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Word Selection and Social Identities in Talk-in-Interaction

Celia Kitzinger & Jenny Mandelbaum

This article examines connections between communication and identity. We present an analysis of actual, recorded social interactions in order to describe intersections between identity and vocabulary selection. We focus on how, in selecting or deselecting particular terms (e.g., cephalic, doula, cooker) speakers can display both their own identities and the identities of others. We show how these identities are constructed in part through speakers' selection and competent deployment of the specialist vocabularies associated with particular territories of expertise, how identities can be challenged when cointeractants presume understanding problems with specialist vocabularies, and how they can be defended (more or less vigorously) against such challenges with claims or displays of understanding. This conversation analytic approach to talk-in-interaction documents how specialist vocabularies can be deployed, in situ, in the construction of social identities. In describing how communication is used in the enactment and construction of identity, our findings contribute to the developing body of research specifying communication practices through which identity is constructed and showing how salient identities are made manifest in interaction.

Keywords: Conversation Analysis; Interpersonal Communication; Intersubjectivity; Language and Social Interaction; Recipient Design; Repair; Specialist Terms

The research reported here explores how people engage with the identity implications of vocabulary use in naturally occurring talk-in-interaction. We show that, and how, in selecting or deselecting particular terms (*cephalic*, *doula*, *cooker*) speakers are oriented to their own identities and to the identities of others, and we show the identity implications of making inapposite vocabulary choices. In describing *how*

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communication enacts and constructs identities, our findings contribute to the developing body of research specifying communication practices through which identity is constructed and showing how salient identities are made manifest in interaction.

There are multiple conceptions of “identity” coexisting across the social sciences (Gergen, 1992; Potter & Wetherell, 1987). Identity may be strongly related to features of culture (Geertz, 1973), may correspond with features of social structure, including class, socioeconomic level, education, gender, etc. (e.g., Giddens, 1993), or may have real psychological existence, and be a stable component of the self-concept (Tajfel & Turner, 1979; Widdicombe, 1998, p. 193). A communication-centered conceptualization of identity can be contrasted with theoretical approaches that see the structure of the self as an internalized reflection of the structure(s) of society or culture.

Communication practices and identity are powerfully interconnected (Tracy, 2002, p. 5). Researchers (e.g., Hecht, 1993) have noted that identity is “inherently a communication process and must be understood as a transaction in which messages are valued and exchanged” (Hecht, Jackson, & Ribeau, 2003, p. 230). Communication research has examined how communicators perceive their own identities, often in response to challenges and “fractures” of identity (e.g., Scarduzio & Geist-Martin, 2008), and how identity is connected through particular language use to certain social groups. Research across a number of domains has explored the association between language use and identity and the extent to which specific linguistic devices or resources (e.g., accented speech, prosodic features, tag questions, word selection) correlate with membership in and perceptions of particular social groups or identity categories (Bell, Buerkel-Rothfuss, & Gore, 1987; Bradac, 1990; Duck & Wright, 1993; Fenstermaker & West, 2002; Giles, Coupland, & Coupland, 1991; Goldsmith & Baxter, 1996; Hopper, Knapp, & Scott, 1981; Hopper & LeBaron, 1998; Lakoff, 1975; Mulac, Bradac, & Gibbons, 2001; Mulac & Lundell, 1994; Mulac, Seibold, & Farris, 2000; O’Kearney & Dadds, 2004; O’Neill & Colley, 2006; Tracy, 1997, 2002). Recent research increasingly moves beyond the idea that identity categories simply determine language to the constitutive (Craig, 1999; Duck, 1994; Mokros, 2003), constructionist (Cameron, 2006), or performative (Bucholtz, Liang, Sutton, & Hines, 1994; Butler, 1999) perspectives, proposing that language can be actively deployed to produce (or conceal) identities (Koenig Kellas, 2005; Tracy, Myers, & Scott, 2006). From this perspective, then, identities are collaboratively constructed, moment-by-moment, by social actors in interaction.

Surprisingly, given the long-standing research tradition documenting the existence of specialized vocabularies (commonly referred to as “argot,” “jargon,” “lingo,” or “cant”) associated with particular social subgroups including occupations (Dingwall, 1976; Kerrick, 1980), and deviant, underworld, or criminal subcultures (Becker, 1967; Farrell, 1972; Fleisher, 1972; Russell & Murray, 2004), there is very little research on how specialized vocabularies are actually deployed between social members in naturally occurring interaction. Rather, studies tend to rely on questionnaires used to compile glossaries (e.g., Farrell, 1972), interviews about the meaning of terms (e.g., Gourley, 2004; Russell & Murray, 2004), ethnographic reports glossing remembered

usages, testing knowledge of vocabulary and correlating it with variables like gender, race, age, and social class (e.g., Fleisher, 1973), or experimental designs (Palomares, 2004, 2008).

Conversation analysis (Atkinson & Heritage, 1984; Heritage, 1984b) is ideally suited to the study of lexical choice in actual social interaction, as this approach has a long history of research on how speakers in naturally occurring talk-in-interaction select particular words or formulations according to principles of “recipient-design,” i.e., with reference to what they take it their co-conversationalist does and does not know (Sacks, Schegloff, & Jefferson, 1974, p. 727; Schegloff, 1984, p. 50). Conversation analysts have shown that references to persons, for example, are made “with an eye to who the recipient is and what the recipient knows about the reference” (Schegloff, 1996b, p. 459).

In this article we extend work on language and identity in two key ways. First, we show how practices for selecting words to refer to quite basic, nonintimate matters can also be used to index and evoke social identities. That is, in choosing particular reference terms over others (e.g., “doulas” rather than “women who provide woman-to-woman care during childbirth”) communicators implement and invoke territories of expertise (Drew, 1991; Heritage, 2011, 2012), indexing who they take themselves and the other to be, and who they take it they are to one another. Second, we show how identities are not the static possessions of individual speakers but are negotiated, challenged, and affirmed in interaction. Finally this study also contributes to conversation analytic work on intersubjectivity and repair (i.e., how “understanding” is claimed, displayed, treated as incorrect, and remediated; e.g., Drew & Sorjonen, 1997; Lerner, 1991, 1996, 2002; Sacks, 1992, pp. 425–430; Schegloff, 1987, 1992, 2000) and identity in interaction (Raymond & Heritage, 2006).

