

# 12

## Considering Empirical Examples of Applied Conversation Analysis Research and Future Directions

### Chapter Focus

In this chapter, you will learn how to:

- Critically assess the value of conversation analysis research for practice.
- Recognize the key issues discussed in this book.
- Explore future directions of applied conversation analysis.

Throughout the book, we have provided you with practical ideas and tools for carrying out an applied conversation analysis (CA) study in a theoretically and methodologically grounded way. Notably, we have emphasized the importance of being reflexive and ethical while attending carefully to how you might go about generating a quality applied CA research study. To illustrate these points, we have provided you with examples and definitions to explicate core concepts and processes in this type of research. Although we have separated out the main steps and procedures of carrying out an applied CA research study, we encourage you to view an applied CA research study in a holistic way. Indeed, engaging in applied CA research is iterative, cyclical, and generally nonlinear.

Thus, to illustrate this further, the first portion of this chapter is devoted to providing four empirical examples. By drawing upon a range of research examples, we aim to demonstrate the versatility and flexibility of applied CA research, particularly when applied in a range of institutional settings. Unlike the previous chapters in this book, we do not end the chapter with a single interview; rather, we weave throughout four interviews with the primary scholars whose work we offer as useful examples of applied CA research. Second, we point to some of the future directions that we envision for those interested in pursuing applied CA research. We conclude the chapter by offering an abbreviated summary of the book and drawing some final conclusions.

## Examples From Applied Fields

To broaden your understanding of the varied ways in which researchers conceptualize and carry out applied CA research, we provide four examples from the literature. These four examples demonstrate how findings from applied CA research contribute in different ways to the qualitative evidence base and more generally inform disciplinary practice.

### An Example From Media Research

Talk and text in traditional media, such as television, newspapers, and radio, provide an interesting source of naturally occurring data. There has been a range of applied CA studies examining different media, and Professor Ian Hutchby has published several articles examining talk on the radio. In doing so, he examined a range of social interactions, including political interviews and phone-in chats invited by radio hosts. In an analysis exploring the argumentative interaction in *hybrid political interviews*, Hutchby (2011) reported on how nonneutrality is sequentially achieved when the speech exchange system shifts into the aggravated opposition characteristic of a political interview.

A **hybrid political interview** is a genre of interview talk whereby the radio talk positions the radio speaker not neutrally but as a sociopolitical advocate.

Data from the project were taken from news interviews broadcast on a U.S. show where major political candidates (including Barack Obama) gave extended interviews with the host. The focus of analysis was to explore whether the hybrid political interview had distinctive discursive features and revealed the ways in which nonneutrality was achieved in different ways. Hutchby examined what was said as well as the way it was said to do this. He noted there were shifts in the talk from interview to argument frames involving the use of third-position rejoinders, contrast structures, and personalization through stance taking (please refer to the paper for details).

In other radio-based CA work, Hutchby (2001) investigated radio talk shows whereby members of the public could phone in to the show. In so doing, Hutchby explored the discursive devices employed to legitimate or authenticate opinion about the news. Specifically, the analysis focused on examples identified where there was an orientation to the importance of *witnessing*, defined as claims to firsthand knowledge, as a way of legitimizing the claims made about the news. Hutchby noted that

witnessing refers to a range of actions related to claims to personal experience or knowledge, direct perceptual access, or categorical membership. By examining the sequential nature of the interaction, Hutchby demonstrated how firsthand knowledge could function to legitimate the status of a caller's contribution but also undermine it at times.

*What this means:* Speakers use discursive devices to formulate a version of events that they present as credible or at least as hearable to an audience as credible.

Hutchby argued that such witnessing can involve claims to firsthand knowledge or can involve the mobilization of collective experience.

For example: Hutchby (2001) examined when firsthand knowledge was invoked as a form of witnessing and how this authenticated the claim, and also when categories were drawn upon to demonstrate a collective experience. Consider the following two data examples quoted directly from page 486 of the article.

Example 1:

Caller: One day **I actually saw** a lady owner allow her dog  
to do  
  
its business right in the middle of my gateway.

Example 2:

Caller: **I'm a pensioner** myself of seventy two

Hutchby noted that such devices are a form of legitimation for a contribution to the show debate. He argued that the witnessing claim is produced within a sequential context, and this interaction is important. This is a way of introducing the firsthand knowledge of the event and demonstrates relevance to the topic in hand. He noted that in this type of interaction, the callers participate as lay speakers on the radio show who are calling into the show to contribute to an existing institutional setup.

To gain a sense of how Hutchby analyzed his data and grounded his claims, we recommend that you read:

1. Hutchby, I. (2011). Non-neutrality and argument in the hybrid political interview. *Discourse Studies*, 13(3), 349–366.
2. Hutchby, I. (2001). "Witnessing": The use of first-hand knowledge in legitimating lay opinions on talk radio. *Discourse Studies*, 3(4), 481–497.

