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## Memory in Interaction: An Analysis of Repeat Calls to a Home Birth Helpline

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Drawing on a corpus of 80 calls to a Home Birth helpline, we use conversation analysis to analyze how callers and call takers display to one another that they are talking for a second or subsequent time. We focus in particular on the role of memory in these interactions. We show how caller and call taker are oriented to remembering at the beginning of calls as displayed in what we call the *recognition-solicit pre-sequence*, how participants are oriented to issues of forgetting and remembering during the course of repeat calls, and how remembering and forgetting are made manifest in interaction. Our analysis shows how the human capacity to remember and propensity to forget have reverberating implications in calling for help.

Most calls received by most helplines are one-off interactions between a caller and call taker (Rosenfield, 1997), but a minority—sometimes a substantial minority—involve repeat calls between callers and call takers who have established a relationship over the course of one or more previous calls. Although the phenomenon of second and subsequent calls between particular callers and call takers has been noted by previous authors (e.g., Firth, Emmison, & Baker, 2005) and is visible in some of the published helpline data (e.g., a caller to a consumer helpline opens with “Oh hello I

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don't know if its ya self I spoke to earlier on"; Murtagh, 2005, p. 293), and a Kids Helpline caller asks for a particular call taker by name saying "I usually talk to Rose" (Danby, Baker, & Emmison, 2005, p. 149), repeat calls have not previously been analyzed in terms of features specific to them.

When callers ring a helpline for a subsequent time, the issue of whether or not the call taker will recognize them as a repeat, rather than a first, caller is highly relevant in the first few moments of talk. At the outset of repeat calls, there is a fundamental asymmetry between caller and call taker. One of them (the caller) knows from the outset (even before the phone is answered) that this is a repeat call; the other (the call taker) does not. Further, for the caller, the previous conversation is likely to be memorable, as it was part of ongoing efforts to solve some problem; but for the call taker, numerous calls may have intervened in between the first and repeat calls. It is important for callers to establish that they are repeat callers early on (so that their call can be treated as a follow-up to a previous interaction); it is equally important for the call taker to orient to the status of calls (for fear of appearing not to care about the caller's problems). In this article, we use conversation analysis to analyze repeat calls to a helpline for how callers and call takers display to one another that they are talking for a second or subsequent time, and we focus, in particular, on the role of memory in these interactions.

Memory has been a focus of research within discursive psychology (Edwards & Potter, 1992a, 1992b; Locke & Edwards, 2003; Middleton & Edwards, 1990), which in a challenge to traditional cognitive psychology, investigates memory as an interactional phenomenon rather than as (just) a cognitive process. Memory has also been a focus of conversation analysis (Drew, 1989; Goodwin, 1987; Schegloff, 1991), which understands memory as an oriented-to interactional device (rather than a cognitive process). A number of researchers within discursive psychology and conversation analysis have shown, for example, participants strategically claiming to forget (Drew, 1989; Edwards & Potter, 1992a; Goodwin, 1987). Collectively, these analyses uncover how claims and displays of forgetting (a person, a conversation, or a name) are generated by interactional contingencies and are used pragmatically to perform various actions (e.g., to deflect teasing or to involve another in a telling). However, this is not to say that there are no cognitions underpinning talk-in-interaction, and some conversation analysts have been willing to consider some integration of cognitive and conversational approaches and have looked at how mental states and processes may become interactionally visible (e.g., Drew, 1995a, 1995b, 2005; Heritage, 1990–1991, 2005; Kitzinger, 2006; Mandelbaum

& Pomerantz, 1990; Pomerantz, 1990–1991; Sanders, 2005): for example, the cognitive processes underlying a word search (Sanders, 2005), the change of mental state indexed by *Oh* (Heritage, 2005), the capacity to remember (Kitzinger, 2006), and the state of mind of confusion (Drew, 2005).

Our data corpus comprises 80 calls from 56 callers to one call taker on a Home Birth helpline. This is a United Kingdom-based organization that offers support and information for women planning a home birth and is advertised in books and magazines on pregnancy and childbirth.<sup>1</sup> The base for the Home Birth Movement is the organizer's home, and the helpline number is the organizer's home number. As such, the helpline is not one dedicated to Home Birth calls. (For more information about this data corpus, including a thematic analysis of the content of the calls, see Shaw & Kitzinger, 2005.)

More than a third of the calls in our corpus ( $n = 31$ ) are repeat calls, that is, second or subsequent interactions between the same caller and call taker. The high percentage of repeat calls reflects the stated willingness of the call taker (in first calls to the helpline) to be involved in callers' ongoing struggles to achieve home births (e.g., by giving feedback on letters of complaint, advising on suitable courses of action following scans and tests, etc.) and her stated interest in hearing about women's experience of their labors and deliveries after the event. We present our analysis in three sections: First, we show how caller and call taker are oriented to remembering at the beginning of calls as it is displayed in what we call the *recognition-solicit presequences*; second, we show how participants are oriented to issues of forgetting and remembering during the course of repeat calls; third, we show how remembering and forgetting are made manifest in interaction.

## **RECOGNITION-SOLICIT PRESEQUENCES: MEMORY IN CALL OPENINGS**

First calls are hearable as such in part because there is no attempt to solicit recognition. In Extract 1, from a first call to the helpline, the caller, Tanya, accounts for how she got the number (lines 2–4), thereby already implying it's a first call. She then introduces herself at line 7 using the format *my name is Tanya* (a format that does not claim recognizability; the format in repeat calls is *this is Tanya* or *it's Tanya here*) and launches her problem presentation as a *first-time* telling (Tan = Tanya; Clt = call taker):

#1

[Tanya 28: First call]

- 01 Clt: Sally Cookson,  
02 Tan: .hh Oh hello:. I've been given your number  
03 from the international home bi:rt<sup>h</sup>  
04 movement?  
05 Clt: Oh yeah.  
06 Tan: I just phoned them to ask for some  
07 advi:ce. uhm My name's Tanya Mann .hhh and  
08 I'm living in We:stcliff. [An'-]  
09 Clt: [Mm ] hm.  
10 Tan: I- I'm about (.) hhh! (I) thi:nk about  
11 twenty six weeks pregnant .hhh and uhm I  
12 had arranged (.) to have a home birth it's  
13 my third baby ((continues to describe problem with Strep B infection))

By contrast, it is recurrently the case that the first substantive turn from repeat callers orients to the status of the call *as* a repeat call and solicits recognition from the call taker before proceeding to the main business of the call—the problem presentation or birth report. When Tanya makes a repeat call (Extract 2), she marks it as such by directly reporting that she has called before (line 5). She gives an approximate timing of that first call (“about six weeks ago,” line 6)—thereby indicating to the call taker how *far back* in her memory she should search for the information—and she formulates the gist of what she conveyed in the first call (“I was telling you about how I’d had a positive Strep B in the urine result”; lines 6–8), that is, she deliberately says again something she believes herself to have said before in the first call to convey to the call taker that (and how) she should or could remember her:

#2

[Tanya 31: Second call]<sup>2</sup>

((The call taker has moved from one phone extension to another on which the recording can be made: The recording begins as she has just lifted the receiver on the second phone.))

