Communication 665:
Conversation Analytic Methods in Communication Research

Wayne A. Beach
Professor, School of Communication
COMM 201; 594-4948
Office Hours: T/TH, 11-12 (and by appointment)
wbeach@mail.sdsu.edu

Course Description

Within the broad range of discourse approaches to the study of language and social interaction, this seminar focuses on the methods, techniques, and contributions of "conversation analysis" (CA) to an understanding of everyday communication. Particular attention will be given to:

1) Ongoing analysis of audio/video-recordings of diverse conversational activities and events;
2) Methodological and theoretical issues arising from situated examinations of talk and social structure.

The interactional materials for this class are comprised of a sampling of phone calls in the San Diego Conversation Library (SDCL) entitled "The Malignancy Series" – a corpus of 54 recorded and transcribed conversations, over a 13 month period, involving family members (and others) who have been informed that their mother's tumor has been diagnosed as "malignant". The calls begin with Dad "delivering the news" to Son and ongoing conversations with other family members (including the Mom/patient) and friends as the cancer develops. Final recordings were made as Son has traveled home awaiting Mom's death. This research project examines such activities as the delivery and receipt of good and bad news by lay persons in home environments, how lay persons describe medical/technical information, and the social construction of emotions involving illness. Beginning with the Son's first phone call to his Dad, and throughout, these calls reveal the social and emotional impacts of family members (but also selected friends, acquaintances, and service representatives) as they deal with the uncertain (but often inevitable) trajectories of terminal cancer. They also reveal how everyday life unfolds in the midst of cancer, including many discussions not focusing directly on "cancer" per se.

This study, the first natural history of a family talking through cancer from initial diagnosis until death, was funded by the American Cancer Society (ACS) under the title "Conversations about cancer: Understanding how families talk through illness" (#ROG-98-172-01).

This examination of "conversations about illness" may usefully be contrasted with the close examination of medical interviews, which provide a point of comparison and departure for this seminar. Research has typically focused on the institutional character of professional/lay communication most generally, and particularly doctor/nurse/practitioner-patient relationships. Topics ranging from problems in creating mutual understandings, soliciting complete medical histories, constructing and responding to "stories", describing problems and displaying empathy,

delivering good and bad "news", interrelationships between "biomedical" and "pychosocial" models of treatment and diagnosis, and making referrals have received considerable attention. Across these studies, participants' relative "power" and "status" have been addressed as "asymmetrical". For example, when considering such phenomena as "technical knowledge", "questions and answers", and "overall constraints" associated with medical diagnostic interviews or therapy/psychiatric sessions, how medical professionals display and patients deal with medical authority, and the imposition of agenda-relevant actions, has been given systematic attention and is certainly deserving of further inquiry.

In essence, rather than focusing on medical interviews, the ACS project attempts identify an "essential problematics" for families as they deal with a cancer dilemma outside of the clinic. To exemplify these problems throughout this seminar, two "collections" of interactional phenomena will be employed: News delivery sequences and hope/optimism.

While class activities will involve lectures and discussions on extant literature, the bulk of our time and efforts will be given to "informal data/listening sessions" -- repeated, rigorous, and grounded attempts to identify and substantiate patterns of human conduct-in-interaction. The grist for our mill, then, are naturally occurring phone calls submitted to repeated listenings and, with transcriptions, inspections of ordinary family concerns. The overriding focus of the class will be to begin to discover -- literally for the first time -- the kinds of interactional patterns families co-generate when working through medical concerns, and to reveal interrelationships between casual and clinical encounters. Emphasis will be given to close examinations of single instances as well as analysis of "collections" of interactional phenomena.

Text(s)

Two xeroxed packages (readings and syllabus/transcriptions) available at Aztec Book Store (second floor); reserve readings on first floor of Love Library. (Readings may also emerge as class progresses, and will be placed on reserve on an ongoing basis.)

In addition, purchase the following popular book:

Mitch Albom (1997). Tuesdays with Morrie: An old man, a young man, and life's greatest lesson. Doubleday Books.

