51 Linda: We're both kinna hypocritical about it
52 Instruc: Well-
53 Cathy: heh heh [heh heh heh
54 Instruc: [Gladys and I probly eat meat once a week at the tops (.) cause we're
55   pretty vegetarian too.
56   (0.5)
57 Instruc: so we're perfectly willing to change to make it vegetarian
58   (1.5)
59 Linda: O::h I don't wanna ask you to do that
60   (2.2)
61 Linda: I don't- I'm not- I don't have like a religious thing about it or anything like that [Just don't-
62 Instruc: [Just don't like it
63   (1.0)
64 Linda: No I don't even not (0.6) like it
65 Rose: Hhh. N(h)ow- now that you said- if you said that you were making hot dogs or something
66   like you know then it would
67   [(change it)
68 Linda: [Yeah I don't like [hot dogs ((laughs))
69 Rose: [But now that you said m(h)m you're making this
70   never had it it so(h)unds go(h)od ((laugher))
71 Linda: [like Belgian dish
72 Rose: [like Belgian with this [name and I've=
73 Linda: [Yeah yeah
74 Rose: Now now the vegetarians (doesn't care)
75 Cathy: [Make the Belgian!
76 Rose: Yeah.
77 Male: ((laughter))
78 Rose: In other words
79 Rose: ((Most of the group is laughing and talking at once))
80 Rose: (We need) carnivores
81 Linda: ((More overlapping talk and laughter))
82 Cathy: (... a chance for plastic or stuff like that)
83 Cathy: ((laughs))
84 Instruc: All right well this you could chalk up to a new experience then.
85 Cathy: ((laughs))
86 Instruc: Uh: where- we don't have anything on this woman on the board do we?
87 Male: mht mhm.
88 Female: uht uh.
89 Instruc: So we could start clean over there I guess,

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Discourse studies...

TEN

Dialogue in Institutional Interactions

Paul Drew and Marja-Leena Sorjonen

INSTITUTIONAL DIALOGUE: THE FIELD OF STUDY

When we visit the doctor, hold meetings at our workplaces, appear as witnesses in court, negotiate business deals, ask for goods in convenience stores, interview for a job, call a medical or other information help line, summon the emergency services, (as faculty) meet students in office hours, or (as counsellors or clients) participate in therapeutic counselling sessions, we are talking, communicating and interacting in recognizably institutional 'contexts'. We use language to conduct the kinds of affairs involved when dealing with the variety of organizations we encounter in our daily lives, either as professional members of those organizations, or as their clients (customers, students, patients, citizens and the like). Language – in the form of talk-in-interaction – is the means by which the participants perform and pursue their respective institutional tasks and goals.

Other modes of communicating and forms of language, such as written documents, e-mail and text messaging, the internet and on-line order forms, video conferencing and other communicative technologies, also play an increasing role in institutional interactions, references to and the manipulation of different kinds of documents and physical objects are central (Arminen, 2005, ch.8; Hutchby, 2001). In many types of institutional interactions there may be an interplay between these various modes of communication, for instance interactions between the talk and other forms of technologically mediated and socially relevant information; however, in this chapter we focus specifically on

spoken dialogue conducted face-to-face or over the telephone. The study of *institutional* dialogue is, then, the study of how people use language to manage their practical tasks, and to perform the particular activities associated with their participation in institutional contexts – such as teaching, describing symptoms, cross-examining, making inquiries, negotiating, selling and buying, and interviewing. When investigating institutional dialogue, we are focussing on linguistic resources at various levels – lexical, syntactic, prosodic, sequential, etc. – which all are mobilized to accomplish the interactional work of institutions.

Although institutional interactions frequently occur within designated physical settings, such as hospitals and schools, social security offices and shops, it is important to emphasize that they are not restricted to such locations. Thus, places not usually considered institutional, for example, a private home, may well become the setting/arena for institutional or work-related interactions (e.g. as when home helps or health visitors come to the home to assist the elderly; or when phoning to place an order or make an appointment). Similarly, people in a workplace may engage in casual social conversations that are unconnected with their work. Thus, the *institutionality* of talk is not determined by its occurrence in a particular physical setting.

So let's consider the issue of what precisely constitutes 'institutional' interactions and therefore institutional dialogue. We can illustrate the complexities involved (for the difficulty of defining contexts in general, see e.g. Goodwin and Duranti, 1992) by considering the following extract from the beginning of an internal telephone call between personnel in a US State administrative office.[1]

(1)   [J1MORE:12:4]

```
 1    Kate:   Hey Jim?
 2    Jim:    How are you Kate Fisher
 3    Kate:   How are you doin'
 4    Jim:    Well I'm doin' all right (thank you very [much
 5    Kate:                                           [We-
 6    Jim:                                           [Well goo:d
 7    Kate:   And a lo:vely day it is.
 8    Jim:    Oh, isn't it gorgeous=
 9    Kate:   =I snuck out at lunch
10                [Yes
11    Jim:    it's [really [difficult to come [back
12    Kate:   [hhh [You(h)oo          [hhh that was not- good
13    Jim:    See it (was/ese-)
14              [You're s'pose to stay in your office
15    Kate:   and work work work [heh ha:h
                                 [Well-
```

```
16    Kate:   Jean and I went- she- she works in our office too
17            we went together too: uh-.hhhh u:h do some shopping
18    Jim:    [Um hum
19    Kate:   [A:nd we each made each other come back,
20    Jim:    Atta girl, yes I know what you mean
21    Kate:   So maybe that's the ke(h)y of going [like that
22    Jim:                                        [Huh huh huh
23    Jim:    That's it
24    Jim:    pt .hhhhh [What's up
25    Kate:             [Well-
26    Kate:   Well, I've had a call from Paul today and after he called,
27            I checked with your- terminal over there and they said
28            our order's not awarded ...
```

We can see from lines 26–28 that Kate has called a colleague, Jim, in order to conduct some work-related business; the call is in a general sense concerned with these participants' institutional tasks. But before they come to dealing with the call's official business, they converse briefly in a way that might be considered merely being sociable (lines 1–25). Thus within a single encounter participants may engage in and move between sociable and institutional talk.

Notice, though, that the institutionality of this interaction might not be restricted to the phase in which they discuss the call's official business. For example, even in the initial, sociable pleasantries in lines 1–23, their orientation to their institutional identities (i.e. colleagues in an administrative office) is manifest through the ways in which the topics of the weather and shopping are set in the context of office routines and employees' duties (e.g. Kate's 'admission' in lines 9–10 and Jim's teasing chide in lines 11 and 13–14). It is possible also that an institutional flavour is imparted to their talk by certain linguistic and sequential features in this phase (e.g. their greetings in lines 1–4; cf. Drew, 2002; Jim's use of repetition rather than ellipsis in his response in line 4; and his somewhat unusual word order in line 6, technically, the fronted predicate nominal *a lovely day*). Moreover, they attend explicitly to their identities as co-workers in the administrative agency (e.g. lines 13, 16–17 and 19).

