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Abstract

We know a lot about why the prevalence of autism spectrum disorder (ASD) has risen so dramatically since the 1960s. However, social science and social psychology in particular fall short in the analysis of autistic behavior, the real-life manifestations of the disorder. In this address, I suggest that unless we tackle behavior in interaction, rather than as emanating from individuals, we cannot analytically comprehend behavior as a socially real and holistic entity. The particular phenomena under investigation is transpositioning, or how a neurotypical (NT) professional initiates a sequence of action (first position) involving a recipient who has ASD. Then, the person with ASD fashions a response (second position) that is resistive or noncooperative. However, the NT professional subsequently fashions an action that portrays the ASD person’s second position or responsive behavior as an initiation or feature independent of what may have prompted it. Moreover, in reporting on the event in police, clinical, or other records, there is an elision of the prior initiations or first position actions such that the person with ASD is shown to have manifested ostensibly autonomous and anomalous behavior requiring interventions or remediation.

Keywords

autism, conversation analysis, crime, diagnosis, ethnomethodology

In the early 2000s, the anthropologist Roy Richard Grinker (2007:20) stated, “Autism is more familiar and visible than ever before.” Three years later, the social epidemiologists Ka-Yuet Liu, Marissa King, and Peter Bearman (2010:1390) could say, “autism increasingly appears in the everyday life of American families.” Now, after another decade, autism is so prevalent that everyday contact between those who are “neurotypical” (NT) and individuals with autism spectrum disorder (ASD) is commonplace. People with ASD are acquaintances, family members, friends or friends’ sons or daughters, or coworkers.

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We know a lot about why the prevalence of ASD—current estimates are 1 in 58 (Baio et al. 2018)—has risen so dramatically since the 1960s, when its occurrence was approximately 1 in 10,000.1 However, social science and social psychology in particular fall short in the analysis of autistic behavior, the real-life manifestations of the disorder, which is defined in the American Psychiatric Association (APA) Diagnostic and Statistical Manual of Mental Disorders (APA 2013) as indicated by persistent—lifelong—deficits in social communication and social interaction and restricted, repetitive patterns of behavior, interests, or activities.

In this article, I suggest that we should try to understand behavior in interaction rather than as the property of the individual. Unless we do so, we cannot analytically comprehend behavior as a socially real and holistic entity. The centrality of interaction to the social psychological enterprise is captured in Cooley’s (1922:36–37) classic statement:

A separate individual is an abstraction unknown to experience, and so likewise is society when regarded as something apart from individuals. The real thing is Human Life, which may be considered either in an individual aspect or in a social, that is to say a general, aspect; but is always, as a matter of fact, both individual and general.

I explore this interrelationship with regard to autism, but the matter pertains more generally. We do not study actual behavior—which is to say behavior in interaction—for its inherent orderliness because it is assumed to be a product or an effect of something organized elsewhere. Social psychology needs autism because it makes it incumbent on the discipline to expand its understanding of all human behavior, including that which is currently regarded as neurotypical, as fundamentally embedded in its environments of embodied social activity. Reciprocally, nevertheless, autism needs social psychology and the related enterprise known as ethnomethodology and conversation analysis (EMCA), whose domain includes the concreteness of embodied conduct (Garfinkel 1967; Goodwin 2000, 2017; Mondada 2006) and the study of talk in interaction (Clayman and Gill 2012; Schegloff 2007), to unlock dimensions of forensic, clinical, educational, and even parental interactions with and depictions of children on the spectrum in terms of the behavior that prompts or justifies interventions, some of which are highly punitive. This matter pertains to what happens in the talk as well as in police and clinical recordkeeping and has implications beyond interventions with autistic individuals.

**WHAT IS SOCIAL PSYCHOLOGY?**

Let us start with a classic definition of social psychology, which Cartwright (1979:91) formulated: “Social psychology is that branch of the social sciences which attempts to explain how society influences the cognition, motivation, development, and behavior of individuals and, in turn, is influenced by them.” Cartwright is positing a mutual influence between behavior (among other features of an individual) and society. However, earlier in the same paper from which his

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1Current estimates from the Centers for Disease Control suggest a prevalence figure of 1 in 58 children. Such factors as technological advances in neonatal care, advanced paternal age, networking effects, diagnostic substitution (especially replacing the “mental retardation” with autism-related diagnoses), accretion (whereby individuals may be given more than one diagnosis), the broadening of the concept, and so forth account for a substantial amount of the upsurge. See, for example, Eyal et al. (2010); Gernsacher, Dawson, and Goldsmith (2005); Grinker (2007); King and Bearman (2009); and Liu, King, and Bearman (2010).
definition is taken, Cartwright (1979:88) also states,

"The body of knowledge we now have . . . is also disproportionately concerned with certain aspects of social behavior . . . by far the largest proportion, especially in recent years, has been devoted to work on cognitive processes occurring within individuals, or on the product of these processes."

In also suggesting that “the emphasis on subjective experience has a long tradition,” Cartwright (1979:89) lines up with the social constructionist Danziger (1990, 1997), whose studies of the field of psychology demonstrate the development of a “synthetic investigative practice” in the first half of the twentieth century, which stressed lawlike, abstract, and impersonal processes, some of which might be controlled through environmental interventions (Danziger 1990:116–17). Furthermore, psychology (and by extension, social psychology) regarded behavioral conduct on the part of subjects as “a response to impersonal, asocial ‘stimuli’, mediated by psychological processes inside the subject” (Danziger 1997:18).

In the formative period of psychology, a classic example was the Galtonian approach to measuring ability: the idea that individuals could be gauged in terms of their differences from group means and that mental ability (seen as the result of abstract processes such as heredity and social environment) could be correlated with schooling and other outcomes (Danziger 1990). This model had a powerful influence on psychology, in part because of its quantitative methodologies, and it dominated the field. This was despite other traditions in psychology, including Wundtian experimentation, psychoanalysis, Gestalt psychology, and Lewinian field studies, thereby ruling out the actual experience of research subjects as part of the investigative enterprise (Danziger 1990). Actual experience, in the approach to be followed here, would include concrete interactional environments in which behavior is embedded.

More contemporaneously, Martin (2011) has echoed Danziger’s critique by proposing that social theory (including social psychological theory) has assumed that social experience, independent of the “grid of perception” or the subjective categories that can mentally stabilize things, is chaotic and unorganized (cf. Garfinkel 1988). In the case of autism, this primary organization is seen to be the brain and its cognitive components or more recently, our DNA and the human genome. Insofar as the primary locus of organization lies within the brain or the genome, then actual behavior is epiphenomenal rather than worthy of direct analysis in its own right. Our approach to interaction, instead, echoes a call that Bearman (2013:S11) has made. Having reviewed a collection of studies that treat “environments as setting in which genetic things can happen,” he goes on: “It would be great to think about ways to make them come alive; that is, to identify mechanisms by which humans in interaction with one another constitute, through their interaction, genomic influence.” One step in this direction is to first capture the organization of interaction in its own right. To paraphrase a comment that Schegloff (2003:46) makes concerning what he called the “neurobiology of behavior,” linkages can only happen when both the structure and functioning of neurobiology—and genetics in particular—are coupled with the accurate, valid description and analysis of lived behavior.

