Theme Day 'The Life of Texts in Organizations'

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**"Texts at work: Working with texts"**

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**Abstract**

Texts of various sorts are abundantly used in organizations. Their general purpose seems to be to 'fix' organization-relevant meanings across different organizational setting at some distance in time and place. Think of instructions, records of events, policy statements, etc. By fixing meanings they are to contribute to the standardization of organizational procedures as well as to the construction of acceptable accounts of the organization's functioning. Bruno Latour has can coined the term 'immutable mobile' to catch such a functional conception of texts. In actual situations of organizational practice such an 'immutability' seems to be less strictly adhered to: textual meanings and textual details tend to be adapted to local concerns. On the other hand, local settings also function as production sites for texts, such as reports on events, or records of activities. In the talk, the use of texts, their local adaptation as well as their local production will be illustrated with materials from medical consultations and standardized interviews.

**Reading as work**

My interest in this talk is in exploring the ways in which 'texts' are used in an organizational context. My perspective is an ethnomethodological one, which means that I focus on the ways in which texts are actually, *in situ*, used. Any way in which this is done will be conceived as socially organized action, or interaction, as the case may be. This implies that a silent reading is also seen as an 'action', or even 'work', as expressed in the following quote from Eric Livingston's 1995 book *An anthropology of reading*:

> Texts are usually thought of as physical things, their properties assured independently of the act of reading. Reading, on the other hand, is construed as an operation performed on such objects, the "processing of information" found in a text. Yet, whatever a text's properties, it takes on its observed properties from within the work of reading. Reading consists of work that is always done in conjunction with a particular text. Rather than having two separate things – texts and reading – the two together constitute one object – a "text/reading" pair. (14)

And as he concludes a bit later:

> Reading is neither in a text nor in the reader. It consists of social phenomena, known through its achievements which lie between the text and the reader's eye, in the reader's implantation of society's ways of reading, in reading what a text says.' (16)

In order to make the 'work' of reading visible and inspectible, I will examine some cases of reading *aloud*, and also consider a reading's *uptake* in an interactional context.

**Text and talk as contrast**[1]

In so doing, I will explore a supposedly basic contrast between two kinds of language use, on the one hand 'texts' and on the other 'talk-in-interaction'. Talking about 'texts' is meant to refer to written documents in whatever technical form, as scribbles on a piece of paper, printed documents, email messages on screen, whatever. Essential is that texts can be *preserved* in one way or another, archived and transported. 'Talk-in-interaction', on the other hand, refers to spoken language in one or another form of 'conversation', from ordinary chit-chat to formal meetings. Ordinarily, what happens in talk-in-interaction is volatile, it does not persist.

Texts may have two major functions in relation to talk, as instruction *for* talk and as report *on* talk. Texts can offer a more or less detailed *script* to be enacted in talk, in an effort to pre-structure talk's activity, which can be followed more or less closely. And on the other hand, on many occasions, especially in organizational contexts, because of interactive talk's volatility, special measures are taken to preserve at least part of what has happened, in minutes, or some other form of reporting.

In Conversation Analysis, a special measure to ensure the persistence of talk-in-interaction is used for research purposes, the transcription of recorded interactions, an entextualization of talk. I will use this technique later in my talk.

So my specific focus will be on what happens 'at the border, so to speak, of the two realms of text and talk, especially when texts become relevant within talk-in-interaction, or alternatively, how (materials for) texts, such as minutes or restricted 'records' are produced within or during talk. In other words, my interest is in the impact of texts on talk, and in (preparations for) exporting elements of talking in textual form.

**Texts as *immutable mobiles***

When I was invited to speak at this *Tema Dag* on 'Texts in Organizations', one of my first associations was with the concept of 'immutable mobile', developed by the French anthropologist of science and technology: Bruno Latour. In his *Science in action: How to follow scientists and engineers through society* (1987), he uses this concept to stress the importance of the creation of 'traces' of things and events in the world that can be 'transported' through space and time, to be combined and worked-up in various ways as maps, indices, coefficients, etc. in order to be used to dominate, govern, etc. In short, the idea of

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[1]One might argue that rather than a contrast between a text and its reading-as-visible-in-talk, it makes sense to speak of a triangle, connecting writer(s), text(s) and reader(s). It certainly does, but leads in different directions than the one I explore here. See McHoul (1982) for a general treatment and Schenkein (1979) and Ten Have (1999) for specific explorations.

'immutable mobiles' fits into a Machiavellian conception of science and technology, as basic elements in a complex process of 'calculation' and 'translation' in the service of governance. Texts, then, would be seen as one type of **'immutable and combinable mobiles.'**(227).'Immutable' because they are not in and of themselves subject to mutation, as are for instance viruses, 'combinable' because they can be added, etc., and 'mobile' because they can be transported to other times and places, archived, etc.

Latour mentions several 'fields' in which these mobiles function, one of which is economics about which he writes:

> ... in the case of economics, the history of a science is that of the many clever means to transform whatever people do, sell and buy into something that can be mobilised, gathered, archived, coded, recalculated and displayed, One such means is to launch *enquiries* by sending throughout the country pollsters, each with the same predetermined questionnaire that is to be filled in, asking managers the same questions about their firms, their losses and profits, their predictions on the future health of the economy. Then, once all the answers are gathered, other tables may be filled in that summarise, reassemble, simplify and rank the firms of a nation. Someone looking at the final charts is, in some way, considering the economy. (227).

