General Features
Theoretical Introduction

Phenomenological sociology and background expectancies

For some time now phenomenologically based sociologies,[1] including ethnomethodology, have been concerned with the study of social worlds rather than individuals, institutions, or groups. Social worlds such as the world of everyday life[2] or the *lebenswelt*[3] were understood, not as culturally defined places, but as ways of making sense.

While hardly a Durkheimian totality, 'the social world,' construed in the previous way, seemed to possess properties analogous to social facts. To use a mathematical metaphor, social worlds were found to have global characteristics—characteristics whose definition necessarily included a term for the totality itself.[4] Such characteristics formed a backdrop against which particular events, objects, and happenings exhibited themselves as meaningful phenomena to inhabitants or 'members'[5] of a social world. To cite a quick example Schütz proposed a certain epoché, a global suspension of doubt, as a global feature of the world of everyday life and/or of the cognitive style that produced it. These global characteristics were found to be features 'of' but not 'in' a social world. In one way or another they were tacit features for members. Phrases indicating such ways included 'seen but unnoticed,' 'taken for granted,' 'constituting,' 'pre-predicative,' 'pre-ontological.' The tacit nature of global features was often both an empirical observation and a theoretical definition or axiom. Global features of a social 'world' were 'taken for granted' by definition, among the people within that world.

Another set of observations often turned into theoretical axioms[6] might be summarised in an awkward way: these global features were not social psychological phenomena. They were not to be treated as occurring concretely as the interpretations, mental constructs, perceptions, or experience of particular individual 'persons.'[7] They did not describe ways 'persons' processed input. Not only was this an inappropriate theoretical representation of global features of social

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[1]   The phrase 'phenomenologically based sociologies' is employed in conformance with Heap and Roth's distinction between phenomenology as a method of philosophy and sociologies which borrow techniques from this method.

[2]   'The world of everyday life' is intended in the sense of Alfred Schütz.

[3]   'The *lebenswelt*' is intended in accordance with Hussurl's classical usage.

[4]   A popular theoretical sense of 'global' is Platonic. The collection of methods used to make sense of a world were treated like the syntax of a language, as an abstract structure. While the methods in a collection may be heterogeneous, there might be common meta-properties shared by these methods. Such properties could be defined as global properties of a world. For an example of this approach, see Wilson's 'The Regress problem and the problem of Evidence in Ethnomethodology.'

[5]   Ethnomethodologists' use of the term 'member' is rather esoteric. For the purposes of this paper a convenient oversimplification will suffice. If we consider a social world, game theoretically, as defining appropriate actions and interpretations of actions via rules, then a member may be regarded as a competent player. For a discussion of common sense environments as game situations, see Garfinkel's 'A conception of, and experiments with, 'Trust,' as a condition of concerted stable actions.'

[6]   Of course the distinction made here between the contingent, synthetic proposition and the necessarily true, theoretical axiom is only clear in beginning philosophy classes. The author is well aware of the problems involved in making such a distinction.

[7]   Ethnomethodology has regarded the concept of the 'person ' as a social construct used by laymen and professionals to analyse social settings. Although the use of the concept is familiar to common sense, its lay use in social settings is little understood, and its professional use in many ways depends on its lay use. It has been regarded as a dangerous concept to use as a resource. Instead, ethnomethodology has employed the concept of 'member.'

worlds, methodological procedures which reflected this theoretical stance were not to be used. A datum was not to be obtained by the observation, testing, or interviewing, of an 'informant, ' 'experimental subject, ' 'member of a sample from a population, 'or other type of individual person, and the results counted, coded, factor analysed, and so forth to eventually produce data concerning global features.

The more radical phenomenologically based sociologies, in particular ethnomethodology,[8] insisted on both of these two positions. Background features,[9] as we will henceforth call them, must be construed as necessarily tacit ones for members of a subjective domain and must not be construed as social psychological phenomena. Why in the world would anyone want to take such a position? Well—never mind, we need not deal with that lengthy issue here—thank God! Given such a position, the reader can appreciate the theoretical and logical tangles it creates. Indeed, given that position, a most natural question is, 'How in the world (pun not intended) might one go about observing a global feature of a social world?' An extremely reasonable question.[10] Usually this might be read as a methodological challenge: What would a hypothesis look like? What sort of data could refute or confirm it? How does one gather such data? But take this question another way. Instead of a challenge, let it initiate a search. Are there times and places where background features of social worlds get observed? If so, how is it done? This might seem like we have come full circle. Does not such a question advocate the observation of 'individuals' perceiving background features and the subsequent analysis of how they accomplish this? Well—

not exactly.[11] I intend to take the methodological challenge seriously. I am looking for a way that is compatible with what was described as the radical position concerning background features. It must be a non-social psychological way, a way different than the observation of how this person or that person interprets or perceives his environment; a way that resolves the logical dilemmas inherent in claiming to have explicitly observed a feature of the *same* subjectively defined world where, by definition, the feature can only be tacit. I need a microscope, so to speak, to see the phenomenon—a new way of 'looking' that will 'place me in the presence of the phenomenon.' My procedure is not to try to invent one (a methodology for making such observations). Rather, I am going to try to find one already in use. Using an analogy of Polanyi's, having found one, my goal is not at all to look *at* it; I want to look *through* it. This is the only way I can see that which the instrument makes available. Naturally, to look through it one needs to learn how to use it from those who know. So we look 'at' the instrument with this pedagogical purpose We treat its users as colleagues capable of teaching us a methodology.

General features

With these considerations in mind we begin a search for places where something like the observation of background features might be going on.

There does indeed seem to be at least one collection of such places—places where phenomena similar to background features are consistently recognised, remembered, and described—places where very little 'noise' is present to obscure the observation of the processes by which such recognitions, remembering, and describing, are done. Who might my potential ethnomethodological colleagues be—those with the methodological skills to observe background features? Of

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[8] This refers particularly to Garfinkel's work and closely allied research.

[9] I am using the term henceforth as a general one for global, tacit features of social worlds. This meaning is not the same as that of other authors who employ the phrase more specifically in connection with a particular theoretical framework and/or substantive phenomenon.

[10] Intentional fragment.

[11] Intentional fragment.

course—just as some might have suspected—my new colleagues and teachers are crazy people! I cited Schütz's proposal that the global suspension of doubt was a general feature of the world of everyday life. What better way to characterise the world of paranoia than considering it—a world created by various global suspensions of belief? However, unlike the way we believe, they disbelieve in massive, global, detailed ways—ways they are explicitly aware of, remember, and can discuss in detail.

This is just one example. For many sorts of mentally disturbed individuals, a major aspect of their pathology consists precisely in the persistent recognition of, and practical concern with, some general characteristic of the world in which they find themselves. For banal reasons I call such characteristics 'general features.' The phenomenon is pervasive across patients, and pervasive for those who 'do' it in that they do it massively. Much of the noise found in everyday life, where comparable processes may be taking place, is absent. In fact, a virtual sea of data is available. Patients are experiencing, remembering, talking, and motivated in ways that make available detailed information about how they are using their 'microscope' and what they are seeing with it. One can often obtain, in the case of drug psychosis direct recordings of the onset, development, and end of the process, from start to finish. Patients are even, on occasion, college educated and fluent in the vocabulary of phenomenology. Access to the patient and other involved parties before, during, and after the general feature exhibits itself is available, as well as all sorts of other fringe benefits for the enterprising ethnographer.