To facilitate your study of Hutchby's scholarship in this area, we interviewed him to learn more about the process that informed the development of his research around media talk. His responses can be seen in Box 12.1.

## BOX 12.1

### INTERVIEW WITH PROFESSOR IAN HUTCHBY



Ian Hutchby is professor of applied linguistics at the University of Leicester. Professor Hutchby has published widely using CA and is interested in topics including media, technology, and health communication.

#### What motivated you to examine radio talk?

"When I first encountered conversation analysis in the late 1980s, I had really been developing my ideas as a political sociologist. Political sociology is concerned, among other things, with studying debate, persuasion, and the construction of competing versions of reality, and I initially wanted to use CA to analyze these things in detail. But then I became more interested in the wider question of how people go about having arguments, not just about politics but about anything. I was faced with the problem of how to reliably gather naturally occurring data containing arguments. I wanted quite a lot of arguments, not just the odd one that might crop up around a dinner table. This was in the early days of the "shock jock" talk radio phenomenon, and there were numerous British talk radio hosts who were noted for the aggressive and argumentative style of their programs. It just struck me that this would be a place where I could be pretty sure of recording a collection of arguments to work on. As in a lot of research projects, therefore, serendipity played a significant part."

#### What kind of planning did you undertake before you started?

"It was very basic. The show I chose to record was broadcast daily, so I went out and bought a little bit of technology you could get in those days, which combined a radio and a cassette tape recorder, some tapes, and marked on my calendar a random set of days over about 3 months when I would record the show. My reasoning was that this method would pass the so-called dead social scientist test; that is, what appeared on the tape would have taken place in the way that it did whether I recorded it or not."

#### How did you analyze the data?

"Initially, I had wanted to collect this data to analyze the construction of arguments. That's to say, the context (a talk radio show) was not going to be a major factor in the same way as the telephone was often not considered a major factor in early conversation analytic work using data from telephone conversations. But once I began working on the transcription, it quickly became clear that this was not the best way forward. Certainly, as I'd hoped, the conversations between callers and hosts contained arguments; but the arguments themselves were formatted in a recursive way by factors associated with the social identities of the participants (host/caller) and by the institutional processes of the show (the need for several calls to be processed in a given time frame, for example). In other words, the arguments revealed recursive features of the interactional practice

of arguing, but at the same time, each argument was managed along with the recursive features of its singular interactional frame, a “call.” To deal adequately with these omnirelevant factors, the study became an exercise in the analysis of institutional discourse: the structure of arguments *on a talk radio show*.”

### What was the value of CA for making recommendations from your work?

“Because this study was driven from the beginning by my ‘blue skies’ interest in the structural features of argument as a conversational practice, I never thought of any policy recommendations that would emerge from it. There are some argumentative devices described in that work that, it’s sometimes been suggested to me, might act as ‘techniques’ that could be taught to foreign learners of English, for example, to help them recognize, construct, or counter argumentative claims they might encounter from native speakers. I haven’t pursued this myself, and in any case I think that arguments are such rapid fire and often off-the-cuff interactional events that thinking about which particular device to use in which specific situation might in fact be counterproductive. But as in all cases of the possible application of CA findings, the value of the approach stems from its insistence on dealing with the actual detail of the data we find in front of us, whether it goes along with anyone’s presumptions about what might be found there or it does not.”

## An Example From Adult Psychiatry Research

Conversation analytic work has made a considerable contribution to a range of institutional settings in health care. A large volume of applied CA research has focused on health care communication, and many scholars have focused on specific conditions in both physical and mental health. Dr. Laura Thompson has examined mental health using CA, particularly exploring the communication between individuals diagnosed with **schizophrenia** and psychiatrists.

The data for the project were taken from outpatient settings and assertive outreach clinics across three centers, and included 36 psychiatrists and 134 patients with schizophrenia or schizoaffective disorder. It is well established that much of institutional talk is made up of question–answer sequences; therefore, question design has been of central concern for those practicing applied CA. Thompson and her colleagues have studied question design in relation to clinical interactions with individuals diagnosed with schizophrenia, arguing that psychiatrists need to go beyond the simplicity of dichotomizing open and closed questions, and pay more attention to the nuances of the interaction. Thompson, Howes, and McCabe (2016) and Thompson and McCabe (2016) noted that psychiatrists’ questions are a conversational mechanism by which they can achieve clinical objectives and manage the therapeutic alliance, with this relying heavily upon question design.

**Schizophrenia** is a form of psychosis classified as a mental illness. People experiencing schizophrenia may not be able to separate their thoughts from reality and can experience delusions and hallucinations.

● **Declarative questions** are questions phrased as a statement, but with a questioning intonation. For example: You mean it was blue?

● **Tag questions** are short questions that are “tagged” onto the end of a statement. For example: You were feeling sad, were you?