Data and Method

Our data are drawn from a large collection of field recordings of naturally occurring conversations (overwhelmingly by native speakers of either American or British English) that took place over the phone (audio-recordings) or face-to-face (video-recordings) in both everyday casual settings, and in “institutional” encounters (e.g., courtrooms, helplines).

We selected for analysis those episodes in which speakers could be seen (through the particulars of their interactional conduct—what they actually said or did) to be oriented to issues of understanding (or lack of understanding) of particular lexical items. In our data this included, for example, speakers who displayed understanding problems by:

- asking what a word means (e.g., of “transverse arrest,” “Sorry, what does that mean?”; of “Pomeranian,” “What’s that?”—or, repeating the problematic term—“What’s ‘suturing?’”; “What’s a creeping Charlie?”; “what’s a ‘gwaff?’”; “what’s ‘Kwanzaa?’”; “Tell me what ‘MLB’ is”)

- claiming not to know the meaning of a term (“I don’t know about the cooker,” Extract 12)
- checking their understanding of a term that the other speaker has just used (e.g., “‘Presentation.’ Meaning which way’s it lying and stuff?”)
- displaying difficulty in using a term, or using it incorrectly (e.g., “that big word you just said,” Extract 7; “is that how you say it?, Extract 10; “melancholim, is it?” (Extract 11); “mammographies are they called?”; “is it the ‘fundus?’”; “‘failure to proceed’ or whatever they call it.”

Conversely, speakers can display an orientation to whether or not a recipient can understand a term by:

- asking their addressee whether they understand the meaning of a word (e.g., “Do you know what ‘terracotta’ is?”; “Do you know what ‘douglas’ are?,” Extracts 1–3; “Have you heard of HELLP syndrome?”; “have you heard of ‘preeclampsia?’,” Extract 5)
- telling their addressee what the word means—sometimes very explicitly, taking a whole sentence to do so (e.g., “A plectrum is what they pluck the guitar strings with;” “you know, the warp are the long pieces”), but more often in our data by incorporating the “lay definition” into the unit of talk, e.g., “I’ve just been reading something by a research obstetrician in Australia called “VBAC”—that’s vaginal birth after caesarean section;” “I had a bicornuate uterus which is two halves;” “They put me on Risperidone, an anti-psychotic;” “Savoy, a cabbage”)
- designing their talk to avoid using a word that might cause understanding problems (e.g., changing a question from “it’s a cephalic presentation isn’t it?” to “the baby’s head down?,” Extract 6; or using “waters from up above the baby’s bottom” instead of “hind waters,” Extract 7).

We have a collection of more than 140 cases such as those above drawn from a wide range of different contexts. Ordinary conversational contexts usually involved (mostly) field recordings of family/friends talking over meals (e.g., [mostly] videotapes from the classic conversation analytic corpora known as “Stew Dinner,” “Chicken Dinner,” “KC,” and “Virginia”) or on the telephone (e.g., from the conversation analytic corpora known as “NB,” “Kamunsky,” and “Holt,” as well as data collected specifically from lesbian households, see for example Land & Kitzinger, 2005). Talk in institutional context included field recordings of out-of-hours calls to a doctor (Kitzinger, 2005), videotaped interaction in a beauty salon (Toerien & Kitzinger, 2007), lesbian and gay awareness training sessions (Kitzinger & Peel, 2005), and telephone helpline interactions (Kitzinger, 2011).

We transcribed our data using the transcription system developed by Jefferson (1984, 2004) (see Appendix). Our analysis looked for regularities and differences in the ways in which lexical items were deployed and responded to (see, for exemplars of this technique used to analyze other interactional practices, Bolden, 2009; Robinson, 2006; Schegloff, 1996a; Stivers, 2004) with a specific focus, for the purposes of the

present study, on those cases in which communicators displayed some orientation to the implications of word selection for identity.

Conversation analysts often work with corpora that include multiple recordings of the same participant speaking with different speakers (e.g., Curl & Drew, 2008; Drew, 2006; Drew & Chilton, 2000; Heritage, 1990/91; Hopper, 2005; Kitzinger, 2005; Raymond & Heritage, 2006; Wilkinson, 2011) and benefit analytically from the opportunity this affords to make comparative observations. Our large collection of calls to a single call-taker on a Birth Crisis helpline enabled us to compare the same speaker's vocabulary choices over conversations with a number of different speakers. This enabled us to verify that this speaker did indeed know and understand certain words (as evidenced by her appropriate deployment of them on some occasions), and to see how she was specifically oriented to issues of identity when she avoided them or treated them as "specialist" terms on occasions of use. Therefore, a somewhat disproportionate number of extracts displayed in this article draw on these Birth Crisis helpline interactions, as they enable us most clearly to display how identity may be constructed through word selection practices.

Analysis

How Word Selection is Implicated in Identity Construction

In the data set drawn from the Birth Crisis helpline, the word "doula" was frequently treated as a word that might not be understood—as in Extracts 1–3 between a single call-taker and four different women calling the Birth Crisis helpline. In each, the call-taker asks the caller whether she knows the meaning of the word "doula".

[1] Doula-1
 [#7 BCC 04]
 ((Call-taker is listing the occupations of the other call-takers on the Birth Crisis helpline))
 01 Clt: I mean they're N-C-T teache:rs a:[nd] u:m=
 02 Daw: [yeah]
 03 Clt: .hhhhh post-natal (.) people'n breastfeeding
 04 → people'n [.hhhhh] doulas? D'you know what=.
 05 Daw: [Yes]
 06 Clt:→ =doulas are.
 07 Daw: No:.=
 08 Clt: =Well they offer (.) woman-to-woman care in childbirth
 09 along wi- you know just being another woman friend.

