of CA studies in which speech practices are an independent variable predicting bureaucratic decisions (Boyd, 1998) or are a dependent variable affected by specific historical, social, or interactional circumstances (Clayman & Heritage, 2002; Heritage & Stivers, 1999; Lavin & Maynard, 2001).

When, however, investigators assume that vernacular, categorical, or typological references to a setting or its participants are pervasively relevant and that the social structures and institutions embodied by such references are omnirelevant in their influence on talk and social interaction, it may mean losing analytic grip on the phenomena that participants themselves regard as prominent. This is because a consequence of working with vernacular terms, categories, and types is to discard or subsume particular, discrete circumstances of real-time talk and social interaction. As Schegloff (1991, pp. 60–61) puts it,

The vernacular characterization “absorbs” the details of the talk as an unnoticed “of course” in such a “formulated-as-institutional” setting, and does not prompt one to note and explicate how the talk enacts “doing being in that setting.” . . . If the focus of inquiry is the organization of conduct, the details of action, the practices of talk, then every opportunity should be pressed to enhance our understanding of any available detail about those topics. Invoking social structure at the outset can systematically distract from, even blind us to, details of those domains of event in the world.

In the upcoming section on limited affinity, I discuss problems with this strong version of CA strategy and its eschewal of ethnography. The present point is that ethnographic insistence on the relevance of larger and wider institutional structures can result in a loss of interactionally consequential particulars, for attention shifts from concrete utterances in the fullness of their detail and as the embodiment of actual social actions to embrace narrative or other general accounts concerning social surroundings.

If anything has emerged from ethnomethodological and CA inquiry in recent decades, it is that participants in real social worlds *do* show orientations to the most immediate, embodied, pragmatic contexts of any given utterance. Analysts in these traditions are concerned to grasp the small-scale practices, impervious to prior theorizing and impossible to imagine, in which such orientations appear. Not only in complete utterances and turns, but also in hesitations, false starts, breathing, silences, speech tokens, prosodic

manipulations, and other minutia of interaction, participants accomplish socially big things by virtue of the adjacent and sequential positioning of utterances, turns, and minutia. Among the big things they achieve, independently from possible accretions of social structure, is *intersubjectivity*—mutual understanding and conjoint orientation, which make actual concerted activity possible in the real social world.

## Limited Affinity

The notion of limited affinity implies precise ways in which ethnography complements CA. I will discuss three uses to which conversation analysts put ethnography: (a) in descriptions of settings and identities of parties; (b) in explications of terms, phrases, or courses of action unfamiliar to an investigator or reader; and (c) in explanations of “curious” patterns that prior sequential analysis may reveal.

*Describing Settings and Identities.* A problem with the strong version of CA strategy is its recommendation that especially in analyzing talk in institutional (medical, legal, business, etc.) settings, we need to attend to how participants “do being in that setting” (Schegloff, 1991, pp. 60–61). As Garfinkel (1967, p. 32) remarks, *every* feature of a setting, without exception, is the managed accomplishment of members’ practical actions. This implies that in a clinic, for example, participants’ identities as doctor and patient are an outcome of work that makes those identities visible. However, an analyst necessarily may need to disattend to aspects of identity work to concentrate on other activities as also central to the setting. Without choosing which features and activities to concentrate on analytically in a setting, and which features therefore to describe ethnographically in the background, investigators are faced with an enormously complicated task in which all prominent features of a setting—all “doings”—require inquiry.

*Explicating Unfamiliar Terms, Phrases, or Courses of Action.* A second type of limited affinity between CA and ethnography highlights meanings that participants take for granted but that are not transparent either for an analyst or a reader of a conversational extract. Conversation and discourse analysts’ tendency to work in their own language communities, Duranti (1997, pp. 267–277) argues, obscures the extent to which ethnographic knowledge of taken-for-granted expressions is necessary for the detailed analysis of conversational structure. It is a point well taken, for ethnographic knowledge—an insider’s understanding of terms, phrases, and courses of

action—is something that CA regularly draws on when displaying and analyzing a particular excerpt (Maynard, 2003, pp. 74–75). Ethnography may be necessary not only for comprehending relatively casual references in recorded conversations, but especially for learning the definition of technical nomenclature in such institutional settings as medicine (Cicourel, 1987). An analyst of doctor-patient interaction may have to learn about medical procedures or phrases to understand what is being said in a particular sequence and may need to define such procedures or phrases for readers.

*Explaining “Curious” Patterns That Prior Sequential Analysis May Reveal.* A third type of limited affinity between ethnography and CA situates the investigator in a setting in a more traditional field-study sense, and involves the use of observation and interview to capture or confirm in abstract terms what a conversation analytic inquiry may propose about concrete interactional organization in the setting’s talk. Participants’ vernacular descriptions, captured when the investigator interviews them, may help make sense of patterns that sequential analysis suggests but cannot fully explain. In our study of HIV and AIDS counseling, we found that counselors, despite official recommendations about tailoring “safer sex” teachings to the needs of individual clients, often gave clients information that appeared to be irrelevant to them personally. That is, counselors may introduce a panorama of recommendations that meet with passive and silent responses, and sometimes open contestation, from clients (Kinnell & Maynard, 1996). In CA terms, counselors regularly initiate advice-giving talk that is unsuccessful in occasioning uptake from clients.<sup>9</sup> A reason for recommendations being ill fitted to clients, discovered through ethnographic participation in the setting, is that counselors are taught not only to minister to individual clients (if they can) but also to assume that clients would relay to their wider community of friends and acquaintances information that may be personally irrelevant. Hence the apparent insensitivity to clients’ own needs, evident in the sequencing of counselor-client interaction, is at least partially responsive to a perceived “institutional mandate” (Drew & Heritage, 1992, pp. 22–23; Maynard, 1984, p. 12) to effect social change in communities where HIV is highly prevalent.

