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Tensions in the epistemic domain and claims of no-knowledge: A study of Swedish medical interaction

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Abstract

This article analyzes the halts in sequential progressivity that are caused by claims of no-knowledge in Swedish medical interaction. The focus is on responsive turns and turn-constructional units that are prefaced by the epistemic disclaimer *jag vet inte* 'I don't know'. We argue that this use of epistemic disclaimers does not primarily display the speaker's lack of knowledge, but that their presence signals interactional problems that are contingent on epistemic asymmetries between the participants. Patient replies that contain an epistemic disclaimer are nonconforming responses and they therefore resist something about the question: the presupposed access to knowledge or the rights to knowledge. The present analysis demonstrates that epistemic tensions, especially in lay–professional interaction, are handled by the lay party using epistemic disclaimers. These can initiate a shift in epistemic posture toward a more independent, more personally accurate formulation of knowledge that somehow contrasts with the professional party's assumptions.
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Keywords: Grammar-in-interaction; Epistemic disclaimers; Epistemic stance; Epistemic asymmetry; Medical interaction; (Finland) Swedish

1. Introduction

Sequential progressivity is one of the key features of smooth social interaction. The components of the turn-taking system ''provide for the possibility of transitions with no gap'' (Sacks et al., 1974:708). At their completion, turns at talk also serve to evoke a relevant next action by the other party – a principle that is most obvious in the organization of adjacency pairs (Sacks, 1987). For example, a request for information makes an answer that provides a piece of appropriate information relevant as the next action (Stivers, 2011:104). Halts in progressivity nonetheless occur, such as when the recipient of a request has trouble hearing or understanding the first action and produces a *What?* instead of the relevant answer. These types of responses then initiate repair sequences, which mark a break in the ongoing course of action, but which eventually work to mend the break in intersubjectivity and restore progressivity (Heritage, 2007; Sacks et al., 1977).

When a speaker uses responses to claim a lack of knowledge, this is arguably an interactional move that may effectively hinder the progressivity. No-knowledge responses to questions share one quality of non-answers in that they are contributions that fail to deliver the information that the questioner is seeking (Stivers and Robinson, 2006). As Hutchby (2002) demonstrates, the non-cooperative feature of no-knowledge responses may be used strategically to avoid talking about specific topics (see also Tsui, 1991; Weatherall, 2011). The objective of this study is to investigate

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patients' claims of no-knowledge in their responses to questions in medical interviews where patients are seeking relief for their rheumatism and fibromyalgia. While it is in the patients' best interest to co-operate with the attending physician, the data display frequent claims of no-knowledge on the part of the patients. In fact, a response containing a claim of no-knowledge usually reflects *some* knowledge rather than a lack thereof (compare Beach and Metzger, 1997; Tsui, 1991). Specifically, we explore question/answer-sequences where speakers, when answering, claim no-knowledge but who nonetheless subsequently provide a candidate answer to the question. We argue that what is apparently logical paradox is in fact a resource for speakers to signal interactional problems that are contingent on epistemic asymmetries between the participants. In short, claiming no-knowledge becomes a resource for dealing with the tension between the biomedical, professional knowledge and the personal, lay experience of health issues.

This is indicated by the fact that no-knowledge claims are by their very nature nonconforming to type-specifying questions. These include questions that request a certain type of reply: interrogatives request a yes/no-answer, WH-questions request places, times, reasons, circumstances, or individuals, etc. (compare Heritage, 2012; Heritage and Raymond, 2005; Raymond, 2003). Extract (1) serves as an illustration: the doctor is inquiring about the patient's general well-being, aside from the strictly physical experience of the illness, and has moved on to the patient's psychological state. The extract begins with the doctor asking whether the patient is prone to depression, in other words, this is a question that is based on the doctor's professional knowledge; he has made the assumption that depression might be a side-effect of the illness.

(1) INK:8. D=doctor, P=patient.

```
01 D: depressiv,
      'depressive,'

02    (0.8)

03 P: #n:ä# ja vet  int-
       no   I  know not
      'no I don't know-'

04    (0.3)

05 P: .hh

06    (0.4)

07 P: ehhh

08    (0.6)

09 P: m: man blir   ju- .hh
      PRT GNR becomes PRT
      'hm you do get'

10    .hh int vet  ja ↓depressiv  men↓ #e[:# ]
          not know I   depressive but
      'I don't know depressive but erm'

11 D:                                    [.h ]
```

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