Thus on the one hand participants may fluctuate between different kinds of discourse – or genres (e.g. Eggins and Martin, 1997) or styles (e.g. N. Coupland, 2007) – within a single conversation; and on the other hand an apparently non-institutional phase may be suffused with the institutionality of its context. Indeed it appears that talk about social pleasantries may play an essential part in constructing an institutionally appropriate rapport with one's colleagues and clients; for instance, building a rapport through 'social' talk is emphasized in (British) JobCentre interviews with unemployed benefits claimants, and in sales interactions (Clark, Drew and Pinch, 2003). Despite these fluctuations between social and business talk, the dialogue in Example 1 can be considered generally institutional insofar as the participants engage in and accomplish institutionally relevant activities (e.g. checking that an order has been placed), and in doing so, orient to the relevance of their institutional identities for the interaction.

The fluctuation between different types of discourses and the role of what is commonly termed as small-talk, as evidenced in Example 1, has recently gained more attention in research (e.g. J. Coupland, 2000). Consequently a more analytic understanding is beginning to emerge of the ways in which casual, sociable or apparently un-business-like small-talk is deployed in systematic places in interactions, and how its placement and role in different types of institutional interactions will vary (cf. Holmes and Stubbe, 2003: 87–108; Raevaara and Sorjonen, 2006; also Raevaara's (2009) study of the accounts given in convenience stores for the purchase of goods like chocolates, and how these accounts can generate talk about customers' lives, etc.).

To summarize, the boundaries between institutional talk and conversation are not fixed. The institutionality of dialogue is constituted by participants through their orientation towards relevant institutional roles and identities, and the particular responsibilities and duties associated with those roles, and through their production and management of institutionally relevant tasks and activities. Analysing institutional dialogue involves investigating participants' orientations to and engagement in their institutional roles and identities through their use of language, as well as through the co-ordinated interplay between talk, non-vocal conduct and the spatial and technological dimensions of a setting.

DEVELOPMENT OF THE FIELD

The study of institutional dialogue has emerged as a distinctive field of research during the past thirty years from developments in a number of cognate disciplines and perspectives, notably (interactional) sociolinguistics, discourse analysis, the ethnography of speaking and linguistic anthropology, the microethnography of face-to-face interaction, and especially conversation analysis.

Traditionally, sociolinguistic studies have focussed on language variation associated with such social identities as class, ethnicity, age and gender, shifting more recently to the kinds of variation associated with the social situation of use – somewhat independent of other (speaker-related) identities and sources of variation. Interactional sociolinguistics has been particularly innovative in turning the sociolinguistic paradigm away from its traditional focus on explaining language variation in terms of speaker attributes, towards focussing instead on the situational/contextual accomplishment of social identity (e.g. N. Coupland, 2007; Gumperz, 1982). The key contribution of this approach is to recast speaker identities not as background 'givens', but instead as interactionally produced in those contexts that are strategic sites in contemporary bureaucratic industrial societies. This programmatic objective (see Gumperz and Cook-Gumperz, 1982) has been pursued through a series of studies in settings such as job interviews, committees, schools (Rampton, 2006), courtroom interrogations (Cotterill, 2007), counselling, industrial training and medical interactions (e.g. Cordella, 2004).

The recognition that speech events are built out of particular component actions, or speech acts, has been fundamental to most perspectives concerned with institutional dialogue. But

the approach that built most directly on the notion of speech acts (from the philosophy of language) in the analysis of spoken interaction is discourse analysis, as developed by the Birmingham discourse analysis group. Their description of the standardized sequences of acts and moves which make up exchanges that are characteristic of particular settings, such as the classroom and medical interaction, represented a more dialogic approach to language in institutional settings (Coulthard and Ashby, 1976; Sinclair and Coulthard, 1975). Recognition of the characteristic sequential/structural patterns of dialogue in particular institutional settings was a significant development in this field (e.g. Mehan, 1979). Although this approach might now be regarded as being over structural and missing something of the contingent character of interactional sequences, nevertheless it represents a significant milestone in this area. What is presently termed as discourse analytic work on institutional dialogue has become diversified and comprises a range of approaches of which one of the most prominent ones is Critical Discourse Analysis (see Chapter 17 by Fairclough, Mulderrig and Wodak in this volume).

Studies associated with linguistic anthropology and the ethnography of speaking have emphasized that a speaker's 'identity' is bound up with her membership of a speech community (for overviews see Keating and Duranti, Chapter 16 this volume). They have shown that the distinctive cultural communication style associated with particular speech communities is one of the ethnographic factors to be taken into account when analysing talk in particular settings – thereby introducing a much broader sense of what constitutes the ethnographic context of a speech event. In this perspective, the analysis of communicative meanings requires a description and understanding of such socio-cultural features as speakers' social identities; their past history and other biographical details; the states of knowledge and expectations, manifest in their talk, that they bring to speech events; and the rights, duties, and other responsibilities attached to participants' roles or positions in particular institutional events. Thus research in this area is characterized by an emphasis on integrating the analysis of utterance meaning with a description of such ethnographic particulars (see e.g. Duranti, 1997; Fitch, 1998; Heath, 1983).

A similar emphasis is to be found in microethnographic studies of face-to-face interaction in institutional settings, e.g. Erickson and Shultz's (1982) study of academic advice/counselling interviews. Such work examines how the ethnographic particulars of an occasion – including its social and cultural context, and the knowledge which participants bring to it by virtue of their membership of speech communities – are reflected in and consequential for the fine detail of the organization of verbal and non-verbal action. One of the distinctive features of such microethnographic studies is their focus on the dynamic unfolding of particular interactions, in terms of the locally produced understandings, responses and moves – and hence the coordination of communicative sequences.

This more contingent and dynamic approach to institutional interactions has been developed principally through the work of conversation analysis (CA). Within sociology, other trends contributed to the emergence of the study of institutional dialogue, most notably Goffman's (1972) explorations of the interaction order in face-to-face encounters, including

those in institutional settings such as mental hospitals and medical surgery, whilst developments in sociological ethnography foregrounded the closer analysis of verbal interaction in such settings as, for example, paediatric clinics (Silverman, 1987). But undoubtedly the most significant exploration of interactions in institutional settings has been provided by studies informed by the conversation analytic perspective. Sacks (1992 [1964–1972]) originated CA in the course of his investigations into telephone calls made to a suicide prevention centre, and face-to-face interactions in group therapy. Subsequent studies in CA – which now extends across a number of disciplinary boundaries – have developed that interest in showing how participants, in and through the ways in which they construct their turns and sequences of turns, will display their orientation to particular institutional identities, and thereby manage the practical tasks associated with any given institutional setting (see the further reading listed at the end of this chapter for overviews and exemplars).

Developments in the areas outlined above have converged around three principal themes:

a) the expansion of the sociolinguistic notion of 'context' to include the sensitivity of language to a variety of social situations, including institutional settings; b) the emergence of analytic frameworks that recognize the nature of language as action and which handle the dynamic features of social action and interaction; and c) methodologically, the analysis of audio and video recordings of naturally occurring interactions in specific institutional and occupational settings. Across these different themes, the study of institutional dialogue coalesces around the following key analytic and empirical issues:

- Participants' orientations to their institutional roles and identities;
- Their management of institutionally-relevant activities;
- Their orientations to institutionally relevant inferences and meanings.