Our task now is to summarise the most important aspects of the process of coming to observe general features, as done by mentally disturbed patients. Needless to say, information on this matter was obtained via the author's taking advantage of many of the fringe benefits mentioned.[12]

What we get is something that, when verbally stated, might be called a policy of interpretation (although it does not have the character for those who do it). Moreover, when we look at the policy, its semantic potential is both enormous and impressive for being applied to any and all things a person might encounter in an environment (or totality within an environment). In terms of something the patient comes to see as present, the policy seems to come out to be a skill that presented itself in some restricted context of his life—during a trip on a drug, a fight with his parents, a traumatic interaction… It starts small like that and just starts to 'grow' until more and more of the world comes to have the characteristic which the first set of incidents had.

The policies themselves

An enormous convenience in these cases, is that the general policies are often easily formulated as verbal concepts by layman, patient, and professional alike. I think that is no accident. We will later discuss this fact. However, in a multitude of ways, the policies do not have the character of applied concepts for their users. The gain for the analyst in formulating the policies as concepts is that they thereby exhibit for you that they are not just any which policy. As we said, the characteristic, as first seen in a few initial events, is going to 'grow.' Issues of timing and pace in this growth process are very important. In particular, if the social and mental skills required to implement the policy were for the most part initially unavailable to the subject, if he had to pretty much start from 'scratch', I don't think the sort of

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[12] Research on this matter was conducted by the author while a professional intern at Langley Porter Neuropsychiatric Institute, San Francisco, California. Sources of information included relevant professional literature, interviewing, participant observation, tape recordings of natural interactions, case folder analysis, and so forth.

process I am talking about would be possible. Instead, the policies, stated as concepts, suggest two facts: considering *only* their customary meaning, the concepts are semantically applicable to a huge and varied assortment of phenomena—sometimes, any phenomenon whatsoever that might be in a world. Secondly, their design makes available *immediately* a large collection of cultural resources possessed by any member, as tools to find this characteristic in a large assortment of phenomena—resources like common sense knowledge about the social world, one's knowledge of one's own biography, skill in using natural language…

For example, an extremely pervasive policy running across all sorts of diagnostic categories consisted of variations on the theme that all kinds of events, comments, posters, and so forth are about you, personally, in some (usually unfortunate) way: they are designed to give you information, they are indicting your character, etc.:

> 'Everything which occurred around me I imagined was related to me. I would sit in a classroom and overhear a fragment of conversation and my sick mind would fasten upon a word or two that I thought referred to me. If a telephone rang in a classroom or in Ellicott I instantly surmised that the class concerned me; I was being transferred back to Group Three; I was being moved to another house; Henry was in the hospital and they were going to let him see me. If I heard the word 'smell' I suffered tortures, knowing that it referred to the odour of corruption which, I was convinced, still clung to me.' (McCall, pp. 262 – 263)

Now consider such recognitions as a homework assignment. Any occurrence of the pronoun 'you' whether in the newspaper or on the radio, is to be listened to as meaning 'you, personally'. Indeed, a perceptual variant was often seen; the president's speech to the nation on television was seen as directed to you personally by looking at him on the screen in a way that made him seem to be 'looking at you' and 'talking to you.'[13] I invite the reader to scan a television screen in that way, play with perspective in that way. He will find that he has the perceptual skills to do it. One can see the potential for commissioning already available skills into service to yield concrete possibilities. Let me just name a few more of these concepts and let the reader's imagination make these points more concrete.

Another common policy is seeing 'personal responsibility'—seeing oneself responsible and/or the cause of all sorts of mishaps and troubles of others, a third is the seeing of 'danger'—finding ways in which events and happenings are potentially dangerous to yourself or others—a fog was poison gas, a bulge in someone's pocket might be a gun, etc.

Implementing the Polity
The feature is concrete not generic

As evidenced in the previous quote, implementation of the policy consists in generating concrete features of social objects—not generic ones. For a contrast, consider another social process that assigns some common feature to all elements of a collection: the general opinion, point of view, or attitude. For a psychiatrist, all beliefs may be, in principle, personally motivated, and for a sociologist, all beliefs may be, in principle, socially conditioned. Both can successfully apply their point of view to a belief held by a specific person without actually knowing the particular motives or social forces involved in a give case. Indeed, the presence of motives and social conditioning in principle may serve as the warrant for a search (successful or unsuccessful) for the specific ones, as the ones which *already exist* and are yet to be found. In our process a much more stringent demand is made: a particular object is not appreciated as having the general characteristic unless and until the concrete,

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[13] This was an actual incident reported by a patient.

specific way in which it is present is found.[14] Patients can be asked about, and will give, incredibly detailed ways in which their general orientations hold in particular cases, details beyond your capacity to imagine and details which they were once incapable of themselves, admittedly, but which they have learned to discover literally by practice.

Concrete possibilities are fitted to objects as actual possibilities

It is frequent in these cases to hear complaints from therapists, laymen, and friends, that the concrete interpretations of events by patients are absurd, illogical, or nonsensical. However, there is a way to see that these interpretations are tightly fitted to their objects[15]—a way that makes use of a classical phenomenological perspective. We are all 'situated' in the real world at all times (unlike our situation in many dreams). Consequently, objects in this world are presented to us as phenomena that we see 'part of' directly, and as a host of additional 'horizontal potentials,' *i.e.*, additional aspects and significances of the object which can become directly available, later, from a different angle of vision, with additional clarification of what was meant, and so forth. The part of the object directly available to us at a given moment, the part made available given our situatedness, is thus chronically ambiguous. It could be a partial view of various different real objects; it could be compatible with many different significances.

We are never in a position to directly view an object in all its real aspects. Nevertheless, adults in everyday life do not experience their world as a chronically ambiguous domain containing endless, incomplete views of what *might* be real objects. Interestingly enough,

this does seem to be both the experience and the method by which certain paranoid schizophrenics see their world as unreal.

Phenomenologists usually treat horizontal potentials as somehow inherent in our experience of part of the object. We experience the-glass-from-the-front instead of the-front-of-a-possible-glass. We sort of 'fill in' additionals, expecting both *some* set of further aspects of the object to be present and, most often, expect a *particular* set of further aspects. One set of such filling in practices is described by Schütz as practices of typification. Usually that waste basket category, 'social context,' is cited as the way persons find the antecedents to the pronouns, as the way they come to expect an initial display to be a display of one real object rather than another.

Turning to patients seeing general features, a consistent fact emerges. For the most part (this qualification will be important), the esoteric, nonsensical nature of patients' interpretations does not consist of associating a given display with a real phenomenon which the display could not be a partial view of. Using just our common sense about what can go with what, we find that the initial displays are indeed compatible with the possibilities which patients see in them. It is just that they chose the wrong ones! Again and again, patients find a *real possibility* for a certain display, one which consists of a concrete case of their general features, and one which is at variance with what 'normals' expect as the actual possibility. Moreover, for both the patients and the normals the process of checking out the facts is only involved in the most indirect way in arriving at such possibilities. For we are forever confronted with perspectival views of phenomena, confronted with them in daily life incessantly and at a furious pace. We are all forced to take for granted the veracity of the significance we infer from such perspectival views without 'checking them out. II The time constraints forbid checking very many of them out, and when done, 'checking them

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[14] For a discussion of problems involved in turning generic possibilities into concrete ones, see the author's 'Towards a Phenomenology of Projection Errors.'