**WHAT IS BEHAVIOR, AND WHAT ARE PHENOTYPES?**

When we do study behavior, we are in the realm of what in genetics is called the
**phenotype.** Phenotypic disorders, such as diabetes, alcoholism, obesity, and others, can be expressed as bodily conditions. However, when phenotypes involve such matters as educational attainment, aggressive or antisocial conduct, or even relatively passive ailments such as loneliness, depression, or neurotism, then we not only confront problems of interpretation regarding genetic influence (Schnittker 2017), but we are also in the realm of various social-behavioral regularities rather than conditions as such. These matters are easily overlooked, in part because the concept of the phenotype is so rarely defined other than at the most general level as manifesting aspects of the genotype and the environment together. Besides Grinker’s (2007:121) particular characterization of ASD phenotypes as “the actual physical, behavioral manifestations of the disorder,” one of the few more precise definitions of phenotype appears in Freese’s (2008:S8) exploration of social science theory and biology, wherein he refers to it “in the relatively restrictive sense of characteristics that are embodied—that is, materially realized as part of the organism.” Importantly, such characteristics have interactional dimensions. That is, if genes have causal effects, those are “in the first instance causal effects upon the material body,” such as height, psychology, or skills (Freese 2008:S13), but those effects do not by themselves explain a person’s “outcomes” in the social sphere. So called phenotypes, therefore, are not determinative of one’s fate as a social actor. In fact, genetically caused variations in body and mind “change in response to events”—or the “external action of the substrate” in which the “unfolding” of phenotypical behavior occurs (Freese 2008:S15–S16, italics added for emphasis).

Events can encompass such things as the social milieu of actions, and this milieu may include “stressors” (Freese 2008:S23), which in turn implicate responses (Freese 2008:S16). Accordingly, from a sociological point of view, if events and the substrate of which they are a part are not taken into account, attempts to explain individual-level outcomes encounter a problem that Freese (2008:S13) has identified as the “phenotypic bottleneck.” Phenotypes—embodied characteristics—do not tell us what happens in social life as a result of such characteristics or aptitudes. We need an understanding of how a characteristic or an aptitude may lead participants to select themselves—or have themselves selected—into particular social environments and also how these environments can accentuate the characteristic or aptitude, whether it is one that could be considered “positive” (e.g., intellectual flexibility) or “negative” (e.g., emotional instability or in our case, disability). As Freese (2008:S25) puts the matter when discussing behavioral genetics, “dynamics of social interaction and organization affect the influence of genes on outcomes” (and the same could be said for how neurology in general affects what happens to individuals).

This study is not about “outcomes” traditionally conceived—things like attitudes, behaviors, and attainments—nor is it about explicating the logic of explanation for purposes of modeling causal relations between the genome and such human outcomes. Instead, it is about more local effects of action and interaction when individuals with autism engage in social relations with their more neurotypical coparticipants who, in our data, happen to be professionals—both forensic (police) and clinical

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2The relation between genetic substrates and phenotypes is considered to be mediated by endophenotypes, such as neurotransmitters. For discussion, see Schnittker (2017).
specialists. The principle that Freese (2008) raises with regard to more distal products is the same in terms of local effects: How do characteristics of children, especially those with embodied characteristics or phenotypic behaviors associated with ASD, feature in relationships with these professionals on a give-and-take basis?

Beyond answering this question by way of studying interaction, another route is through the analysis of professional descriptions of conduct in official records. Such analysis further demonstrates that human behavior is not a phenotype plain and simple in the sense of being an individual’s own, albeit conditioned, production. In literatures on the genetic bases of disease and disability, the phenotype is meant to include “environment,” but references to both phenotype and environment are terse, and definitions thereof (as mentioned) are poor. In sociological investigations, the environment is usually “social context” broadly conceived in relation to structural elements as school, family, gender, racial, or institutional contexts. Little to no attention is paid to the more local matters of conduct to which Freese points with the concept of the phenotypic bottleneck. My investigation of mutual relations between professionals and children with autism spectrum disorder (ASD) is framed in just the terms that Freese (2008) raises: social organizational and interactional ones, wherein the meaning of any behavior depends not on the subjective state of participants, its manifestation as a person’s own production, or its independent valence but rather on the response it receives.

DATA AND ANALYTIC METHODS

This research is related to coauthored work (Turowetz and Maynard 2017), in which we examine instances of conduct on the part of individuals with ASD who become involved in actions that are criminal or criminalized. Our joint work concerns children with autism who (1) identifiably initiate behavior that violates some aspect of commonsense understandings or (2) respond to an initiation by a neurotypical person that the autistic person experiences as an incursion into a “territory of the self” (Goffman 1971). In this paper, using two video-recorded instances in which police officers take actions that a child with ASD resists, I examine interactions where this second kind of sequence occurs. Added to these two instances is a third, which is from a clinic in which a child responds to a clinician’s initiatives in resistive ways. These cases are somewhat “extreme,” in the sense that they occur outside of regular home or school environments and official attention with significant consequences is brought to bear on a child’s conduct. The phenomenon to be considered is transpositioning, in which the child’s responsive and resistive actions become transformed into initiations that both require and legitimate forms of intervention. That is, a professional performs a first-position action in a sequence, and the child fashions a second-position resistive move. Subsequently, the relation of that second-position move to the foregoing conduct of the professional is severed in terms of its visibility within the interaction and in the accounts thereof.

I draw on ethnomethodological conversation analysis (EMCA) to analyze these cases, but not at the level of detail or granularity that is usually involved. For present purposes, I highlight the role of adjacency pair or other sequences in the participant’s conduct (Clayman and Gill 2001).
These sequences comprise two parts, with an initiating action in first position and a response in second position. Use of such sequences involves social actions of various kinds. Figure 1 depicts examples of such sequences and the actions they may implement. Thus, “hello–hello,” “what’s up–what’s up,” or “hi–hi” are examples of adjacency pair greeting sequences; “Would you like to come down and have a bite of lunch with me?”—“I would but I have to call my mother-in-law” illustrates an invitation-acceptance sequence. The main adjacency pairs for our analysis are question-answer and directive-response sequences. Storytelling-acknowledgment and/or continuation token sequences are different from adjacency pairs in that as one party relates components of a story and the other produces displays of recipiency, the overall telling usually involves more than two turns. The episodes to be examined show professionals (police officers or a clinician) producing the first-position action and the individual with autism in second position, although the second-position actions will become transpositioned by way of interaction and the official reports depicting those actions.