<u>Projects and Evaluation</u>

> **15% -- Transcription Exercise**
> **15% -- Preliminary Data Analysis**
> **15% -- Collection Analysis**
> **45% -- Final Research Project**
> **10% -- Seminar Participation**
> **------**
> **100%**

Fifteen percent of the final grade will be generated from a brief transcription exercise, designed to familiarize seminar members with transcribing conventions and sensitize students to the organizing details of conversation. The first few minutes of a recorded phone conversation, between S (Son) and Gina (G) during Malignancy #17, is immediately available from me. Begin your transcription approximately 35 seconds into the call: G says "What's up" and S responds "Well they've stabilized her". Transcribe these utterances and approximately the next minute, ending with "Just dad this morning".

A transcribing machine will also be made available, in my office, for seminar participants who may wish to refine their transcriptions. This assignment will be discussed in more detail during the first seminar.

Fifteen percent of the final grade will emerge from an analysis of excerpts from the Transcription Exercise. We will discuss how these moments might be identified and systematically examined. This exercise will function to enhance your abilities to analytically describe a single case, and set-up a collection of phenomena you are interested in pursuing.

Fifteen percent of the final grade will emerge from a collection of data drawn from the Malignancy Corpus. These data may or may not include the single case you selected for the first assignment. Issues will be addressed involved extending your work from a single case to both generalizable and other idiosyncratic features.

Forty five percent of your grade will be tied to a final research project. The goal is to produce a grounded and thorough analysis of a collection of some interactional "phenomenon". Issues such as what <u>counts</u> as a "phenomenon", how many instances comprise a sufficient collection, and more will be addressed from the beginning of the seminar. You will be given considerable freedom as to what <u>kinds</u> of conversational activities you might study, and considerable assistance in identifying and locating relevant studies (and references in general) that are particularly suited to your investigation (beyond those available in the class readings). A handout will be provided for this project as well.

Finally, **ten percent** of the final grade will be based on seminar participation: Regular and <u>prompt</u> attendance; preparation (i.e., critical examination of readings, data analysis); constructive, thoughtful, and detailed involvements in class discussions and activities; display of careful and critical examinations of readings; individual innovativeness and displayed motivation.

<u>Seminars</u>

This seminar will emphasize working as a research team. The overriding goal is to generate manuscripts for dissemination to wider audiences through convention presentations and various publication outlets.

What follows is a general organization of the seminar. We will be flexible in the time given to these readings/issues. Though additional readings will be assigned and are expected, an effort has been made to minimize reading and maximize data analysis, i.e. working directly with recordings and transcripts in each seminar. Data handouts will be provided during many seminars to emphasize the interactional phenomena being examined (e.g., of News Delivery Sequences and Hope/Optimism).

Beach/COMM 665: Conversation Analytic Methods
(Preliminary Topics/Readings)

I. From Medical/Clinical Encounters to 'Conversations About Illness'

A.   Introduction: Institutional and Interactions

Medical Interviews: Diagnoses and Agendas

Richard Frankel (2000). Challenges and opportunities in delivering bad news.
        Physicians Quarterly, 25, 1-7.

Karen Lutfey & Douglas W. Maynard (1998). Bad news in an oncology setting: How a
        physician talks about death and dying without using those words. Social
        Psychology Quarterly, 61, 321-341.

Conversations About Illness: Turning to "Bulimia" as a Clue, & Beyond

Irving Rootman & Larry Hershfield (1994). Health communication research: Broadening
        the scope. Health Communication, 6(1), 69-72.

Wayne A. Beach (1996). Editor's Preface and Introduction (pp.ix-xvii); Finding
        bulimia (Ch.1, pp.1-19); Avoiding ownership [for alleged wrongdoings]
        (Ch. 4, pp.61-79); Interaction and social problems (Ch.5, pp.101-112).
        In Conversations about illness: Family preoccupations with bulimia. Mahwah,
NJ:
        Lawrence Erlbaum Associates, Inc.

II. History & Overview of Psychosocial Inquiries

B.   Historical Sketch: Social Aspects of Illness, Death, & Dying

David Sudnow (1967). Introduction (Ch.1, pp.1-11); On bad news (Ch.5, pp.117-153).
        In Passing on: The social organization of dying. Englewood Cliffs, NJ: Prentice-
        Hall, Inc.

Elisabeth Kubler-Ross (1969). Attitudes toward death and dying (Chp. 2, pp.11-37.). In
        On death and dying. New York: Macmillan Publishing Co., Inc.