[15] By this is meant that patients' interpretations are governed by a systematic semantics much as is ours.

out,' as an activity, uses many significances imputed to givens and 'taken for granted' in any case, as the very backdrop against which facts are found and verified. Thus, the main difference between the patient and us is that he is using social context in a different way. But he is using social context systematically. He fits perspective view to interpretation by finding a real possibility, thus displaying the use of common sense knowledge[16] concerning what significances are compatible with what displays. Consider the report of the lady previously quoted. Her interpretation respected the sort of ring the ring was—namely the ring of a phone. She found the ring as a ring about her, by locating a cultural object that could be about her, that could be bad, and that was an object which a phone could transmit, namely messages.[17] Thus, she respected in detail the kind of device a phone was.

However, take special note of her last report about hearing the word 'smell' referring to her odour of corruption. That already starts to get a bit strained to think about as a real possible meaning for the word 'smell' in any and all sentences in which it might be embedded. I will mention in this connection a similar report I received. One paranoid male patient reported always hearing the pronoun 'it' as standing for his penis. Now that might seem a bit much, but ask him—just ask him on particular occasions how the pronoun could possibly have meant his penis, and he will tell you—in detail! What's more, if you listen with an open mind (whatever that is), you will detect an amazing skill of finding all sorts of chance aspects of context that confirm his interpretation as a real

possibility—aspects of context that we normal types are incapable of noticing but which, when told to us, we can see as systematic and sensible. Think about it. Think about hearing the sentence, 'It's a terrible thing, ' and what could be made of 'terrible' and 'thing' in such a sentence, given 'it' was your penis. A general resource for these interpretative policies is the massive ambiguity present in natural language. Remember I said that patients' interpretations are appreciated as real but inappropriate possibilities 'for the most part. ' What we will we will deal with later in more detail is the developmental nature of these skills—the ways that methods of hearing and seeing, types of ambiguity, and so forth are serially found and pressed into service to generate cases of objects possessing the general feature. Just using the Phenomenological idea about partial views of objects and real object compatible with a given partial view, many interpretations become sensible to me, and hopefully the reader, in ways they are not to laymen and therapists. The conjecture is that, if one were to follow the implementation of these policies longitudinally and in detail for a given patient, he could obtain detailed access to the systematic way interpretations are fitted to social phenomena. Quite often we encounter the patient quite late in the process. Here, late is measured by the degree of development of the skill in making these concrete interpretations, not by anything like clock time. For in drug cases, a person might proceed from a few unusual perceptions and behaviours to a qualitatively different world within the space of a half-hour, or even a few minutes. When encountered late in the process and depending on the particular policy involved, we may be overwhelmed with the variety and multitude of his esoteric observances so that we don't have detailed access to how they are being systematically fitted to initial displays. In the previous quote I do not have access of any sort to the person involved so that, offhand, matching the word 'smell' with her odour of corruption looks like pushing it—but still we have a physical

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[16] Although the term 'common sense knowledge' is used loosely in this paper, it is customarily used as a technical term in ethnomethodology.

[17] The reader might find the language in this sentence and similar rhetorical devices throughout the paper objectionable. The functions of such rhetoric are twofold: to describe a familiar world in a way that makes it appear strange and to exhibit commonplace behaviour as the result of social work. At least for practitioners, these linguistic devices have been somewhat helpful in this regard.

sense matched correctly with the sort of phenomena it detects.

Reasoning is non-discursive and perceptual

When patients are asked about the details of their delusions, one obtains among other things, descriptions that come out sounding like conclusions: I thought the fog was poison gas: I thought the rock was a house and that my girlfriend was inside: I believed my wife was dead when I saw her asleep on the bed.[18] One process, or way, by which patients find general features present in social settings is by engaging in reasoning. There are other ways.

Taking a phenomenological perspective again, consider reasoning, not as a social activity, but as a mode of awareness. Then we can ask what sort of awareness is involved in the reasoning carried out in connection with general features. Two phenomenological parameters will be introduced. The first is obtained by considering 'finding' as a verb. 'A finding,' instead of a confirmed hypothesis, is a case of some social and/or psychological activity directed to an empirical issue. Things like conclusions are integrated into such activities as sought objects, as matters of concern and so forth. Thus, one sense of reasoning is, an activity experienced by its doer as a deliberate recursive process, performed serially over time, and directed to some specific questions or issues. In such cases some experiential process is interposed between issue and answer, no matter how brief the process may be. It might involve thoughts (verbal or non-verbal), asking, listening, searching, and various kinds of co-operation with others. This is ordinary discursive reasoning. There is another experiential process that justifies the label 'reasoning.' It is non-discursive. In this process there is no separation between question and answer, concluding and concluded. Both occur together in awareness as inseparable aspects of the same activity.

The second parameter is related to the first. One way objects like conclusions come to us has the phenomenological 'feel' of what we usually consider as thoughts. The objects come as abstract, intellectual phenomena, situated in our head, sort of detached from their referents, which we 'think.' A second way such cultural objects come is as something vitally and inextricably connected to its referent, as part of the meaning of the referent itself. Most importantly, instead of 'thinking' the object, it is more appropriate to say we *perceive* it—perceive a conclusion, realisation, or finding.[19] Indeed, patients frequently make extensive use of the vocabulary of perception in the description of how certain of these delusions come to them.

Let's oversimplify greatly and consider each of these parameters as a dichotomous variable. We then produce that famous sociological resource, the fourfold table. In true Parsonian fashion we commence placing boxes within other boxes. Divide the conclusions arrived at by patients by their content. Distinguish the content involved in detecting the presence of their general feature from the sorts of ordinary facts about social settings we all deal with daily. Then, at least for my subjects, the overwhelming amount of reasoning involving the general feature goes in the box which stands for non-discursive, perceptually encountered conclusions (statistical readers are instructed to stop thinking about the strength of this association on some population at once!).

Before going any further, let's put a little meat on these rather obtuse theoretical bones with a specific example. The delusional system of one couple was a subcase of one of the policies we mentioned: the seeing of personal danger. In their case, it seemed to them that someone(s), for unknown reasons,

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[18] These are all actual descriptions obtained by the author.

[19] Admittedly, the theoretical issue here is thorny. After much consideration I decided that there was support for separating this parameter from the first.

was trying to kill them with insecticide. They found the stuff as strange particles floating in their water, as stains on their clothes, as what they smelled in the air, as the agent responsible when they felt faint or tired—you can see the possibilities. Primed or 'set up' in this way, the husband came home to the sight of his wife laying motionless, eyes closed, in the bed in mid-afternoon and his dog in a similar condition on the floor. What did he 'see'? He saw his loved ones unconscious or dead, having succumbed to the fumes of the insecticide. The poor dog was unceremoniously pulled outside into the 'fresh air' by his tail!

The example is instructive in several ways. The man didn't think, but 'saw' what had happened, saw a conclusion as part of the meaning of a physical scene. While no serial inquiry was involved, his prior conclusions and experiences figured in what he concluded in that they 'set up' the relevance of the possibility he saw. Such prior experiences, from his point of view, were not part of some process of inquiry initiated by raising the question of his loved ones' state of health prior to entering his home. Instead, the issue and its answer were posed simultaneously by the scene itself. In this way the scene explicated itself for him. 'What happened' was part of what he *saw*. For the contrasting box of discursive, non-perceptual reasoning we might imagine his soliciting from a person who was at his home what that person saw when he was there. With this information he might have derived the possibility of the fumes, and come upon it as a thought in his head, given what he was just told.