Even before the speaker asks directly about her recipient's understanding ("d'you know what doulas are," line 4), *doula* is distinguished from all other items in the list of which it is a part by its prosody. The upward intonation on *doula* parallels "try-marking" in references to persons, i.e., the production of a person's name (or other recognitional referent) with upward intonation (Sacks & Schegloff, 1979; Schegloff, 1996b) in an effort to secure recognition. Whether or not the term *doula* in fact turns out to be a term the recipient understands (and in Extract 1, line 7, the recipient

confirms the speaker's suspicion that she may not), the speaker is here showing herself to be oriented to the possibility that she may not. In so doing, she raises the possibility that her interlocutor may not be (and can reasonably be expected not to be) fully competent in the expert domain of childbirth.

Similarly, in Extracts 2 and 3, the word "doula" is treated as perhaps problematic for the callers. In both, the call-taker starts to produce the word (just the first sound in Extract 2, the first syllable in Extract 3) and cuts off to check her recipient's understanding.

[2] Doula-2
[BCC 797]
(Mother calling for help for her daughter who is pregnant again after a traumatic first labor - the call-taker suggests first an independent midwife and then a doula))
01 Clt: If you want to get into a website .hhh www dot
02 independent midwi::[ves .hh] d-dot o:rg dot=
03 Viv: [y e a h]
04 Clt: UK..
05 (3.0)
06 Clt:→ .hhhh Now the other thing is uh d- do you know
07 about doula:s hhh
08 Viv: Pardon;
09 Clt: Do you know about doul:as.
10 Viv: No.
11 Clt: .hhh Well these are birth compa- paid birth compa:nions
12 who::: w- will be with the woman and be her >as it were<
13 advocate; .hh and tend to her personal nee:ds .hh and
14 they work along with the midwife but they are- it's
15 woman to woman stuff...

[3] Doula-3
[BCC 500]
(Caller reports having been diagnosed with PTSD after childbirth))
01 Car: Because they- they- y'know eventually they
02 did say: the doctors said this is post
03 traumatic stre:ss syndrome.= 'n:[so I start]ed=
04 Clt: [mm hm]
05 Car: =looking for that 'n=mmm .hh of course. I: started
06 looking at this a:fter September eleven:th, and came
07 up with: [.hh]all sorts of we:bsites from=
08 Clt: [>huh uh<]
09 Car: =the Sta:tes.'n [(during)]
10 Clt: [A::h]ye:s. I in fa:ct have
11 been doing some wo:rk there. mn·hhh becau:se the doo-
12 → d'you know what dou:las a:re;
13 (0.2)
14 Cal: No:.=
15 Clt: =hh Well they're women who are: >wi:th other women<
16 in childbirth.= to: support them: 'n:d give >woman to
17 woman< ca:re.< alongsi:de the midwife. [m.h]hh neh
18 Caller: [mm]
19 Clt: =and the doulas in New Yo:rk pt·hh asked me if I could
20 >do anything< to he:lp by giving references to:: .hh
21 distress after this kind of experience

Notice that in all three of the cases presented so far—as is generally the case across the corpus—the caller does *not* know what the word “doula” means. Contrast this with Extract 4, in which the caller (Paula) uses the term *doula* (line 2) in the confident supposition that the recipient (the call-taker) will understand it—and this supposition is not disappointed, as the “mm hm” in line 3 passes up the opportunity to initiate repair and also acknowledges the information. For these cointeractants, “doula” is not “specialist” or uncommon but ordinary. In this way a term that might be “technical” and hard to understand for nonchildbirth experts (as we have seen in Extracts 1–3) is brought off as an ordinary term for these interactants.

[4] Doula-4

[BCC 178]

- 01 Pau: Hi:: uhm (.) I wonder if you could help
 02 → me.=I'm working as a doula i[n (.)] in
 03 Clt: [mm hm]
 04 Pau: West London and (.) a baby has just die:d.
 05 Clt: Oh I'm so so:rry:. Tell me about it.

In Extract 4, there is no indication that the use of “doula” is identity implicative. We can only see that this may be so by comparing it with Extracts 1–3, in which the same call-taker treats the same term (“doula”) as potentially problematic for her recipient, thereby displaying her understanding of it as a “specialist” term for a recipient who is not a member of the identity category of “childbirth experts”. In Extract 4, by producing the term “doula” without treating it as in any way problematic, the caller (a childbirth expert herself) treats the call-taker as someone who understands the term, and the call-taker apparently does understand it. In this way the caller indicates a tacit orientation to the call-taker’s status as a childbirth expert. Here, then, we see the competent, unproblematic production (by the caller) and understanding (by the call-taker) of the term “doula.” This contrast shows how displayed problems with a term provide us with access to something that would be invisible but for the comparisons afforded by the instances in our collection of specialist terms.

As Schegloff, Jefferson, and Sacks (1977) note, anything is in principle repairable. Here we focus on a subset of repairables that we can see interactants orienting to in their talk as specialist terms, thereby displaying their understanding of their interlocutor as a competent incumbent in a membership category (Sacks, 1972, 1992) (such as, in Extract 4, “Childbirth Expert”), for whom the term is expectably accessible, or (as in Extracts 1–3) as a possible nonincumbent for whom the term may be an inaccessible “specialist” term. Our discussion shows how the specific ways in which speakers produce terms brings the terms off as “specialist,” rather than “specialist” being a property of the term itself. How a term is used indicates the speaker’s assumptions about their interlocutor’s incumbency in certain membership categories, since along with that membership came expectable sets of knowledge and competencies.