**A Sociological and Social Interactional Approach to Autism**

The literature on autism suggests that as behavior, the syndrome manifests as a lack of commonsense knowledge. Temple Grandin (1995), the famous professor of animal science who has written extensively about her own autism, has described it with this framing in her discussion of the syndrome. And Uta Frith (2003:47), a British psychologist who has studied autism by way of experimental methods, writes, “Even in very able people with autism, whose high verbal ability and abstruse knowledge may be impressive, the lack of commonsense can be striking.” These comments fit with our sociological and ethnomethodological approach to autism, in which it can be said that people with autism often violate or breach the commonsense expectations that regulate everyday life.

Harold Garfinkel formulated ethnomethodology as a field concerned with the study of commonsense, a domain of
social life that makes possible participants’ sense of confronting a real world with all its recognizable textures, relationships, and natural-seeming facts. Commonsense is the domain of the taken for granted; and because, as its very name indicates, the taken for granted needs no inquiry or articulation, it requires special procedures to make it manifest—to make it “anthropologically strange” (Garfinkel 1967:9) and thus visible for purposes of sociological analysis. To gain access to the structures of commonsense knowledge, Garfinkel (1967) famously devised ways of disrupting ordinary scenes, directing his students to question what their friends, acquaintances, or partners meant by the most commonplace remarks. Such purposeful disruptions show the properties of ordinary discourse, such as the context-embeddedness of everyday references and their “specific vagueness” whereby, for example, a reference to having a “flat tire” or an inquiry like “how is your girlfriend feeling” should stand as consensually intelligible items in casual conversation.

When a participant seems differently oriented to such properties or structures of ordinary discourse (such as questioning what “having a flat tire” means), the interlocutor can turn hostile rather quickly, constructing the talk as “crazy” and questioning the health of the participant with questions such as, “What’s the matter with you? Are you sick?” (Garfinkel 1967:42–44). Commonsense knowledge is not merely a normative matter, as if student-experimenters were violating a rule and were being deviant. At stake is something more fundamental. Taken-for-granted knowledge has the feature that participants assume its pervasive relevance for themselves and for others and they expect that others assume likewise as a basis for inference and action. Conversational participants act as if everyday remarks (e.g., “I had a flat tire,” “How is your girlfriend feeling?”) need no explication for they presuppose that the targets of such utterances also know what they themselves know. If their target challenges such a presupposition, it is not just adherence to some cultural rule about how to talk that is at stake but rather something much deeper: the possibility of mutual intelligibility, cooperative understanding, or what Schutz (1962) called the “reciprocity of perspectives.”

So the breaching of commonsense knowledge, rather than being a superficial gaffe in relation to etiquette—like sneezing without covering one’s mouth, or cutting into a queue, or being late for a meeting or appointment—is deep because the very foundations for “life as usual” are disrupted. Going against what everyone and therefore what anyone should take for granted undermines community and evokes strongly felt emotions—bewilderment, consternation, confusion, anger, indignation—on the part of recipients of such violation (Garfinkel 1967). In other words, just as Grandin (1995) and Frith (2003) suggest, and as is well documented in autism biography and autobiography, or what Hacking (2009) calls “autism narrative,” behaviors associated with ASD have effects in family and other gatherings that are like ethnomethodologically induced breaches. They disrupt taken-for-granted ways of acting and being.

**TRANSPOSITIONING INVOLVING CHILDREN WITH ASD**

In recent years, the American media has covered several high-profile stories involving offenders who were diagnosed or assumed to have been diagnosed with high-functioning autism. The two

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4For examples drawn from the autism narrative literature, see Maynard and Turowetz (forthcoming-a).

5For further discussion, see Turowetz and Maynard (2017).
forensic cases for this paper derive from video recordings (publicized by various media outlets) of these cases and also official police reports that were accessed via (public) links that the media sources made available. The video data are thus what Jones and Raymond (2012:112) describe as either “opportunistic” or “institutional” third-party video—recordings produced by observers of isolated incidents or from organizations’ online archives (e.g., police departments), respectively. As Whitehead, Bowman, and Raymond (2018:331) have observed, “such sources constitute a type of (virtual) ‘public place’ due to being freely accessible to anyone with an Internet connection.” Personal identification arising from using the videos as research data is already a public matter as a result of extensive media coverage. The third case, rather than being forensic, is a clinical one, deriving from our project (cf. Maynard and Turowetz 2017a, 2017b; Turowetz and Maynard 2018) on the testing and diagnosis of autism spectrum disorder (ASD), which includes audio and/or video recordings collected at a clinic for developmental disabilities located in a medium-sized U.S. city.

CASE 1: AT A PARK IN ARIZONA

The case came to our attention when an op-ed piece appeared in the New York Times, September 19, 2017 (Silberman 2017):

Diane Craglow was caring for a 14-year-old autistic boy named Connor Leibel in Buckeye, Ariz., one day in July. They took a walk to one of his favorite places, a park in an upscale community called Verrado. She was not hesitant to leave Connor alone for a few minutes while she booked a piano lesson for his sister nearby, because he usually feels safe and comfortable in places that are familiar to him, and he learns to be more independent that way.

When Ms. Craglow returned, she couldn’t believe what she saw: a police officer looming over the boy with his handcuffs at the ready, pinning him to the ground against a tree. Connor was screaming, and the police officer, David Grossman, seemed extremely agitated. . . . Soon it became clear to Ms. Craglow that the policeman was unaware that Connor has autism, and had interpreted the boy’s rigid, unfamiliar movements—which included raising a piece of yarn to his nose to sniff it repeatedly—as a sign of drug intoxication.

The video for this episode, which was shown online through such outlets as NBC and CBS News reports, was recorded on a police bodycam. The video begins as the officer is driving his police car, stops, and exits the car to confront Connor on the sidewalk in the park.

The transcript that follows captures the interaction between Officer Grossman and Connor from the inception of verbal interaction and until Connor is wrestled to the ground. (This is a transcript “simplified” from our more detailed one. Numbers in parentheses indicate silences in tenths of a second, and underlining denotes emphasis. Descriptions in double parentheses next to utterances and/or silence indicators describe aspects of the participants’ embodied behaviors.)

Here we have a series of adjacency pairs, starting with Officer Grossman’s line 1, “What’s goin’ on?,” which is spoken as he advances from the car toward Connor. In asking for an account, as well as in the movement toward Connor, the officer issues a challenge. Initially, Connor hesitates (line 2) and then asks for clarification (line 3), whereupon Grossman, after confirming Connor’s query at line 4, produces a different wh-question (“Whatya
By answering “good” (line 6), Connor shows he is taking this as a kind of greeting or “how-are-you” query. The officer reissues his question, using emphasis that treats Connor as having inappropriately responded, and casts his own previous and (current) utterances as neither greetings nor how-are-you questions but rather as asking for an explanation. Accordingly, Connor answers that he is “stimming,” which is a common form of anxiety-reducing action that individuals with ASD may produce (Silberman 2015:48).