Using CA, Thompson et al. (2016) developed a coding taxonomy of question designs, noting that it was common for psychiatrists to use yes/no auxiliary questions, wh-questions, **declarative questions**, and **tag questions**.

In this body of research, Thompson et al. (2016) sought to identify the systematic practices through which the psychiatrist and the patient performed and recognized social action in talk. They argued that illuminating such discursive practices enables the field of psychiatry to define “good” communication in schizophrenia, and by focusing on psychiatrists’ questions, they were

able to illustrate how therapeutic alliance is achieved. They provided recommendations to psychiatrists around how to communicate in practice more efficiently and effectively.

In related work, Thompson and McCabe (2016) focused specifically on the functions of declarative questions. They demonstrated using applied CA that declaratives may be a closed style of questioning but that they are more nuanced than this type of question implies. By paying closer attention to how declarative questions are asked by psychiatrists, Thompson and McCabe were able to show that declarative questions can support attentiveness to the client’s stance, confirm understandings of the patient experience, and effectively close down topics and change them.

For example: Thompson and McCabe (2016) examined so-prefaced declaratives and how they functioned as formulations for the psychiatrist. Consider the following example quoted directly from page 405 of their book chapter.

PAT: =I watch telly:: and (.) cook something and (0.4)  
then m- washing and (0.4) tidy the 'ouse up you  
know.  
DOC: †Yeah.  
(3.4) ((Doctor writes in notes))  
DOC: So: you're quite happy being on your o:::wn?  
PAT: I'm quite happy doctor yea:h yea:h.

Thompson and McCabe (2016) demonstrated in their analysis of this extract that the psychiatrist used a declarative question as a formulation of the patient’s experience. This declarative question is illuminated as so-prefaced—“so you’re quite happy being

on your own?” They noted that this declarative therefore invites confirmation from the patient and is presented as a simple summary, giving the psychiatrist an opportunity to discard the less relevant material about mundane activities (like watching television) to focus on emotional work—happiness. From this example, you should be able to see how a declarative question performs a specific function in this interactional sequence and how this is more sophisticated than the simple open–closed question dichotomy suggests. By using applied CA, authors can examine this kind of phenomenon in more detail.

If you plan to undertake an applied CA study in a health care setting, there is a significant body of CA literature. The work of Thompson and her colleagues is a useful example of applied CA in adult psychiatry. We thus encourage you to read these two references:

1. Thompson, L., Howes, C., & McCabe, R. (2016). The effect of questions used by psychiatrists on therapeutic alliance and adherence. *British Journal of Psychiatry*, 209(1), 40–47.
2. Thompson, L., & McCabe, R. (2016). “Good” communication in schizophrenia: A conversation analytic definition. In M. O’Reilly & J. N. Lester (Eds.), *The Palgrave handbook of adult mental health: Discourse and conversation studies* (pp. 394–418). Basingstoke, England: Palgrave Macmillan.

We also invited Dr. Laura Thompson to participate in an interview to share about her research process. Her responses can be found in Box 12.2.

## BOX 12.2

### INTERVIEW WITH DR. LAURA THOMPSON



Dr. Laura Thompson is a lecturer in occupational health psychology at the Centre for Sustainable Working Life, Birkbeck University. Dr. Thompson has research interests in using applied CA to solve real-world problems in institutional settings. Broadly, she focuses on well-being and social interaction in occupational and mental health contexts.

#### **What motivated you to undertake research on psychiatry and schizophrenia?**

“The frequently episodic nature of schizophrenia, and the complex symptoms involving changes in perception, means sustained contact with mental health services is often required. I was interested in how communication in psychiatrist–patient consultations forms the vehicle for achieving clinical

*(Continued)*

(Continued)

objectives, whether developing therapeutic goals and assessing symptom severity or deciding on appropriate treatment. These conversations may be complicated (e.g., by the nature of symptoms), but it is important we understand how they “work” and the various challenges along the way. I was motivated by the idea that to understand what is *effective* communication, we must first examine the *actual* practices that psychiatrists and patients use in consultations. However, I could find very little research on how psychiatrists interact in situ. Psychiatrists can help patients to share power and responsibility through their conversations (e.g., by involving them in treatment decisions). But only by looking at practices in a naturalistic, interactional setting can we consider how they may, or may not, advance the values of patients. Using conversation analysis to analyze video-recorded psychiatric consultations offered a useful methodological framework for this research problem.”

#### **What decisions did you make about recording equipment and why?**

“The key decision was to use a digital camcorder that provided visual acuity and a good-quality audio recording (essential for a fine-grained interactional analysis) but meanwhile was small and noninvasive to prevent patients and psychiatrists feeling uncomfortable. The camcorder also needed to be user-friendly and straightforward to operate: Should patients become distressed about being recorded at any point, various psychiatrists would need to end the recording.”

