The Norwegian Centre for Writing Education & Research

Writing the institutional: Text-mediated professional socialisation and expertise

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PRELIMINARIES

• Writing as social practice – can be extended to the **institutional and professional spheres** – beyond higher education to health and social care, law and other professions.

• Writing/textual practices are aspects of both professional **socialisation and expertise**, with educational and research implications.
THE CONSTRUCTIONIST VIEW OF LANGUAGE & REALITY

• Language (in the sense of text and talk) “does not simply symbolise a situation or object which is already there in advance; it makes possible the existence.” (George Herbert Mead 1947:78)

• This is echoed in Berger and Luckmann’s (1967) treatise on social construction of reality.

• “Language [is] a classificatory instrument... categories are not objective, ready-made, inherent properties of the external world but are subject to processes of perception and interpretation.” (Lee 1992:16)
RESPECIFYING THE CONSTRUCTIONIST VIEW OF LANGUAGE & REALITY

- **Whose categorisation and definition counts?**

- W. I. Thomas: ‘If men define situations as real, they are real in their consequences.’

- George Herbert Mead: ‘If a thing is not recognised as true, then it does not function as true in the community.’

- Following Foucault (1980), the complex text-mediated relations are themselves an organisation of power, which characterises the institutional and professional spheres.
RESPECIFYING THE CONSTRUCTIONIST VIEW OF LANGUAGE & REALITY

• In the context of psychiatry, Scheff (1966: 146-7) observes:

“[...] One of the patients, when asked, “In what ways are a banana, an orange, and an apple alike?” answered, “They are all something to eat”. The answer was used by the examiner in explaining his recommendation to commit...

[because] “She wasn’t able to say a banana and an orange were fruit. She couldn’t take it one step further, she had to say it was something to eat”. In other words, this psychiatrist was suggesting that in her thinking the patient manifested concreteness, which is held to be a symptom of mental illness.”
SOCIAL ORGANISATION OF KNOWLEDGE & THE MEDIATING ROLE OF TEXT

• Dorothy Smith (1990, 1999):

• Focuses on the social organisation of knowledge (how knowledge comes to exist independent of the knowing subject), which is a shift from traditional sociology of knowledge (which focuses on social determinants of knowledge (e.g., ethnicity, class, race, gender, age), limitations of the knowing subject).

• The mediating role of the text in the production and reception of ‘factual’ accounts.

• the actual and the virtual: ‘what happened/ what is’: the text as stand-in for what happened.
The `documentary method of interpretation’ (Schutz 1964, Garfinkel 1967) draws attention to a number of tensions such as type-token relationships, manifest and tacit knowledge systems, shared meaning making, brought along and brought about contexts etc.

As an example of the documentary method of interpretation, Garfinkel (1967:186-207) shows how medical records are treated as accounts that do not just report facts, but make available displays of justifiable medical work for later inquiries.
• In `K is mentally ill’, Dorothy Smith (1978) draws attention to how categories are assigned by way of contrast structures. The following statement made by Angela about K illustrates this:

i. We would go to the beach or pool on a hot day,
ii. I would sort of dip in and just lie in the sun
iii. while K insisted that she had to swim 30 laps

• “She killed herself”/ ”She committed suicide” (Smith 1990)
• An example of two texts concerning a confrontation between the police and street people in Berkeley, California in 1968 (the eye witness account published as a letter in the underground newspaper and the mayor’s account)

• “Between the two accounts, there is little disagreement on the particulars of the story. But the official version reconstructs the witnessed events as moments in extended sequences of institutional action, locating them in textual time, dependent on textual realities already institutionally accomplished. What the witness saw and thought was going on is shown to be only a partial and imperfect knowledge of proper police work.” (Smith 1990:65)
PROFESSIONAL VISION

• PROFESSIONAL VISION consists of `socially organised ways of seeing and understanding events that are answerable to the distinctive interests of a particular social group’.