Indeed, the patient reported his experience to us as his 'mental processes,' 'beliefs,' and 'thoughts.' This would seem to contradict my version of this episode. But there is experimental contamination here, as there usually is in such cases. In the interview situation we asked him 'questions' initiating a discursive reasoning process on his part in an attempt to provide us with 'answers.' The tape reveals him remembering, correcting

himself, and otherwise step-wise reconstructing what happened to him in accordance with the implicit theory of his illness inherent in our questions. While his initial experience in his home might have been non-verbal, or certainly far removed from a voice in his head reciting for him what must have happened, he was able to formulate and understand the incident as a series of propositions which he thought or believed when he witnessed the scene. It seems generally true that these experiences, once undergone, are available to memory and formulable as hypotheses, if solicited as such. Thus, it takes some tricky questioning to evoke the sort of phenomenological details from persons which we are currently discussing.[20]

Actually, we can go further with the aid of another simplification. Take discursive, non-perceptual, and non-discursive, perceptual reasoning to be two distinct reasoning systems. It seems that these systems can be simultaneously operative for a single person and a single issue so as to give incompatible answers concerning it. This fact has enormous psychiatric import as well as large import for the issues raised in this paper. To name an import of the first kind, it seems we are now in a position to describe the sort of thing that has been recognised clinically as insights. These appear to be precisely non-discursive, perceptually encountered conclusions. The content of the conclusions is at variance with the patient's ordinary delusional system and constitutes what the therapist regards as the actual or appropriate account of a situation. In contrast, a pseudo insight or mere intellectual appreciation would be this same hypothesis arrived at by the patient discursively, as a correct or appropriate account. Again, note the great

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[20] A large dilemma here is that patients do not know phenomenology. One is thus faced with either asking them bizarre sounding questions which they do not understand or asking ordinary, understandable questions which are incapable of soliciting answers that bear on phenomenological issues.

prevalence in the psychological literature of the vocabulary of perception when speaking of insights and their attainment.

It might have seemed to the reader that all this theoretical hand waving about parameters, tables, dichotomies, and similar claims and distinctions were on enormously shaky, empirical ground. Clearly, many subtle theoretical and empirical issues were solved here by mere fiat. There are many things standing in the way of going into these issues. One is simply space. Another is equally simple: I don't know the answer to some of them. Getting a bit more legitimate in my excuses, it should be clear that the vocabulary being used is awkward. An adequate job for this section really demands extensive use of ostensive definition together with the invention of a suitable technical vocabulary. Thus, admittedly, this presentation is but a sketchy attempt to make do.[21]

How General Features Grow
The onset of symptoms

As already stated, these interpretative policies are not presented to patients as concepts which they should learn to implement by practice. Instead they happen to these people. In considering how they start to happen and why they keep happening, the initial context in which the policies present themselves seems to be crucial. In many cases information about this is unavailable, not detailed, or inaccurate. However, in acute drug psychosis these drawbacks are often eliminated. The job of the initial phenomena to which the policy is applied is twofold: they must introduce the policy in the first place as concrete, observable features of the initial phenomena. And they must simultaneously suggest to the patient, that the policy of interpretation (corresponding to the general feature) is applicable in a uniform way to

some totality of which the initial phenomena are a part.[22]

The job of the initial phenomena to which the policy is applied is twofold: to introduce the policy in the first place as concrete, observable features of the phenomena, and to simultaneously indicate to the patient that the policy of interpretation (corresponding to the general feature) is applicable in a uniform way in addressing some totality of which these first phenomena are a part. There are various ways that this can be done. Importantly, these are social jobs done *to*, not *by*, the patient. In Durkheimian fashion we need to assign the accomplishment of the jobs to culture, since it is done using the combined resources of the individual's actions and perceptions, actions and perceptions of other parties to the setting, general cultural norms, common sense knowledge, the place of the social setting in the social biographies of the participants, and other such matters. Two important ways of getting these social jobs done will be indicated although they are by no means the only ways.

For instance objects

Placed in specific social contexts, certain behaviours and events obtain for their observers a particular form of generality. They are understood as for instance objects. For instance objects are addressed as *representatives* of some totality of which they are a part. In observing the characteristics of the for instance object one sees the characteristics of the totality as well. Massive

[21] For a more elaborate description of a particular non-discursive, perceptual process, namely a type of insight, see the author's 'Towards a Phenomenology of Projection Errors.'

[22] Lemert and others have documented that paranoia can start with real discrimination, exclusion and so on—and snowball from there. This paper concentrates on technically 'how' these processes can occur. For a fascinating study of 'why' such processes occur refer to the seminal work of Silvan Tomkins. Tomkins treats emotional reactions as homing signals that cognitively amplify certain structures (not content) within related situations. He also proposes that general features 'grow,' not by expanding the scope of concepts, but by noticing analogies between related elements in partially similar situations.

knowledge of such objects is available in folk culture. Strategies of impressing someone are based, often explicitly, on this idea. In certain social places—job interviews, first dates, first interactions between strangers—common sense knowledge informs all parties that certain behaviour will be addressed as for instance objects. Specific displays of kindness, intelligence, rudeness, and so forth will permit the inference that its doer is a kind, intelligent, rude, *person*. Similar behaviour among the same parties, but in other or subsequent social settings, will not be addressed in that way at all, and, in fact, might not even be noticed. A form of verbal argument found in everyday discourse (which I call the example-prototype format) employs these objects, in the form of 'examples' of some maxim or generality about the world. As used in such arguments, for instance objects confirm or refute generalities in rather different ways than what scientists treat as 'cases.'[23]

As an example of how this works, let's describe a rather prototypical way of producing a paranoid reaction from the ingestion of drugs. The case involved ingesting marijuana. After one of a party of persons in an apartment reported a usual complaint—not getting high, feeling no 'buzz,' etc.—the others gave him too large a dose. Too large here meant enough to dilate the blood vessels in his abdomen causing a blood shortage to his head with the usual accompanying feelings of faintness, sweaty palms, etc. Both this effect of the overdose and this reason for administering an overdose are now known as altogether recurrent matters. The person getting the overdose didn't know what was happening to him, physically. He quite automatically put his head between his legs, found he felt better in that position, and was reluctant to move around, talk, or engage in other activities that would take him out of that position and/or require physical effort on his part. Thus, he

was reluctant to 'socialise,' and further, complained of feeling bad. Worse, he expressed the hope he would shortly feel better and not need a doctor. The latter was a magic word for the others, in that the possibility of a doctor brought the possibility of police, arrest, etc. To stave off that possibility {as they later admitted) they commenced the administration of bedside manner: humouring, phoney smiles, playing at being unconcerned about the sick person's condition…

In an intuitive way we can now appreciate how these behaviours could be analysed as for instance objects. They were all 'intentional' objects, about something, namely the subject's possibly dangerous condition. They oriented to this condition by denying, masking, or diverting attention from it. As features of the initial behaviours, these could be seen as features as well, of the subsequent behaviours, features which accomplished the doing of bedside manner.

