

A method in search of a problem

The power of conversation analysis

Elizabeth Stokoe



**“Isn’t conversation analysis *just*
A method in search of a problem?”**

(Reviewer 2)

- 
1. A psychology problem
 2. A 'details' problem
 3. A communication myths problem
 4. A 'hard data' problem
 5. A conversational 'products' problem

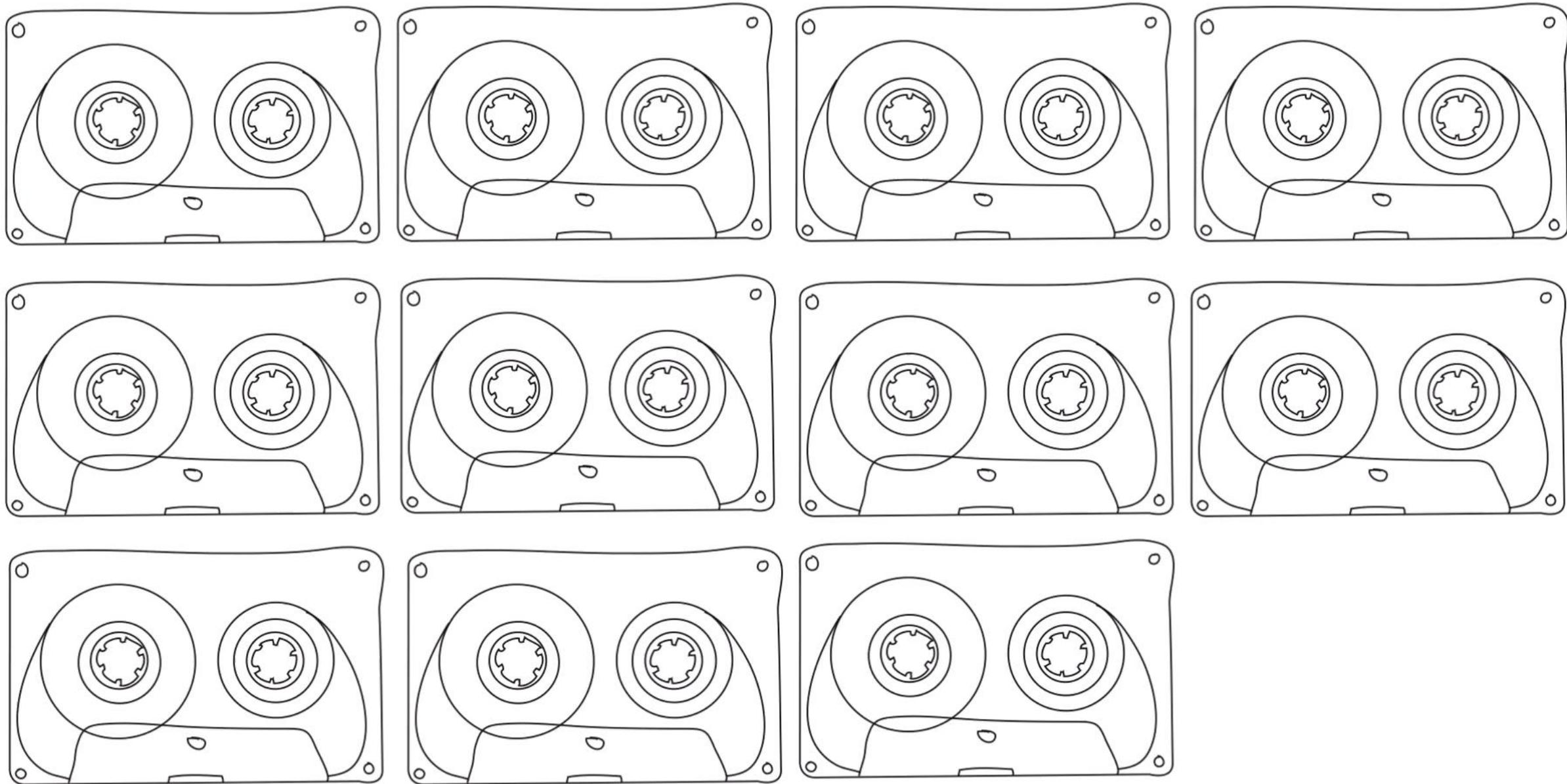
1. A psychology problem

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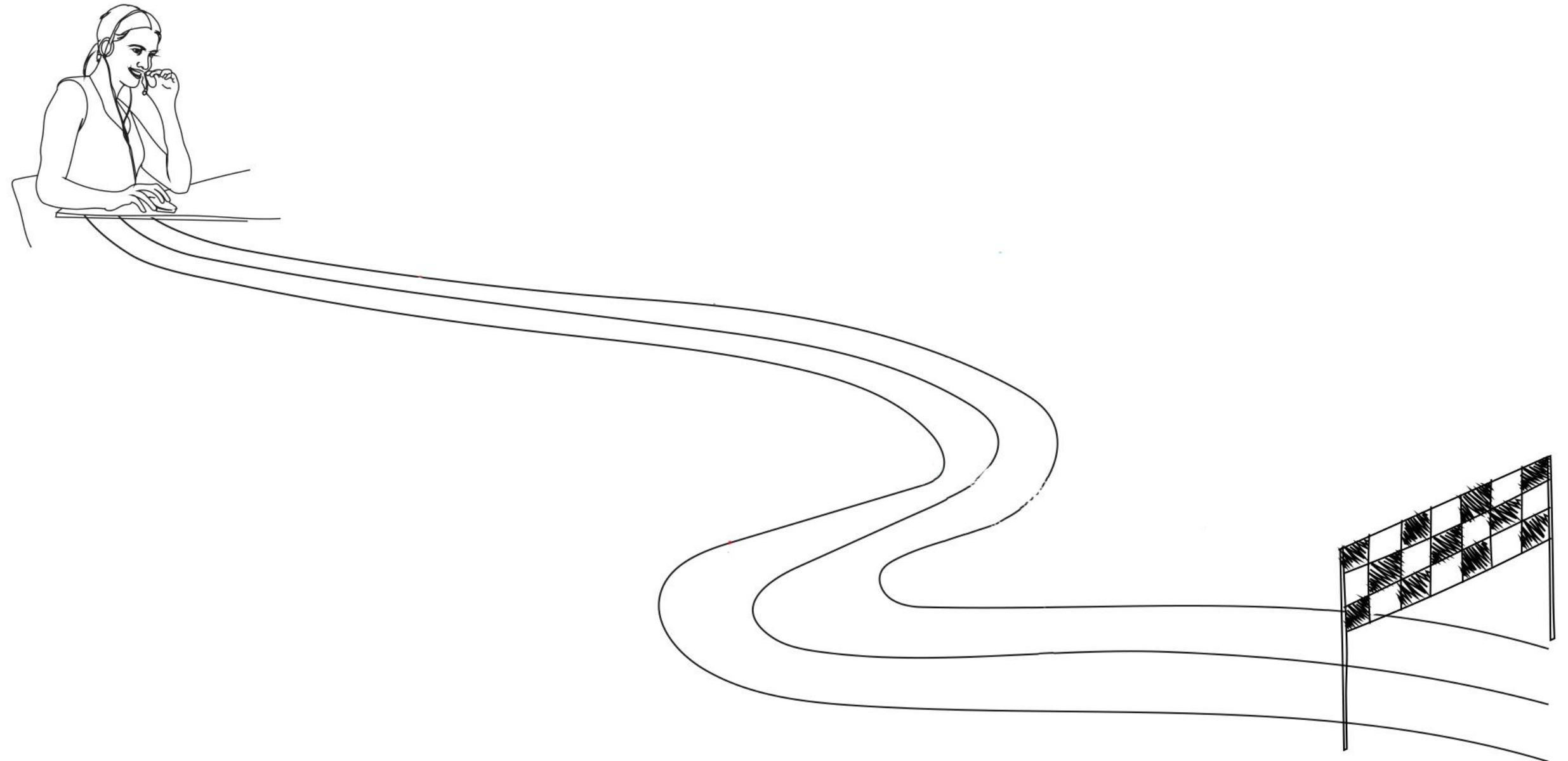
“Laypersons often think of psychologists as professional people watchers. It is ironic, then, that naturalistic observation, as a methodology, has a remarkably thin history in our field...

...the psychological scientist’s tool kit needs a method to directly observe daily life where moment-to-moment behavior naturally happens” (Mehl, 2017)

1. A psychology problem



1. A psychology problem



1. A psychology problem

“...a method to directly observe daily life where **moment-to-moment behavior naturally happens**” (Mehl, 2017)



“Social science theorizing must be answerable to the **details** of actual, natural occurrences” (Schegloff, 1987)

2. A 'details' problem

2. A 'details' problem

1

Entführung aus dem Serail Overture

W. A. Mozart
Arranged by F. Hermann

Violin

Piano

Presto

© 2012 FC MUSIC

01 Humph: Ah.h
02 (0.2)
03 Humph: >↑C'n ↑you 'ear me.<=Sopel.
04 (1.3)
05 Sopel: ↑.hHumphrys: I c'n £↓hear£ you.
06 Humph: Good.=slight change of um:: (.) slight