We shall now turn to illustrate each of these themes.

PARTICIPANTS' ORIENTATION TO THEIR INSTITUTIONAL ROLES AND IDENTITIES

Following our earlier observations about recasting the sociolinguistic notion of speaker identity, participants' institutional identities can be viewed, not as exogenous and determining variables, but as accomplished *in* interaction. Hence a key focus of research into institutional dialogue is to show how participants will orient to their institutional identities and tasks through their verbal conduct, including *turn-taking*, and their use of linguistic resources such as *person reference, lexical choice* and *grammatical construction*.

Turn-taking

In considering what seems to be particularly characteristic of institutional talk, or even what might be considered to make talk institutional, perhaps what first comes to mind is the

relatively rigid or formal organization of the *turn-taking system* in some institutional settings. Participants' conduct in, for instance, courts of law, classrooms, city council meetings, news and job interviews, is shaped by reference to constraints on their contributions to talk. The most evident constraint lies in their adherence to turn-taking systems which depart substantially from the way in which turn-taking is managed in casual conversations. For example, interactions in courtrooms (Atkinson and Drew, 1979; Maynard, 1984), classrooms (Jones and Thornborrow, 2004; Margutti, 2006; McHoul, 1978; Seedhouse, 2004), police interrogations (Stokoe and Edwards, 2008), TV debate programmes (Emmertsen, 2007), counselling (Peräkylä, 1995; Peräkylä, Antaki, Vehviläinen and Leudar, 2008; Silverman, 1997), meetings (Asmuss and Svennevig, 2009; Ford, 2008), Presidential press conferences (Clayman, Heritage, Elliot and McDonald, 2007), and news interviews (Clayman and Heritage, 2002) exhibit systematically distinct forms of turn-taking which powerfully structure many aspects of conduct in these settings.

These turn-taking systems involve the differential allocation of turn types among the participants; notably, the interactions are in most cases organized in terms of question-answer sequences, in which questioning is allocated to the professional (e.g. attorney, interviewer, teacher), and answering to the client (e.g. witness, interviewee, pupil) (see Heritage, 1997).

However, even institutional contexts, in which there is no formal prescription governing the turn-taking system, appear to be characterized by the asymmetric distribution of questions and answers among the participants. This suggests that the question-answer structure of talk is an emergent property of the local management of interaction by participants (Frankel, 1990). Similarly, even if the turn-taking system is prescriptively pre-determined, nevertheless the task of analysis is to specify *how* it is locally managed, in ways that display participants' orientations to what they should properly be doing in a setting. Thus we can view any specialized institutional turn-taking system as the product of participants' orientations to their task-related identities and roles.

It is quite familiar that news interviews exhibit a question-answer structure. However, the following example from a British news interview begins to show how this structure is achieved through the local practices for managing the talk as asking and answering questions.

(2) [from Clayman and Heritage, 2002: 106]

```
1  IE:  er The difference is that it's the press that
2       constantly call me a Ma:rxist when I do not, (.)
3       and never have (.) er er given that description
4       myself. [.hh I-
5  IR:          [But I've heard you-
6            I've heard you'd be very happy to: to: er
7            .hhhh er describe yourself as a Marxist.
8            Could it be that with an election in the ,
```

```
 9       offing you're anxious to play down that you're a
10       Marx[ist.]
IE: 11   [er ] Not at all Mister Day=And I:'m (.)
    12   sorry to say I must disagree with you=you have
    13   never heard me describe myself .hhh er as a
    14   Marxist.
```

The significant points here are, first, that the interviewer (IR) constructs his turn (lines 5–10) so that, whatever else he does (see the declarative form in lines 5–7), its last element is a question (produced through an interrogative, lines 8–10) – thereby constituting his local task as one of 'asking questions'. Second, although the interviewee (IE) disagrees with the IR's statement in lines 5–7, he withholds his answer/disagreement until a question has explicitly been asked. Thus the fact that IR constructs his turn as a question and IE only speaks (answers) after a question has been asked, displays both participants' orientations to their respective tasks in the interview. It is in this sense that we mean that the turn-taking organization is an emergent product of participants' locally managed interactional practices.

There are interesting and important issues here about what constitutes a 'question'. The activity of questioning is more than a matter of grammatical form (Heritage and Roth, 1995). Empirically, there can be some evident convergence between 'asking a question' and 'challenging' an interviewee, for instance through expressing a contrary opinion. This possible convergence is of real significance to participants, as is evident in the following excerpt in which the IR is pressing the IE, to the point at which, apparently, it is no longer clear that the IR is simply 'asking questions'.

(3) [US ABC This Week: Oct 1989: Savings & Loan Bailout]

```
 1 IR: Isn't it a fact, Mr. Darman, that the taxpayers
 2      will pay more in interest than if they just paid
 3      it out of general revenues?
 4 IE: No, not necessarily. That's a technical
 5      argument-
 6 IR: It's not a- may I, sir? It's not a technical
 7      argument. Isn't it a fact?
 8 IE: No, it's definitely not a fact. Because first
 9      of all, twenty billion of the fifty billion is
10      being handled in just the way you want-
11      through treasury financing. The remaining-
12 IR: I'm just asking you a question. I'm not
13      expressing my personal views.
14 IE: I understand.
```

Several features of the IR's 'questioning' in this excerpt lend it the character of an interrogation. One is the IR's use of the prefatory *Isn't it a fact ...*, commonly used in courtroom cross-examinations when posing to witnesses contradictory evidence or 'facts' (e.g. *And isn't it a fact Miss (name) where you went to on this evening was at least a quarter of a mile*

from the main highway?'). Second is the way in which the IR presses the IE by cutting in on his talk (see the IR's turn incomings at lines 6 and 12). The IE attributes a 'position' to the IR when he says in line 10 *in just the way you want*; that is, he treats the IR as not simply asking questions but rather as expressing an opinion or position – an implied charge that the IR acknowledges and defends himself against in lines 12–13 (*I'm just asking you a question ...*). On occasions the charge that an IR has overstepped the boundary between 'questioning' and 'interrogating' is made more explicitly.

(4) [UK BBC TV Newsnight: 2 Nov 1993: UN Investigation]

```
1 IR: Is that a yes or a n:o?
2      (0.5)
3 IE: Uh: Is it a court.(.) Or: a: interview.
4 IR: So- you are: prepared to make yourself available
5      to UN investigators or no[:t.
6 IE:                          [Of course.
```

As is clear from the IR's first question in this excerpt, he is pressing the IE on the matter of whether or not he is prepared to make himself available to UN investigators (this is the third such question in a sequence). When the IE asks *Is it a court or an interview*, he is explicitly challenging the nature or neutrality of the questioning.

So when considering the specialized turn-taking system which might operate in a given institutional setting, and how that system might be associated with, or generate, asymmetries of opportunity for participants, we are also exploring ways in which the nature and character of questioning, for example, is fitted with participants' institutional tasks, and how 'questioning' can be exploited to manage other activities in certain kinds of interactions.