Underassuming Recipient's Expertise

When speakers display the presumption that the recipient may not understand the meaning of a term, they are displaying a judgment both about the lexical item (as a “specialist” one) and about the knowledge, expertise, and competence of their co-conversationalist. That presumption can be displayed via an overt question about the recipient’s understanding (Extracts 1–3 shown earlier, and Extract 5 below) or by reformulating (in nonspecialist terms) a term the speaker is thereby treating as potentially problematic (Extract 6) or by hearably avoiding the use of a specialist term (Extract 7). In some such instances, the identity implications of this judgment come to the fore. We show three such examples, all from conversations recorded on a Birth Crisis helpline: The terms that are treated as “specialist” in these instances are *preeclampsia*, *cephalic presentation*, and *hind waters*. Despite the fact that in each case understanding is or could be achieved without the specialist term, interactants show a keen sensitivity to the competence and identity implications embodied in the knowledgeable use of specialist terms.

In Extract 5 the speaker is a caller to the Birth Crisis helpline. After finding that the call-taker does not understand the term “HELLP syndrome”—treated from the outset as a “specialist” term (the term she is on the brink of producing, but avoids at line 10), she underassumes her recipient’s ability to understand a much more straightforward term—the word “preeclampsia”—which she had initially treated as unproblematically accessible (line 14, “Have you ever heard of HELLP syndrome. (0.2) Uhm p- in pregnancy which is a:: a more further complication of preeclampsia;”).

[5] Preeclampsia

[#56 BCC 255]

- 01 Daw: I got your telephone number from- .hhh from
 02 information that I've ha:d for a:w I dunno
 03 must be at least eight months I suppose
 04 Clt: mm hm
 05 Daw: from an- uhm (0.5) something that was in the
 06 Daily Mai:l. .hhh And I wonder if you KNow
 07 o:f anybody uhm who: (.) runs a support
 08 network >I don't even know whether I'm going
 09 along- along the right lines with you< uhm for
 10 people that have suffered fro:m: uhm mcht Have
 11 you ever heard of HELLP syndrome.
 12 (0.2)
 13 Daw: Uhm p- in pregnancy which is a:: um a more
 14 further complication of preeclampsia;
 15 Clt: Oh. No I haven't.
 16 Daw: Oh you haven't.
 17 Clt: .hhh No tell me about it.
 18 Daw: ooh where do I start reall[y. Uh]m =
 19 Clt: [hah!]
 20 Daw:→I had uh .hhh have you heard of preeclampsia.
 21 Clt:→Well of course yes.
 22 Daw: Yeah you've heard of preeclampsia. Well it's

23 a further complication of that where it affects
 24 your blood supply: .hhh and your vital organs.
 25 Clt: O[h.]
 26 Daw: [An]d they all start giving ou:t.

At line 20 the speaker calls into question her recipient's understanding of preeclampsia ("have you heard of preeclampsia") resulting in a somewhat "piqued" response (line 21, "well of course yes") from her recipient, and an indication that the question about whether or not the recipient understood *preeclampsia* was misplaced ("well of course" line 22; see Raymond, 2003, on type nonconforming responses). The call-taker is quick to assert her understanding of "preeclampsia," a common condition in pregnancy, indicating that this knowledge should have been assumed. This is followed by an indication from the speaker that the question about whether or not the recipient understood *preeclampsia* was misplaced (line 22, "Yeah you've heard of preeclampsia"). With this she shows that she is accountable for having misjudged her interlocutor's familiarity with the term, incorrectly undersupposing her expertise.

Similarly, in Extract 6, the speaker (the call-taker on the Birth Crisis helpline) at first uses the term "cephalic" (line 29) in the confident supposition that the recipient ("Milly," who has said at the outset of the call that she is a retired midwife) will understand it. She revises this supposition when her recipient initiates repair (Schegloff et al., 1977) ("Sorry," line 30).

[6] Cephalic presentation

[#47 HB68:33:00]

01 Clt: ↑A:nd you know the home birth rate is going up in
 02 this country now:
 03 Mil: Sorry:
 04 Clt: .hhh The home birth rate is: going up.
 05 (0.5)
 06 Mil: Yuh [pyuh
 07 Clt: [pt .hh It's now:: .hh three point (0.5) I
 08 think three point: six?:
 09 (.)
 10 Clt: Or three- It's arou:nd three point fi:ve.=anyway. .hh
 11 and i- i- only:: (.) two years ago: it was- it was
 12 only two:: percent.
 13 Mil: Right. Right. .hh y'see the- the- the only other
 14 thing I've been concerned for Janet's is if she:
 15 has: uh if the cord descends at all
 16 Clt: .hhh[h
 17 Mil: [eh[:m]
 18 Clt: [Mm]::
 19 (0.5)
 20 Mil: and I- and I've actually told 'er what to
 21 do: [if the cord d[escends.=I've- going on=
 22 Clt: [You have. [Good.
 23 Mil: =all fou[rs.=and all][sort of the thi]ng=
 24 Clt: [Yes][.hhh]
 25 Clt: =Bottom up. Bottom up. (Y)eh. M[m hh
 26 Mil: [Yes a:nd u::m (0.2)

27 yiknow it depends: (.) yihknow [()]
28 Clt: [·hhh But- but-] i-
29 → it's a cephalic presentation i:sn't i:t.
30 Mil: Sorry
31 Clt:→ hh uh the baby's head down
32 Mil: Yes he's cephalic, y(es ())
33 Clt: [·hh Yes, ·hhh] a::nd u::m not
34 posterior.
35 (0.9)
36 Mil: No:t that I'm aware of.=
37 Clt: =No

