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Acta Universitatis Sapientiae, Philologica, **9**, 2 (2017) 81–92

DOI: 10.1515/ausp-2017-0019

On Interruptions in Doctor–Patient Interactions: Who Is the Stranger Here?

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Abstract. Even though interruptions in various areas of spoken interaction have been the focus of research which deals with such issues as power and dominance, more recently, this focus seems to have been on the many functions they can hold. One research area in which interruptions may be given less attention is that of doctor–patient interactions (see, for example, Menz & Al-Roubaie 2008). This paper investigates the issue of interruptions in medical interviews. From a corpus of 26 medical interviews, one was selected for a pilot qualitative context-bound analysis meant to inform the following analysis of the whole corpus at later stages of the study. The findings of the analysis demonstrate that it seems possible to use the existing analytical framework for the identification of types of interruptions characteristic of medical interviews in the Romanian context.

Keywords: doctor–patient interaction, interruption, medical interview, supportive, non-supportive interruptions, failed attempts at interruption

1. Introduction: interruptions in the literature

Although the existing literature on interruptions in real-life verbal interactions is quite extensive, there seems to be much disagreement among researchers in terms of an adequate definition of the term itself. An influential approach to defining interruptions is that of West and Zimmerman (1983), whose definition is the result of empirical research. The authors define interruptions as interruptor-initiated utterances consisting of more than two syllables away from the initial or terminal speech unit of the interruptee. Sometimes equated with overlapping speech, interruptions have been studied from various perspectives, one of which is language and gender research, an area in which the works of Zimmerman and West (1975), Tannen (1990), or Coates (2004) are very much discussed and quoted. The other important perspective from which interruptions have been widely studied is that of power and dominance, even if sometimes research in this area is

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criticised for its over-statement of the importance and implications of power (see Goldberg 1990, Wilson 1991). Directly related to power, status rather than gender is sometimes deemed to be responsible for the differences in interruptions. In this line of thought, some research shows that those of higher status interrupt more often than those of lower status (West 1998). This is probably why many would agree with Lakoff (1973), who states that "language use changes depending on the position in society of the language user" (Lakoff 1973: 76).

Before moving onto the discussion of the functions of interruption in medical interviews – the area of research which this paper mainly focuses on –, it seems reasonable to take into account the place of interruptions within the turn-taking mechanism. In this respect, Sacks et al. (1974) or Schegloff (2000), among many other specialists, view turn-taking as the central feature of conversation and state that it is its organization which allows participants an equal distribution of opportunities in conversation. Sacks et al. (1974) discuss the turn-constructional unit (TCU) as a basic unit of what Schegloff (2000: 1) calls "talk-in-interaction". The authors define the TCU as a unit of speech which roughly corresponds to units such as sentences, clauses, phrases, and single words. In real-life spoken interaction, interlocutors are able to interpret the progression of what has been said and manage their participation accordingly. Nevertheless, this fundamental feature of interaction, i.e. that of one person beginning to speak at a point where their interlocutor might have completed their turn, does not prevent participants in any type of spoken interaction from starting to speak at any other point in the course of the current participant's turn (Lerner 1989). These are interruptions, which can take various forms and have different interactional consequences. In this line of thought, Tannen (1990) points out that interruptions are not simple violations of speaker rights, but they may sometimes be reflections of the interruptor's solidarity and involvement.

2. Types of interruptions in the literature

Research in various areas of language in use has demonstrated that formal investigations of interruptions are not effective because such overlapping sequences seem to be polyfunctional. Such studies recommend a functional approach to the analysis of interruptions or overlapping sequences and a more thorough attention to the context of the interaction.