- 01 Tan: Hello:: hh!  
02 Clt: Sorry: I: I uhm had to get to another  
03 roo:m. [huh huh ]  
04 Tan: [Oh that's] alright. Don't worry.  
05 Uhm I actually spoke to you I think it was

06           about six wee:ks ago: .hh uhm (.) I was  
07           telling you about how hh I'd had a positive  
08           Strep B in the ur[ine [ .hh [ resu:lt. ]  
09 Clt:                           [.hhh [Oh:: I [seem to re]  
10           member that one. Ye:s [ : . ]  
11 Tan:                           [Ye ]ah. Uhm hhh!  
12           Nothi:ng (.) has really developed so far  
13           u[ hm]  
14 Clt:           [mm] hm  
15 Tan:           except I'm getting more ne:rvous as it gets  
16           closer to the bi:rth an' .hhh I'm thinking  
17           that I'd like to spea:k to an independent  
18           midwife.

Tanya's repeat call is typical in deploying both a temporal placement of the first conversation and a gist formulation<sup>3</sup> of its content as part of the recognition-solicit initiating action. These offer what Schegloff (1979) termed "more than" (p. 64) resources (i.e., more than simply a name or a single recognitional descriptor), which supply some "assistance" (Schegloff, 1972, p. 90) for the recognition when *recognition* here involves retrieving information about the caller and her problems as they were formulated in the previous call. In soliciting recognition, callers provide memory prompts that are recipient designed by reference to what they show themselves to expect the recipient to have remembered about them. Extracts 2 (previously) and 3 and 4 (following) show the same pattern of recognition solicits providing the timing of the call (Extract 2, lines 5–6; Extract 3, lines 4–5), a place identifier (Extract 4, lines 10–11), gist formulations (Extract 2, lines 6–8; Extract 3, lines 5–7; Extract 4, lines 14–15), and questions about the call taker's memory (Extract 3, line 8; Extract 4, line 10):

#3

[Matilda (Mat) 21: Second call<sup>4</sup>]

((The call taker has moved from one phone extension to another on which the recording can be made: The extract begins as she has just lifted the receiver on the second phone.))

01 Clt:   Right I'm now sitting at a desk.  
02 Mat:   [ (huh) ]  
03 Clt:   [.hh Yes ]:. Your name is?  
04 Mat:   Uh it's Matilda Bryer. I called like quite

05 some time ago. It was about uh:m .hhh I had  
06 some misgivings about the: midwife I had  
07 for the home bi:rth. uh  
08 [I don't know if you remember.]  
09 Clt: [ . h h h O h: y\_e : s. ]  
10 I think I remember.  
11 Mat: Yes so u:hm (.) you gave me the number  
12 of Annie Trembleton and the Southfield  
13 ho:me bi:rth (.) s:support grou:p uhm a:nd  
14 (.) both of whom I got in touch wi:th,  
(continues to recount continuing  
difficulties with arranging a home birth))

#4

[Ursula (Urs) 32: Second call]

((The call taker has moved from one phone extension to another on which the recording can be made: The extract begins as she has just lifted the receiver on the second phone.))

01 Clt: Hi: hhh  
02 Urs: Hello again. [.hhh Uhm:: (.)  
03 [((whistles starts))  
04 Urs: [(You've turned it on)]  
05 Clt: [ Just a mi:nute. ] Yep.  
06 (0.5) ((whistle stops))  
07 Clt: Turn the sou:nd off. Ye::s? Mm hm?  
08 Urs: [Okay I had-]  
09 [ .hhh Go ]od to hear from you. hh  
10 Urs: Yes you: >I don't know if you remember< I  
11 wz the lady who was phoning from Padfo:rd;  
12 (.)  
13 Clt: [ °P a d f o : r d: y e s° ]  
14 Urs: [And I had- I had the gesta]tional diabetes  
15 and things [like [ (that) ]  
16 Clt: [.hhh ↑O o h] yes: I do  
17 remembe:r.  
18 Urs: Uh:m so: I- I said I'd give you a ca:ll  
19 just to let you know  
20 Clt: Well that's very good of you.  
21 Urs: I actually ended up uhm ((continues to  
22 tell about labor and birth experience))

In the openings of all three calls, self-identification as a repeat caller is treated by both participants as making relevant from the call taker some indication of whether or not she remembers the caller and her call. So in

Extract 2, after Tanya has provided a gist formulation of the first conversation, the call taker treats this as making relevant a (mitigated) claim to remember (lines 9–10). In Extract 3, after Matilda has self-identified by providing her name, an indication of the timing of her previous call, and a gist formulation of it (lines 4–8), the call taker’s “Oh yes” (line 9) claims to remember and is produced in overlap with Matilda’s question about the call taker’s memory (line 8)—a *question* by virtue of its being a declarative statement about a B event (Heritage & Roth, 1995)—that treats her previous talk as having been provided in the service of soliciting that memory. Also, in Extract 4, Ursula abandons an initial start (at line 8, produced in overlap with the call taker and presumably headed for “I had the gestational diabetes,” line 14) in favor of a prefatory question about the call taker’s memory (line 10) followed by a geographical location by way of self-identification (lines 10–11). Then, treating the call taker’s lack of uptake (line 12) as evidence of her not (yet) remembering, Ursula adds additional self-identifying information (her medical diagnosis, lines 14–15), following which the call taker claims to remember (“Ooh yes I do remember,” lines 16–17). In Extracts 3, 4, and 5, the caller’s self-identification and the call taker’s claim to remember together constitute the recognition-solicit sequences.