07 change of subject, .hhh um: u- a- first
08 question will be: um how much hhh
09 (0.4) of your salary
10 [#you are prepared t'hand over to]=
11 Sopel: [£#.h.h .h .h .h .h .h #£]
12 Humph: =Carrie Gracie to keep her, .hhh um::
13 an' th(h)en uh- [- y- a few- a £few£]=
14 Sopel: [.hh heh hhe]=
15 Humph: =[comments about (0.2) your- your]=
16 Sopel: =[hheh h hh .heh]=
17 Humph: =other [coll]eagues: you know: l- um=
18 Sopel: [.HHH]
19 Humph: =like our: o- [our-] [our Middle East
20 Sopel: [.HH] [Yeh,
21 Humph: =[editor[: and .hh the other men who are=
22 Sopel: [(yeh.)
23 Humph: =earning too much.=d'you know ↑just- .hh=
24 Sopel: =I mean ↑obviously- (0.2) ob- obviously
25 if we're talking about- the scope for
26 the greatest redistribution,
27 Humph: Mmm.
28 Sopel: .hh I'll have t'come back an' say well-
29 (0.2) ↑ye:s mister Humphrys.=[but
30 Humph: [An' ↑I am:
31 an' I- I- I'd (.) could save you the
32 [trouble because I could volunteer]=
33 Sopel: [£#.h.h .h .h .h .h .h #£]=
34 Humph: =[.hh <I've um:> handed over alrea:dy=
35 Sopel: =[£.HHh£ heh
36 Humph: =.h more than you FUckin' ↓earn
37 [.hh um:: I'm sti:ll left with more]=
38 Sopel: [£#.h .h .h .h .h .h]=
39 Humph: =[than anybody e:lse.=an' n- that]=
40 Sopel: =[.h .h .h hh #£ .shih]=
41 Humph: =that- seems to be- t'be entirely just.
42 .hhh uhh so(h)mmat like [that,
43 Sopel: [£uh heh heh£ heh
44 [heh #eh eh .h eh eh] £.HHHHH£
45 Humph: [Would do it, d'y'think,]
46 Sopel: £Don't.[hh£
47 Humph?: [uhhh. Dear g(h)od.

