[coulw18.001. Tr:BJF. 2 September 90: Edited version] Transcription conventions can be found on the last 2-3 pages of each transcript.

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WITTGENSTEIN AND ETHNOMETHODOLOGY

Meeting 18: 8 October 87

TOPIC: Warranting the interactional relevance of categorizations. Discussion of a transcript in light of the issues raised by Schegloff in his paper: "Between Micro and Micro: Contexts and Other Connections".

Jeff Coulter: The materials that you have before you were gathered a few years ago by a colleague of mine in Canada, Peter Eglin.

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Psychiatric Interview Tape # 8
Fragment A

1. Psy: What problems have been troubling you in the past month?

2. Pa: --Well I have some problems...physically problems I have this here [points to arm/

3. Psy: [looks at patient's arm] What kind of problem was that?

4. Pa: --with the cops/

5. Psy: Have you been having trouble with the

police?

6. Pa: Yah/

7. Psy: What kind of trouble?

8. Pa: street fighting

9. Psy: Street fighting?
How did you get into that?

10. Pa: Well let's see...ah...see it wasn't planned ahead...I guess you don't...uh... see we were trying to get (pause) the guy we were after that was ( ) Judas the one that...the disciple that ah... ( ) tried to get our Lord ( ) Jesus ...tried to stab Him in the back

11.Psy: What happened with Judas?

12. Pa: Well I got ( )He's downtown [patient motions with his head, as if to indicate direction]

13.Psy: [slowly and deliberately] Judas is downtown.

14. Pa: Well...yeah...right, yeah, yeah

15.Psy: You met him

16. Pa: No, Judas was...the real Judas was a game, a guy that named the same thing, does the same I guess, the same problem he's downtown between two glass doors

17.Psy: Then, who is this Judas?

18. Pa: Well, I don't care who he was...I guess I think he was the guy that...ah...that ...ah Our Lord trusted, but he tried to fool him so he could ( )

19.Psy: Is this the same apostle?

20. Pa: Huh?

21.Psy: Is this the apostle of Our Lord or is this another fellow?

22. Pa: Ah...that guy?

23.Psy: This Judas that you talk about downtown

24. Pa: Well Judas could be any guy could be a ( ) stab you in the back

25.Psy: How did the police get into this?

26. Pa: ( ) a good cop is a good cop, no matter where he is ( )

[check tape; I think from here the psychiatrist goes into the memory tests].

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Jeff Coulter: Just to give you a general sketch: the psychiatrist here is meeting this patient for the n + 1th time, that is, it's not the first meeting, but nobody really knows how many times he's met him before. And this particular psychiatrist is guided in his diagnostic work by what is called "the present state examination", which is still a fairly standardized kind of diagnostic schedule used in examining, or eliciting symptoms of mental disorder, particularly serious mental disorders. It is claimed to have a very high inter-rater reliability, but I will put that in brackets for the moment, because that is not really what we're going to be talking about.

There's lots of ways of getting into the analysis of materials like this, as you know. What I want to do is to address it from two or three different kinds of methodological standpoints, and derive a few arguments of a methodological character, as well as, hopefully, illuminating aspects of the study of practical reasoning and communication.

I want to start out by reading you a paragraph from a very recent paper by Manny Schegloff called: "Between Micro and Macro: Contexts and Other Connections", which appears as Chapter 9. in a book edited by Jeffrey Alexander, Bernhard Giesen, Richard Munch, and Neil Smelser called THE MICRO-MACRO LINK. And this was published by the University of California Press, 1987.

What Schegloff's doing in this paper is addressing himself to a variety of concerns of a methodological sort. And one of these concerns has

to do with what he calls "warranting the invocation of vernacular characterizations of persons and settings". So, for example, in this case, what we would have is a question of how warrantably to identify the attributes of the speakers, or the interlocutors, and how warrantably to identify context.

As you know, there is a clear difference between an Ethnomethodological strategy and, shall we say, a more macro-sociological one, particularly quantitatively oriented survey work in sociology on this particular question. And since the early days of the Ethnomethodological movement, the following sort of critique of the quantitative, positivistic research strategy has emerged in the following form: It is argued that positivistic inquirers simply employ their commonsense use of membership categories to identify members of society, independently of an examination of how in any given courses of social interaction, social practice, parties to the social settings themselves make relevant, or displayably orient to some membership category as a relevant or operable one for the parties to those activities. And the issue can be stated thus, as Sacks first posed it: There is no general unique solution to the characterization of who someone is, in a society, since all persons are incumbents of a multiplicity of membership categories. Thus, CORRECTNESS of categorization is insufficient methodologically since the following problem arises: Whilst it may well be true, for example, that someone is correctly categorized as, say, a physician, or a Protestant, or a woman, or a Black, or ... ramified categories, whilst it may be correct so to characterize them, there is a distinction to be drawn between "correct categorization", and "operably relevant categorization" in respect of some courses of action. And, so, what Sacks argues is that one can have correctness, but inappropriateness, in respect of categorization arising as an issue. That the sheer correctness of a categorization of a member of society in respect of some activities can in fact be still in need of some relevancing procedure for relating the selection of THAT category, out of the array of possibly correct categories, for identifying that person, or that set of persons, in respect of the the activities that they are witnessably performing.

So, for example, the following problem arises: If one has, let us say, a distribution, a statistical distribution of activities mapped onto a particular vernacular membership category, for

example: men interrupt women more than women interrupt men, or Protestants tend to start arguments more than Catholics, etc. The issue is not to raise a question of correctness or incorrectness, because, in some sense, that could be found to be literally correct. Those persons who were found, in those positions, when arguments got started could correctly be construed as Protestants. They could also perhaps be construed as white, male, husbands, lawyers, etc.

The issue is in setting up the relationship between the statistical frequency of activities and the membership category in those ways, an implicit explanatory connection is being made, that is radically misleading. Because IF one says, as a claimed finding: men interrupt women more than women interrupt men, the strong presupposition there is that it's because they were men that they did the interrupting. That if it is claimed that it's Protestants who can be found, in a statistically disproportionate fashion, to start arguments - let us say, just to use any old example - it can be strongly heard to imply that it's their Protestantness that is the operable issue in respect of the activities that are found to be highly correlated with them.

Ok, clearly then, Sacks argues that correctness is insufficient, and can, in fact, even be misleading in respect of the questions of warrantability of identification of members of society, in respect to their activities. Since this is really just a particularization of the broader issue that Ethnomethodologists have raised to the forefront of our consideration, namely the distinction between a 'context' and a 'relevant context' for participants. --- Here we have now that general issue particularized in the case of the identification of persons as a distinction between how persons can correctly be categorized in the abstract, and how they can be relevantly, operably, appropriately so categorized for certain explanatory purposes. And the standing charge from Sacks, Garfinkel, Cicourel, and others is that this issue is conflated or fudged in standard positivistic forms of inquiry. That what happens is investigators simply have a theoretically stipulated interest, for example, in selecting a category. Say they are interested in the behavior of kids, or they are interested in the behavior of the incumbents of some other social category, or, as it is more commonly referred to, "variable", i.e., class position, religious affiliation, ethnicity, gender, and so on. They then take their

sample of persons, stratify them according to their correct incumbency, by criteria of correctness of incumbency in those categories, and then start looking at their activities, and try to come up with some sort of relationships, where there is an implicit explanatory linkage being forged.

What Schegloff does in this paper is to raise again this old issue.

> ..the correctness of any particular characterization is by itself not adequate warrant for its use; some kind of "relevance rule", or "relevancing procedure" must be given to warrant a particular characterization,. Here I must vastly oversimplify by suggesting that there are two main types of solution. One is the positivistic one (in one of the many contemporary uses of that term): Any description the investigator chooses is warranted if it yields "results", statistically significant or otherwise attested, with the further possible proviso that these results be theoretically interpretable. The second type of solution requires for the relevance of some characterization BY THE INVESTIGATOR some evidence of its RELEVANCE TO THE PARTICIPANTS in the setting characterized; that is, reference is made to the intrinsic or internal ordering and relevance assertedly involved with sentient, intentional actors. [Tr: page 218]

And then he goes on to remark that Ethnomethodology operates with the second of these positions. And it's therefore required that one be able to warrant any characterization of the parties or setting by showing that and how it's relevant to the parties.

So, take the observation - and it's here quoted from some research done by Richard Frankel - that

> "physicians routinely ... ask questions, and patients routinely provide responses." [Tr: page 220]

This is from a paper where Frankel is arguing for what he calls "a dispreference for patient-initiated questions" in doctor-patient encounters.

> Rather than treating this as the observation that persons independently formulated as physicians disproportionately engage in a particular form of conduct, one might ask whether these persons can be "doing being doctor" by conducting themselves in a particular way. One is then directed to close examination of the conduct in order to specify in what respects it might constitute "doing, and displaying doing, doctor." One might note that constructing turns as questions is one part of "doing being doctor", and one might be drawn into further specifying aspects of the talk (e.g., the type of question, the manner of the asking, the manner of doing recipiency of the response, etc.) as parts of this process -- IF, that is, there are such specifiable aspects. If there are, then attacking the problem in this fashion allows a claim of the participants' orientation to the "doctor/patient"ness of the interaction, rather than the more positivistic correlation of a type of activity with an independently given (but not demonstrably party-relevant) characterization of the parties. [Tr: page 220]

Now part of the problem here, I think, is that - apart from the unpleasantness of the "doing being doctor" construction, which is old style Ethnomethodologese - it's designed to show - it's part of the de-reifying apparatus of Ethnomethodological terms of art. The problem here, I think, is that there are certain kinds of activities that are categorially bound to - if not categorially constitutive of - what it is to be a physician. You know, physicians are institutionally empowered to produce verdictive expressions about patients' conditions. It is within the doctor's defined province to provide for, even vis-a-vis patient's disavowals, what their physical problem really consists in for all practical purposes, albeit defeasibly, and so forth. It is in THEIR professional prerogative to employ the instrumentation that's tied to the professional expertise, i.e., stethoscopes, the monitors, bloodpressure gauge, and all the rest of it. It is NOT, it seems to me, that one could propose that constructing turns as questions is one

part of "doing being doctor". And it seems to me that in this sense it's unclear whether or not Schegloff is making a sort of an irony out of it. Since even if one were to find, for example, in analyzing whole sets and collections of transcripts from doctor-patient encounters, vernacularly so characterized, i.e., they are correctly 'doctor' and correctly 'patient'. But we're still vernacularly characterizing them. Even if it were found that there was this disproportion, which indeed I think Frankel has claimed to have determined, from his collection you can see that that appears to be the case, we're still without warrant for the invocation of the "doctorness" of that practice. Although it is indeed true that physicians can be seen to be motivated to have an interest in making inquiries until they have sufficient diagnostic information available, THAT activity, the activity of doing disproportionate questioning, is certainly not constitutive or bound particularly to physicians. It's also something that court interrogators engage in. It's something that persons in pedagogical settings, who are incumbents of the category 'teacher', may well engage in - disproportionately. So, you could find that sort of skewed distribution, or asymmetry between sets of parties vis-a-vis the distribution of questioning and answering activities, and still be without a warrant for invoking the 'doctorness' of the 'doctor' as an operably relevant category. So then we would switch to such matters as the kinds of questions, the kinds of things spoken about, and all the rest of it. And what seems to be going on, if one takes Schegloff's position, what one needs is, as he says:

> The point, then, is not merely to impose a formal (or formalistic) constraint on the use of certain forms of description, but to be led by such a constraint to a new direction of analysis, with the promise of additional, and possibly distinctive, findings. [Tr: page 220]

And he says:

> I have sketched one such possible direction for the characterization of the participants in interaction... [Tr: page 220]

Now it seems to me that aside from those activities that are either categorially-constitutive, or categorially-bound --

By the way, that distinction is Lena Jayyusi's -- Sacks speaks only of category-boundedness. [Tr: Jayyusi, L. (1984). CATEGORIZATION AND THE MORAL ORDER. London,UK: Routledge and Kegan Paul.] So, for example, something categorially-constitutive would be the sorts of things I was outlining earlier as was within the unique professional specialism of the doctor - that constitutes what it is to be a physician. -- Judges and only judges can 'sentence', or persons operating under the occasioned auspices of the category 'judge'. Only superordinates can 'veto' or 'demote', vis-a-vis subordinates, and so forth. And one can work through an array of categories which have activities that really constitute incumbency in those categories. Now, of course, these activities can be performed well or poorly, and sometimes if they are performed poorly enough, the very incumbency in a category otherwise independently bestowed might come to be questioned.

But when it comes to looking at activities that persons do in relation to their category auspices, if one moves beyond the commonsense domain of that which is categorially-constitutive, or in a weaker sense, that which is categorially-bound, problems of warrant become really serious - very significant indeed. And the claims of conventional Sociology to be DISCOVERING new relations, hitherto unanticipated connections between persons who are incumbents of certain categories and certain kinds of activities can then come to have this problematic character - the problem of warrantability - given that persons are incumbents of a whole indefinite array of membership categories.

All right, so this then is the general nexus of problems that motivates one way of picking up these materials. And in a sense really it would have been preferable to have blocked out the vernacular characterization of the parties [Tr: "Psy" and "Pa" for psychiatrist and patient] but that's an unnecessary methodological trick for this audience. But doing it with students I think it would be better to just have Speaker A, Speaker B, and ignore completely their correct incumbency, the correctness of their characterization as respectively: Psychiatrist and Patient - from the outset. So, anyway, I'd ask you to bracket that for the time being.

What we've got in this transcript is a sequence of turns in which, indeed, questions are being asked, answers are being given, and we have essentially a two-party interaction.

What I want to do is just to go through and make some kinds of observations about these materials, pick up on a few points, connect them to the issue that I've just put on the table, and then open it up and see what on earth we could make of it all. Because I'm by no means clear in my own mind, nor do I think, quite honestly, speaking on behalf of the field, that the field is particularly clear in its collective mind, what exactly to do about all this. Let me just say before we proceed that the way in which the problem tends to get solved for analytical purposes in Ethnomethodology is to invoke "activity-system endogenous categories" only. For example, "speaker", "hearer"; "account-producer", "account-recipient"; "story-teller", "story-recipient". For the telephone work: "caller", "called"; or "answerer not called". Or sometimes illocutionary act types are nominalized as in "requestor", "questioner", "answerer". So you have the categories of persons that are usually employed in a good deal of this work, particularly the early work, before the interest in institutional discourse, and institutional praxis became really launched. What one had then was the use of the activity-system to provide activity-system endogenous ways of characterizing the parties, which is, of course, far more easily warrantable than the invocation of their independent social identities, of which there's a huge array. In this case the psychiatrist happens to have been 'white', 'homosexual', 'male', 'Republican'. And the patient happened to have been 'young', 'white', 'male', 'Canadian', etc.

> [Tr: In order to help orient the reader to the transcript found on pages 1-3, line numbers corresponding to those on the transcript have been inserted into the text when they were not explicitly referred to by the speaker. These line numbers are in parentheses, e.g., (4).]

So what we have then are two parties coming together. (1) "What problems have been troubling you in the past month?" is the first post-greeting sequence, topic-initial utterance. Now, the concept of a 'problem' can be particularized in

lots of different ways, and in a sense to design an appropriate answer to a question about the "problems that are troubling you" requires of you that you orient to one or another particularization of what that concept of 'problem' amounts to. Since there are all kinds of problems that people can have: financial problems... So for example like going to see my bank manager, and I'm known to be a check-bouncer, and he asks me "What problems have been troubling you in the past month?" waving my statement. He's talking about financial problems. -- I go to see my physician, he asks me that [Tr:line 1], so I search my repertoire of problems for the physical problems. In fact that's what got me there in the first place. Marital problems, psychiatric problems... there's a whole array of them. Not an indefinite set, but a whole array.

So here we've got then the patient coming up with the response: (2) "--Well I have some problems...physically problems I have this here [points to his arm]". Now, it seems to me that the invocation of "physically" to qualify "problems" could be construed as a redundance IF the patient were orienting to the operable category of the interlocutor as 'physician'. For example, if my physician were to ask me what problems had been troubling me in the past month, I would find it redundant to characterize the problems as physical ones. It seems to me, though, that a first cut at all of this is to find the possibly rational character of the design of utterances before one comes up with notions like: The thing is redundant, or just gratuitously said. So as a kind of methodologically inspired way of proceeding, Ethnomethodology, as a part of its form of analysis, tries to provide for the rational properties of indexical expressions and indexical actions - rather than jumping to the conclusion that persons in the design of their talk are doing so according to principles of "anything goes". Moreover, we do have independent, strong arguments about the binding character of adjacency-pair first-pair-parts of which "question" is the archetype. So, IF you hear something as a "question", THEN not only are you selected as next speaker, but the class of possible actions is constrained - "answer" is the preferred. Whatever you produce is monitorable for its possible 'answerhood'. And, moreover, for its being an answer to THAT question that has just been asked. So the way in which parties do tend to orient to these things is to find 'fittedness' where possible. So, error or redundancy are DISpreferred

characterizations of the design of turns for all of us. In other words, there's a pressure toward finding fittedness.

Now, here we have a problem in finding fittedness only in virtue of the fact that we have an independent characterization of who the first party is, namely, he's a 'psychiatrist'. -- Excuse me, I put that wrongly. -- We might have no problem in finding fittedness IF we characterize the patient's orientation to his interlocutor under the auspices "psychiatrist" since psychiatrists are not, in the first instance, there to deal with your physical problems. They are there, in the first instance, to deal with your psychiatric problems. They are not there to deal with your financial problems. Marital problems insofar as they may be psychiatric - yes. So, I take it that by seeing "physically" as non-redundant here, one provides a basis for claiming that in the construction of the turn, the second speaker here was orienting to the possible particularization of the category 'problem' as categorially related, i.e., that what "problem" amounts to here, said by him, known to me as psychiatrist, would be something like - and I here am doing the discursive idealization of the thing - would be something like 'mental problem', or 'psychiatric problem', but what I've got is a physical problem, so I'd better mark it as such.

Now, that kind of discursive idealization is clearly not an attempt to represent what's going in the head, or the brains or the mind. Rather the argument is that the occurrence "physically" there CAN BE HEARD to signal an orientation to a particular disambiguation of the category 'problem' under the auspices of the kinds of things that could disambiguate it. And the kinds of things that could disambiguate it would have to be "problem for whom", i.e., What kind of problem? - Problem for whom? And now the characterization of the problems as "physically" problems could be found to be evidence of the orientation of this person to the psychiatrist's identity, or vernacular cognate "mental health professional" - someone interested in my psychiatric or psychological well-being, and NOT in the first instance oriented to my physical condition.

"2. Pa: --Well I have some problems...physically problems I have this here [points to arm/" The psychiatrist looks at the patient's arm, and comes up with following question: (3) "What kind of problem was that?" Patient then comes up with (4) "--with the cops/".

(4) "--with the cops/" is one of those locutions that in Classical Logic would be referred to as enthymematic, that is to say, that although it is immediately hearable as a sufficient answer, it is so only in virtue of a whole array of suppressed premises. An enthymeme in Classical Logic is an expression in argument - though not necessarily just in argument - which can be heard to be rationally related to a prior expression in virtue of an array of suppressed premises. So, here the suppressed premises would be such things as, i.e., "What kind of problem was that?" "--with the cops/". Where "--with the cops/" can be found to be a coordinatedly designed turn in virtue of its enthymematic character ONLY though given its sequential position, i.e., ONLY given that it comes in an answer-opportunity-space. "What kind of problem was that?" sets up now that one is going to try to hear the next thing as an answer fitted to the question. If you can hear whatever is said AS the adjacency-pair second-pair-part, hear it if you can. This can be so heard, but only by virtue of a whole train of implicit presuppositions with respect to how "--with the cops/" can connect to the physical problem with his arm. One can hear it as an answer to the question only in virtue of some possibility, some set of possibilities of an altercation with the police, or an altercation with someone ELSE that occasioned the police coming - perhaps.

"Have you been having trouble with the police?" now specifies that out. "Yah/" "What kind of trouble?" "street fighting" "Street fighting" -- understanding check. "How did you get into that?"

I will use the terms psychiatrist and patient for the moment, but remember that this is partly what is being problematized in the argument.

"Have you been having trouble with the police?" provides for now a form of understanding check of the analysis that the psychiatrist has done on "--with the cops/". In other words, it's a check out on ONE WAY, among many possible ways, of plugging in the suppressed premises. And this is then done. And it gets "street fighting". And "street fighting" will satisfy what "trouble with the police" could be instantiated as.

"How did you get into that?" Now the point about 9. "Street fighting? How did you get into that?" is that it doesn't wait for a response to the understanding-check. It goes straight into an inquiry which presupposes the facticity of the

street fighting. Ok, so, "How did you get into that?" presupposes that indeed street fighting is now topicalized, and now one can move on, and inquire how it was that the street fighting now concurred in as having a possibly factual status, actually took place.

And I find it significant here that what's going on is that - at least up to THIS point - the psychiatrist is orienting to the answers to his questions as having a possibly factual status, and is proceeding on the basis that the answers given are factives, are factual. That is, the auspices that provide for the sequence, it seems to me, are such that the psychiatrist is providing for: Ok, you've got a problem with your arm; what kind of problem? Ok, you've been having trouble with the police; what kind of trouble? Ok, you've been street fighting; how did you get into that? -- Like even if it's just a provisional acceptance of the facticity of the answers, it still comes off as a for-all-practical-purposes concession to the facticity. The facticity is, in other words, now presupposed, at each step.