We can conceive of such processes as pyramid-shaped, with standardized instructions going down to the base-line of concrete applications, such as filling in answer-slots, and upwards transportation of 'data' of various sorts. It is obvious that the upward process has properties of simplification, abstraction and summarization. Throughout there is loss of information, but at the same time there are gains in generality, enlarged applicability, and therefore power.

**Local reading work**

While Latour takes a large-scale view of such processes, my interests in this talk will be limited to what happens 'at the base-line' of the pyramid, where abstraction meets the concrete specifics of everyday interactional life. Partly in line with the quote from Latour, I will take a look at standardised survey interviewing as one major way in which 'data' are constructed in order to be combined into some picture of a facet of society, often called public opinion. There has been quite a lot of work on the actual ways in which such interviewing is organized (cf. Houtkoop-Steenstra, 2000; Maynard et al, eds. 2002). Most of this concerns cases in which interviewers operate from a call-center calling at random selected home phone numbers and ask the respondent to cooperate in an interview. The interview schedule is implemented in a computer system from which they are to read the questions, exactly as worded, and in which they record the answers, according to a pre-defined set of options. My general thesis is that what we have on the tapes recorded from such interviews is a record of local negotiations in which the meaning of the text of the *question* is elaborated for the case-at-hand, and after which an *answer* is established that supposedly fits both the pre-given categories and the respondent's circumstances and opinions. The recorded interactions can be seen than as 'partly scripted' enactments of the predetermined schedule (cf. Houtkoop-Steenstra, 2000; Lynch, 2002).

**Opening sequences in 'standardised' survey interviews**

Here is some material on the very first phases of such interviews, as the interviewers are to read some lines from the interview schedule implemented in the computer at which they work.

**Extract 1**   Summary overview of caller's instructions; first opening questions

> Hello, I'm [fill INAM] calling from the University of Wisconsin as part of our national public opinion study.  We are trying to reach people at their home telephone numbers. Is this a residential number?
>
> To be sure I reached the number I dialed, is this [fill PRFX]-[fill SUFX:0] in Area Code ([fill AREA])?

What you see here are two blocks of text, in which some slots will be filled by the computer system, which together will be the individualized instructions for the interviewer to read. After the question marks, the respondents are expected to produce a response on the basis of which the interviewer is to click an option, for instance a confirmation.

Now I will quote the corresponding parts from three actual 'realizations' of this part of the interview schedule, in the format of a transcription following the established conventions of Conversation Analysis, devised by the late Gail Jefferson (cf. Jefferson, 2004 for her last explications). I have printed the parts that (roughly) correspond to the interview schedule in **bold**. The # signs correspond to a hearable key stroke.

**Extract 2**   AW03 - opening

```
1    FR:   he:lla
2    IV:   hello? my name is (sue smith) i'm calling from the university of wisconsin as part of
3          our national public opinion study? ˙hhh we're trying to reach people at their home
4          telephone numbers is this a residential number? {qconf}
5                (0.9)
6    FR:   ye[s
7            [#
8    ??:   ((cough))
9    IV:   ↑and to be sure I have reached the number I di:aled is this (five two five (.) seven
10         one seven three?) [and=
11   FR:                     [(yes)
12   IV:   =area code (four one seven?) {qcnfr}
13   FR:   YE:[S
14            [#
```

Assuming that the filled-in numbers were produced correctly, we can note in the interviewer's contributions just a few 'departures' from the schedule. The hearable inbreathes and the intonation can be seen as 'unscheduled', while the 'other-scheduled' elements include a change from "I'm" to "my name is" in line 2, and from "in" to "and" in line 10. These departures are rather minor, I would say. We may also note that the respondent answers both

questions with a "yes", following the question-marked 'last words', which is apparently coded immediately by the interviewer (cf. # signifying a hearable key stroke). These response were 'invited', but not pre-determined.

Here's another case:

**Extract 3**  AW02 - opening

```
1    MR:  >hello<
2    IV:  ˙hhh hell↑o my name's: (jane smith?) i'm calling from the university of wisconsin as
3         part of our national public opinion study ˙hhh [we're trying to reach=
4    MR:                                              [(mmhmm)
5    IV:  =people at their home telephone numbers? is this a residential number? {qconf}
6              (0.5)
7    MR   yes it is
8    IV:  ˙hh okay great a:nd to be sure I reached the number I dialed is it (five five five) eh-
9         five seven seven four and area code nine one two? {qcnfr}
10   MR:  yes ma'am
11   IV:  ˙hhh okay
```

Here we see similar minor departures compared to the previous case and additionally some added receipts, "okay great" (line 10) and "okay" (line 13). This respondent not only provides answers, but he also offers an acknowledgement to the introductory announcement "(mmhmm)" (line 5), which does not seem to have an effect on the interviewer.

A third example shows a rather different development.