Another example of the explanatory use of ethnography comes from our research in an oncology clinic. A patient who had been dealing with gall bladder cancer for a year had just undergone an unsuccessful operation to remove more of the tumor. Subsequently, the physician needed to tell this patient that the cancer was no longer treatable, and that, although he would be released from the hospital, he was at the end stage of the disease and life process. All that could be medically provided was palliative care. Inspection and analysis

of the natural interaction as captured on the videotape revealed no mention of imminent dying and death. Instead, we observed the physician, at a particular juncture in the conversation, broaching the topic of hospice, the patient and his partner collaboratively shifting the topic from hospice to a nursing home where the patient could go upon discharge from the hospital, and the conversation thereby developing contingently in ways that avoided discussion of hospice. Through his references to hospice, we described the oncologist as somewhat unsuccessfully alluding to the patient's dying. And because allusive talk purposely avoids explicit formulation, it was helpful to consult what the oncologist said to me in an interview about this encounter: "Sometimes I use the discussion of hospice, not so much because it's important to me that the patient accept a home hospice program, but . . . to get the conversation really directed where you want it to go, which is on death and dying issues" (Lutfey & Maynard, 1998, p. 325). Only with the ethnographic information was it possible to verify that the physician, when broaching the hospice topic, was working to inform the patient that the latter was soon going to die. Although use of ethnography in this fashion may be close to what Gubrium and Holstein (1997), Moerman (1988), and others recommend for enriching conversation analytic inquiry, it bears repeating that ethnography is a post hoc way of explaining the existence of interactional practices, particularly when *prior* sequential analysis reveals curious-seeming patterns.

### **Building Additional Affinities Between Conversation Analysis and Ethnography**

Bad and good news represent naturally occurring breaches in the structure of everyday life. Locating such breaches does not, however, solve the problem of how to study their constituent features and the practices by which participants, faced with having to suspend their ordinary stance of belief, effortfully reassemble a known-in-common world. Participants in episodes of disclosure can provide post hoc accounts that provide initial access to the practices and methods of worldly suspension and reassembly. However, in part because of the problem that indexical expressions present—fitting the detail of actual modes for conveying news into strategic types—the bigger sociological prize exists in knowing how to handle analytically the contingently formed, real-time particularities of participants' conduct together. An ethnomethodological proposal is that in these particularities—in the *detail* of participants' conduct—resides an orderliness associated with practices, methods, or procedures of minute but socially consequential mundane behavior. To be found

in these practices and methods is the participants' world as it is or comes to be known-in-common and newly taken for granted.

It can even be said that, because it contains and is the product of concerted actions, *detail itself is a type of context*, and its incorporation analytically involves going deeper into the concreteness of a setting, even if it does not broaden the investigation abstractly. Wanting to capture this depth, I employ ethnomethodology and CA because, in theoretical and methodological ways, they enable systematic and rigorous attention to the fullness of participants' spoken sociality and its generic structuring. I use ethnography in a limited affinity with CA to (a) refer to settings and participants according to institutional or other identities and categories, (b) describe courses of action related to a focal episode and unfamiliar terms within it, and (c) explain curious sequential patterns.

Although I have so far stressed the *limited* affinity between CA and ethnography, to differentiate my methodology from that of those who pose *mutual* affinity, the operative word in both combinations is still *affinity*. An implication is that more linkages can be developed between CA and ethnography. Where I have said that ethnography is of manifest use to CA, the reverse also can be true: CA can be employed on behalf of ethnographic inquiry. One example is Duneier's (1999) study of the remarks that street vendors direct toward women passersby. In a coauthored methodological discussion about this research, and in a manner similar to Gubrium and Holstein (1997, Chapter 7), Duneier and Molotch (1999, pp. 1269–1270) suggest that, instead of taking the *unmotivated* CA stance toward interactional detail, such research can in fact be *motivated* by substantive concerns. Recording and analyzing street conversations reveals practices through which male vendors work to open conversations with female passersby and the unreciprocated efforts of the women to close these conversations. Recordings and “applied” CA of them are used to “enrich the more conventional sociological ethnography” (Duneier, & Molotch, 1999, p. 1272). Conversation analysts themselves have used the CA approach in an ethnographic and applied way, as in our probing the use of the concept of “justice” in a jury deliberation (Maynard & Manzo, 1993), in Heritage and Lindström's (1998) analysis of the phenomenology of shared experiences between a new mother and her British health visitor, and in other studies.

Another bridge to be built between CA and ethnography involves *extended* social activities. My research on singular episodes of bad and good news does not address the ways in which, over long periods of time, participants progressively adjust to some altered social world. When medical personnel first tell them that they have some chronic illness, for instance, patients may not know how to react:



Ron Rosato recounted, "I said, 'Well, what is this problem?' And they put me in a hospital and took a lot of tests, and they said, 'Everything is fine, Ron, but—so we've come up with multiple sclerosis, a possible multiple sclerosis.' I said, 'What is that?' and they said, 'You'll learn about it.' And I did." (Charmaz, 1991, p. 18)

In learning about a diagnosis, recipients like Ron Rosato progressively alter their response to the initial news delivery and experience further announcements about the condition. Analysis of the full process as a duration would require something along the lines of what Corsaro (1996) calls "longitudinal ethnography."