2. A 'details' problem

01 Humph: Ah.h (0.2)
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03 Humph: (1.3)
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45 Sopel: £Don't.[hh£
46 Humph?: [uhhh. Dear g(h)od.
47

Humphrys:

"Ah... Can you hear me Sopel?"

Sopel:

"Humphrys, I can hear you."

Humphrys:

"Good, slight change of subject – first question will be how much of your salary you are prepared to hand over to Carrie Gracie to keep her, and then a few comments about your other colleagues, you know, like our Middle East editor and the other men who are earning too much..."

Sopel:

"I mean, obviously if we are talking about the scope for the greatest redistribution I'll have to come back and say, 'well yes Mr Humphrys, but...'. "

Humphrys:

"And I could save you the trouble, because I could volunteer that I've handed over already more than you fucking earn, but I'm still left with more than anybody else and that seems to me to be entirely just – something like that would do it?"

Sopel:

"Don't."

BuzzFeed

2. A 'details' problem

Humphrys: "Good, slight change of subject – first question will be how much of your salary you are prepared to hand over to Carrie Gracie to keep her, and then a few comments about your other colleagues, you know, like our Middle East editor and the other men who are earning too much..."

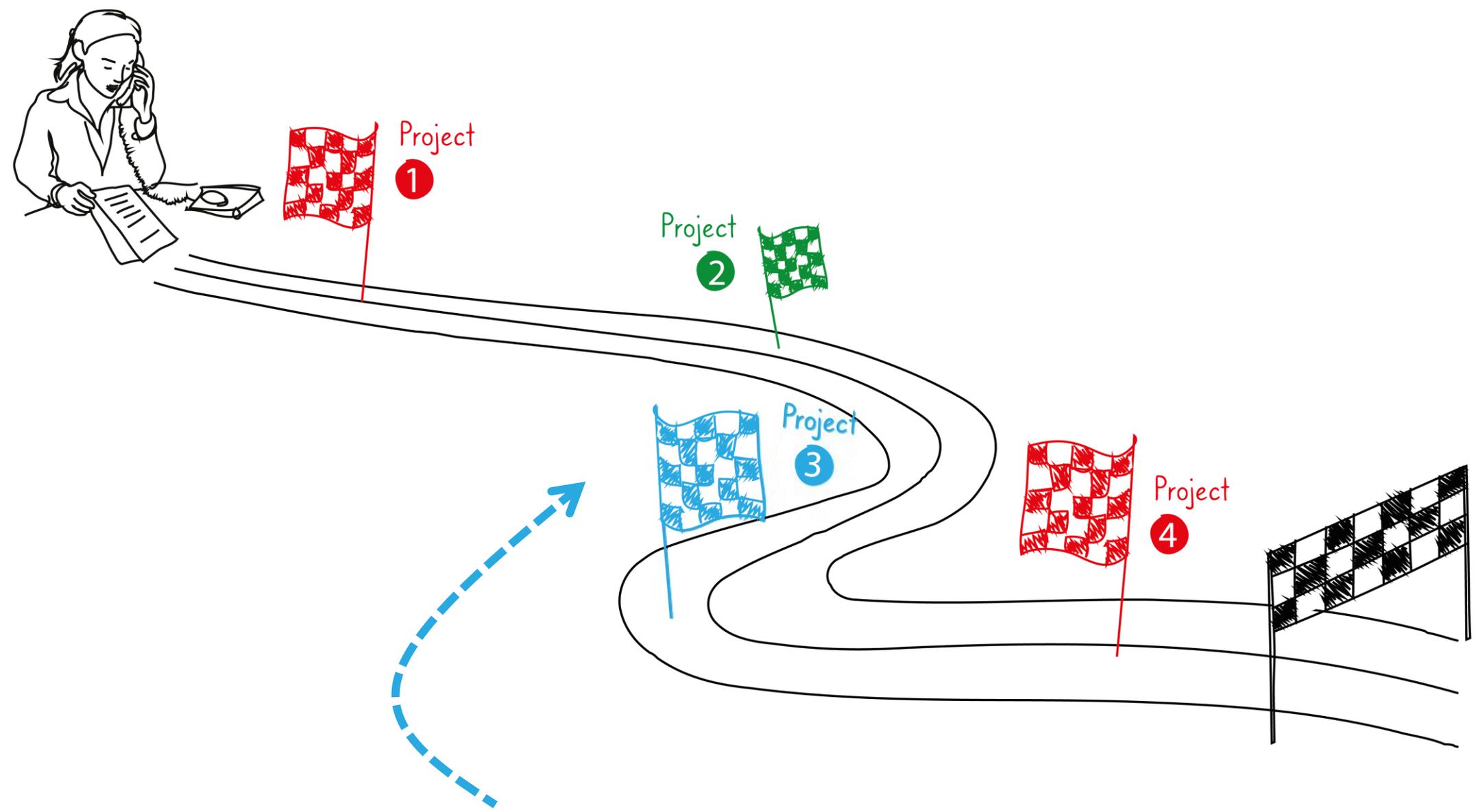
BuzzFeed

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06 Humph: Good.=slight change of um:: (.) slight
07 change of subject, .hhh um: u- a- first
08 question will be: um how much hhh
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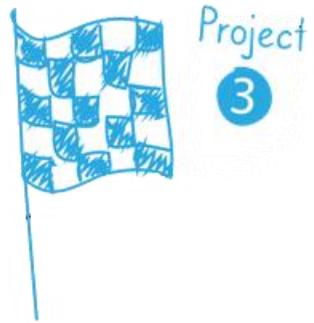
“BBC stars at war as several female presenters threaten to walk out after £650,000-a-year John Humphrys is recorded JOKING about gender pay gap”
Daily Mail, 12.1.2018

Daily Mail, 12.1.2018
Reporter: [unclear]

2. A 'details' problem



2. A 'details' problem



- 01 Mediator: We're a mediation projec- (0.4) project in the:: (.) Stockham area, (0.2)