Caller recognition solicits would seem to make relevant a response from the call taker ranging from an admission of inability to place the caller and her situation (e.g., *I’m sorry, I don’t remember—Would you mind starting again*) to some display of remembering the caller and her situation (such as *oh yes, you’re the one who rang leaking at 36 weeks and didn’t want an induction*). In fact, we have no instances either of admissions of having forgotten or of displays of remembering in the *recognition-solicit presequences*: Instead, in every instance, the caller claims (but does not display) remembering (see Sacks, 1971, on the distinction between *claiming* and *displaying* an understanding). We assume that a display of remembering would be the preferred response to a recognition solicit but that the risk of *getting it wrong* deters the call taker from any such attempts in the opening moments of the call.

The caller’s recognition solicits and the call taker’s claim to remember together constitute a *presequence* (see Schegloff, 2006) in that these exchanges have the character of prefaces or preludes to some projected next action or sequences of action: That is, the opening sequences are not actions in their own right but a method used by callers for assessing in advance of their problem presentation how well the call taker remembers



them. The *recognition-solicit presequences* are a method for determining the likely fate of a problem presentation were it to be introduced either in a form presuming total recall from the call taker (e.g., *This is Matilda and I'm calling because things didn't work out with Annie*) or in a form presuming no recall at all (i.e., telling again everything conveyed in the first conversation). In practice, as we show, callers generally steer a course between these two extremes but sometimes make *errors* (in both directions) in their assessment of how much the call taker remembers.

With only one exception in our data set, it is the caller, and not the call taker, who seeks to establish the call as a *repeat* rather than as a *first* contact. This is because there is a fundamental asymmetry between caller and call taker. One of them (the caller) knows from the outset—before the phone is even answered—that this is a repeat call; the other (the call taker) does not. The normatively relevant place for the caller to identify herself as a repeat caller is in the self-identification slot that opens up after the call taker has identified herself and her service and dealt with the ethics and practicalities of taping the call (i.e., Extract 4, lines 4–8; Extract 5, lines 10–11). In all calls identifiable as repeat calls, the first displayed orientation to them as such occurs in this slot, that is, before the caller has yet conveyed any information of the sort that might enable the call taker to identify her as a repeat caller. The caller, then, both knows herself to be a repeat caller and has an opportunity to index this at a point in the call where the call taker is unlikely yet to know that the caller has called before or to have had an opportunity to claim or display such knowledge.

Extract 5 is the only instance in our collection in which it is the call taker who first displays an orientation to the call as a repeat call—and it turns out she is wrong. The caller's self-identification here does *not* identify her as a repeat caller. Unlike the callers in Extracts 2, 3, and 4, she neither claims to have called before nor solicits the call taker's recognition but treats herself as a first caller presenting her problem as if for the first time (compare Extract 1). Nonetheless, at lines 6 through 7, in place of some responsive action to the caller's launched problem presentation, the call taker treats her as possibly having called before: Her negative interrogative (“Did you not ring me befo:re?,” line 7) uses a format that is often heard as asserting rather than questioning (Heritage, 2002) and displays an expectation that any such prior contact might expectably have been mentioned by the caller herself, thereby displaying an expectation that recognition soliciting, if relevant, should be done early, along with self-identification (Dor = Doreen):

#5

[Doreen 39: First call]

((beginning of call not recorded))

- 01 Dor: hhhh! .hhh I'm thi:rty eight, I'm eight  
02 months pregnant,  
03 Clt: Mm hm  
04 (0.2)  
05 Dor: an' I'm 'avin' hhh .hhh an 'ome birth: hh.  
06 (.)  
07 Clt: mcht Did you not ring me befo:re?  
08 Dor: No I didn't.=  
09 Clt: =You didn't. Oh well someb'dy else rang me  
10 thirty eight wanting a home birth.=Ye:s;  
11 Ri:ght. Mm.  
12 (0.5)  
13 Dor: .hhhhh U:hm: hhh .hhh I'm sca:red stiff.  
14 Clt: Oh dea:r. I'm so: sorry:.

There are three key interactional concerns driving the caller's self-identifications as repeat callers in the opening moments of the call. First, as Extract 5 makes apparent, there is always the possibility that (correctly or otherwise) the call taker will identify them as repeat callers, and when she does so correctly, their failure to so identify would then be treatable as an accountable absence. The telephone counseling literature deals with repeat calls almost exclusively as *nuisance* calls in which people *misuse* helplines by repeatedly calling and rehearsing their problems as if for the first time (Telephone Helplines Association, 1999, p. 9). Second, it is very common for the call taker to move toward closing (in both first and repeat calls) with an invocation of future interaction (Schegloff, 2006), and this is a resource on which callers draw in repeat calls, treating their repeat calls as legitimate by reference to the prior call that invited them. So in Extract 4, the caller explicitly accounts for her current call with reference to the invocation of future interaction offered by the call taker in the first call: In the repeat call, she says 'I said I'd give you a call just to let you know' (lines 18–19); and in the first call, around 3 or 4 months earlier, the call taker had asked "will you let me know what happens:," to which Ursula had replied "I will.=I'd lo:ve to:"). Third, issues of memory are important in the first few moments of these calls because in designing their problem presentation or birth story, callers are oriented to the general preference in conversation not to report things already known to one's recipients (Schegloff, 1991). This preference not to tell what

one supposes (or ought to suppose) a recipient already to know manifests itself in an apparent preference—at least in ordinary conversation—to “under-tell and over-suppose” (Sacks as cited in Terasaki, 1976, p. 15). In the case of these helpline calls, recipient designing a problem presentation or birth story for a call taker to whom they have already presented (an earlier version of) their problem requires them both to remember what they told the call taker in the first call and to figure out, in interaction with her, how much information they can (or should) presume the call taker to have remembered.

In sum, we have identified both some interactional motivations for repeat callers to identify as such and the procedure they use to do so—the *recognition-solicit presequences* that depart both from the identification sequence between people who regularly interact with one another and from that between people interacting for a first time in which there can be no expectation of anything being remembered from a previous occasion (Schegloff, 1979). The recognition-solicit sequence (a recognition-soliciting, initiating action and—in the instances analyzed here—a responsive claim to remember) together constitute a presequence that clears the way for the subsequent problem presentation or birth story.