A longitudinal approach to bad and good news would allow us to map how the social worlds of participants undergo metamorphosis in and through paced, incremental announcements, as when someone who has suffered disease or accident gets better or worse, or alternates between the two and staying the same, across days, weeks, months, or longer periods. There is also the task that chronically ill persons face as they inform others about their diagnosis over time (Charmaz, 1991).<sup>10</sup> Using CA, longitudinal designs can encompass the activity of news delivery and receipt as an enduring process. Along these lines, Beach (2001, 2002, 2003) has collected telephone calls from a family wherein the wife and mother was diagnosed with cancer and ultimately died. Family members were dispersed and, over the phone, kept one another informed of the outcome of therapeutic interventions, tests, and other matters related to the progress of her illness. Beach's work with this data is a kind of longitudinal CA.

Besides applying CA to enhance substantive ethnographic investigations and to develop longitudinal studies of interactional activities, still other rigorous linkages between CA and traditional ethnography can be built. The affinities between CA and ethnography—limited, mutual, and others—continue to be explored.<sup>11</sup>

## Coda: In the Clinic

CA research constrains the use of ethnography when it attempts to grasp the context of an utterance by positing connections to "wider" social structures, because it would embody an abstracting movement away from interactional detail. I will illustrate how analytic control and data loss affect proposals about what happens substantively in the social world by reviewing a portion of the ethnographic literature on bad news, along with an example of a diagnostic "informing" interview.

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One of the first recordings I came across in the developmental disabilities clinic data I was given involves 7-year-old Donald Riccio (pseudonym), whom the clinic diagnosed as “mildly” mentally retarded.<sup>12</sup> The informing interview took place after Donald was referred to the clinic because of speech and other difficulties at school. Two pediatricians were at the interview—Dr. Davidson was the one who evaluated Donald and performed the diagnosis, and Dr. Andrew introduced herself as the physician who would be responsible for seeing Donald at the clinic for subsequent visits. Dr. Andrew does not speak in the excerpt below. Immediately after introductions, Dr. Davidson began the diagnostic news delivery (see Appendix for transcribing conventions).

**(1)DD #11**

1 Dr. D: I think- you know I'm sure you're anxious about (1.0) toda:y

2 and I know this has been a re:all:y hard year for you.

3 (0.4)

4 Dr. D: .hhh and I think you've really done an extraordinary job (0.4)

5 in (0.8) dealing with something that's very hard for any human

6 being or any parent.

7 (0.8)

8 Dr. D: And you know Mrs. Riccio and I can talk as parents as well as

9 .hhh

10 Mrs. R: True

11 Dr. D: uh my being a professional.

12 (0.6)

13 Dr. D: It's hard when there's something not all right with a child.

14 (1.0)

15 Dr. D: .hhhhh very hard.

16 (1.0)

17 Dr. D: And I admire both of you really and (0.8) an' (2.2) as hard as

18 it is (0.4) seeing that there is something that is the matter

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- 19 with Donald, he's not like other kids (0.2) he is slow, he is  
 20 retarded.
- 21 (0.2)
- 22 Mrs. R: HE IS NOT RETAR[DED! ]
- 23 Mr. R: [Ellen.]
- 24 Mrs. R: HE IS NOT RETARDED!=
- 25 Mr. R: =Ellen.
- 26 (0.3)
- 27 Mr. R: Uh plea:s::e
- 28 Mrs. R: NO::!
- 29 Mr. R: May- look- (0.6) it's their way of:: I'oh'know.
- 30 Mrs. R: hhhhh HE'S NOT RETAR:(ghh)DED! ((sobbing))
- 31 (2.5)
- 32 Dr. D: He can learn and he is lear[ning]
- 33 Mrs. R: [hhhh]
- 34 Mr. R: Yes [he is learning ] [I- ]
- 35 Dr. D: [and he's making] good prog[ress.]
- 36 Mrs. R: [.hhhhhhhhhhhhhhhh]

At lines 18–19, Dr. Davidson proposes the diagnosis of retardation, in a straightforward way that an interview-based study by Clark and LaBeff (1982) would characterize, in comparison with *oblique*, *elaborate*, *nonverbal*, or *conditional* methods, as *direct*. The mother, Mrs. Riccio, “breaks down” (Darling, 1979) when she hears this suggestion. By contrast, the father’s stance toward the diagnosis is not clear; he addresses his wife and not the clinician. Now, to account for the news delivery and the parents’ reactions, potentially we can go in two different directions. One is toward a relatively abstract understanding of the interaction, based on what can be gleaned ethnographically about the backgrounds of participants. The other direction, confining ourselves mostly to the recording and using ethnography in a limited way, is to pursue detail and to be concrete about the practical organization of the encounter.

## Ethnographic Abstraction

The tendency in past qualitative studies of bad news has been to glean further ethnographic information about the setting and the identities of the parties. Ethnographers, in fact, have an admirable record of letting no stone go unturned to garner facts about a particular research site, the biographies and demographic identities of participants—ages, ethnicities, genders, socioeconomic classes, occupational categories—and the cultures to which they belong because of these identities. Such effort is particularly evident in McClenahan and Lofland's (1976, pp. 255–257) finding that when bearers (U.S. marshals) and recipients (ordinary citizens) of bad news differ in terms of race, class, and education, there is less “emotional involvement.” Deputies use such “distancing” tactics as employing “more foreboding and formal settings of delivery.” Similarly, according to Glaser and Strauss (1965, p. 146), physicians take into account a family's ethnicity, religion, and educational level in determining whether and how much news to convey about a patient's dying. And Clark and LaBeff (1982), in their study of death telling, state *conditions* for how professionals convey the news. “The lack of well-defined, normative guidelines for such deliveries,” they argue, “. . . requires the deliverers to construct various tactics influenced by situation and structural factors, including occupation, setting, characteristics of the deceased, and the type of death” (p. 379). In these accounts, then, authors describe modes of delivery in typological terms and correlate these modes with other abstractions about attributes of the setting and traits of the parties involved.