Thus, the two social jobs of initial incidents were accomplished: posing the general features as concrete characteristics of initial phenomena and initiating a search for these characteristics in future phenomena.

It would be possible to give an analysis of bedside manner, how it is done and how it is recognised. However, we will just hint at such an analysis while noting the positively seductive qualifications of this activity for making a general feature grow. In many ways the recognition of initial cases of bedside manner sets up sequences that evoke further cases. First, a search for such an activity locates a social setting, a population of persons, and a set of behaviours to monitor. Conveniently, the for instance objects specify the current social setting, all parties to that setting but the victim, and all behaviours in that setting done by that population immediately after the for instance behaviours, as the search parameters for finding cases of this collaborative activity. Thus, and this is very important, seeing bedside manner, *i.e.*

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[23] One major difference is that for instance objects need not be actual cases of the generalisations they support, only possible cases.

applying an interpretative policy to a set of behaviours, is socially organised so as to give the victim material to practice the policy on, *immediately* after the policy becomes relevant.

Further, recognising initial behaviours as bedside manner provides the victim with verbal formulations of these behaviours. He employed this resource in comments like, 'Oh come on, stop humouring me.' Bedside manner is an activity characteristically denied by its practitioners. The victim's formulations set up an interactional sequence of the 'adjacency pair' type. The formulation as the first member of the pair selects one of the doers of bedside manner as next speaker and locates a slot for that speaker, where denying or admitting bedside manner is expected and relevant.[24] If denial is done, it is heard as part of bedside manner, *i.e.*, a further behaviour exhibiting the presence of the activity. If neither denial nor acceptance is done, because of the relevance of denial or acceptance, what is said is *heard* as changing the subject, ignoring the question, evading the issue, etc. This is also recognisable as part of doing bedside manner. In fact, after the initial verbal exchanges become recognised as dealing with bedside manner as the topic or as the activity being done, future sequences which involve another topic, or other verbal activities, become recognisable as bedside manner, in that others are 'avoiding the subject.'

Indeed, even behaviours that might be explicitly designed to be counter examples to the claim that bedside manner is going on, *in exactly that way*, become additional instances of bedside manner for *all parties*. For example, a friend of the victim later walked out and went home. Both friend and victim admitted orienting to the following ambiguity: on the one hand, it would seem that the friend would not leave if he really thought the victim was in a serious condition

and might need him; on the other hand, just such an action might be selected by the friend to convince the victim that nothing was wrong! Bedside manner's role organisation exhibits an obstinate asymmetry. There are those it is done by and the one it is done to. It is not easy for the latter to switch roles and join the former. Thus it might seem that a sure way to stop all of this, would be to completely remove the population located as those doing the bedside manner. But, alas, the victim is in a similar motivational situation to the others. While they don't want police, he does not want police either, not to mention going crazy. Having become skilled in interpreting positive remarks as motivated masking of dangerous possibilities, there is no reason to exclude any of his own positive thoughts from this interpretative policy. So he can add himself to the population which administers bedside manner. Thus, he learns to see self-deception. Any reasons and evidence he might muster for positive beliefs are his own thoughts 'designed to calm him down,' and therefore cannot be taken seriously.

> 'I mean by weh-I w'z trying to describe my situation. En try-Y' know b-by the methods of like saying here's how it is. En then this process would come in en destroy it. The minute I put it together. En I couldn't do it. 'N that W'z tremenny-tr- a tremendous amounta anxiety. En I saw that this w'z en en infinite process.'

Notice the importance of particulars in determining whether, and in what way, the general feature will grow, once started. Inferring the presence of bedside manner provides for the practising of the interpretative policy immediately. Contrast this to other for instance objects such as those involved in impressing people. The success of the 'one song' piano player in convincing others that he possesses a skill depends on the open-ended nature of when he is expected to play another song. Here similar cases are *not expected* to occur in the same setting as the first case. The incredibly important role of interactional sequencing in these matters is altogether characteristic.

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[24] Schegloff's 'Sequencing in Conversational Openings' describes and deals with one kind of adjacency pair and conditional relevance.

Further growth of the symptom: no cut-off point

To eventually produce a global feature these interpretative policies, once started, must feed on themselves in intricate ways, in order to grow. One condition for this is the absence of a clear cut-off point. If certain things become suspicious because of their distinctiveness from everything else which is not suspicious, we have mechanisms which can warrant and unwarrant the appropriate occasions for 'doing suspecting.' However, if we start with something like bedside manner which warrants a uniform orientation to *whatsoever*, there arises the problem of what will be the warrant for turning it off. For the inference does not locate specific phenomena (such as behaviour at the piano) to search in order to find the presence or absence of the general feature. Instead, it initiates the monitoring of *all* subsequent remarks and behaviours, to find bedside manner as a subset of these.

Instead of there being a warrant for discontinuing the interpretative policy, the situation is usually quite the reverse. The dynamics of the situation all but force you to keep practising the interpretative skill as well as closing off the possibility of other meanings than those the skill provides. In the case we discussed, it was necessary to get others to admit to the presence of serious medical trouble in order to get them to summon a doctor. With a practical concern for getting a doctor, one had to orient to and try to defeat, bedside manner. But as we saw, such efforts often only initiated sequences that produced more cases of this activity as well as expanding the sorts of things capable of being seen as part of the activity.

There are a variety of ways that the details of a system can close off the possibilities of other meanings:

'On another occasion he told me he was afraid that if he touched my desk I would die. I told him I didn't believe it and suggested that we carry out an experiment—that he touch the desk and we observe the results. He replied that he was too frightened to do this.' (Blacker, p. 188)

The above quote concerned a patient using a policy already mentioned: the patient, in some non-understandable way, was responsible for various terrible things that happened around him. Part of his problem concerned guilt feelings about being *evil*. Thus if one figured some terrible thing like the death mentioned in the quote would really result from an action of his, it certainly was not worth someone's life, morally, just to test one's ideas about causality. One can appreciate the growth potential of this particular policy by imagining going around the world noticing what negative events seemed to happen when you were around, events that need not have happened, in terms of common sense reasoning about plausibility.

The importance of sequencing: the ontological inference

An alternate process for introducing a general feature occurred later in the drug case, and constituted a quantum leap in terms of the growth of symptoms. The leap was the realisation that he was crazy, a realisation obtained in a characteristic way. It was mentioned that non-discursive reasoning and what is commonly treated as common sense reasoning can act as two independent systems:

'My presence in the world is injurious to many people—I don't understand how; it is just an *observation*… People's voices change when talking; sometimes they appear pale and drowsy, again peppy and full of life, and it seems to me that I am the medium of all that; it seems that I exercise some involuntary control over them. *I know it to be imagination, yet it seems too true to me*.' (Karpman, p. 279, emphasis added)