- 02 Caller: Ye[h.
- 03 Mediator: [.hhh and what - (0.2) we try t'help neighbours that are in dispute::, [.hhh what=
- 04 Caller: [Uhuh.
- 05 Mediator: =we do first um: .pt send a letter out to your neighbour straight away, .hh t'say that:
- 06 y- we've been in touch with you, .h[hh and .hm- ask 'em (0.2) whether they would=
- 07 Caller: [Yeh,
- 08 Mediator: =(0.4) .hhh get in touch with us so that we can discuss it with them? [.Hh
- 09 Caller: [Yeh,

2. A 'details' problem



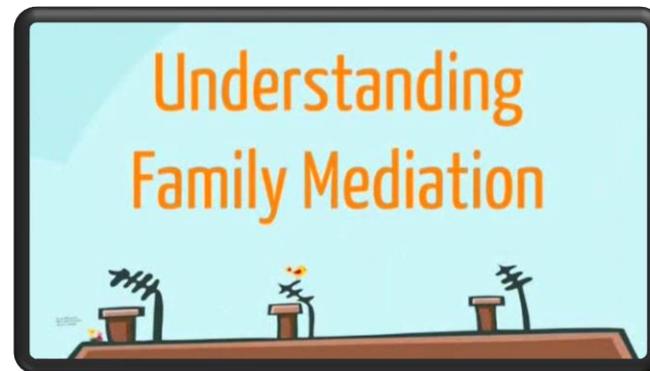
Overcoming Barriers to Mediation in Intake Calls to Services: Research-Based Strategies for Mediators

Elizabeth Stokoe

In this article, I investigate intake calls to community mediation services in which disputing neighbors ask mediators to help them resolve their conflicts. These calls are the first point of contact between potential clients and mediators. To maintain their organization's funding, mediators must convert a sufficient number of these callers into clients of the service. Intake calls, however, are not treated as part of the mediation process proper, and mediators are not trained to handle them. I audio-recorded and transcribed approximately two hundred calls to mediation services based in the United Kingdom and then analyzed them using conversation analysis. I identified several factors routinely present in these intake calls that seemed to prevent disputants from ultimately engaging in the mediation process; I characterize these factors as "barriers to mediation." These barriers include callers' lack of knowledge about mediation as a service and mediators' often ineffective methods of explaining the process. In particular, callers rejected mediation services when the mediators explained that mediation is an impartial service. Some of the mediators, however, managed intake calls differently, describing it more effectively, expressing empathy or affiliation with callers, and thus were able to overcome many of the callers' most common concerns about the process. In this