The video indicates that Grossman may have been getting ready to handcuff Connor, but it does not appear that he does. There is no mention in subsequent police reports of handcuffing.

This is Connor, apparently asking the question of himself.
Officer Grossman, with his “What” question at line 11, asks for clarification (Drew 1997), and Connor, after a slight delay as he is walking back and away from the officer (line 12), answers in a fashion that indexes his simultaneous gesture of lifting the string for Grossman’s inspection (lines 13-15). Grossman then initiates another repair-type question (line 16), exhibiting his unfamiliarity with the object (string) that Connor shows him. Connor is continuing to back away. Accordingly, with his body, Connor is resisting Grossman, while with his words and by lifting the string for the officer to inspect, he is answering or attempting to answer his questions. It is as if there are two intertwined tracks of interaction, one occurring in and through talk and the other by way of bodily actions.

Transpositioning. Officer Grossman becomes attentive to Connor’s bodily behavior and issues a directive to stop “walkin’ away” (line 19). Connor complies and also lifts the string he is holding in his left hand (lines 19–20). With “It’s a string” (line 21), he also answers the line 16 question. At this point, Connor is standing in front of the officer, neither advancing nor retreating, but Grossman, after acknowledging his answer with “okay,” asks a so-prefaced wh-question (line 23). The so-prefacing works to raise an unarticulated aspect of the inquiry—as Bolden (2006:668) puts it, “a pending matter that has not yet been resolved.” And, it does so in a problematizing rather than affiliative manner by which most so-prefaced turns work (Bolden 2006; cf. Meehan 2018). The turn (line 23) contains another wh-question that, by way of again requesting an account, is a further challenge. Possibly not understanding the reference to “bouncin’ around all the way,” Connor is silent (line 24), thereby resisting the question but without a change of posture.

Next, Officer Grossman asks for a form of identification (line 25), Connor hesitates before disconfirming (“NO,” line 27) and, with strongly resistive conduct, turns to his left and starts to walk away. This is the environment in which transpositioning occurs. Connor’s second position move, by virtue of the officer’s next actions, becomes transformed into a provocative and breaching first-positioned matter that features an ascribed motivational feature. As Connor turns, Grossman directs him not to “go anywhere,” interpreting Connor’s move as escape-oriented, as the officer reaches out to grab his right wrist (lines 28–29) and proceeds to pull Connor such that, extending his own left arm and hand (lines 30–33) he can grab Connor’s left wrist (line 34) from behind. Grossman tells him to “relax” (line 34) and eventually brings Connor’s right wrist to align with the left. That is, the officer treats Connor’s second-position, defensive, and resistive moves, which are dealing with first-position challenging questions and directives in their own right, as offensive moves that require reactive intervention. The officer works to subdue him.

In the video (but not included on the previous transcript), as Connor continues to resist, Officer Grossman wrestles Connor to the ground and tells him not to move. Connor protests with both words—a “multiple saying” (Stivers 2004) culminating with “I’m OKAY!” (line 38)–screeching sounds, and further conflictual talk (not on transcript). Then, after Connor is subdued, his caretaker returns, and Officer Grossman announces what happened, as follows:

Grossman: He’s fine, he’s breathing, he just started- . . . (intervening caretaker apology explaining where she was) . . . I was tryin’ to talk to him. I wasn’t sure what was goin’ on, and then he started backing away
from me, and then kind of pulled away from me when he seemed like he wanted to run away.

With an incomplete utterance “he started-” and by glossing his talk as “tryin' to talk to him,” Grossman elides the series of question-challenges and directives that preceded Connor's second-position moves, both cooperative and resistive. He also portrays his own stance as innocent (“wasn't sure ... “), Connor as initiating retreat (“started backing away ... “), and ascribes motive, suggesting “he wanted to run away.” After a second officer arrives on the scene, Grossman further states, “And then when I was trying to identify him, it seemed like he wanted to run away,” repeating the motive ascription such that Connor's responsive, second-position move is depicted as an initiation that required intervention. After this, Grossman asks questions of the caretaker, learns that Connor has autism, and writes information on his notepad while also telling the second officer, now on the scene, what happened.

**Police Report.** Connor was injured during the fracas with Officer Grossman, and a claim has been filed against the city of Buckeye, Arizona, and its police department. The documents pertaining to the claim, which include Grossman's official police report along with supervisory reviews of the case, are available at SCRIBD, an online digital reading subscription service. (However, the documents are also accessible without a subscription.) Grossman's report is of analytic interest because a portion of it exhibits the transposing phenomenon already apparent in the interactions we have examined. The relevant portions are excerpted:

> Based on my training and experience as a drug recognition expert and have contacted multiple people in the past under the influence of a drug(s), Connor was displaying signs of small hits of an inhalant. Due to Connor appearing that he might have been inhaling some type of substance from his hands, I exited my patrol in an attempt to speak to him.

I asked Connor what he was doing where he replied he was doing nothing. I had asked him what was in his hand which he stated it was a string as he held it upright with a closed fist. I asked Connor if he had any identification with him which he stated no. During my brief conversation with Connor he was sweating profusely as sweat drops were coming off his face and he started to walk backwards away from me in what appeared an attempt to flee. I reached out and grabbed Connor's arm and attempted to detain him to investigate his actions further is when he began to pull away from me and tried to run in the north west direction. As Connor attempted to flee while I was still holding him, we both fell on the ground next to a tree.

Besides the transposing phenomenon, a preliminary feature and important detail in this account is Grossman's claim of expertise in “drug recognition.” That is, he depicts himself as following a learned procedure or protocol for identifying “signs of small hits of an inhalant.” This detail may also serve to justify “reasonable suspicion” and legitimate his stopping and approaching Connor (Meehan 2018). We will return to this matter of protocol in our other two examples.

Initial aspects of Grossman's report capture very well the sequential organization in the early part of the encounter. Three successive sentences portray an “asking” on the part of Officer Grossman and a reply or statement from Connor in response (e.g., “I asked Connor what
was he doing where he replied he was doing nothing”). After the third of these statements, a subtle but significant shift is apparent. Grossman observes that Connor “was sweating profusely” and that “he started to walk backwards . . . in what appeared an attempt to flee.” As in his verbal report to the other officer on the scene, this text attributes both a physiological condition and a motivation to Connor, which sever Connor’s walking “backward”—that he “started” doing so—from the second position it occupies relative to Grossman’s vocal and embodied initiations. Consequently, when he depicts himself as reaching out, grabbing Connor’s arm, and attempting “to detain him” for investigation, this can be read as a responsive move (to Connor) in its own right rather than as another first position (and offensive) action in a series. In the officer’s statement, it is as if he is dealing with Connor’s movement as a first-position violation of the common-sense interaction order that is to prevail in circumstances where there is police presence—one does not simply walk away. The fact that this item, the officer’s reaching out and grabbing, is an “nth” item is elided. The interactional context disappears from view.