• Professional activity is constituted in three practices:
  • CODING, which transforms phenomena observed in a specific setting into the objects of knowledge that animate the discourse of a profession;
  • HIGHLIGHTING, which makes specific phenomena in a complex perceptual field salient by marking them in some fashion; and
  • PRODUCING AND ARTICULATING MATERIAL REPRESENTATIONS.

(Goodwin 1994:606)
RECONTEXTUALISING OF PROFESSIONAL DISCOURSE STUDIES

• The ‘communicative turn’ in professional education/research is not so widely spread.

• The talk-in-interaction bias in health communication studies.

• This is also reflected in communication curricula across healthcare – reduced to not only talk-in-interaction in simulated settings, but also confined to the doctor-patient dyad.

• Textual practices (including text-talk interface) which constitute a core component of professional habitus, remain ‘a neglected situation’ in educational and research terms.
WRITING/TEXT IN INSTITUTIONAL/PROFESSIONAL SETTINGS

ACADEMIC LITERACIES (student-focused)

INSTITUTIONAL DOCUMENTS
(e.g. forms, leaflets, standardised letters, guidelines)

TEXTUAL PRACTICES

ACADEMIC PROFESSIONAL GENRES
(research articles; accounts of practice entered as logs)

PROFESSIONAL DISCOURSE STUDIES
(e.g. health and social care, legal: patient records, Witness statements)
WRITING/TEXT IN HEALTHCARE SETTINGS

IN THE CLINIC
INTERFACE BETWEEN TALK & AND TEXT (PATIENT RECORDS)

PATIENT INFORMATION LEAFLETS; MEDICATION LABELS; DRUG ADVERTS (DTCA)

TEXTUAL PRACTICES

RECRUITMENT FOR CONTROLLED TRIALS, INFORMED CONSENT, POLICY DOCUMENTS

HEALTHCARE WEBSITES, INTERNET CHAT ROOMS, ONLINE ADVICE, REPRESENTATIONS IN THE MEDIA
• Case records as **institutionally framed professional accounts** (in education, healthcare, social welfare, law, police etc).

• Giving an `official imprint to versions of reality’ (Goffman 1983, also Mehan 1993); `plain fact’ character of records (Zimmerman 1969).

• Pettinari (1988): the medical record is the intervening document between practitioners and `is often accorded more credibility than the actual patient’.

• Barrett (1996): `the record represents the patient as object, but, ... the record itself becomes an object which the patient strives to represent’.

• The medical record is not the **record** of medical practice, it **is** the medical practice (Weed 1971).
CASE RECORDS IN HEALTHCARE SETTINGS

• `Good reasons for bad clinical records' (Garfinkel 1967:191): the records are ‘results of self-reporting procedures’ as the professionals ‘actively seek to act in compliance with rules of the clinic’s operating procedures that for them and from their point of view are more or less taken for granted as right ways of doing things’.

• Freidson (1975): Medical case records provide systematic and objective coverage of care, while offering evaluation of colleagues (as in social work).

• Challenges for professionals in the era of electronic patient records (EPR)

• Analytical challenges for outsider discourse analysts in interpreting case records within/across professional settings - diachronically and synchronically.
Sir

I am twenty seven years old, and for about four years last past, any violent action brings on me difficulty of breathing, which is attended with a cough and spitting, which seldom holds me above half an hour or not so long, if I can spit freely; if I drink any strong spiritous liquor late in the evening, I am awakened frequently in the night with a shortness of breathing, but mostly after malt liquors, and likewise tobacco, any slight cold always aggravates it, and likewise cold weather; [...]
when action brings it on me, it is often attended with pain in my head, it has been easier this winter, than it was foregoing ones and I have been less subject to take cold, which advantage I fancy to have received by taking twelve or fifteen drops of oil of sulphur per Campan in a glass of cold water at night. In my youth I had convulsion fits and am more subject to this shortness of breath in the winter, than in the summer. I have my health otherwise very well, and a good appetite.