With this approach, we would be interested in information that Svarstad and Lipton (1977) obtained by interviewing the parents extensively both before and after the informing interview from which the previous excerpt is taken. The Riccio family, by way of the Hollingshead Index of Social Position, was found to be in the lower social class. They were white and of Italian extraction, Catholic in religion, and the parents both had high school educations. The father worked for a utility company, servicing air conditioners, whereas the mother was a homemaker with three other children besides Donald. This information implies several things, in keeping with previous ethnographic research. The family is a “traditional” one, with a stay-at-home mother and a father who works at a “blue-collar” outside job. Both pediatricians (with MDs) are women, which, in the early 1970s, when the interview was recorded, meant that they had very nontraditional occupational roles, and relatively high-paying ones at that. Accordingly, these educational, class, occupational, and gender role differences between family and clinicians imply a great deal of social distance. Furthermore, such social distance may be a basis for the direct delivery of diagnosis, because

professionals are less caring about how their recipients will react when they do not share the same social background (Glaser & Strauss, 1965, pp. 122–123) and are more likely to be more “cold” and “heartless” (Clark & LaBeff, 1982, pp. 371–372), possibly to achieve clarity at the expense of shocking recipients (Clark & LaBeff, 1986, p. 257; Glaser & Strauss, 1965, p. 125). Based on our ethnographic background information, then, a reasonable proposal is that the pediatrician evokes the mother’s strong and emotional reaction to be starkly clear about the diagnosis and because of structural distance from her recipients. As for the father’s reaction to the news, the literature has not said much about how or why the partner of one recipient may respond differently.

It needs to be granted that despite the suggestions from ethnographers of bad news about the importance of participants’ backgrounds, field researchers often warn against imposing exogenous categories on their data. There is, however, an impetus in some ethnography, especially in studies of bad news, as well as in research advocating for a mutual affinity between recordings and ethnography, to attend to such backgrounds and categories when dealing with interactional data. For instance, van Dijk (1999), describing the position of critical discourse analysis (CDA), remarks, “There is no hesitation in examining text and context separately, and once a feature of context has been observed, postulated or otherwise identified, CDA may be used to explore whether and how such a feature affects, or is affected by, structures of text and talk” (p. 460).<sup>13</sup>

I think it is tenable to state that a “feature of context” is affected by structures of text and talk; the difficulty is in going the other direction. Statements about the influence of external or exogenous factors tend to be based on the observer’s often-laborious effort to gather demographic or historical information rather than equally rigorous demonstrations *from* the interactional data. In the literature on bad news, most enlightening about the empirical and analytical difficulties are Glaser and Strauss (1965), reflecting on their own previous statements proposing how social factors affect the presentation of bad news:

The relationship of social factors such as ethnic status, social class, language, religion, and education to properties of disclosure to the family (particularly if, when, and how disclosure occurs) is an important research problem. The research should also develop the intervening interaction process that links the relationship of a social factor to a kind of disclosure. (p. 146)

Schegloff’s notions of relevance and procedural consequentiality seem to be the exacting terms that Glaser and Strauss are calling for, a way of

exerting analytic control over what may be said about the processual “links” between social factors and disclosure practices. What are the connections? Are the social factors ones to which the participants themselves are demonstrably attuned or are they a selection that the analyst has made on theoretical or other independent grounds? Why just these social structural factors and not others? How is analytic control to be exerted so that the social factors of importance in the experience of participants are validly part of the interaction? And beside analytic control lies the issue of data loss: preoccupation with social distance between clinicians and parents based on knowledge of background factors means that we disattend to much of the detail exhibited in the interaction in favor of inferences about interactionally unseen structural influences.

### **Detail, Concreteness, and the Organization of Practices**

The other direction to go when asking questions about how clinicians present and parents handle diagnostic news is to adhere more closely to the interactional stream of data and to use ethnography in a limited way. In introducing the transcript, I characterized the setting as a developmental disabilities clinic and identified the participants as “pediatricians” and “parents” (mother, father). I also provided the level of Donald’s mental retardation, assuming the reader’s familiarity with this broad term, but also giving the official classification. These limited ethnographic descriptions and clarifications allow for *focusing* on the central *activity* of delivering and receiving the diagnosis. Other ethnographic information (concerning the ethnic, class, and educational backgrounds) comes into analysis only if the participants themselves display an orientation to it (Emerson et al., 1995, pp. 12–16). In other words, most of the time Dr. Davidson can be heard to be speaking as a pediatrician, and Mr. and Mrs. Riccio as parents. That matter is relatively straightforward. What that means, and where and when the participants talk or listen to one another under other auspices is not so straightforward.

Rather than dwell on the abstract identities of the participants, a conversation analytic strategy is to examine the full sequential context of the diagnostic news delivery, which starts with Dr. Davidson moving from introductions (not on transcript) with an assertion recognizing the parents’ anxiety and “really hard year” (lines 1–2).