**Extract 4**  AW01 - opening

```
1    FR:  he↑llo:
2    IV:  ˙hh uh ↑hi: my name's: (jane smith) an' i'm calling from the university of wisconsin?
3         as part of our national public opinion study? ˙hhh we're trying to reach people at
4         their home telephone numbers? ˙hhh is this a residential number? {qconf}
5              (0.4)
6    FR:  yes
7    IV:  ˙hh okay: a::nd to be sure I reached the number I dialed is this area code three oh
8         three
9              (0.5)
10   IV:  (five five five) [seven (0.5) five one seven ]{qcnfr}
11   FR:➜                [what are you calling about?]
12   IV:  i'm calling from the university of wisconsin?
13              ˙h [as
14   FR:➜         [fo:r what.=
15   IV:  =part of a national opinion study?
16              (1.0)
17   FR:➜˙h uh concer:ni:ng what.
```

```
18   IV:☞ ˙hh well it's:- it's a broa:d study it's what we call a mo:dular study so they're a bunch of
19        different segments of questions each about (0.2) different things ˙hhh >some of the<
20        things: in-volve things like politics: economic conditions and expectatio:ns: ˙hhhh jst (.)
21        different things >like that< — mostly: politics and government type [thing]s:
22   FR:                                                                        [okay ]
23   IV:  ˙hhh a:nd just to confirm your number it i:s (five five five) seven five five seven and
24        area code three oh three {qcnfr}
25        (0.3)
26   FR:  Uh huh?
27        [#
28   IV:  [Oh kay:
```

In the interviewer's talk there are some minor departures similar to the ones in the previous examples, but the major difference is that the respondent initiates a *repair* on the announcement, "what are you calling about?" (11), during the interviewer's reading of the number checking. She therefore 'tracks back' to the earlier item on the interviewer's schedule, using the generic conversational option to initiate repair at any moment at which an understanding problem becomes relevant for the initiator (cf. Moore & Maynard, 2002).. So in this case, the respondent apparently 'realizes' that the previously given 'reason for the call', as it is included in the announcement, "calling from the University of Wisconsin as part of our national public opinion study" (2-3) is all there is in terms of an explanation of what is to be expected. This announcement is indeed rather restricted, and furthermore, there is no 'space' left open for a reaction, let alone a refusal to participate. It seems to be quite common that a request for participation is not made explicitly; the interviewer just starts with an announcement and preliminary questions and by answering these questions the respondent is 'invited' to go along with the interview as such (cf. Maynard & Schaeffer, 2002).

In the case at hand, the respondent is quite insistent, after a first attempt "what are you calling about?" (11), he adds "fo:r what" (14 )and "˙h uh concer:ni:ng what." (17). At first, the interviewer starts with a repeat of the scheduled introduction, "**i'm calling from the university of wisconsin**? ˙h **as part of** a **national opinion study**?" (12, 13, 15), but after the third and more focussed repair initiator, "h uh concer:ni:ng what." (17), she switches to an unscheduled overall description of the topics of the interview. In so doing, she also changes the 'footing' of her speech, while she at first was acting like an 'animator' of the scheduled text, she now steps out of that role in order to act like a commentator on or descriptor of the interview as such[2].

As she speaks 'on her own', she talks in a sort of off-hand manner, quite informal in tone, formulation and format: "˙hh well it's:- it's a broa:d study it's what we call a mo:dular study so they're a bunch of different segments of questions each about (0.2) different things ˙hhh >some of the< things: in-volve things like politics: economic conditions and expectatio:ns: ˙hhhh jst (.) different things >like that< mostly: politics and government type things:" (18-21).

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[2]The idea of 'footing' was first developed by Erving Goffman (1979;1981), and applied to the complexities of survey-interviewing by the Hanneke Houtkoop-Steenstra (2000: 42-61; summary in Maynard & Schaeffer (2002: 31).

And as the respondent accepts this with an "okay" (22), in overlap with her last word, she switches back to her animator role, connecting with an "and" (cf. Heritage & Sorjonen, 1994) to the unfinished business of the number check: "˙hhh a:nd just to confirm your number it **i:s** (five five five) seven five five seven and **area code** three oh three" (23-4).

What we have seen in these three opening extracts is that interviewers reading the relevant parts of the schedule routinely animate the pre-scripted text with a lively intonation and small alternations, while they can on occasion – if this routine is blocked in some way – shift to talking on their own in an unscheduled 'repair sequence'.

**Question-answer sequences in 'standardised' survey interviews**

Similar effects as those noted above occur in the body of the interviews, the actual questioning. First, I quote a summary version of the question as it appeared on the interviewer's computer screen:

**Extract 5** Summary overview of caller's instructions for a substantive question;

> And now some questions about government agencies.  As you know, every 10 years there is a census of the population of the United States.  How confident are you that the Census Bureau protects the privacy of personal information about individuals and does not share it with other government agencies - very confident, somewhat confident, not too confident or not at all confident ?
>
> <1>  VERY CONFIDENT
> <2>  SOMEWHAT CONFIDENT
> <3>  NOT TOO CONFIDENT
> <4>  NOT AT ALL CONFIDENT
>
> <8>  NOT SURE / DON'T KNOW
> <9>  NOT ASCERTAINED / REFUSED

Now here is an example of an actual questioning based on these instructions:

**Extract 6**   an enacted questioning[3]

```
1   IV:   'hhhh okay(gh): a::[::nd? now we have some questions=
2                        [##
3   IV:   =about government agencies. 'hhh as you know:? every ten year there is a census of
4         the population of the united states. 'hhh how confident are you: (.) that the census
5         bureau protects the privacy of personal information about individuals and does
6         not share it with other government agencies. 'hhh very confident (0.4) somewhat
7         ↑confident (0.5) not ↑too confident? (0.2) or not at all ↑confident. {q5}
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[3]In this and the next extract the line numbers do not correspond to those in the original transcript.

