and miscommunication. RFA is meant to be another contribution to the process started by NHI: "Such application will inevitably lead to the refinement both of the descriptive tools and of the interpretive frames with which descriptive results are evaluated" (McQuown, 1971a, p. 10). In the next chapter, this process of RFA investigation is discussed further in terms of the methods and procedures employed in the study of the parents' talk about their children's heart murmurs.

Chapter 3
Method

INTRODUCTION

This chapter presents the details of the research process employed in this project. Special emphasis was placed on elaborating the means by which the organization of the parents' talk was analyzed, and how these procedures helped to shape the investigation and reporting of the parents' accounts of their experiences surrounding the discovery of their child's heart murmur, and the subsequent referral of the child to a pediatric cardiologist.

SUBJECTS AND PROCEDURES

This study was based upon analysis of 32 interviews with families of children referred by a primary care physician to the cardiology unit of a major medical complex. Each interview was conducted during the family's first visit, just prior to the family's consultation with the cardiology specialist. After the family had checked into the clinic and the child had been taken to the radiology unit for x-rays, had been given an EKG, and had been examined by a nurse from the cardiology unit, the family was introduced to an interviewer. Four doctoral students from the marriage and family therapy program at Texas Tech University, who were identified as "counselors," conducted these interviews. The interviews were done over a two and one-half month period. Families were selected based upon the following: (a) this appointment being their first appointment at the cardiology unit, and (b) the availability of the interviewer. The interviewers would check with the intake receptionist at least two times per week to determine when new patients were scheduled. Nevertheless, some patients were seen in the clinic when no interviewer was available.

The timing of these interviews was significant in that the cardiologist's diagnosis had not yet been made at the time of these interviews. Since the diagnosis was unknown but was imminent, the families' worries could be expected to be most intense at that point in the process.

To commence the process, interviewers presented an overview of the research for the family, then requested and obtained their written permission to participate in this study. Permission was then obtained to audiotape these interviews. Next, the interviewers administered a brief questionnaire, and then conducted the interview. Each of these interviews lasted approximately 20 minutes.

The intent of the interviews was to determine (a) the family members' understanding of their experience with the primary care physician in regard to how the heart murmur was discussed and how the decision for referral was made, (b) the family members' concerns about the heart murmur diagnosis, and (c) the family members' expectations of their consultation with the pediatric cardiologist.

ANALYSIS

The analysis of these interviews involved a style of discourse analysis similar to the method suggested by Potter and Wetherell (1987). Key to this method are procedures for transcription and analysis. These transcripts are somewhat more detailed than typical ones employed in discourse analysis, though not as detailed as the transcripts of recent conversation analysis (Freeman, 1987). The following guidelines for transcription were observed: Transcribe all words as they were spoken, indicate noticeable pauses by placing a period in parentheses, mark overlapped utterances using brackets to indicate portions that overlap, and indicate salient paralinguistic features as laughter (in parentheses) and intonation (by use of periods to show falling intonation and question marks for rising intonation). Unintelligible portions of the tape were represented by double parentheses). After transcription, the typed transcript and audiotape were compared to monitor and improve accuracy (see Hopper, 1988).

The analysis of the interviews was not aimed at understanding the organization of discourse solely in terms of the interactional structure between the interviewers and the interviewees. The interaction was understood as being a narrative, and by focusing on the conversation as narrative, the investigator was allowed to consider the different aspects of a narrative's structure: event and evaluative structures, and explanatory systems (Linde, 1986, pp. 186–190). An event structure consisted of the "the 'facts' of the narrative" (Linde, 1986, p. 186). The evaluative structure involved "the means by which the speaker conveyed to the addressees how the event structure was to be understood: loosely speaking, what the events meant to the speaker" (Linde, 1986, pp. 186–187). The explanatory system was taken to mean "the system of assumptions about the world which the speaker used to make events and evaluations coherent" (Linde, 1986, p. 188). These explanatory systems could be derived from "common sense," or from so-called "expert systems" such as psychological explanatory systems (e.g., "Freudian" or "behavioral") (Linde, 1986, p. 189–190).

Investigation of narrative structure provided a way to discern variability in how families characterized the event in which referral took place, how they described their concerns for their children, and what expectations they voiced for resolution of their crisis by pediatric cardiologists. Accordingly, the first determination was in regards to what each family had said about the context of referral, their concerns, and their expectations. As is typical of this sort of analysis, many of families' utterances bridged two of these categories, as when a family member explained that she became worried when the referring physician made the appointment with the specialist himself, rather than relying on the parents to do so.