**(2) DD #11 (first part)**

- 1 Dr. D: I think- you know I'm sure you're anxious about (1.0) toda:y  
2 and I know this has been a re:all:y hard year for you.  
3 (0.4)
- 4 Dr. D: .hhh and I think you've really done an extraordinary job (0.4)  
5 in (0.8) dealing with something that's very hard for any human  
6 being or any parent.  
7 (0.8)
- 8 Dr. D: And you know Mrs. Riccio and I can talk as parents as well as  
9 .hhh
- 10 Mrs. R: True
- 11 Dr. D: uh my being a professional.  
12 (0.6)
- 13 Dr. D: It's hard when there's something not all right with a child.  
14 (1.0)
- 15 Dr. D: .hhhhh very hard.  
16 (1.0)
- 17 Dr. D: And I admire both of you really and (0.8) an' (2.2) as hard as  
18 it is (0.4) seeing that there is something that is the matter  
19 with Donald, he's not like other kids (0.2) he is slow, he is  
20 retarded.

Following a silence (line 3), Dr. Davidson also compliments them (lines 4–6) on their “dealing” with a vaguely formulated “something that’s very

hard. . . .” This may operate as what Goodwin (1996) calls a “prospective indexical,” anticipating the diagnosis to come; the turn also meets with silence (line 7). Then, Dr. Davidson suggests that she “can talk” with Mrs. Riccio as a “parent” (lines 8–9), a suggestion with which Mrs. Riccio agrees (line 10), as Dr. Davidson goes on to say “as well as .hhh uh my being a professional” (line 11). Following another silence (line 12), Dr. Davidson again claims to recognize how “hard” things may be, referring once more to “something” and adding the phrase “not all right with a child” (line 13). This is a *litotes*, a rhetorical form of negation that, by its inexplicitness, permits alluding to or hinting at a delicate matter that so far remains unnamed (Bergmann, 1992, pp. 148–151). Yet another silence occurs (line 14), after which the pediatrician emphasizes the difficulty (“*very hard*,” line 15). A longer silence develops here (line 16), followed by Dr. Davidson announcing her admiration of the parents (line 17) and producing a stronger version of the “something” phrase (lines 18–19). And the stress on “is” in “something that *is* the matter with Donald,” may reinforce how the phrase in its positive characterization provides a contrast with the previous negative phrase, or *litotes*. Still, it alludes to rather than names what the “matter” is.

From this point, Dr. Davidson moves into the official diagnosis of retardation, this movement involving another *litotes* for comparative declaration (Donald is “*not like other kids*,” line 19) and a vernacular assessment (“*he is slow*,” line 19) that leads into Dr. Davidson, through an assertive format, *predicating the diagnosis as an attribute of the person* (Maynard, 2004): “he is retarded.”<sup>14</sup> Until now, contrary to our ethnographically abstract depiction of this interaction, Dr. Davidson has been very cautious, alluding several times to “something” that is “*very hard*,” “*not all right*,” and “*the matter*,” in approaching an announcement of the official diagnosis. Her practices during this approach include claiming recognition of their plight by repeating four times how “hard” they have had it, complimenting the parents on the job they have done, and proposing the relevance of a relationship (“*parents*”)<sup>15</sup> outside the professional-client one, in a way that nevertheless recognizes the latter as primary. Consequently, rather than the analyst needing to make inferences about the relevance of participants’ backgrounds (social factors), Dr. Davidson herself formulates such relevance. Putting these practices together, and considering them as *proposals of affiliation*, it would be difficult to sustain an argument that this is a fully “cold” or “heartless” and socially distanced presentation on the part of the clinician.

However, the only device that procures any uptake from the parents is Dr. Davidson’s invoking of the “parents” identity. Silences meet the actions of complimenting and recognizing the parents’ “hard” challenges,



and resistance is exhibited to Dr. Davidson's affiliative proposals. Because most of Dr. Davidson's attempts at affiliation appear to fail, the environment for delivery of bad diagnostic news is not a fully auspicious one. Arriving at the term "retarded" (line 20), Dr. Davidson stops talking, and, following a 0.2 second silence, Mrs. Riccio receipts the diagnosis with a series of loudly oppositional turns (lines 22, 24, 28, and 30), and she ends up sobbing (line 30):

**(3) DD #11 (continued)**

20 Dr. D: . . . he is slow, he is retarded.  
 21 (0.2)  
 22 Mrs. R: HE IS NOT RETAR[DED! ]  
 23 Mr. R: [Ellen.]  
 24 Mrs. R: HE IS NOT RETARDED! =  
 25 Mr. R: =Ellen.  
 26 (0.3)  
 27 Mr. R: Uh plea:s::e  
 28 Mrs. R: NO::!  
 29 Mr. R: May- look- (0.6) it's their way of::  
 I'oh'know.  
 30 Mrs. R: hhhhh HE'S NOT RETAR:(ghh)DED! ((sobbing))  
 31 (2.5)  
 32 Dr. D: He can learn and he is lear[nin]g  
 33 Mrs. R: [hhhh]  
 34 Mr. R: Yes [he is learning ] [I- ]  
 35 Dr. D: [and he's making] good prog[ress.]  
 36 Mrs. R: [.hhhhhhhhhhhhhh]

As Mrs. Riccio vigorously displays her disagreement, Mr. Riccio addresses Mrs. Riccio by her first name (lines 23, 25), produces a plea (line 27), and after her strong rejection ("NO::," line 28), appears to refer to the diagnosis as the clinic's "way of . . ." but then abandons the effort with a knowledge disclaimer ("I'oh'know," line 29). Mr. Riccio, accordingly, does not himself exhibit a reaction to the diagnosis. Subsequent to Mrs. Riccio's sobbing rejection of the diagnosis (line 30), there is a substantial silence (line 31),

whereupon Dr. Davidson engages a *good news exit* from the bad news, suggesting that Donald “can learn” and “is learning” (line 32). Mr. Riccio agrees with this (line 34), as Dr. Davidson continues with the assessment of Donald as “making good progress” (line 35). Mr. Riccio’s line 34 utterance is the second instance of his aligning with what the pediatrician has to say. Meanwhile, at lines 33 and 36, Mrs. Riccio is audibly sighing in overlap with her husband’s and the pediatrician’s talk.