## **ORIENTATIONS TO FORGETTING AND REMEMBERING: TELLING AND REQUESTING PREVIOUSLY CONVEYED INFORMATION**

As we showed in the previous section, the call taker responds to the caller’s recognition solicit by claiming to remember the caller and her problems: She does this in all the repeat calls in our data set. The consequences of this claim reverberate throughout the unfolding calls. We show two such consequences here. First, the call taker’s claim to remember the previous call(s) means that the caller should refrain from telling as if for the first time information conveyed in those calls. Second, the call taker should not request this information as if it were previously unknown. We consider each of these in turn.

### **Telling Again Previously Conveyed Information**

One way of managing an interaction in which the call taker claims to remember but in which there may be some doubt as to the adequacy of her memory is to mark a telling as conveying information already conveyed in

a previous call, thereby equipping the call taker with the information the caller needs her to have to make sense of what she wants to say while also displaying an orientation to not telling her as if *for the first time* something she's already been told. This strategy is displayed in Extracts 6 through 8. In each of these extracts, the caller tells again some previously conveyed information, in each case marking it as having been previously conveyed. In each extract, the call taker responds with either a claim to remember (Extracts 6 and 7) or an attempted display of remembering (Extract 8), thereby showing that she holds herself accountable for remembering information marked as having been presented in an earlier call.

Extract 6 is taken from the second call from Tanya starting with the last few lines we already showed in our earlier analysis of Tanya's second call (Extract 2). In her first call, she described how her (National Health Service) midwife was refusing to allow her to give birth at home on the grounds of a Strep B infection (now cleared up) earlier in her pregnancy. In the course of telling about the Strep B infection in the first call, Tanya said "I wasn't worried I mean my husband's a doctor and he- he didn't even want me to take the antibiotics." In her second call, Tanya—who has now abandoned hope of a home birth with an National Health Service midwife in attendance—requests information about independent midwives. The previously told information (that Tanya's husband is a doctor, line 9) is marked as such ("I think I told you," line 8):

#6

[Tanya 31—Second call]

- 01 Tan: ... .hhh I'm thinking  
02 that I'd like to spea:k to an independent  
03 midwife.  
04 Clt: That sounds quite a good ide:a. [You ]=  
05 Tan: [yeah]  
06 Clt: =think you could aff- affo(h)rd a(h)n  
07 indepe(h)nde(h)nt midwi:fe. ((sniff))  
08 Tan: Yeah 'cos uhm- my husb- I think I told you  
09 my husband's a doctor and we've been  
10 talk[ing]  
11 Clt: [Oh] yeah I do: remember no:w. Yes.

Responding affirmatively to the call taker's question about whether she can afford the services of an independent midwife, the caller accounts for her ability to pay with reference to her husband's occupation.

She initiates repair (with the cutoff on “my husb-,” line 8) to mark the information she is about to produce as having been previously conveyed in the first call. The repair solution (the prefacing of her account with “I think I told you ...”) displays her orientation to not telling again as if for the first time information that she should properly presume the call taker already to know. In her repair solution, Tanya both holds the call taker accountable for remembering (as, to some extent, she must given that the call taker has said “Oh I seem to remember ...”; Extract 2, lines 9–10) while also offering a benevolent candidate account for why the call taker might not remember (“I think” implies that it may be Tanya’s memory of having conveyed the information rather than the call taker’s apparent ignorance of it that is at fault). The design of Tanya’s turn militates against the possible hearing of her account as complaining about or mounting an accusation against an inattentive and forgetful call taker but also embodies the implication that the call taker’s question was not appropriately recipient designed for the recipient she should perhaps have known this caller to be (i.e., someone married to a doctor and therefore presumed able to afford the services of an independent midwife). This elicits from the call taker a claim to remember “now” (Extract 6, line 11), which thereby acknowledges (and excuses) her question as having been due to a temporary memory lapse.

Extract 7 is a repeat call to report on a birth. In her previous call, Millie (Mil) was concerned about her doctor’s advice that she should not give birth at home due to the possibility of shoulder dystocia (in which the shoulders get stuck following the delivery of a large head). Describing her terror of having to give birth in hospital, she asked—and subsequently discussed for some time with the call taker—“is their argument uh valid in any way that the bigger a baby gets the more likely there is to be shoulder dystoxia [*sic*]”? In this repeat call, she describes how she “had a wonderful time” giving birth at home, and the first 4 minutes of the call are largely devoted to her report of her labor, from which it is apparent (although never stated) that there was no shoulder dystocia. She then announces the time of the baby’s birth, his Apgar scores, and finally his weight (Extract 7, lines 1–2). The previously told information (that her doctors had been concerned about shoulder dystocia, lines 6–7) is marked as such (“I don’t know if you remember,” lines 4–5):

#7

[Millie 44: Third call]

01 Mil: .hh And he was nine pounds four and a02 half ounce:s

- 03 Clt: mcht [ .hhh [ T:errific! ]  
04 Mil: [And [(d'you know th-)] >I don't know  
05 if you remember< th- but- they'd (.) given  
06 me a lot of talk about shou::lder  
07 dysto:[c:ia:. ]  
08 Clt: [Yes they] had. Yes:.  
09 Mil: And d'you(h) kno(h)w the \$really funny  
10 thing is that 'is wee chin got stuck hahheh

For Millie, the relevance of the baby's weight is that despite having a big baby, she did not have the shoulder dystocia (the shoulders getting stuck after the delivery of a large head) predicted by her doctors. She is building an ironic ("really funny," line 9) contrast between what was expected (stuck shoulders) and what turned out to be the case (a stuck chin). For the call taker properly to appreciate what Millie intends to be hearable as the surprising incongruity of a stuck chin, she must remember (by way of contrast) the prediction of stuck shoulders. Without such a recollection, the announcement of a stuck chin is hearable instead as a complaint, a troubles telling, or as an account of a heroic delivery in spite of difficulties. Because the call taker, despite an earlier claim in the *recognition-solicit presequences* (not shown) to remember Millie and her problems, has not yet displayed any specific recollection of the concern about shoulder dystocia, Millie moves to *remind* her (at lines 5–7), marking this as previously told information (lines 4–5) and hence saying again what she had said before, although not telling again as if for the first time information that she should properly expect the call taker to know. This elicits from the call taker a claim to remember (line 8): That is, she does not receive the information that "they'd given me a lot of talk about shoulder dystocia" (lines 6–7) as news (e.g., with a news receipt such as *oh had they* or a reaction token or assessment such as *oh dear* or *how rotten*) but responds instead by confirming it as already known information. Whether or not she actually remembers Millie's concerns about shoulder dystocia, she displays an orientation to claiming that she does.