As the work progressed, there was increased interest in the "small details" of how referrals were made, and what these nuances meant to families in terms of how they understood the event of referral, how concerned they became, and how their expectations were generated. For instance, in the example alluded to in the previous paragraph, the referring doctor himself led the family to understand the event as a serious and urgent medical problem, as opposed to a benign anomaly the child would have probably grown out of naturally.

When analyzing talk, an investigator has many choices as far as how the structure of the discourse is to be studied and presented. Schwartz and Jacobs (1979, p. 342) discussed five possible approaches to the examination of the layers of organization in conversations or narratives: the turn-taking system (i.e., how speakers take and relinquish the floor during conversations); the recursive organization (i.e., how previous utterances determine how to listen to and how to produce a current utterance); overall structural organization (i.e., how conversations begin and end); intra-utterance structure (i.e., what singular utterances accomplish in the talk); and interconversational structure (i.e., how speakers relate entire conversations to other conversations).

In this investigation, special attention was paid to two types of organizations in the parents' talk: intra-utterance structure and recursive organization. The intra-utterance analysis focused on pragmatics by examining the use of such speech acts as aligning actions (Stokes & Hewitt, 1976), accounts (Scott & Lyman, 1968), and disclaimers (Hewitt & Stokes, 1975). Speech acts can be best understood as the study of how people do things with words; that is, how do people accomplish desired actions, such as making excuses, through the use of words in

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conversation (Urmson & Sbisa, 1975; Potter & Wetherell, 1987). For example, in the talk studied for this project, special attention was paid to how parents gave accounts so as to create contexts in which it made sense for an expert like a doctor to not know what was wrong with their child.

The examination of recursive organization of the parents' narratives was conducted from a Recursive Frame Analysis (RFA) perspective (Keeney, 1987b, 1990a, 1990b). The process of RFA entailed the following procedures: (a) note frames elicited during the interviews with the families; (b) sort frames in a discovery-oriented manner (e.g., Mahrer, 1988) in terms of frame sequence (i.e., trace the succession of frames in the narratives) and frame embeddedness (i.e., sketch how frames contextualize each other in the discourse); (c) mark groupings of frames, otherwise known as gallery boundaries, and name them (i.e., show how frames were connected, or how talk in a sequence was more of the same); (d) look for openings (i.e., highlight differences in the talk, which may or may not have keyed shifts in the conversations); (e) indicate doors (i.e., mark frames which represented shifts in talk from one gallery to another); and (f) look for markers or rims of frames (Goffman, 1974) (i.e., note information supplied by the speakers which gave indication as to how a frame should be understood).

The procedures were continued for each of the family interviews. RFAs, created from the interviews, were then related to each other so as to compare and contrast different families' frames and galleries on similar topics. For example, in the area of heart murmur discovery, how similar or different were the families' accounts of their experiences surrounding the heart murmur identification which lead to the referral to the pediatric cardiologist?

The investigation of intra-utterance and recursive organizations was structured in the following manner: (a) focus on exemplars, which constitute and support the distinctions being made; (b) compare and contrast prior exemplars with subsequent examplars; (c) explore similarities/differences between these exemplars; and (d) present the exemplars such that initial examples serve as prototypes, and subsequent illustrations demonstrate variability within a specific distinction (Potter & Wetherell, 1987, pp. 122-123). In addition to these considerations, an investigator would display the exemplar with "as much of its surrounding talk as possible—preferably the entire conversation" (Schwartz & Jacobs, 1979, p. 343).

Although the range of material covered in this study prohibits presenting complete parent interviews, every attempt would be made so that each exemplar chosen would be accompanied by as much of the surrounding talk as possible. These efforts to contextualize the exemplars would be consistent with how conversation or discourse analysts "take pains to re-present data richly. Conversation-analytic data reductions occur late in inquiry, and their results appear in choices of exemplars, and specifications of their details in prose description" (Hopper, 1988, p. 57). But at the same time, there is the need to preserve enough of the conversation, from which the exemplar was pulled, so that the examples' discourse ecology is well represented.

The aesthetics of discourse analysis involves the relationship between the parts chosen from the conversation, and that conversation in its entirety. With that relationship, the discourse analyst must also balance the dilemma of presenting an ideal quantity of exemplars so that the reader can grasp the rule or concept being discussed, without being overwhelmed or bored by the sheer number of examples. With each investigation, the struggle begins anew. "The conversation analysts' art includes examining a number of instances in the context of discovery, but reporting only a few of these in scientific essays, accompanying each reported case with detailed description" (Hopper, 1988, p. 57). What constitutes "a few" is always debatable.