But with utterance 10., we get the whole thing collapsing.

"10. Pa: Well let's see...ah...see it wasn't planned ahead...I guess you don't...uh...see we were trying to get (pause) the guy we were after that was ( ) Judas the one that...the disciple that ah...( ) tried to get our Lord ( ) Jesus...tried to stab Him in the back"

Now, we've got this stuff coming out. It's not like problems with his arm. It's not like street fighting. It's -- Judas is around.

11. Psychiatrist: "What happened with Judas?" Now that's really quite like "What kind of trouble?". "What happened with Judas?" is really quite like "What kind of trouble?"; What's wrong with your arm?; "What happened with Judas?" So far, so good. I mean, it would seem that we're now into the check-out that presupposes the candidate, the provisional facticity of that answer. Very interesting!

WHY is it that one can find that kind of thing happening? -- The concession to the provisional facticity of the answer? -- WHERE it's one option among very many?

Now, I'm sitting down with a student in my office. The student is rubbing his/her arm. "Been having any problems?" "Yeah, I've been having some physical ones", i.e., not academic ones. "Oh, what are they?" "Oh, geez, I'm having problems with the police." "What kind of problems?" "Street fighting." "How did you get into that?" "Well, we were after Judas, who tried to stab our Lord in the back." "UGH?" -- "Hey, are you Ok?" -- "I'd better call the counselors" -- or "What the hell are you talking about?" -- or you say "He's trying to be funny." -- or etc.

CLEARLY, there is something very, very peculiar about after a turn like that coming up with (11) "What happened with Judas?" Very odd. But not odd at all, because of course nobody really hears it as odd HERE. And I propose to you that the sort of non-oddity, the hearable non-oddity of "What happened with Judas?" is itself now to be found to instantiate the operability of a membership category HERE given that - here it needs now, after utterance 10., it needs now to be found to be specifically motivated given the nature of utterance 10., it now needs to be specifically motivated as a rational, intelligible expression, because, for the most part, under other auspices might be a very strange thing. Unless, of course, one were doing something like 'humoring someone'.

In this instance, I think that "What happened with Judas?" can be heard as now: Let us get to the bottom of this. If it's heard as humoring someone - sometimes one can do that - one can humor someone. The problem with producing an utterance that can be heard as humoring someone is that you can get your face kicked in. "Are you trying to be funny?" "Are you trying to humor me?" Humoring someone can be found to be problematic.

I take it that there's no way determinately of finding 11 to be either humoring someone, or a genuine inquiry, or whatever. But I also take it that it's a very clear intuition that we have that "What happened with Judas?" by no means can be heard to genuinely grant the facticity, EVEN the provisional facticity, in the way that "street fighting" - "How did you get into that?" - grants the provisional facticity of the street fighting.

Caesar Mavratsas: This could very well be a transcript from a play, in which case, we wouldn't even be interested theoretically. So what I'm saying is that if you didn't know that what you have here is a psychiatrist and patient

conversation, you could never be sure about - with respect to number 11. - it could very well be a transcribed section of a play, or something else.

Jeff Coulter: A play with what characters?

Caesar Mavratsas: Some early Jews, or maybe Judas was there too, or something like that. I don't know.

Jeff Coulter: No, no, be careful now. -- I mean, there weren't cops around in the time of ancient Judea.

Caesar Mavratsas: Yeah, but I mean you could have something like cops, or policemen.

Jeff Coulter: But there weren't "cops".

Caesar Mavratsas: Or it could be a modern version of a play of what happened in Judea 2,000 years ago, when ( ) murdered Judas, etc.

Jeff Coulter: Ok. We're straining though to make it work.

Caesar Mavratsas: Yeah!, we are.

Jeff Coulter: We're straining to make it work. It can be made! I've no doubt at all that by tortured ingenuity, seriously, you can do it.

But anyway -- please go ahead.

Steve Turner: Let's start a different way, because I don't know that it takes that much torture. Suppose that this is just anybody - Suppose it's not a psychiatrist - Suppose it's anybody talking to a crazy. You're sitting there at the subway stop, and this guy comes up. And do the whole conversation pass some point where you have plausibly gotten into it without identifying any of these things. That's the kind of conversations that I have with these people too. You ask them sort of banal, factual questions, and you get this sort of different kind of response. But what else are you supposed to do? These responses constrain you to ask these kinds of questions, because what else are you going to say - without walking away, or breaking the conversation, or something like that.

Jeff Coulter: Which is the "humoring"...

Steve Turner: Yeah, in a way it's like humoring. Well, it's a SAFE response, in a way.

Jeff Coulter: It's by no means that I'm making the argument now on the basis of the production of 11. that we can now determinately find the operably relevant category being that of psychiatrist. But what I'm saying is it now comes onto the table, as an operable possibility - along with such a thing as possibly humoring.

Steve Turner: What are the alternatives, though? I mean what other kind of response, aside from deciding immediately that the guy is nuts, and I can see a branching here: Either you can decide now, or decide later, what to do about the conversation. It's a matter of the psychiatrist was paid to sit there, and listen to this. When you're at the bus stop, you're going to get on the bus, and you've got to put up with it. You can't leave. So, for all of those that have to stay on this particular train, we have to carry on this kind of conversation.

Jeff Coulter: But I think I would want you not just to extrapolate 10. and 11., but to see the thing in its integrity, because we've had a developing series of steps, including an inquiry from the recipient of 10., i.e., in number 1: "What problems have been troubling you in the past month?" I would want to see the thing in its integrity - On the grounds that the character of a turn is a function not just of its IMMEDIATE sequential location, but in part a function of its emplacement in an array of sequential positions.

So, I think that at least a part of this would be something like- I mean it wouldn't be the case that one might see some odd looking character around on the subway station, ask him, "What problems would be troubling you in the past month?". Although, indeed, that's still not to say that turn 11. can't be heard as possibly humoring - in the same lay/vernacular sense as that one could indeed do that in the subway station.

Steve Turner: Well, suppose some guy bumps into you and you say "What's you're problem?", and you get into this same conversation.

Jeff Coulter: That's different. That's a very different thing: "What's you're problem fella?" is not "What problems have been troubling you in the past month?"

Steve Turner: See, but then I think that loads the whole thing. Nobody asks that question unless they are a psychiatrist.

Jeff Coulter: Ah, physicians can.

Steve Turner: You can make the story -

Jeff Coulter: Right.

Steve Turner: - On all of these different cases, but given the kind of conversation that you are gonna have, it seems to me that you're...

[Tr: tape change]

Steve Turner(cont.): ...plausible alternatives that are actually excluded by this, and figure out what actually does the excluding. Now, I guess where I'm having trouble is seeing how you can avoid using certain of these sorts of constitutive first steps, getting trapped and letting that get you out of the problem of using the later steps as the distinguishing traits. So, it seems to me that you have to at least allow for the generation of virtually the whole conversation according to some other story to say that such-and-such distinguishes it from..., or else it's sort of rigged.

Jeff Coulter: Yes, I think that's true. I'm not even sure that's going to do the job for us. But I think that's true, hence the business of providing some sort of analysis of how utterance 2. is hearably conjoinable to utterance 1., without redundancy. And then, providing, for example, for the fact that in 10. the story that is unfolding there -- "Well let's see...ah...see it wasn't planned ahead...I guess you don't...uh...see we were trying to get (pause) the guy we were after that was ( ) Judas the one that...the disciple that ah...( ) tried to get our Lord ( ) Jesus...tried to stab Him in the back" -- is provided for AS a non-metaphorical construction of some kind in virtue of "What happened with Judas?". Now, of course, it's always possible retrospectively to go back and construe the "What happened with Judas?" as now partaking in the metaphorical ordering. But let's see how it develops.

Visitor: Excuse me. May I just ask a small question? I think it's not interesting for you, but it's interesting to understand this: Well, 11. is "What happened with Judas?". The question might

also [Tr(para): have been asked in different ways], even continuing in the same attitude. For instance, he could have asked "What were you planning about?", or "What about Lord?". He chose "Judas" for his question. Probably as a psychiatrist it was a good intuition. I have no method to judge it. But, because he chooses "Judas", well he did something.

Caesar Mavratsas: Well, it's sort of logical, or a matter of intuition, because the patient said "we were after Judas". So, it's pretty logical to ask: "What happened with Judas?".

Visitor: Well, I'm not sure it was logical. It was just a matter of intuition, because logical- If I were astonished by this broken story, I could interject at the first sentence: Well, stop please. What were you planning about?, as the first thing. So, as a matter of intuition, he did something, and I am asking is this interesting for your kind of analysis or not? Because the psychiatrist chose a particular orientation. Is it interesting for you or not?

Jeff Coulter: Yes. I mean anything that anybody does can be interesting. The question is: What do you want to make of it? What are you making of it?

Dusan Bjelic: Well, what he wants to say is that he has several options to construe his question. He could also ask "What's happened with the Lord?", or "Was he killed?". "Was he stabbed?", etc. But he said: "What happened with Judas?". Now that is the question, and a selection was made, and he preferred to ask about "Judas" instead of "Lord". And, "What happened with Judas?" -- which in some sense, how I understood that, is the way to put the patient in the position to explicate, or to give a description which can lay the ground for the psychiatrist's understanding of what his problem is all about. Is that to ask him "You must be having again some visions, so tell me what happened with Judas?". And the way that he's going to describe, and the way how what happened with Judas can be an index for psychiatrist's understanding of how deeply he is into hallucination, or something.

Jeff Coulter: Yeah, but that's a vernacular characterization in the Schegloff sense. Because what you've done is to invoke the category auspices "psychiatrist", now to furnish a motive, or a reason for selecting "Judas", i.e., having to do

with "Let's get this delusional material out on the table", i.e., let us probe and see whether what we've got is genuinely delusional. After all, the guy might be reporting on an episode of being utterly drugged, utterly drunk, and a whole bunch of other possibilities. Or, he's spinning a tale. Or, he's engaged in an elaborate metaphor. The interesting thing is that in 16., after we get:

12. Pa: Well I got ( )He's downtown [patient motions with his head, as if to indicate direction]

13.Psy: [slowly and deliberately] Judas is downtown.

14. Pa: Well...yeah...right, yeah, yeah

15.Psy: You met him

16. Pa: No, Judas was...the real Judas was a game, a guy that named the same thing, does the same I guess, the same problem he's downtown between two glass doors

Now, in 16., we've gotten materials which could be worked-up as evidence for the metaphorical character of the "Judas", i.e., "the real Judas was a game, a guy that named the same thing" - which is kind of hearably metonymic for: A guy that had the same name, because he did the same thing. Or, we're going to call him Judas because he did the kind of thing Judas did, i.e., betrayed someone, betrayed a close friend. We've got the same problem as Christ had with Judas, (16) "...the same problem he's downtown between two glass doors."