**CASE 2: AT A SCHOOL IN FLORIDA**

Also in 2017, *The Washington Post* published an article about an altercation at a Florida school involving police officers and a student with autism. Although at a different time and place, this incident had features very similar to the one in Arizona:

John Benjamin Haygood was slouched in a chair with his hand over his eyes. A school resource officer at Okeechobee Achievement Academy in Florida stood over the 10-year-old boy. . . . “I don’t want to be touched,” John Benjamin said, throwing his hands in the air. “I don’t like to be touched.”

His mother, Luanne Haygood, who was filming the emotional scene, said she and her son had been called into the school for state standardizing testing April 12; while they were there, she said, officers arrested her son for an incident that occurred in October.

He spent the night behind bars at a juvenile facility, Haygood said.

In this case, it was the boy’s mother, Luanne Haygood, who video recorded the incident; the recording is accessible on *The Washington Post* website. An image from this recording is shown in Figure 2.

An extensive background to this incident is provided in the police reports referring not only to the focal incident that *The Washington Post* describes but also to two incidents in the previous year (2016) when a staff member at John’s school called (in the reports) a “Para Professional” named Brandon Rose had experienced “threats,” punching, and kicking on the part of the boy. After one of these incidents in October of 2016, John had stated to his father that Mr. Rose had pinched him, which the latter denied when Mr. Haygood came to the school for a conference about the altercation. The second incident occurred in November of 2016, when Mr. Rose contacted a school resource deputy named M. Camacho to charge that John had scratched and hit him when he was attempting to restrain him because he was being disruptive in the classroom. Although this resulted in a “Take and Hold” warrant for John’s arrest, his parents were not informed of the warrant (Admin 2017). John was suspended from the school for the duration of the school year.

However, as the newspaper article notes, John was required to come back
to the school in April of 2017 for standardized testing. He did return, but apparently was noncooperative, such that he and his mother, who had accompanied him, decided to leave for home. Meanwhile, School Resource Deputy Camacho, who in the previous year had obtained the warrant for John’s arrest, saw them leaving (on a security camera in her office) and went to the front office where they were. She was preparing to arrest John and called for a backup deputy, S. McKinley, to assist her (Okeechobee County Sheriffs Office 2017). As John is sitting in a chair in the office, his mother is standing close by, using her cellphone to record what happens (single parentheses in the following transcript enclose either a “candidate” or an indecipherable hearing; square brackets indicate the beginning and ending of overlapping utterances or moves).

After this, the two officers complete the handcuffing of John, who addresses his mother in saying, “I didn’t know I was gonna be arrested like this.” She replies, “Either did I, either did I! We came in for testing!” The officers ignore their complaints as they lift John out of the chair. He repeats, “I don’t wanta be touched, please don’t touch me.” But they continue to hold onto him and physically escort him out of the office to the parking lot and then to jail.

As in the previous example, we can identify a series of adjacency pairs, starting at line 1 with Officer Camacho producing a relatively mitigated directive (Curl and Drew 2008) in the form of a possible offer (“Would you like choice”) for
John Benjamin Haygood and Two Officers

1. Off1: (Would you like choice.)
2. (0.2)
3. John: I don’t wanna be tactile.
4. (2.0) ((Off. 1 stands in front of JB))
5. Off1: Unfortunately that’s not gonna be an option
6. (2.5) ((Off. 1 stands in front of JB))
7. Mo: Does he have the same rights as an adult?
8. (2.6) ((Off. 1 stands in front of JB))
9. Off2: He has a warrant.
10. (4.3)
11. Mo: W’ll if he’s gonna be arrested, [does he still have same]
12. rights as an adult? [((John pulls r. arm up))]
13. Off1: (( ))
14. Off1: ((reaching toward JB, who further withdraws his arms; Fig. 2))
15. John: W’ll I ‘on’t wanna be touched. ((JB pulls back as Off1 reaches))
16. (0.5) ((Off1 grabs at John’s r. wrist))
17. Mo: Does he [need to be tol:ed] ((Off #1 grabs r. arm))
18. John: [I don’t wanna be touched].
19. Off2: He doesn’t have to be told. He has a [warrant.]=
20. John: [I don’t wanna be
21. touched y’all ((Off #2 grabs r. arm, starts to handcuff JB))
22. Mo: So not even an adult: it has the righ:tt to be to:ld when they’re
23. arres[ted why:::
24. Off2: ((Let me take this)
25. John: It’s so fuckin’ dumb momma
26. Mo: Yes it is::
27. (0.3)
28. Mo: And I’ll get a [lawyer and we’ll take care of this] again
29. John: [It’s all their fuckin’ fault!] ]
30. (0.2)
31. Mo: I agree.

John to act compliantly. John resists with a rather sophisticated formulation concerning the reluctance to “be tactile” (line 3). Camacho remains standing for a few moments, rejecting John’s response (line 5) in a way that reactivates the earlier (line 1) directive, although she remains standing (line 6). Now John’s mother asks about “rights” (line 7). As Officer Camacho continues to stand in front of John in a kind of “waiting” pose, she remains silent (line 8), and then Officer McKinley invokes the protocol—the warrant—under which they can claim to be operating (line 9).

Transpositioning. This assertion ("He has a warrant") is a retrospective justification for Officer Camacho’s previous grasping of John. However, it is also a prospective move as it is being said while Officer McKinley advances toward John (at about lines 19–20) before grabbing his arms and handcuffing him (at about lines 20–21). Insofar as the officers, through McKinley’s vocal citation of the warrant, treat John’s second-position pleadings and resistant moves (including lines 3, 12, 14, 15, etc.) as aspects of, or consistent with, the original offending actions of the type that necessitated the warrant, transpositioning is occurring. Their stance is one of responding to John’s actions as primary provocations rather than as engaging a series of initiating and offensive moves that John is working defensively to counter.
Research on directive-response sequences in family contexts demonstrates that participants (e.g., parents) who get various forms of resistance to, or noncompliance with, their initiations (as from children) can follow with further directives that take into account such resistance or noncompliance (Goodwin and Cekaite 2018). They may compromise, account for their directives, turn such responses into play, listen to a recipient’s own reasoning, and modify or postpone the original request or demand. In short, instead of just using what Craven and Potter (2010:419) call “upgraded directives” and increased displays of entitlement to direct, those who issue requests and commands can engage in negotiation and even forms of mutual accountability. This can happen even in police-homeless citizen encounters, when police work to enforce municipal ordinances (Raymond et al. forthcoming), but it does not happen here. The officers virtually ignore John’s pleadings. It is his mother’s question about “rights” (line 7) that suggests the legitimacy of (resistive) responses on the boy’s part. Following the protocol assertion (line 9), Officer McKinley deals with her subsequent questions about “rights” (lines 11–12, 17) by way of another assertion of police entitlement (line 19). Given the way in which Officer Camacho’s surveillance set these events in motion, it seems that John’s mere presence at the school is enough of an affront for them to act as responders. That this is the officers’ autobiographical sense of things and that transpositioning is a feature of this encounter are further displayed in Officer Camacho’s police report.