#### **What were the main challenges in recruitment?**

“My research involved a secondary analysis of data gathered from various studies including a randomized controlled trial assessing a communication skills training intervention for psychiatrists (McCabe et al., 2016). One of the main issues in recruitment for this study was approaching patients prior to their consultations in a public waiting room in an outpatient clinic—trying to navigate a private conversation to explain the study while ensuring that they did not feel pressured or imposed on in any way. This challenge was discussed with the clinical team, and it was hence agreed that psychiatrists would speak to patients first to introduce the study, giving them a chance to decline before we approached them. It was also important that only those patients who were well enough to give fully informed consent were approached. As such, the psychiatrist reviewed his or her patient list in advance to exclude any inappropriate patients.”

#### **What was the value of CA for making recommendations to psychiatrists from your work?**

“Using CA enabled me to look at the nuances of psychiatric communication. In doing this, I was able to see that many of the taken-for-granted assumptions about what constitutes “good” communication need refining. Conceptualizing good communication in psychiatry has been hindered by a lack of conceptual clarity. Abstract ideals of patient centeredness and shared decision making are, quite rightly, widely endorsed but do not easily translate into specific practices conducive to training. Using CA allowed me to look at important practices (e.g., psychiatrists’ questions and treatment recommendations) as social *actions*—and the systematic practices by which these actions are designed and understood in their local sequential context. From this, it was possible to develop interactionally sensitive recommendations for clinicians that account for some of the contingencies of actual practice.”



## An Example From Mediation Research

It is quite common in modern society for individuals to come into conflict, and there are a whole range of situations, such as family disputes, consumer disputes, and neighborhood disputes. An institutional response to this is **mediation**.

Mediation has been a focus for applied CA researchers, and in recent work by Sikveland and Stokoe (2016), a collection of 100 calls from five mediation centers and 200 calls from five community services were collated for analysis. The focus of the work was to examine how mediators design their talk, which often proposes common ground between the two parties. In calls to the mediation services, they demonstrated that first the call taker explained what mediation is. They found that mediators tend to ask solution-focused questions and examined how mediators do the institutional work required of the context.

**Mediation** is a process of resolving disputes to prevent them from going to court and involves a neutral individual (a mediator) who facilitates agreement between the two parties.

For example: By paying close attention to the call sequences, Sikveland and Stokoe (2016) observed that mediators work to show mediation as a strong recommendation for the caller rather than as a requirement, with callers showing an uptake of willingness to engage. Consider the following example quoted directly from page 242 of their article.

M They- (0.3) always suggest mediation  
(0.2)

C Yes.

M First.

C Ye[s. ]

M [thhh.]Is that s[ometh]ing you have tried.

C [Yes.]  
(0.4)

C No. No, =

M .h[hh- ]

C [Noth]ing  
(0.3)

M = Is that something you would be willing to [do. ]=

C [I would-]

C I would be willing to do it. =ye[s. ]

Through their analysis, Sikveland and Stokoe (2016) noted that the mediator worked to establish whether the caller had previously tried mediation before moving to the question about willingness to try it. They observed that the caller used a yes/no interrogative, which they argued was the caller proposing willingness. They concluded their article arguing that formulations are central to the mediation process, and as this scaffolds clients to promote agreement it is a way to move forward without giving direct advice.

*What this means:* It is helpful to pay attention to the performative nature of talk to look at the social actions.

In other work, Stokoe (2011) focused on translating her CA research in mediation and police settings to develop a communication skills training method to deliver



**The CARM approach provides an excellent example of the benefits of CA research for institutional practice.**

evidence-based training to professionals. This method, the conversation analytic role-play method, (CARM), was described by the author as an approach to training that is adaptable to a wide range of institutional settings and one that is crucially grounded in research about what is effective in conversation rather than in stereotyped and popular assumptions about how talk works. Particularly beneficial in CARM is its use of naturally occurring conversational examples, which grounds the method in real practice. This provides a

foundational evidence base to the claims made. Stokoe's research was used to train salespeople, doctors, police officers, hostage negotiators, and medical receptionists as well as mediators.

An applied CA piece of work examining institutional settings where conflict can arise has the potential to allow analysts to make important recommendations for practice based on what they have observed in the data. The use of naturally occurring data provides the basis for the analytic claims made. We encourage you to read the following two references:

1. Sikveland, R. O., & Stokoe, E. (2016). Dealing with resistance in initial intake and inquiry calls to mediation: The power of "willing." *Conflict Resolution Quarterly*, 33(3), 235–253.
2. Stokoe, E. (2014). The conversation analytic role-play method (CARM): A method for training communication skills as an alternative to simulated role-play. *Research on Language and Social Interaction*, 47(3), 255–265.

To understand the scope of Professor Stokoe's work, we invited her to participate in an interview in which she shared details about her applied CA research. Her responses can be found in Box 12.3.