Extract 8 is a repeat call from Jane (Jan) who in her previous call, told the call taker about her distress at having been transferred to hospital against her will once it became clear that her baby had died in utero. She reported in the first call that the midwife who transferred her had accounted for her behavior on the basis that "she hadn't been in this country for long, she'd come from Canada and apparently they didn't—they don't deliver at home—stillborn babies at home there." In this repeat call, Jane is reading her letter of complaint to the midwife and eliciting the call taker's feedback

prior to sending it. Just before the opening of Extract 8, there is some difficulty in the giving and receiving of advice in that Jane treats the call taker's suggestions for editing her letter as *excusing* the midwife. The previously told information (that the midwife had been practicing in Canada, line 19) is marked as such ("I've explained to you before," lines 14–15):

#8

[Jane 78: Second call]

- 01 Jan: ... I've tried an' tried (0.5) to uhm  
 02 excuse:se 'er  
 03 Clt: [Mm]  
 04 Jan: [But ] it doesn't help. I don't get anywhere  
 05 by try(h)in' to excuse 'er. ]  
 06 Clt: [N<sub>o</sub>: no:] well I don't  
 07 think you have to excuse her. .hhh You  
 08 have to: (0.2) show th't you: (.) .hhh  
 09 understand what might've been going on in  
 10 'er mi:nd. [I think.] Because that's the=  
 11 Jan: [ (mm) ]  
 12 Clt: basis for her being able to impro:ve.  
 13 (.)  
 14 Jan: Mm. Because I do think she:- she possibly  
 15 was because (.) I've explai:ned to you  
 16 befo:re that (.) she was originally from  
 17 (.) although she was an English (.) born  
 18 midwife and had wo:rked here  
 19 Clt: Yeah  
 20 Jan: She'd been practicing in Cana[ da ]  
 21 Clt: [Can]ada. So  
 22 she was coming into it ne:w and she didn't  
 23 quite kno:w what she could do:. Mm.

In response to Jane's objection that "excusing" the midwife is not helpful (lines 1–5), the call taker protests that what is needed is not excusing but a display of understanding of "what might've been going on in [the midwife's] mind" (lines 9–10) when she transferred Jane into hospital against her will. In lines 14 through 20, Jane not only accepts this reformulation of what is needed for the letter but also claims already to have considered the situation from the midwife's perspective and to have done so in advance of being prompted so to do by the call taker. She explicitly refers to having previously conveyed information she is about to give again ("I've explained to you before," line 14–15), thereby both indexing a prior show

of understanding of the midwife's motives and also thereby making relevant some claim or display of remembering from the call taker. Having indexed it as previously told information, she then abandons, on the very brink of producing it, the name of the place the midwife was "from" (line 15) to repair her talk as referring not to the place from which the midwife originated but to the place where she had—until recently—been practicing. As Jane reaches (again) the place name—projectably now by virtue of the contrast with "English born" (line 16), a country (rather than a town or another hospital)—the call taker attempts a collaborative completion (Lerner, 2004), although she is apparently able to do so only after hearing the "Can" of "Canada," making this not very compelling as a memory *display*. The interactional motivation that prompts this attempted collaborative completion is twofold: displaying her capacity to *remember* what Jane reports having previously explained to her and also endorsing Jane's claim already to have considered (on her own behalf and without being prompted by the call taker) the midwife's perspective.

In sum, Extracts 6 through 8 display the extent to which in making repeat calls, callers are designing their problem presentation or birth report with reference both to their own memory of what they told the call taker on a previous occasion and with reference to what they show themselves to expect—or to believe they should expect—the call taker to remember.<sup>5</sup> These extracts also display a pervasive orientation on the call taker's part to claiming that she remembers information marked as having being conveyed in earlier calls.

### **Requesting Previously Conveyed Information**

A second way in which an orientation to memory is recurrently displayed in repeat calls is in the call taker's design of information-soliciting questions. Just as callers avoid telling again as if for the first time information conveyed in a previous call, so the call taker avoids asking as if for the first time for information that may conceivably have been previously communicated. In Extracts 9 through 11, the call taker's questions are designed with reference to the possibility that the information now sought has already been conveyed in a previous call.

Extract 9 is a second call from Pam whose previous call was a month earlier when she was 6 days overdue and desperate to avoid an induction. In the course of the previous call, the call taker had asked and been told that



the hospital covering Pam's care was Pondesbury. She requests this information again at lines 17 through 18:

#9

[Pam 80: Second call]

- 01 Clt: So:: have you had your ba:by:. hh  
02 Pam: Yes! she was bo:rn- she's two and a half  
03 weeks old and she arrived at fo:rt<sup>y</sup> three:  
04 wee:ks?  
05 Clt: Ooh↑::↓! hhh  
06 Pam: So:- an' I avoided induction in fact she-  
07 Clt: Oh [ brilliant! ]  
08 Pam: [I was booked ] booked for induction at  
09 forty three weeks I decided that I had to  
10 draw the line 'cause I was so: fed up  
11 Clt: Yes  
12 Pam: And so fed up of all the mixed messages I  
13 was gettin' from various people I was  
14 seeing at the hos [pital ]  
15 Clt: [yeah] yeah yes:.  
16 Pam: Uh:m (.) [(I started [labor-])]  
17 Clt: [ .hhhh [So which hospital  
18 was this I forge:t. hh  
19 Pam: Pondesbury:.  
20 Clt: Oh yes:. Yes.

The claim to have forgotten which hospital Pam was dealing with (“which hospital was this I forget,” lines 17–18) marks the name of the hospital as previously conveyed information and provides an account for asking again for information that she believes herself already to have been given.