Now, much later on, and I don't make this as an analytic remark, but much later on the psychiatrist comes back and says "How could Judas be downtown when he lived two thousand years ago?". To which the reply is "God in his omniscience can put anybody anywhere at anytime". And then we revert to a metaphorical characterization: "No, I don't really mean him, I mean Judas", where it's not clear.

But the point I want to make is this -- "What happened with Judas?" -- is that whatever motivates that, whatever gets that thing said, rather than other possible things said, whether or not it could be found to be 'humoring', whether or not it could be found to be 'let's get it all out, let's probe' - one of the things psychiatrists do particularly under the auspices of the "present state

examination" is probe, to get the thing out, because of the notion of symptom suppression. There are lots of possible ways in which you could characterize the WHY of that. But we don't want to characterize the WHY of it, because we don't KNOW the why of it without invoking the vernacular characterization of context, and membership category.

Dusan Bjelic: But there is still something to his saying "Judas". Like if you say: "Today I was running, I was jogging, and suddenly I didn't see, I hit my head into the wall". Now, you want to ask "What's happened with the wall?". But you say "What happened to your head?". It's like here, somebody said "He was trying to stop the man". They won't say "what happened with you?", or what happened with the guy you want to stop. You want to ask: "What happened with the guy who is supposed to be stopped?" If that is a REAL story, if you speak with a person who is not a patient, but is, for example, a student, you may be following THIS logic of selecting the character in the story, rather than "Judas". So, what I'm saying is that there is some presupposition working here evident in his asking "What happened with Judas?" - is in a sense to say "Go ahead, tell me that story". Like saying "Go ahead and tell me what is your problem".

Jeff Coulter: We can see that the turn, whatever else it does, however else we want to characterize it, minimally we can warrant the assertion that: Whether or not it's humoring, or doing diagnostic probing, or whatever, it minimally DOES provisionally grant that Judas was there, and makes an inquiry about Judas. It does something like: It provisionally grants the facticity. Because exactly what you said, you're now inquiring into what happened with the 'x'?, presupposing that something happened with the 'x', therefore the 'x' existed, for something to happen with the 'x', the 'x' now being Judas. It's not "What happened with the guy you're calling 'Judas'?". It's "What happened with Judas?". That is, it is the OPAQUE characterization -- in the Quineian sense -- rather than the TRANSPARENT. [Tr: See Jayyusi, L. (1984). CATEGORIZATION AND THE MORAL ORDER. Boston, MA: Routledge and Kegan Paul] Like I'm now appropriating YOUR characterization, not my characterization. If it were MY characterization, it would have to be "What happened with the guy called Judas?", because I know that "Judas" couldn't be really Judas. But by taking up "What happened with Judas?", it appropriates the

patient's categorization as provisionally unproblematic.

Now, "Well I got ( ) He's downtown". "Judas is downtown." -- Let's make sure we've got this right -- "Judas is downtown" [Tr: "slowly and deliberately"]. "Well...yeah...right, yeah, yeah." "You met him". "You met him" now can be heard to raise the possibility of the veracity of what had just provisionally been granted factual status. "You met him"

"No, Judas was... the real Judas was a game, a guy that named the same thing, does the same I guess, the same problem he's downtown between two glass doors". Now, here the patient is furnishing resources - or the speaker, let's say - is furnishing resources that could enable someone to now assign metaphorical status to the report. But that was still an option available on hearing utterance 10. One way of dealing with an utterance like utterance 10. is to say: "You mean to say you've been chasing some traitor?".

I have quite a few examples in my materials, gathered from psychiatrist-patient, and social worker-patient interactions, which show that one strategy of handling what comes across as possibly delusional material is to provide some kind of plausibility structure for it. So that, there is a sense in which the characterization of this person as "Judas" could be sustained, under the metaphorical-, or under the analogy, under the analogical hearing.

In 17., though, the psychiatrist, the other speaker says: "Then, who is this Judas?". And what I want to start making the point about now is that for someone to be constituted as the "psychiatrist" reciprocally requires that the OTHER be constituted as the "patient". The argument that I want is that the 'psychiatristness' of the psychiatrist is also a function of the psychiatrist constituting in and through his turn design, in and through the design of HIS turns, constituting OTHER as "patient". Not just "patient" constituting speaker as "psychiatrist".

And this shows up very vividly in some materials I have - well actually it shows up quite nicely in THESE - at which point - in some later materials where the psychiatrist says "Is there anything like radio waves affecting you?" - which is a question drawn directly from the "present state examination". And what does it get in an

answer? "Naa:::". That's what it gets, in an utterly derisive tone of voice. "Naa:::. What the hell are you talking about? Radio waves!"

Dusan Bjelic: Which he saw as stupid.

Jeff Coulter: Bang! Which is now, I think, construable under the auspices of "What I've now heard directed to me is a question that is SO ridiculous that EVEN IF I've up, to this point, been prepared to go along with characterizing some grounds for the things I've been hearing - at THIS point I will no longer maintain the category auspices "Psychiatrist" as sufficient for my hearing of that question." And it explodes it!

I have similar materials. In my own corpus I have a case in which a mental welfare officer is asking a guy lying in bed, whose brother has recently died, and who has been depressed - he asks him "Tell me does your brother still speak to you?" The guy turns around and says "What are you, some kind of bleeding spiritualist?" - now constituting the question as not only providing for his possible insanity, but as NOT adequately motivatable by his category auspices. That is, though there are some questions which ARE the kinds of questions psychiatrists can ask, which can be found now to be UNwarrantable by appeal to the very resources which could otherwise be seen to inform the construction of the question. That, in other words, doing being a psychiatrist can sometimes get your interlocutor to be incapable of orienting to the thing as motivated by that category. It just won't work. And I think it's, in part, got to do with the IMPLICIT assumption of mental illness that even the mentally ill have. That there are some things that are REAL mental illness, and REAL mental illness, for some folk, consists in like talking to the dead, or having radio waves affecting them, but NOT necessarily going after some metaphorical Judas downtown. And you find that time and time again, in corpuses of these materials, where even persons who are going to end up being diagnosed as mentally ill have conceptions of what mental illness is, that when they hear that coming down the pike, they will absolutely reject the possibility.

An argument I want to make then HERE, I think, about these materials - and I won't belabor it too much longer - We'll just wrap up this business by reading through the rest of it:

17.Psy: Then, who is this Judas?

18. Pa: Well, I don't care who he was...I guess I think he was the guy that...ah...that ...ah Our Lord trusted, but he tried to fool him so he could ( )

Now "Then, who is this Judas?" could now provide for the patient as answering the question "Who is this person called Judas that you're talking about?", or "Who is this particular Judas?".

If it's heard as "Who is this Judas?", "Who is Judas?" -- "Oh, well, Judas is the guy Our Lord trusted". OR "Who is this particular Judas?". If it's heard as an answer to "Who is this particular Judas?" then it's off the wall. If it's heard as an answer to "Who is Judas?", like "What kind of historical personage was Judas?", or "Who is Judas?", or "I've never heard of Judas. Tell me about Judas.". What I want to propose is that when the psychiatrist comes up with:

19.Psy: Is this the same apostle?

20. Pa: Huh?

21.Psy: Is this the apostle of Our Lord or is this another fellow?

22. Pa: Ah...that guy?

23.Psy: This Judas that you talk about downtown

24. Pa: Well Judas could be any guy could be a ( ) stab you in the back

25.Psy: How did the police get into this?

What I want to propose is that there IS built into this whole structure of interaction the pursuit of 'literalness' on behalf of the psychiatrist. That the psychiatrist is intent on pursuing 'literalness', EVEN THOUGH the patient has provided some resources for finding the thing to be an analogy, or a metaphor, AND, EVEN WHEN we have an exchange like 17. and 18.

17.Psy: Then who was this Judas?

18. Pa: Well, I don't care who he was...I guess I think he was the guy that...ah...that ...ah Our Lord trusted, but he tried to fool him so he could ( )

19.Psy: Is this the same apostle?

-- takes up the answer to the question "Who is this Judas?" as if it were an answer to the question: Who is this guy downtown that you are calling Judas? Instead of, as it could quite logically be heard: "Who is this Judas?", OR, finding that the patient has possibly heard it that way.

Now, the pursuit of 'literalness' that I'm arguing characterizes the psychiatrist's activities here does not really get corroborated by the patient, i.e., the literal reading of 'the guy being chased' as indeed Judas Iscariot from the Bible is ultimately NOT corroborated.

24. Pa: Well Judas could be any guy could be a ( )

--> I think in brackets it was "Jew" --

stab you in the back

25. Psy: How did the police get into this?

--> topic shift --

26. Pa: ( )a good cop is good cop, no matter where he is

On the basis of this fragment, the psychiatrist records - on JUST this fragment, and some bits and pieces from the memory test, i.e., Who is the president of the United States?; When were you born?; What day is it today? - before resuming the discourse in a subsequent occasion - provides for a preliminary report of "paranoid schizophrenia with religious delusions".

Ok, so how does that get done? I want to argue that the thing that organizes it, from the standpoint of the psychiatrist, is the pursuit of 'literalness'. And the thing that organizes it from the standpoint of the patient is the orientation to the psychiatrist's turn designs that provide for the legitimate right of that pursuit of 'literalness'. So the pursuit of literalness is a collaborative production, though it does not get resolved in a definitive way by EITHER party.

So, then, what gives the thing then its 'psychia-tricity' might have something to do with that. And that's about the best I can do for now, and I know it's not wholly satisfactory, but...

Caesar Mavratsas: Well, so, on the occasion if you had this patient, without knowing that the two parties are patient and psychiatrist, would you be able to make the claim that that's what you have here? If you give this piece without the categories -- with Speaker A, Speaker B -- if you got that without knowing that it's 'patient' and 'psychiatrist' - would you be able to conclude, or find, that that's a 'psychiatric conversation'?

Jeff Coulter: No. But that's just a methodological device for doing certain things with the materials. The argument is not definitively provided who they are. The argument is to propose that: How is it possible? -- Let me quote Schegloff again:

> Warranting the invocation of vernacular characterizations of persons in context is problematic, but not impossible. We need to examine the details of the talk and other behavior of the participants to discern whether and how it displays an orientation to context formulated in some particular fashion.

So, one renders the thing 'problematic' in order to recover it, because nobody is going to deny that they are 'psychiatrist' and 'patient'. The question is, though: How is that the ACHIEVED category-auspices of the encounter? In other words, its proposing that it's not good enough that they simply BE psychiatrist and patient. One has to FIND that that is an operable categorial set for the interaction. I'm not saying, by any means, that I've achieved that in these remarks. I find the whole thing immensely perplexing, and it might be completely the wrong way to go about it. I would certainly not want to make the claim, for example, that pursuit of 'literalness' across such kinds of turns is 'constitutive of what it is to be a psychiatrist or a patient'. But it seems to me that HERE, it's that kind of thing that begins to show the mutual, collaborative construction of the parties AS 'psychiatrist', 'patient', but possibly other things.