The people who thought someone was trying to kill them with insecticide reported being in this situation. They were seeing the particulars of this murder attempt, but

common sense, as an independent assessment procedure, said these occurrences were absurd: there was nobody with a motive; no person could do the things they saw being done. So they realised they were crazy and came in for help. What we seem to have here is a particular case of what Pollner has studied as reality disjunctures.[25] Two methods of inquiry yield incompatible versions of the same scene and incompatibility is resolved by a method which relegates one version to the category of the subjective. Let us be a little more detailed with the drug case. First, initial events pose, and allow the development of, a skill consisting of hearing other's positive remarks as bedside manner—as motivated deceptions. Among the remarks made were denials by others that they were engaging in this activity and intimations that such hearings of their comments were part of the subject's sick 'trip.' At a certain point the enormous abundance of bedside manner, other's denials, and common sense, set up an insight. Common sense said there was too much phoney behaviour here, although phoney behaviour was what was constantly heard and seen. Using others' denials as instructions for interpreting this overabundance, the incompatibility was resolved: they are right; I am paranoid; I am projecting. This constitutes the ontological inference. It transfers a collection of phenomena from one ontological category to another. The second category may be a new one for the subject or one hitherto not seen as applicable to the phenomena in question. Its particular structure will make me have to take back some previous comments. I said recognising general features consists in appreciating concrete possibilities, not generic ones, and that interpretative policies are not practised and learned in the way one is introduced to a skill and acquires it by deliberate effort. Exactly the opposite seems to prevail when the ontological inference is involved. Initial phenomena pose a momentous *generic*

possibility, in this case the possibility that what I hear is not what they said—*i.e.*, I am projecting. This is indeed explicitly appreciated as an interpretative principle. What happens when this principle is implemented or practised is that the ontological characteristic is experienced as a concrete suspicion, probability, possibility, or actuality to be searched for, when new rosy or phoney sounding remarks are heard. Practice consists in learning to verify this suspicion for concrete phenomena, *i.e.* learning concrete ways to see 'me projecting.' Thus, the principle is indeed implemented by deliberate practice.

We might state the ontological inference in a more familiar form as a deduction:

> This member of a collection has feature *x*. Therefore, all members of this collection *may* have feature *x*.

This inference is more familiar as the intellectual format often used to convince students of such maxims as: values are culturally acquired or all behaviour is conditioned. In academia, in psychotherapy, and in practical life the demonstration that only one member of some totality possesses the ontological characteristic is sometimes sufficient to pose the momentous principle that the entire totality has the feature. There is a constraint, by the way, for the inference to 'take' (be implemented): somehow or other the generic principle must not be an intellectual toy; it must possess momentous personal or practical significance. One such case, obtained by the author, consisted of a demonstration to a patient who had never heard of the concept of projection, that anger which he imputed to another patient in a therapy session was really his anger, not the other's. They showed him he was projecting in that session and told him what projection was. The incident floored the man for weeks; for a while he had no idea how to respond to affects he perceived in others. Again, successful implementation depends heavily on the semantic content of the ontological

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25 For an extended treatment of reality disjunctures, see Pollner's 'The Very Coinage of Your Brain: The Resolution of Reality Disjunctures.'

feature and the interpretative resources it thereby makes available in verifying it concretely.

Are general features characteristics 'in' or 'of' the world?

Meanwhile, back at the apartment, we left our drug psychotic on the verge of implementing an ontological inference. If we follow him just a little further, some evidence can be obtained on a major, thus far untouched, issue. An important difference between general features and what were called background features of everyday life was that the latter were tacit characteristics 'of' a social world while the former were experienced 'in' the world as characteristics of particular objects, events, and happenings. Background features are frequently treated as 'constituting': like Kant's space and time they are the stuff of which any and all recognitions in a world are made.[26] Thus they, themselves, could not be phenomena *in* a world. Well— maybe.[27] Anyway, could it be that what I am calling general features are specifically not constituting features of a world? What we want to deal with now is preliminary evidence that general features *can* be (or become) constituting features.

Our subject was faced with a 'reality disjuncture': constantly seeing concrete cases of phoney behaviour while common sense dictated that there just could not be this much phoney-ness in the room. There are various methods of resolving this dilemma. The subject chooses a particular one, the one offered by his friends—'You are projecting.' This generic principle does, indeed, transfer phoney behaviour to the subjective category. To make an ontological inference, to come to believe in one of these generic principles, one finds the principle of immense practical import, and commences searching for the

ways the principle holds in practical life. It is not a *precondition* that one find initial particular cases in which the principle holds. This is only one way in which the principle may be warranted. In this respect ontological inferences differ markedly from for instance objects. In the present case, the inference is warranted by appreciating a *general situation*—this incompatibility between common sense and concrete recognitions. Importantly, at the point of making the inference our subject has not detected concrete cases where he thought his friends said something, but in reality this was just his distorted interpretation. Therefore, at this point, *which* meanings he is distorting, and in what particular ways he is distorting them, are *vague*. But they are specifically vague. They will become clear only in the process of implementing the principle. All he has is a generic principle, a contradiction the principle is capable of resolving, and the resources of common sense to see what might be involved in what the principle calls 'projecting.'

Now what will implementation be about? Here, it will initiate the really full-blown psychosis. The first problematic cases are, of course, phoney behaviours of others— 'bedside manner.' How does one turn these behaviours into 'my interpretations? ' In a perfectly marvellous way.[28] The skill developed for the recognition of the first general feature is pressed into service in recognising the second! This skill, consisting in finding ways in which remarks and behaviours were phoney, remains intact. The skill was not applicable to the thought, 'I am projecting,' because it constituted both a non-positive, troublesome possibility and a 'thought of mine.' At this time the totality monitored for cases of phoney-ness did not include the subject's own thoughts. Thus, to transfer the meanings of bedside manner from 'their meanings' to 'my interpretations,' do this: locate cases of phoney behaviour. Find the concrete nature of the phoney-ness using the first skill; then take personal possession of

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[26] Neither ethnomethodology nor phenomenology embraces idealism. The sense in which constituting features construct a world in the former disciplines differs radically from Kant's notions.

[27] Intentional fragment.

[28] Intentional fragment.

these details as details which *you found*. Taking 'I am projecting' seriously allows one to perform the last step. Forget, as does the psychiatrist, whether the possibilities one sees are factually correct or not. These are specific possibilities you searched for and you found. They are products of your interpretative work. What you do is to see that, see yourself doing this work: searching out internal contradictions, exploiting ambiguities in facial expressions, in meanings of words, so as to make out behaviour as phoney. Then, voila, one has the details of how one is distorting meanings!

Now remember, the subject is working with the vague, common sense notion of 'projection,' making it specific by trying to find when and how he is doing it. It is true that the general situation, the reality disjuncture, that warranted his search involved phoney behaviour. But the common sense conception together with the vagueness of where and how he is projecting now require that *any and all meaningful behaviour* be searched for possible instances of projecting—not just phoney sounding behaviour. This is where things start to get really vicious for the subject, where his mind is given license to find multitudes of plausible ways in which he might be distorting the intersubjective world.

