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## The Production of Difference in Interaction: On Culturing Conversation through Play

### 1. Introduction

Many classical problems must make it difficult to think of conversation, dialogue, discourse, speech in context, etc., in terms of *culture*. And yet it must be done – carefully. This chapter explores why this must be done and how it might be done. To do this I bring together some of Garfinkel's latest language (2002), classical considerations from cultural anthropology (Geertz 1973; Sapir 1921), and some more recent ones (Boun 1999; de Certeau 1984/1980). To illustrate the argument, I present a summary analysis of one moment of joking during a hospital labor.

Garfinkel, provocatively, now writes about "immortal social facts" in a determinedly Durkheimian mode. His prototype for such facts is the "service line" – the kind of lines one encounters when one enters a post office to purchase stamps. Service lines are immortal in the sense that they exist before any particular person joins the line; they endure after the person leaves; and they are controlled by all other people in the line as they instruct each other about what to do next. In his career, Garfinkel has extensively explored how social facts are maintained, and what their consequences can make on individual experiences. He has focused on order while paying close attention to extraordinary cases, but he has not quite faced the fact that one can line up for service in many different ways, as people who cross any number of boundaries soon experience. He has not given clear guidance on how to deal with the production of such differences in the actual history of human interaction.

My main goal is to explore ways to account for the production of difference in terms that take seriously both ethnomethodological and anthropological traditions. To concretize these considerations, I build on work by Cotter (1996) who reported in great detail the case of a woman (and her husband, doctors, a nurse, and a researcher) laboring towards child delivery in a contemporary hospital. Hospitals, like post offices, reveal themselves in what people produce there together. These products, however temporary, are *immortal* in that they are already there when women (and any other with them) enter delivery rooms, when they organize their body in the terms prescribed for them, and when they do any number of

things that might make their particular delivery extraordinary. But hospital delivery rooms do not determine what can be done there. One can tell lies there, and put oneself at such physical danger as to redirect the exact development of a labor. And one can joke about all this – together with the co-participants in the event. Sacks (1975) once argued that “everyone has to lie”. Everyone also has to play – and through such play, new orders may emerge.

Immortal facts, I argue, are not simply immortal. They are also *arbitrary* in the classic senses we inherit from Saussure (1981/1915) and, more recently, Bourdieu (1977/1972). “Arbitrariness”, in this tradition, refers to one major consideration with two aspects, one logical and the other political. Anthropologists and others have extensively demonstrated through comparative analysis that any common human activity can be effectively conducted in a range of different ways (a logical argument), and that any particular way becomes overwhelmingly consequential for the population that must live by it (a political argument). They have also extensively demonstrated that people, everywhere, resist those who tell them what to do. They play with what is given them and often they make new objects with it.

The arbitrariness of patterns particular to times and populations can be introduced in terms of three relations of the observed pattern to aspects of human experience: biology, social organization, and social process. First, immortal social facts are arbitrary in relation to the organization of the delivery of the services (e.g., stamps, a healthy baby, “education for all”). Neither rationality, biology, nor even ideology can determine the exact shape of the evolving pattern. The biology of human childbirth may be a universal problem, but all solutions in human history have been particular, and they keep changing across and within national boundaries (Davis-Floyd 1992; Davis-Floyd and Sargent 1997; Fried 1980; Jordan 1978; Rapp 1999). Second, immortal social facts are also arbitrary in terms of the political patterns that keep them alive. Childbirth, historians tell us, was for a long time controlled by women. More recently, it has been controlled by particular kinds of men with special “medical” authority (Apple 1990; Apple and Golden 1997; Leavitt 1986). Third, immortal social facts are arbitrary in terms of the new services that will have to be delivered precisely because of the arbitrariness induced by the organization of biology. The medicalization of childbirth has multiplied the kinds of people who must be involved for any particular birth to be treated as normal. The “doctor” is now four different specialists: gynecologist, obstetrician, anesthesiologist, and pediatrician. Each has a specific range of authority on the laboring body, and this authority may exercise itself only at certain times.<sup>1</sup>

<sup>1</sup> This has been well delineated in Stratton’s (2003) work on the medicalization of hearing loss in Sweden.

In brief, I am convinced we must accept that all immortal facts are *cultural* facts. They are the product of historical evolution, they constrain but do not determine, and yet they endure – mostly. *Mostly* indeed, for the very arbitrariness of any fact leaves open the door for further evolution.

Ethnomethodology must face culture. But to talk about “culture” comes with its own danger. For many years, noting difference and arbitrariness has led to a series of often unexamined hypotheses: routine performance in the terms of a particular cultural arbitrariness would be the product of the knowledge participants gained through early enculturation or socialization; individuals without such knowledge might have trouble getting the service; trouble among the people waiting for the service might be explained through a reference to differing socialization about how to get or deliver service; this might or might not be articulated into the possible “national”, “class”, “gender”, or “race” differentiations that may also be involved.