```
1                    (1.0)
2      FR:➡share it with what other governments
3      IV:   (tch) 'hh well the question doesn't specify: but (0.3) it just says other government
4             agen[cie]s
5      FR:        [oh ]
6      FR:   probably very confident
7                    (0.5)
8      IV:   °oh kay° people have different ideas about what the ...
```

In this extract, the respondent initiates repair on the question, after its reading, together with the formatted answer options, has been completed. She uses a typical repair initiating format, a partial repeat of the trouble source (cf. line 6) with an inserted 'what': "share it with what other governments" (9). That is, the respondent asks for a specification of part of the question. The interviewer explains that the question, i.e. as it is formulated on her screen, offers no such specification (10-1). After an Oh-receipt (12), which suggest that she is now informed, the respondent answers the question (13). By using a phrasing like "the question doesn't specify: but (0.3) it just says..." (10-1), the interviewer distances herself from the interview schedule and refuses to take the task of providing for the requested specification on her own account. In other words, she makes it clear that she is not the author of the text she animates.

In the next extract, we see how the same questioning sequence develops in another interview:

**Extract 7**  another enacted questioning

```
1      IV:        'hh two a:nd now we have some questions about government agencies 'hhh ↑as
2                 you know every ten years (.) there's a census of the population of the united
3                 states 'hhh how confident are you that the census bureau protects the privacy
4                 of personal information about individuals? 'hhh and doesn't share it with
5                 other government ↑agencies? 'hh are you very confident (.) somewhat
6                 ↑confident (.) not too confident (.) or not at all ↑confident? {q5}
7                    (2.1)
8      MR:➡      oh kay yer- you're talkin' (rapidly here you-)
9      IV:➡      'hh o[kay
10     MR:➡           [protect information from
11                    (1.8)
12     MR:➡      keep (things) confidential?
13                    (0.7)
14     IV:        (tch) well um 'hhh the:: question  actually asks how confident are you that the
15                census bureau 'hh protects the privacy of personal information about
16                individuals and doesn't share it with other government agencies {q5}
17                    (2.0)
18     IV:        so:: do you think the census bureau keeps thee information that people give them?
19                do you think they keep that private? and they don't share it?
20                    (2.0)
21     MR:        eh:: i think they'd- they'd have to share it if
22                    (0.6)
23     MR:        gatherin' information
```