## BOX 12.3

### INTERVIEW WITH PROFESSOR ELIZABETH STOKOE



Elizabeth Stokoe is a professor of social interaction in the Department of Social Sciences at Loughborough University. Professor Stokoe undertakes conversation analytic research across public, private, and third-sector organizations, and, as reported in this chapter, in mediation. She developed the conversation analytic role-play method, which won a WIRED Innovation Fellowship in 2015. She has also undertaken many public engagement events and activities, including performing at Latitude Festival and New Scientist Live, and given TEDx and Royal Institution lectures, all with the aim of informing the public about how conversation analysts study social interaction.

#### **What were the challenges of doing CA research in mediation?**

“It was hard, initially, to get mediators to agree to record themselves with clients. They were anxious, as many professionals are, about client confidentiality—though, of course, as researchers we work ethically with recorded materials and always anonymize them. However, mediators’ reluctance to record mediation itself created an opportunity to collect and study initial telephone inquiries to services. Mediators were less concerned about these data being part of a research study as, for them, the calls were not yet part of the mediation process. What I found was that many mediators failed to engage potential clients in these calls, but I could also identify what worked to convert callers to clients. This was essential to the very existence of services—without clients, they would not attract funding.”

#### **What kind of transcription practices did you use?**

“When working with large data sets (and I often work with thousands of recordings and quick turn-around CARM projects), I always have verbatim transcripts produced first. I use this to begin to identify potential phenomena of interest, which I will then transcribe using the Jefferson system.”

#### **What ethical decisions did you need to make?**

“I do think about the organizations I agree to work with and the possible misuse of research findings—like any other researcher and any other type of research. Because almost all of my research now underpins a CARM workshop as one of the outcomes, I train police officers, medics, salespeople, and many others to use the practices that I have identified work well—but to their ends. So I need to decide whether or not I am happy to help police negotiators, doctors, or mediators.”

#### **How were the practical recommendations made to the practitioners?**

“The recommendations are built into CARM workshops, although I try not to make recommendations in the first instance. I show practitioners different ways they, say, describe the mediation process, or make an appointment with patients, or persuade suicidal persons in crisis to stay calm. I show them the outcome of different ways of doing these actions, and they learn directly what works and what is less effective by my exposing their tacit expertise (or lack of it).”

## An Example From Child Mental Health

Applied CA has been successful in examining children's talk in a range of institutional settings and exploring how children are engaged in the institutional task at hand. A good example of this is in the field of child mental health, where children and families undergo an initial **mental health assessment**.

**Mental health assessments** are carried out by mental health practitioners, and their purpose is to screen for mental health difficulties in the child (Parkin, Frake, & Davison, 2003).

Children and their families are usually referred by the general practitioner when there are suspected difficulties. These assessments are the initial appointment for families whereby mental health practitioners (sometimes working in pairs) from various disciplines (such as psychiatry, psychology, mental health nursing) engage the family by asking them questions about the child's

symptoms and behavior. During this assessment, the practitioner(s) assesses for risks and considers the most appropriate next steps, such as treatments (Mash & Hunsley, 2005). The institutional requirements of the assessment tend to focus on gathering relevant information; therefore, the questions posed to the individual (and his or her family) are generally centered around that institutional agenda (Thompson & McCabe, 2016).

Specifically, Dr. Michelle O'Reilly (second author of this book) and her colleague Dr. Khalid Karim have examined child mental health and engaging children and families in child mental health assessments using CA. This work was a collaborative partnership between academics (Michelle O'Reilly, Ian Hutchby, Jessica Nina Lester, and Victoria Stafford) and clinical practitioners (Khalid Karim, child and adolescent psychiatrist, and Nikki Kiyimba, senior clinical psychologist). The collaboration with practicing clinical professionals was especially important in promoting an applied approach to CA. The project included 28 families attending specialist mental health services in the United Kingdom. Each assessment was conducted by at least two mental health practitioners including psychiatry, psychology, mental health nursing, psychotherapy, occupational therapy, and learning disability backgrounds. Children were aged from 6 to 17 years old, with an average age of 11 years. Each assessment lasted approximately 90 minutes.

A core way in which clinical practitioners worked to engage children in the assessment process was using questions. By paying close attention to the design of the question and the nature of the response, the authors could make practical recommendations for those working in the field by showing examples of what happens when questions were framed in different ways. One example of this was a focus on how clinical practitioners ask questions about self-harm and suicidal ideation (a required part of the risk assessment; O'Reilly, Kiyimba, & Karim, 2016). In this article, they made a simple observation that in less than half of the cases, the child/adolescent was asked a question about self-harm and suicidal ideation, but the CA revealed how this question was asked in the 13 cases it was. The authors demonstrated that there were two main styles: an incremental approach—building up the conversation from inquiries about emotions to suicidal ideation—and externalizing the question as being a requirement of the institutional setting.