C.   Overview & Perspectives: Psychosocial Research in 'Family' Cancer

Understanding 'Family' Contexts

Jay F. Gubrium & James A. Holstein (1990).What is family? & A new perspective:
Social
constructivism (Chps. 1 & 2, pp.1-34). What is family? Mountain View, CA:
Mayfield Publishing Company.

Sampling of the 'Psychosocial' Literature

Linda J. Kristjanson & Terri Ashcroft (1994). The family's cancer journey: A literature
review. Cancer Nursing, 17(1), 1-17.

Selected Quantitative and Theoretical Communication Inquiries

J. Michael Gotcher (1993). The effects of family communication on psychosocial
adjustment of cancer patients. Journal of Applied Communication Research, 21,
176-188.

Austin S. Babrow, Chris. R. Kasch, & Leigh A. Ford (1998). The many meanings of
uncertainty in illness: A systematic accounting. Health Communication, 10, 1-23.

III. News Deliveries & Hope as Interactional Achievements

D.   The Delivery and Reception of "Good and Bad News"

Douglas W. Maynard (1996). On "realization" in everyday life: The forecasting of bad
news as a social relation. American Sociological Review, 61, 109-131.

Douglas W. Maynard (1997). The news delivery sequence: Bad news and good news in
conversational interaction. Research on Language and Social Interaction, 30, 93-
130.

[3 chapters from Maynard's book (forthcoming, Cambridge U. Press), Bad news, good
news, and the structure of everyday life [available on check-out in my office]

Wayne A. Beach (2000). Between Dad and Son: Delivering, receiving, and assimilating
bad news regarding Mom's cancer. Unpublished Manuscript.

Wayne A. Beach (in press/2001). Stability and ambiguity: Managing uncertain moments

when updating news about Mom's cancer. Text (Special issue on 'Lay Diagnosis').

E.   Managing Optimism: Finding 'Hope' in Family Conversations

Elisabeth Kubler-Ross (1969). Hope (Ch.13, pp.138-156). In <u>On death and dying</u>. New York: Macmillan Publishing Co., Inc.

Cheryl L. Nekolaichuk, Ronna F. Jevne, & Thomas O. Maquire (1999). Structuring the meaning of hope in health and illness. <u>Social Science & Medicine</u>, 48, 591-605.

Anssi Perakyla (1991). Hope work in the care of seriously ill patients. <u>Qualitative Health Research</u>, 1, 407-433.

Elizabeth Holt (1993). The structure of death announcements: Looking on the bright side of death. <u>Text</u>, 13, 189-212.

Wayne A. Beach (in press/2001). Managing optimism. To appear in Jenny Mandelbaum, Phil Glenn, & Curt LeBaron (Eds.), <u>Unearthing the taken-for-granted: Studies in language and social interaction</u>. *A festschrift in honor of Robert Hopper*.

F.   Retrospective

Jean-Francois Duval (July, 1997). Elisabeth Kubler-Ross: The final stage. <u>Shambala Sun</u>.
Don Lattan (July, 1997). Second thoughts. <u>San Fransisco Chronicle</u>.

<u>**Selection of Related Reserve Readings**</u>

(Library and Office)

Austin S. Babrow & Kimberly N. Kline (2000). From "reducing" to "managing" Uncertainty: Reconceptualizing the central challenge in breast self-exams. (Submitted)
Austin S. Babrow, Stephen C. Hines, & Chris R. Kasch (1999). Managing uncertainty in illness explanation: An application of problematic integration theory. In Bryan B. Whaley (Ed.), <u>Explaining illness: Messages, strategies, and contexts</u> (pp.41-67). Hillsdale, NJ: Erlbaum.
Wayne A. Beach (1995). Preserving and constraining options: "Okays" and `official' priorities in medical interviews. In G.H. Morris & R. Cheneil (Eds.). <u>The talk of the clinic: Explorations in the analysis of medical and therapeutic discourse</u> (pp.259-289). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
Wayne A. Beach & Christie N. Dixson (2000). Revealing moments: Formulating

understandings of adverse experiences in a health appraisal interview. <u>Social Science & Medicine</u>, 4, 1-21.

Wayne A. Beach & Jennifer Ott-Anderson (2000). Communication and cancer: The noticeable absence of interactional research. (Submitted)

T. Bunston, D. Mings, A. Mackie, & D. Jones (1995). Facilitating hopefulness: The determinants of hope. <u>Journal of Psychosocial Oncology</u>, 13, 79-104.