Ministry
of Justice



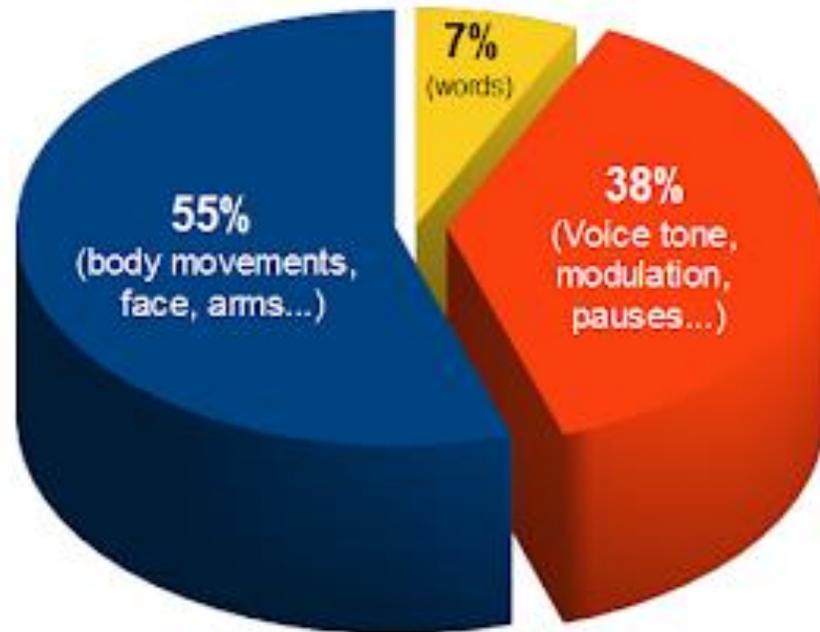
“My team adapted the promotional video and related leaflets/posters as a direct consequence of Stokoe’s input to a campaign that had the best return on investment.”

2. A 'details' problem

“If you can't deal with the actual **detail** of actual events then you can't have a science of social life”
(Sacks, 1992)

3. A communication myths problem

3. A communication myths problem



“I am obviously uncomfortable about misquotes of my work. From the very beginning, I have tried to give people the correct limitations of my findings. Unfortunately, the field of self-styled ‘corporate image consultants’ or ‘leadership consultants’ has numerous practitioners with very little psychological expertise” (Mehrabian, 2002)

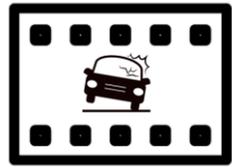
4. A 'hard data' problem

4. A 'hard data' problem

“Is there any data in there or is it just a list of *anecdotes*?”

“I appreciate this was poorly worded ... My point was more whether we should give that much weight to qualitative studies on long-covid in children before we have collected any **hard** data”

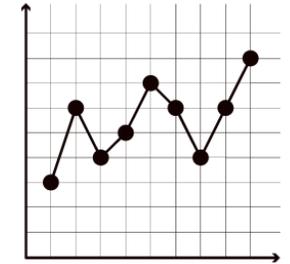
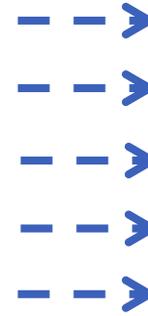
4. A 'hard data' problem



“About how fast were the cars going when they...

bumped
contacted
collided
crashed
smashed

...into each other?”

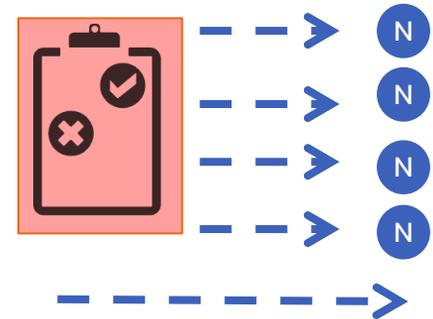


One week later...

“And was there any glass at the scene...?”



bumped
contacted
collided
crashed
smashed



4. A 'hard data' problem

“And was there any **glass** at the scene...?”



“And was there **some** glass at the scene...?”

Reducing Patients' Unmet Concerns in Primary Care: the Difference One Word Can Make

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¹Department of Sociology, University of California, Los Angeles, CA, USA; ²Department of Communication, Rutgers University, Brunswick, NJ, USA; ³RAND Corporation, Santa Monica, CA, USA; ⁴School of Medicine, University of California, Davis, CA, USA.

CONTEXT: In primary, acute-care visits, patients frequently present with more than 1 concern. Various visit factors prevent additional concerns from being articulated and addressed.

OBJECTIVE: To test an intervention to reduce patients' unmet concerns.

DESIGN: Cross-sectional comparison of 2 experimental questions, with videotaping of office visits and pre and postvisit surveys.

SETTING: Twenty outpatient offices of community-based physicians equally divided between Los Angeles County and a midsized town in Pennsylvania.

PARTICIPANTS: A volunteer sample of 20 family physicians (participation rate=80%) and 224 patients approached consecutively within physicians (participation rate=73%; approximately 11 participating for each enrolled physician) seeking care for an acute condition.

INTERVENTION: After seeing 4 nonintervention patients, physicians were randomly assigned to solicit additional concerns by asking 1 of the following 2 questions after patients presented their chief concern: "Is there anything else you want to address in the visit today?" (ANY condition) and "Is there something else you want to address in the visit today?" (SOME condition).

MAIN OUTCOME MEASURES: Patients' unmet concerns: concerns listed on previsit surveys but not addressed during visits, visit time, unanticipated concerns: concerns that were addressed during the visit but not listed on previsit surveys.