```
24    IV:         'hhh okay:? so:: how confident are you that (.) they:: don't share it(h) huh 'hh
25                (0.8)
26    MR:         uh::m not very con[fident]
27    IV:                          ['hhh  ] o[kay (.) A:ND people have=
28                                          [#
29    IV:         =different ideas about what the census is ...
```

In this case, the repair initiation by the respondent is introduced by a complaint about fast speech (8). The indicated trouble source is, again, the question. He repeats some key terms (10, 12), after which the interviewer repeats the question (14-6), then paraphrases it (18-9), at which the respondent answers (21, 23). The interviewer, however, repeats the original question in truncated form (24), which the respondent answers in the required format (26); which is accepted (27) and entered in the computer (28).

Observe that like the previous case, the repetition of the question is introduced with a 'distancing' move: "well um 'hhh the:: question  actually asks" (14). When the strategy of repeating the question does not produce an immediate answer (a 2.0 silence in line 17), the interviewer uses a paraphrasing tactic (18-9), which leads, after another (2.0) silence (in 20), to a hesitant start of the answering (21, 23). Again we observe the order: original > repeat > paraphrase.

When we consider the interviewers uptake of the respondent's tentative answers (24), we might say that she initiates repair on the answers (in 21, 23) as a 'trouble source' for her. Her truncated repeat of the question (24), serves as a reminder of the required format for an answer that in itself has already been accepted: "hhh okay:?" (24). The 'so::' suggests that the respondent can produce the required answer on the basis of the earlier one. This episode, then, has a structure that can be modelled as: R: tentative answer; I: provisional acceptance, plus format instruction; R: formal answer; I: formal acceptance.

**Considering standardization**

Summing up this part of my explorations, we could observe some of the problems which the interviewers and respondents encountered when the interviewer tried to keep to the text while she was reading it from the computer screen. Her reading led, on the one hand, to the addition of intonation and some minor variations on the text, and on the other to sometimes complicated inserted repair sequences. These 'disturbances' of the interactional flow seem to be  a probably unavoidable consequence of the efforts to achieve 'standardization'. Even with extensive pre-testing of the schedule, clear instructions to the interviewers and their efforts to follow these up, there is a persistent chance of 'individual' problems of understanding coming up[4]. The repair strategy we observed involves a step-wise departure from the written text, from  a full or partial repeat to an improvised paraphrase.

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[4]For more on these issues cf. Houtkoop-Steenstra (2000 and Maynard et al, eds. (2002); Houtkoop has a chapter on 'Recipient design' (62-87), in which she contrasts an orientation to an individual interlocutor in a private conversation with the 'audience design' typical of the survey interview.

While standardized survey-interviewing is a rather extreme example of a standardization effort, there are many others, which are less strict, such as more or less required protocols of correct or advisable procedure for professional action in, for instance courtroom procedure (D'hondt, 2009), laboratory experiments (Lynch, 2002b) or medical diagnosis and treatment (Berg, 1998)[5]. It depends on the regimes in which such protocols function, as well as on practical circumstances, what the consequences are of departures from such protocols.

**Medical records in consultations**

I now turn to a different setting, the medical consultation, to explore how texts, i.e. medical records, function within the context of the verbal exchanges of physicians and patients. As Christian Heath (1982, with Luff, 2000: 31-60) has shown, medical records are a rather special kind of text. They contain, for each consultation, just a few words which indicate the diagnosis and/or the treatment, but in a way that only makes sense to a physician. Such records are indeed primarily intended for physicians, either the one treating this particular patient, or his or her colleagues; occasionally they may also serve for accounting purposes (cf. Garfinkel, 1967: 186-207).

For my purpose here, I will explore how the availability of the record and its production surfaces in one particular general practice consultation. As it was recorded in the late seventies, before computers were introduced in the consulting room, the record must have been in hand-written form[6].

The patient is an elderly woman who consults for two problems, a bladder infection and a problem with a foot, which apparently have been bothering her before. This may be one reason why 'the record' plays a relatively pronounced role.

During the introductory exchanges with the women patient, the telephone rings and the results of a urine test are passed on to the doctor. She refers to an earlier bladder infection as leading her to take a urine sample now, as she recently had similar complaints. The physician reports on the test result which indeed indicate another bladder infection. The patient tells that she has been drinking a lot of liquids, as she knew that was advisable from the earlier occasion. Then we get:

**Extract 8** from a GP consultation[7]

73 P:   maar ik denk ja↑:↓ je kunt er toch ↑nie mee blijven ↑lope

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[5] For a broad discussion of 'plans' such as protocols and situated actions more or less according to such 'plans', see Suchman (2007)

[6] On the impact of the shift from hand-written cards to computer-based files for both patients and physicians, see Heath (1986: 153-73; with Luff, 2000: 31-60), Greatbatch et al (1995) & Greatbatch (2006).

[7] In this and the following extracts, the line numbers do correspond to the original ones, as r a suggestion of their place in the transcript of consultation as a whole, which has 743 lines.

*but I think well you cannot keep walking around with that*
74     [*((sounds of writing))*
75     [(5.1)
76 P:  ↑en↓ dan (de) voe↑t
     *and then (the) foot*
77     (0.9)
78 P:  ↑d<u>ie</u> wil (ook) niet
     *that doesn't go also*
79     (.)
80 P:  u w<u>ee</u>t daar ben ik- [(°vorige keer-)
     *you know I came with that [ (last time)*
81 A:                 [die v<u>oo</u>rvoet
                  *that forefoot*