I throw it open to you.

Dusan Bjelic: The question is IF we have a piece of data like this one that is heard in the subway station, and the person who is asking the questions accepts that pursuit of literalness - would that also be a demonstration of 'psychiatric-ness', or what would that be? What I'm asking is, is that pursuit of literalness something that is bound to that category 'psychiatrist', or is it some, so to say, mundane pursuit, that we can find also in a subway station, or somewhere else - that the methodology of psychiatry is something that adopts some mundane activities - except they just have fancy names? For example, psychiatrists use such fancy words, like to say somebody is a "manic-depressive", where he is actually in fact what people would call, for example, "cranky". So, what I'm saying is that psychiatrists don't do anything professionally unusual, and specific just for that category. In fact what they are just doing some very mundane activities which are also discoverable outside of the psychiatric office. Now, if that is the case, then how are you going to argue what psychiatrist-ness is? - as something unique and bound to that category.

Lena Jayyusi: Something in what you [Tr: JC] said I find a little bit odd. I'm not sure I've quite got you correctly. You're saying that - the way you formulated it at the end was that we cannot invoke the categories 'psychiatrist'/'patient' unless we see how it's mutually collaboratively constituted? Is that somewhere like what you...

Jeff Coulter: Yeah. Well, what I'm doing is I'm seeing whether Schegloff's methodological advice can be encashed in a given instance. Maybe it can't.

Lena Jayyusi: But the thing I find odd in THIS instance - perhaps in other contexts it might be more appropriate - but in this context, I would find it very odd to say that the categories 'doctor'/'patient', for instance, or 'psychiatrist'/'patient', are ones that you are simply to treat as correct but not necessarily relevant, and then we have to look at what's ensuing to see that they are relevant, somehow. What other categories would be- -- You go to see a doctor, and I would assume somehow that in fact the categories are taken for granted in that kind of encounter. It's not that they are "constituted". {JC: accomplishment}, yeah accomplished in the encounter. It's a very odd thing to say that they are not the categories that we come to in any way,

and kind of see as organizing the encounter in the first place.

Dave Bogen: Yeah, I agree.

Lena Jayyusi: What (other/are the) categories?

Dave Bogen: There is one way in which that could be made not so odd, which is to recognize that we're trying to build it back from a transcript, not from a stretch of embodied action. That is to say, if you come to this place to go see your psychiatrist, and you get there, and there are these people in clown suits - that's not the psychiatrist's office. So we're missing all of the stuff that is built up around this. Because we've got the transcript, it seems odd to not have that.

Lena Jayyusi: But I think it's methodologically funny, in a sense, to say that somehow we have to find it ACCOMPLISHED IN THE TALK, because I think we're analyzing the way interaction, and the way that reasonable activities get carried on. - We have to adopt, to some extent, we have to incorporate the everyday, the natural attitude that people carry. It's not that we have to make everything somehow emergent in front of us in the data, or else we assume it away. I think certain categories in certain contexts are taken for granted, and what we then look for is the way that this assignable knowledge - in a sense we're talking about assignable knowledge contexts - and the way THAT produces certain consequences, and certain sorts of moves, or arguments, or whatever, IN a stretch of data, rather than look at the way the categories are accomplished in the talk.

Jeff Coulter: But that's the other side of the same coin.

Lena Jayyusi: Yeah, but I think it takes away some of the oddity.

Jeff Coulter: Let me just say a couple of quick things, and then go back to you [Tr: LJ], because I'm- Yes, Ok, we'll come back to that in a second.

Quick one to Dusan

You could argue perhaps that psychiatry as a professional enterprise has appropriated a vernacular, mundane form called: humoring. Now adapted, THAT FORM to a particular strategy,

namely, probing for the symptoms - which is ordained by the "present state examination diagnostic schedule" - but that it can get done THROUGH what can otherwise be found to be 'humoring' someone. Like Nick, "Tell me some more". That is, providing for the provisional facticity of the thing said, when it can't be granted a genuine factual status. OR, pursuing literalness, when what you could be finding is analogy or metaphor, equivalently. So, that's I think worth considering in relation to the, so called, "institutional discourse" stuff.

But what Dave says about the visibility of embodied actions, and so forth, is NOT quite the issue here, because the issue on the table is the relationship between 'assignable membership categories' and 'courses of action'. {DB: Yeah} Now it might turn out that one has GOT to extend the domain of concern, but that's the initial issue.

Dave Bogen: Yeah. I do think they're connected though, and I think it's a much bigger issue having to do with what I think once was referred to in a counter to the sort of argument that Zimmerman and West were making - in the piece on interruptions. That what they'd have to do is argue for something like omnirelevant categorizations, or something like that. But what is SEEABLE is, in terms of these methods, unaccountable. In other words, it doesn't have to emerge in the talk - something that's so tacit, such a deep part of tacit knowledge, that people operate on it. It doesn't have to emerge in the talk.

Jeff Coulter: Vernacularly so. Vernacularly true. Now the trick is what to make of that analytically.

Dave Bogen: But on the other hand, we can say that, for example, I've looked at you just now. I've seen you as a 'male'. But on the other hand, we know that - it seems commonsensically - when we walk into offices, anticipating physicians will be there, they attend to a whole array of things that are helping them out there. Telling them not only that this is a physician's office, but what sort of physician this person might be. It's not going to be in the talk. But it does provide back-drop for getting you to something like how Frankel can presume that these are doctors and patients, without raising that as an issue of the transcript. (It's been) presumed.

Jeff Coulter: But the issue there is is that what Frankel wants to say: Physicians routinely ask questions, and patients routinely provide responses. What Schegloff says is: Rather than treating this as the observation that persons independently formulated as 'physicians disproportionately engage in a particular form of conduct', one might then - and now I paraphrase - closely examine the conduct in order to specify in what respects it might constitute THAT very thing, since after all, it's perfectly possible for me to go into a doctor's office, and be orienting to him as 'my pal Joe', and have a chat about the weather, and then talk about our kids at the same school together. BUT he's a doctor, and I'm ... not doing being patient. Not doing being patient, so to speak, provides now for the auspices under which we speak of him NOT being the doctor for the conduct of the encounter.

Dave Bogen: And as such, you haven't gone to a doctor's office, have you, you've gone to your pal Joe's house.

Jeff Coulter: Correct. Right. But how is it that that's the correct vernacular characterization of the context, of the setting? It's in virtue of the courses of practical action - in some sense. You are vernacularly right; it's all correct. The point of all this is: CORRECTNESS is not enough.

I'm sorry Steve, you wanted to say something.

Steve Turner: Well I may be missing the point here completely, but let me give an alternative analysis of everything from about line 10 down - consistent with the idea that this is a conversation that could be carried out by anybody who could intelligibly say line 1, or whatever.

Ok, we go down to 10, and imagine starting with 11 - that this is a conversation about use and mention, or rather about, more simply, about the quotations around Judas. Now, without prejudice, the question 11 is asked "What happened with Judas?". Not asking whether this is metaphorical, whether there are quotes around Judas or not. Well, you get an answer: (12) "... He's downtown". And, ok, if he ASSUMED that it's ambiguous, or assumed that it was Judas the historical figure, then it would be reasonable to say: (13) "Judas is downtown", meaning: Do you mean Judas in quotes, because you can't mean Judas not in quotes. And you get the response: (14??) Yes - meaning he DOES mean Judas not in quotes.

Then he goes down and says (15) "You met him", just to reaffirm that that's what we mean: Judas not in quotes.

Now, the patient goes back, and now it's back to Judas in quotes. Ok, so then the psychiatrist just feeds this back: (17) "...who is this Judas?" in quotes, meaning it's not the guy we were talking about before. And we get an answer which is: Yeah, it's Judas in quotes. So the PATIENT has shifted ground back to this other Judas. So the psychiatrist just uses the kind of logical gimmicks that you would use to DECIDE whether you've got use or mention; whether you've got something in quotes or not, and, that is, you substitute (19) "Is this the same apostle" meaning that the apostle is a substitute for Judas in quotes, and he doesn't get that. And then he does another one of these analytic substitutions, meaning, and just says (21) "...the apostle of Our Lord" or somebody else, and demands this, meaning: Do you want quotes, or are you going to put quotes on Judas or NOT? And the patient says (22) "...that guy", and he says: Yeah. And then he feeds him the (23) "...Judas that you talk about downtown", the Judas in quotes, and the patients feeds back: Yeah we're talking now about the Judas in quotes. Now we've figured out which- we've disambiguated the uses and the mentions. The psychiatrist just goes back to line 5, and picks up the police. So, we've had this sort of loop here, and now we're back to the conversation.

Now, I take it, to go back to the prior point, if you were a bank officer, and you had a bag-lady come in with $500,000 dollars that she wanted to deposit, and you might- if conceivably- the problem is it's hard to conceive of people- many cases of people using this initial phrase, other than the psychiatrist. You have to make up a pretty lavish story, but almost any of those stories, it seems to me you could have the same conversation - do this little logical thing - and because it's a problem in the original construction, end up with deciding which is use and which is mention, and go back to this- the earlier part of the story.

And that raises for me though a broader question of under-determination of any of these analyses. It seems to me that: Yeah, you've got an analysis which accords with it. This analysis accords with it in roughly similar kinds of ways. In what sense do we have a right or wrong analysis? And I have a personal reason for asking this - In what way then does this warrant claims about what

is allegedly "tacit" in the conversation? Because if we've got two analyses, they can't both be there.

Lena Jayyusi: Are they mutually exclusive, really, there?

Steve Turner: Oh I don't care whether they are mutually- Well are they mutually exclusive? That's a good question.

Lena Jayyusi: Yeah, well, I think it pertains to your question.

Steve Turner: That's a question that I would want to ask about what YOU would say about analyses of this kind. It does seem to me that you can get fairly readily mutually exclusive characterizations that accord with the facts.

Lena Jayyusi: You can, yeah, I mean...

Steve Turner: That's just an underdetermination problem. And then you've got a decision problem between which of those is true, especially where you use phrases like "tacit knowledge".

Jeff Coulter: Yeah, uhmm, it depends whose tacit knowledge, though, one would be speaking about. I think that like where you're using use and mention, I was using "opaque and transparent", and I guess they come to the same thing.

Steve Turner: Well, actually that's what suggested it to me, the opaque and transparent.

Well, but if you read it as use and mention, there isn't really a prejudice for the concrete here. He starts out really thinking it's Judas the historical traitor. And he then goes back to the OTHER one when after the guy says (12) "... He's downtown".