Extract 10 is taken from the second call with Tanya (other parts of which we have already shown as Extracts 2 and 6). The portion reproduced following is taken from a preclosing environment (after the call taker has given local home birth contacts as requested, positively assessed Tanya's decisions, and invoked future interaction [not shown]), here opened up for further talk (at line 3) when Tanya introduces a complaint about “the local hospital” (line 3). It so happens that Tanya did not give the call taker the name of the local hospital in the previous conversation. Nonetheless, because—as in the first call from Pam (see Extract 9 previously)—callers do routinely name their local hospitals and because the call taker regularly

asks when they do not, it must seem likely to the call taker that she might be expected already to know this information. She requests this information again at line 6:

#10

[Tanya 31: Second call]

- 01 Clt: And I'm glad you've got your partner's  
02 support in this:  
03 Tan: Yea:h. Um (.) the l<sub>o</sub>:cal hospital is a  
04 (.) t<sub>e</sub>aching hospital and it's .hhh  
05 [ v<sub>e</sub>ry: uhm ]  
06 Clt: [Remi:nd me ] which one it i:s?  
07 Tan: Uh the Langwith.=In [( )]  
08 Clt: [Oh yes ] of course  
09 of course. [Yes ] [yes ]  
10 Tan: [Th- ] [th- ] they've got a one  
11 in four caesarian [rate ]  
12 Clt: [Ye:s] ye:s: they're  
13 really up to American standards  
14 Tan: Yeah. You have to dila:te at one centimetre  
15 an hour a:nd ((continues with complaint))

The design of the call taker's question ("remind me which [hospital] it is," line 6) marks the name of the hospital as previously conveyed information that she is unable at the moment to recall. She also receipts the name of the hospital as already known (lines 8–9), although it is ambiguous here as to whether she is claiming to remember it as Tanya's "local hospital" (a fabricated memory claim because this is new information) or simply to recognize it as a hospital she knows about through her work as a birth educator (e.g., she claims already to know about the hospital's caesarian rate, lines 12–13). As in Extract 9, the caller is oriented to not asking as if for the first time for information she (albeit wrongly) believes herself already to have been given.

Extract 11 is taken from Millie's third call (as was Extract 7 previously) in which she describes her "wonderful" home birth. The extract opens as Millie is extolling the support she received from her partner and midwife during her labor. There are two information-soliciting questions from the call taker: one asking for the midwife's name (line 7) and the other for the area of the country in which the caller and her midwife are located (line 15). In the course of Millie's two previous calls (during her pregnancy), she referred to her midwife twice as "Pauline" (second call), named

the city where her local hospital is located (first call), and referred to the broad geographical district in which she lives (second call). The call taker's questions are, then, requesting information that has arguably been previously conveyed—although this previously conveyed information did not include the midwife's surname or the specific location of the caller (e.g., the town she lives in):

#11

[Millie 44: Third call]

- 01 Mil: Loads and loads of support from my (.)  
02 partner [and the midwife] .hhh honestly=  
03 Clt: [Oh how lovely ]  
04 Mil: =she's an absolute heroi:ne. We just (.)  
05 Clt: huh [ huh ]  
06 Mil: [ado:re] he:r=she's brilliant.  
07 Clt: What's her ↑na:me?  
08 Mil: U::m (.) Pauline.  
09 Clt: mm hm  
10 Mil: Pauline MacDonald.  
11 Clt: Mm hm  
12 Mil: And she's the: the sort'v se:nior nu:rse  
13 around he:re. A:nd uh: she: she [knows]  
14 Clt: [ .hhh ]  
15 Remi:nd me which a:rea: this is.  
16 Mil: This is .hh Kilvarnrick.  
17 Clt: .hh Ah yes.=  
18 Mil: =On the north east [coast?]  
19 Clt: [Yes ] yes yes.

As we showed with the questions “So which hospital was this I forge:t.” (Extract 9) and “Remi:nd me which [hospital] it i:s?” (Extract 10), the call taker's question at line 15 is formulated (with “remind me”) in such a way as to claim already to have been told which area the caller comes from. In response, Millie provides the name of her home town, which she has *not* previously conveyed. The call taker receipts the name of the town as already known—although it is ambiguous as to whether she is claiming to remember it as Millie's home town (a fabricated memory claim because this is new information), to recognize it as a town she knows to be in the geographical district Millie *had* previously named and/or within the catchment area of the hospital Millie had named, or simply to know (as a United Kingdom resident) the town itself.

The call taker also designs her question about the midwife's name to convey that she is asking for previously conveyed information, but instead of deploying semantic resources, she uses a distinctive phonetic production with a pitch accent (a rise) on "what" and a turn ending with a marked rise in pitch. In their unmarked or default forms, *yes-no* questions in English generally take upward intonation, whereas *wh-* questions, such as the question on line 7, do not (Bolinger, 1987). We suggest—although as we do not have a collection of such items on which to ground our analysis, this must remain speculative—that this distinctive phonetic rendition can be heard as producing, via prosody, the same action as would have been achieved through some alternative semantic design such as *what did you say her name was*.

In sum, we have shown how during repeat calls, both caller and call taker are recurrently oriented to the issues of what is (or might have been) forgotten and what is (or might have been) remembered from the previous call(s). We have focused our analysis on two ways in which this orientation is displayed—through marking tellings and through designing questions with reference to information the speaker believes to have been previously conveyed.

### **Remembering and Forgetting Made Manifest in Repeat Calls**

We have shown thus far how participants in repeat helpline calls orient to issues of remembering and forgetting. More fundamentally, however, the human capacity to remember (and to forget) underpins what is possible and achievable in the course of these repeat calls. Many of the actions in which the call taker is engaged depend on her capacity to remember information from previous calls: Her actions make manifest that she *does* remember without being designed to display remembering. Conversely, in designing some action, the call taker may (inadvertently) display that she has forgotten information conveyed in a previous call. We show one example of remembering (Extract 12) and one of forgetting (Extract 13) as they are made manifest in the course of some other action in which the call taker is engaged.

Extract 12 is a repeat call from Rose (Ros) whose first call was made 2 days earlier when she was in the early stages of labor with her 6-week premature baby. She was planning an unassisted birth at home and was anxious about how to handle a premature birth (her birthing pool had not yet

arrived). The call taker had expressed concern about Rose's situation and had suggested contacting first a midwife and then—when that advice was rejected—the well-known obstetrician Odent (1984), with whose philosophy of trust in a woman's ability to give birth she might have expected Rose to be in sympathy. In this repeat call, the call taker asks an information-solicit question (“did you manage to get hold of Michel Odent or not,” lines 1–3) that makes manifest her memory of having, in the previous call, advised Rose to contact Odent:

#12

[Rose 27: Second call]

01 Clt: [ .hhh ] Did  
02 you manage to get hold of Michel Odent or  
03 not.  
04 Ros: Well I- after I spoke to you I- y'know  
05 (. ) I didn't feel the need ((continues))