As for testing the reliability and validity of the claims made in the presentation of examples, the sequence followed in this project adhered to a falsification process as described by Hopper (1988) and McQuown (1971a). Although these ways to access testability differ from the methods employed in experimental studies, it does not mean that the discourse analysts ignore questions of accountability in their investigations (see Potter & Wetherell, 1987, pp. 66–71, 159).

Hopper (1988) has described a process by which the conversation or discourse analyst tests and retests the ways in which the organization of talk is being construed.

> Conversation analysts approach falsification by testing descriptions against the details of each new instance. Sometimes a counter-instance invalidates or transforms an analysis. . . . Sometimes a counter-instance stimulates a modification of a rule or may be described in terms of interactions of phenomena. Sometimes a counter-instance aids an analyst by showing how participants react to violation. There are few transcendent rules for falsification in conversation analysis. (Hopper, 1988, p. 56)

As each new transcript and tape was examined, new distinctions were compared to previous ones. In a sense, what Hopper was writing about was the notion of reliability: Through repeated measures or examinations, how reliable are the observations or distinctions which have been drawn by the observer? The task of the analyst is to continually reexamine and research the text or talk being studied. The purpose

of this recycling is for the investigator to rigorously test the findings of the study by constantly comparing the results to the data.

Once the investigator chooses the examples and accompanies them with concise descriptions, these findings are presented for other investigators to peruse. The purpose of these presentations is to allow others to validate the observations made by the initial investigator. McQuown (1971a) outlined this validation process in his summary of *The Natural History of an Interview:*

> Uncertain though our interpretations of behavior might be, we may now produce a corpus of specified behavioral phenomena on which such interpretations are based, a corpus which is available to all for repeated examination for correction where correction is demonstrably necessary, for refinement where refinement is desired, and for the testing of new interpretive hypotheses where the old ones have proven to be unjustifiable. (p. 8)

The purpose, then, is: (a) to present distinctions drawn from the talk of parents about their child's heart murmur, (b) to accompany these distinctions with surrounding talk from the interviews so as to provide needed context, (c) to supply descriptions or rationales for these distinctions, and (d) to allow readers the opportunity to judge the validity of the conclusions drawn from the talk. This mode of presentation allows for the type of refinement that McQuown (1971a) suggested above.

In Chapter 4, what was taken to be the most pronounced features of families' understandings of the context of referral and their concerns about their children will be displayed. Part of what made these features prominent was the poignancy of their expressions, something that would not have been revealed in other sorts of research into this problem. Also, however, this analysis indicated a number of points of divergence between the medical view of referral that was reviewed above, and the experiences of the families interviewed. These, too, were salient features to be displayed.

Chapter 4
Analysis and Interpretation

INTRODUCTION

The analysis in this chapter is presented through three, intertwining threads: (a) exemplars (Hopper, 1988) chosen to represent distinctions discovered in or constructed from the 32 family interviews, (b) descriptive passages which attempt to highlight the distinctions found in the exemplars and illustrate relationships between different exemplars and between exemplars and points made in the literature, and (c) Recursive Frame Analysis (RFA) (Keeney, 1990a, 1990b) passages which attempt to describe the distinctions drawn in the interaction between the interview exemplars and the descriptive paragraphs. None of the threads have hierarchy over the other two: Each informs the others and are, in turn, informed by the others. The three strands are woven together to produce a pattern which strives to represent the stories of the families in the study. The tales are the families' interpretations of their experiences during the referral process to a pediatric cardiologist. For all of the families, the reason for referral to a heart specialist is the same: A child in the family has been diagnosed as having a heart murmur. The following is a presentation of these stories.

The subsequent exemplars were chosen from various transcripts of the family interviews. Certain conventions were used in the presentation of these exemplars: (a) Names of the speakers and medical personnel were deidentified so as to protect their confidentiality, (b) abbreviations were used to designate the speakers (M for the mother, F for the father, and I for the interviewer), (c) material inserted into the exemplars to show emphasis (i.e., italics added), or to expand the utterances so as to make the meanings clearer (i.e., in the cases of indexicality or ellipsis) were placed in brackets.

DISCOVERY AND REFERRAL

The first part of each interview focused on how family members discovered or became aware of their child's possible heart murmur. In analyzing the interviews, two distinct patterns of discovery emerged.