Person reference and lexical choice

Turning to a more local level, participants may display their incumbency of an institutional role, or as somehow representing an institution, in their selection of the *ways of referring to each other* and to third parties. They will do so, for instance, by using a *personal pronoun* which indexes their institutional rather than their personal identity. An example of this can be seen in the following, taken from a call to the emergency services in the USA:

(5) [from Whalen et al., 1988: 344]

```
1 Desk:   Mid-city Emergency
2         (.)
3 Desk:   Hello? What's thuh problem?
4 Caller: We have an unconscious, uh: diabetic
5 Desk:   Are they insiduv a building?
```

7   Caller: Yes they are:
8   Desk: What building is it?
9   Caller: It's thuh adult bookstore?
10 Desk: We'll get somebody there right away...

In this fragment the caller refers to himself through the first person plural pronoun *we* (line 5), thereby indexing that he is speaking not in a personal capacity (e.g. as a relative of the victim) but on behalf of the shop in which the victim happened to fall ill (line 9, *adult book-store*). Similarly, the desk uses a third person plural pronoun in inquiring about the victim, previously referred to in the singular (cf. *an unconscious diabetic* in line 5 vs. *they* in line 6), as well as the first person plural pronoun *we* in line 10 when announcing the action he is ready to mobilize.

In the following example from a Finnish doctor-patient consultation, the person reference forms are also shaped by 'institutional' considerations, although they do not directly index an institutional role as in Example 5. In this fragment, the doctor, who has just completed the verbal and physical examination of the patient, begins to outline the treatment:

(6) [Doctor-patient 12B1: 8]²

1 D: .mhh >Kylä meiän täytyy   ny   sillä tavalla tehdä
            surely we   have to now the way   do
       .mhh >We do have to do so now

2   että me aloitetaan se verenpaine°lääkitys°.=
       that we'll start   the blood pressure °medication°.=

3   =ja koetetaan edelleen sitä laihdutusta ja
       and try   still   the diet   and
       =And let's continue trying to diet and

4   °.hh° ja jos koettaisitte jättää vielä °a-°
            and if try-con-PL2   leave still   ?

5   (0.4) yielä tukemmalle sen sydla ja (0.2)
       °.hh° and if you'd try to leave out even °( )-°
             still stricter   the salt and

6   0- 0 yrittäis   olla vaikka ilman   alkoholiaki
           ?be 0 try-con.SG3 be   say   without alcohol-even
       be- try to be say even without alcohol

7   jos vaa #onnistuu ja#,
       if just succeeds and
       see if that #works out and#,

Here, the doctor outlines four different things that the patient should do to reduce his high blood pressure, namely take some medication (lines 1–2), diet (line 3), reduce his intake of salt (lines 4–5) and cut out all alcohol (lines 6–7). He does so by using three differen[t]

---

²The glossing symbols in the example are: CON = conditional; SG3 = singular third person; PL2= plural second perso[n]

devices for indicating whose responsibility it is to put this treatment into effect. In the first two utterances, the doctor uses the first person plural pronoun *me* 'we' and/or the verb form associated with it (lines 1–2, 3).³ He thereby formulates the actions as their joint project.

Then (line 4) he moves to using the second person plural verb form *koettaisitte* 'you would try', treating the next action as the responsibility of the patient. Finally, in suggesting that the patient should give up alcohol, he employs the verb in its third person singular form (*yrittäis* 'would try', line 6) without a subject pronoun, that is, with no explicit person reference form – a way of indexing, for example, the delicacy involved in raising the topic, in this case the patient's drinking habits. Thus here the doctor uses resources available for person reference to index a particular stance toward each single element of the treatment, in terms of dimensions such as who has the primary responsibility for executing the action (i.e. carrying out the treatment) and the possible delicacy of a topic (see Sorjonen, Raevaara, Haakana, Tammi and Peräkylä, 2006).

These brief examples not only illustrate how participants exhibit and orient to their institutional identities through person reference forms, but also begin to show the inseparable constitutive relationship between the linguistic devices for person reference and managing institutional activities. This is true also with respect to the more general dimension of *lexical choice* – the selection of descriptive terms and other lexical items treated by participants as appropriate to, and hence indicative of, their understandings of the situation they are in (see for example Danet, 1980). Plainly, this connects with linguistic notions of setting-specific, situationally appropriate registers, codes or styles. Speakers will orient to the institutionality of the encounter, in part through their selection of terms from the variety of alternative options for describing people, objects or events. This involves the descriptive adequacy of lexical choice with respect to the type of institutional context concerned (e.g. whether this is legal, educational, medical, etc.).

We can now begin to see how the lexical selection invokes institutional settings and tasks by using the following extract from a call by the attendance clerk in an American high school (AC is the attendance clerk; M is mother, F is father):

(7) [Medeiros 5]

1 AC: Hello this is Miss Medeiros from Redondo
2   High School calling
3 M: Uh huh
4 AC: Was Charlie home from school ill today?
5   (0.3)
6 M: .hhh
7   (0.8)
8 M: (off phone)) Charlie wasn't home ill today

---

³Utterances in the first and second person need not have a separate subject pronoun since the verb form indicates person and number. The verb form regularly associated with the first person plural in colloquial language is the so-called passive form, used in lines 2 and 3.

```
 9   F:    was he?
10         (0.4)
11   F:    (off phone)) Not at all.
12   M:    No:
13         ()
14   AC:   N(o?
15   M:    [No he wasn't
16   AC:   .hhh () Well he wz reported absent from his
17         third an' his fifth period classes thday.
18   M:    Ah ha;h,
19   AC:   .hhh A:n' we need him t'come in t'the office
20         in th'morning t'clear this up
```

Having first inquired whether her child was ill at home that day, the attendance clerk then informs the mother that her child has been *reported absent* that day (lines 16–17). Notice that the attendance clerk says that the child was *reported* absent, not simply that he *was* absent. Her use of the verb *reported* here in collocation with *absent* is cautious or equivocal—at least insofar as it avoids directly accusing the child of truancy, and instead leaves the determination of his possible truancy for subsequent investigation. Moreover, it alludes to the possible fallibility of these procedures, and hence their possible incompleteness. So whilst the verb *reported* is by no means restricted to institutional settings, its inclusion here is part of the proper management of the attendance clerk's task (see Drew and Heritage, 1992: 45–46; also Pomerantz, 2004).

Furthermore, the selection of the complement *absent* to describe the child's non-presence at school activates a specifically institutional form of non-presence (for instance, one is 'absent' from school or the workplace, but not from a party).

The institutional relevance of lexical choice, manifested in the selection of *absent* in (7) above, is particularly transparent in those cases where participants use a terminology that is more clearly restricted in its situation-specific distribution (e.g. technical terminology). Many studies have documented the ways in which the use of technical vocabularies (e.g. in medical and legal contexts) can embody definite claims to specialized technical knowledge. Generally, such studies point to the interactional salience for participants of professionals' use of technical vocabularies. Often this is related to asymmetries of knowledge between professional and lay participants and to claims that their use of technical vocabulary is one of the ways in which professionals may variously control the information available to the clients, thereby possibly influencing what emerges as the outcome of an interaction (for a review of these issues in studies of medical interaction, see Roter and Hall, 1992).