Only confusion is produced by moving from the observations of institutionalized difference to hypotheses about the learning (i.e., internalization) of rules or habits. Cultural orders are not the product of personal orders – even when it can be shown that participation does have an effect on personal orders (e.g., character, self, identity). Cultural orders are the evolved product of the active organization of people who, in the process, constitute this order and thus the conditions they will face from then on. The great merit of ethnomethodology has been its providing much stronger accounts of this constitution. What ethnomethodology has not quite done is provide accounts of conversational processes that allow for unpredictable and unrepeatable drift in the organization of constituted facts (cf. Macbeth this volume). Current accounts are strongest when dealing with the processes that maintain order even as they recognize the continual reality of disordering moves (cf. Hundsnurscher this volume). Such moves must be seen as opening the way to transformation, what I refer to as “culturings”. Garfinkel is well aware that disordering founded in the very form of the order is always possible: people do “screw around” (2002: 257). He is interested in these problems as sources for instructions that establish what is consequential at particular times both for people to each other and also for the observer. He does not systematically explore the conditions that may reconstitute the original fact so that it will have *different* “apparent phenomenal properties” (2002: 256) for future participants. For example, one can imagine a setting where some people (say school administrators) might meet because “there was some screwing around in the parking lot while the students were getting into line to board buses”. Such a meeting would have its own properties, of course, but it may also produce an alteration in the properties of future gettings into line to board buses at *that* school (e.g., by adding security guards). Single events, historical happenstance, can become factual and produce new culture.

This chapter uses one moment of *screwing around* to concretize these considerations. The emphasis in this account is on potentialities activated rather than on the reconstitution of the order. This is also accomplished so that, in this case, nothing much appeared to change. But, in the telling of a story about screwing around, some difference was introduced, factualized, and made locally consequential: all participants dealt with the story as story—and a funny story at that. But it may also have had other consequences though not clearly in the time frame of the observation. In the end, a new subculture was produced – one which participatory structures clearly allowed for such joking.

The remainder of the chapter has two main parts. First, I briefly trace how much *cultural* anthropology – and I do stress “cultural” – can gain by confronting conversational analysis and ethnomethodology as precisely the strongest theoretical framework to continue the broad development of culture as a fundamental concept in the social sciences. Second, I focus on one aspect of this development, the aspect that has to do with the very production of differences that may then be institutionalized into a “fact”, what is usually talked about as “a” culture or subculture, way of life, etc. This exploration itself has three aspects that will be differentially stressed at various points:

- (1) I focus on play that is necessary because immortal cultural facts are also sets of instructions that cannot determine what kind of response they will produce (Bateson 1955; Boon 1999; Geertz 1973; McDermott and Tylbor 1983);
- (2) I focus on “enunciation”, the word I use here to index the very act of speaking as it is happening, what Merleau-Ponty (1973) called “*le langage parlant*” (sometimes translated as ‘speech’). Every collective performance that can be seen by all to constitute the immortal cultural fact must also be unique. This uniqueness is potentially noticeable locally and may only trigger various forms of active ignore-ance (Garfinkel 2002: 222-223), instruction, sanction, etc. Whether it “makes a difference” is another matter.
- (3) I focus on what can make collective enunciation “make a difference”, that is, on the factualization of expression through processes we might refer to as “inscription” or the constitution of new consequentialities – processes that reveal the power of the present over the future.

## 2. An Argument for Cultural Anthropology to Journey into Conversation (and for Ethnomethodology to Journey into Culturings)

It is an altogether fair generalization to say that ethnomethodologists have paid little attention to what anthropology has had to say, and that anthropologists have similarly ignored ethnomethodology. Whatever the reason for this, there is enough convergence in the core interests of at least some in each discipline that it might be worth tracing what the two traditions can contribute to each other. The key step in anthropology came when it was rec-

ognized that the study of language is the best model for the study of culture. But, at the time when Garfinkel started working with sociolinguists and conversational analysts, Lévi-Strauss (1963/1958), who made the argument most cogently in anthropology, proposed that anthropologists consider the work of Saussure and Jakobson above all. Most anthropologists resonated to the general argument but they found the particular structuralist model too bloodless. They shifted to a literary model that appeared to allow best for the symbolic power of symbols and other expressive forms (see also Hess-Lüttich this volume). In their writing, culture was to be text. Much followed from this – particularly a disinterest in language in productive action. Still, to insist that culture is text does focus attention on descriptive adequacy and the practical politics of the text (both as it is being written, and as it is taken by any reader). When addressed together, these are precisely some of the matters that moved ethnomethodology. When addressed separately, as they mostly were in anthropology, the general interest in language became a concern with “discourse” as Foucault meant the word, and a concern with “practice” as Bourdieu “theorized” it. But neither Foucault nor Bourdieu, in their own intellectual practice, encouraged facing the practical details of constituting human worlds.

For various reasons, the alternate route that would have anthropologists face these details remains one few take. It may be that most anthropologists take seriously one critique of ethnomethodology that Bourdieu repeatedly made: that it only accounts for such arguably minor matters as the opening of telephone conversations, and cannot deal with, say, class reproduction through schooling. This does not follow. Anthropologists such as McDermott (1979, 1993) analyzing classrooms, or Lave (1984, 1988) observing everyday cognition in structured fields, demonstrated that close attention to the apparent details of the constitution of moments through speech and movement can help in the more carefully restating of classical problems for those concerned with the organization of large populations and the movement of people through this organization (see Hundsnurscher this volume, for an opposing opinion). But such a focus leaves open the question of the historical particularization of this organization – the matter that most concerned cultural anthropologists. In the context of medicalized childbirth, for example, it makes sense to talk of an “American way” that is somehow different from a “Swedish” or “Dutch way” (Davis-Floyd 1992; Jordan 1977/1993; Leavitt 1986; Sargent 1997). America, in the ongoing constitution of its medicine, schooling, business, politics, is an immortal social fact of overwhelming significance inside and outside the national boundaries of the United States. It is also historically unique and it must be possible to account for this uniqueness. What remains difficult is writing more careful accounts of the properties of any set of practices that make it recognizable as American. It is even more difficult to account for the reconstitution of these particular properties across time and social space. And it has been all but impossible to suggest how, exactly, it can change.

