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Creating Text, analyzing text: A note on ethnography, writing and power

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Creating text, analysing text:
A note on ethnography, writing and power[1].

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The paper shows how ethnography specifically helps us to examine the relationship between discursive practices, conduct and identity-work, and the appearance and reappearance of stabilities. It explores how the creation and continuous rewriting of an ethnographic text draws upon many different registers of social life, including interactions over time and across many differently situated occasions. Using examples from the domain of medicine, the paper shows how by examining the conduct of nurses, doctors and patients as they occur across a variety of 'differently situated occasions', we can examine the multiplicity of discourses available for members to ground their moves. The paper illuminate a process of analysis and writing that helps elucidate how members, through enrolling what is available, become enrolled and align themselves within networks of interest. What we find is not just routines and repetitions, or even deviations from norms and infractions, the foundations of structural relations of power; nor do we find fluidity, an idea that anything goes. Rather what we find through a particular approach to ethnographic writing is 'motility': the ways in which participants switch discursive domains and move the world. By pressing attention to motility the different moves members make can be shown to help re-accomplish socio-cultural relations of power. The approach described thus could be called post-structural rather than post-modern ethnography.

keywords: ethnography, description, motility, registers, stabilities, text, rewriting.

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Introduction

> In finished anthropological writings… this fact--that what we call our data are really our own constructions of other people's constructions of what they and their compatriots are up to--is obscured because most of what we need to comprehend- a particular event, ritual, custom, idea, or whatever - is insinuated as background information before the thing itself is directly examined….Right down at the factual base, the hard rock, insofar as there is any, of the whole enterprise, we are already explicating: and worse, explicating explications. (Geertz 1973)

Drawing ethnography together with textual analysis I show how the researcher can illuminate the production and reproduction of power relations. There are many different approaches to, and uses of both ethnography and textual analysis. The current article brings together these traditions, ethnography and textual analysis, in a way that enables the researcher to evade some of the post-modern solutions that undercut appearances of stability and dominance in key domains of social life.

Notwithstanding the enormous variety in the objectives of research studies deploying these two traditions, as well as in the philosophical underpinnings of their research methodologies, they all depend upon the construction and reproduction of some form of text. Ethnographers produce 'finished' ethnographic products, in the form of reports, articles, or monographs. Indeed, some commentators claim that ethnography is the writing (e.g. Atkinson 1990, Tyler 1986), not just the observation of a field. How these 'finished' products 'embody analysis' is not always made explicit (Hammersley and Atkinson 1983). The current paper has a different focus.

The current paper focuses on an approach to the texts that qualitative methods (such as participant observation, interviewing and so-forth) produce, in the form of field notes, interview transcripts, copies of documents and visual data. The challenge is to understand how these texts when they are constructed in particular ways enable a particular form of analysis or 'rewriting', a form that can pay attention to how stabilities are accomplished and re-accomplished.

Currently there is some interest in rethinking how stabilities are re-accomplished in a world characterised by heterogeneity and multiplicity. Giddens (1984) offers some help in describing the re-accomplishment of power relations as recursive, but fails to show us how recursion works on the ground. In the context of the deconstruction of meta-narratives that cohere and unify (Lyotard 1984), and therefore of hegemonies that exclude and marginalise, it is not simply that anything goes. Rather there is a need to understand how in the context of multiple possibilities for interpretation and conduct stabilities, rather than fluidities (Bauman,

2000; Mol and Law 1994), are made to appear. The paper presents one possibility for how to explore the appearance and reappearance of stabilities.

Specifically, the paper shows how ethnography helps us to examine the relation between discursive practices, conduct and identity-work, and the appearance of stabilities. It begins by stressing the advantages of thinking through how a text is composed for analysis. It explores how the creation of an ethnographic text for analysis can draw upon many different registers, including interactions over time and across many differently situated occasions. By using the term register I am pointing to how the ways in which social life is made up can be read as inscribed with meaning: from the expression on someone's face as they interact to modes of record keeping.

Using examples from the domain of medicine, the paper goes on to show how by examining the conduct of nurses, doctors and patients as they occur across a variety of differently situated occasions, we can examine the multiplicity of narratives and discourses available for members to ground their moves. I illuminate a process of analysis and writing that helps elucidate how members, through enrolling what is available, become enrolled and align themselves within networks of interest. It is through this process that stabilities get reaccomplished, because what is available to members to make themselves visible or as helping them to make strong moves, are those that circulate dominant meanings and values.

However, what emerges in the approach offered is not just routines and repetitions, or even deviations from norms and infractions, the foundations of structural relations of power; nor do we find fluidity, an idea that anything goes. Rather what we find through a particular approach to ethnographic writing is 'motility' (Latimer 2003, 2007a and b; Latimer and Munro 2006; Munro 1996a , 1999;): the ways in which participants switch discursive domains and move the world. By pressing attention to motility the different moves members make can be shown to help re-accomplish socio-cultural relations of power. The approach described thus could be called post-structural rather than post-modern ethnography.

Ethnography and description

In the anthropological tradition a description of a site[2] is created through ethnographic writing. This text can be understood as made up of material generated from many *registers*[3]. Here I want the term register to maintain its complex and multiple meanings. These include such things as the idea of register as a record - an official written record of names or events or transactions; as awareness - "Did you register any change when I pressed the button?"; as in (music) the timbre that is characteristic of a certain range and manner of production of the human voice or of different musical instruments; as indicating a certain reading (of gauges and instruments) - "The thermometer showed thirteen degrees below zero"; as a book in which names and transactions are listed ; as cross-files, such as registers of electors; as a memory device that is the part of computer memory that has a specific address and that is used to hold information of a specific kind; as a face - "Her surprise did not register"; as a moment in which something enters into someone's consciousness - "Did this event register in your parents' minds?"; as a cashbox with an adding machine to register transactions. All these meanings are packed into the notion of register[4]. With Garfinkel (1967) we can understand that the meaning being registered and the sense being made is of course indexical to the situation:

> "The properties of indexical expressions and indexical actions are ordered properties. These consist of organizationally demonstrable sense, or facticity, or methodic use, or agreement among 'cultural colleagues.' Their ordered properties consist of organizationally demonstrable rational properties of indexical expressions and indexical actions. Those ordered properties are ongoing achievements of the concerted commonplace activities of investigators. The demonstrable rationality of indexical expressions and indexical actions retains over the course of its managed production by members the character of ordinary, familiar, routinized practical circumstances.
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> [...]
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> I use the term 'ethnomethodology' to refer to the investigation of the rational properties of indexical expressions and other practical actions as contingent ongoing accomplishments of organized artful practices of everyday life." (p.11)

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[2] In my own work I do not confine the idea of a site to a specific location, region or even network. In my work my site is the relation between 'biomedicine' and the social. This relation appears in many different ways, across space and time. So one can study this relation at those times and in those spaces where it appears – in the clinic, in the home, in the media, across the globe, over centuries.

[3] Currently there is much important work exploring the importance of hypermedia, including multi-media and multi-modal data, for ethnography and the generation of understandings of social life (e.g Anderson 1999; Dicks et al 2006). In the approach I am exploring here I want to emphasise the more simple notion of different 'registers' of effects, either those occurring 'naturally' in the setting, or those constructed by the researcher, including the ethnographer herself.