However, research concerning professional control through technical vocabulary may turn out to rely on a rather oversimplified dichotomy between professionals' possession of technical knowledge, and clients' (e.g. patients') possession of lay knowledge. For one thing, lay participants are easily able to display a certain epistemic equality regarding knowledge about technical vocabulary, as in this example at the beginning of a primary care visit in a US hospital.

---

(8)   [US primary care]

```
 1  Pat:   W'll () I have () som:e shoulder pa:in
 2         and (0.2) and (.) (from) the top of my a:rm. and
 3         (0.2) thuh reason I'm here is because >a couple years
 4         ago< I had frozen shoulder in thee other a:rm, an'
 5         I had to have surgery, and=(.) this is starting to
 6         get stuck, and I want to stop it before it gets stuck.
 7         (0.4)
 8  Doc:   A[d h e : s i:ve capsulitis.
 9  Pat:   [I'm losing]          [Ri:ght.
10  Pat:   I'm losing (0.4) range of motion in my a:rm.
```

When the doctor uses the more technical diagnostic *adhesive capsulitis* in place of the patient's *frozen shoulder* (compare lines 4 and 8), the patient's confirmation *Ri:ght* in line 9 displays that the doctor is correct — thereby claiming/displaying a certain epistemic authority over knowledge about (how to describe) her medical history. Moreover, lay participants may on occasions use more technical terms than the professional, as in this example from an out-of-hours call to a British general practitioner's (GP) practice.

(9)   [out-of-hours call, British primary care]

```
 1  Clr:   He's lying in be:d really absolutely wre:tched. hhh
 2  Doc:   And he's had thuh pain in 'is tummy all night (h)as ['e?
 3  Clr:                                                       [Yes,
 4         in the lower part of his hh
 5         (1.0)
 6  Doc:   tummy'h
 7         (0.3)
 8  Clr:   abdome[n. Yes
 9  Doc:        [hhh Does the pain come and go:?
```

The caller, who has described her husband as suffering *the most awful stomach pains*, resists the doctor's systematic use of the more colloquial *tummy*, and instead (in a form of embedded repair) uses the more technical *abdomen* (line 8). So it appears that more complex issues may be involved in participants' uses of technical vocabulary (e.g. concerning accuracy, epistemic authority arising from previous experience, etc.), than simply that professionals will attempt to 'control' lay participants through the use of technical jargon.

The investigation of lexical selection in the design of turns at talk goes beyond person reference forms and technical vocabulary. As indicated in the discussion of the extract from a call from a high school truancy office above (example 7), the wording or phrasing used — as in *reported absent* in announcing a student's (possible) truancy — can be immensely informative about the conduct of certain institutional activities. For instance, Heritage et al. (2007) conducted a study where one group of physicians was asked to solicit — towards the end of the consultation, after a patient's main concern had been dealt with — additional concerns from their patients by asking 'Is there *anything* else you want to address in the visit'.

today?', whereas another group was asked to use the question design 'Is there *something* else you want to address in the visit today?'. The results showed that the use of the polarity marker *something* in the question can be a powerful device for encouraging patients to voice the majority of their remaining concerns, without increasing the length of the visit. When doctors asked whether there is *anything* else, patients generally did not reveal any of their further medical concerns, but they readily did so when the doctors altered only one word of their enquiry; to ask instead whether there was *something* else.

Grammatical forms

In addition to lexical choice, participants also have a range of grammatical resources available when they are designing their turns and hence the actions they are performing. The use of particular lexico-syntactic forms, such as certain question structures, is not exclusive or restricted to institutional settings. However various grammatical forms are the resources available to participants in managing their particular institutional tasks. Insofar as those tasks are part of the interactional routine for a given setting (e.g. giving advice about treatment is part of the routine in medical consultations; attempts at undermining a witness's evidence is part of the routine of cross-examination), then particular grammatical forms are likely to have distinctive distributions in given settings. That is to say, certain grammatical forms may be prevalent in certain settings; or they may show characteristic patterns of use associated with the particular activities in which participants engage in a setting.

For example, Lindström (2005) and Heinemann (2006) discuss ways of designing requests in Swedish and Danish home help service respectively, interactions between elderly care recipients and their home help assistants. They show how, through the selection of grammatical forms in turn design, the elderly care recipient can display her understanding of the contingencies related to her request and her stance towards whether or not she is entitled to make the request. For instance, the choice between imperatives and interrogatives is closely related to issues of entitlement, whilst declaratives display that the request can be negotiated. Heinemann (ibid) showed that whether or not a request is formed with positive or negative polarity is associated with entitlement: with a positive interrogative request (e.g. *vil du* 'will you'), the care recipient orients to her request as one she is not entitled to make, and this is underscored by other features (e.g. mitigating devices and the choice of verb). The negative interrogative (e.g. *ka' du ikk* 'can't you'), in contrast, is a way of orienting to the request as one the speaker is entitled to make. Lindström and Heinemann show how the recipient, the home help assistant, orients to the issue of entitlement in their responses to the request and how that orientation comes up also when the request speaker provides an account for the request.

The ways in which the lexico-syntactic forms of requests display – and are oriented towards by participants as displaying – the relative contingencies in granting requests, and entitlements to ask for a service, are clearly illustrated by comparing requests made for the out-of-hours doctors' service provided by (British) GPs' practices with those to the emergency

services. Callers to both out-of-hours GPs' services and to the emergency (police) services generally do not make explicit requests; usually they will just report a condition (describing the symptoms), when phoning the doctor, or will report an incident, when phoning the police emergency number. However, when callers request that the doctor visits the patient at home, they will generally use the form *I wonder if* ... .

(10) [Out-of-hours calls, UK: 1:2:4]

```
1   Clr:  I b-I been takin' Paracetmols for last week.
2         (.)
3   Doc:  Right,
4   Clr:  (I mean) get rid of the pain, it's gone away fer an hour,
5         (0.2) an' comin' 'ba:ck, I been tryin' ta stand (it) 'cause you
6         only (dropped tame) (.) every four hours didn't you, (Every
7         [four)
8   Doc:  [Yes,
9   Clr:  So what is that the mo- I wonder if you could (not) give
10        (us) some pain killers (for it all).
11        (0.5)
12  Clr:  (I try an' see>) (.) I know you hang on for Monday but I tell
13        ya the pain is really (.) bad y'know wh't I mea' (sniff)
14  Doc:  Right, I mean- 'hh Whu- i- i- so you've had it fer (.) months, di'you say?=

        (10 lines omitted)

15  Clr:  But eh:: I tryin'a say really it may- if ya come to seen it oh
16        y-well, ya might know what's about, or; (if) painkillers o:r
17        (0.5) get an X-ray on it=I don't know...

        (6 lines omitted)

18  Doc:  Yeah 'hh A:um well I mean obviously X-rays (anythin' like)
19        that. We tend to: uh: 'hih fuh things that aren't eh absolu'ly
20        acute emergencies t- we tend tuh prefer to: fer your own
21        doctor to see them o- on the Mon:day. hh if you understand,
```

The caller's use of the construction *I wonder if* ... in requesting the doctor to visit to give him painkillers (line 9), combined with his conditional construction in pursuing this in line 15, clearly display his awareness of the contingency associated with his request – a contingency which the caller makes explicit in line 12, *I know you hang on for Monday* (by which the caller means that it's likely that the doctor will recommend that the patient visits the surgery after the weekend). That contingency is confirmed in lines 19–21, where the doctor in effect declines to visit. So *I wonder if* ... conveys the speaker's understanding of a lack of entitlement to a service, given the contingencies associated with the request (Curl and Drew, 2008).