Jeff Coulter: The argument that I was making was that the pursuit of the POSSIBILITY of literalness needs to get, it needs to have some independent grounds for- One COULD find, one COULD equivalently - let us say, one could ALTERNATIVELY but NONequivalently provide for something like: Ok, you must be talking metaphorically! You MUST be "mentioning". Now, NOT doing that, i.e., pursuing the very possibility of literalness, or - in your terms - which I THINK are equivalent - pursuing the very possibility of USE, not mention,

is something which, it seems to me, takes kind of special grounds after you've got 16.

16. Pa: No, Judas was ... the real Judas was a game, a guy that named the same thing, does the same I guess, ...

Now, why that is sufficient?

17.Psy: Then who is this Judas?

18. Pa: Well, I don't care who he was... ...

19.Psy: Is this the same apostle?

The whole pursuit of it, the pursuit of the disambiguation-

Steve Turner: Oh well but see on 17 what he's done is asked about the non-historical Judas, or the REAL- the one's that downtown, and he gets back a story about the historical Judas.

Jeff Coulter: I don't think that is unequivocally so hearable. (17) "...Who is this Judas" COULD BE HEARD as: Who is this personage, Judas? OR: Who is this particular Judas downtown, that you're talking about?

Steve Turner: Read it instead of literalness as just disambiguating, and because you've got this ambiguity between, in line 10, between stories about Jesus, and stories about what happened this week - and as he tries to do it, he tries both directions. He tries: Is this a story about something that is going on in your head, or is this a story about what really happened? And whatever he's told, he tries to rephrase it, and feed it back, and he doesn't get back what would allow you to cut off either the metaphor, or the non-metaphorical interpretation. So, he's always forced by the patient to go back to these questions.

Jeff Coulter: I think under the auspices of candidate patienthood.

Lena Jayyusi: What strikes me about this is its similarity to interactions you could have with a child. But it's very much the same way, both the

way the patient is constructing the account, and the kind of questions addressed to the patient. And part of the reason - and I really don't think the two accounts are really explicit - but, it strikes me that part of the reason why he doesn't get a resolution as to whether it's this Judas, or that, is in part that the patient keeps on giving ...

[Tr: Tape change]

Lena Jayyusi(cont): ...the problem keeps getting reproduced, and the pursuit of the possibility of religion in that has to do with - and the need to even MAKE a resolution as to what is meant, because it is not clear - has to do with the relevance of assigning a level of rationality to this one, in just the same way that you do with a child. Does the child KNOW what it is talking about, or is it...

Steve Turner: I don't know why you have to say "literalness" there. Why don't you just say disambiguation, or something like that? And I think you could generate the same conversation.

Lena Jayyusi: I don't think it's just disambiguation. I think that there is an agenda that hinges on it which is: Is this person rational?

Steve Turner: But that may be true for that and the agenda as well. Either you could say that that agenda implies literalness, or it implies disambiguation, and you're going to generate the same conversation.

[Tr: behind the interchange between Lena Jayyusi and Steve Turner, Jeff Coulter has been writing on the blackboard. He then re-enters the discussion.]

Jeff Coulter: I missed a part of that, I'm sorry, I was trying to listen.

Here are some - I'm not saying this is an exhaustive set of alternatives, but here are some.

1. Pure delusional fiction.
2. Delusional misinterpretation of real events.
3. Analogico-metaphoric depiction of real events.

4. Literal depiction of events.

(1) 10 is produced. Everybody in this room finds that there is something odd about 10. What is it? It's certainly not like street fighting, which is the kind of thing that you could orient to as part of an environment of events in the world, unproblematically. So what have we got? Pure delusional fiction, or in Steve's sense, it's all going on in the head. It's all sort of a function of internal, neurological problems, or whatever. It's like a vivid daydream of some sort. (2) Second one, a delusional misinterpretation of real events, that is that there are real events - somebody has been chased, there is someone who has gone between two glass doors - it's just that it wasn't Judas, and this guy believes, delusionally, that it was Judas Iscariot from 2,000 years ago. (3) Three, it's an analogico-metaphoric depiction of real events, i.e., the guy they were chasing was someone who had betrayed them, and they were close friends, therefore he's a Judas-type, except we're not going into the details of the metaphor, but it's a metaphor or analogy. (4) Fourth, a literal depiction of events, where suppose the psychiatrist said: "Gee, you know that's very interesting. Isn't it amazing how Judas keeps popping up in history" - and now they get into 'folie a deux'. It's not inconceivable that the psychiatrist will simply accept it, or some hearer will simply accept it. "Well indeed Judas was there. Oh my goodness me. He's come back, maybe Jesus is coming again too." This is EVIDENCE in favor of the historical character. And one could perhaps find some more, but these are, at least, some of the alternates from which logically possible selections can be made. And it seems to me that what one can now figure is that what is ACTUALLY done provides that some of these others were not done, in a sense. Certainly four is completely out of the question. There's no remote evidence of that. Three and Two are the alternates kind of being played with, I think, in this. And it just seems to me that it never is explicitly raised as a possibility by the psychiatrist that what's being done is an analogical allusion. It just doesn't come up. There's this pursuit of, if you like, disambiguation, in a particular direction. After all one could accept that what we've got here is a not very articulate fellow talking about somebody who has really stabbed him in the back.

Steve Turner: Well it may be though, that on 17 - this is a sort of tricky sentence - but he could be waiting for something there which would fit with 3, and doesn't get that back. The patient could say: "Oh, I just mean that metaphorically". But instead he gets back this totally non-metaphorical, or at least literal sounding description of this 2,000 year old person.

Jeff Coulter: And you could only hear that as delusional if you treat the question as a question asking for: Who is this particular person downtown you're calling Judas? But that's not a uniquely available way of hearing that.

Steve Turner: Yeah, but see that patient just fed him that before. He's given him the one, and then he gives him the other.

Jeff Coulter: And isn't it possible to make the argument that because he's given him the one, in 16, that now he's asking (17) "...who is this Judas?", he couldn't possibly hear it, because he's just made it clear that it's an allegory or a metaphor, at least it could be found to be that, it's arguable. So, now, he could find (17) "...who is this Judas?" -- Oh, oh, you mean you don't know Judas, so I have to tell you what the metaphor is about. Well, you remember Judas was the guy, (18) "...I think he was the guy that...ah...that...ah Our Lord trusted...". I can find all kinds of ways of making this patient out to be all kinds of different things, and we could both play the game. So what we've got to see is that these are accomplished kinds of instantiations from alternative possibilities, or options. And it's not by any means transparently self-evident as to how they are being made, except that I think one can argue for a pursuit of what I'm calling "literalness" in the sense that we've already got evidence for seeing it as metaphorical, or allegorical.

Lena Jayyusi: But in 16, it's not really resolved, because he says "... the real Judas was a game", and then he goes on again and says the same problem "...he's downtown between two glass doors", and it remains unclear.

Jeff Coulter: We don't get it clarified.

Lena Jayyusi: It's not clarified, so, in a sense, 17 is not so much: Who is this particular Judas?, or whatever. It's equivocal as to whether it's set as a 'de dicto' or a 'de re'. {JC:

Exactly} It's not a passage transparently of 'de dicto' or 'de re'. In other words, who is this Judas you're talking about? {JC: That's right. That's better} And it goes back to the quotes, but the quotes are around the Judas. And: Are you talking about JUDAS? It's not clear to a hearer what context he's using. And it's not a pursuit of literalness, it remains a pursuit of disambiguation, in a sense, an attempt to see what warrant there is for assigning just simple incoherence.

Jeff Coulter: But wait a minute. There's nothing to disambiguate under a certain way of hearing this. Judas is dead, and therefore this guy is telling us about someone who did something... We could be quite charitable in hearing 16, so it could go: OH, I understand. I- [Tr: can't hear because of sound interference from outside source]. It doesn't go that way. It maintains a problematicity vis-a-vis the literal option.

Steve Turner: But he does go that way. If you put quote marks around Judas in 17, then we've now understood that it's a metaphor, and we're going to play the metaphor game, and just use this name, and now talk about the facts. And instead we get this gloss on the meaning of the term Judas, which gets him back to asking: Is this the same person? - or he gives a substitute for it. But I think it is not-

Jeff Coulter: Steve, but rather than: NO, no, I know who Judas was in the Bible. What I'm asking you is who is this fellow you're calling Judas? - It doesn't get that, it gets: (19) "Is this the same apostle?". That's a crazy thing to ask somebody, by one hearing. - Do you really mean it?

Steve Turner: If you put your phrase before 17, it fits perfectly. And then what follows fits as well.

[Tr: pause]

Jeff Coulter: I mean he's really being asked: (21) "Is this the apostle of Our Lord, or this another fellow?" (22) "Ah..that guy?" "This Judas that you talk about downtown", i.e.: Is this Judas that you talk about downtown the apostle of Our Lord, or is this another fellow? That's a really weird question to ask under certain other auspices. (24) "Well Judas could be any guy..." says the

patient "could be a..." - and I think that in one of the other versions that we've got possibly Jew [Tr: for the word(s) in parentheses] - "stab you in the back" - is now: Of course this is not Judas Iscariot in the Bible, this is.... There's all of those materials.

Steve Turner: Yeah, sure. But it seems to me that if it's still problematic whether we're quoting or not after 18, then these questions are just substitutes for the question of: Ok, are we using Judas in quotes, or not? They are just different ways of asking the same question.

Jeff Coulter: I understand that Steve, all I'm saying is that the very idea of that as a problem, i.e., could it POSSIBLY be Judas NOT in quotes... You see, I'm agreeing with you, but I'm drawing out a different significance from it than I think you are. I'm finding it specifically motivatable that the only way of finding that that could be a pursuit, a meaningful pursuit - i.e., is it use or mention - if you like - the only way that that could possibly be an intelligible way of proceeding - because we've gone now beyond humoring - we've gone into an inquiry. The only thing that could motivate, or be a rational grounds for that is something like having a special interest, or figuring that there's a possibility we're dealing with insanity. It maintains alive the possibility we're dealing with insanity, we're dealing with delusion. The very idea that one pursues the issue of use or mention, though of course logically it can be pursued and IS pursued, but the very idea that it BE pursued here, I think, keeps alive the insanity option.

Steve Turner: Oh, yeah. Sure.

Lena Jayyusi: Yeah.

Jeff Coulter: Although it's not, again, it's not exclusive to psychiatrists to keep alive the insanity option, it certainly is one of the things that they can be said to do.

Steve Turner: But if you say it keeps alive the metaphorical option, or the idea that there might be a metaphorical confusion here, or a metaphorical ambiguity, and we're going to pursue that, it seems to me that there are lots of other kinds of talk where people get their metaphors and the things that the metaphors are FOR mixed up, and you try to disambiguate that, and it carries on in more or less the same way. I don't think you have

to ASSUME insanity at that point. I think you can just assume that there might even be just some problem with the person's formulation of something, or your understanding of their formulation of things.