This functional approach to interruptions has also resulted in many researchers' efforts towards classifying them even as early as the late 1960s. For example, Mishler and Waxler (1968) distinguish between two types of interruptions: *successful*, where the interruptor prevents the interruptee from completing their turn, and *unsuccessful interruptions*, where the interruptor does not manage

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to take their turn before the interruptee finishes theirs. Almost a decade later, Ferguson (1977) describes an alternative system, which contains four categories: *simple, butting-in, silent*, and *overlaps*. This classification does not seem to provide significant improvement from the one mentioned above and does not represent a substantial modification of Mishler and Waxler's (1968) work. In the 1990s, interruptions and their classification are the focus of such research as the one reported by Murata (1994), who makes a distinction between what she calls *intrusive interruption*, functioning as a topic-changing, floor-taking, and disagreement device, and *cooperative interruption*, which, the author claims, reflects the listener's collaboration in the conversation**.** Other researchers have described three non-mutually-exclusive categories of interruption which are related to dominance. They are: *deep interruptions*, in which one of the speakers interrupts with a change of topic (LaFrance 1992), *successful interruptions*, in which an interruptor causes the speaker to stop talking (Beattie 1981), and *intrusive interruptions* (successful or not), which intrude in the middle of another person's point (James & Clarke 1993).

This brief presentation of trends in the area of research into interruptions in spoken interaction is next followed by a discussion of how the analytical framework detailed by Menz & Al-Roubaie (2008) was applied in a pilot analysis of medical interview data.

3. Interruptions in a medical interview

The investigation of interruptions in medical interviews discussed in this paper relies on two questions:

– What types of interruptions seem characteristic of Romanian medical interviews?

– How suitable is the existing analytical framework for the data collected in the Romanian context?

As one can easily see, these questions are both meant to identify types of interruptions in doctor–patient interaction in the Romanian context and to test an existing analytical framework (Menz & Al-Roubaie 2008) for the pilot data analysis detailed in this paper.

In what follows, I will first briefly describe the data material upon which this investigation relies and then discuss the analysis of the data and findings in my attempt to answer the questions above.

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3.1. Data in this study

The data examined in this pilot study consist of one medical interview of a larger corpus of 21 medical consultations collected after obtaining access to the research sites from two physicians who agreed to take part in the larger study. The two participants (an ophthalmologist and a paediatric orthopaedist) were informed about the aims of the research and agreed to use their own recording devices to record some of their consultations and later to send the recordings to the researcher via e-mail. The former recorded 9 medical interviews/consultations and the latter 12. The length of these interviews ranges between 1.51 minutes and 23.33 minutes, leading to a total corpus of 168.58 minutes. All the medical interviews in this corpus were conducted in Romanian and, for the purpose of this paper, the analysed data excerpts were translated into English. The data sample investigated here totals only 3.42 minutes, and the transcription of this instance of doctor–patient interaction is detailed below.

3.2. Transcription issues

The decisions that were made about the form of the transcript discussed here were informed by often quoted writings on transcription issues (e.g. Chafe 1993; Cook 1995; Edwards 1993, 1995; Ochs 1999; Silverman 2000). Edwards (1993), for example, underlines the importance of the transcript in the study of spoken discourse:

> The transcript plays a central role in research on spoken discourse, distilling and freezing in time the complex events and aspects of interaction in categories of interest for the researcher. When well-suited to the theoretical orientation and research question, the transcript enables the researcher to focus efficiently on the fleeting events of an interaction with a minimum of irrelevant and distracting detail. (Edwards 1993: 3)

He adds, however, that "choices made concerning what type of information to preserve (or to neglect), what categories to use, and how to organise and display the information in a written and spatial medium can affect the impressions the researcher derives from the data." (Edwards 1993: 3)

The notion of transcription as *interpretation* is present in most of the writings in this field. In other words, even the very "choice" (see above) that the researcher makes to record (in one way or another) a certain piece of human interaction represents her/his interpretation of "the real world" and can turn "what *is* (…) [in]to what *ought* to be". This seems to be so in terms of the "influence of the observer on *the observed*, a classic concern within the philosophy of science" (Ochs 1999: 167 – emphasis in the original).