Police Report. The report begins with the officer writing that she “was informed that student John Benjamin Haygood was on School Campus.” Immediately next, Camacho states, “It should be noted that John Haygood had a warrant for his arrest for battery against school teacher, on an incident that occurred back in November 2016.” From there, the officer gives a chronology of events that others had related to her about John’s conduct in the exam room. Her own observations begin with a description of seeing John and his mother at the front office, going to that office to make contact, and telling Mrs. Haygood about the warrant and the need to “place John under arrest.” Officer Camacho’s report continues (numbers in parentheses are added by SPQ author):

1. I . . . approached John and told him he had to come with me. John stated, “don’t touch me, I do not like to be touch,” (sic) 2. I asked John if he will be willing to walk to my Patrol car, and I would not have to put handcuffs on him; John once again replied “don’t touch me, I don’t like to be touch.” 3. At this point I grabbed John’s right wrist and he pulled back. Deputy McKinley assisted me by grabbing John’s right wrist while I place him in handcuffs. 4. John was getting upset and started saying profanities (“is so fucking dumb mama” and “is all their fucking fault”). 5. Deputy McKinley and I escorted John to his Patrol car where he was patted down to make sure he did not have any weapons or sharp object on his person. . . . Deputy McKinley transported John to the Okeechobee County Jail without further incident. There is no further information.

The first two numbered sentences capture the officer’s first-position directives and John’s second-position responses, which are resistive.

However, transpositioning starts to occur (in sentence 3) with “and he pulled back.” The report thus explains John’s
pulling back as a second-position move on his part (a response to having his wrist grabbed), but Deputy McKinley is described as having “assisted” Camacho, which depicts John’s move as a provocation necessitating collaborative intervention. Such accounting begins to sever John’s comportment from the sequential context and what it is doing relative to the first-position, embodied utterance that it follows and from its relations to two previous directive-response sequences. Moreover, in sentence 4, there is a psychological inference (“John was getting upset”) and a portrayal of John’s use of profanities, each of which aligns with his having “pulled back” as initiating (offensive) actions rather than second-position (defensive) responses. In fact, John’s profanities are, in their interactional environment, dealing with officer initiations that have overridden his protests about being touched. The profanities are directed as complaints to his mother (via his gaze), not the officers, and they are about the situation (via the reference to “it”) and about the officers (third-person reference in “their fucking fault”) and not to them as such. Sentence 4, without reference to the interactional context (although the address term “mama” is included), suggests the profanities to be provoking initiations that implicate intervention.

In the actual interaction, the officers comport themselves according to the warrant that they invoke during the interaction. Similarly, in the police report, the warrant is cited as a protocol that the officers are following. When we compare Connor Leibel’s case with this one, we see how in each situation, and even though the protocols that officers follow are different (training for the discernment of drug use in the former and an arrest warrant in the latter), they are prominent, consequential features of each scene insofar as the officers express the different protocols in their embodied actions.

Children who are disabled and enact resistive moves to police-initiated behaviors may meet with embodied, procedure-based forms of control that disregard the originating moves that prompt such resistance. This can occur whether the encounter is initiated because of seeable anomalous conduct, which is at first misrecognized and later identified as autistic, as in Connor’s case. Or it can happen when the child is known to have autism spectrum disorder (ASD) but the matter has become backgrounded as officers focus on statutory issues, as with John. In any case, such embodied forms of control are later followed with written versions of what originally happened that encapsulate the same protocol-based interventions, but now in words featuring an elision of the interactional contexts in which children’s behavior is enmeshed. And therefore, for those who implement them, protocols may operate as virtual blinders to the nuances as well as the larger social organizational facets of the interactional environment in which these protocols are features. Surely such mechanisms operate in other contexts as well, and we now turn to a clinical case.

CASE 3: A CLINIC FOR DIAGNOSING AUTISM

At the time of his evaluation, Dan Chapman (pseudonym) was nine years and two months of age and in the third grade at school. His pediatrician referred Dan to Central Developmental Disabilities Clinic (pseudonym), or CDDC, for evaluation because of his “significant behavioral challenges,” including a history of aggressive and disruptive behavior at school, difficulty with two-way conversations—

8For a thorough discussion of protocols as sociological objects and their relation to practice, see Lynch et al. (2008).
although he could talk for hours on topics of interest to him, such as cars—and other matters. At the CDDC, a number of specialists saw Dan.

We are concentrating on a small subtest that the psychologist, Jennifer Carson (pseudonym), gave to Dan as she administered the demonstration task of the Autism Diagnostic and Observations Schedule (ADOS), the current “gold standard” examination for diagnosing ASD (Lord et al. 2012). The exam is play-based, meaning that in part, it provides a standard series of social contexts through which communicative and social behaviors can be assessed (Lord et al. 1989). One section of the ADOS is called the demonstration task, which is designed to assess “the participant’s ability to communicate about a familiar series of actions using gesture or mime with accompanying language, and to report on a routine event” (Lord et al. 2012:113). The clinician is instructed to lay out (with gestures) an imaginary sink, hot water, cold water, faucets, and so on. Then he or she is to say, “Now I want you to show me and tell me how to brush my teeth. Start right at the beginning.”

The excerpt with Dan and Jennifer is on the next page and is only about a third of the entire interaction in which Dan refuses to comply with Jennifer’s directives to do the demonstration task. A detailed and more complete transcript and analysis of the full episode can be found in Maynard and Turowetz (forthcoming-b). The phenomenon of transposing is not in the demonstration episode per se. Rather, it emerges when Jennifer and the pediatrician for Dan’s CDDC visit discuss his performance on the ADOS demonstration task. In this paper, their discussion is below in the subsequent transcript entitled, “Psychologist Jennifer Carson and Dr. Leah Grant, Developmental Pediatrician.” Transposing is also evident, as we shall see, where Jennifer enters a description of the event in Dan’s medical record.

Using a variety of different linguistic forms, Jennifer, at lines 3–4, 11–13, and 18 in the following transcript, directs Dan to do the demonstration. With the “I want you . . .” preface and the imperative structuring (“So watch this”) at lines 3–4, the first directive is high in terms of entitlement (cf. Curl and Drew 2008), whereas the follow-up request at line 11 is less entitled, and the one at line 18, stated in motivational terms, displays even less entitlement by suggesting a contingent reason for Dan’s noncompliance, and inviting closure.