[4] See
http://www.google.co.uk/search?hl=en&defl=en&q=define:register&sa=X&oi=glossary_definition&ct=title

But I want to stretch the ethnomethodological trope here. While these registers are *present* in the site under study, and can include such things as artefacts in use, documents, gestures, talk, accounts, what these registers can be taken to register are ways of doing and thinking: all that makes up the social as a particular set of relations. Here, it is important to allow the idea of relations to 'double', for 'the conceptual relations that link data' (and that discursive practices constitute, mobilise and circulate), as well as 'the lived relations people have with one another' (Strathern 2003:4). Critically, because ethnography takes place over time and across many 'situated occasions' (Saks in Silverman 1993), different registers can come into view at different moments.

The researcher makes up a text from these registers, generated across different moments and occasions, and over time (see also Fernandez 1985). For many anthropologists, it is the writing of the field that is crucial (e.g.Crapanzano 1976, Dreissen 1993, Fernandez 1985, Hazan 1995, Herzfeld 1983, Marcus and Cushman 1992, Marcus and Clifford 1985), perhaps because as another *social* being immersed in social spaces (see also Marcus 1980a), a researcher acts as the most effective register of culture and social ordering. The 'text' is made up of notes, transcriptions and visual images, and the descriptions or rewriting of these things. These materials are assembled and translated, that is *written* or as Clifford (1986) calls it, textualised, into *a* textual body, which then becomes the basis for other writings, such as articles, paper presentations and books.

Each media, as Dicks et al (http://www.cf.ac.uk/socsi/hyper) are in process of exploring, will have its own effects, just as a portrait photograph of a subject will be different from one that is painted: each captures and expresses a different truth, each is mediated by the medium employed, neither is necessarily more or less reliable. Thus, I do not want to engage with notions of whether or not one media is better able to represent the site than another[5]. This would be to engage with notions of absolute truth. Description is not representation, rather it is always political (Marcus and Fischer 1986), because it is always contestable (Geertz 1973), and partial, in both senses of the term (Strathern 1991).

One important aspect of making up this textual body from fieldwork is that as writing, it is material. As material it is both more durable and more stable than speech. Thus the text becomes an object in the world that, while not completely incontrovertible, can travel, across time and space. Such an ethnographic text, as a transformation of registers (speech, action, and documents) into a textual body, is materialised, and as such is in some limited sense not exactly 'immutable' but at the very least substantive and 'mobile' (Latour 1987). Critically, this text through its transposition across time and space can be detached from the processes

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[5] I recently had a run in with a conversation analysis group who asserted that a transcript of a tape recording of a conversation is a more reliable record of an interaction than one written by a participant-observer. I refuted this notion as buying into ideas of objectivity that the ethnographic tradition has been at pains to help refute (for example see the collection of essays in Marcus and Clifford (1986).

used to create it. And accordingly it can be read much as we might read any story for the first time. That is, we read across all the details, from beginning to end, as something self-contained. We do not deconstruct it on this first reading. Indeed we read it for the story – the structure and the plot, the meanings that are there, in the story. The point here is in this detachment from what we have made we can begin to read the story as itself a *discourse* (albeit incomplete, and partly of our own assembling) on a domain, such as medicine or science.

Second, third, fourth time around, we read the text very differently. It is these (re)readings, in which we add and subtract other material because we make our rereadings in between our reading of other textualities. These other readings may be deliberate, such as when we revisit books and papers containing extant research or theories, or ad hoc, such as in listening to the radio or seeing a film, or talking with colleagues and friends. Here our rereadings may be moved in ways that we are not even aware of. For me, this is one of the most interesting aspects of rereading and rewriting, it is evidence of the ways in which we are being rewritten, reinscribed. We are thus continuously (re)interpreting, through a continuously emerging 'intertextual' (see also Fairclough 1992) space, which includes 'our selves'. It is in these ways that we are rewriting to 'make up' and illuminate our site. In a sense then ethnography simultaneously describes and de-scribes: that is it de-scribes the script or text that it writes and is written by everyday talk, action and materiality.

The precise ways in which we construct a site through (re)writing is thereby of course unique. It can never be replicated. But rather than think of the author as a sovereign subject, in this perspective the subject is 'decentred' (Foucault 1970, 1982), so that the writer herself is always being (re)written: she is at a post (Lyotard 1986), through which messages pass, and are translated. But no two posts can ever be the same. By writing then I[6] am speaking of textuality in the broadest sense (Derrida 1967): that we are in, constituting and are constituted by worlds of inscription.

Ethnographic (re)writings get made solid at moments, such as in the form of a book or published article – in these bounded texts matters appear to be settled in a specific time and space. But this is of course an illusion – as our writings are read through other intertextual spaces, they rewrite and are rewritten by others (see also Cicoux 1991), and we ourselves rewrite what we have already written and are rewritten by it, as we carry on writing our site[7].

Critically, for my purpose here, we can explore the text for what makes it up. It is made up of many different 'representations' of events, or 'registers', across time and space, which

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[6] I should make a note here that I am have been reluctant to use the first person as an authorial voice for these very reasons.

[77] Tony Cohen (1992) has described something similar to my notion of rewriting in his idea of process as post-field work field work.

can be laid alongside one another. And it is this laying alongside each other that is the key to my argument over moves, motility and power.

Creating a Text

The considerable advantages of using ethnographic methods to create a text are manifold. First, the text is compiled through a particularly comprehensive, yet systematic collection of research material. Second, because it occurs over a substantial period of time, and across many differently 'situated occasions' (Silverman 1993), ethnography takes the temporal and spatial complexity of social life seriously.   Third, the text is made up of multiple *forms of representation*, which are drawn from a range of registers. These forms include materials that are readily recognizable *as* writing, such as medical records and policy documents. But the text also includes artefacts 'made up' by the researcher: field notes and other writings, and in some cases photographic records of key events. These field notes may include records and transcriptions of talk and action, both as these occur in the normal course of events in communities or organizations, and as they arise in interviews. In addition they may include photographic records, and the notes that these prompt after they have been inspected by the subjects of study (e.g Hurdley 2007). The text may also include some of the researchers own observations of, feelings and reflections about events and impressions. Each of these sources represents, or provides an account, and crosschecks can be made from one register to another. This is not to allow a more true representation of reality. Rather it provides a method for unpacking how 'reality' is made up, of multiple voices, multiple positions, visions, and so forth.

In the studies drawn on later in the article, the texts include the words and actions of the subjects of study as they interact and organize their world, as well as the observations of the researcher.   In my own case my observations of the settings, in the form of how it looked or felt to me, played a very minimal part in the texts I eventually compiled at the site of the research. Rather, the text is made up of my observations of place and artefacts, organizational processes, and of what people did, alongside word for word recordings of what they said, to each other, and to me in interviews. Many voices and many producers and interpreters of signs therefore author the text. However, rather than treat these voices as expressive of individual need, experience or feeling, social beings' accounts and activities are examined for what they make (in)visible, and for what they reiterate or circulate in order to make what they or others are doing visible. So that in the examples that follow, nurses', doctors' and others' practices are taken as the effects of wider social and cultural relations, rather than as the behaviours of

individuals[8]. But, and critically, the crucial moments that the analysis deploys are when social beings reiterate, and circulate, one set of ideas and then shift, to another.