RESULTS: Relative to nonintervention cases, the implemented SOME intervention eliminated 78% of unmet concerns (odds ratio (OR)=.154, $p=.001$). The ANY intervention could not be significantly distinguished from the control condition ($p=.122$). Neither intervention affected visit length, or patients' expression of unanticipated concerns not listed in previsit surveys.

CONCLUSIONS: Patients' unmet concerns can be dramatically reduced by a simple inquiry framed in the

SOME form. Both the learning and implementation of the intervention require very little time.

KEY WORDS: unmet concerns; unanticipated concerns; intervention; care; physician-patient communication.
J Gen Intern Med 22(10):1429-33
DOI 10.1007/s11606-007-0279-0
© Society of General Internal Medicine 2007

INTRODUCTION

According to the National Ambulatory Medical Care Survey, about 40% of patients bring more than 1 concern to primary, acute-care visits. Some studies suggest that, when given the opportunity, patients raise an average of 3 concerns per visit.^{1,2} However, physicians' opening questions (e.g., "What can I do for you today?") normally elicit only a single concern, and the expression and exploration of additional concerns is frequently abbreviated, if not absent.^{3,4} Given that the average primary-care visit is constrained to about 11 min in family practice,⁵ and that new and potentially severe concerns can emerge late in visits,^{6,7} physicians may face difficulties in completely and effectively managing the full array of patients' concerns.^{3,4}

Physicians' early knowledge of the entire agenda of patients' concerns facilitates diagnosis and treatment, as well as effective time management.⁸ Medical school curricula encourage physicians, after patients present their first concern, to "survey additional concerns" and "set the agenda" by asking questions, such as "Is there anything else that we need to take care of today?"⁹⁻¹³ However, in practice, physicians rarely ask these questions^{3,4} and tend to do so close to the ends of visits, when additional concerns cannot effectively be dealt with.^{6,7}

This study tests 2 question designs that implement the recommended survey of additional concerns to determine whether, when asked at the recommended time, they reduce the incidence of patients' unmet concerns. It also examines the impact of these questions on visit length and on the proliferation of concerns that were unanticipated by patients in previsit surveys but contingently produced in response to the study questions.

Two Types of Question Design

It has long been known that the design of Yes/No questions frequently communicate an expectation in favor of either "Yes"

“some”
or
“any”?