Graham Button & Neil Casey (1984). Generating topic: The use of topic initial elicitors. In J. Maxwell Atkinson & John Heritage (Eds.), <u>Structures of social action: Studies in conversation analysis</u> (pp.167-190). Cambridge: Cambridge University Press.

Graham Button & Neil Casey (1988/89). Topic initiation: Business-at-hand. <u>Research on Language and Social Interaction</u>, 22: 61-92.

Paul Drew and John Heritage (1992). Analyzing talk at work: An introduction. In Paul Drew & John Heritage (Eds.), <u>Talk at Work: Interaction in Institutional Settings</u> (pp.3-65). Cambridge: Cambridge University Press.

Arthur W. Frank (1995). Preface, When bodies need voices, The body's problem with illness, and Illness as a call for stories (Chps. 1-3, pp.xi.-74). In <u>The wounded storyteller: Body, illness, and ethics</u>. Chicago: The University of Chicago Press.

Richard M. Frankel (1995). Some answers about questions in clinical interviews. In G.H. Morris & R. Cheneil (Eds.). <u>The talk of the clinic: Explorations in the analysis of medical and therapeutic discourse</u> (pp.233-258). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.

J. Michael Gotcher (1995). Well-adjusted and maladjusted cancer patients: An examination of communication variables. <u>Health Communication</u>, 7, 21-33.

Christian Heath (1992). The delivery and reception of diagnosis in the general-practice consultation. In Paul Drew & John Heritage (Eds.), <u>Talk at work: Interaction in institutional settings</u> (pp.235-267). Cambridge: Cambridge University Press.

John Heritage & Sue Sefi (1992). Dilemmas of advice: Aspects of the delivery and reception of advice in interactions between health visitors and first-time mothers. In Paul Drew & John Heritage (Eds.), <u>Talk at Work: Interaction in Institutional Settings</u> (pp.359-417). Cambridge: Cambridge University Press.

Gail Jefferson (1984a). On stepwise transition from talk about a trouble to inappropriately next-positioned matters. In J. Maxwell Atkinson & John Heritage (Eds.), <u>Structures of social action: Studies in conversation analysis</u> (pp.191-222). Cambridge: Cambridge University Press.

Gail Jefferson (1984b). On the organization of laughter in talk about troubles. In J. Maxwell Atkinson & John Heritage (Eds.), <u>Structures of social action: Studies in conversation analysis</u> (pp.346-369). Cambridge: Cambridge University Press.

Elisabeth Kubler-Ross (1969). The patient's family (Chp.9, pp.157-180). In <u>On death and dying</u>. New York: Macmillan Publishing Co., Inc.

Douglas W. Maynard (1988). Language, interaction, and social problems. <u>Social Problems</u>, 35, 311-334.

Douglas W. Maynard (1992). On clinicians co-implicating recipients' perspective in the delivery of diagnostic news. In Paul Drew & John Heritage (Eds.), <u>Talk at work: Interaction in institutional settings</u> (pp.331-358). Cambridge: Cambridge University Press.

Peter G. Northouse & Laurel L. Northouse (1987). Communication and cancer: Issues confronting patients, health professionals, and family members. <u>Journal of Psychosocial Oncology</u>, 5, 17-46.

Anssi Perakyla (1993). Invoking a hostile world: Discussing the patient's future in AIDS counseling. <u>Text</u>, 13, 302-338.

Irving Rootman & Larry Hershfield (1994). Health communication research: Broadening the scope. <u>Health Communication</u>, 6(1), 69-72.

Emanuel A. Schegloff (1988). On an actual virtual servo-mechanism for guessing bad news: A single-case conjecture. <u>Social Problems</u>, 35: 442-457.

Emanuel A. Schegloff (1991). Reflections on talk and social structure. In Deirdre Boden & Don H. Zimmerman (Eds.), <u>Talk & social structure</u>. Oxford: Polity Press.

Antonella Surbone (1996). The patient-doctor-family relationship: At the core of medical ethics (Ch.19, pp.389-405).. In L. Baider, C.L. Cooper, & A. Kaplan-DeNour (Eds.), <u>Cancer and the family</u> .

Anita M. Pomerantz (1984). Giving a source or basis: The practice in conversation of telling `how I know'. <u>Journal of Pragmatics</u>, 8:607-625.