Just before the beginning of Extract 12, Rose has come to what is analyzably the end of her account of her labor (describing the third stage and its aftermath). It is clear from her account that despite the call taker's expressed concerns in the previous call, she went ahead with an unassisted labor, with only her husband and 2-year-old in attendance. It is also apparent from her account that no health professionals have seen either her, or the baby, since she gave birth the day before. The call taker then launches a new sequence with an information-solicit question that—unlike the others we have looked at (Extract 9, lines 17–18; Extract 10, line 06; Extract 11, line 07)—does not index *remembering* (or *forgetting*) but rather is predicated on her memory of having advised the caller to do the thing she is now asking her about. By formulating her question as “did you manage” (lines 1–2), she embodies the presumption that Rose would have tried (but might have failed) to contact Odent as previously advised; and the recognitional person reference presumes that Rose knows who Odent is (as established in the previous call). Clearly, then, the call taker remembers (this aspect of) the prior conversation, but her talk here is not designed to claim or to display remembering. It is not primarily *doing remembering* or laying claim to some memory feat but rather performs the action of assessing the situation of the caller and her baby about whose health she is still concerned. (See also Kitinger, 2006, for a more elaborate—and theoretically elaborated—example of remembering made manifest in talk.)

Conversely, forgetting is made manifest in Belinda's (Bel) repeat call. In the opening moments of the call (Extract 13a, line 5) the call taker claims to remember Belinda and her problems. Accepting this claim, Belinda presumes adequate recollection in subsequently designing an offer in the preclosing portion of the same call 15 min later (Extract 13b, lines 1–15). However, it becomes apparent—both to Belinda and to us as analysts—that the call taker has in fact no recollection of the most salient issue of that first call. Forgetting is made manifest in the call taker's talk without it having been designed as a deliberate display of forgetting—and this makes it unlike the *strategic* forgettings reported in other conversation analytic and discourse analytic research (e.g., Drew, 1989; Edwards & Potter, 1992a, 1992b; Goodwin, 1987).

Here is the opening of Belinda's repeat call in which the call taker claims to remember Belinda's situation—in particular in relation to “getting a hoist” (line 3) for a “home birth with a pool” (lines 1–2):

#13a

[Belinda 43: Second call]

((The beginning of this call was not recorded))

- 01 Bel: ... about having a home birth with a  
02 po:l ((1.0 sec interference from recording  
03 device)) getting a hoi:st. .hh A::nd  
04 [I don't know]  
05 Clt: [↑O::h ye:s!] [ Yes Yes. ]  
06 Bel: [D'you remembe[: r. ]  
07 Clt: [(uh-)]  
08 Remind me where it was.hh  
09 Bel: It was i:n (.) Andeberly in Denborough.  
10 Clt: Ye:s:; Mm hm. [Mm hm.]  
11 Bel: [U h m ] .hhh And the  
12 reason I'm calling you ba:ck is because  
13 you were very ki:nd .hhh uh and spoke to me  
14 about it a:nd uhm .hhh in the end I went  
15 back to my midwif:e who::hh uhm hhh (.)  
16 fell over like a de(h)ck of cards huh!  
17 [.hhh]  
18 Clt: [In ] what wa:y. How d'you mea:n:  
19 Bel: Uhm: in that they then said “.hhh oh uhm  
20 a pool birth is a hands-off affai:r 'n  
21 the midwife will be in another room 'n  
22 you'll have to deliver your o:wn baby::"  
23 'n I said .hhh “That ['s fant ]astic.=

24 Clt: [No:::] ((v1))  
25 Bel: =That's just £what I want.£ [Uhm]  
26 Clt: [ But ] what  
27 an odd thing to [sa:y.]  
28 Bel: [Hah ] hah [hah [ hah!]  
29 Clt: [Yes¿ [ Mm¿]  
30 Bel: They were trying to put me off. .hhh uhm=  
31 Clt: =[Mm.]  
32 Bel: =[and ] uhm .hhh and you had said at the  
33 time that you wanted me to ca:ll you:  
34 when it was a:ll o:ve:r

Various features of the opening of this call (in particular, the recognition-solicit presequence, lines 1–5, and the reference to a prior invocation of future interaction, lines 32–34) should be familiar from the analysis of earlier extracts. The recording begins as the caller is part way through producing, as a recognition solicit, a gist formulation of her prior call, the salient feature of which was the requirement of “getting a hoist” (line 3) if she was to be allowed a water birth at home (see Extract 13b, lines 21–25 in which this is recapitulated). The call taker claims to remember: Her “oh yes” claims that she has newly recognized the caller (Heritage, 2005), and her subsequent twice repeated “yes” conveys that “the prior speaker has persisted unnecessarily in the prior course of action and should properly halt the course of action” (Stivers, 2004, p. 260)—in this instance, that any further recognition solicits from Belinda are unnecessary. Despite these claims (and perhaps because it is some months since the last call), Belinda explicitly checks on the call taker’s memory (line 6). The call taker responds with a counter (Schegloff, 2007, p. 16–19)—“Remind me where it was” (line 8)—that avoids directly answering the question but instead requests again information she treats as having been previously communicated (her question is designed as in Extracts 10 and 11 previously). By claiming a memory deficit only in relation to her location, the call taker implicitly claims adequate recall of other features of Belinda’s situation—in particular, of the relevance of the “hoist” to which she has just made reference. Belinda then proceeds to update the call taker on the displayed presumption that she remembers the relevance of the hoist.

As it turns out, this caller has tragic news: Her baby died in utero 72 hours before birth, and she delivered her stillborn son in the hospital. Most of the call is taken up with her description of the death and birth of her son and its implications for her family. Finally, in what is analyzably the

preclosing stage of the call, Belinda returns to “the hoist thing” (Extract 13b, lines 1–2), which she had presented as the reason for her call:

#13b

[Belinda 43: Second call]

- 01 Bel: Alri:ght. And- and- if- if- if the hoi:st  
02 thing comes up and you want (0.2) some  
03 informa[tion] .hhh then just shout=  
04 Clt: [mm]  
05 Bel: [cause I'm [(happy to help with that)]  
06 Clt: [Yeah but [it does seem very mi:n]or  
07 compared with wha(h)t [you've been ]=  
08 Bel: [ W e : l l ]  
09 Clt: =telling me. huh huh  
10 Bel: Compared to my experience at the moment  
11 yes: but then if I can (.) get- help one  
12 woman have a birth at home as she wants it  
13 Clt: mm  
14 Bel: uhm then (.) or- or do something towards  
15 that [then] (.) that's very positive.  
16 Clt: [mm]  
17 Clt: .hhh Why: (.) they're not suggesting you  
18 have a hoist at home are the[:y. ]  
19 Bel: [Ye]s:=  
20 Clt: =Oh my god.  
21 Bel: Yes. They said if I wanted to have the  
22 pool at ho:me .hhhh the- that I would have  
23 to have a hoist because the midwife would  
24 not be allowed to get me out of the water  
25 if I got into difficulties.