Dave Bogen: Yeah, but in that case it would be "What?" It would be a candidate mishearing wouldn't it? You look at that paragraph - You think that this is what gets it off the ground - is that it's difficult for us to look at that paragraph and not find something odd about it, and to imagine circumstances under which, for instance, we would pursue it as delusional IN THIS WAY, other than these sorts of circumstances. If it's somebody who you have previously taken to be perfectly competent, and you hear this thing coming up, you'd go "What?", and you'd pursue it as just a mistake, or a momentary lapse, and you are concerned.

Steve Turner: Yeah, exactly. The problem is that there are different kinds of incompetence here. Is this psychiatric incompetence? Or is this my incompetence in understanding? I'll give you just a simple example. I used to live in the country in Missouri. People talked in these grossly metaphorical ways - which I would always take literally, because it would never occur to me that they meant that. Now, you have to play it back, and figure out what in hell they actually meant. And so, I was assuming literalness; I wasn't assuming they were crazy; I just was trying the first hypothesis, then the next hypothesis.

Dave Bogen: It can read it off like exactly that, though. There's a situation where you're presuming an alien statement, where you're presuming you're the alien. Here there's an alien world being created that ( )-

Steve Turner: See but I wasn't. I was starting out assuming that this is what they meant, and then: I know that can't be right, because if you think about the implications of it, it's just not true. You're assuming they are not crazy, so you're assuming that: Oh, they mean it in some different way.

Dave Bogen: Yeah. But what I want to do is contrast with the sort of situation where you go home, and your spouse says to you line 10. And you're not doing any alienation there. You're not presuming any of that. And confronted with that, it's not: Did I mishear you?, because you've heard

it. It's not like there was fuzz in the way of something like that. - What you said is radically unintelligible in the way I'm used to taking it. - Now the next step, and this is why the "what" is important, just backing up this one device, and I think it's just one place of the argument not being able to be made off of this instance exactly, but you DON'T say: OH, what Judas was that? - as a sort of stepping into the world, and going along with it for the purposes of disambiguating it. You throw it up to them: Are you crazy, or what? OR - Ha Ha, where it's hearable as a joke. Or as a metaphor, or something else, as not serious, as not literal. It's needs that kind of strong contrast, or then if you want to produce the other sort of perverse - or I shouldn't say perverse - but interesting case where you're doing the alien character coming into a new language, then you have to take on a whole other attitude, where you have presumed your incompetency.

Steve Turner: Yeah, but I guess my point would be that I can see this as a story that doesn't presume that at all. The guy is doing interpretive charity with the guy about a problem here with- I've tried to listen to 10, and put the quotes around Judas, and put the quotes OFF Judas, and I've got a problem because in the same sentence we've got references to (10) "our Lord ( ) Jesus", and what happened this week. So, you've got not just an ambiguity there, there's a certain irresolvable ambiguity. Something's gone wrong here, and it's got to be fixed. There's some kind of mistake in the way this was formulated, so we go DOWN to get the correct formulation, and you might do it charitably in the sense that: Yeah, this HAS to be a mistake, of some sort - because there's no TRUE way of getting sentence 10 to work out. BUT, what is the mistake? What is a paraphrase of this that is what is meant? And he offers these various paraphrases, and gets back- He doesn't get acceptance of these paraphrases, in fact he gets statements that presume the opposite of the paraphrase. Until he finally does get one that's acceptable.

Dave Bogen: Continuing with that. I think that what at least I've heard going back and forth in some of the discussion has been working toward, perhaps, a way of characterizing this that might be acceptable, and this the way you might build up an analysis, etc. But also an underlying theme of where we all look at this as, I think, a disfluent, incoherent, etc., kind of back and forth. Which is a case apart from other cases that, say,

Conversation Analysts might concern themselves with. Things that went on on the telephone. And we approach this, and we see 10, and whatever our backdrop on it is we say: AH, here's the incoherence - or something like that. Or we look for it in here. The issue being this - that some of the give and take, I think, is between whether the psychiatrist is good-willed in this or not. That's what I hear as an underlying theme. Whereas, if I'm right in presenting whatever arguments we would present, as a 'I take it that we all read this as incoherent, in some sense or another'. That way. Like as in saying, in a certain sense, that this, whatever we're seeing here is a crazy conversation. And it's not really at issue who is crazy; it's at issue how this is produced as a crazy conversation.

Steve Turner: Yeah, well I guess I would put that differently. I think the issue is HOW it's a crazy conversation. And it looks to me like the way it's a crazy conversation is roughly like this: Judas, where it occurs in 10, looks like it's the end of a sentence about facts about the world, and at the same time, if you put the period after Judas, and then restart the sentence again with the period before Judas, you've got two sentences which are TRUE, and unproblematic. They are definitely problematic when it's the same Judas - It's the Judas with or without quotes. There you've got an incoherency; it's not a matter of charity, or you're defining the person as alien or not. It's a problem because of the logic of that sentence.

Visitor: Probably I use another sort of approach somehow, but just not probably logical as you are doing. You try to use this sheet without side A, without this definition. But it is here. And it's of our minds, so let us use it. Well, I come back to my idea that 11 was not so innocent, because in fact assuming that he is a psycho, a psychiatric, well in my mind, in my reference of commonsense, I guess that Judas is just a word for which to ANY psycho something jumps on as wonderful, sense of guilty, or whatever you want. So, so starting and thinking, well the device of moving all this is that there is someone here who is hunting something. It's not very logical. I have to check over things with ( ) intuition. But here there is someone, who is a psychiatric - we have defined it as so - who is pursuing something very particular. Probably from the beginning. When something happened, this word "Judas", he jumps on this, and so remains on this point, that even if the answer was clear, because he WANTS

something else, Judas, something as this (word). So, what? If this is something right, it invokes that the device which MOVES all this conversation is, of course, out of this. The definition of the situation is out of this text was in other things before. And HOW one and the other one came into this kind of appointment. So now they are just realizing something that they are expected to do. That is very interesting - HOW do they realize it? And so now I can understand how it is interesting your logical analysis. But the device which moves all this is very concrete. Probably I have not to forget it.

Jeff Coulter: But you haven't shown it; you've assumed it.

Steve Turner: Are you attributing intentions-

Visitor: Well the problem that I pose is: is it so correct to assume it, or when, because our session is a (ethno)methodological thing that you can-

Jeff Coulter: Well, it depends on your purposes. The only reason I say that is that where I've been tackling this is motivated by the business of Schegloff's problem, which may not be a proper problem, I'm not yet convinced it is even a proper problem, but what you did was to assume it, i.e., just to say (11) "What happened with Judas" is the kind of thing a psychiatrist would say, and there in 11 he's starting to do psychiatry. He's starting now to do: Let's get this delusional material on the table. Which, by the way, they are instructed to do by the "present state examination". If you hear anything that might be delusional, pull it out. Get the patient to talk about it. Keep him on the topic. Let's see how it extends. Like it might encompass all kinds of things, or it might be very delimited, etc. But that's independently known. What ELSE it can be is 'humoring him'. Now, there's no clear way of making a decision on that. Except to say that one way of doing the probing is to appropriate the mundane practice of 'humoring'. And that was Dusan's point, which I think is interesting. So, you see, it's got to be set up as an "if - then". Because we don't KNOW it.

Steve Turner: Well let me try a different- I would agree with you on this that actually that you can't get there a certain theory of exegesis.

Jeff Coulter: No, vernacularly. Don't forget we know it- Go on.

Steve Turner: Well another way of doing this, another argument on meaning is that aside from attributing certain kinds of intentions you can't define the MEANING- attributing a meaning to something is to attribute intentions to things. So there isn't any game called: Reading a conversation without attributing intentions. Which is what I take it they're trying to do, and what you're saying - Well, yeah, we all know this - and I think that's [Tr: ST chuckle] veridical description of our problem in reading this. But that's not the point I want to make. The point I want to make is {JC: I'll come back to that then} - yeah, ok. Another- we've been stuck on 11 as kind of paradigmatically psychiatric. You know, a Moby Dick like pursuit of madness, and I wonder - this looks to me, again, a kind of way you talk to children. But also a way you talk to people where you haven't quite gotten the last statement, and that is you ask a question which is going to elicit a statement which has implications which answer the previous question. So, (11) "What happened with Judas?" SHOULD elicit a statement which clarifies what we're talking about, which Judas we're talking about, what we mean in the earlier case. And in fact, he just keeps pursuing this kind of statement. So he gets: (12) "...He's downtown", and then that makes problematic all of these statements about Judas is the one who tried to get Our Lord. So then he's got to un-problematize those, because he's gone down the truth-tree this way, now he's got to take the other branch down. So, yeah I guess that's to say that there's nothing necessarily psychiatric about THAT particular move.

Dusan Bjelic: Well... yeah. That can be also questioned like a person who is a writer has to write a book, or story, or something about that kind of person who comes out with that kind of story. So you can say: Well, tell me more about that - after hearing that. There could be also some other kind of characters, and that is going back to my argument that this is a very mundane way of speaking. We can find those ways of speaking in different places. And because it's a mundane, then it's a kind of story that we can imagine a whole array of different characters, or a whole array of different categories being involved in a kind of talk that is this.

Jeff Coulter: Don't forget though that because something is not NECESSARILY psychiatric doesn't mean it's not conventionally {LJ: That's right} psychiatric, as well as {LJ: relevantly psychiatric} - as relevant. Yeah!

Dusan Bjelic: Well, I'm not saying that psychiatric IMPLIED that mundane way of talking. I'm not saying that.

Jeff Coulter: Or use it.

Dusan Bjelic: Or use it, right. What I'm saying here goes back to Lena's argument, and your logical pursuit in explicating this is that it, in some sense, you started, first of all, with data that said those categories: Psy. and Pa. That's one presupposition. Second you say well there are categories bound in activities with those categories. Now, here we can see how speakers orient themselves toward those categories, and how they constitute that kind of talk.

Jeff Coulter: Well, no, no. Be fair to me. I was checking out Schegloff's problem here, that's it.

Dusan Bjelic: Well, ok, I'm referring then to Schegloff, because I think one of the problems comes, and we have to go back to the Sacks analysis, because it seems to me that membership categorization devices involving activities serve as some kind of logical ground for our explication of people's activities. Now, I think a way we very usually trap ourselves is that we take too much, so to say, (tight), or too much an a prioristic relation between categories and activities. And what I'm saying here is that activities and categories are floating, they can change in the context - they can change very often. For instance, if you took a fragment where a psychiatrist will ask you: Do you hear radio waves? And he said: NO. Do you speak with the Virgin Mary? NO. -- If you have that, then you can ask: Which category is here? Is he a psychiatrist or he is Ethno? You can say: Well, he asked a question that you would attribute to a paranoic person. And you can say that paranoic that said "NO, how could you ask me that?" You could say that's a category of being a normal person.