The danger is to make the maintenance of America dependent on psychological processes of inculcation as if America resided in the personal constitution of Americans. The solution is to return to the close observation of people dealing with each other and revealing what is most significant to them at the time. In my own work in small towns, school and family settings (Varenne 1977, 1984, 1992), I came to argue that America resides partially in the paradigm of ways of telling experience in various settings, each with its specified rhetorical forms, and its own authority to transform the career of those being talked about. I could observe how the retelling of experience in certain settings could erase many features of everyday experiences, and how it could highlight others as consequential. There are settings where telling what something *really means* can have major consequences. In this way, broad settings are constituted in which all, in the United States and increasingly outside of it, must live their lives. As I started exploring how this erasure is accomplished I found ethnomethodology more and more useful. With McDermott, I looked at various institutional moments when voices of intellectual authority produce massive reorganizations with longlasting effects on those involved. In our "Successful Failure" (Varenne and McDermott 1998), we accounted for the particular kinds of (dis)abilities found in the United States in terms of the local reconstitution of a particular cultural arbitrariness: the one that makes "passing/failing" an examination, for instance, key to movement within what I would call "polities of practice".<sup>2</sup>

"America", in this perspective, refers to the pattern of linkages between various settings that are maintained by the movement of people as agents of the institutions (treated as settings) that delegate them into particular other settings and hold them accountable for what they do there. Concretely, it means that "doctors" are not only "doctors" because they are so constructed by "patients" in the real time of a medical examination; they are also "doctors" because they are so constructed for such examination time in the real, though perhaps indirect, time of "medical school".<sup>3</sup> In these ways, classical concerns with "social structure" can be made alive in a manner that can be accounted for in full ethnomethodological terms.

But this is not quite enough if the account does not also allow for the production of "America" as distinct from say, "Sweden" in the detail of the organization of its polities – for example its organization of childbirth. To focus only on the method of the production and identification of order conspires to make historical particularity in the principles of any

This phrase is intended to echo the phrase "community of practice" that was first proposed by Lave (Lave and Wenger 1991) to handle the complexity of the movement of people through the fields of identified knowledge and then transformed by Wenger (1998) in such a way as to hide to political work that continually reconstitute the differentiation of people working together.

As Cotter (1996) argued, this can make it necessary actively to ignore the status of "doctor" at interactional moments when to do so would dis-order the local setting.

ordering a secondary topic. My concern is to pay attention to the production of new orders linked, but distinct from the old orders that used to prevail. All immortal orders are also temporary. They appear in history, and then they disappear. The reality of drift, evolution, and transformation is precisely what made anthropology necessary as a counterpoint to sociology. "Culture" is too powerful a concept to abandon. But, to preserve culture, one must precisely move away from what has become the most common usages of the word. Culture, when it is defined in passing by someone not necessarily concerned with the concept, is usually presented as somehow having to do with *learning*. Culture, for me, has to do with the institutionalization of difference in a full factual way. Culture belongs to the world of social facts as understood by Durkheim (1982/1895), to the world of langue as understood by Saussure (1981/1915), and to the world of interaction as understood by Garfinkel (2002).<sup>4</sup> It has to do with what individuals do not control in their lives. It has to do with what people receive and with what, together, they do with what they receive. Given that much of what people do is enforce differentiations on each other, there is justification from such critical thinkers as Bourdieu to present culture as inherently violent over many if not all the individuals who cannot escape living by the distinctions it makes. Thus, "in America", it is all but impossible *not* to be measured as a distinct individual, *not* to be identified as a person with these measured characteristics, *not* to be treated differentially in terms of these measurements. And it is *not* possible to escape this process through which the more exact the measurement, the less one will be able directly to challenge the status that one will eventually be assigned (e.g., "successful athlete", "gifted student", "depressed man"). Nothing is more violent, in a meritocracy, than a perfectly fair test. The "freedom" to be one individual self has a very dark side, as well as the very bright one for which America likes to take credit. It is in this sense that I maintain that America is an immortal cultural fact.

Once, I summarized the main aspects of this argument in the following terms: "Culture has less to do with the habits we have internalized than with the houses that we inhabit" (Varenne and McDermott 1998: 14). I would now add that culture also has to do with the redecoration of these houses (Miller 1986), and, though more difficult, the building of new partitions and rooms. Culture has to do with the temporal processes that make the immortal facts people work at subverting.