For example: O'Reilly (2016) suggested that externalizing the question as a requirement of the setting worked to minimize any potential negative impact that asking a question about self-harm or suicidal ideation may have. Consider the following example extract directly quoted from page 484 of the article.

Prac: This is a question we have to ask everybody an' I'm sure that you've been asked it before (1.38) when you feel (0.92) a bit frustrated or a bit sad (0.63) an' I know that you've punched walls before have you ever thought about (0.41) really hurting yourself

YP: no

In their analysis of this extract, O'Reilly, Kiyimba, and Karim (2016) argued that asking children about self-harm behavior as a risk assessment question is potentially accountable, evidenced by the way in which clinicians treat it. They showed that clinicians sought to normalize asking this question and externalized their reason for asking it with phrases like “we have to ask everybody,” indicating a lack of choice, an institutional agenda, and demonstrating that this individual child has not been singled out for the question. They argued that in this way, the context is oriented to and the question is designed in a more socially accepted way, which functions as a basis for asking about self-harm more directly. From this example, you should be able to see how sometimes the basis for a question being asked is stated in such a way as to manage accountability of the asking of that question, and how questions themselves can create trouble for the asker. By using CA, the authors could examine how questions about self-harm and suicide were asked in mental health assessments and explore this in sequential and interactional detail.

A second focus on questions in this setting was an exploration of the child's understanding of his or her presence in the setting (Stafford, Hutchby, Karim, & O'Reilly, 2016). The child's knowledge about his or her role in the assessment process and the reasons for being assessed has important implications for the trajectory and agenda of the appointment. Stafford and colleagues showed that when children were directly asked by the clinical practitioner for the reasons they believed they were there, a range of reasons were offered. The authors demonstrated that in some cases children used candidate diagnoses, sometimes they offered vague lay descriptions, but mostly they made claims to insufficient knowledge.

If you plan to undertake a study in child mental health, or even child physical health settings, there is a large amount of CA literature in this area. The work of O'Reilly, Karim, and their colleagues is a useful example of applied CA in child mental health. We thus encourage you to read these two references:

1. O'Reilly, M., Kiyimba, N., & Karim, K. (2016). “This is a question we have to ask everyone”: Asking young people about self-harm and suicide. *Journal of Psychiatric and Mental Health Nursing*, 23, 479–488.

2. Stafford, V., Hutchby, I., Karim, K., & O'Reilly, M. (2016). "Why are you here?" Seeking children's accounts of their presentation to CAMHS. *Clinical Child Psychology and Psychiatry*, 21(1), 3–18.

To better appreciate the perspectives of clinical practitioners using applied CA in their work and how this can be a useful approach for those working in practice as well as academia, Dr. Karim has written specifically about some of the benefits and challenges of using CA from a practice-based perspective, particularly in the field of medicine, and we recommend you read:

1. Karim, K. (2015). The value of conversation analysis: A child psychiatrist's perspective. In M. O'Reilly & J. N. Lester (Eds.), *The Palgrave handbook of child mental health: Discourse and conversation studies* (pp. 25–41). Basingstoke, England: Palgrave Macmillan.

We invited Dr. Karim to participate in an interview, and his responses are shared in Box 12.4.

## BOX 12.4

### INTERVIEW WITH DR. KHALID KARIM



Dr. Khalid Karim is a consultant child and adolescent psychiatrist with Leicestershire Partnership NHS Trust and a senior teaching fellow at the University of Leicester. Dr. Karim has research interests in neurodevelopmental conditions such as autism spectrum disorder and attention deficit (hyperactivity) disorder. Broadly, he is interested in child mental health and has recently begun to use applied CA in his research.

#### **What motivated you to use applied conversation analysis in your research?**

"Conversation analysis was not part of my training and was completely unknown to me until I worked with another academic (Michelle O'Reilly) who is passionate about this area. My initial response was quite skeptical, even being a psychiatrist where I know the use of words is important. However, I was surprised to find how much had been published using applied CA, and there were some very useful papers which I could use in my actual practice. A good example of this was the work on *any* and *some* by John Heritage and colleagues, which I use in lots of different settings from teaching to clinical work. The critique of active listening by Ian Hutchby was very interesting, and it showed that commonly used phrases like *active listening* are assumed as being understood by everyone, but this is not necessarily the case. Clinical applications such as the work by Markus Reuber on seizures was fascinating and showed that this rarely appreciated marginalized research method had something to offer to the wider clinical community but was unfortunately relatively ignored. Seeing the link between the ways in which words can be analyzed using this method and actual tangible outcomes has enabled me to see the

benefit of applied CA as a credible tool in improving patient care—if we take the time to use it and think about the outcomes.”