After each of these directives, Dan moves or shakes his head laterally in a “no” motion. Figure 3 is taken at about line 3 from the previous transcript and shows the two participants with mutual gaze. However, per Figure 4 (from line 4), Dan is shifting his head to his right, moving his gaze to the table, and his head will swing back to his left as she completes the utterance telling Dan to “watch this.” Motions like this on the part of Dan are also at lines 16 and 19 after two subsequent directives.

Jennifer, subsequent to line 19, follows the test protocol that specifies how to handle such noncompliance (not shown in transcript). She is to demonstrate how to drive a car. But as she does this by way of a storytelling mode, Dan still shakes his head laterally to resist the telling. There is an exception at one point, when he claims to have already learned about driving a car. Jennifer says, “You do?,” and then continues with the driving a car story. During this, Dan indicates “no” with two continued lateral movements of his head. Upon completing her story, Jennifer takes the next step in the protocol, which is to ask Dan to “Show me and tell me how you’d wash your face.” In serially responding to another, subsequent series of such directives, Dan shakes his head six more times.
Dan Chapman and Dr. Jennifer Carson, Psychologist; Case 24 (normalized transcript)

1 Jen: All right. So the next thing I’d like to do is kinda silly. I
2 want you to pretend that I don’t know how to brush my teeth,
3 okay? So I want you to show me and tell me how you brush your
4 teeth. [So watch this, ]
5 Dan: [((Lateral head shake))] \(\leftarrow 1\)
6 Jen: So here’s a pretend sink.
7 (0.7)
8 Jen: Here’s the <hot water> (0.5) cold water (0.4) toothbrush (0.3)
9 toothpaste and a cup.
10 (.)
11 Jen: Can you show me and tell me how you brush your teeth?
12 (2.4) ((Dan shifts gaze downward from Jen to the table))
13 Jen: Pretend I’m an alien and I have no idea.
14 (.)
15 Jen: [Keheh heh ]
16 Dan: [((Lateral head shake))] \(\leftarrow 2\)
17 (0.4)
18 Jen: You don’t wanna try that?
19 (1.0) ((Dan does lat. head shake)) \(\leftarrow 3\)

Figure 3. Line 3 from ““Dan Chapman and Dr. Jennifer Carson, Psychologist; Case 24 (normalized transcript)””

Figure 4. Line 4 from ““Dan Chapman and Dr. Jennifer Carson, Psychologist; Case 24 (normalized transcript)””
Finally, he gets up from the chair, and Jennifer says, “You don’t wanna try that one? Okay.”

After at least 11 indications of resistance—Dan’s negative head movements—Jennifer’s query may seem like something of an understatement. More analytically, it is a replica of what she had said at line 18 in the transcript, and it ascribes a motive to his conduct: He does not “want” to participate in the demonstration exercise. Meanwhile, Dan walks to the corner of the room where his mother has been sitting and crouches down behind a chair. Eventually, he is persuaded to return to the table and complete the ADOS exam.

**Elision and Transpositioning.** Other than the motivational attributions on Jennifer’s part, the matter of transpositioning as such is not evident in the interactions involving the demonstration task. It becomes apparent subsequently when Jennifer, as the diagnosing psychologist, and Dr. “Leah Grant,” a developmental pediatrician, meet to decide on a diagnosis for Dan. Early in their discussion, Jennifer reveals that Dan had met the cutoff score to qualify for a diagnosis of ASD. (The diagnosis is applied when a child’s score exceeds 9; Dan’s score was 13.) Then she immediately refers to the demonstration task, reporting, “There was one point where he shut down briefly and mom said actually that he was like completely done. . . . But he came back.” Next, Jennifer refers to Dan’s limitations with emotional expression, eye contact, gesturing, and intonation. Finally, in the above transcript at lines 1–3, she produces appreciations of what Leah calls his “strengths” (line 4), agrees with Leah (line 5), and makes a second reference to the demonstration task (lines 7–9).

In neither of these passages about the demonstration task does Jennifer capture the first series of directives, the driving a car storytelling, the second set of directives, and Dan’s polite but consistent and potentially insistent forms of resistance throughout. To be sure, in the first passage, an optimistic cast is put on the event: Having “shut down,” he “came back.” Similarly, at lines 8–9 in the second passage (above transcript), Jennifer depicts Dan as having “walked away to the corner” but also “he came back.” In both segments, Dan’s walking away appears as a spontaneous and somewhat unilateral behavior on his part, such that the sequentially and serially assembled actions and interactions disappear from view; with no mention of directives or refusals, these actions and interactions are utterly elided. In other words, Dan’s behavior seems abrupt and unexpected, and to have been undertaken unilaterally, rather than being the culmination of a chain of directive-response sequences. Constituting a breach,
Dan’s actions take on a first position character, and it is as if bringing out “the break toys” (line 9) above is a second-position move relative to what is characterized as Dan’s “most atypical response” (line 7). This is transpositioning via reportage, and it brings us to a consideration of more formal reports, such as in this case, the medical records.

Medical Reports. When Dan had completed the entire testing and examination regimen at the CDDC, the clinicians contributed to his already extensive medical records by way of their own “Evaluation Report.” This document provides an extensive set of information on everything from the reason for his referral to the clinic to specific scores, not only on the ADOS but on other tests, such as those concerned with cognitive performance and communication skills, and including questionnaires administered to his mother and his special education teacher. Of focal interest for our purposes is the report that Jennifer Carlson wrote in a section called “Behavioral Observations,” and specifically a passage about the demonstration task:

When asked to demonstrate how he brushes his teeth during a particular activity, Dan walked away from the table and faced the wall in the corner of the room. He soon rejoined the examiner at the table and explored some of the new materials that had been placed out for him.

Here, Jennifer at least mentions the context in which Dan’s withdrawal occurred (“When asked to . . . ”), but she writes nothing of the series of sequences in which Dan, again and again, before reaching the culminating point of “walking away,” resisted the clinician’s overtures.

Whatever the source of Dan’s resistance may have been, such elision means that forms of concrete competence lack visibility for the ways his skillful – properly timed and consistently communicated – indications of resistance matter for the organization of social understanding and intelligibility. Moreover, such indications and how they may be Dan’s way of being in a demanding situation may be relevant to consider when making recommendations for his integration in home, school, or other social environments.

Finally, consider another aspect of Dan’s medical report, which was available to the clinicians before they conducted their examinations. The following passage is included under “Pertinent Background Information” (geographic as well as personal references in the following are pseudonyms):

Dan’s special education teacher . . . shared a note that Dan seems to have more “good” days than “bad” days but his bad days at school involve verbally and/or physically aggressive behavior. His teacher noted that Dan has had three “major meltdowns” since starting at his new school. These incidences have required seclusion and/or restraint procedures to be implemented.