Observing and writing

In order to 'observe' the practices that make up the setting, I locate myself in ways that enable me to 'get inside' (Geertz 1973) the setting through tracking persons. This may be at the bedside of patients where I observe all patient's encounters with nurses and others. Observations are of practices that are both verbal and non-verbal, as well as of the inanimate artefacts that are produced and used within the settings under study. Artefacts in daily use in hospitals include such things as bodies, beds, medicines and intra-venous infusions, temperature charts, x-rays, electrocardiography strips, notes and note trolleys, drug trolleys, bed labels, commodes, linen, wheelchairs and walking sticks. From an anthropological perspective non-verbal practices, and the artefacts produced and used by social beings in these practices, can be treated as *textual*, because they are 'read' by social beings as more than functional: material objects and practices have a symbolic and an expressive dimension, that is, they are interpreted by social beings as conveying meaning (Geertz 1973:45)

But I also travel, with the fleshy patient on their journeys (for example, to the bathroom, on home assessments), and with the virtual patient, through patient's own stories of their everyday lives, their illness and their time in hospital, or though following nurses', doctor's and others' representations of patients (for example, patient profiles, stories of observation, temperature charts), on their journeys (through nurses' handovers, ward rounds, case conferences, in-patient documents). On some occasions, such as ward rounds, the patients might be present, but more often than not these occasions involve the virtual patient – people's accounts of them, verbal and in writing, or representations of their parts, such as blood test results, or x-ray films and scans. Here, I am particularly interested in hearing people talk to each other, and give each other accounts of what they were doing, or of what they understand to be the problems and needs of patients. I also talk to people, in formal and informal interviews: to patients and nurses, doctors and social workers, physiotherapists and occupational therapists, managers and administrators, about their work, how they do things, what gets in their way, what makes things easier, and what is important to them. Talk and activity are meticulously recorded, either using a tape recorder or, if this is impossible because of too much noise or movement, using a form of shorthand, transcribed later the same day. This attention to detail is

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[8] This distinction is important, as most nursing theory and research rests on a notion that practice is the effect of either the behaviour of individuals (as complete, psychological rather than social beings) which can be corrected and mediated through the introduction of technologies such as the nursing process, or through further education and training, or supervision or counselling. Or it is treated as the effect of context and local culture, which require change.

essential in order to capture as precisely as possible the forms of utterance, artefacts and modes of interaction that occur in the setting.

Analyzing text

All field material is transcribed and assembled into a 'text' (Latimer 1998 and 1999; Silverman 1987, 1993). So what can such a composite and hybrid text be taken to stand for? Interpretation may not necessarily be straightforward: interpretation in research (as in everyday life), is both *inter*textual (see also Fairclough 1992), because different forms of representation 'rub' against and influence each other, and *contestable,* because other interpretations are always possible (see also Rabinow 1985). Importantly, the researcher can adhere to the idea that they can never 're-present' the facts of the matter, because all re-presentation is interpretative, and there are no 'facts' of the matter to re-present, no givens or single truths to be passed on. However, how social beings themselves discursively constitute facticity is of critical importance to the ethnographer of power. For example, in domains such as medicine what is sometimes at stake is a distribution of resources, participants ground claims for different ways of distributing these resources in accounts and other forms of persuasion[9]. It is in these kinds of persuasive social processes that participants draw upon those discursive grounds that are available to them, for example the relation between the two bodies mentioned earlier.

Interpretation is interactive, between the interpreter (as herself an ongoing intertextual production) and the world she is interpreting. It is through interpretation, that the world is continuously reconstituted. In adhering to this position, the researcher can instigate forms of rigor, such as processes of reflection and reflexivity to make explicit the social and cultural relations in which she is embedded. Interpretation of the text is, therefore, an immensely disciplined practice: the researcher continuously scrutinizes both their own knowledge practices as well as those of the subjects of study, not to expose a lack of veracity or authenticity, but to perturb and make explicit what is assumed or taken for granted. Strathern (1992) refers to this process as 'literation.' So the researcher resists 'taking sides', and develops practices through which to understand the ways in which the subjects of study divide

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[9] As I have put it elsewhere: 'In acknowledgement that there are no grand narratives which cohere and unify, Lyotard (1984) has reimagined the organisation of social life as 'agonistic'[9]. This position presumes that under some circumstances it is not enough just to express a position: rather in order to settle matters social actors are called upon to be persuasive. In agonistic relations, people advance different sets of interests by persuading each other to 'see' things through their engagement with *moves* in a language game. In a world of competing meanings and interpretations, as Rabinow and Sullivan (1979: 7) put it, a 'superior position would be one that could encompass its opponent and make its claims stick'.' (Latimer 2004)

up and order the world. The claims to understanding that can be made about any analysis of a text, partly depends upon the rigor with which the text is both composed and interpreted.

Use of the term 'text' implies that language is not being taken at face value, as simply representing 'an absent, to be recalled object' (Deetz 1992, Foucault 1983). The term 'text' is used precisely because it helps indicate that the text is both made up of interpretations, which require further interpretation, or 'reading'. In this sense, we are always writing and unwriting reality. So that language is examined for *how* it is being used to represent.

Further, the current approach emphasizes how cultural and historical definitions that enable social organization are invested in, or bodied forth in, textual practices. Language can therefore be considered as made up of systems of distinction, which 'hold(s) forth historically developed dimensions of interest' (Deetz 1992: 28.) So that language, as made up of systems of distinction, is also constituting (Foucault 1972): through language, as systems of distinction, classification and identity are produced, but not as the description of 'natural divisions', but as articulations which have a 'distinct political effect' (p29.) Language emerges as a practice, which enables power effects. These effects may be persuasive and/or disciplining, in the sense that they elicit a response.

In producing particular classifications and identities, language as bodying forth systems of distinction, places objects so that the word 'makes thematic a perspective against a hidden background of what it is not' (Deetz 1992: p29.) To put it another way, language practices as at the same time as they make some things present, they make others absent. For example, referring to someone as a 'nurse' classifies her within a system of distinction and against a hidden background by which these distinctions take on particular meanings: she is not being referred to as a doctor, or a patient, or a friend, or a wife, or a mother (although she may be any or all of these). 'Nurse' may imply in one culture and social situation an identity composed of specific attributes: a set of tasks, like making beds, dressing wounds, taking temperatures, wearing a uniform. In another culture 'nurse' may carry completely different organizing meanings: like magic and spirit, healer and comforter.

Language, therefore, is the medium through which socio-cultural relations get relayed: '(language) puts into place certain kinds of social relations and values - that is certain things which are worthy of being distinguished from other things - and puts into play the attributes that will be utilized to make that distinction.' (Deetz 1992: 29.) It is through language as a system of distinction that things get both ordered and in that ordering that displacement is possible. This is a further sense in which language is disciplining: it defines a space in which things can be thought/experienced in particular ways rather than others. For example, Deetz (1992: 29) suggests that language does not unproblematically describe the 'out there', but 'puts into play a way of paying attention to the 'out there'. In this paying attention, language

enables things in the world to become objects and to be placed in a particular order. As this takes place, other things get displaced: '..language is not a system of signs that represent. Rather language appears as discourse, a material practice which systematically forms that of which it speaks.' (Deetz 1992:31)

Discourse

I want to preserve an idea of discourse as a special form of language. Discourse refers to those language practices which appear to rest upon ideas of, or a claim to, a putative, disciplined and organized body of knowledge. That is, following Foucault (1973, 1991a and 1991c), discourse is being reserved here for those language practices that are given the appearance of being underpinned by particular theoretical, ethical or epistemological *grounds*. So that there is a very specific connection between discourse, persuasion and argument.