The repair initiations at lines 3 and 30 are both open-class repair initiations (Drew, 1997) in which Milly says *sorry* (with upward intonation) but in the first instance (line 3) the call-taker treats this as evidence of a hearing problem and does a (near) repeat of her prior turn, whereas in the second instance (line 30) the call-taker treats the identical form of repair initiation as evidence of an understanding problem, and reformulates her prior turn to avoid what she thereby displays as being the potentially problematic term, *cephalic presentation*, replacing “it’s a cephalic presentation” (line 29) with a less technical version of the same question: “hh uh the baby’s head down,” (line 31). The management of “trouble” in this interaction involves the call-taker first displaying an assessment of the caller as having adequate professional expertise to understand the term “cephalic,” a term the understanding of which is taken for granted by members of the identity category “midwife” (of which the caller has reported herself to be a (retired) member). The call-taker’s reformulation of a “cephalic presentation” as “the baby’s head down” displays her revised evaluation of Milly’s capacity to understand the term, and Milly hears it that way: Her reissuing of the term in her own right (line 32, “Yes he’s cephalic”) is an attempt to remedy the image of her that she now understands the call-taker to have. She uses the call-taker’s reformulation to retrieve what the initial term must have been and in producing it herself in line 32 she recasts as a problem of hearing what the call-taker had treated as a problem of understanding. Instead of simply confirming that the baby is “head down” (i.e., cephalic) (which would enable their current professional business to proceed smoothly), she revives the original, more technical term (“cephalic”) as a replacement for the reformulated version, thereby displaying—indeed, insisting on—her own knowledge base and (thereby) her professional identity. She is perhaps successful in rehabilitating herself to the extent that the call-taker uses the “specialist” term “posterior” (line 34) (which, in other calls, is avoided or becomes a trouble-source term) in formulating her next question. Despite a gap before Milly responds (line 35), the call-taker does not initiate repair on “posterior,” thereby perhaps displaying herself to be alert to the identity implications of Milly’s prior use of the term *cephalic* and to the identity shifts that terminological shifts may imply.

The identity implications of avoiding a specialist term (as in the reformulated version in Extract 6) are vividly exemplified in Extract 7 in which the speaker (the call-taker on the Birth Crisis line, and thus, as we have seen in other extracts, a childbirth expert) circumlocutes to avoid (what is thereby produced as) a specialist

term. She uses the phrase “waters from up above the baby’s bottom” (line 12) and “above the baby’s bottom” (line 16) to refer to what the recipient subsequently names as “hind waters” (line 20). We join the interaction as the call-taker asks the caller, who is nearing her expected date of delivery and has a worrying vaginal discharge, a diagnostic question in line 1: “Wh- Wh- How does it sme:ll.” In lines 2–3 the caller provides a description of the discharge as “slightly sticky: hh yellowish:.” and the call-taker in lines 6–7 uses this as a basis for ruling out urine. The call-taker then suggests other possible sources of the discharge: either “waters from up above the baby’s bottom” (lines 10–12) or “water from down in front of the baby’s head” (lines 14–17). In seeking to reassure the caller that she may not yet be going into labor (lines 15–17), she formulates the possible source as “the bit above the baby’s bottom.” In referring both to “water from down in front of the baby’s head” and to “the bit above the baby’s bottom” the call-taker uses circumlocutions or vernacular rather than specialist terms. This is apparent when the caller responds with a report of having speculated about the same possibility, but uses the specialist term “hind waters” in place of the call-taker’s circumlocution: “Yes. I did wonder whethe:r is it hind waters,.”

[7] Hind waters

[#23 BCC 379]

- 01 Clt: Wh- Wh- How does it sme:ll.
 02 Bel: mcht .hhh Uhm (0.2) .hhhhh! .h How does it
 03 sme:[ll.] There’s a slightly sticky: hh =
 04 Clt: [.hh]
 05 Bel: yellowish:.
 06 Clt: .hhh u::h (.) ye:s: (.) That’s not terribly
 07 sp- That’s not likely to be uri:ne then is it.
 08 Bel: Don’t think so no.
 09 (.)
 10 Clt: No. .h[hh But you see it could b]e: .hhh=
 11 Bel: [(It doesn’t smell) like urine.]
 12 Clt:→=waters from up abov::e the baby’s bottom
 13 Bel: mm [hm]
 14 Clt:→ [.hh] Or it could be water from down in
 15 front of the baby’s head. .hhhh Sometimes when
 16 it comes from .hh the bit above the baby’s bottom
 17 [.hhh] it leaks and then seals itself up again.
 18 Bel: [mm hm]
 19 (.)
 20 Bel: Yes. I did wonder whethe:r is it hind waters,
 21 [()]
 22 Clt: [Yes, that’s right. Yes I’m sorry] I should be
 23 E using the correct termino(h)logy. Ye(h)s.

This data fragment offers compelling evidence for a speaker’s orientation to recipient design considerations. The call-taker’s use of “waters from above the baby’s bottom” instead of “hind waters” is comparable to the use (in referring to persons) of a recognitional descriptor (e.g., “that girl he used to go with”) rather than a name (e.g., “Alice”) (see Schegloff, 1996b, pp. 460–464)—thereby displaying a presumption that

the term is unknown to the recipient. As Schegloff (1996b) has shown, there is a preference for the use of name over recognitional description, if possible—i.e., if the recipient is (or should be) supposed to recognize the person from the name used, then that name should be used. The practice whereby recipients of recognitional descriptors produce names ostensibly for confirmation (by the speaker of the recognitional descriptor) that the name reference is correct is both evidence for and an embodiment of that preference in person reference (see Schegloff, 1996b, p. 461). So too with reference to the substance under discussion here: The proper name “hind waters” is preferred over the recognitional descriptor “water from above the baby’s bottom,” if possible—and here it turns out to be possible because the speaker has designed her talk for a less knowledgeable recipient than Belinda turns out to be. In producing the circumlocution, the call-taker has apparently underassumed her recipient’s competence with the specialist term, thus implying lack of competence and non-coincumbency in the identity category of childbirth expert that would be implied by use of this term. When the speaker does not implement the preference for the proper term, it is implemented by the recipient. At line 20 she first receipts the speaker’s explanation without displaying that it tells her anything new (as an “oh” would have done; Heritage, 1984a), and then reports that she had already considered the possibility raised by the call-taker. While the conversation apparently could have proceeded with mutual understanding without using the specialist term at all, in using the proper name, “hind waters”—tactfully deferring to the expertise of the call-taker by ostensibly providing the term with a display of uncertainty as to its correctness, “is it hind waters”—the caller displays an orientation to a preference for using specialist terms when possible, and thereby coincidentally demonstrates expertise in this domain that the call-taker’s use of a circumlocution indicated she supposed the caller not to have. In using the specialist term here, the caller reveals her understanding that the call-taker may have “hearably” avoided using it. That is, the avoidance is thus revealed as hearable to and by the caller, and so becomes a resource for us in analyzing the interaction. In lines 22–23 the call-taker displays her orientation to this by (laughingly) apologizing for not using “the correct terminology.”