In this chapter, I have only space for showing how people do, in the detail of their participation, "redecorate their rooms", to expand the house metaphor. I do this partially by confronting scholars from Garfinkel to Merleau-Ponty. Culture, I have argued, is not about learning. In the details of its unfolding, it is about "instructing" and not quite doing what

<sup>4</sup> In other words, I am divorcing this presentation of culture from the tradition that starts with Weber (1949), and then moves on to Parsons and Shils (1951) to culminate with Geertz (1973) and his students.

one has just been told to do. Garfinkel (2002) argues powerfully that cities, streets, laws, regulations, customs, etc., all exist in the instructions all those who must live by them cannot help but give each other. And, in the complex societies we all inhabit, cities, streets, etc., all exist through the instruction those who instruct us in our daily lives themselves receive – in a long chain of instructors where one finds oneself alternatively instructor and instructed – perhaps contradictorily so. Those instructions are required because of:

- (1) the arbitrariness of the overall conditions (similar conditions do not always produce similar effects);
- (2) the constitution of this arbitrariness through distinctions and substractions that must always leave many aspects of experience outside what can easily be handled (fundamental to all structural linguistics);
- (3) the incompleteness of the constituted world (thus the “etc.” principle in ethnomethodology);
- (4) the unpredictability of what will have to be dealt with next, and the arbitrariness in that next move; and
- (5) the incompleteness and unpredictability that make all the “learning” that may occur not only of limited usefulness, but even possibly dangerous.<sup>5</sup>

Both Bourdieu and Garfinkel emphasize that social order cannot be understood in terms of rules people would follow. But Bourdieu moves from there to the *habitus* (cf. Fetzer this volume), thereby returning to inculcation and learning. Garfinkel moves to instructed achievements by “congregations” (to use the word Garfinkel use for what I call “polities of practice”). Moving to instruction makes the most sense. It makes sense because it allows for more inclusive accounts of the kind of interactional sequences we wish to understand. Most importantly it makes sense because it suggests the mechanism for the production of extraordinary “understandings” (i.e., the kind of textual representations that constitute poetry, philosophy, the sciences) as well as for the production of new arbitrariness, both locally and at the level of congregations of congregations, or overall polities.

I am developing a line of inquiry that I ground with Merleau-Ponty’s discussion of speaking through ordered and ordering structures in his “Prose of the World” (1973/1969). This applies most directly to the kind of minimal inflection of a medical interaction that I am using as an example. In conclusion, I will suggest further how this might be generalized to fulfill the program I am setting.

Better than most, Merleau-Ponty understood that personal expression, what he called “enunciation”, precisely required a structure to take shape. He was building on Saussure and thus his sense of structure does not appear to have the dynamic quality that ethnomethodology acknowledges when it talks about “ordering” as an ongoing process. But his insistence that every speech act must be somewhat *different* from any other cannot be

<sup>5</sup> Think about driving in unfamiliar territories: best to unlearn much that one took for granted – though what exactly that might be is not even itself obvious.

ignored. It makes sense to face the facticity of constituted order because one can observe people always taking them into account as they struggle. But they do struggle and thus what may look to casual observers (or to analysts attempting to model the major features of the order) like a process of reproduction cannot actually be so, precisely because the speaker (and of course the audience) has never been in the total situation that required the speech act. At this point, those interested in order would look for the instruction that will replace the possibly disordering act within the parameters of what can be actively ignored. But those interested in the production of new orders would focus on the work everyone else must now do to deal with the difference that the disordering act produced. They would investigate the temporal echoes of this difference: how long will it be *remembered* in the very acts that all will then perform? We have many examples of such investigations: When Jakobson (1960) wrote about poetry as play on the sound systems of particular languages, he was also writing about the extraordinary matters that can be produced with an order that had not, apparently, been designed to produce it. Lévi-Strauss (1966/1962) generalized this when he wrote about *bricolage*. Boon (1999) has been going much further as he writes about the “extra-vagance” of all cultural productions. Recently Miller (1986, 2001) has concretely investigated all this in the realm of the most commodified objects. The evidence that people strain the limits of constraints they cannot escape is everywhere (cf. Hundsnescher this volume). The remainder of the paper is another case of a struggle with and through the re-ordering moves of all participants.

### 3. Making a Difference

I now try to make all this somewhat more concrete through an abbreviated look at one moment within a longer conversation controlled by interlocking polities, some local and some not local at all. This moment includes four persons laughing in unison followed by another person stating, with laughter in his voice “She is dangerous, you know!” followed by another person repeating “She is dangerous!” (see also Langleben this volume; Németh this volume, for treatment of repetition).

This moment took place in the early 1990s, in a hospital located within a prosperous suburb of New York City. It took place during the labor and delivery of a professional woman, a medical doctor herself. This woman, “Lonnie” as she is called here, is surrounded by her husband, a nurse, a researcher, a gynecologist, and an anesthesiologist who together constituted the local polity. Together this crowd worked in the terms of an immortal social fact. I now explore this fact from the point of view of its arbitrariness, that is:



- (1) the arbitrariness of the American organization for childbirth;
- (2) the further arbitrariness that had been produced at the local level;
- (3) the arbitrariness that all participants *can* introduce (even if they *may* not or *should* not).<sup>6</sup>