Discursive practices, then, are those practices through which social beings draw upon discourse to *ground* decisions, attitudes, beliefs, actions or values.   It does not refer directly to the values themselves, these are a different kind of cultural artefact. This then is to distinguish discursive practices from other strategies for social intercourse, such as *narrative* accounts. Indeed, as I hope to show, grounding accounts in other than discursive practices, can be risky in the medical domain. Put simply, grounding accounts in other than discursive practices may not have accountability. Accountability, as that which is observable-reportable (Garfinkel 1967) emerges as dependent upon grounding both talk and action in particular kinds of *disciplined* knowledge. Critically, in grounding their decisions or actions, social beings simultaneously reproduce the very relations and associations that the discourse they deploy relies upon for its effectiveness. Unpacking these relations is one of the objectives of discourse analysis.

In the current approach the emphasis is on the relation between identity-work and discursive practices (argument, forms of writing) considered as the practices through which social beings ground their activities (such as decisions, views, procedures) to make them persuasive. Critically here in the approach I am suggesting textuality is bodied forth in words and other materials and there use: it is not just about talk or writing in any literal sense. As will be seen in my second example switching between things can also move the world because things, and their use, body forth relations (Strathern 1995):

> But here is an example of another possible orientation. In analysing a painting, one can reconstitute the latent discourse of the painter; one can try to recapture the murmur of his intentions which are not transcribed into words, but into lines, surfaces, and colours; one can try to uncover the implicit philosophy that is supposed to form his view of the world… [or] … try to show that it is a discursive practice that is embodied in techniques and effects. In this sense, the

painting is not a pure vision that must then be transcribed into the materiality of space; not is it a naked gesture whose silent and eternally empty meanings must be freed from subsequent interpretations. It is shot through… with the positivity of a knowledge (savoir). It seems to me that one might also carry out an analysis of the same type on political knowledge. (Foucault, 1972, p.214.)

I am suggesting then that discursive practices are distinctly expressive of a particular aspect of Euro-American culture and identity. Discursive practices can be considered as knowledge practices, which Euro-Americans participate in to perform themselves as disciplined, which is distinctly Euro-American. I hope to demonstrate how knowing when not to participate in certain discursive practices, such as when a person is 'doing patient', may also be an aspect of a disciplined and distinctively Euro-American identity. So that the particular forms of rationality that are experienced in Euro-American cultures, and that Euro-Americans must participate in to be affirmed as full persons, are discursive in their orientation. There are other ways to express selves and identities, but this particular form, the discursive form, is something distinctive.

Foucault (1979) sets out this relation in his paper on Descartes' meditations and in so doing he draws attention to the connection between discourse, the enlightenment and a particular kind of disciplined subjectivity. Foucault's paper suggests how, at the very moment that social beings participate in particular forms of discursive practice to display their subjectivity and identity, their participation exercises (and thereby disciplines) them as subjects. Participation in discursive (or knowledge) practices can therefore be understood as not just disciplining but as a form of identity-work:. There is, as Foucault has emphasized elsewhere (1981, 1988, 1991b),a further effect of knowledge practices. Discursive practices also discipline others because they make a space in which particular objects can come into view. In order to refuse and change that space, so that a different kind of object can materialize, social beings put into play different discursive grounds (Lyotard 1984.) To make such moves social beings may need to establish their authority to speak, but typically the authority to speak is invested in those who reiterate dominant knowledge-power and other socio-cultural relations.

Analysis

As stated above the advantage of creating an ethnographic text is that it is made up of many different representations of events, or 'registers', across time and space, which can be laid alongside each other. For example, the medical and nursing notes were laid alongside what people had said and done during the events to which the documents referred. In this approach, these different registers are treated as different occasions for accounts (notes, handovers, ward rounds, conversations at the bedside.) Comparison across different registers, cases and

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occasions is used to seek for patterns: to illuminate how members usually do things, their routines and repetitions. Deviations are identified (Silverman 1993), either to upset original interpretation or to provoke further explanation, in relation, for example, to specificities of context. But an additional dimension to analysis is taken in the current approach.

The writing of an ethnographic text as described above means we can take the ethnomethodological tradition seriously. Specifically, it means that we can make crosschecks across different registers and occasions for how members make what they are doing accountable as that which is 'observable' and 'reportable' (Garfinkel 1967). We can look for what members put into play to make themselves or others visible over time and over differently situated occasions. Here we are interested explicating members 'explications', as Geertz refers to them in the passage cited above.

Critically, it is 'shifts' and 'moves' (Latimer 1997, 2000, 2004; Lyotard 1984), not just routines and repetitions (Berger and Luckman 1966) that can come into view. These shifts and moves do not simply make the heterogeneity of the present visible, to help reveal how there are multiple discourses at work, multiple narratives available. Nor is it simply that these shifts and moves represent infractions (Goffman 1963): those ways in which social actors deploy deviations from routines and the usual ways of 'getting along' to mark a difference, such as the hate stare in a society where civil inattention and dropping the gaze are the norm amongst people who do not know each other well. Rather these shifts and moves allow us to see stops and starts.

For example, at one moment a doctor may be assessing a patient as an object, or 'corps' (Leder 1992), the next they may constitute them as a person, a subject, whose body is 'lived'. In such a moment as this the patient's identity can be shifted, and the world changed (see Latimer 2004), because the patient as corps and the patient as a lived body need and mean very different things, and are usually held in opposition or at least tension with one another. These two notions of the body – as an 'object'-corpse and a phenomenological subject liebe - are in Western discourse constructed as grounds that are antipathetic to one another – they are in antimony – and are associated with very different sets of interests. Elsewhere I have argued that knowing when to shift between the two worlds that these two bodies bring into play is all a part of 'doing' good doctor or good nurse (Latimer 2007).

The kinds of moves and shifts that I want to highlight then are thus connected to how participants construct and deploy dualisms and antimonies in ways that 'move the world' (Latour 1983). Participants here could appear to be simply (re)iterating contradictory positions or understandings as evidence of multiplicity and heterogeneity (Mol 2002). However, rather than take these moments in which members draw upon shifts in narrative or discursive grounds as evidence of members fluidity in the context of multiple meanings, the

present approach to analysis presses these moments as accomplishing much more than a post-modern world. Specifically, I want to suggest that it is this movement or '*motility*' (Munro 1996a, 260-262; 1999) that gives organisation the dynamism it requires to maintain its stability and strength.