The interactional reverberations of a speaker’s failure to use a proper term (where it turns out the recipient could understand it) seem somewhat greater than those that follow a speaker’s failure to use a proper name (where it turns out the recipient could recognize it)—at least based on data displayed in this section of our paper and those cited in Schegloff (1996b). In the six examples cited in Schegloff (1996b, pp. 461–463) in which speakers—as it turns out erroneously—produce (or start to produce) a recognitional descriptor that is subsequently replaced with a name, there is nothing as interactionally notable as in Extract 7. Here the call-taker hears Belinda’s turn using the specialist term instead of the circumlocution as a rebuke, and she responds to this, substantially delaying the progressivity of the sequence—persisting over seven beats of overlapping talk until Belinda drops out—with an acknowledgement that Belinda has used the proper term and an apology in line 23 for failing to use “the correct terminology” herself. Whereas a speaker’s supposition that a recipient may

not know a person is (often) simply correctable, a speaker's supposition that a recipient may not understand a proper term may be treated as offensive—indeed, it may constitute the main substance of a complaint against that person, as in Extract 8. Here Polly, a caller to the Birth Crisis line reports a doctor introducing himself to her by saying “Hello I’m the baby doctor” (line 9). In lines 12–14 the call-taker shows herself to understand this as the doctor indicating that he takes it that Polly does not understand the language, by voicing Polly saying “I understand the language,” and Polly in lines 15–16, “And I just hated I hated being patronized” indicates that she understood this circumlocution by the doctor as being patronizing.

[8] Paediatrician

[#5 BCC 369]

- 01 Pol: I hated being treated .hhhh I mean hhh! It
 02 sounds awfully snobby to say this but .hhhh
 03 because of the area I live i:n [uhm] they=
 04 Clt: [mm]
 05 Pol: =treat everyone I think (.) uhm to the lowest
 06 common denominato:r.
 07 Clt: [m m h m. [mm hm.]
 08 Pol: [So I >remem[ber them] coming in and saying<
 09 .hhh “He:llo: I:’m the: ba:by: docto:r.”
 10 [’n I’d say] “You can say ‘paediatrician’ it’s=
 11 Clt: [Oh m(h)y:]
 12 Pol: =oka:y I’m- you know [I’m ()
 13 Clt:→ [ɛ “I understand the
 14 →language yes!”
 15 Pol: You know and I just ha:ted (.) I hated being
 16 patronised. ‘N .hhh it sounds like I’m really
 17 arrogant but I just wanted to be treated (.)
 18 you kno:w (.)
 19 Clt: mm:.
 20 Pol: sort’v as an inte(h)lligent wo(h)man
 21 ba(h)[sically.]
 22 Clt: [Of course.]

Speakers may simply be treated as mistaken in supposing that a recipient does not know the name of a person, but are often treated as insulting or patronizing in supposing that a recipient does not know the meaning of a word. The use of a less “specialist” term (“head down” instead of “cephalic,” “waters up above the baby’s bottom” rather than “hind waters” [Extract 7]; “baby doctor” rather than “pediatrician” [Extract 8]) is treated as evidence of the speaker’s supposition that the recipient is less educated, knowledgeable or competent than she displays herself to be.

Displaying Lack of Expertise

Competent use of a specialist term can be a way of enacting or claiming a particular identity for oneself or one’s interlocutor, but difficulties in using a term may be a way of displaying one’s own lack of competence with a “specialist” domain. This can be an *inadvertent* display of lack of expertise in a particular domain when a speaker selects

what (for the speech community concerned) is the “wrong” term—and it can have potentially serious identity implications. In both Extracts 9 and 10 the recipient corrects one specialist term with reference to its relationship to another—clarifying for the speaker the difference between “motor” and “engine” in Extract 9 and the synonymous nature of “toxemia” and “preeclampsia” in Extract 10.

[9] *Engine*

[from Jefferson, 1987 p. 87]

01 Ken: And they told me how I could stick a th-uh::
 02 Thunderbird motor? (0.5) in my Jeep? And
 03 →I bought a fifty five [Thunderbird motor.
 04 Rog:→ [Not motor, engine.
 05 You speak of [electric motor and a gasoline engine.
 06 Ken: [Okay

[10] *Toxemia*

[#18 BCC 3]

01 Kat:→... <I suffered (0.2) toxemia pre-eclampsia (.)
 02 you name it. I suffered it.
 03 (.)
 04 Clt:→Toxemia IS pre-eclampsia by [the way]
 05 Kat: [Oh sorry] yes.
 06 [()]
 07 Clt: [It's alright I just]= SAY that because if you're
 08 dealing with paralegal (.) things and everything
 09 it's: important to know.
 10 Kat: mm[m]

These are instances of other-correction (i.e., other-initiated other repair which is usually strongly dispreferred; Schegloff, et al., 1977). In both instances it is somewhat delayed, and in the “counseling” context of the Birth Crisis helpline of Extract 10, it is mitigated with “by the way” (in line 4, treating the correction as incidental to the main business of the call) and accounted for as being in the recipient’s own best interests (lines 7–9: “because if you’re dealing with paralegal (.) things and everything it’s: important to know.”). For our purposes here, they show how speakers can (inadvertently) reveal to their recipients, through their inapposite word selection, that they are not fully competent members of some domain of expertise (in these cases cars and childbirth).