### 3.1. Differences that Made Initial Conditions

There is a long tradition in cultural anthropology stressing the multiplicity of human ways for childbirth and the ever more complex practices modernity has made. It has been demonstrated again and again (Davis-Floyd 1992; Davis-Floyd and Sargent 1997; Frieds 1980; Jordan 1978) that there cannot be any such thing as a “natural” childbirth that would only be a private affair between a biological female and the young of the species who is being born. Everywhere that anthropologists have looked, childbirth, like motherhood in general, triggers massive cultural responses (Drummond 1978; Scheper-Hugues 1992). Giving birth is necessarily a social and political event. The major institutions of any societies are involved. Nowhere is this truer than in the industrial societies of the past two centuries. The radical transformations that have occurred during this period only serve to make Drummond’s point ever more poignant: every new technological development, from forceps to epidurals may have “solved” some earlier problems and undoubtedly saved lives, as well as arguably made the process of giving birth more comfortable. They have also produced new interactional problems as Rapp (1999), for example, has demonstrated. It may still be the hope of those in the medical sciences that the process of childbirth can be taken out of the vagaries of ideology, prejudice or politics, and given to “experts” whose legitimacy cannot be challenged both because they work within the boundaries of applied rationality and because of the evident good that their work produces. But precisely on the matter of childbirth, even a cursory look at its recent history reveals that this hope is not realistic:

<sup>6</sup> This analysis is based on extensive work done on this case by Cotter (1996). A more detailed analysis of this case can be found in our “Dr. Mom?” (Varenne and Cotter 2006). For this work she followed Lonnie throughout her pregnancy, attending and videotaping all prenatal visits to the gynecologist. She videotaped the last two hours of the hospital labor. She focused on the interactional production of contractions as a particularly telling instance when what appears commonsensically as something that happens within the body of the laboring woman can be shown to involve all participants as, together with the woman, they account for the strength of the contraction, and the amount of pain Lonnie is really feeling. This is brought to sharp focus after the epidural when the reading of a trace on the monitor becomes key in the contested construction of how well the labor is progressing. Cotter discusses in detail the many kinds of talk performed during the labor and their participatory structures. She gives particular attention to the local significance of the woman’s professional status and its apparent erasure. This argument is developed in a draft paper available at the following URL: <http://varenne.tc.columbia.edu/hv/doc/> this site also contains most of the transcripts used in Cotter’s work.

every new procedure triggers new forms of contestation. I mention only the matter of painkillers. The national health systems in Europe and the United States differ on such a fundamental matter as the “best” (i.e., most “rational”) way of administering painkillers. The regulators of some nation-states “trust” people in pain to self-administer while the regulators of other nation-states do not. Such decisions have massive practical consequences in the detail of medical interactions. The decisions place the person of focus, and those others most significant at the particular moment, in situations that constrain all of them in very different ways. People in pain in America must work to convince medical personnel that they need painkillers (and medical personnel must take the position of someone who is waiting to be convinced – even if they already are). In Sweden, the work will be different, and so will be what is to be *normal* medical interaction, what will be trouble, and what kinds of instructions the participants must give each other whatever they are doing.

The hospital where the case summarily presented here took place is one of those that will not let the delivering woman, Lonnie, self-administer painkillers. Lonnie is thus in the position of having to make the case that she needs painkillers not only in general (e.g., before the labor starts), but also continually throughout the labor. As Jordan (1993/1978) documented, this produces specific kinds of conversations. These conversations involve an examination by an authoritative person of a human body who, for the duration, is subjected to what Foucault would call a “panoptic” gaze. These conversational practices constitute the hegemony of medical modernity in the most local of polities when pain is brought out by any of the co-participants as potentially requiring further action. These conversations cannot be escaped. But, and this is central to my argument, being caught, on a hospital bed, in a continuing discussion about the pain one is experiencing, having to make a rhetorically powerful argument that this pain is sufficient to warrant more painkillers, all this required activity cannot be presented as the product of misunderstanding or apathy. Rather, the overall situation must trigger a heightened “culturing” response that is productive of something new that all must face – even if only to ignore it. It is somewhat different from the most expectable line of interactional development. Thereby it produces a new, possibly very local and temporarily short, arbitrary re-organization of the original conditions – productive, in other words of a subculture.

### 3.2. Differences that are Further Elaborated

A little bit more information about the moment introduced earlier will help illustrate what “culturing” can produce. The moment comes half-way through the labor, after an epidural

has been administered.<sup>7</sup> The anesthesiologist comes in and asks *How are we doing?* Everything, including the royal *we* indexes the moment as an expert examination that produces an initial sequence quite similar to those Jordan documents. It produces a challenge from Lonnie: *Do you feel guilty that I am still feeling some pain?* (a paraphrase of sec. 43 [see Appendix for transcript]) and a defense by the anesthesiologist *I think I did a good job.* These exchanges are on a bantering mode leading to a counter-challenge by the anesthesiologist: *Did you really feel no pain in your earlier labors when they had to use forceps and you were in the O.R.?* (paraphrase of sec 57-65). This is followed by general laughter and it allows, or perhaps invites, Lonnie to tell a story about her preceding labor. I refer to that earlier labor as the “storied labor” since there are no independent statements about it besides Lonnie’s story. She starts with the classic beginning for the telling of a (possibly) tall tale: *Listen, do you want to hear about the C-section?* A frame that is also a challenge has been set and all join; for close to a minute a joke is told through them (in Sacks 1974 sense). The joke is told in the shape of a story in the telling of which all participate. Here is a paraphrase:

Listen! I had pushed for three hours and the epidural had worn off. They said I had to have a C section. This little Chinese anesthesiologist came and he could not get the tubing undone. He was running around screaming “give me a cramp.” I didn’t trust him. He was trying to do my sensory level with the alcohol wipe. I kept saying that I could feel the alcohol. So he gave me too much. I was in the recovery room for five hours. I thought I was never going to walk around.