This approach to analysis of the data that the ethnographic description generates can, therefore, help us to 'see'[10] the moves and explore the motility that helps produce the story – the first text – and it can help us cross-check and thicken up not just our descriptions but our readings and interpretations. In particular, examination of what members' moves accomplish at very specific moments enables the researcher to explore the dynamism that underpins the apparent stability of social life. Without this motility everyday life would be too rigid. Similarly, in shifting between readings of the texts the researcher herself is performing what she is revealing – she herself is motile. The work she produces is nothing to do with being fluid or flexible – on the contrary it is what gives the analysis its strength because it helps her to unconceal (Heidegger 1954) what it is that is holding stabilities, such as the dominance of the clinic, in position.

Crosschecks across different registers and different occasions allow particular kinds of 'moves' to come into view. These are connected to how members construct and deploy dualisms and antimonies. In particular it allows the researcher to 'see' how social beings at one moment justify or explain their actions or a phenomena one way and the next moment they draw on an apparently conflicting or contrasting justification or explanation. It is this movement or 'motility' that gives organisation the dynamism it requires to maintain its stability and strength (Munro 1996b, 260-262; 1999). Without this motility everyday life would be too rigid.

Excavating the implicit

It must be stressed that it is difficult for me to claim that the ways in which I go about analysis was *purely* of any one kind, such as CA or DA. Rather the approach to analysis is eclectic, and is best described as a continuous process of rewriting and interaction, between me, the text, and other texts which I have read or am reading during the writing of the study.

Talk and action are analyzed in terms of how talk is structured by participants, for example, in terms of turn taking, and the form of questions and statements (e.g. Fairclough 1992; Schegloff 1991.) While analysis concentrates on *who* spoke, when and of what, to be able to identify what gives the authority to speak, the analysis pays particular attention to *how*

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[10] Please forgive my use of the visual metaphor here - it is for want of a better form of expression. I am fully aware of how it risks thrusting the researcher back into having a privileged subject position - the 'Godtrick' (Harraway 1991) so despised by many feminists. I am not sure of the scope of the paper allows me to fully justify myself in this respect, but suffice it to say that the view offered is only one possibility: there is no didactic intent.

talk is constituted and what in turn it could be taken to constitute. In particular, in the analysis I seek to identify participants' typifications (Schutz 1967), such as a patient who was typified as acute or social, and the categories they use to make up their world (Silverman 1987, 1993), such as 'acute medicine'. Critically, these categories, as I have noted elsewhere, are not of equal value, rather they are constituted as classes of people, work and things (Latimer 1997, 2000).

Following Garfinkel (1967), nothing is taken for granted by me, the analyst. For example, although for those in the setting 'bed-rest' may be treated as a routine approach in the care of all acute admissions, I set out to make bed-rest 'problematic'(Sudnow 1967.) Rather than treat bed-rest as an obvious response to someone admitted as acutely ill, I trace backwards and forwards through the discourses and practices around patients to explicate what grounds, explicitly or implicitly, are being used to support this *as* a routine. In a similar way I look at why some patients are given a bed-bath, rather than help wash, or morphine rather than some other form of pain medication, or a commode rather than a walk to the bathroom. So making what is most obvious 'problematic' means making what is implicit and taken for granted strange, so that it suddenly has to be accounted for, by the researcher themselves, drawing on their material. Thus, I comb the text for those moments which help explicate the implicit as the ground upon which the taken for granted is constructed.

Moves

Sometimes I am able to identify an anomaly or deviation from what participants themselves constitute as usual, routine or the norm. For example, some patients in an acute care context are not kept on bed-rest, they are got up very shortly after admission to the unit. Locating the rationale for this, or the discursive grounds given for such a move, might be hard. But they are there in the text, buried: 'Oh she's eighty-eight, get her going.' So old age can be used to justify deviation from the norm - it is Ok to get older people going even when they are acutely ill. In combing through the texts, I sought other occasions when nurses justify getting older people going earlier than was usual. So that while in the current context acute illness legitimates bed-rest, old age legitimates early mobilization.

The next step is to press analysis further: how is bed-rest itself being constituted, what is bed-rest made up of? Looking closely, bed-rest emerges not so much as a restful time of recuperation and healing, but as a period of intense observation, so that while bed-rest involves a short period of being in bed, the patient and their body are under constant surveillance. Bed-rest emerges in the nurses' discursive practices as a period in which the medical gaze can access the immobilized body, to make visible the traces of disease under conditions in which variables, like exercise, are reduced to a minimum. The implicit

understanding is that immobilization is risky in the older body, but perhaps it is also permissible to mobilise older people because old age makes disease in that body difficult to 'see', and the medical staff, as well as the nurses, have little interest in observing it.

Absences and presences

Perhaps most importantly of all in discourse analysis there is a concern with what is left out, so that analysis attempts to bring to the surface what is made absent by the things which participants' practices make present. It is therefore significant when nurses leave out possible grounds for accounts. For example, they omit any reference to how recuperation and healing is a rationale for keeping someone in bed. Where such absences occur over time, it is possible to find a pattern, such as that a patient's comfort or subjective response is not a strong ground for justifying action Because I had made notes over time, I could follow the main actors in the study through different locations and situations, and trace absences and presences over time. I could crosscheck interpretation, across different patients, and across the two wards. I actively looked for episodes that refuted what appeared to be established. This made the analysis particularly strong, because I would come across an event that seemed different, but in pressing interpretation, something more than I had expected would emerge and appear to connect with other moments in the text.

Of particular importance was the way in which particular relations would be made present one moment and absent the next. For example, absenting talk about patients as persons with feelings and views was all part of members work to perform the clinical domain as if the basis of its operations were purely technical (see Latimer 2000). As Foucault (1973) points out essential to the purity of the clinical gaze is the abstraction of the patient as a social being. So that I sought for an explanation for those occasions where nurses' did make present a patient's feelings, or their comfort. What emerged was that such matters were only brought into play where a patient was constituted as not having a medical future, indeed a sign that a patient was *not* medical was where their troubles were accounted for on 'personal' or social grounds. In these way the analysis can pay attention as much to intertextuality as texuality.

Crosschecking: motility

This section exemplifies intertextuality and crosschecking. Attention to intertexuality and to cross-checks between different registers and different occasions, helps surface instances of what I have earlier referred to, following Munro, as 'motility'. The example I am using involves the relation between observation and talk in the nurses' knowledge practices.

Nurses' handovers, those occasions where nurses pass on information and patients from one shift to another, circulate nurses' and doctors' re-presentations of patients. The materials aligned to re-present patients at handovers include: observations, medication regimes, intra-venous infusions, pain management, nursing care, mobility, and patients' behaviour. Nurses rarely talk about how patients felt or relay a patient's own words about their troubles. Patients' own views and feelings are not made significant. Exceptions are when a patient's own expressions are presented as a sign. For example, where the plausibility of a patient's form of expression was thrown into doubt, their talk may be relayed at the nursing handover or in the nursing notes as a possible sign (or evidence) of a deteriorating mental state. In these ways, at handovers, nurses constituted patients as clinical subjects through processes of objectification, and in so doing constituted themselves as objective, disciplined and (critically) *observing* subjects[11].

In interviews with me, qualified nurses said that an important aspect of assessment was their ability to see 'just by looking' (as several of them put it) how a patient was feeling. Patients feelings were assessed, the nurses indicated, through observing their behaviour, which they, nurses could read. The nurses were therefore grounding one aspect of their expertise (the reading of patients' behaviour) through putting into play notions derived from social psychology. As one nurse put it 'you can tell just by looking at someone whether they are feeling anxious', and then, she said, she might 'you know, ask them how they feel, as a check on your observation.'