As Drew (1990) has shown, speaker’s claims to uncertainty about the meanings of words can also be strategically oriented to the identity implications of competent usage. Extract 11 is taken from a drug trial in which the speaker apparently comes to realize that her competent use of the term “works” makes inferable her own “guilty knowledge” and expertise in the domain of drug dealing. The speaker, the witness, is a codefendant with her daughter on a charge of possessing heroin. During her cross-examination she mentions that her daughter has been in trouble with the police prior to this charge. She is then asked in line 1, “What kind of trouble,” and in lines 2–3 she reports, “She was just found with some works in her pocket.” In asking “where did you pick up the slang

expression works” (lines 4–5), Counsel treats the Witness as having displayed familiarity with an argot term used by drug addicts, and thereby as revealing “guilty knowledge:”

[11] Cooker

[O'B:WD:6 in Drew 1990: 44]

- 01 Cou: What kind of trouble
 02 Wit: She was just found with some works
 03 in her pocket ()
 04 Cou: Works eh now wher- where did you pick
 05 up the sla::ng expression works
 06 Wit: I've heard it u:sed quite frequently=
 07 Cou: =What's meant by the term works
 08 Wit: It means uh a nee:dle
 09 (1.6)
 10 Cou: A syringe?
 11 Wit: Yes sir
 12 Cou: An cooker.
 13 Wit: Ye- I don' know about the cooker
 14 Cou: Pardon
 15 Wit: I don't know about the cooker

Having answered in line 8 that “works” (line 2) means a needle, the witness is prompted to agree that it includes also a syringe (line 10) and is then asked whether in addition it means a “cooker” (line 12). She provides something that is hearably the beginning of an affirmative answer but cuts that off before completion, “Ye-.” She substitutes instead the answer that she does not know. By *not* confirming that she knows that the meaning of “works” includes “cooker,” it appears that she is attempting to minimize the appearance of familiarity with an argot term used by drug addicts, and thereby to conceal her own possible (and incriminating) identity as a drug addict (see Drew, 1990, for this analysis).

Finally, a display of unfamiliarity with specialist vocabulary can be a way of enacting deference—a performance of ignorance relative to a recipient presumed to be an expert in the relevant domain. In Extract 12, a speaker (a caller to a helpline) is engaged in a particularly blatant display of her own nonexpertise in relation to the person she is treating as the knowledgeable expert.

[12] Fibromyalgia

[C006 SW]

- 01 Clt: .hhh Hello Fibromyalgia Association Gill
 02 speaking.
 03 Mar: Hello. Uh My name's Mrs Maria Smithson
 04 (.) uhm I can't say that big word you just
 05 said but I [()]
 06 Clt: [huh huh huh] Maria just
 07 before we go: may I ask your permission to
 08 record this call for training and research
 09 purpos[es.]
 10 Mar: [Ye]s. [(You may.)]
 11 Clt: [Is that] alri:ght;

12 Mar: That's fi:ne.
13 Clt: Thank you:. How- How may I help you.
14 Mar: Uh Now I was wondering uh: with that big
15 word fyou just sai(h)[d]
16 Clt: [Fi]bro:myalgia?
17 Mar: That's ri[:ght!]
18 Clt: [Ye:]s:
19 Mar: Well I've been suffering with it for
20 about three years and it's (.) getting
21 a lot worse than what it used to be....

The call opens with formal (institutional) identification from the call-taker that incorporates the name of the illness the caller suffers from (fibromyalgia), followed by the call-taker's own name (lines 1–2). After a reciprocal self-identification (line 3) the caller launches her problem presentation with a claim not to be able to “say that big word you just said,” lines 4–5)—responded to with laughter by the call-taker who then interrupts to get consent for recording (lines 6–13). When the problem presentation slot reopens (after “How may I help you?,” line 13), the caller again claims to have a problem with “*that big word you just said*,” such that the call-taker produces it again, enabling the caller to present the reason for her call using the locally subsequent indexical (“it”) for the name of her illness. She never uses the name of her illness throughout the interaction. In other cases (Extracts 14 and 15), speakers use technical terms—in both cases somewhat incorrectly, as it turns out—in ways that treat their recipient as having the identity of knowledgeable expert.

[13] Oxytocin

[#43: HB:26]

01 Mil: [.hhh Because I read-] I read in your book
02 →that- that where there's been (.) oxytoxin?
03 →>is that how you [say it<]
04 Clt:è [Oxyto:]cin [mm.]
05 Mil: [Ox]ytocin
06 u:::h then (.) things go awry:.

[14] Meconium

[#10 BCC 325]

01 Yvo: They ha:d called i::n (.) the
02 pediatri:c hhh who:: (0.2) made su- 'cause he'd
03 →swallowed lots'v melancholim is it,
04 (0.5)
05 Yvo: who made sure he was alri::ght .hhh took
06 a[wa:y]
07 Clt:→ [mecon]ium
08 Yvo: yep! [too]k 'im away for two minutes ((continues))

In Extract 14 “oxytoxin?” is both prosodically marked as problematic, and immediately followed by the question “is that how you say it” (line 3). Likewise, in Extract 11 “melancholim” is immediately followed by the question “is it,” thereby showing an orientation to the possibility that she has produced it incorrectly, and

deferring to the recipient's authority on the matter. (In both cases the recipient corrects the speaker—in Extract 14, line 4, “Oxytocin,” and in Extract 15, line 7, “meconium”—thereby displaying just the expertise the speaker has presumed her to have). In sum, speakers' claims to uncertainty about the meaning of terms can be sensitive to the differential expertise of themselves and their co-conversationalist, and can be performed by way of enacting deference.