### **A Puzzle: Contrasting Parental Reactions to a Forceful Presentation of Diagnosis**

Although the detailed analysis of recorded interaction gives a finer appreciation of the pediatrician’s work to mitigate the impact of the clinic’s bad news, we also see that that work is not fully successful. However, this analysis demonstrates that if social distance is maintained between Dr. Davidson and the parents, it is partly a function of their resistance to her overtures rather than residing in her manner of presentation to them, as if her different social status was a causal factor in her approach. Of course, she does forge ahead in a relatively blunt way to present the parents with the diagnosis of mental retardation. Is there more that can be said about this strategy? And how do we analyze the quite different ways these parents receive the news?

*Social Structure or Psychology or Natural Periodicity.* If we were to draw on previous literature, we would be on thin ground, because it does not say much about how recipients reply to bad news announcements in the environment of and in relation to the announcement itself. Discussions of social structural effects in the bad news literature are about the strategies *deliverers* choose for giving the bad news. When ethnographers discuss responsiveness, they mostly concentrate on psychological effects. We know that when coroners’ deputies tell surviving spouses and other relatives about someone’s death, these messengers report that a prominent reaction is some expression of *grief* (Charmaz, 1975, pp. 307–309). Likewise, experts in the area of developmental disabilities see parents experiencing this emotion, or “sorrow,” because a diagnosis means loss of the “fantasized normal child” (Olshansky, 1962; Wikler, Wasow, & Hatfield, 1981). Grief and sorrow are consistent with the noetic crisis implicated in hearing about a changed social world. Thus, where Mrs. Riccio may have presupposed the essential competence of her son, the clinic’s diagnosis suggests a different version of him, and

consequently a new social world for her as mother and for the family. The radical loss of an assumed former world, as Katz (1999, p. 197) suggests, may call forth her crying as an embodied idiom that replaces speech when the latter is inadequate to one's experience. However, previous descriptions of grieving mostly invoke the psychological impact of bad news, do not discuss where and how *in interaction* these emotions are expressed, and do not account for other kinds of reactions, such as silence and withholding and assuagement of his wife's response on the order of Mr. Riccio's actions after the news delivery.

Glaser and Strauss (1965, pp. 121–135) provide the most comprehensive analysis of reactions to bad news, arguing that they occur as a series of *stages*. First is depression, which is followed by acceptance or denial. Denial, in prolonging the adjustment to bad news, may eventuate in acceptance. Each of these stages can be described in behavioral terms, acceptance being characterized by *preparations* for handling the announced condition, whereas denial *blocks communication*. In these terms, Mrs. Riccio appears to be blocking communication and Mr. Riccio to be accepting and preparing to deal with his son's retardation. These parents, accordingly, would be seen to be at different stages in the response process, but this process in either case represents a trajectory occasioned by the delivery of an official diagnosis but otherwise psychologically independent of it. That is, the description of stages mostly detaches them from their concrete relations to the diagnostic presentation and posits a natural progression with its own periodicity.

*CA and Ethnography.* So a puzzle remains. In this episode, how are the delivery of diagnosis and the parents' differential responsiveness to be understood concretely and interactionally, rather than in abstract relation to social structure or psychology or natural periodicity? What more can we say about the pediatrician's affiliative-but-blunt mode of delivering the diagnosis? About the mother's crying and the father's relatively restrained response? My answers to these questions are more fully developed elsewhere (Maynard, 2003), but two matters can be mentioned briefly.

One matter involves my third form of limited affinity—explaining a curious pattern in the talk by way of observation and interview. I did not collect the developmental disabilities data from which the episodes with the Riccio family derive, but I can draw on my ethnographic experience in an HIV-testing clinic to propose that Dr. Davidson's blunt approach may have been a *purposeful* device to provoke an emotional reaction. Counselors at the HIV clinic deliver bad news that a client is HIV positive in a straightforward and assertive manner similar to Dr. Davidson's bluntness about Donald's

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diagnosis of mental retardation. In the HIV clinic, although this confrontational style was apparent in the recordings I obtained, why the counselors employed such a style was not evident from the tapes. My ethnographic inquiry revealed that, as one counselor put it, it was important to “crack the emotional nut,” because this is what moves clients forward in the therapeutic and remedial process. Whereas the predominant pattern in interaction is for bad news to be *shrouded* and only good news to be *exposed*, these counselors disregarded this asymmetry. One counselor at the clinic, if unsuccessful during early parts of a session in evoking an emotional response from an HIV-positive client, would hug him at the apparent end of the session:

Some people who go into a stoic mode and [say] “I’ve expected this, it’s okay, I’ve dealt with it, da ta da ta da,” once you get into a hug situation they decompensate a little bit, they start crying, and I can really find out more information about where they’re really at. And then the real interviewing begins. You know, so initially it’s the ending of the interview but many times it’s just the start. (Maynard, 2003, p. 196)

Like the HIV counselors, if Dr. Davidson saw Mrs. Riccio as in denial or otherwise emotionally contained, and thereby inhibiting therapeutic progress for herself as well as Donald, this pediatrician may have fully meant to garner the mother’s emotive reaction.