Importantly all the nurses described how they observe patients first, then use talk to check. Talk was the supplement of sight. The (unprompted) reason nurses' gave for needing to know about how a patient was feeling, however, was one of the leads which helped me to begin to understand a very important aspect of the setting: nurses in their talk to me, suggested that they needed to know about feelings because feelings, if not relieved, could get in the way of recovery. And recovery was the main objective because recovery meant both a discharge and that somebody had got better.

Other kinds of talk, between patients and nurses, was referred to by nurses as 'social' and was configured a luxury. A social life (in hospital) was spoken of as something which patients who were long-term or dying, 'needed'. Nurses also said that as much as they would like to just sit and 'chat' with the older patients, 'flick through a magazine' or talk about the past they did not have time. Talk and the social emerge in the nurses' interviews, then, as something which is extraneous to the main work of the acute medical domain: the medical can only really be accomplished through the application of the expert and informed observing

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[11]   In a similar way in their records of nursing care, nurses never wrote in the first person, instead they reported patients as having 'mobilised', or 'bathed'. Nurses thus effaced themselves as active individuals engaged in interactions with patients. Through these practices nurses constituted the space at the bedside as a place of observation and a space in which individuality is effaced.

gaze. So the bedside emerges as a second social space: the space of nurses' identity-work as experts with a disciplined way of seeing, which includes distinguishing different kinds of patients.

I went through all the transcripts to check for other mentions of talk. Nurses spoke of a further kind of talk. Talk that was acceptable in the current domain emerges as 'technical'. Technical talk is used by nurses to help relieve patients' feelings when their feelings are constituted as a risk. Some feelings were constituted as risky because they have the potential to cause blockages: feelings can block a patient's recovery, and the smooth flow of patients through the beds. Talk, as technical, was used to get patients to talk about their feelings, and unblock themselves. Nurses here are of course drawing on a further set of distinctions derived from psychology. Anxiety was one of the feelings that might require nurses' attention. Ironically, feelings were thus configured as having the potential to put a stop on a patient being returned from patient (with medical and nursing, not social, needs) to person (someone who can go home.) Critically, nurses do not characterize talk as necessary to understanding a patient's medical condition or their medical and nursing needs. Talk and feelings are extra.

Explaining the apparent discrepancy between what I noted in my examination of nursing handovers, that patients' feelings were not an important topic of conversation, and what nurses said about talk and patients' helped me to understand something very important about the setting. It is not that I refuted (Popper 1969) my first interpretation, rather it became perfectly possible for nurses to hold two opposing positions. Rather, it forced me to confront the issue of what was being accomplished by these two apparently opposing accounts of talk and of feelings. It was clearly another example (and there were many) of how nurses distinguished an expert identity, and the proper object of nursing work, as resting upon technical rather than social skills. In circulating these apparently contrary notions nurses help to maintain the stability (and the purity) of the clinical domain: at the same time as they denigrate most talk as merely social, they talk up the talk which helps them dispose of patients feelings as technical, and thus reinforce how they operate with technical and expert rather than social processes. The stability then being reproduced is the relation between expertise and technology.

Here I draw on Munro's theory of *motility* (1996a, 2005) in 'world-making' whereby what is being constructed and made present as the here and now is changed and altered from moment to moment. These shifts in world, or 'extension' (Latimer 1999, 2000, 2004; Latimer and Munro 2006; Munro 1996b; Strathern 1991) which body-forth different meanings and identities, are accomplished by an attachment and detachment of the discourses and relations constructed by, and circulating within, the clinic: one moment talk is social and a waste of

time, the next talk is important but because it is technical, like observation. What the example also helps to illustrate was that the performance of an expert identity also relies upon having *the right kinds of materials* available to performance. And that the most important material with which nurses perform their identities are their patients[12]. This raises the question of how appropriateness is accomplished.

Distinction and the work of inclusion and exclusion.

As the analysis has progressed in the continuous rewriting of this study, it has focused more and more on the distinctions which nurses and other professional carers put into play to figure the identities of older people as patients with needs (or not). The identification of need, as well as being a technical affair, also rests upon nurses' and doctors' methods of categorising, their 'typifications'. In the current context needs, like patients, were typified, as, for example, 'nursing', 'medical', or 'social'. However, typification rested upon practices through which doctors and nurses do the work of making up these distinctions: that is, their discursive or knowledge practices.

Examples of occasions where discursive practices can be observed include ward rounds, nursing handovers ('change of shift reports'), and at the bedside, in encounters with patients or with other human and non-human actors. 'Needs' emerge in these practices not just as givens: socially or naturally constructed phenomenon, 'out there' in the world, waiting to be uncovered and revealed through observation and expert interpretation. This is not to deny that to be effective, nurses must act upon needs *as if* they are givens. Rather it is to stress that participation in the work of distinction is of great importance for two interconnected reasons. These are now discussed.

First, the work of distinction allows for processes of inclusion and exclusion. The organisation of the clinical domain *depends* upon these processes of inclusion and exclusion. Nurses' typifications support and help reproduce systems of classification. Classification helps staff determine responsibility. For example, in the following extract, Sister (the charge nurse) is presenting a new patient at the mid-day change of shift report:

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[12] Howard Becker refers to this aspect of medical practices in an essay on crocks, derived from the study of medical students undertaken with Blanche Geer, Everett Hughes and Anselm Strauss in the 1950's. Becker (1993) states that medical students dislike crocks because, amongst other reasons, 'Like their teachers, students hope to perform medical miracles and heal the sick, if not actually raise the dead. They knew that that wasn't always easy to do and that they wouldn't always be successful, but one of the real pay off of medical practice was 'to do something' and watch a sick person get well. Because 'crocks', in the students' view were not really sick, they were useless as the raw material of medical miracles. (page 34). Elsewhere (Latimer 1998) I have shown how nurses help establish patients' identities, particularly in relation to whether they have a medical futures. The difference however, is that nurses help maintain an undecideability over the identities of patients, which provides the motility for moves which help maintain the flow through the beds as at the same time maintain the clinical domain as concerned with the purely medical.

'A new patient. Mary Weston, 88, who I do not think is a *medical problem* at all but an *orthopaedic one*. She is an RTA [road traffic accident]. She's for all care, turns two hourly. And for paracetamol [similar to Tylenol]. Analgesia - she's written up for cyclimorph [morphine plus an anti-emetic]. but I think that's a bit fierce really - ask them to write her up for something less powerful - DF118 [dyhydracodeine - a painkiller] maybe. She's fine [pause]. She can be up to sit. Yes get her going, get the physios to see her. She's 88 - we *ought* to get her going.'(Sister[13], first change of Shift report on Mrs. Weston, Day 1, emphasis added.)