Conclusions

Our analysis shows that the vocabulary out of which turns at talk are built is selected with reference to considerations of recipient design which include, minimally, a judgment of whether or not the recipient is capable of understanding the words used. In making this judgment, speakers display who they consider their recipient to be in relation to particular territories of expertise and identity categories. We showed instances in which undersupposing what the recipient can understand led to interactional difficulties (Extracts 5–7 and also the self-report data of Extract 8). We also showed instances in which speakers inadvertently betray their lack of expertise in a specialist domain (Extracts 9 and 10) or disclaim competent understanding of terms as a method for separating themselves from a subculture (Extract 11) or as a way of enacting deference (Extracts 12–14). The identity categories of (for example) “childbirth expert,” “drug dealer,” or “car buff” are constructed in part through speakers' selection and competent deployment of the specialist vocabularies associated with those territories of expertise. We have seen that those identities are challenged when cointeractants presume understanding problems with specialist vocabularies, and are defended (more or less vigorously) against such challenges with claims or displays of understanding. A conversation analytic approach to talk-in-interaction shows how specialist vocabularies are deployed, in situ, in the construction of identities.

Rather than examining identity writ large—such persistent “cultural” and “social” identities as geographical origin or social class—here we examine the micromoments of identity construction. Tracing manifestations of vocabulary choices enacted through vocabulary shifts affords the opportunity to pinpoint specific occasions where particular issues of identity can be seen to become salient to communicators. In contrast to relying on retrospective self-report about identities in interaction (e.g., Faulkner & Hecht, 2010; Hecht & Faulkner, 2009; Scarduzio & Geist-Martin, 2008), we have analyzed interactions directly for the ways in which identities are relevantly invoked by and for communicators. The approach we have taken in this research complements existing work examining how communicators perceive their own identities by observing what communicators actually do on particular occasions, providing details of specific practices through which identities are proposed, adjusted and managed. In examining these moments, we begin to reveal just what identity construction could consist of when considered from constitutive, constructionist or performative perspectives.

Additionally, this work advances our understanding of specific vocabulary use by examining the *actual* deployment of specialized vocabulary on actual occasions of use. Because the conversation analytic approach used here describes the *interactive* deployment and management of vocabulary choices on particular occasions of use, it provides insight into vocabulary selection as a communicative, bilateral process. Thus, we are able to document linkages between the identities of actors and the design of their actions (Raymond & Heritage, 2006, p. 677). Noting that “establishing the mechanisms by which a SPECIFIC identity is made relevant and consequential in any PARTICULAR episode of interaction has remained . . . elusive,” Raymond and Heritage (p. 678, original emphasis) showed that specific practices of speaking can be examined to establish direct links between participants’ identities and the rights and responsibilities associated with these identities (p. 681). Our study further develops this line of work by exploring the interrelationship between word selection and identity. People engage in a broad range of actions when talking with one another and although identity can be implicated in the ways in which these actions are implemented, identity itself is rarely the primary focus of talk. We have shown how the words speakers choose (e.g., a “correct” technical term, or a vernacular version of it), manage, and construct identities (such as expert and novice, comember of a category, and non-comember). Our analysis describes how speakers manage these identity implications both in relation to the terms *they* select, and in relation to the terms *others* select in speaking to them. In describing *how* communication is used in the enactment and construction of identity, our findings contribute to the ongoing research effort to substantiate the claim that identity is constructed through communication, by specifying some of the communication practices through which identity is constructed and by showing how salient identities are made manifest in interaction. Thereby we also contribute to conversation analytic work on word selection, repair, and intersubjectivity (Sacks & Schegloff, 1979; Schegloff, 1996b).

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Appendix: Transcript Notational Conventions for Conversation Analysis

ED:	That's our <u>policy</u> .	<i>Underlined items</i> were markedly stressed.
ED:	<u>That's</u> our po:::lity.	<i>Colon(s)</i> indicate the prior sound was prolonged.
ED:	THAT'S our policy.	<i>Capital letters</i> indicate increased volume.
ED:	That's our- policy.	A <i>hyphen</i> denotes a glottal stop or "cut-off" of sound.
ED:	-hhhh That's our policy.	<i>Strings of "h"</i> mark audible breathing. The
BE:	I hhhh would agree.	longer the string, the longer the breath. A period preceding
		denotes inbreath; no period denotes outbreath.
ED:	That's (.) our policy.	<i>Numbers in parentheses</i> denote elapsed silence in tenths of
	(1.3)	seconds; a period (.) denotes
BE:	I would agree.	micropause of less than a second.
ED:	That's our policy.=	<i>Equal signs</i> indicate that one event followed
BE:	=I would agree.	the other with no intervening silence.
ED:	That's our[policy]	<i>Brackets</i> mark the onset and termination of
BE:	[I woul]d agree.	simultaneous activities.
ED:	That's our policy	<i>Punctuation marks</i> denote intonation rather than
BE:	That's our policy?	grammar at turn constructional unit boundaries.
ED:	It should be.	Periods indicate falling intonation, question

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BE:	It should _l	marks indicate rising intonation, upside down
ED:	It should _l	question marks indicate slightly rising intonation, and
		commas indicate "continuing" intonation.
ED:	↑That's our ↓policy	<i>Directional arrows</i> indicate within turn pitch shifts
ED:	That's our ()	<i>Open parentheses</i> indicate transcriber's
BE:	But (should it) be	uncertainty as to what was said. <i>Words in parentheses</i>
		represent a best guess.
ED:	That's >our policy. <	<i>carrets</i> enclose words that are said more quickly than
		surrounding talk.
ED:	That's °our policy.°	Degree signs enclose words that are said more quietly than
		surrounding talk.
ED:	£ That's our policy	<i>smile voice</i> –it's possible to hear that that the speaker is
		smiling as s/he talks

Adapted from Clayman & Reisner (1998). For a more detailed exposition of transcription symbols, see Atkinson & Heritage (1984, pp. ix–xvi).