The other matter related to our interactional puzzle concerns the parents’ differential responses and points toward further sequential analysis to understand how ordered these responses are. Diagnostic news deliveries often occasion the pair of reactions Mr. and Mrs. Riccio exhibit—hers of crying or flooding out and his of restraint or stoicism. That is, while each parent’s reaction is capable of description in psychological terms, they are also deeply socially organized. Here is a different example:

A 40-year-old woman had extensive Hodgkin’s disease which was fully explained to her and her husband by the medical registrar. “I sat there and I could see him talking but I couldn’t take anything in. When I got home I burst into tears, but afterwards I calmed down and my husband explained all that had been said.” (Souhami, 1978, p. 936)

Here, an individual conducts herself to be stoic at first and emotionally expressive later, according to the setting in which she is embedded. At other times, as with the Riccios, the stoic and emotional responses may be spread across bodies, so to speak—one spouse breaks down, whereas the other exhibits great restraint.

## Conclusion

Ethnographic data, including narratives about everyday life, can be helpful in providing access to inner experience and its relation to behavior and conduct. Using ethnography, it is possible to discern patterns for the delivery of bad news, for instance, and their effects on recipients' realization of the news. However, whether gathered by observation or interview, narrative data glosses what participants undergo and produce as part of their *lived* experience as they organize such experience in real time through ongoing talk and social interaction. An aspect of glossing is the production of typologies that neglect the problem of indexical expressions. For any close appreciation of the order in these expressions and in actual lived experience, an endeavor such as CA is an important resource. Among the advantages it offers is the analysis of interaction involving conversational sequences as a context in which utterances appear and from which they derive their character as social actions.

If only to identify participants or to describe the background to some focal episode, however, integrating CA and ethnography is inevitable. In addition, investigators may elect to pursue such integration in various ways. Some take a stance that there is a mutual affinity between these endeavors, as when CA enhances ethnography, or CA is used in a longitudinal way, or CA complements the ethnomethodological study of work settings. I have proposed a more limited affinity, which foregrounds the study of *activities* rather than particular *settings*. In any case, doing CA while also carrying out ethnography, and vice versa, can enhance an investigator's overall project.

## Notes

1. My lack of familiarity with developmental disabilities facilitated this approach, which has parallels with the ethnographic strategy of "hanging out" (Dingwall, 1997, p. 53) in a setting to experience the people and the social situation, avoiding prior questions and letting the situation pose its own questions. Although I was far from being physically in the setting, and could not attain the kind of "immersion" that ethnographers seek (Emerson, Fretz, & Shaw, 1995, p. 22), I was present indirectly by way of what I could hear and read as real-time conversations on the tapes and transcripts.

2. My strategy for collecting data has parallels with what Glaser and Strauss (1967, Chapter V) call the "constant comparative method," which enables obtaining diverse instances of a phenomenon in order to develop an analysis that confronts the full complexity of that phenomenon.

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3. Some ethnographers (P. Atkinson, 1990; Clough, 1992; Denzin, 1991; Richardson, 1991; van Maanen, 1995), including other contributors to this book, have supplemented traditional field methods with postmodern forms of inquiry, including various kinds and combinations of rhetorical, textual, discourse, and cinematic analyses.

4. Sequential analysis involves dealing with utterances in relation to immediately preceding or succeeding turns of talk. "Adjacency pairs," such as greeting-greeting, question-answer, invitation-reply, and other two-turn couplets, are examples of tightly organized sequences. For a detailed description of adjacency pairs, see Schegloff and Sacks (1973, pp. 295–296); for more general discussion of sequential analysis, see Heritage (1984, pp. 245–246).

5. Of these, participation frameworks, or ways in which speakers and recipients adopt different "footings," or stances, in relation to utterances, have been most closely integrated with conversation analytic studies. See, for example, Clayman (1988), Goodwin (1986), Goodwin (1990), Houtkoop-Steenstra (2000), and Maynard (1984, 1989).

6. For more thorough discussion of Goffman's frame analysis and Gumperz's contextualization cues, see Corsaro (1981) and Maynard and Whalen (1995). Cicourel (1974) and Corsaro (1982) advocate the strategy of *triangulation*, in which research subjects are asked to view videotapes of their own or others' interactions and to offer interpretations. This strategy adds to a project's interpretive base and helps to disambiguate obscure terms or phrases, but does not provide criteria for determining how social structure or other facets of context affect the course of interaction. For a wide-ranging discussion of the issues involved in social structure and interaction, see Wilson (1991).

7. See Heritage and Greatbatch's (1991) general discussion of how turn-taking characteristics constitute talk as an institutional form of interaction. Their specific focus is the news interview; also see Atkinson and Drew (1979) for a treatment of courtroom turn-taking, Boden (1994) on turn-taking in business meetings, and Manzo (1996) on turn-taking in jury deliberations. Drew and Heritage (1992) have systematized Schegloff's (1987) recommendations regarding procedural consequentiality to include, as sites of talk-in-interaction where this consequentiality may be expressed, lexical choice, turn design, sequence organization, overall structural organization, and "social epistemology" and "relations" (professional cautiousness, asymmetries in talk, and other matters).

