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IIEMCA27 KEYNOTE

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EMCA's balancing act amid pressing social demand:

A rigorously emic and unapologetically responsive investigation of hope as action



Biography

Ana Cristina Ostermann is a scholar researching and teaching applied linguistics and social interaction at Universidade Federal do Rio Grande do Sul, and a CNPq Research Fellow in Brazil, while also collaborating on research with colleagues around the world. She has served as Vice-President of the International Society for Conversation Analysis (ISCA) and as President of the International Gender and Language Association (IGALA). As an enthusiastic researcher of social life, her work has been notably interdisciplinary, conducted mainly in institutional settings and with a special interest in themes that address societal needs.

The settings investigated include the Brazilian Ministry of Health's telephone helpline, hospital departments, such as ICU, fetal medicine, genetic consultations, and ultrasound exams, health clinics specializing in gynecology and obstetrics, and women's police stations. Some of the key analytical themes include agency and resistance related to sexual and reproductive rights, language, gender, and sexuality, as well as decision-making and health literacy. She has also examined the delivery of difficult diagnostic news (including death), reports of gendered violence, and police interrogations. Another segment of her work focuses on linguistic interactional themes, such as responses to polar questions, particles, and, more recently, diminutive morphology in interaction. Her particular attention to naturalistic doctor-patient consultations in Brazil in women's health clinics launched Ethnomethodological Conversation Analysis as a new method for examining health interactions in the country, and her extensive work in student supervision and mentoring, teaching, and workshop leadership has significantly contributed to the development of the field in Latin America.

Abstract

Ethnomethodological Conversation Analysis has long navigated a productive tension between the commitment to unmotivated looking and the pull toward research agendas shaped by pressing societal and professional demands. This tension becomes especially visible – and, I will argue, especially generative – when the data under analysis come from settings where institutional asymmetries, temporal urgency, and high relational stakes are constitutive features of the interaction itself. Possibly not coincidentally, this strand within EMCA's development seems even more salient in some geopolitical contexts than in others.

South African and Brazilian EMCA exemplify this strand as two deliberately chosen cases, offering trajectories that are instructively parallel, though far from identical. Both traditions emerged less through a single founding lineage than through convergence: small data session groups and locally urgent problematics that pulled EMCA toward race, gender, and institutional asymmetry as empirical terrains. In South Africa, this convergence occurred mostly around the interactional organization of race in a post-apartheid society (e.g., Whitehead 2011; 2015; 2020; Whitehead, Stokoe & Raymond 2024; Tam & Smith 2025; Tam & Rafaely 2025) and around healthcare communication (e.g., Watermeyer & Penn 2009; Nattrass & Watermeyer 2025).

In Brazil, because CA developed largely within Applied Linguistics programs, EMCA scholars have worked under an implicit mandate to deliver applied insight to the institutional settings studied. This constraint productively pushed the field beyond language-education contexts (e.g., Garcez *et al.* 2012a; 2012b) into police stations (e.g., Ostermann 2003), mediation sessions (e.g., Gago & Sant'Anna 2017), and medical interactions (e.g., Frezza & Ostermann 2021; Ostermann,





Konrad & Goldim 2026) – settings that, in turn, allowed so-called macro issues, particularly gender, to emerge unbidden in the data themselves, thereby pressing an analytical focus upon the analyst rather than being actively sought out by the analyst in advance (e.g., Ostermann 2017; 2021). These are, to be sure, terrains EMCA has productively examined elsewhere as well. What distinguishes their treatment in South Africa and Brazil is less the choice of topic than the conditions under which the themes and settings become, structurally, difficult to avoid: societies whose foundational fractures remain constitutionally or institutionally unresolved compel their EMCA communities to develop analytic and methodological responses accordingly. Both cases suggest that EMCA, when developed under conditions of scarcity and societal and institutional demand, does not merely apply a method to new content; it is forced to innovate methodologically in response to what the circumstances themselves permit and withhold. My talk is positioned within this analytic lineage, turning to a new interactional scenario prompted by emergency conditions: COVID-19 at its start, when conversations with physicians had to migrate to the telephone, and families, physically separated from hospitalized patients, could not sensorially witness their loved ones' deterioration (Mailer *et al.* 2024; Milner *et al.* 2026). Delving into these conversations, this talk addresses a data-driven phenomenon, one also raised by practitioners themselves, yet an unlikely candidate for EMCA analysis: 'hope'.

Existing EMCA research on difficult medical conversations has focused largely on face-to-face interactions with oncological patients, much of it in hospice care settings (e.g., Pino *et al.* 2016; Ekberg *et al.* 2021; Anderson-Kittow & Bloch 2026). By contrast, COVID-19 intensive care telephone calls remain largely unexamined. The corpus investigated here was collected in the Intensive Care Unit (ICU) of a public hospital in Southern Brazil (2020-2021) and comprises 528 telephone calls (~72 hours), made daily, between five physicians and fifty-one families of ICU inpatients. I also attended weekly online debriefing meetings among ICU healthcare professionals, which offered further insight into physicians' concerns, including families' difficulties grasping severity.

A recurrent observation across the corpus is the general frequency of 'displays of hope' – largely from families, though also, in more circumscribed ways, from professionals – which occur throughout the calls regardless of whether the news concerns a worsening of the patient's condition. When families' displays follow news of deterioration or likely death, however, they generate particularly intricate interactional sequences, and this is the specific case the talk takes up. Drawing on the anthropological, sociological, ethical, and EMCA literature on hope (e.g., Peräkylä 1991; Mattingly 2010; Batten *et al.* 2018; Blumenthal-Barby & Ubel 2018a; 2018b; Ramos *et al.* 2024; Silva & Lee 2024), I ask what these displays accomplish interactionally: how participants navigate such sequences, whether they indicate a failure to grasp severity, as physicians sometimes claimed, and what displays of hope actually do, or fail to do, in these calls. In approaching hope as action, this talk opens a site for reconsidering what it means to do EMCA work that is simultaneously rigorously emic and unapologetically responsive to the world it describes, as has characteristically been the case in places like South Africa and Brazil.





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