82     (0.6)
83 P:  ↑ja↑
     *yes*
84     (.)
85 P:  (diezelfde voet.)
     *(that same foot)*

In line 74-5, the transcription indicates that during a bit over 5 seconds 'someone' is apparently writing. We can assume that this is the physician, probably writing down the test results. So here we have an 'online' production of record-keeping, although we do not have information on what is actually written. In line 73 we see a kind of concluding evaluative remark, while after the writing, during which the patient remains silent (74-5), she switches to her second complaint, (76, 78). In line 80, she 'invites' the physician's recollection, which she gets immediately (81), with an added specification (from *foot* to *forefoot*). The source of this specified recognition can be either the physician's recollection or his reading of the record. In any case both patient and physician work to connect the present topics to earlier encounters, for which the record can have been a resource.

I now quote the next episode in which the physician is writing (lines 209-15),

**Extract 9**

199 P:  dat dat is toch niet in ↑<u>o</u>rde
     *that that is just not right*
200     (.)
201 A: nee
     *no*
202     (.)
203     (daar) ben ik helemaal mee e[ens
     *I agree with (that) complete[ly*
204 P:                    [maar ik wou gr<u>aa</u>g
                    [*but I woul like to*
205     wel weer 's 'n end l<u>o</u>pen
     *walk some distance again*

206      maar ik zit aan ↓huis↑ gekluisterd
       *but I'm all tied up at home*
207      (0.3)
208      als je (niet eens meer) in je sch<u>oe</u>n [kan
       *if you can not even get into your shoe*
209                          [((*sounds of writing*))
210      [(0.6)
211      [((*sounds of writing*))
212 P:  [d<u>a</u>t is l<u>a</u>stig
213      [((*sounds of writing*))
214      [(10.3)
215      [((*sounds of writing*))
216 A: ·hhh en u zegt 't wordt ook <↑r<u>oo:</u>d↓ dan hè?<
         *and you say it also gets red then right?*
217      (.)
218 P: ja
       *yes*
219      ()
220      eh z<u>a</u>cht rood u::-=
       *uh soft red uh*
221 A: =ja 'n beetje r<u>o:</u>zeachtig.=
       *yes a bit rose like*
222 P: =ja
       *yes*

In this episode we see that the physician again starts his writing (209-15) while the patient finishes a more or less concluding remark at the end of a series of utterances which express her misgivings (199-208), rather than reporting on the actual complaint. During the writing she adds a 'post-completing' evaluation (212), but otherwise she remains silent. When the writing stops, the physician asks a factual question (216), which they then discuss at some length. In short, the writing occurs at the end of an evaluative sub-phase after which the physician returns to the medical agenda.

In the next extract we observe a different way in which the record can be used, by quoting it.

**Extract 10**

239 P:  maar as ik dan ook even in de schoen
       *but when I then also just in the shoe*
240      vooral z:: 's zondagavond
       *especially Sunday evening*
241      [·hh dan is 't <u>e</u>cht-
242      [(0.3)
        *then it's really*
243      (0.4)
244      heb ik ↑m<u>oe</u>ite mee om d'er in te komen [(want) dan
       *it's difficult for me to enter it*         *(because) then*

245 A:                                          [ja
                                                *yes*

246 P: wordt 't te ↓d<u>i</u>k↑
        *it becomes too thick*

247     (0.9)

248 P: dan zet 't ↓<u>op</u>↑
        *then it swells up*

249     (5.0)

250 A: [·hhh ik heb vorige keer,

251     [(0.5)
                *I have last time,*

252     (0.7)

253 A:  h<u>ie</u>r gezet op vijfentwintig okt<u>o</u>ber,
            *noted here on the twenty-fifth of October,*

254     (0.7)

255 P:  [ja
            *yes*

256 A:  [is dit t<u>o</u>ch niet een ra:re vorm van j<u>i:</u>cht.
            *is this [after all] not a strange kind of gout.*

257     (0.9)

258 P:  [·hh <u>i</u>k kan 't nie z<u>e</u>ggen.

259     [(.)
                *I can't say it.*

260     (.)

261 A:  nee, >dat begrijp ik,
            *no, I understand that*

262     (.)

263 A:  maar:
            *but*

264     (0.4)

265 P:  (°dank [u)
            *(thank you)*

266 A:          [da(n) zet ik nu-
                    *then I note now-*

267     [m:::: is dit jicht op- =

268     [(0.8)
            *m::::is this gout on-*

269     =ik had er niet naar gekeken=
            *I hadn't looked at it*

270     =is dit jicht op 'n
            *is this gout at a*

271     (0.35)

272     n<u>ie</u>t specifieke ↑pl<u>aa</u>ts↓ zet ik nu neer
            *not specific place I note now*

273     dus dat komt twee keer bij mij [(toch)
            *so that occurs to me two times actually*

274 P:                                      ['t zit in

*it is*

275     hoofdzaak hier=
        *mainly here*
276 A:  =ja↑:=
           *yes*
277 P:  tussen deze te[nen en da is 't] n<u>e</u>t of 't op ↑deze teen
        *between these toes and there it seems like on this toe*
278 A:                    [ ja   precies  ]
                             *yes exactly*
279     (0.6)
280 P:  die is oo[ k   ] <u>ie</u>ts dikker as de andere,
        *that one is also a bit thicker than the others*
281 A:           [dr<u>u</u>kt]
                    *presses*
282 P:  [van (die 'k al) voet
          *of (that) foot*
283 A:  [ja
          *yes*

After a continuing discussion of the details of the complaint (239-48), and a pause of 5 seconds (249), the physician first quotes a diagnostic remark he noted earlier (250-6), and after that another diagnostic remark he wrote down during the present consultation (263-72, probably during the episode quoted in extract 9). He adds that he did not look at the earlier one when he noted the current one (269), and concludes that this idea emerged in his mind on both occasions. At the first remarks the patient claims ignorance (258), while she does not react at all the second and the one about the coincidence. Instead she adds a descriptive remark on the place of the complaint (274-5), in continuation with the physician's mention of a non-specific place in line 272[8], after which the discussion of the symptoms continues.

In the next extract, from a somewhat later episode, we see first the end of a further 'descriptive' discussion (until 385), then a bit of writing (390-4), followed by some more complaining (from 394 onwards).

**Extract 11**

379     ·hh a' je zegt
           *when you say*
380     (.)
381     ik heb 'n grote blaar onder me voet,=
        *I have a big blister under* my foot