8. By and large, Bourdieu does not study interaction, and I am taking his remarks about cultural categories, which are cognitive entities, and applying these remarks to the realm of interaction. For example, in *Distinction*, Bourdieu (1984, pp. 467–468) discusses "taste" in art and other aesthetic domains as a classification system, driven by specific material interests according to actors' class position. Actors construct the social world but do so from "internalized embodied schemes" or "cognitive structures" that, "having been constituted in the course of collective history," operate to determine practices that enter into the apprehension of an everyday commonsense world.

9. See also the research of Heritage and Sefi (1992). They identify a “dilemma” that faces home health visitors in Britain, who are purveyors of advice that is frequently not well received by first-time mothers. The dilemma involves a “ticket of entry” problem, or how to justify their visits to homes. Heritage and Sefi describe this dilemma through ethnographic characterizations of the health visitor role and mothers’ perceptions of it. The dilemma involves health visitors’ need to make themselves useful in a situation where what they have to offer may not be needed or wanted.

10. Also see Gubrium’s (1975) study of a nursing home and how the news of a death is disseminated (despite efforts of staff to contain it) from the dead person’s room to staff, to other residents on the floor, and, finally, throughout the entire home. On a different tack (a study in a work setting), but still relatively longitudinal, M. H. Goodwin (1996) examines how personnel transmit the news of a landed plane to different divisions and areas of an airport (and the prosodic manipulations necessary to convey messages in a multifocused setting).

11. See, for example, Lavin (2002) and Luffey (2000). Particularly important for developing the CA-ethnography relation, per the discussion in ten Have (1999, pp. 57–60) are studies of work settings (Heath & Luff, 2000; Luff, Hindmarsh, & Heath, 2000). And see Peräkylä’s (1997, pp. 203–205) proposals about how CA, in researching institutional settings, can incorporate the analysis of different “layers of the organization of interaction.”

12. In the classification system for mental retardation, “mild” covers those with IQs of 50–70; Donald was tested at 54. “Moderate” retardation covers the 35–49 IQ range, “severe” refers to those in the 20–34 span, and “profound” is used for individuals with IQ scores below 20.

13. The remarks of van Dijk are part of an editorial lead-in to an exchange published in *Text* between Billig (1999) and Schegloff (1999) regarding CDA and CA. For additional discussion of CDA and CA, see Wetherell (1998) and Schegloff (1998). For a broader statement regarding CDA, see Fairclough and Wodak (1997). And for an effort to integrate a critical, Foucaudian discourse analysis with a conversation-analytic understanding of the organization of “troubles talk” (Jefferson, 1988), see Miller and Silverman (1995).

14. See also Peräkylä (1998) on what he calls “plain assertions” for delivering diagnostic news in primary care health settings.

15. Because this utterance (line 8) is addressed to “Mrs. Riccio,” Dr. Davidson may be suggesting the relevance of their identities as “mothers” and not just as “parents.”

## APPENDIX

### Transcribing Conventions

#### 1. Overlapping speech

A: Oh you do? R[eally ]  
B: [Um hmmm]

Left hand brackets mark a point of overlap, while right hand brackets indicate where overlapping talk ends.

#### 2. Silences

A: I'm not use ta that.  
(1.4)  
B: Yeah me neither.

Numbers in parentheses indicate elapsed time in tenths of seconds.

#### 3. Missing speech

A: Are they?  
B: Yes because . . .

Ellipses indicate where part of an utterance is left out of the transcript.

#### 4. Sound stretching

B: I did oka::y.

Colon(s) indicate the prior sound is prolonged. More colons, more stretching.

#### 5. Volume

A: That's where I REALLY want to go.

Capital letters indicate increased volume.

#### 6. Emphasis

A: I do not want it.

Underline indicates increased emphasis.

#### 7. Breathing

A: You didn't have to worry about having the .hh hhh curtains closed.

The "h" indicates audible breathing. The more "h's" the longer the breath. A period placed before it indicates inbreath; no period indicates outbreath.

#### 8. Laugh tokens

A: Tha(h)t was really neat.

The "h" within a word or sound indicates explosive aspirations; e.g., laughter, breathlessness, etc.



**9. Explanatory material**

- A: Well ((cough)) I don't know
- Materials in double parentheses indicate audible phenomena other than actual verbalization.

**10. Candidate hearing**

- B: (Is that right?) ( )
- Materials in single parentheses indicate that transcribers were not sure about spoken words. If no words are in parentheses, the talk was indecipherable.

**11. Intonation.**

- A: It was unbelievable. I ↑had a three point six? I →think.
- B: You did.
- A period indicates fall in tone, a comma indicates continuing intonation, a question mark indicates increased tone. Up arrows (↑) or down arrows (→) indicate marked rising and falling shifts in intonation immediately prior to the rise or fall.

**12. Sound cut off**

- A: This- this is true
- Dashes indicate an abrupt cutoff of sound.

**13. Soft volume**

- A: °Yes.° That's true.
- Material between degree signs is spoken more quietly than surrounding talk.

**14. Latching**

- A: I am absolutely sure.=
- B: =You are.
- Equal signs indicate where there is no gap or interval between adjacent utterances.

- A: This is one thing [that I=
- B: [Yes?
- Equal signs also link different parts of a speaker's utterance when that utterance carries over to another transcript line.

- A: =really want to do.

**15. Speech pacing**

- A: What is it?
- B: >I ain't tellin< you
- Part of an utterance delivered at a pace faster than surrounding talk is enclosed between "greater than" and "less than" signs.

Source: Adapted from Gail Jefferson, "Error Correction as an Interactional Resource," *Language in Society*, 2:181-199, 1974.

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