By contrast, when callers explicitly request emergency police assistance, they will generally use a modal form of the requesting verb, usually *could* ... , as in this example.

(11) [Police emergency call, UK: 19]

```
1   CT:   Police emergency can I help you?
2         (0.5)
3   Ca:   Yeah hi .hhh e:rm could we have uh police patrol car tuh report to: (0.8) er Old
4         Green House in Grayling.
5   CT:   Old Cream House.
6   Ca:   Old Green House,
7         (0.8)
8   Ca:   In Grayling.
9         (1.8)
10  Ca:   ((To someone off phone)) ((name)) get tuh thuh do:or (1.1)
11        Shut this [do:or. [Shut the door don't Shut the door
12  A:              [(  ) [Please (name) don't don't don't (.) don't.
13  Ca:   Don't open thuh door (name).
14  A:    Don't op-(.) open thuh door [(name )
15  Ca:                               [Can we have uh
16  CT:   Yeah what wa[s-
17  Ca:               [(  )
18  CT:   Yeah sorry=
19  Ca:   [thi-
20  Ca:   =There's uh woman here thut's (0.5) claims she's
21        bin raped she's panicked. Thuh boyfriend's
22        outside
23  CT:   Right [okay-
24  Ca:         [This is thuh security lodge here.
```

It is quite apparent from the way in which the caller asks for police assistance in this emergency call that he does not expect there to be any contingency that might prevent the police attending the scene. The seriousness of the incident (a claim of rape, lines 20/21) is enough to warrant a police presence. Notice also that the caller is not an ordinary citizen, but has a relevant institutional identity, a security guard (line 24), an identity which is prefigured in his use of the plural first person pronoun, the institutional *we* noted earlier. Moreover the caller asks for a police car *to report to* an address (line 3), a lexical selection that is both highly institutional and somewhat 'assertive'. But the caller's expectation that the police will come to provide assistance (and that no contingency will prevent them from doing so) is particularly evident in *how* he asks for police assistance— his use of the modal verbs *could we have* ... and *can we have* ... (lines 3 and 15 respectively). In contrast to the tentativeness of the caller in (10) asking whether the doctor might make a home visit, and that caller's recognition that this action may not be something the doctor is prepared to undertake, here in (11) the caller uses request forms that plainly display no such tentativeness; instead his request is constructed to display his understanding that there is nothing to prevent the police attending the scene (for more on the expectations concerning contingency and entitlement to services that are embodied in different request forms, see Curl and Drew, 2008). In sum, in calls to the emergency number callers do not use *I wonder if* to preface their requests;

requests in emergency calls are designed to indicate that this is an emergency, and that the police (or fire or ambulance services) should attend.

PARTICIPANTS' MANAGEMENT OF INSTITUTIONALLY-RELEVANT ACTIVITIES

It is important to remember that language does not so much deliver meaning – instead it delivers action. And in the kinds of workplace, business and institutional settings we are focussing on here, language delivers certain specialized and situationally-relevant actions and activities. Or more precisely, participants will use language to conduct activities such as *cross-examining* defendants in court; *instructing* a class; *ordering* goods or services; *negotiating* a contract, or terms of employment; *coaching* clients in how to conduct business; calling the as Health Visitors, *advising* mothers about feeding their newly born babies; calling the emergency services to *request* police assistance; *advising* unemployed benefits claimants in Job Centre interviews, and *encouraging* them to take steps towards work, and so on. Sometimes the activities associated with a certain kind of interaction in a setting will be quite narrow in range (as when phoning to place an order, or make an appointment). More usually, though, participants may conduct a broader range of activities; for example, during primary-care medical consultations, patients will *present their problems*, whilst doctors may (verbally and/or physically) *examine* the patients, *diagnose* the problem, and *recommend* appropriate *treatment*. The key to investigating institutional discourse is to explore and understand how participants will manage these often specialized activities through language in their interactions with one another.

Some of the most significant recent research into institutional discourse concerns medical interactions, especially the interactions between doctors and patients in primary care acute visits (Heritage and Maynard, 2006; Stivers, 2007). Whilst being methodologically innova- tive (see e.g. Mangione-Smith et al., 2003), recent research has generated important new results by focussing – as CA has always done – on the core activities in which doctors and patients engage during primary care acute visits. For instance, they have explored the dif- ferent forms of doctors' opening enquiries, inviting patients to report or describe their con- cerns, and the consequences the different enquiry forms have for patients' responses to doctors' opening enquiries (Heritage and Robinson, 2006; Ruusuvuori, 2000, chs. 3–4). Other research has investigated how medical authority is expressed in the different ways in which doctors will announce their diagnoses to patients and discuss treatment recommenda- tions with them, and again, the consequences those differences in format of diagnostic deliv- ery may have for patients' responses (Peräkylä, 1998).

One aspect of the formats through which doctors will both physically examine patients, and deliver their diagnoses, which seems to make a difference to patients' response – and especially to whether or not patients will accept the results of that examination or diagnosis – is whether or not doctors will explicitly describe the evidence for what they are observing and for their conclusions. For instance, as they conduct a physical examination, doctors may

either look at or touch the patient (e.g. to palpate some part of the body) without saying anything about or otherwise revealing what they are noticing or finding. Alternatively, as they conduct the examination they may tell the patient what they are doing and what they are finding. The latter is what Heritage and Stivers (1999) call 'online commentary', illustrated in lines 22, 24 and 31 in the following example.