Belinda offers (at lines 1–15) to make available to the call taker, should it become relevant in future for other women wanting home births, further information about hoists. It is at this point that the call taker displays that—despite her claim to remember about the hoist at the beginning of the call (Extract 13a, line 5)—she does not in fact remember this central concern of Belinda's previous call. The call taker's question, “they're not suggesting you have a hoist at home are the:y” (lines 17–18), is a repair initiation targeting the presupposition embedded in Belinda's prior turn (that by conveying information about the hoist to the call taker, she may help other women achieve home births, lines 11–15) that the hoist is to be used at home. If she had remembered Belinda's situation from the prior call (as she



claimed to), she would already have known that the hoist was for home use; and it is *because* she claimed already to remember that the caller presupposes her knowledge of the use of the hoist and does not tell her overtly what she ought now to assume her already to know. In treating home use of the hoist as unexpected—through other-initiated repair (Schegloff, 2007), a negative interrogative question design (Heritage 2002), and her surprise reaction token (“oh my god,” line 20; Wilkinson & Kitzinger, 2006)—she makes manifest her own failure to remember. Also, the caller hears it that way and reports again (lines 21–25) the information she had explained in her first call and had offered to convey again at the beginning of this repeat call but that the call taker had refused, claiming adequate remembering. In accepting the call taker’s claim to remember and in designing her report about the hoist (“in the end I went back to my midwife . . .”; Extract 13a, lines 14–30) for a recipient presumed to remember, Belinda’s report turns out to be poorly designed for a recipient, such as this call taker, who has, in fact, forgotten it. The difficulties at the opening of the call (the repair initiation at line 18, the misjudged and—as it turns out—nonaligning reaction token at line 24 and assessment at line 26) are analyzably the consequence of Belinda’s talk having been designed for a recipient who remembers her prior call, as this recipient manifestly does not (see also Schegloff, 1991, for another analysis of the interactional implications of forgetting). The action in which the call taker is engaged when she makes manifest her failure to remember is an attempt to make sense of and respond appropriately to Belinda’s offer. In designing her repair initiation, she is not oriented to memory as such but inadvertently displays that she has forgotten information conveyed in a previous call.

In sum, whatever callers and call takers *claim* to have forgotten and remembered, they also—without designing their talk to display this—make manifest various aspects of what in fact has been forgotten and remembered. The human capacity to remember, displayed at numerous places in the Home Birth corpus, enables the call taker to deploy items retrieved from memory in the service of other actions in which she is engaged. The human propensity to forget—especially when claiming to remember—has reverberating implications for the interaction as a whole.

## CONCLUSIONS

We have shown some of the ways in which repeat calls to a helpline depend on and are built off previous calls, and we have illustrated the

importance of memory—claimed, displayed, and made manifest in talk—in constructing interactions between the caller and call taker over time. Callers ask more or less directly whether or not the call taker remembers, solicit recollections, index information as previously conveyed, and treat the call taker as accountable for remembering. The call taker frequently claims to remember, attempts displays of remembering (e.g., collaborative completion, identification of repeat callers), and requests information by formulating questions as *reminders* of what she thereby treats herself as accountable for knowing. Even when neither party is overtly oriented to remembering or forgetting as an issue in its own right, memory can be deployed in the service of some other action, and forgetting can become manifest in talk. We have begun to sketch out how repeat calls for help require the caller and call taker to negotiate what is remembered and what is forgotten from previous calls. In this sense, then, memory is an interactional achievement.

## NOTES

- 1 We are enormously grateful to Sheila Kitzinger of the Home Birth organization for collecting this data set for us and for her continuing help and encouragement in our analysis. We also want to thank all the women who allowed us to tape their calls. We are grateful to Richard Ogden, Geoffrey Raymond, Emanuel Schegloff, and Sue Wilkinson for helpful discussion of various analytic points and to Derek Edwards for thoughtful editorial feedback.
- 2 The very beginnings of most calls are missing from our corpus because the call taker does not usually record until she has gained ethical clearance—after which calls are usually further disrupted by the call-taker’s need to move from one room to another to operate the recording device. (Note that she is taking calls at home and does not have a dedicated Home Birth line).
- 3 This term is adapted from the work by Heritage (1985) and Heritage and Watson (1979, 1980) who have developed Garfinkel and Sacks’s (1970) work on “formulations” defined as follows:

A member may treat some part of the conversation as an occasion to describe that conversation, to explain it, or characterize it, or explicate, or translate, or summarise, or furnish the gist of it, to take note of its accordance with rules, or remark on its departure from rules. That is to say, a member may use some part of the conversation as an occasion to *formulate* the conversation [...]. (p. 350, emphasis in original).
- 4 Names of people, places, hospitals, and so on are pseudonyms. Calls were numbered consecutively from 1 through 80 in the order in which they were recorded. Note that due to recording omissions and accidental deletions by the call taker, we do not have all the first calls from those callers from whom we have what are clearly repeat calls (and

presumably we also do not have all the repeat calls from callers from whom we have first calls).

- 5 We have shown that the caller orients to the possibility that she is telling again information conveyed in a previous call. So, too, does the call taker—although there is no space to develop an analysis of this here. One illustrative data example must suffice. In her first call to the helpline, Millie expressed concern about shoulder dystocia and the call taker described how delivery of the shoulders can be facilitated by getting on to all fours. In Millie's second call, she continues to express anxiety about shoulder dystocia, and the call taker again mentions this method of delivery, marking it as possibly previously conveyed information ("I don't know if I told you," lines 1–2 in the following), which Millie receipts as previously known ("That's right," line 4):

[Millie 33: Second call]

01 Clt: .hhh But uh (.) uh I don't know if I  
02 told you: .h getting on to all fours is  
03 a great help [too. ]  
04 Mil: [That]'s ri:ght. And that's  
05 mu:ch:- that's what I'd much rather do: [ :. ]  
06 Clt: [mm]

This example illustrates then that the concern not to tell again as if for the first time is a concern of *both* participants in the interaction.

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