### **Why can it be helpful to involve practitioners as co-investigators, collaborators, or advisers on an applied CA project?**

“Despite being a clinical academic and enjoying the interplay between being an active researcher, teacher, and jobbing clinician, it is still patently clear on this enormous gulf between the research that is done and the implementation of it into clinical practice. The joke generally is that it takes 10 years for work to translate from research to the workplace. Many clinicians who are not involved in research still view it as an ivory tower, and the less well known the research method, and the less accessible the material is to read, the less likely it is to be implemented in practice. Despite my position, it is still essential to involve those who are working as practitioners and patients, and in my case their families, to ground what is being suggested in reality. In this way, the research will have some meaning to the wider community and will demonstrate benefits. This will also raise the profile of this research approach if it is seen as useful by the wider public and other colleagues.”

### **How can CA be seen as a useful methodology for practitioners who want to do some research of their own?**

“Most practitioners are a little bit research averse, particularly due to the other pressures of their jobs and because doing research can cause a lot of anxiety. Therefore, people tend to revert to methods they are familiar with, often from their undergraduate days, which unfortunately rarely contain applied CA. Even if it was spoken about, individuals rarely took part. Thus, three things need to be achieved. First, they need to see the value of this type of research, and therefore, showing good examples of applied work is essential. Second, they will need a lot of support to even start in this area, particularly as the literature can seem a little daunting. Third, they need considerable time to both obtain and analyze the data. This is not always easy, but recognizing the value of talk in our interactions is something that needs to be appreciated to a much greater extent.”

## **Future Directions of Applied CA**

---

While we have carved out some of the historical moments, key trends, and core practices related to applied CA, we recognize that what we have offered is an overview. We thus encourage readers to engage in continued study. In addition, we recognize that the area of applied CA research is relatively young and there remains much to be done at the level of methodology, theory, and practice. Like van Dijk (2006), we acknowledge that “scholarship is constantly changing, that fashions, theories and methods come and go, and that originality and renewal typically take place at the boundary of different disciplines or approaches or by combining different theories and methods” (p. 7). As such, we call for those of you working in fields perhaps not represented in our writing of this book and/or working in areas less familiar with CA to begin envisioning possibilities for pursuing applied CA research. We believe that applied CA offers analysts as well as various stakeholders a unique and relevant way



to make sense of everyday life, and, in some cases, work to change taken-for-granted interactional practices.

Applied CA is an important approach that is growing in popularity among academic scholars and those who work in fields of practice. In the future, there is great potential for CA's methodology to be integrated with external assessments from certain client groups, such as patients in health care (Drew, Chatwin, & Collins, 2001). Drew et al. (2001) recognized that researchers could combine the detailed analysis of communication in practical settings such as medicine with other qualitative methods such as interviewing patients about their expectations of such interactions so that comparisons may be made. Drew et al. argued that such a mixing of qualitative methods approaches (see O'Reilly & Kiyimba, 2015, for some discussion of this) may add a novel dimension to how medics understand the conditions for patient satisfaction. Furthermore, CA work is starting to be used to underpin quantitative evaluations (e.g., see Stivers & Majid, 2007) and to inform interventions to enhance health care (e.g., Sheon, Lee, & Facente, 2010), health communication practices (e.g., Heritage & Robinson, 2011; O'Reilly, Lester, & Muskett, 2017; Stivers, 2002), understanding of legal settings and processes (Auburn & Lea, 2003), and communication training for mediators and police (Stokoe, 2014), to name just a few.

We argue that applied CA has a bright future as the benefits and applications of it become more central to a range of disciplines. The growing number of CA studies has generated important and significant knowledge about the verbal and embodied communication practices and their consequences in relation to many areas of practice, such as health care and education (Parry & Land, 2013). There are a growing number of practice-based journals accepting articles using CA approaches and showcasing the important messages that facilitate practitioners in their daily business. By reaching out directly to those who work in practice, researchers can demonstrate the benefits of the approach but also impart some guidance on how to undertake this kind of work, hopefully encouraging practitioners to undertake their own CA work. Indeed, there are many practitioners in the field undertaking CA work and encouraging their peers to do so, and we provide just a few examples (some also have academic roles that we do not show here):

- Elizabeth Bromley, Adult Psychiatrist
- Katie Denman, Clinical Psychologist
- Sushie Dobbinson, Lead Forensic Speech & Language Therapist
- Khalid Karim, Consultant Child and Adolescent Psychiatrist
- Nikki Kiyimba, Senior Clinical Psychologist
- Tom Muskett, Speech and Language Therapist
- Anssi Peräkylä, Psychotherapist
- Markus Reuber, Consultant Neurologist
- Tom Strong, Family Therapist



However, while applied CA is growing and appealing to practitioners more and more, many studies are still framed in terms of sociological and linguistic concerns or theories, and the evidence has been largely confined to academic fields (Parry & Land, 2013). Parry and Land (2013) noted that CA knowledge and understanding from applied research should not be unavailable to practitioners working in the field, and this is a position we strongly agree with and hope this book helps practitioners to undertake their own applied CA work.