This change of shift report can be considered as much more than an occasion for the passing on of information about a new patient, Mrs. Weston. Sister, as she describes Mrs. Weston and her needs, draws upon, and puts into play, particular systems of distinction to figure Mrs. Weston's clinical identity as inappropriate to the acute medical ward of which she is in charge. For example, she deploys medical categories - 'orthopaedic', 'medical', 'road traffic accident' - as typifications with which to distinguish Mrs. Weston and her needs. There is an implicit assumption that an orthopaedic problem is different from someone with medical problems. A taken for granted truth for nurses, perhaps, but if we make this strange, and look a little further, and stop ourselves from taking it for granted, we can allow the discursive practices which help nurses like Sister make up her world to come into view. By aligning materials, such as notions of care and need, Sister figures Mrs. Weston as having a particular clinical identity: she refers to her metonymically as a road traffic accident, and aligns Mrs. Weston's age with her need for all care, two hourly turns, and pain-killers. She states that Mrs. Weston is written up for a strong pain killer, and suggests that the doctors need to reduce the prescription, to something 'less fierce, less powerful'. Thus Mrs. Weston is subtly reclassified as not as seriously ill or in pain as the doctors are making her out to be. Sister also associates Mrs. Weston's age with the imperative to get her going. Her move, to mobilize Mrs. Weston, is grounded in what is implicit in this association: a discursively constituted idea that older people need to be mobilized early rather than late.

It is important to note what Sister leaves out of her account: she does not mention that Mrs. Weston has a central venous pressure line, that both this and her urine output have been being read hourly, and that she had a gastric bleed and went into shock just after her arrival in the accident and emergency department. These are signs that can be read as indicating that Mrs. Weston has been constituted by others (namely the medical staff in accident and emergency) as acutely ill. Sister makes these features absent, and as we have heard, herself refigures Mrs. Weston's needs in ways that are different from the doctors. It is she who is

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[13] Sister denotes the nurse in charge who is also the ward manager.

refiguring Mrs. Weston, as old and as in need of nursing and rehabilitation, but not of observation, the key feature of acute medical care.

Older people figured as having rehabilitation, personal and social needs emerge in the current study as different from acute medical patients, and are consistently figured by the nurses as unsuitable to an acute medical domain. So that the work of distinction helps nurses include and exclude patients from the categories which make up the clinical domain as a 'quality space' (Fernandez 1986a and 1986b.) This process can be understood as the 'constituting of classes'.[14]

The second way in which participation in the work of distinction is important is because such participation is central to the performance of nursing, *as* disciplined and expert. It is through participation in the work of distinction that nurses perform their identity, and display their membership. As Sister speaks at the handover and participates in the discourses available to her, she displays and exercises her disciplined subjectivity. She also relays to those neophyte nurses who listen what makes up the clinical domain and how they must conduct themselves to perform themselves as members. The handover emerges as a site for the reiteration and circulation of particular knowledge-power relations. Only some nurses are permitted to speak on these occasions, neophytes and nursing aids remain silent: like patients they do not yet have the authority to speak because they are not yet disciplined subjects who can be trusted to reiterate the knowledge-power relations that help order the setting. Instead, the neophyte nurses are being disciplined as they silently absorb the flow of relations, as patients flow through the beds.

In performing these hierarchies nurses, like Sister, are of course drawing upon the asymmetrical relation between technology and the everyday of work of caring for the body. Drawing on this relation is what makes Sister's move effective: she is able to refigure Mrs Weston as someone who should be up and moving. But in doing this, in drawing upon this relation, Sister is reproducing it, and helping to (re)order the world. In this instant then, as at the same time as she helps give nurses identity, she aligns with, and reconstructs (see also Munro 1996b), a world in which personal care signifies the banal and mundane, while the technological is elevated to the heroic. Where these kinds of 'move' are in circulation across many differently situated occasions, we can begin to know what every member knows, and we can understand, drawing upon Callon and Latour's (Callon and Latour 1981, Callon 1986) ideas of enrolment and translation how participants such as the nurses described here through drawing on these kinds of assymetrical relations in their ordering work not simply align with them, but reproduce them.

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[14] The 'constituting of classes' helps nurses accomplish the 'disposal' of patients and the complex organisation of the clinical domain (see Latimer 1997, 2000.)

Materiality, Distinction and Shifts that Move the World.

Earlier I suggested that materials and their use are important in being able to understand how power works in relation to shifts and move. In this section I want to illustrate this proposition. I am suggesting therefore that what helps make claims stick in any given social encounter is connected to the ways in which relations are ordered. Further, I am suggesting that relations are ordered through the arrangement of materials as much as talk. This is not just to say that materials act as props for a presentation of self (Goffman 1958), rather it is to press that the potency to move others and order relations is accomplished in *extension* with materials. In extension (Latimer 1997b, 1999, 2001; Munro 1996b; Strathern 1991), persons are figured as attaching *and* detaching themselves (or others) to and from prosthetic devices in ways which have potency. What I show in the analysis that follows is how it is *shifts* in extension that can constitute potent moves.

Shifts in extension allow for sudden and dramatic switches between conceptual relations, embedded in narratives and discourses. In the example that follows the consultant is conducting the occasion like a classic ward round, except there are more than doctors and nurses present. A physiotherapist, social worker, and occupational therapist as well as a staff nurse, junior doctor and house officer are present. It is a multi-disciplinary occasion. As in a classic medical ward round, the group travel around the ward, moving between patients and the notes trolley. The consultant leads and the others follow.

As the group moves from patient to patient, the consultant repeatedly questions the nurse and junior medical staff over medical matters, such as the medication sheet and test results. The consultant orders the nurse and the doctors to fetch things for him: notes, charts, x-rays, forms, scans are all asked for and brought, by the nurse or the junior doctor, to the consultant at the notes trolley. When the notes are to be filled in the consultant dictates what is to be written, but the junior doctor does the writing. In this way the consultant draws on the routines of the acute medical domain to accomplish a spectacle (Latimer 2000c), he performs his authority through his command of those materials (such as x-rays, prescription sheets, observation charts, the medical notes) which very much *belong* to the medical domain.

By staging the ward round in a very particular and familiar way the consultant legitimates his authority and maintains a particular distribution of medical labour over the strictly clinical aspects of patient care (diagnosis, medications, observations, investigations, etc.).

> The following extract is from the same ward round:
> The consultant arrives at the bedside of an elderly gentleman who is sitting in an armchair placed next to his bed. He stands over the patient. All the other participants stand around behind the consultant, watching.
> **Doctor (to the patient)**: Are you giddy when you stand up at all? (He asks for a sphygmomanometer. This is brought to him by a nurse. He takes the gentleman's

blood pressure, once while the man is sitting down in the chair and once after standing him up[15]. He then sits the gentleman down again in the chair.).

Patient: I'm frightened of the fall.

Doctor: You'd be better with a frame. (He looks around and sees a zimmer walking frame by another bed, he picks it up, and puts it in front of the patient) Or do you mind?.... It'll help you get about a bit more. If you don't get about you'll get weaker.

Physiotherapist: You'll be better with this frame (Brings another frame over. The doctor moves away and the physiotherapist labels the new frame and helps the patient up, who then walks up the ward with his frame).

In this extract, the consultant questions the patient directly. In taking the blood pressure he pre-empts any notion that the patient cannot walk on his own because of his medical condition. He then shifts extension, and picks-up a walking frame, setting it down in front of the patient. It is as if the patient's assertion ("I'm frightened of the fall") gives the permission for the shift. At the same time the consultant grounds his reasons for getting the patient to mobilise in an account to the patient ("If you don't get about you'll get weaker"). Thus the consultant aligns the patient's interests with his own. By grabbing the frame and putting it in front of the old man the doctor reconfigures the old man's identity.