382     =maar ik heb gekeken=

---

[8]It may be noted that it seems to be quite common for patients to be rather passive during the diagnostic phase of the encounter, restricting their contributions to description (cf. Heath, 1992, Ten Have, 1995), and possibly complaining, becoming more active, and at times contesting, during the discussion of treatments. (Ten Have, 2006; Stivers, 2007).

*but I have looked*

383    =dat heb i[k niet
        *I don't have that*
384  A:       [die z<u>i</u>t er niet.=
          *that is is not there*
385    =(nee) die v<u>oe</u>l 'k ook niet.
      *(no) I don't feel that either*
386    (0.5)
387  P:  ja=
      *yes*
388  A: [·hhhh=
389    [(1.3)
390    [=hhhh ((*sighs*))
391    [(1.2)
392    [((*sounds of writing*))
393    [((*sounds of writing*))
394    [(.9)
395  P:  en (niets) dan t<u>o</u>bben
      *and (nothing) but worrying*
396    (1,2)
397  P:  (je moet wat, °maar,)
      *(you got to do something, but)*

Finally, I quote quite an extended extract, which has several writing episodes (lines 559, 631-2, and 666-7), but we also see how the physician discusses what he writes with his patient (lines 561-80, and 605-7)

**Extract 12**

544  P:  =en ik kon juist heel g<u>oe</u>d lopen
        *and I could on the contrary walk very well*
545    (.)
546    [·hhh
547    [(0.4)
548    (0.6)
549    van hier (vandaan naar de handbal) daar zie ik niks tegen op
      *from here (to the handball) I wouldn't dread that*
550    [·hhhh
551    [(0.7)
552    maar nou l<u>aa</u>t ik 't wel
    *but now I leave it off*
553    ()
554    stukje naar 't d<u>o</u>rp is (....) nog te veel.
    *a bit to the village is (...) even too much*
555    (2.3)
556    dus dat is eh-
    *so that is uh*

557      (1.6)

558      't zit all<u>ee</u>n maar(r) in in d<u>a</u>t plekje.
          *it's just only in in that small spot*

559     ➡ [((*sounds of writing*))

560     ➡ [(4.4)

561 A: ➡ ik schrijf hier 's <u>op</u>,
          *I am writing here*

562      (.)

563     ➡ p<u>ee</u> <u>e</u>(m)
      ➡ *pee em.*

564      (0.7)

565      dat ik eventjes
          *that I have to*

566      (0.5)

567      over n<u>a</u>denk,
          *think about it*

568      ()

569      of alth<u>a</u>ns dat we dat 's in g<u>a</u>ten houden,
          *or at least that we keep an eye on it*

570      laat 'k 't z<u>o</u> maar zeggen,
          *let me put it that way*

571      [·hhhh

572      [(0.7)

573     ➡ om dokter P<u>e</u>reboom toch 'ns te laten kijken=
          *to have doctor P. take a look at it*

574      =de ortho[pedische chirurg=
          *the orthopedic surgeon*

575 P:        [oh

576 A: ➡ dat ie gewoon 's kijkt van ↑h<u>ee</u>
          *that he just takes a look like gee*

577      (.)

578 A: ➡ i[s-
          *is*

579 P:     [°jah,
          *yes*

580 A: ➡ is die ↑v<u>oo</u>rvoet niet te veel doorgezakt,
          *is that forefoot not to much sagged,*

581      (.)

582 P: (°ne[e)
        *(no)*

583 A:    [ik:< >v:<u>oe</u>l 't n<u>ie</u>t ↓maar:
         *I don't feel it but*

584 A: >ik ben wat dat betreft 'n l<u>ee</u>k.
        *I am a layman in that area*

585      (2.3)

586 P: (°n↑ou!)
      *(°well)*

587    (1.1)
588 P:  (ik weet niet)
        *(I don't know)*
589    u zegt ('t maar wat u't [beste vindt)
        *you can say what you think is best*
590 A:                         [ja↑A:, dat lijkt me 't b<u>e</u>ste,
                                *yes, that seems best to me*
591    [·hHh
592    [(0.5)
593 A:  maar ik ga u w<u>e</u>l e:hm:
        *but I will give you uhm*
594    (0.4)
595 A:  ik gaat:-
        *I go*
596    (0.2)
597    <u>ee</u>n ding nog probere,
        *try one more thing*
598    (0.6)
599    of 't dat inderdaad is,
        *whether it's that really*
600    ()
601    en as dat <u>ook</u> niet helpt,
        *and if that doesn't help either*
602    [hhhh
603    [(0.6)
604    dan=
        *then*
605  ➜ =<en daarom zet ik (dat) hier op de kaart<=
        *and that's why I'm putting that on this card*
606    =dan wil ik graag dat u toch 'n keer naar
        *that I would like you to go one day to*
607    dokter Pereboom gaat.
        *doctor P.*
608    (.)
609 P:  ja
        *yes*
610    ()
611    maar
        *but*
612    ()
613    u wilt <u>eerst</u> nog wat anders [proberen?
        *you want to try another thing first?*
614 A:                            [ja
                                   *yes*
615    (0.4)
616    ja
        *yes*

617      (.)

618  P:  goed.
          *alright*

619      (0.5)

620      en as d<u>a</u>t niet helpt,
          *and if that doesn't help*

621      (.)

622  A: ja
          *yes*

623      (.)

624      dan d<u>a</u>cht ik d'rover om do[kter P<u>e</u>re[boom te vragen
          *then I am considering asking doctor P. about it*

625  P:                    [ja      [ja
                            *yes*     *yes*

626      (3.1)

627      maar d<u>a</u>t spreken we dan later af.=
          *but in that case we will arrange that later*

628  A: =[↑ja↓:↑
           *yes*

629  P:  [we handelen <u>eer</u>st d<u>i</u>t af [(hè)
          *we will settle this first right*

630  A:                    [↑ja prec<u>ies</u>↓
                        *yes exactly*

631  ➡[(18.1)

632  ➡[((sounds of writing))

633      en dat (de volgende) w<u>ee</u>k of drie vier,=
          *and that the next week or three four*

634      =en as u dan zegt 't helpt me eigenlijk ↑n<u>i</u>ks,
          *and if you say it doesn't help me at all really*

635      (.)

636  P: ja
          *yes*

637      (0.4)

638  A: dan eh:
          *than uh*

639      (0.4)

640      gaan we dokter Pereboom inschakelen.
          *we are going to enlist doctor P.*

641      (.)

642  P: j[a
          *yes*

643  A: [ja?=
          *yes*

644  P: =krijg ik daar tabl<u>e</u>tten voor?=
          *do I get tablets for that?*

645      =of-
          *or*

646    (0.5)
647  A: eh:: ja () tw<u>ee</u> per dag.
      *uh yes    two a day*
650    (0.5)
651  P: tw<u>ee</u> per dag.(.)
      *two a day*
653  A: ja=
      *yes*
654  P:  =en d<u>at</u> moet ik (eh) () voor die blahh- bl<u>aa</u>sontsteking
        *and that I have to uh  for that bladder infection*
657    ook weer een ku[ur (        )?
        *also again a course*
658  A:              [ja: <daar grijgt u wat anders (voor)=
                     *yes for that you get* something else
659    =maar ik heb 't nou even over de v<u>oe</u>t.=
        *but I am nou talking about the foot*
660  P:  =ja [dat begr<u>ij</u>p ik
          *yes I understand that*
661  A:     [d<u>aa</u>r krijgt u een ↑k<u>uu</u>rtje voor. () ja ()
            *for that you get a course            yes*