Indeed, we ourselves work in the fields of mental health research and education, and in so doing have partnered with practitioners in those fields to make our CA more applicable to those in practice. By working directly with practitioners, we envision that the learning process is bidirectional as we impart knowledge about the benefits of applied CA and simultaneously learn much more about the worlds we are observing. We strongly encourage this kind of partnership, which can serve to work to promote the impacts of applied CA research, spread the word about the value of applied CA, and ensure that you too learn from the experience.

## Chapter Summary

In this chapter, we shared four empirical examples of applied CA research. Drawing from diverse fields, these examples illustrate well how applied CA research can be applied in diverse and meaningful ways. Within our discussion, we included interviews with key scholars. In doing so, we sought to provide real-world, practical understandings of

the applied CA research and offer concrete ideas to consider when developing your own applied CA research studies. We concluded the chapter by pointing to several future possibilities of engaging in applied CA research. We summarize the key learning points in the next box.

## Learning Points From Chapter 12

- There are myriad empirical examples of applied CA research, including those focused on radio talk, mental health, and mediation.
- Applied CA has the potential to make important and useful recommendations for practically oriented disciplines.
- There are many fields in which applied CA research has yet to be applied.

## Conclusions

Across the book, we have sought to offer a practical guide for designing and carrying out an applied CA research study. In doing so, we have assumed that this book is one of many resources that you might access. In Chapter 1, we introduced CA generally and applied CA more particularly. In doing so, we provided an abbreviated history of CA and noted the varying ways that applied CA has been conceptualized (Antaki, 2011). While the focus of this book is not on the foundational principles or building blocks of CA but rather practical considerations for doing an applied CA study, we would be remiss to not at least mention some of the basic principles and building blocks of CA. Thus, in Chapter 2, we discussed some of the basic ideas central to CA. Chapters 3 and 4 offered important considerations for planning an applied CA study and engaging in ethical decision making. Chapters 5 through 7 introduced the core activities involved in designing and carrying out an applied CA study, which included a discussion of planning for and collecting data, transcribing data, and analyzing data. Notably, we devoted an entire chapter to discussing the ways in which digital tools can support researchers carrying out an applied CA study, with Chapter 8 introducing some key digital tools for supporting data collection, transcription,

and analysis. Chapter 9 offered practical insights related to establishing quality within a qualitative study, noting specific considerations for an applied CA research study. While discussions related to establishing quality in applied CA research are somewhat limited in the traditional CA literature base, we believe that it is a critical consideration when designing and carrying out an applied CA research study. Further, given this book's focus on an *applied* approach to CA, we devoted Chapter 10 to discussing the very notion of evidence in qualitative research generally and applied CA research specifically. In Chapter 11, we highlighted the various ways in which applied CA research might be disseminated and sought to offer practical advice for graduate students. Finally, in this chapter, we have provided multiple examples of applied CA research and pointed to possibilities for future directions of this kind of research.

Throughout the book, we have highlighted the value and the potential for practice-based impact of applied CA research. While we have pointed to the scholarship of several key CA scholars, we recognize that what we have shared here is partial and indeed positional. Thus, we encourage you to explore further literature that might be most pertinent to the work that you are interested in pursuing.

## Recommended Readings

We recommend you engage with the work of those who practice in applied fields as well as do CA research. Such an engagement will help you see some of the benefits of applied CA research as related to informing practice.

- Dobbinson, S. (2016). Conversations with an adult with features of autism spectrum disorder in secure forensic care. In M. O'Reilly & J. N. Lester (Eds.), *The Palgrave handbook of adult mental health: Discourse and conversation*

*analysis* (pp. 441–459). Basingstoke, England: Palgrave Macmillan.

This chapter is a useful example of a specific application of applied CA to exploring autism spectrum disorder in a clinical setting. Dobbinson is a practitioner, and thus this chapter offers useful insights into how a practitioner explored the clinical world using applied CA.

- Karim, K. (2015). The value of conversation analysis: A child psychiatrist's perspective. In M. O'Reilly & J. N. Lester (Eds.), *The Palgrave handbook of child mental health: Discourse and conversation studies* (pp. 25–41). Basingstoke, England: Palgrave Macmillan.

In this chapter, Karim provides an overview of CA from the perspective of a medical doctor examining

the potential benefits of the approach and providing a refreshing and interesting view of the approach. Notably, as a child psychiatrist, Karim offers a practical view of how applied CA research might inform and shape the everyday practices of a practitioner.

- Streeck, U. (2010). A psychotherapist's view of conversation analysis. In A. Peräkylä, C. Antaki, S. Vehviläinen, & I. Leudar (Eds.), *Conversation analysis and psychotherapy* (pp. 173–187). Cambridge, England: Cambridge University Press.

This is a similar type of contribution to the one written by Karim (2015), as Streeck is a psychotherapist who describes the utility of CA. Specifically, Streeck provides a personal view of the usefulness of CA and considers the benefits of this methodological approach.