Next, the subjective category already includes one's own thoughts. They are already understandable as 'your interpretations' (at least some of them). The only question is whether they are distortions or not. Thus, thoughts are added to the totality within which the subject searches for cases of projection. Our hapless victim now searches for self-deception. Of course there is already an easy way to find one class of such self-deceptions. The first skill again! He has the ability to see his own optimistic thoughts about his situation as deceptions. Our victim has broken through the obstinate role structure of bedside manner and is now visible to himself as administering bedside manner to himself! What happened, in

particular, was the occurrence of compulsive thought process where deception was detected in particular thoughts in various, intricate, and *interrelated* ways. For example, a thought like, 'Everybody comes down in a few hours,' would occur. Applying the first skill gives a second thought, 'You don't know everybody comes down; you're trying to make yourself feel good.' Then ideas developed in connection with the ontological inference would produce a third thought invalidating the second: 'Who knows if you are really trying to make yourself feel good; that's just what you're telling yourself.' Etc. The reader might have noted that such compulsive thought processes as these guarantee the continued presence of something that is not a deception, namely the current thought. At the time of thinking a current thought it is lived in and experienced as a fact. Only a next thought with the current one as referent turns the current thought into a deception, leaving the next thought as a fact. Ah, but there are more things in heaven and earth, my dear Durkheim, than are dreamed of in your sociology! Members have resources which allow them to escape this logical constraint. Processes which I call 'creative leaps' (which, happily, we need not go into) allow one to commence appreciating all interpretative thoughts, including any present one, as deceptive. The thinking of compulsive thought chains like the previous is a necessary precondition for creative leaps, however. Such leaps occur in many processes involving general features:

> 'Somehow I actually came to really believe that every one'v my statements. That is that I w'z involved in a paranoid process, so that, I, s-I simply started—to automatically see every statement that way. En when that happened, mosta my anxiety started to subside.'

If it is fair to characterise bedside manner as an initial kind of motivated deception on another's part, then we are tracing the methodical ways the concept of deception is becoming altered and expanded along with the totality of phenomena to which it applies. Admittedly, I am starting to get a bit sloppy

in describing the transitions involved in this growth. However, if space permitted, we could discuss how these transitions make at least as much detailed sense as those treated under the title 'the onset of symptoms.'

Eventually, this totality included practically 'anything,' any meaningful phenomenon.[29] It is when things progress this far that we obtain sketchy, but persuasive, evidence that patients are experiencing something very close to constituting features. They seem to be explicitly aware of these features as global characteristics *of* their world. Their talk displays an orientation to the omnipresence of these characteristics in certain, apparently standardised, ways. One recurrent report is that of the presence of a 'barrier' between you and the rest of the world, a kind of end to intersubjectivity. Consider some of the consequences of the omnipresence of general features like everything being unreal, the constant presence of deception, the mechanical control of all actions and events by some unseen person. Such consequences often include the impossibility of feedback, the persistent distortion of any messages sent or received, and so forth. Patients appreciate these consequences, report them, and try to deal with them. For example, if the principle, 'what I hear is not what they say,' really holds globally, verbal contact with one's fellows in the usual sense comes to an end:

> 'And they didn't know what tuh talk to, en I couldn't tell *them*, how n-like-how terrible their statements cuz every statement y' know-uh-turn out tuh be another thing. So th-I couldn't get through t'th-the world en the world couldn't get through tuh me.'

Another standard way of orienting to omnipresence was to appreciate that the general feature was now 'essential' in Garfinkel's sense:[30] any attempts at repair

both failed and possessed the characteristic that the attempt was trying to banish. Patients spoke of attempts to find something real, something non-deceptive, stop their sick projections, discover somewhere in the world where 'he' could not see you, as being 'infinite' or 'futile'; they described being 'trapped' with the feature or trapped 'in' the feature. There are many variants. Somehow, some way, this process seems to offer an opportunity to experience a constituting feature of one's world as a feature in the world, and to draw the various implications that this engenders.

Improvisation and specific vagueness

Across the heterogeneous ways these general features grow, there is a uniformity in the way improvisation takes place. It can be illustrated by a card trick. From the spectator's point of view the trick may look like this: the performer writes a prediction on a slip of paper, hands it to the spectator, and has the spectator shuffle the deck and turn over the top card. This card turns out to be exactly the one predicted on the slip of paper. The trick is called 'the trick that cannot be explained' because there is no one trick, but an infinite number. After writing the name of any card on the slip of paper, the magician tells the spectator to shuffle the deck, then to cut it, to cut again, to remove a card from the deck, to turn it face up and put it back anywhere in the deck, to count down the number of spots on the face-up card from where the face-up card was placed, and remove the card arrived at, ————. Using ways of sighting where the predicted card is in the deck, chance events, shuffling habits of the spectator, knowledge of card magic, and other resources the performer causes the spectator to perform a series of manipulations of the deck which end in the location of the predicted card. What these manipulations will

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[29] While appreciating the complexities of the notion of 'omnipresence', the author does not wish to go into this issue here.

[30] Numerous writings of Garfinkel on background expectancies have emphasised their essential

character. Vagueness, indexicality, reflexivity, as he uses these terms, are essential in that they are closed under the operation of repair. Repairs, as practical activities, merely produce further cases of them.

be, how many manipulations, the way the card will be located, even if there will be a trick at all, are all completely open-ended. However, the spectator treats *a* series of manipulations as *the* series of manipulations, the series intended from the beginning. He thus fools himself. The performer understands his task as 'locating the predicted card.' But this phrase is vague in a special way. Its meaning cannot be specified, nor can one specify a series of meanings for the phrase. What the trick is, is something discovered in the process of doing the trick, and in no other way, at no other time, in no other place. The performer never dreams of knowing what he will do in any detail before, or independently of doing it. Although the reader might expect possible disasters with this trick consisting of up to fifty-two manipulations to locate the card, this never happens in practice. The amazing improvisational ability of humans is exhibited here in the empirical fact that anyone with reasonable knowledge of card magic can produce locations of but a few manipulations after practising the trick for an initial period. More frequently, it is possible to cause the spectator to cut the predicted card to the top of the deck and similar spectacular effects.

This trick is what Garfinkel calls a perspicuous phenomenon. It supplies endless, clear exhibits of a theoretical point about many practical activities in everyday life. There are many such activities for which members not only are theorists, but must be theorists. A practical part of doing the activity consists of theorising about it in certain ways as it progresses. Part of fixing a radio is determining 'what is wrong'; part of searching for something lost is reconstructing 'what I must have done with it' as you search; etc. Here, actions and interpretations are related in so many ways, as mutual causes, as complimentary parts to gestalts, that the two-story, split level, theory of behaviour and events on the ground floor and accompanying interpretations running along on the top, is entirely inappropriate. Members display their theoretical stance toward an activity by the type of theorising they do as a practical part of the activity itself, by the way they instruct each other in the performance of the activity, and by how they prepare (or do not prepare) for doing the activity. Corresponding to what are often considered improvisational actions, is a certain theoretical stance that parallels the mathematical distinction between global and local properties of a system. As a global property, 'continuity' determines the behaviour of a function at any and every particular interval of points. However, there are not 'discontinuous' functions so much as discontinuities at certain points and intervals within a function. Here the function's behaviour is determined by conditions in a local 'neighbourhood' which are not reproduced elsewhere. At least in real analysis in mathematics such local properties are often very important. It might be fair to characterise sociology as, for the most part, searching for global properties of particular social situations and activities. A preferred analysis of particular job careers, marriages, voting behaviour, is to see them as determined by general characteristics of a social system of which these phenomena are a part: by the economy, by demographic rates, by the stratification system, and so forth. In everyday life we find a similar theoretical approach to certain activities. One class of such activities are those which members think of as capable of replication. There are standardised descriptions for such activities: musical scores, written texts, theatrical scripts Members take it that what to do, what will happen, when to do it, and similar matters are available independently of the occasions of doing it. They can be written down, memorised, practised, and so forth. This is a kind of practical theorising that orients to global effects. In contrast, the theoretical analysis that accompanies karate, improvisational jazz, or talking on the phone, is an analysis of local effects: consulting conditions in the local situation to determine actions and interpretations. As a consequence, one does not know what he will do independently of doing it. Instruction techniques and preparation regimens reflect

this contrasting understanding. We are not talking about the actual causal structure of an activity here and saying that its course is determined by an array of local contingencies too numerous, heterogeneous, or complex for description. Instead we are noting constraints on theorising that may be imposed by the requirement of having to *do* something. An analysis of local effects may be warranted by the amount of time you have, the capacity of your memory, the continued presence of new and unexpected situations, the mathematical complexity of possible courses of action, and an array of similar practical considerations. Consider the trick that cannot be explained and why its author might give it that name. Perhaps someone who only had to watch it could find a way to characterise the trick, as done by some population of performers, as an amazingly complicated stochastic process. But that same person could not do it that way. The model would be too complicated for a human to be able to calculate his next responses quick enough to come off the spectator like they were all predetermined.