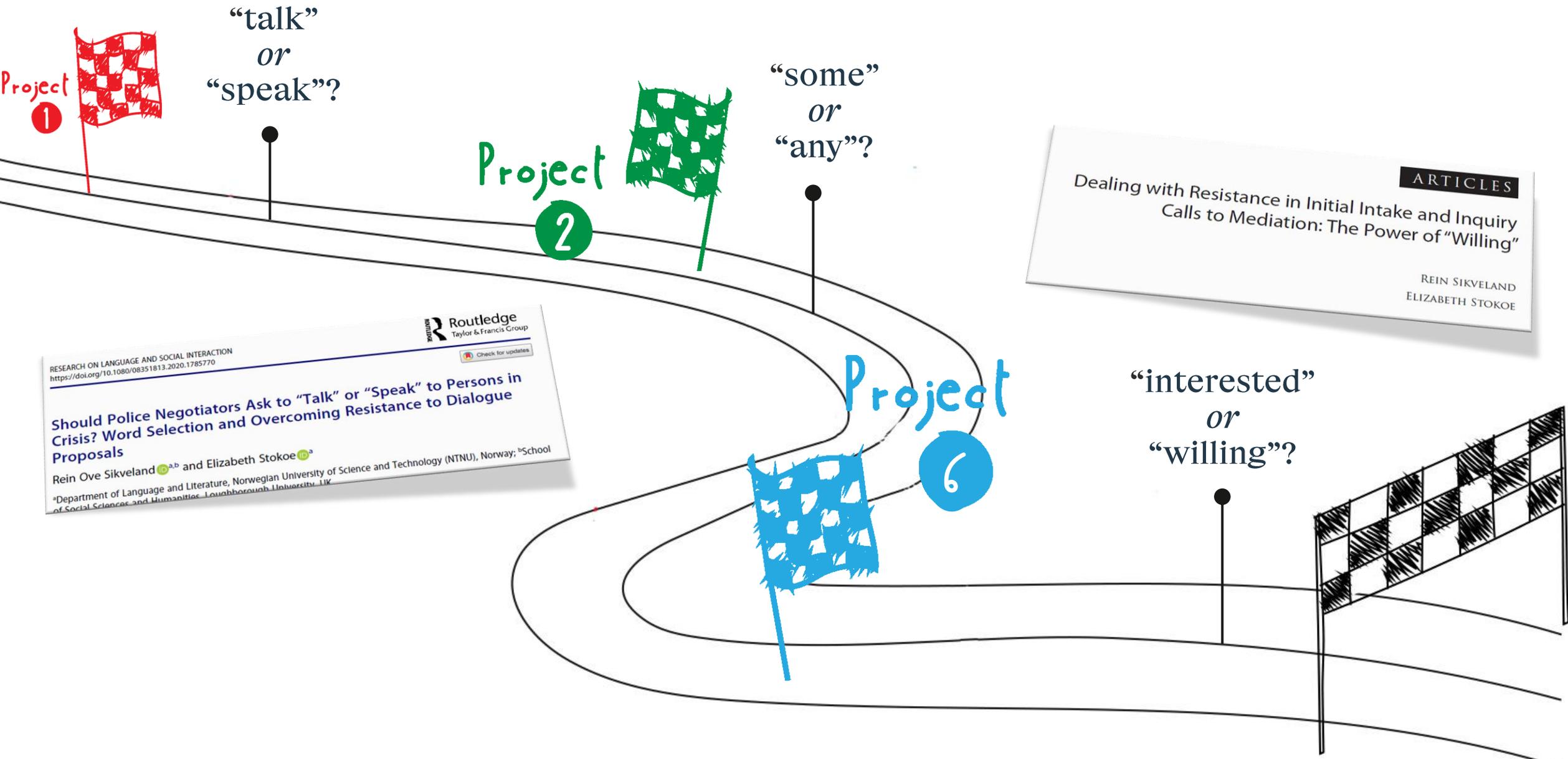
Received February 12, 2006

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Published online August 3, 2007

4. A 'hard data' problem



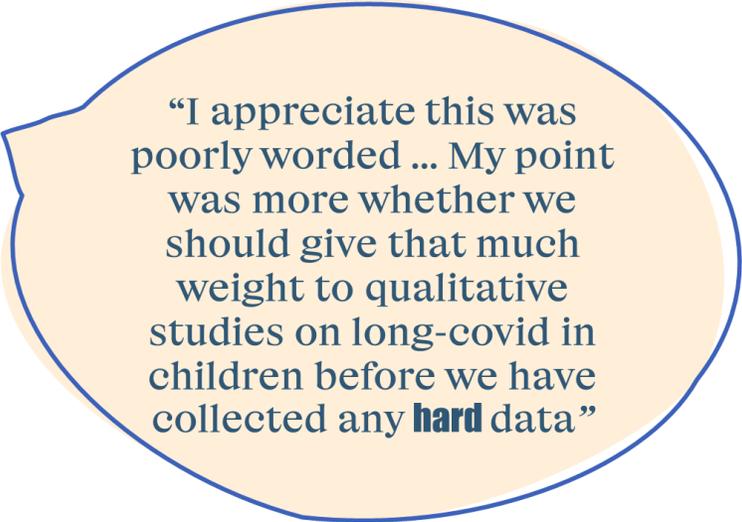
4. A 'hard data' problem



“Very few studies have focused on the concrete, empirical **details** of what his participants *actually said and did*” (Hollander, 2015)

“Participants could draw the experimenter into a process of negotiation over the continuation of the experimental session” resulting in “*radical departures* from the standardized experimental procedure” (Gibson, 2011)

4. A 'hard data' problem



“I appreciate this was poorly worded ... My point was more whether we should give that much weight to qualitative studies on long-covid in children before we have collected any **hard** data”

“How much weight should we give to quantitative studies that relate to complex real-world processes until we understand something of the ways in which the data were collected?”
(Stokoe et al, 2021)

5. A conversational 'products' problem

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Conversation analytic research yields “empirically grounded results at variance with our common-sense intuitions about how some action is accomplished” (Schegloff, 1996)