This may not appear particularly funny to some readers, but it does start in laughter, the co-participants amplify (sec. 97-98, 102, 104, 109-11) and chuckle (sec. 91). And the whole thing culminates with the laughter mentioned earlier (sec. 118). This laughter is itself amplified with the two *She is dangerous* utterances, both of which are spoken with laughter in the voice (sec. 119-121).

In the process of the story, many matters are indexed: race, foreignness, trust, medical knowledge, etc., I focus on only one of these indexes: the index to pain and particularly to asking for pain medication. The story would not work if it did not play with a central feature of this situation: a woman in labor must ask for painkillers, anesthesiologists must check using authoritative means: *if you know something about these means, you might be able to lie about your pain and thus receive extra painkillers* – you might be able to pass effectively as being in pain. We are not here in the world of *habitus*. We are in the world of Garfinkel on passing, and also in the world of de Certeau on *la perruque*, and the world of Lévi-Strauss on *bricolage*.

<sup>7</sup> See Chapter 12 in Cotter’s (1996) “Labor Negotiations” for further details, other stories, and several other examples of joking (e.g., labor can also be fun).

We are also in the world of what Geertz (1972) called “deep play” and possibly even at the edge of the world of what Garfinkel (1956) called “degradation ceremonies”. Playing with painkillers is rarely funny, and it may always be dangerous. The punchline of the story we are reading is *They gave me so much, I was in the recovery room for five hours, numb [...] I thought I was like never going to walk again.* This is the utterance that is followed by general laughter, and by the comments about Lonnie being dangerous. There is no ignorance or confusion here, and there may not have been any at the time of the storied labor – except perhaps the induced ignorance of the anesthesiologist about the state of Lonnie’s body that led him to deliver a second dose of anesthetics.

One of the great merits of Geertz’s (1972) famous paper on the Balinese cockfight is his introduction of the notion of “deep play” as capturing something powerful that made sense of something he had observed in Bali when powerful Balinese men apparently put their full status on the line. His particular analysis concludes that, when they do this through their cocks, nothing much happens: the status rarely changes. It may be so in such cases, but it need not be so. In the case we are examining, Lonnie’s radical departure from the expected is a different matter: her many statuses as wife, mother, even medical doctor could have been transformed if something had gone really wrong. Her act did change the course of the storied labor as it made the C-section more dangerous than it would otherwise have been. Thus she did make history for herself and her family. We can imagine what might have happened if her baby had died: some further radical things might have changed not only for her or her husband but even perhaps for the anesthesiologist, the hospital, and others, in an unpredictable reverberation up and down various networks of institutions. Sanctioned delivery practices do change and the change may be triggered by the collective appropriation of a single act.

Following Cotter (1996), I am not going to explore *why* Lonnie lied during her storied labor. I do not speculate either as to *why* the participants reacted the way they did. I simply note first that such a sequence is *allowed* by the very organization of hospital childbirth. To the very extent that one has to ask for painkillers, that being given the painkillers is a conversational process directly implicating “trust” at various points, then the openings for all kinds of other troubles are built in – including the possibility of lying about pain. All these openings would be closed if one did not have to ask. These openings, the ensuing troubles, instructions, and the repairs after sanctions, thus necessarily make each actual instance unique in the detail of its unfolding. Hospital labor, like medicine in general may be as hegemonic as many have claimed, but it does not determine what is to happen in any medical interaction. Rather it produces particular forms of trouble and opportunities that we should expect participants to exploit in a precisely unpredictable fashion.

The interesting question now becomes: how can a unique instance of collective enunciation make any difference? Structural analyses are famous for their power to reveal the ca-



nonical in the detail of the production of the particular *as* particular. They are also infamous for hiding the very production of the particular. But this erasure is not a necessary feature of a structural analysis, on the contrary perhaps. By focusing our attention on the work everyone performs to produce what will then be accepted as orderly, structural analysis can help us notice the very acts of erasure, or, on the contrary, the acts of inscription that can then become fact for future participants.

In this case, it does appear that Lonnie's adventures in the storied labor made some significant difference at the time (by necessitating a reconstitution of the delivery from "normal" to "difficult"). Interestingly, it appears to have become part of the history of the family – the husband clearly already knew the story Lonnie told. In other words, the "difference" that Lonnie introduced at the instant when, for whatever reason, she lied to the Chinese anesthesiologist, made no difference to him, made some difference to her gynecologist then as the delivery shifted to emergency Caesarean (a "normal" reconstitutive process in any event), and then made some difference in the family. I can now focus on the production of difference telling the story about lying made.