As a technology the zimmer makes present (Kalinikos 1996) a particular set of socio-cultural preoccupations: that older people should strive for, and be helped to strive, for their independence. To do less is not to be a full person in Euro-American culture (cf. Becker and Kaufman 1995). The prosthesis thus reframes the old man's identity: he is shifted from someone who is ill and who needs care, to someone who needs to be independently mobile. Thus the zimmer frame lays down a call. The old man passively accepts the call and takes up the frame as *his* new prosthetic extension. In putting the frame in front of the old man the doctor risks diminishing him: the placing of the frame momentarily refigures the old man, not as ill, but as inhuman, unable to stand upright, on his own two legs - he is transformed, for now, into a six-legged creature. But in taking up the frame as his new extension the old man accepts the call. So that in accepting the zimmer as his new extension the old man is transfigured: by getting up and on and going he is remade as someone who wants to strive and be responsible. And, of course, this call for older people to get on and moving aligns only too well the increasing managerial demand for throughput and beds (see Latimer 1997a, 2000c).

The physiotherapist too cannot refuse the alignment which brings the patient in extension with the zimmer. She cannot but align with the new world that the doctor's moves bring into play. And if she did refuse, any countermove would have to be based on strong discursive grounds. Yet the consultant has already moved the strongest of those out of his way, by making it clear that there is no medical reason for the patient to be sitting around, taking up

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ii He is testing for what is called postural hypotension - an affliction of older life which causes people to fall . The idea is that the blood pressure falls when people stand up because there is not the peripheral tension to keep it pumping up to the brain. To check for this the lying and standing blood pressure is usually taken over a period of several days.

space. So as she swops frames she reclaims her belongings and reasserts some of her authority on her own ground, but only *after* the consultant has 'moved the world'.

The set of moves through which the consultant shifts the patient's identity contains its own complexity. The consultant's moves involve shifts between cultural materials, including his belongings (the notes trolley and the sphyganomometer) and the physiotherapist's belongings (the zimmer frame). He aligns these shifts with social processes, such as accounts, in ways which shift the ground upon which the patient's identity can be figured. Critically, the consultant's moves depend upon shifts in extension between different grounds - the sphyganomometer (medical discourse) and the zimmer frame (a non-medical narrative to do with older people and independence) to accomplish the shift in the old man's identity.

Discussion: discursive practices and identity-work

It is difficult to understand why patients and nurses comply with aspects of health care and everyday life in hospitals which seem to subject them, apparently so unnecessarily, and which seem so contrary to theoretical ideas of caring and individual sovereignty. Researchers usually blame the context of health care (it's 'the system', it's 'the culture') for anomalies in practice, as if that context lies outside the reach of some of the people who work within it. In that kind of analysis, the context emerges as *shaped*: health services are 'dominated' by hegemonies, such as the bio-medical model. As a result, health care practices are made to appear as if driven, by (bad) instrumental objectives or by the interests of a small but powerful minority, such as the medical profession. Critically, the culture or the system is seen as dominated by a particular knowledge/power relation (e.g. Fisher 1988), or other cultural value, such as 'self-care' (e.g. Rudge 1997), which precludes other views of health and illness.

While there are obviously problematic issues of power and identity in health care practices, how the reproduction of asymmetrical relations occurs over and over again requires much greater attention, and a move a way from understanding health care practices as located in individuals, or collectivities, with dominating sets of interests.

The current approach of drawing together ethnography and discourse analysis helps to reinvigorate analysis of any form of social organisation as not just the accomplishment of its members (Bittner 1973) but as helping to re-accomplish socio-cultural relations of power which give the appearance of stability. The approach I have described takes the view that individuals are members, but that for performance to be persuasive of membership, social beings ground their displays by drawing upon what is 'readily available' as significant and meaningful. So that it is here, in the connection between performance and the circulation of what are available systems of distinction, or discourse, that it is possible for the appearance

and reappearance of dominant knowledge-power relations to emerge. Critically, then, it is *participation* in discursive practices which not only display membership, but that also lock people in.

Drawing on discourse analysis to analyse ethnographically generated texts helps us to go beyond simply describing forms of social organisation. Discourse analysis helps us to pay attention to the 'conditions of possibility' (Foucault 1973) under which interactions occur and which interactions help to reproduce. Speaking of the early emergence of medical discursive practices, Foucault describes the purpose of his project as follows:

> 'an inquiry whose aim is to rediscover on what basis knowledge and theory [in the specific setting under examination] became possible; within what *space of order* knowledge was constituted; on the basis of what *historical a priori,...ideas could appear*, sciences be established, *experience be reflected in philosophies*, *rationalities be formed...*[In effect] bring to light....conditions of possibility [of such knowledge and theory].' (Foucault 1973: xxii)

Conditions' then refers to far more than what can be understood as the social or political context of interaction. Rather, these conditions are concerned with how social beings are caught in the circulation of particular knowledge/power relations, because they are engaged in social spaces that are prefigured by *orders* of knowledge. And it is *participation* in particular forms of discursive practice that can be considered as one aspect of cultural performance of identity in a Euro-American context. I want thus to stress how power then works through participation and processes of inclusion, not just exclusion.

The aim then of the approach presented in the current article has not been to represent or give voice to a group of social beings, particularly those who are marginalized or silenced. Nor has the objective been to expose how some social beings or groups gain power over others, although power relations are to some extent a key concern of all discourse analytical projects. Rather, the purpose has been to show how ethnography specifically helps us to examine the relation between discursive practices, conduct and identity-work. By examining the discursive practices of participants such as nurses, doctors and patients as they occur across a variety of 'differently situated occasions', what kinds of discourse are available to to them to ground their moves can be identified. This process of analysis helps elucidate how participants, through enrolling what is available, themselves become enrolled to align with networks of interest. Critically, the creation and continuous rewriting of an ethnographic text helps to explore interaction across many differently situated occasions. What we find is not just deviations from norms, routine and repetition but how participants switch discursive domains in ways that help to move the world. With Munro I am calling this motility. In other writings I have shown how the motility of members' moves helps to construct the world at the

same time as it reproduces particular power relations – in multidisciplinary work in geriatric medicine (Latimer 2004), interactions between doctors and parents in the genetic clinic (Latimer 2007a), as an aspect of critical constructionist research (Latimer 2007b), and with Munro over the consumption of cars and driving (Latimer and Munro 2006). In each of these we explicate the relation between identity-work and motility. By motility we mean a shifting backward and forwards between different spaces of discourse, alternative possibilities for conduct; shifts that shift the world. Competence in complex domains such as nursing and medicine requires the capacity to construct one self and others in terms of different discourses, and to be called to one rather than another at the right moment. This is a competence in the ethnomethodological sense and can be understood as 'doing member'. Ethnography can helps us to see this motility in the reproduction of power relations in ways that help us better understand how stabilities are reaccomplished in the context of multiple possibilities for interpretation and conduct. It is in this sense then that the approach couldbe called post-structural rather than post-modern ethnography.

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