(Reiser 1978:6)
Richardson (2003) discusses how newsgroups deal with public health issues, e.g., link between cellular phone use and cancer

Example

My wife and I just bought cellular phones ... I haven't kept up on the debate as to whether cellular phones cause or accelerate cancer... I believe the initial cases linking cellular phone use to tumours involved cell phones with much higher wattages (5 vs. 0.6 in the current handhelds?) in cancer ...

No, the initial cases (as in lawsuits) involved the current generation of hand-held cellular phones
Has there been any additional study or conclusive evidence in this area?

At the moment there is no scientific evidence at all to link cancer with cellular phone use. As a matter of fact there is very little evidence to link exposure to radiofrequencies in general to cancer. BTW: As far as I know there is no info on the net of biological effects or health risks of RF. I have extensive database on the subject, but it’s all I can do to maintain the FAQ on power-frequencies and health.

(Richardson 2003:171-172)
ONLINE INFORMATION/ADVICE DELIVERY

- **Warranting of source** (e.g., `I have extensive database on the subject'; `I saw on the television', `I read a paper in the journal' etc.)

- **Warranting by reference to personal experience** (`I do get minor headache after talking on the cell phone for long periods of time - say 15-20 minutes')

- **Warranting by reference to status** (`Trust me, I’m the expert’ strategy: signalled in signature, Associate Professor of Electrical Engineering)

- **Warranting by use of technical register**

- **Use of disclaimers** (`Don’t accept this information on my authority alone'; `I am not a scientist but…')
Locher and Hoffman (2006): online advice in campus

Dear Lucy,

I need some information about panic attacks. My partner moved with me to NY and, at the time of moving, experienced several attacks of extreme fear.

This has paralyzed her to the extent that she no longer goes to work, her career is on hold, and she requires help traveling, if she travels at all. As well as being incredibly distressing for her, it’s not helping our relationship either.

My question relates to my role in helping her recover from this. At present I frequently ‘overlook’ the problem by going everywhere with her and being as supportive as possible. Am I an ‘enabler’? Should I make her ‘tough it out,’ or will she just get better?
Dear Reader,

Panic attacks are periods of heightened anxiety often coupled with an extreme fear of being in crowded or closed places. At first, these attacks are sudden and unexpected, but, if they continue, are often triggered by environment, like going through tunnels, traveling across bridges, or being in crowded elevators. Accompanying symptoms include a sense of chest pain, shallow breathing, lightheadedness, dizziness, sweating, a pounding heart, chills or flushes, nausea, and even tingling or numbness in the hands. A sense of impending doom is usually part of the experience.
Panic attacks are common, frequently linked to feelings of loss. Panic attacks vary in intensity and tend to be exacerbated by stressful periods. Psychotherapy, with and without medication, is effective for as many as 90 percent of people affected with panic attacks. Cutting back on caffeine may make a difference, too.

While your support may be comforting to your partner, it would be wise for her to get professional counseling, especially since her panic is affecting your relationship. With counseling for yourself as well, you may be better able to help your partner. If you are at AEI, call Counseling and Psychological Services (CPS) at <phone number>.

Lucy
ONLINE INFORMATION/ADVICE DELIVERY

• The questioner requests information; provides background context; formulates the problems (physical, material, emotional and relational)
• The questioner poses options to choose from, especially own role
• Lucy’s answer consists of general information in the format of explanation (causation, patterns, summary of symptoms; intervention)
• Lucy displays her expertise with regard to information and advice delivery, including referrals.

[See also Harvey, Brown and Crawford (2007): teenagers and sexual health: physical and relational matters and normalcy]
MEDICAL NOTES & RECORDS

• A case history written in 1806:

• Alice Hurthwaite, aged 15, was admitted into the Dispensary on the 11th of June 1805, labouring under violent pain in the right side of the abdomen, about the middle of the external oblique muscle, accompanied with great thirst, increased heat, frequent shiverings, a quick pulse, nausea, and vomiting. The account which she gave of herself was, that she was seized suddenly with the pain on the 1st of June, [...]