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As I was aware that how I organised and displayed the information in the interview transcript would be crucial for my later analysis, for, in Edwards' words, "the impressions the researcher derives from the data", I decided that the kind of transcription that would be the most appropriate for my aim – that of understanding why and how the interactants overlap or interrupt each other – was somewhere between "broad transcription" and "narrow transcription" (Edwards 1995: 20). As I was interested mainly in the types of interruption, the level of detail that I would need in order to understand the mechanisms of the spoken text that constitutes my data can be both "similar to that found in scripts of plays and in courtroom proceedings" (1995: 20) and also have some characteristics that can give it the "flavour" of real-life spoken interaction.

Below, I will show my decisions for using various "punctuation marks" in my transcript, i.e. the transcription conventions, and an example from the medical interview. The transcription conventions used in this study are:

[= overlapping sequences/interruptions
(.) = short pause
(..) = longer pause
la(a), de(e), = hesitation
, = before enumeration
. = end of utterance
? = question-like utterance
Capital letter = new utterance
(unclear) = cannot understand
(leafing through documents) = discernable background noises; other details known to the transcriber

Below is an example containing some of the conventions listed above:

(1) 20 D: 23.5. Bun. Un număr de telefon să ne dați [doamna(a) doamna P,
'D: 23.5. Good. Can you give us a phone number [Mrs Mrs P,'
21 P (P): [hai că l-am (unclear)
'P (P): [ok I've got it (unclear)'
22 D: Le aveți? (to the patient)
'D: Have you got them? (to the patient)'
23 P (P): Da.
'P (P): Yes.'

In the example above, D is the doctor and P(P) is the patient whose surname starts with a P. It shows, for example, that the overlapping sequences (lines 20 and 21) are marked '[', details known to the transcriber are placed within round brackets, the question mark is used for question-like intonation, and new utterances are transcribed starting with capitals.

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3.3. Interruption types in this study

As already mentioned, the data for this pilot analysis were investigated on the basis of the analytical framework proposed by Menz & Al-Roubaie (2008). The analysis of the interruptions found in the medical interview is discussed below in relation to the following types described by the two researchers.

3.3.1. Supportive interruptions

Menz & Al-Roubaie (2008) define this category of interruptions starting from the works of Yieke (2002) and Coates (1996) and state that they represent "a listener's statement, primarily signalling interest and attention to that being spoken" (Menz & Al-Roubaie 2008: 649), although such an interactive behaviour may not always occur simultaneously. The authors also add that they consider "as supportive only those statements that were expressed simultaneously *and* borne by cooperative and interactional moves" (Menz & Al-Roubaie 2008: 649) meant to support a speaker's approach to the topic. Moreover, in the view of these researchers, supportive interruptions are of three types: "**completing, clarifying or mending**" (Menz & Al-Roubaie 2008: 649 – author's emphasis). The examples from the medical interview discussed below show how the interruptions identified in this type of interaction can be classified according to the analytical framework piloted here.

According to Menz & Al-Roubaie (2008), *clarifying interruptions* are specific for interactions in which the interruptor clarifies the interruptee's statement by specifying "more precisely" (2008: 650) whatever the former has said.

(2) 16 D: Bine. Deci [doamna(aa)
'D: OK. **So [Mrs'**
17 N: [P
'N: **[P'**
18 D: P, da? două er 2000 e pentru single piece şi e 23.5 dioptria.
'D: **P, yes?** two er 2000 it's for a single piece and the lens power is 23.5'

Example (2) contains (lines 16–18) an extract from the data in which the interruption by the nurse (N) appears to be meant to clarify the doctor's hesitation about the name of the patient.

The following two categories of supportive interruptions discussed and exemplified by Menz & Al-Roubaie (2008) are *completing and mending interruptions*. The former show "how the interrupters complement and elaborate on the speaker's statements", and the latter prove that "the speaker's statements are corrected in some detail, without implying a further change of turn" (2008: 650–651). In the medical interview investigated in this paper, these two categories

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of supportive interruptions present in the Menz & Al-Roubaie (2008) taxonomy were not identified. This does not mean, however, that they may not be present in the larger medical interview corpus, whose analysis will be informed by the results of this pilot study.