Although the events being described (“aggressive behavior,” “major meltdowns”) are not available in their interactional environments, it is strongly inferable that this reportage results from transpositioning. If the evidence from our three examples is representative, aggressive conduct and what psychiatrists may consider as decompensation—the failure to cope in ordinary life (as

Concrete competence concerns the very skills by which a person participates in the “interactional substrate” (Maynard and Marlaire 1992) of an activity such as testing—for example, asking/answering questions, sustaining mutual attention, and understanding and then following/resisting directives. See also Maynard and Turowetz (2017b) and Turowetz (2015).
Dan’s withdrawal may indicate)—do not arise unbidden. There is a social context in which such conduct may be responsive to actions of others, even though it is depicted as from the individual’s own initiative and his or her motivational or other psychological state. In this light, also recall the police reports on John Haygood and the charges about the conduct resulting in his school suspension: threats, punching, kicking, scratching, and hitting, wherein no mention is made of any first position moves to which they may have been responsive (such as John’s own allegations to his father of being pinched). Put plainly, behavior may never be an isolated, individual emanation, like a phenotype ordinarily considered. Rather, sociologically and in terms of social psychology, we need an understanding of behavior in interaction.

**CONCLUSION: RECORD-KEEPING, TRANSPOSITIONING**

From studies of recordkeeping—police, medical, and otherwise—we know that records are not what Garfinkel (1967:190) called “actuarial” accountings, having “the properties of completeness, clarity, credibility, and the like,” and instead are something like contractual accountings. They make it possible to carry out the business of an organization under the auspices of the organization’s own protocols, “justifying an actual or potential course of actions” between the professionals and the subject (Garfinkel 1967:199–203). As Dan’s medical record states, his “incidences have required seclusion and/or restraint procedures to be implemented.”

The three empirical examples suggest transpositioning as a detailed mechanism whereby the contractual use of records is accomplished, a mechanism that renders behavior in interaction as behavior that is actionable for credentialed agents in the particular organization. The mechanisms and practices of transpositioning thus include how:

1. matters begin by way of a professional or other participant’s initiation (first position), warranted by protocol;
2. the ASD person fashions a response (second position) that is resistive/noncooperative;
3. the initiating party sees and portrays the ASD person’s second-position behavior as the latter’s own initiation or feature;
4. there is an elision of the initiation or first-position action in police, clinical, or other reports, both oral and written.11

Suggesting that police and medical reports elide the contexts of behavior described reinforces Garfinkel’s (1967:203) assertion that “document meanings are disengaged from the actual procedures.

10See also Heath and Luff (2000) and Meehan (1986) and the literature they review for complementary studies on recordkeeping. Also relevant is Turowetz and Maynard (forthcoming).

11This pattern is not an academic ironic comment on professional or layperson treatment of individuals with autism. That conflictual interactions involving professionals and laypersons are susceptible of differing interpretations and analytic understandings in social life and not just academic analysis is amply demonstrated in Goodwin’s (1994) discussions of “professional vision.” For example, when police first went on trial for the beating of Rodney King in the 1990s in Los Angeles, defense attorneys’ schematic coding of what was seen on a videotape of the beating suggested that police were responding to King’s provocative body movements. In a second trial (after an acquittal in the first), prosecutors provided a different framework in which King’s same body movements were “highlighted” as reactions rather than provocations. The courtroom as encompassing what Goodwin (1994:622) calls a “dialogic frame” is a complex matter, but the essence of transpositioning can be seen as a feature of the defense strategy in the first trial that was overcome in the second one.
whereby documents were assembled.” Rather than raising questions about precipitating actions or what are generally called “triggers” (Buschbacher and Fox 2009; Prizant 2015) and what we have analyzed as first-position utterances or actions in adjacency pair sequences, the result is retrospectively or prospectively to justify interventions to correct the individual. Transpositioning draws on the sense, reinforced by the embodiment of professionally learned protocols, that the individual and his or her behavior is in violation of taken-for-granted, commonsense ways of acting in a locally constituted social world.


If an aspect of social psychology, per Cartwright (1979:88), is to “explain how society influences the . . . behavior of individuals and, in turn is influenced by them,” it can suggest a potentially intimate connection between the society and the individual. However, when this connection is cognitively based, as Cartwright (1979:88) also notes, then behavior is a unitary emanation—a “product”—that the individual manifests according to “subjective experience” as influenced by social structure. In this view, the individual-society connection is relatively remote, abstract, and impersonal (Danziger 1990), rather than close, intimate, or co-constitutive. To consider anew how the “behavior of an individual” is concretely relational, social psychology needs autism, where it is useful to examine somewhat extreme cases, such as those in this paper, although they may be related to other forensic (see e.g., Duck 2017; Rawls, Duck, and Turowetz 2018) and clinical environments involving different identities. The cases here exhibit how clearly identifiable and professionally-based antecedent actions are inseparable from subsequently construed violative behaviors of the individuals with autism spectrum disorder (ASD). To the degree that social psychological analysis remains answerable to what happens in actual social interaction and experience, such examination fits the behest of Cooley (1922), Mead (1934), and others 12 who envisioned social psychology as centrally concerned with interaction.13 Moreover, the ethnomethodology and conversation analysis (EMCA) approach here may also resonate with recommendations to take concrete social environments “seriously” (Bearman 2013)—and seriously enough to ground notions of social influence in participants’ own actual conduct and understandings thereof.

Accordingly, autism needs social psychology and its tradition of interaction-based research to understand how behavior in interaction—such as second position in a sequence—can become transpositioned and depicted as an initiation and as individual’s own (autistic) property. That is, the phenomenon of transpositioning is socially ordered and organized through identifiable practices such as those made available by the tradition employed here of ethnomethodological conversation analysis. The investigation of adjacency pairs and sequencing shows that behavior as such is not a phenotypically endpoint to which genomic or neurobehavioral conditions can be correlated. The phenotypic bottleneck (Freese 2008), in other words, needs unpacking in terms

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12See, for example, the classic *Social Psychology* textbook of Newcomb, Turner, and Converse (1966), whose subtitle is, *The Study of Human Interaction*. A 2015 edition is available in eTextbook and print versions from Psychology Press of the Taylor and Francis Group.

13The conversation analysis perspective in this paper is, of course, different from other approaches to interaction taken over the years. For comparison of conversation analysis and Bales’s interaction process analysis, for example, see Peräkylä (1998).
of the way that one party’s actions are intimately connected to his or her interactional antecedents and consequences. It may be that from the standpoint of standardized diagnostic systems, such as those in the Diagnostic and Statistical Manual of Mental Disorders (APA 2013), the complexity of the phenotype appears “messy” and may “fail to capture adequately the variety of ways in which disorders are expressed” (Grinker 2007; cf. Singh 2016:28), but appreciation of the order and organization of interaction can distill such messiness and inadequacy into more fully coherent social psychological and interactional terms. The implications of this study may thereby pertain to the social psychology of behavior generally and not just that between professional or other neurotypical persons and individuals with Autism Spectrum Disorder.

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REFERENCES


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