

1. Record Nr.	UNINA9910788150903321
Titolo	Producing and managing restricted activities : avoidance and withholding in institutional interaction // edited by Fabienne H. G. Chevalier, University of Nottingham ; John Moore, Olivet College
Pubbl/distr/stampa	Amsterdam, The Netherlands ; ; Philadelphia, Pennsylvania : , : John Benjamins Publishing Company, , 2015 ©2015
ISBN	90-272-6909-2
Descrizione fisica	1 online resource (388 p.)
Collana	Pragmatics & Beyond New Series, , 0922-842X ; ; Volume 255
Disciplina	302.3/5
Soggetti	Sublanguage Conversation analysis Verbal behavior Communication in human services Communication in medicine
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Note generali	Description based upon print version of record.
Nota di bibliografia	Includes bibliographical references and indexes.
Nota di contenuto	Producing and Managing Restricted Activities; Editorial page; Title page; LCC data; Table of contents; Producing and managing restricted activities: An introduction to avoidance and withholding in instit; 1. Overview; 2. Methodological and theoretical background; 3. Prior work on avoidance; 4. Terminological issues in the CA literature; 5. Situating the collection; References; Assessments, interrogatives, and semi-scripted talk in managing a restriction on advising; 1. Introduction; 2. The management of advice in institutional interactions; 3. Interrogatives in institutional interactions 4. Assessments as advice5. About the data; 6. Analysis; 7. Discussion; 8. Conclusion; Acknowledgements; References; Avoiding giving advice in telephone counselling for children and young people: Empowerment as practi; 1. Introduction; 2. Problem presentation and the relevance of help; 3. Minimising normativity and asymmetry in proposing solutions; 4. Focusing on the 'teller and her experiences' in managing advice and advice resistance; 5. Pursuing client engagement; 6. Inviting (re-)

assessment; 7. Attributing ownership of ideas to the client  
8. Avoiding giving advice: Empowerment as practical action  
Acknowledgements; References; Withholding explicit assessments in tourist-office talk; 1. Introduction; 2. Data; 3. Previous work on assessments; 4. Withholding explicit assessments in tourist-office talk; 5. Discussion; References; "But whose side are you on?"  
Doing being independent in telephone-mediated dispute resolution; 1. Introduction; 2. Affiliation, troubles talk and complaints; 3. Independence and institutional talk-in-interaction; 4. The institutional context of the present study  
5. Independent dispute resolution in practice  
6. Responding to the initial formulation of trouble; 7. Explanation of the service as independent; 8. Launching institutionally relevant actions; 9. Acknowledging emotional displays; 10. Affiliation prior to call closing; 11. Discussion; References; "Don't tell him just help him": Restricted interactional activity during a classroom writing lesson; 1. Introduction; 2. The data; 3. Analysis; 4. Discussion; 5. Conclusion; References; "I'll suggest that to your doctor": Managing interactional restrictions to treatment provision in se; 1. Introduction  
2. Treatment discussions in healthcare encounters  
3. Analysis; 4. Discussion: Managing restricted interactional practices in the obesity clinic; Acknowledgements; References; Linguistic and interactional restrictions in an outpatient clinic: The challenge of delivering the d; 1. Introduction; 2. The data; 3. Conclusions; References; Responses to indirect complaints as restricted activities in Therapeutic Community meetings; 1. Introduction; 2. Data; 3. Ignoring a resident's turn carrying a complaint; 4. Avoiding attending the complaint-components of a resident's turn; 5. Summary and comment  
6. Disaffiliating with a resident's complaint

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## Sommario/riassunto

Previous studies of clinical settings show that patients exhibit an orientation towards an institutional restriction against them proposing treatment solutions for their medical condition. In this paper we demonstrate how that restriction is relaxed in a particular clinical setting, that of audiology. Focusing on video-recorded interactions in a Danish audiology clinic, we show how patients freely offer suggestions for their own treatment, even in cases where a treatment solution has already been provided by the audiologist. We further illustrate how audiologists respond to patients' treatment

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