(12) [from Heritage and Stivers, 1999]

```
 1  Doc:  How are you feeling today:::
 2  Pat:        [.hhhhh Better, hhhhhhhh
 3  Doc:  ()
 4                 [And your sinuses?
 5  Pat:  Well they're still; they're about the same.
 6        ()
 7  Doc:  About the sa:me? Okay. Why don't I have you sit up here for a second.
 8        (1.1)
 9  Doc:  I gave you a lot of medicine over the last (0.5) (general) month or so.
10        fer your sinuses.
11        (0.4)
12  Doc:  But the heemobi::d and the vancena::se and then the antibiotic; the
13        augmentin.
14        (0.7)
15  Doc:  A::nd you should be noticing a pretty big difference.
16  Pat:  Compared to the first, () a lot.
17        ()
18  Doc:  O:[kay.
19  Pat:     [It's still. hhh >you know< it's not a hundred percent.
    .((Talk about medications, moving to physical examination, omitted))

20  Doc:  Y:eah because that one you usually you need to take a little bit lo:nger.
21        (3.4)
22  Doc:  Well I don't see any fluid=your ears look goo:d.
23        (3.6)
24  Doc:  This one does too::
25        (5.6)
26  Doc:  Let's see if we see any drainage
27        (.9)
28  Doc:  Say ah:::
29  Pat:  Ahh,
30        (0.2)
31  Doc:  And that looks real good too::
32        (0.8)
33  Doc:  Are you having any real specific problems with the cou::gh, or anything
34        like that. >With your sinu]ses<
35  Pat:                              get a- uh: a really wi:ld (0.2) extreme tickle in my throat. And I:(ve)
36        [Uh::(m) the only thing every once in a while I
37        gotta cough cough cough for; (0.2) seconds.
```

```
38        ()
39  Doc:  O:kay:::
40  Pat:     [And then I () clear my throat a couple of times and it goes away.
41        ()
42  Doc:  °°O[kay.°°]
43  Pat:     [But it just reoccurs (0.4) >two a three< times a day.
44  Doc:  °Well] let's check your sinuses an' see how they look today.°
45        (1.0)
46  Doc:  That looks a lot better=I don't see any inflammation today.
47        (0.8)
48  Doc:  Good.
49  Pat:  [(Good.)
50        ()
51  Doc:  That's done the trick.
52        (1.0)
53  Doc:  So you should be just about o:ver it. I don't- (I'm) not really (.)
54        convinced you have an ongoing infection=it seems like the
55        augmentin really kicked °it.°
56  Pat:  Good.
57  Doc:  O:kay, (.) An' what else did we need to address your EKG.?
```

This way of conducting the physical examination of a patient – by providing an online commentary of what is being observed or felt, and of the physician's evaluation – can play an immensely important role in helping to persuade patients that there is nothing seriously wrong with them. The patient in (12) has presented with continuing sinus problems, for which he has been taking medication. It is pretty clear that the patient persists with his symptomatic complaints (e.g. lines 5, 19 and 35–37), until the doctor's continued online commentary (see lines 22 on) finally convinces them that there is nothing amiss (lines 48–56), after which they turn to other matters (line 57). Heritage and Stivers (1999) found that when a patient and doctor differed in their assessments of a patient's condition – the patient believing his/her condition to be worse than does the doctor – then a doctor's use of online commentary as she examines the patient generally works to convince the patient that there is nothing really very wrong.

There is an important corollary to the use of online commentary, as illustrated in (12); by overcoming patients' resistance to 'no problem' diagnoses, they are more willing to agree to a non-antibiotic treatment plan, thereby reducing the likelihood that the physician would inappropriately prescribe antibiotics (Mangione-Smith et al., 2003). This begins to suggest how research into institutional discourse can have practical applications – a topic that we do not have space enough here to elaborate upon (but see Antaki, forthcoming).

INSTITUTIONALLY SPECIFIC INFERENCES

Participants orient to institutional settings through their recognition of and response to the particular inferences that they attribute to each other's turns at talk. 'Inference' refers to

participants' understandings of the actions that each is performing and the situationally relevant meanings of their utterances; those understandings are based on normative expectations concerning the nature of the occasion and each other's roles within it.

The inferential basis for participants' recognition of what the other means or is doing in an utterance includes expectations associated with each participant's relevant institutional activities. For example, in the following extract from a visit by a health visitor (HV), the mother (M) treats HV's observation that the baby is enjoying sucking something (line 1) as implying that the baby might be hungry (line 3). In so doing she orients both to the HV's institutional task as monitoring and evaluating baby care, and to her own responsibility and accountability for that care (note that the father treats the action implicature of HV's observation very differently, line 2).

(13) [from Drew and Heritage, 1992: 33]

```
1  HV:  He's enjoying that [isn't he.
2  F:                      [Yes, he certainly is=
3  M:   =He's not hungry 'cuz (h)he's ju(h)st (h)had 'iz bo:ttle .hhh
4       (0.5)
5  HV:  You're feeding him on (.) Cow and Gate Premium.
```

The following example further illustrates participants' orientation towards institutionally specific inferences. The extract comes from an American cross-examination by the prosecution attorney (DA) of a defendant (D) who is charged with being an accessory to a murder. Briefly, her boyfriend, Pete, shot dead a friend of theirs, after an altercation during which the friend/murder victim stabbed Pete. The charge is that she aided Pete by getting admission to the victim's apartment. Here the purpose of the cross-examination appears to be to establish her motive in aiding her boyfriend.

(14) [Murder trial: Cheek:35-A-1:136]

```
1  DA:  And you had strong feelings over Pete at that time?
2  D:   Yes (.) I was his girlfriend at the time.
3  DA:  You were upset because he was stabbed?
4  D:   I wasn't upset.
5  DA:  You weren't upset? You were happy?
6  D:   No.
7  DA:  You had no feelings at all about the wound that he
8       had.
9  D:   I was concerned about what was going on.
10 DA:  Did you feel sad that he was wounded?
11 D:   I don't know.
12 DA:  You don't know how you felt? I mean you could have
13       been happy?
14 D:   No.
15 DA:  You know you didn't feel happy.
16 D:   I gue::ss
```

```
17 DA:  But you don't know if you felt sad or not?
18 D:   I felt ba:d some. ((voice breaks))
19 DA:  You felt ba:d some. You do remember.
20 D:   Yes, I felt ba:d some.
21 DA:  You remember that.
22 D:   Yes.
23 DA:  You felt angry.
24 D:   Yes.
25 DA:  You felt anger towards the person who stabbed him.
26 D:   No.
27 DA:  You remember specifically that you had no anger at
28       all about the person who stabbed him.
29 D:   I felt angry about ... ((confused and inaudible))
30 DA:  You weren't angry at him.
31 D:   No.
```

It is fairly clear here that the DA's questioning is designed to establish that the defendant's motive for assisting her boyfriend arose from her feelings about him having been stabbed by the victim. It is clear also that it is evident to the defendant that this is the line of questioning which the DA is pursuing (on witnesses' recognition of lines of questioning, see Atkinson and Drew, 1979: 112–121, 173–181). This is evident in her resistance to the DA's suggestions about how she felt, and to his attempts to cast doubt on, and undermine, her qualified versions of her feelings about the incident. In her answers she, for example, rejects the DA's suggestion that she was upset because her boyfriend had been stabbed (lines 3–4), or that she *felt anger towards the person who stabbed him* (lines 25–26); and she responds to his suggestion that she *had no feelings at all about the wound* by agreeing to a qualified version of her feelings, which was that she was *concerned about what was going on* (line 9).

In these and other respects, her orientation towards the implications of the DA's questions, and her strategic attempts to avoid those implications, are particularly transparent. Likewise, the ways in which the DA is alive to the implications of her answers, and his attempts to combat her resistance, are equally transparent. The participants therefore design their turns with respect to the inferences to be drawn from each other's descriptions, in the context of the charge and the attendant circumstances of the incident with which it is concerned. Each thereby orients to the *strategic* purpose underlying the other's descriptions, and constructs her/his descriptions with a view of their strategic goals (Drew, 1990). This association between the inferential meaning and strategy is part of what might be referred to as the 'pragmatics' of institutional dialogue.