Nevertheless, example (3) below could be a possible addition to the theoretical analytical framework. This may be so because in the kind of interruption in the exchange (lines 40–43) between the doctor (D) and the patient whose name is P (P (P)), the patient appears to be confirming rather than clarifying, completing, or mending the doctor's explanation about the benefits of the eye surgery procedure the latter suggests. Therefore, a new category named "confirming supportive interruptions" could be added to the existing taxonomy in an attempt to adapt it to the analysis of data collected in the Romanian context.

(3) 40 D: n-am voie să mă uit la televizor, că tre' sa stau în pat nu [ştiu cum,
'D: I'm not allowed to watch TV, 'cause I must lie in bed I don't **[know how'**
41 P(P): [asta e foarte bine
'P(P): **[that's very good'**
42 D: deci nu mai e valabil [nimic,
'D: so none of that is true **[anymore'**
43 P(P): [aşa
'P(P) **[true'**

3.3.2. Non-supportive interruptions

Menz & Al-Roubaie (2008) define this category of interruptions "rather narrowly" because, in their view, this type of overlapping speech is "dominance-related speech" (2008: 651). Moreover, the two researchers state that non-supportive interruptions are "simultaneous speech sequences accompanied by a subject's or addressee's change" (2008: 651) and further discuss and exemplify these two subcategories. It seems important to mention here that the authors highlight the significance of the institutional context of the interactions which they analyse. In their research, this is the context of healthcare centres, which, they claim, is "rather restrictive and intimidating for patients" (2008: 651) and obviously is a terrain for the dominance-related kind of interaction mentioned above. Below, I discuss two examples from my data in which the two types of non-supportive interruptions were identified.

(4) 1 D: Doamnele sunt surori. Au cataracta amândouă că aşa sunt surorile. [Aşa (.)
'D: The ladies are sisters. They both have cataract because that's what sisters are like. **[Ok (.)**

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2 N: (unclear) [le povestim tot programul
'N: **[we'll tell them about the whole programme'**
3 D: aşa (..) trebuie programate, am făcut şi biometriile ele s-au şi er hotărât la(a)
'D: ok (..) they need an appointment, we've also done the biometrics and they have decided for'
4 operația de(e) 25 er 2500 de lei.
'the operation of 25 er 2,500 lei'.

Data extract (4) is an example of *non-supportive interruption with subject change* (lines 1–2). Here, the doctor appears to remind both herself and the nurse who the patients are. The nurse, however, seems to have a different agenda, due to the pressure of time presumably, and interrupts by changing the subject which the doctor picks up and continues the new subject/topic. This example of non-supportive interruption, however, does not seem to have the "dominance" characteristic because in the particular context of this medical interview the relationship between the doctor and the nurse is one of friendship (and therefore one of solidarity) rather than one of subordination. The following example instead shows dominance-related speech.

(5) 47 D: care era(a) erau în pericol să se rupă dacă ridicai (.) bagaje şi [mhm plase şi
'D; which were in danger of breaking if you carried heavy luggage **[mhn bags and'**
48 P(P): [ştiu de la sora mea, că mai avem o sora şi (a) a fost [operată
'P(P): **[I know from my sister, that we have another sister who was [operated'**
49 D: [operațiile mai vechi aşa erau, şi trebuia să stai extrem de liniştit
'D: **[older operations were like that, and you had to be extremely careful'**

Even though the topic change in the interruption in example (5) is not detectable, it can still be classified as non-supportive because the dominance relationship is obvious in this spoken exchange between the doctor (D) and the patient (P (P)). This, however, may be considered an example of non-supportive interruption (lines 47–49), in which the interruptor (D) does not change the topic but continues their idea and seems both not to take into account the attempted interruption by the interruptee (P (P)) and interrupt them to continue on their own topic. This type of interruption could be a *non-supportive interruption with topic continuation* by the interruptor.