[...] and with difficulty walked a few hundred yards from the place where she was in service to her mother’s cottage. Of her own accord she took some opening medicine that produced a good deal of purging, which still continues. She feels most easy when the abdominal muscles are relaxed, the knees being brought towards the chin. She does not recollect having received any injury on the abdomen, and has previously enjoyed good health. She is tall, and rather thin. (Reiser 1978:7)
A TYPICAL CONTEMPORARY MEDICAL RECORD

Doctor's Written Progress Notes

Wt: 146 B/P 112/64 3/21/77: Age 62

Widowed 9 mos. - depressed. Saw internist 4 mos. ago because of vulva irritation - started 1.25 mg. Premarin ----> breast soreness, so stopped EST

On estrogen for 7-8 yrs. up to 4 yrs. ago. 1.25 mg. then 0.625 mg. at Phip's Clinic - Mammogram - fibrosis (1971) - reduced dose of Premarin.

General: (1) Large cyst L kidney known for many years.
Has had two kidney stones - age 21 & age 59 - passed spontaneously, Has "kidney infections" of 2-3 years,
(2) Acute glaucoma-surgery 12/75 at UCLA (R eye) - needs for both eyes, 2 children (ages 27-son, 23-daughter)
Surgery: Skull fx age 10, Appendectomy age 17, T&A age 8-9
PH: Diphtheria age 5 Systems Review: D arrhythmia recently - Takes Inderal p & n almost every night.

[Source: Cicourel 1983]
(Recording of medical lifeworld; familial lifeworld, other lifeworld events and procedural matters (Sarangi and Brookes-Howell 2006).

Gynae – ((name - hospital 2))
Biopsy of womb clear
(me^^^^^)
- bleeding on (intercourse)
Still have womb + ovaries no (^^^)
Periods
Asthma – 3/52 (^^^^ ^^^, (flexicecde), (becetide setroide)
(^^^^), (^^^^), paracetamol

Mood swings, hot flushes.
AN EXAMPLE FROM GENETIC COUNSELLING

In general much more settled than in ((month of Preliminary Interview)). Especially since they moved house.

Have now decided that they have come to terms with not having more children. Which ever way the test goes. Want to know to remove uncertainty and for their children.

Will tell ((name of daughter 1)) + ((name of daughter 2)).

((Daughter 1)) has been trying to get pregnant. Both are keen to know.

Will not tell father as he does not want to know and they do not have contact with him.

Also will not tell brother. Does not think they will find out from any other source.
The previous case notes had entries on AF2’s emotional state: `Have had a lot on their plate since home visit’; `AF2 quite tearful’; `AF2 feels badly and gets upset’.

Orientation of GC to clients’ lifeworld events: `In general’ signals a lengthy discussion of this topic, recycled on three occasions in the clinic encounter.

The entry provides an evaluation of the current situation (`much more settled’), followed by an identification of the cause (`since they moved house’).

The entry demonstrates the shift from previously stated reasons for testing (the couple’s own reproductive plans) to the current need to `remove uncertainty and for their children.
FINDINGS

• Three different aspects of the lifeworld: the medical lifeworld; the familial lifeworld; other lifeworld events.

• The organising principles for the clinic sessions and the case records are different: decisions about testing are recorded first, followed by decisions about dissemination, although the clinic transcript does not provide such a neat thematic order.

• When writing up the case notes, the counsellor tries to maintain the topic focus, particularly when talk can easily be more fragmented and a single topic may have been recycled on a number of occasions within a clinic session. There is thus a ‘good reason’ for such ‘bad’ record keeping – whereby themes are grouped together in preference to the maintenance of a strict sequential/temporal order.
• [Night duty] said that [mother felt that [father] was being hard done by and shouldn’t be in custody. Angry with Social services. Feels we were making judgements on past violence. Feels strongly that [father] is not guilty – said with a house this big she needs a man around. Feels Social services is turning [child] against her. (19/09)

• In my view [mother] was not prepared to accept any role in protecting the children from [father] + indeed felt Social services were to blame for the fact that [father] was locked up + [child] was in [children’s home]. (18/09)