### 3.3. Differences that May Not Make a Difference

Having a child in a hospital is not a routine matter. It is not produced by the acquired "common sense" of the participants, but rather by the instructions they give each other as to what to pay attention to and what to ignore. It will be, in every case that we examine closely, an extraordinary event, even if the extraordinariness is "forgotten" later (i.e., even if it does not lead to transformation in either the life of the participants or the organization of the institution). But forgetting that which made a difference in a performance must not be confused with the fact that a difference was produced. Indeed, in many cases, this forgetting must be an active process of, to mention recent Garfinkel (2002) again, ignore-ance; it may well be that hegemonic powers exercise themselves more through the active erasure of noticeable difference than through the psychological processes that would be necessary for the difference not to have occurred.<sup>8</sup>

Be that as it may, I propose that Lonnie's joking narrative be understood in the context of what Merleau-Ponty (1973/1969) discussed as *le langage parlant*. At the moment of enunciation, when Mead (1913) would say that *I* speak, the very structuring of language

<sup>8</sup> Foucault, as well as most of those who follow him, presents the success of the panopticon as produced by what happens within those who are being watched by an invisible warden. Less attention is paid to the activity of the warden and what he must do to remain invisible. I suggest the warden's work may involve a lot of actively ignore-ing what the inmates are doing, an ignore-ance that the inmates would then take into their own accounts.

(and interactional patterns) must produce a unique and unpredictable statement that can only be "textualized" in a secondary step. In that secondary step, an utterance may be transformed into a myth,<sup>9</sup> or it may be actively forgotten by being reintegrated within the regular discourse that is supposed to account for such utterances. In many ways, the story Lonnie tells about the earlier labor is such a family myth told in a setting well-organized for the telling of such myths. The telling itself is potentially productive of something in its actual setting during the current labor. What it is productive of is precisely what I am in danger of erasing if I write it, "interpret it", as a warning by Lonnie to the anesthesiologist not to take her seriously when she asks for more painkillers. I could have used the language of semi-conscious strategies and intention and claimed that, given the overall sequencing of the tale, it *must have been* intended to be such a warning. Or, to take a more social deterministic position, even if this was not Lonnie pre-story intention, the warning may be what the story produced *in* the anesthesiologist. My issue here is not to decide which (speech) act the story produced, but to stress the unmotivated, arbitrary, reality of the utterance as spoken, and then as disappeared. It is not that it does not make "common" sense: all participants work with it as a humorous story. It is rather that the manner of the sense-making is not pre-ordained or simply rational (orderly) within the overall factual sequence (i.e., "hospital labor"). The relationship of any utterance (or sequence of utterances) to any model we might have of canonical sequences is to be dealt with as the same kind of relationship Jakobson (1960) posited between the phonetics and rhythms of any language and its poetry. Lonnie's tale is play with a property of hospital labor and the discourse of the medical examination in general. It is also play that, on the day of its performance, did nothing we could observe – except make people laugh. It was not mentioned again in the following hour of labor.<sup>10</sup> None of the participants refer back to it, not even jokingly. It is as if the story had never been told.

<sup>9</sup> I am indexing here Lévi-Strauss' (1971: 560) definition of a myth as a past utterance from a single author as collectively known and worked with. Arguably, Lévi-Strauss is directly developing here Merleau-Ponty (1973/1964) and restating Mead's (1913) analysis of the postulatable *I* as subject of the objective *me* that becomes known in the rhetorical forms of a particular polity of practice at particular times within its operation.

<sup>10</sup> It is possible that the anesthesiologist was more on his guard after the story than he may have been. He may have rationed painkillers later in the labor, but we have no evidence of conversations he may have had with the nurse or other personnel.

#### 4. Making Cultural Facts for the Future

Through a continuing discursive process, a “modern” “American” way for hospital labor has evolved altogether extravagantly (Boon 1999), over several million years of hominid evolution, and over at least 100,000 years of human transformations, all the while continuing to preserve all biological and sociobiological structures. In the 1990s, this American way for labor may have become so powerful to appear “normal” if not “natural” to many in the United States. This may be mostly the case for those who have never actually had to give birth to a child, or who end up talking about giving birth outside the moments of the actual experience. At that moment, one woman, doctors, nurses, and now any number of “others”, form a temporary version of a more general polity of practice and they produce a unique version of the sequence through various kinds of play. This act may become fact in the history of the participants as it is available for further elaboration in the detail of the conversation that constitutes future labors. Then again, this act may become “nothing” and disappear in the blur of the “normal”. Or else it may make history in radically different contexts, as the case I have presented did for Cotter, myself, and now the audiences of the papers we have written.

The call here is for conversation analysts to pay more specific attention to the processes that make a difference in history. This will involve analyses of the processes that actively erase evolved differences, hide them, and make it appear “nothing happened” that would require the meting of consequences by those who sanction wayward performances. Much of this work will address classical issues in what has been called “reproduction”, what is sometimes also written about as reconstruction or reconstitution. Mullooly and Varenne (2006) have explored such erasure in the context of classroom play where teachers may be involved in the active ignore-ance of what may have been required they do if they had performed any kind of acknowledgment (cf. Hudelot this volume). But we do need much more work, starting at the most local of levels where discourse analysis is most effective. Then, we might be able to see, perhaps through various forms of quasi-pronominal anaphora, when something that is marked as having occurred in an earlier sequence is used to produce difference in further sequences – and also, and possibly more common, to erase the possibility of difference by reconstituting the extraordinary past as ordinary for all future purposes. But we must also move on to longer sequences bringing together ever more speakers. Some cases of deep play produce change in the status of the protagonists. Violent revolutions do take place and, even if it can be argued that much that is reconstituted after such revolutions echoes older patterns, some revolutions do make history.