665  P: ja dat begr<u>ij</u>p ik.
      *yes I understand that*
666    ➜[(24.5)
667    ➜[((sounds of writing))
668  A: dus ↑tw<u>ee</u> dingen=
        *so two things*
669    =die voor die bl<u>aa</u>sontsteking die kuur v<u>ie</u>r tabletten per dag
        *that for the bladder infection that course four tablets a day*
671    =d<u>ie</u> moet u opmaken met veel dr<u>i</u>nken,=
        *you have to finish that with drinking a lot*
672    =[dat zult u
        *that you will*
673  P:   [↑j<u>a</u>↓j<u>a</u> dat weet'k
        *yes yes I know that*


The episode represented in this extract starts with a series of 'complaining' utterances by the patient (544-58), until we hear the physician writing again (559). He then explicates what he is writing: that he makes a note to consider to consult a specialist (573-84), but before doing that he will try one more treatment (593-9). After some recapitulations (601-630), there is quite a long writing episode, 18 seconds (632), followed by extensive instructions about the prescribed medication, with some more recapitulations of the alternatives, during which there is another pause of writing, more than 24 seconds (666). These two latter episodes may well be used to write out the two prescriptions, for the bladder infection and the foot problem.

## Considering textual activities in medical consultations

The textual activities that we have observed or inferred as happening in this consultation are of two kinds, writing and reading.

As we work from an audio recording, the writing activities can only be inferred from the sound of a pencil or pen on a record card or a slip of paper. From the context in which they occurred, we can distinguish those that are probably concerned with noting symptoms, or diagnostic and treatment options, as in extracts 8-11. In extract 12 this may be continued, but some of it (at lines 631-2; 666-7) is probably concerned with writing out prescriptions.

When we look at the sequential environments in which the writing occurs, there seems to be a preference for junctures, moments when topical talk comes to a possible ending, or to formulate it a bit too strong, when reporting has degenerated into complaining. Writing can then signal a summing-up, but also as a return to the medical agenda (cf Ex. 9, line 216; Ex.11, line 561).

Reading activities are, of course, even harder to detect on the basis of just an audio recording. At times it can be inferred as possibly occurring, as in E. 8, line 81, but in this particular consultation the physician is remarkably explicit in referring to his writing and reading the record, by telling the patient what he has written at an earlier occasion and at the present one. This can be understood as a sensible strategy as he is confronted with a diagnostic dilemma, which he is unable to solve in the present consultation. So he cannot use what Peräkylä (1998) has called the default pattern of formulating the diagnosis, a plain assertion. Instead he explicates his reasoning and his provisional inability to choose, by referring on the one hand to the reported and observational evidence, and on the other to his notes as displaying his reasoning now and then. Reading the record aloud, then, can be seen as part of an accountability strategy. The patient, on the other hand, seems to refuse to actively participate in the decision making process (cf. Ten Have, 1995, Peräkylä, 2002, 2006).

**Reading(s) and writing**

Within the limits of time and space I have explored some of the ways in which texts are used, taking off from data from two organizational settings in which such usages are to a certain extend 'observable' in interaction. In the survey setting the obvious function of a text like an interview schedule is to act as an instrument of standardization. As we have seen the speakers of such a text, the interviewers, act – in Goffman terms – as animators of the text, but at the same time their work of bringing the text to life involves at least some minor changes in it or additions to it. And when the text does not seem to 'work' properly in the actual interaction, they at first try to repeat their reading, at least in part, and if that is not successful, they take on a kind of commentator role, they explain the text or summarize it.

Reading, and other kinds of work on a text like explaining or summarizing, takes us back to writing. In writing, the writer anticipates the readings and tries to pre-structure this later activities. In the case of survey interviewing, writing tends to be done collectively, and will in most cases be supported by pre-testing to see how the schedule-in-action 'works'; whether the schedule is readable and whether the questions are answerable. Anticipating the work of the interviewers involves a special kind of recipient design, which might be called animator-design. Anticipating the possibilities for (mis-)understanding of the interviewers, requires a

different sub-type, audience design (Houtkoop-Steenstra, 2000). As texts such as interview schedules are designed before the actual situation of use, i.e. the interaction, these kinds of advance design can never be perfect, so it is part of the animators's task to repair any problems as they emerge.

In the medical case, the situation is rather different, as the reader is most often also the writer, or at least a colleague, so the recipient design can be quite specific and rely on the reader's extensive professional knowledge (cf. Heath, 1982, with Luff, 2000: 31-60). Harold Garfinkel (1967: 186-207) has remarked that medical records serve accounting purposes. In the case we inspected, the accounting is directed at the patient, rather than some external evaluator. This is in line with Anssi Peräkylä's (1998, 2002, 2006) analyses.

**Immutable mobiles?**

I started my thoughts reported in this talk with Bruno Latour's concept of immutable mobiles. Now I can formulate some limitations of this concept. It fits very well into his top-down, Machiavellian perspective, as an instrument of a 'centre' to control the 'periphery'. But when we take a bottom-up view, looking at the application of the instrument *in situ*, we see that some adaptations are often unavoidable. In the medical instance, the record, while itself immutable over time, has to be read with a trained mind, while it can serve a range of situationally specific purposes. So, in short, while texts may materially be immutable mobiles, when they are used they will, to paraphrase Eric Livingston, function in specific text/reading pairs.

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