Interestingly enough, many of these improvisational activities also have standardised descriptions such as 'the predicted card is located.' The author and Garfinkel are currently calling such descriptions specifically vague.[31] Members do not imagine that they can know in any detail when the description describes independently of participating in the social activity which it depicts. Thus, while 'locating the predicted card' always describes the trick, it cannot instruct one in how to do the trick since it is only when the trick is done that it becomes clear What has been described. In a peculiar way the description of the trick constrains the actions of doing the trick. But it does not constrain like a rule or instruction constrains since, each time, it is only when the trick is done that it becomes clear what the constraints are.

If we consider a general feature as a policy to be implemented, then the policy is analogous to 'the predicted card is located,' and finding a concrete case where the policy holds is analogous to a single performance of the trick. In each case one sees what to do by an analysis of local effects. This makes certain previous observations understandable. For instance, our drug psychotic did not seem to be using the notion of deception in a consistent manner. Sometimes other's remarks were deceptive as bedside manner, sometimes as my distorted interpretations, sometimes in other ways. Attention to local effects explains such inconsistencies and general heterogeneity that characterise the specific ways the policy is applied. One sees what deception is, by taking into consideration matters that exhibit themselves in the neighbourhood of a specific remark or behaviour. One then abandons these considerations in the transition to the next local situation. Thus, consistency and standardised usage of the policy may occur in such a process as well as inconsistent, contradictory, and heterogeneous usages, depending on how the local neighbourhoods fit together.[32] Many of the other possibilities previously considered can be understood as resulting from this particular theoretical stance which accompanies improvisation.

While it is appropriate to characterise the location of concrete cases of general features as involving an analysis of local effects, it is not appropriate to characterise it as a deliberate activity. As we have said a million times, the patient does not do it; it happens to him. He does not practice, develop skills, get

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[31] Various sorts of ambiguity are characteristic of member's situations in their practical world. The author and Garfinkel are in the process of working out a descriptive vocabulary for various types of ambiguity. Specific vagueness represents a first attempt to characterise one of them.

[32] The metaphor this brings to mind is of some linear process where attention is confined to some restricted circle which moves along in real time and focuses upon objects within it which come in and go out of the circle as time passes. This is a vast oversimplification of the nature of an analysis of local effects. In particular, this metaphor is not the one intended.

instructed in, the activity (from his point of view). If we collapse the performer and the spectator into one person in the trick that cannot be explained, we have an approximation to his position. As the performer he implements the general feature with improvisational devices in the same way the trick is performed. On the other hand, as the spectator, his actions and recognitions come to him in multiple ways as warranted by the social situation itself. And, as we have seen, this feeling is justified. The social situation, in various ways, has warranted his improvisational behaviour. For instance, even if he comes to see that he is constructing this peculiar reality, such as the case we considered where a person realised he was projecting, this comes to him as a discovery. It, itself, is something warranted by the social situation. Moreover, henceforth, his 'constructing a reality' is something that happens to him as well; he has no particular control over it, nor does he decide to do it or not to do it.

Summary of Findings?

Frankly, sociologists with a penchant for rigor in research methods will find this paper to be a lot of dribble. What there was of data employed the method of examples or the 'I know a lady' method. This involves an unusual sampling procedure. One selects cases that fit one's hypotheses and does not report cases which do not. It is pretentious, in any case, to speak of sampling since the population to which these findings were to apply was never specified, unless 'patients' is a specification. The scope of generalisations was indicated by such precise terms as 'recurrently,' 'regular,' and 'massive.' Did we say 'finding'? Here too, it is only with difficulty that one can find things that look like testable hypotheses. Instead, ironically enough, common sense is employed to produce overly general and certainly untested statements about particular topics, statements like, 'Bedside manner is a social activity which its doers characteristically deny engaging in.' Such ethnographic accounts as

this one usually cite an array of documents, interviews, field notes, and 'participant observation' as sources from which descriptions came. This was indeed done in this case. However, unlike other such studies, we do not even have a methodological appendix which specifies these materials in any detail or discusses problems with their use as evidence. Even with such an appendix it is usually very difficult to trace a path from source materials to specific conclusions. Probably the strongest claim that could be made for these materials is that they describe a developmental process involved in certain forms of mental illness. But without information relating this process to ordinary diagnostic categories, or with a specific population of patients, we cannot even begin to assess such a claim. Therefore, the only alternative left is to consider this work a theoretical paper which specifies an ideal type of action in the sense of Max Weber.

The reader, no doubt, awaits my devastating reply to this attack. There is none. The previous remarks were, in general, quite fair. In particular the suggestion that this work be regarded as specifying an ideal type comes very close to catching the intentions of the research. However, as Weber indicated, the construction of an ideal type is an empirical activity. It is an ontological inquiry which is empirically informed. As middle range theory, this work could be used in conventional ways to generate hypotheses concerning mental disorder.

As stated in the beginning, the author's intentions for this research were altogether different. As a consequence, no direct attention was paid to matters mentioned in the previous at tack, such as sampling, hypothesis testing, and so forth. Such considerations do not bear at all on the success of the inquiry— with success being the goals indicated in the beginning of this paper. Why was there no concern with conventional methodological issues? The answer will sound more like an excuse than an answer. For quite some time, research in ethnomethodology has provided

reasons and findings to warrant studying the world of everyday life in a radical way. Reasons were found by several researchers to conduct inquiry in a way that did not employ the concept of truth. Why was such a stance necessary? I cannot hope to summarise the reasons here. However, the reader will appreciate that if one were to take this stance, most conventional methodology becomes inoperative and very different sorts of empirical activities need to be developed. The present effort is an intended component to such a new kind of enquiry. Without taking theoretical positions about whether background features of everyday life were 'objective' so that we could speak of observing them, whether they were subjective, whether intersubjective, and so forth, this research attempted to see what might be involved in putting oneself 'in the presence of these phenomena' to use a phrase of Trent Eglin. Thus, findings have a heuristic use for the analyst similar to the descriptions found in an instruction manual. They are not of interest as accurate descriptions of the behaviour of others. But surely I did not intend to look for a list of instructions for how to go crazy, did I? Well, no, this is not the approach taken. I cannot detail the way these sorts of findings are used to 'place oneself in the presence of the phenomena.' But a general hint can be given about how one proceeds. One uses parameters such as the ones described here to search for perspicuous phenomena, where the parameters serve to alert one to certain aspects of phenomena that one wants to find endless, clear instances of. Used in this way, the parameters introduced in this paper have thus far proved somewhat fruitful.

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