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Appendix A

Transcript – 9:17:50 to 9:19:51

frame #	Wife	Husband	Anesthesiologist	Cotter	sec.
	no, in my other labors	.... ....	.... ....	.... ....	57
	.... ....	.... ....	.... ....	.... ....	58
	I didn't feel any pain	.... ....	.... ....	.... ....	59
918:50	.... yeah	.... ....	really? ....	.... ....	1:00
	.... ....	.... ....	.... the	.... ....	61
	.... ....	.... ....	one with the forceps	.... ....	62
	.... ....	.... ....	and the ....	.... ....	63
	.... ....	.... ....	in the O.R. and	.... ....	64
	.... ....	.... ....	what was the other one?	.... ....	65
			[GENERAL ***** LAUGHTER]		66
	.... ....	yeah ....	.... ....	.... ....	67
	listen you want to hear	.... ....	.... ....	.... ....	68
	about ....	.... ....	.... ....	.... ....	69
919:00	the C section?	.... ....	.... ....	.... ....	1:10
	.... I pushed for	.... ....	.... ....	.... ....	71
	three hours, no but the epidural	.... ....	.... ....	.... ....	72
	had worn off. ....	.... ....	.... ....	.... ....	73
	I pushed for three hours	.... ....	.... ....	.... ....	74
	.... ....	.... ....	.... ....	.... ....	75
	.... then a	.... ....	.... ....	.... ....	76
	different anesthesiologist came,	.... ....	.... ....	.... ....	77
	this little Chinese fellow, it	.... ....	.... ....	.... ....	78
	was in Hightown hospital,	.... ....	.... ....	.... ....	79
919:10	so they said they have to	.... ....	.... ....	.... ....	1:20
	do a C section	.... ....	.... ....	.... ....	81
	xxx because you're not	.... ....	.... ....	.... ....	82
	not pushing well	.... ....	.... ....	.... ....	83

## On the Research, the Taping, and the Transcription Conventions Used Here

The original research (Cotter 1996) was conducted in the early 1990s and involved videotaping all prenatal visits by *Lonnie* (a pseudonym) to her obstetrician, as well as the labor and the first get together of the parents, the new baby and his sibling. All observations and taping were done in full view of the participants who were aware of the research goal and had given their permission according to the standards of the time. The videotapes were transcribed through paraphrases of the combined visual and audio stream at about one-minute intervals. Selections were selected for more detailed transcriptions of the recorded interaction. Our first priority in these transcriptions was the representation of three central properties of the event: co-participation of all presents, postural shifts, and semantic content. We decided not to use the usual conventions from conversational analysis as they tend to obscure the active co-participation of participants who may be silent at any particular time (Goodwin 1981), and do not allow for easy incorporation of visual information that can now be made available through thumbnails of frame grabs. Details about the transcription conventions, and the justification for audio transcription can be found elsewhere (Ochs 1979; Varenne 1992). In brief, each line of the transcript represents one second. [...] indicates a half second of silence. One frame grab is included for each 10 seconds. We did not attempt to catch most of the variations in the phonetic aspects of the verbal stream since we were not using these for analysis.

frame #	Wife	Husband	Anesthesiologist	Cotter	sec.
	.....	.....	.....	.....	84
	He couldn't take the tubing undone	.....	.....	.....	85
	.....	...couldn't get the clamp	.....	.....	86
	.....	apart	.....	.....	87
	... he was running around	.....	.....	.....	88
	Screaming 'cramp' 'cramp'	.....	.....	.....	89
919:20	'give me a cramp' ....	.....	.....	.....	1.30
	.....	.....	!****!	!***!	91
	.....	.....	.....	.....	92
	we couldn't he couldn't	.....	.....	.....	93
	get the thing apart to give me	.....	.....	.....	94
	the bolus, I didn't trust him	.....	.....	.....	95
	I mean ....	.....	.....	.....	96
	.....	.....	if he couldn't find a clamp	.....	97
	... he couldn't	.....	then what good is he?	.....	98
	get the thing off so	.....	.....	.....	99
919:30	the he was trying to do	.....	.....	.....	1.40
	my sensory level	.....	.....	.....	101
	... with the	.....	... ah ah	.....	102
	alcohol wipe	.....	.....	.....	103
	.....	.....	oh, that's xxx	.....	104
	I kept saying even though I	.....	.....	.....	105
	couldn't couldn't	.....	.....	.....	106
	feel the alcohol	.....	.....	.....	107
	kept saying I could	.....	.....	.....	108
	feel it ....	.....	yeah, I can	.....	109
919:40	.....	.....	still feel it yeah give me	.....	1.50
	... xxx gave me so much	.....	more medication ....	.....	111
	I'm telling you .... I was	.....	.....	.....	112
	in the recovery room for	.....	.....	.....	113
	five hours ....	.....	.....	.....	114
	numb .... they brought me	.....	.....	.....	115
	back I thought I was like	.....	.....	.....	116
	never going to walk again	.....	.....	.....	117
	[GENERAL ***** LAUGHTER]				118
	I had so much ....	.....	she is dangerous you know	.....	119
919:50	.....	she is dangerous because	.....	.....	2:00
	... !*****!	she'll keep asking for it ....	.....	.....	121