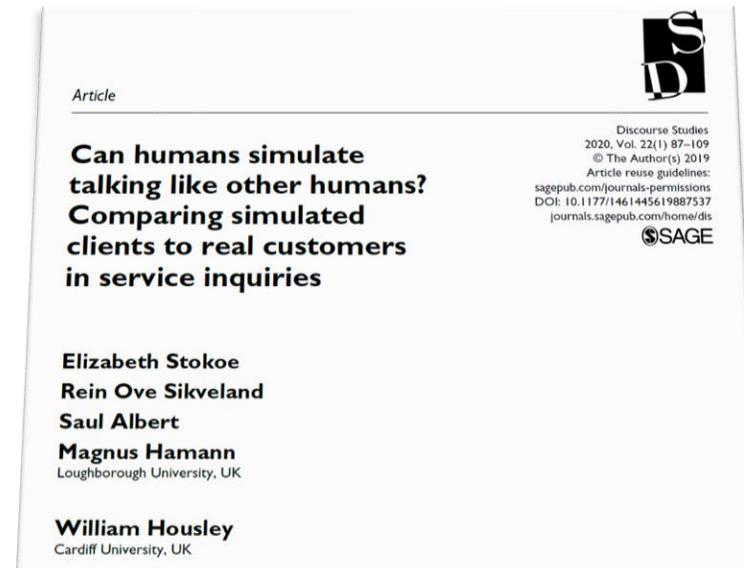
5. A conversational 'products' problem

01 ((phone rings))
02 Marsha: Hello?
03 Donny: H'lo Marsha,
04 Mar: Ye:a[h.]
05 Donny: [It's D]onny.
06 Marsha Hi Do:nny.
07 Donny: Guess what. hh
08 Marsha: What.
09 Donny: .hh my ca:r is sta::lled.
10 (0.2)
11 Donny: An' I'm up here in the Gle:n,
12 (0.2)
13 Marsha: O::h.
14 (0.4)
15 Donny: A:nd. hh
16 (0.5)
17 Donny: I don' know if it's po:ssible but, .hhh see ↑I have t'open up the ba:nk. hh
18 (0.5)
19 Donny: A:t uh: (0.2) in Brentwood? hh=
20 Marsha: =Ye::ah:- an' I know you want- (0.2) an' I wou:- (0.3) an' I would, but-
21 except I've gotta le:ave in about five min(h)utes. [(hheh)
22 Donny: [>Okay then< I gotta call
23 somebody else right away. Oka:y?=
24 Marsha: =Okay *Don[.*
25 Donny: [>Thanks a lot.=bye-<
26 Marsha: Bye.

5. A conversational 'products' problem

01 Caller: Hi.=I (got) a new d- uh: puppy the other day. .hh s'wonderin'
02 how much it'd cost t'get the jabs done. please.

01 Caller: Hello?=>I wonder if it's possible to make an appointment<
02 <for my cat> tomorrow=for a >follow up< uhm he's had an operation?



5. The conversational 'products' problem

- 01 Patient: I was ↑wondering if I could
02 make an appointment plea::s:e.hh
03 (0.3)
04 Reception: Is it something urgent or ↓routi::ne.



- 01 Alexa: Which of the following country fla:gs does
02 not include a crou:ss?

5. A conversational 'products' problem

01 Dispatch: >Nine one o... g okay: over there_
 02 (.)
 03 Dispatch: Where's the... or ↓not.
 04 (0.4)
 05 Caller: One twen...
 06 (0.3)
 07 ((phone be...
 08 (.)
 09 Dispatch: Okay: what's goin' on there.
 10 Caller: I'd like t'order: a pizza fo...
 11 (0.7)
 12 ((phone beep))
 13 Dispatch: Mam you've reached >...
 14 emergency [line.
 15 Caller: [Yeh.h
 16 uh: large with half per...
 17 (0.2)
 18 ((phone beep))
 19 Dispatch: Um:: you know you'v...
 20 (.)
 21 Dispatch: This is an emer[gen...
 22 Caller: [D'y'
 23 ((phone beep))

In Case of Emergency, Order Pizza
 An Urgent Case of Action Formation and Recognition

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Article



Discourse Studies
1–26
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Asking for help without asking for help: How victims request and police offer assistance in cases of domestic violence when perpetrators are potentially co-present

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The London School of Economics and Political Science, UK

Emma Richardson
Loughborough University, UK

because[:
 [Right]. Right'.
 one in the room with you, (0.2) Just say yes
 5) it looks: (.) like I have an officer about
 ur location.
 eapons in your house;
 he phone with me,=
 see you soon.=thank you.hh

A method in search of a problem

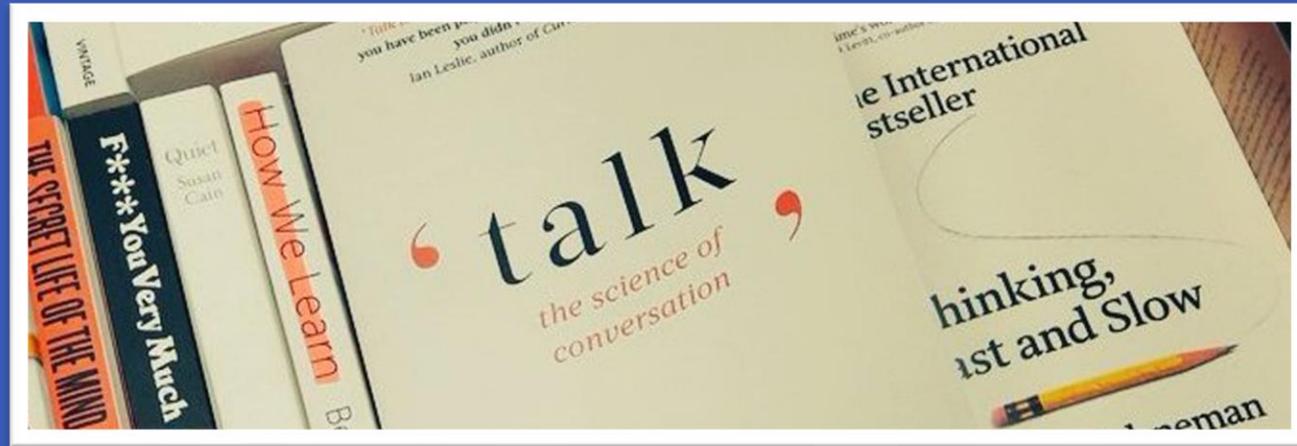
“Psychology pays remarkably little attention to the important things that people do” (Baumeister et al, 2007)

When it comes to conversation, people often *do* what works, but they do not *know* – on reflection, post-hoc – what they *actually did* that worked.

Conversation analysts can ***identify, describe, and share*** how communication – expertise, experience, (in)effective practices – actually work.

CARM Conversation
Analytic Role-play
Method

A method in search of a problem



@LizStokoe