Menz & Al-Roubaie (2008) treat their second category of *non-supportive interruptions* as one in which the interruptor does not only change the topic but also turns to a third party in the conversation, and therefore this is an interruption *with addressee change* (2008: 252). The following data excerpt shows this type

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of interruption. In it, the doctor mainly wants to know if the patients' phone numbers are available.

(6) 22 D: [Le aveți? (to the patient)
'D**: [have you got them? (to the patient)'**
23 P (P): [Da
'P (P): **[Yes'**
24 D: [le ai? (to the nurse) aşa, şi doamna(a) B, er vrea IQ care este
24.5. 24.5. Bine.
'D: [**have you got them? (to the nurse) ok, and Mrs B, er wants IQ which is 24**.5. 24.5. Good.'

In example (6) above, lines 22–24, the doctor (D) introduces the topic of phone numbers and when the patient (P (P)) answers, she interrupts and does not give this patient a chance to develop and then turns to the nurse to ask about the same phone numbers.

3.3.3. Back channels

When researching into interruptions, back channels can be documented by recording "back-channel behaviour" in the sense of the listener's active participation in the conversation. In the data I am investigating, they seem to be worth "encoding even if they are normally shorter than two syllables and hence do not fit the current definition of simultaneous speech" (Menz & Al-Roubaie 2008: 652). In my Romanian data, such listener's signals are normally expressed by "mhm" and "aha", and most of the time they seem to lead to a change of topic and/or a change of addressee.

(7) 68 P: Poate că-i şi mai de mult, că eu nu prea mai vedeam, puneam nişte ochelari care
'P: It may have happened earlier, 'cause I couldn't really see, I would use some glasses which'
69 vedeam eu aşa [când mai lucram
'I could somewhat see **[when I was working'**
70 D: [mhm. Da, bine, bine. Atuncea ne er o să vă auziți cu fetele şi noi ne vedem în er (to the nurse) când le-ai programat?
'D**: [mhm. Yes, ok, ok. Then we you're going to hear from the girls and we'll meet on the er (to the nurse) you made the appointment for when?**

Here the doctor's "mhm" is apparently not only a signal of active listening but also leads to a change of topic and a change of addressee again seemingly prompted by the need to conclude this consultation.

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3.3.4. Failed interruption attempts

These attempts at interrupting "apparently qualify as a proper criterion for asymmetrical conversational relations because they reflect a certain dominance divide in cases in which someone attempts in vain to attain the right of speech by interruptions in a conversation" (Menz & Al-Roubaie 2008: 652).

(8) 26 D: chestionarul pe anestezic şi cu informații acuma? [De-acuma?
'D: the questionnaire on the anaesthetic and information now?
[should we give it now?'
27 N: [ăla a fost (unclear)
'N: **[that one was (unclear)'**
28 D: De-acuma?
'D: Now?'
29 N: Să-l dăm, sau nu?
'N: Should we give it or not?'

In example (7), the nurse (N) fails to interrupt (line 27) and give details about the questionnaire in question, and the doctor keeps the topic which the nurse herself picks up (line 29), thus abandoning the one she wanted to interrupt for.

4. Conclusions

The pilot analysis of medical interview data presented here firstly seems to show that it is possible to use the existing analytical framework for the identification of types of interruptions characteristic of medical interviews in the Romanian context. However, due to context and cultural differences, some categories of interruptions may be absent, and new categories may be documented (see subsections 3.3.1 and 3.3.2). Moreover, the analysis of the larger corpus of medical interviews may result in the identification of independent variables which can lead to a better understanding of this type of discourse. In the examination of the data in the larger corpus, status and gender as independent variables are obviously worth investigating.

And, finally, in answer to the question in the title of this paper, neither the interruptor nor the interruptee are strangers in their spoken encounters because they both appear to have good reasons for interrupting and/or for resisting, accepting, or counteracting interruption.

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