Jeff Coulter: Exactly, and here's where some psychiatrists can find that insofar as patients play along by replying to questions like: Do you

hear radio waves? - No, I don't. So you speak to your dead brother? No, matter of fact I don't -- Rather than with outrage: NAA:::HHH! Insofar as they play along, and thereby constitute the questions as legitimately psychiatric, they thereby willy-nilly are constituting themselves as somehow, even with no answers, as somehow finding a legitimacy to the questions being asked of THEM. Which is a problem that the Mental Welfare- especially in dealing with paranoids - that my Psychiatric Social Workers found a lot. That the very techniques of trying to get the stuff out, and the very responses to those techniques, that constitute those techniques as legitimate. Because the guy was really beautiful when he says: What are you, some kind of spiritualist? I mean that's a very nice rebuttal, and it provides for: Hey this guy's all right. He's disallowing that - so he's fine. It's evidence of his sanity. But to say methodically: Uhmm, I guess not.

Dusan Bjelic: What I'm trying to say is that maybe instead of going that old way of saying there are categories - we know there are categories - there are activities, so let's go to the data and see if we can find them in the talk, and so therefore it fits with what we as analysts take ( ). {JC: It clearly doesn't ( )} But, when in fact we can go this way, and say those two guys unhesitantly speak that way. And when we look at that, and that data, then we see in this way as categories that are consistently acting in the way as they do, and that is phenomenon for itself, that we as analysts, when we look at that phenomenon, we always see certain order in it, which is order of categories.

Jeff Coulter: So, perhaps a methodological solution would be something like: IF you hear this as 'psychiatrist'/'patient' talk, what's the apparatus, the cultural apparatus, that provides for that? {DB: Right} Without foreclosing on the omnirelevance, or lack of relevance of the categories. And IF you hear this as a psychiatrist's appropriation of a mundane practice for the purposes of psychiatry, how so? And then you could get into NOT psychiatrist/patient talk, so much as the institution of 'humoring' as a form of praxis. Now that's really to sidestep Schegloff's problem, that's to say-

Dusan Bjelic: Exactly, because I think Schegloff is still within commonsense reasoning. It's still something that- because he wants to make science of it. Where in fact Sacks never called

his project "science", he called it "exercise". I'm doing exercise, exercise of hearing.

Jeff Coulter: Be careful, though. There are a few places where he says we're trying to create an observational science out of sociology.

Dusan Bjelic: Well all right, but what does that mean in the context that he said it, because I understand sociology as a science. But, if you see like there where he's serious - like you said - he said honestly that what he's doing is "exercise" of HEARING. How do I hear, or how come I hear that this is a psychiatrist/patient conversation?

Jeff Coulter: Well, how could it be so heard?

Dusan Bjelic: All right, how could it be so heard? And then to ask: What can I say about that? And that leads to that subtle question: Who is right? What are the criteria that provides for someone to hear the right way? Which now, I think, introduces in the field not- It takes us out on the field of epistemology, but it takes us in a new area, which you can say that requirement for being analyst is not anymore implication in certain epistemological theory, but rather your sense for HEARING something. It's rather something as like in music: Is that instrument tuned or not? And they have two or three people come and say: Well, there is a one who is the closest, or that one who can tune instrument, so to say, the most harmonically, is the one who is more preferable than those who don't have a sense for this harmony. Which at the same time doesn't put boundaries, you know: where is the end. Because there is always somebody who can hear-

Jeff Coulter: Other and different.

Dusan Bjelic: Right, but also can hear deeper than, or his explication can be much more powerful than somebody else, and the power of explication is dependent on the power of your power of hearing, and explicating that.

Jeff Coulter: Ok. Let's take it this way, though. The standing solution, or proto-solution to the question of the alternative characterizations of conduct has been, of course, to accept that there may well be more than one possibly adequate rendition at the level of practical reason, or commonsense understanding of conduct, of a transcript, of a tape. It's always been acceded to. It's not a pursuit of an

incorrigible version. But the way in which multiple possible versions has been provided for is, first of all, to note that there's not an indefinite array of alternative characterizations that is provided for both by the materials and by the culture. So that what one has is an if-then idealization scheme, that goes something like this: If you hear it this way, then you have to ground your explication of your hearing in terms of what the culture provides for as logical possibilities. But the logical possibilities don't provide you with an incorrigible claim. There are other possibilities, and you can build a different way of hearing the SAME thing. But then the thing is, first of all, the hearings have got to have that intuitive - this is ultimately where it returns to it's roots in the pre-theoretical - it's got to have that intuitive quality. This is where I think you're right. There aesthetic things come in. But where the logic comes in is in the elucidation of the CASE as explicating THAT it's a possible, and HOW it's a possible. So that as we were alternating our characterizations, though I figured that in the end they weren't genuine alternative non-equivalents - and that's not to deny you can't have such things - you can certainly have genuinely alternate non-equivalents - THAT you can have. But the name of the game is not now to sort of rule out all but one as an incorrigible version, but to provide for that the alternatives are made possible by the culture, and now how is it that, given any alternative you can provide for it as a logical possibility in the culture. This is the way it's been characterized methodologically.

Steve Turner: Right. What I'm worried about then is the status of claims about what proto-logically, or logically is provided for in the culture. That's a very mysterious concept to me.

Dusan Bjelic: Well, only if you take logic as something very, very serious - if you take logic as something that is bedrock for our claims. Where in fact, logic is something that has it's own ground, and that ground is - as Heideggar would say - abyss. And then if you take Wittgenstein's lectures on mathematics saying: It's not mathematical axiom that is the bedrock of our knowledge, and for our claims, is that that itself is a moral convention. Which is a subject for all kinds of changes. We have to loosen up when talking about logic as some kind of godfather who says: this is black; this is white. But that itself is something that is much more a question of

artistic hues, or way of approaching or using that on the different ways, and not necessarily just ONE way of using, one way of thinking is the right way.

Jeff Coulter: Well, don't forget here - we've got to be a little bit careful because it's possible to make a distinction between mere sophistry with data, mere artistic sophistry, where if we really worked hard enough at it, we might find a 'revival meeting' somewhere here. If you're really radically imaginative, you could perhaps do that. And in the early days, with the CA practitioners who were learning the craft, people would be coming up with all kinds of off-the-wall, but faintly plausible characterizations of what someone might really, really be doing. But then they have to build their apparatus for it, and they get into all kinds of trouble. But, not only that, they actually get into trouble earlier, because if anything's a question, 11. is a question: "What happened with Judas?" Now that's not an issue. But it COULD be some other things perhaps. There is after all an order to our hearing. It's not that we hear any-old-thing in any-old-way, which does not mean that we can only hear things in ONE way. And THAT'S the key.

Dusan Bjelic: Which also means that every artist is not a good artist. 99% of the people who are engaged in this business are bad artists. But it is not to say that artistic method doesn't have its strict logic. And exactly those artists who have an EAR for following logical investigation of the grammar of color, for instance, are those who are great artists. And it's not to say that art is some kind of subjective, provisional activity. But I want to say art in terms of the old way of looking at art, something as a craft. The way what you do with the tools that are available to you. If you see art of the Garfinkel and art of the Sacks, you can agree with Garfinkel and at the same time agree with Sacks, when they in fact talk about two different things. Which means that even though if they want to approach phenomena from the same point of view, they can use a logical argumentation on the different way, or unique to their own practice. Which makes their view so unique, and so great as it is. Which doesn't mean that everybody else can do that.

Jeff Coulter: But what gives it its purchase upon us is not its purely aesthetic quality, without in any way demeaning aesthetic criteria.

Dusan Bjelic: No, no, that's not what I'm saying. I'm just saying that art is heuristic. Art, again, is finding your way to treat logical machine. For instance, one way - that just came to my mind - is that Sacks didn't want to read certain books. Garfinkel just told me he (HS) had collected papers of Schutz, and he had Husserl, and he (HG) said he saw those books were new, were never opened. So, that is for instance one way - that you don't want to read certain people because you want to be exposed to certain views, because you want to take these views as methodological resources, or heuristic resources for your approach to the same phenomenon. So what I'm saying is only art as heuristic resource for using a logical machine which is common to all of us.

TRANSCRIPTION CONVENTIONS

These transcriptions were prepared from an audio recording, the auditory quality of which was not always optimal. Participating members, especially Jeff Coulter, have reviewed initial drafts of the transcripts and have attempted to clarify portions that were particularly difficult to hear, and also provided assistance in correcting errors in transcription that were made during the production of the first draft of each session. The generous assistance of all those involved is gratefully acknowledged. Particular appreciation goes out to Jeff Stetson who took on the laborious task of copy-editing. Unfortunately, not all errors in transcription, and not all inaudible portions could be corrected given the time lag in producing the transcriptions. The transcriber apologizes for any remaining typographical errors.

The following are conventions employed in producing the transcriptions of these meetings:

[x] square brackets: Text in square brackets is for the most part that of the transcriber. Such text is indicated by "Tr:" at the beginning of the brackets.
It includes: 1. paraphrases of talk, 2. clarification of indefinite references, for example pointing, drawing or writing on the chalk-board, producing a behavioral display etc., 3. information about references to texts referred to

in the talk, 4. other general remarks and clarifications and 5. indications of omissions and tape changes. PLEASE NOTE that there is almost always some bit of talk missing at the points of tape change.
On occasion, comments in square brackets are insertions offered by those who have edited the text and are indicated as such by the initials of the person in question, e.g., [JC: xxxxxxxxx].
Also, if additions or deletions are made in text quoted during the class, then these changes are noted in square brackets, with the speakers initials included within the brackets.

{ x } braces: Text in braces is the talk of persons who are commenting on or responding to the talk of another person who currently has the floor. This talk is introduced by the initials of the person making the remark and/or comment, e.g., {JC: xxxx}.

(x) parentheses surrounding text: Text in parentheses is the transcriber's best guess as to what was being said when there is some doubt about exactly what was said due to the poor auditory quality of the tape.

( ) empty parentheses: Parentheses containing no text indicate a portion of the talk which is not transcribable due to the poor auditory quality of the tape, although it is possible to tell that something was being said.

CAPITALIZATION: Capitalization is used to indicate titles (or partial titles, e.g.: INVESTIGATIONS for the PHILOSOPHICAL INVESTIGATIONS) for books. It is also used to indicate vocal emphasis by the speaker in question, i.e., something which is spoken noticeably louder, or with more emphasis than the surrounding talk. It was not possible to underline text in the editing/text-formating system employed, which is why capitalization rather than underlining was used in the above cases. This also influenced the formating of terms in languages other than English, e.g.: Ubersicht, vis-a vis, etc, which are neither capitalized, nor underlined, although occasionally are explicated in square brackets following the text in question.