CONCLUSION

We should highlight a point that until now has, perhaps, only been implicit. Participants in institutional encounters employ verbal and non-verbal interactional resources which they will possess as part of their linguistic and cultural competences — competences that they have

acquired through socialization, and that underlie their participation in talk-in-interaction generally, that is, in ordinary mundane social interaction, as well as everyday (and sometimes less mundane) workplace and institutional interactions (a particularly interesting study involving the interplay between 'mundane' and 'institutional' forms is Maynard's (2003) account of the delivery of bad news in everyday and clinical settings). Hence the linguistic practices to be found in institutional settings are not exclusive to such settings. One of the principal objectives of research concerning institutional dialogue is, therefore, to show either that a given linguistic practice or pattern is specially *characteristic* of talk in a given (institutional) setting, or that a certain linguistic feature or practice has a characteristic use when deployed in a given setting.

This objective arises from the quite general issue which has informed our outline of this area of interactional analysis – namely, the importance of demonstrating not merely that dialogue happens to occur in a certain institutional setting, but that through their language use, participants will orient towards their respective institutional identities, roles and tasks in that setting, i.e. that participants' institutional identities and roles are *procedurally relevant* for their talk (cf. the discussion of extract (1) above; see Schegloff, 1992, on these issues). The investigation of language use in any of the respects (levels) outlined here – lexical selection, grammatical/syntactic, sequential (including turn-taking), and pragmatic inference – can reveal aspects of how participants themselves will orient to their institutional identities and manage their institutional activities.

We have had space only to illustrate aspects of the use of language in institutional interactions, particularly turn-taking, word selection, syntactic/grammatical construction, activities, and setting-specific inferences. There is, of course, much more involved in, and to be learned from, the analysis of institutional interactions. However, we hope that this discussion has at least illustrated what we can begin to find through investigating how co-participants use language to conduct their activities when visiting the doctor, conducting a job interview, being interviewed for the radio, making a social security claim, appearing in court, and such like.

For the future, it is likely that this field of research will develop in a range of ways, including:

- by exploring in greater depth the interface between ordinary so-called social talk-in-interaction and institutional interactions, coming to a deeper understanding of both what is distinctive about institutional talk-in-interaction, and how ordinary interaction provides the analytic bedrock for understanding how we use language in more specialized settings;
- the investigation of an ever-expanding range of institutional settings, or types of interaction;
- the further development of research into medical interactions, because so much of the success of medical care depends on the communication between health care professionals and patients, and with one another;
- more genuinely applied research, which will contribute to the effectiveness of communication in institutional settings.

FURTHER READING

Clark, C., Drew, P. and Pinch, T. (2003) 'Managing prospect affiliation and rapport in business-to-business sales encounters', *Discourse Studies*, 5: 5–31.
http://dis.sagepub.com/content/5/1/5.full.pdf+html

Peräkylä, A. (1998) 'Authority and accountability; the delivery of diagnosis in primary health care', *Social Psychology Quarterly*, 61: 301–20.

Stokoe, E. and Edwards, D. (2008) '"Did you have permission to smash your neighbour's door?": Silly questions and their answers in police-suspect interrogations', *Discourse Studies*, 10: 89–111.
http://dis.sagepub.com/content/10/1/89.full.pdf+html

There are a few general texts on institutional discourse, discussing the broader theoretical and methodological issues involved, and covering a range of institutional settings. Some other monographs and edited collections focus on interactions within specific institutional settings, such as medical interactions, or courts of law. Among the key publications which would expand your knowledge of this developing and increasingly significant area, are the following.

Heritage, J. and Clayman, S. (2010) *Talk in Action: Interactions, Identities and Institutions*. Chichester: Wiley.

This is an authoritative and comprehensive overview of the entire area, including accounts of the most relevant research in a range of areas (medical, legal etc.). It is now the standard and best text on institutional dialogue.

Arminen, I. (2005) *Institutional Interaction – Studies of Talk at Work*. Aldershot: Ashgate.

This is an excellent, up-to-date overview of the area; the thematic organization of this monograph is both unusual and analytically interesting.

Atkinson, J.M. and Drew, P. (1979) *Order in Court: The Organisation of Verbal Interaction in Judicial Settings*. London: Macmillan.

This was perhaps the first study to investigate institutional interactions – here in courts and courtroom examination – using CA's perspective and methods.

Drew, P. and Heritage, J. (eds) (1992) *Talk at Work: Interaction in Institutional Settings*. Cambridge: Cambridge University Press.

Highly recommended, as the key 'textbook' in the area, with a clear theoretical and methodological introduction, and studies of a considerable range of institutional settings.

Heritage, J. and Clayman, S. (2010) *Talk in Action: Interactions, Identities, and Institutions*. London: Blackwell.

The most recent textbook in the area – a 'must have', with an excellent introductory overview of the field, and chapters focusing on medical consultations, calls to the emergency services, courts, media news interviews and political speeches.

McHoul, A. and Rapley, M. (eds) (2002) *How to Analyse Talk in Institutional Settings: A Casebook of Methods*. London: Continuum International.

A practical and methodological approach from a rather different perspective.

Sarangi, S. and Roberts, C. (eds) (1999) *Talk, Work and Institutional Order. Discourse in Medical, Mediation and Management Settings*. Berlin: Mouton de Gruyter.

An interesting and useful collection, intelligently edited, from a more eclectic methodological standpoint.

ONLINE READING

The following articles are available at www.sagepub.co.uk/discoursestudies.

Clark, C., Drew, P. and Pinch, T. (2003) 'Managing prospect affiliation and rapport in business-to-business sales encounters', *Discourse Studies*, 5, 5–31.

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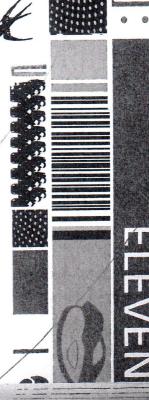
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ELEVEN

Gender and Power in Discourse

Michelle M. Lazar and Cheris Kramarae

INTRODUCTION

Many of us are now familiar with at least some of the ways that hierarchical social structures and norms divide people into two classes, men and women, and how somewhat different tasks, expectations, and evaluations are assigned to those classes and to the way women and men talk. In this chapter, we shall take a deeper look at conceptions of gender and power asymmetries, and discuss some of the ways discourse analysis research is helping to change ideas about how 'gender' is constructed through various types of talk and text.

Some people think that the terms 'women' and 'gender' are synonymous, and assume that if the research is about 'gender' then it belongs primarily in Women's Studies, or in courses dealing with 'special' or 'marginal' interests. Our discussion shows that the study of gender encompasses girls and boys, women and men, and helps explain why feminist critiques of gender in discourse are of critical value to anyone interested in current and important social and political issues.

The chapter is organized around the three key words of our title: 'Discourse', 'Gender' and 'Power'. Although these three are inextricably linked – it is hard to disentangle 'gender' from 'power', and both quite crucially shape, and are shaped by, discourse – we will put the spotlight on each of these concepts in turn in order to tease out the relevant issues that have occupied scholars in the field. In organizing the chapter thus, we draw together examples and case studies from a variety of approaches and methodologies pursued by language and gender scholars who, although committed to particular theoretical, methodological and analytical positions, all broadly orientate towards, and demonstrate, the vibrancy of these issues. Before we conclude, we provide a brief feminist discourse analysis based on excerpts