Quotations and extracts

Politeness sequences in talk

Brown and Crawford (Journal of Politeness Studies, forthcoming)

Extract 1

HA: [...] I just need to ask you a couple of questions if I may?

FP: Eh ha

HA: Can I just ask you how you heard about our service, please?

Extract 2

HA: Good evening, NHS direct, you are through to Martin, one of the advisers, can I begin by taking the telephone number that you are calling from please?

FP: A a a It's 0151

HA: Yeah FP: 519 HA: Yeah FP: 7079

HA: Thank you. If I just can confirm that with you please?

FP: A ha

HA: That's [City] 5197079.

FP: Yup, that's right

HA: Thank you very much. May I take your name, please?

FP: It's emm Tracey Johnstone. HA: And how can I help you?

Extract 3

HA: Okay(.) What about (0.2). This might seem a strange question but we just always have to sort of find out (.) where there's any rash (.) where the rash is coming from really.

C: Mm.

HA: Erm do you use tampons when you have a period?

(2 second pause)

C: Erm (1) y (.) Well sometimes and sometimes you know the other.

HA: Okay. And there's nothing that you've left in place anything like that?

C: Ooh no.

HA: No. Okay. (0.5) (laughs)

(1 second pause)

HA: tut (0.2) (laughs)

HA: Some do. (laughs) And you

C: Good grief (laughs)

HA: Yeah. It's just that obviously some rashes (laughs) or you know (laughs) Well you'd be amazed what people ring in with I'll tell you.

C: Oh right. Okay.

HA: Erm it's just we have to make sure there's no infection coming from there.

C: Okay.

The Perspective Display Sequence - from Maynard (1991)

To give you a clue about what this involves, let us consider the example of medical encounters in a study by Maynard (1991) of talk in clinics which specialise in disorders of childhood like autism and developmental disabilities. Children were assessed and then clinicians met the parents to discuss the nature of the child's problems and provide recommendations for therapies and treatments and advice on dealing with specific difficulties. As clinicians introduce their findings and recommendations to the parents they often ask parents for their perspective on the child, and incorporate this into their report. These encounters Maynard called perspective display series (PDS) which involves 1) the clinician's opinion query or perspective display invitation 2) recipient's reply or assessment 3) clinician's report and assessment. Clinicians tend to fit their diagnostic news delivery to the occasioned display of the parents' perspective, especially by formulating agreement in such a way as to co implicate the parents' perspective in the diagnostic presentation. The clinician's invitation (phase 1 above) could be marked or unmarked. Marked invitations looked something like these, and involved a formulation of the problem as somehow being possessed by the child.

(1.)

Dr. E. What do you see? as his difficulty. (1.2)

Mrs C. Mainly his uhm (1.2) the fact that he doesn't understand everythin (6.0) and also the fact that his speech (0.7) is very hard to understand what he's saying.

(2.)

- Dr. E. What do you think is his problem (3.0)
- Dr. E. I think you know him better than all of us really. So that ya know this really has to be a (0.8) in some ways a (0.6) team effort to (4) understand what's (0.4) going o::n. .hh.
- Mrs D. Well I know he has a- (0.6) a learning problem (1.2) in general. .hh and s:::peech problem an' a language problem (1.0) a behaviour problem. I know he has all o' that but still .hh at the back of mymy- my mind I feel that (0.4) he's t- ta some degree retardet.

An unmarked invitation does not propose a problem

10.002

Dr. S. Now- (0.6) uhh <u>sin</u>ce (0.4) you've (0.1) been here and through this thing h:ow do you see R now (0.4) Mrs C.

Mrs C. I guess i (0.2) see him better since he here

9.001

Dr. S. Now that you've- we've been through all this I just wanted to know from <u>you</u>:::. (0.4) <u>how</u> you see J at this time.

(2.2)

Mrs C. The same

(0.7)

Dr. S. Which is?

(0.5)

Mrs C. Uhm she can't talk...

An Online Commentary – From Heritage and Stivers (1999)

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1 Doc: An:' we're gonna have you look s:traight ahea:d, =h
2
3 Doc: J's gonna check your thyroid right no:w,
       (9.5)
5 Doc: .hhThat feels normal?
       (0.8)
7 Doc: I don't feel any: lymph node: swelling, .hh inn your neck area
8 Doc: .hh Now what I'd like ya tuh do I wanchu tuh
       breathe with yer mouth open. =Nice slow deep breaths
(From Heritage and Stivers 1999, p. 1502)
1 Doc:
               Can you open your mouth for me agai:n,
2
               (0.3)
3
               'at's it
4
               (0.7)
               Little bit re:d (.) hm
5 Doc:
               (1.6) ((moving sounds))
6
7 Doc:
               Alri::ght (h)
8
               ((more moving sounds))
9
               ....
10
               ((lines omitted))
11
12 Doc:
               Ari:ght Michael. Can I loo:k >in your< ears
13
               (0.3)
               This o:n[e:
14 Mum:
15 Doc:
                         ['ank you
16
               (0.9)
               'ats fi:ne, the other one?
17 Doc:
               (4.5)
18
               ktch okha:yh
19 Doc:
20
               (0.5)
               They're alri::ght (h). I mean there's just a li:(tt)le
21 Doc:
22
                redness in his throa:t an:d just a litt,le pinkness ther:e
                which (.) means he's got one of tho:se co:lds that make them
23
                cou:gh a lot .hh Because his chest is pe:rfectly all ri:ght
24
25
                he ce:rtainly doesn't need (.) penicillin
26 Mum:
               N:o[:
                   ['r anything like tha:t .hhh hh I think the coughing ....
27 Doc:
((continues))
(Heritage and Stivers, 1999, p. 1506)
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References

Heritage, J. & Stivers, T. (1999) Online commentary in acute medical visits: A method of shaping patient expectations, Social Science and Medicine, 49, 1501-1517.

Maynard, D. (1991) The perspective display series and the delivery of diagnostic news. In Boden, D. & Zimmerman, D.H. (Eds.) Talk and social structure, Cambridge: Polity Press.