• [Mother] met [father] at his mother’s some weeks after the first meeting. He asked to see his children and [mother] invited him to the house. He had been here “a few times” since then. [Mother] felt “he had a right to see his children”. I asked if he had threatened her in any way and she said “no he’s not been threatening at all recently”. (18/09 – 3.10pm)

[Source: Hall, Slembrouck and Sarangi 2006]
As Prince (1996) observes, social workers strategically signal their distance from what is recorded in case notes. She provides the account of a psychiatric social worker:

“People can describe their families, homes and childhoods and I couldn’t write it any better because it sums up in two or three words exactly how they thought or felt. So I use those expressions in inverted commas so others know that it isn't my words.” (Prince 1996:51)
A key feature of case records is the characterisation of clients, which is otherwise difficult in face-to-face encounters. Pithouse (1987:94) cites the following self-report from a social worker:

“That’s how I can best describe the family, of course I don’t give that impression when I’m there, who’d want to know they were a reluctant housewife and their house was whiffy...”
CONCLUDING REMARKS
Case records have both retrospective and prospective trajectories. Case records go beyond simple categorisation of patients’ illness and outlining of necessary intervention; they also form a basis for follow-up and referral letters.

Recording of ‘what happened’ and next course of action are both to be accomplished within “the organisational rules and practices for ‘making sense’ of ‘what happened’ and ‘preparing the scene for further inference and action” (Cicourel 1974: 85).

This echoes Raffel’s (1979: 48) observation that “it is not that the records record things but that the very idea of recording determines in advance how things will have to appear”.
ANALYTIC CHALLENGES IN INTERPRETING CASE RECORDS

• How does one (fellow professional & discourse analyst) socialise into producing and interpreting case records?

• Following Garfinkel, Scott (1990: 124) notes:

• “The clinical folder is elliptical and vague, resting on a vast body of taken-for-granted assumptions, and its therapeutic meaning can only be grasped by participants who understand the situation in which it was produced. The record is constructed so as to allow medical staff to reconstruct the therapy and so legitimate their actions”.
SETTING A FUTURE AGENDA

• Need for further research into textual practices in health and social care settings (recontextualising OF)

• Exploring the traces of talk-text-talk interface (recontextualising IN)

• Possible synergies between the National Writing Centre and Health & Social Care Education and Research


SELECTED REFERENCES


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The analysis shows how the digitally mediated collaborative writing process supported the socialization of students into the disciplinary culture of the law. The analysis identifies socializing feedback on research process, disciplinary content, discourse and lexico-grammar, and also finds that socializing functions were performed by both experts and novices in the community of practice. For novice professional writers, the development of professional expertise (including genre knowledge) involves a sometimes problematic transition from the world of the academy to the world of work. This study examines this transition in the context of vocational legal education at a law school in Hong Kong. International relations theory. Politics portal. v. t. e. In international relations, institutionalism comprises a group of differing theories on international relations (IR). Functionalist and neofunctionalist approaches, regime theory, and state cartel theory have in common their focus on the role of formal and informal rules, norms, practices, and conventions for international politics. View Professional Socialization Research Papers on Academia.edu for free. In addition, powerful international lingua francas, especially English, mediate higher education and work for a growing number of people worldwide. People’s career trajectories are now also quite dynamic and, in some fields, precarious, given social and economic changes in society, in addition to technological ones, and the pressures of neoliberalism. Terms used in this thesis. Professional Socialisation and Identity Formation. in Rural Health Education. by. Of power are draw from the writings of Foucault (1972, 1973, 1975, 1979, 1980, 1988, 1991, 1994). His main points on. Professional Socialisation; a subconscious process whereby individuals internalise behavioral norms and standards and form a sense of self and commitment to a professional field (Weidman, Twale. 15. and Stein, 2001, p 6). Expertise in creative writing. Background - researcher had previously studied 1 Answer: English literature Locate Listen from here. Had initial idea for research - inspired by a book (the 2 of a famous novelist). Answer: editor Locate Listen from here. Identified the most effective 10 of stages in producing text. Answer: sequence/order Locate Listen from here. Other Tests.