

A Conversation Analysis of Sensitive Talk in Clinic Interaction

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Abstract: *Nowadays, the relationship between the doctor and the patient in China is not so harmonious and medical disputes often occur. As we know, the communication between the doctor and the patient is not balanced, because the doctor has power to dominate the whole conversation. And when the topics of conversations are sensitive, the communication is becoming less fluent, and the patient is not willing to cooperate with the doctor or refuses to answer the questions, which causes some impacts on the conversation and is not favorable for the diagnosis of the diseases. Based on the tape-recordings and transcriptions of naturally occurring doctor-patient conversations in Chinese outpatient clinics, this paper analyses some data from different topics of sensitive talk, summarizes the respective sequence patterns and concludes some language features of such conversations, hoping to find some common characters in order to improve and better the relationship between the doctor and the patient, which can promote the diagnosis of the diseases.*

Keywords: *Conversation analysis, Doctor-patient communication, Sensitive talk*

1. Introduction

It is a wide acceptance that ordinary conversation is premised on a standard of “equal participation” between speakers and that this standard is departed from in institutional settings (Drew & Heritage, 1992). Recently, the tension between the doctor and patient is recognized by the public. The asymmetry between the doctor and the patient is the main reason for the phenomenon.

Based on the collection of the recorded data, the author has found when the topics of conversations are about some personal and private ones, such asymmetry of information becomes more obvious. The patient is reluctant to express themselves, and refuses to answer the unwarranted questions, which can cause the obstruction of the communication and influence the diagnosis of the disease. On the basis of these previous findings, the present study aims at analyzing the sensitive talk in the clinic interaction. The sensitivity can be embodied through the whole phases of the communication: the problem presentation, the history-taking, examination, diagnosis delivery and treatment. And in the perspectives of the doctor and the patient, they deal with the sensitive talk in different ways. It is hoped that by observing and analyzing the collected data, we can discover the characteristics of the sensitive talk to improve and better the relationship between the doctor and the patient, which can promote the diagnosis of the diseases.

2. The models of the doctor-and-patient relationship

According to the classification of the interaction between the doctor and the patient, the basic model can be divided into “active-passive”, “direct-cooperate” and the “participate together” ; according to the foundation of theory, we can still have two kinds of models, namely, the traditional model and the humanistic model. In the following part, we will give a full explanation of the three models

2.1. The basic models of the doctors and patients

The basic models between the doctor and the patient include three categories, which reflect the disease nature of patients and the disease factors influencing the doctor-and-patient relationship, and they have their own features:

First, the active-passive model

In the “active-passive” model, the patients cannot communicate with the medical members, and

they are only the passive receiver in the medical activities. Such relationship weakens the status of patients, impairs the rights of patients, causing no real interaction between the two parties.

Second, the direct-cooperate model

In the “direct-cooperate” model, the patients are conscious, but their diseases are serious, so their recoveries depend on whether they comply with the orders given by the medical service members. At the moment, the medical service members direct the actions of patients, and expect that the patients follow their directions.

Third, the participate-together model

In the “participate-together” model, the medical service members and the patients work together as friends, the two parties share nearly the same rights, and they depend on each other, engage in the activities they both satisfy. From the “active-passive” model to the “participate-together” model, the dominant and controlled status of the doctor is gradually reducing, while the function of the patient in his process of disease treatment is gradually boosting, and the identity of the patient becomes more prominent. The feature of this model is “the doctors help the patients to cure themselves”.

2.2. The traditional model

The traditional model is derived from the biomedical model, or the display of the biomedical model in the relationship between the doctor and the patient. In this model, the doctors in the medical activities pay attention only to the treatment of the diseases, the explanation of the scientific knowledge, the standard techniques and the application of the conventional skills, paying no attention to the anticipation and satisfaction of the patients; the medical service members should keep emotionally “neutral” to the patients, not involving or seldom involving the problems of the patients, whereas the patients depend on the judgments and decisions passively. The traditional model seldom has the psychological communication between the doctor and the patient.

2.3. Humanistic model

Based on the western humanistic philosophy ideas and the humanistic psychology, some assumptions constituted the basis of humanistic model are the same as the ideas of biology, psychology and the social biomedical model, such as “the patients are not only the diseases”, “the human being is not only the body”. In this model, the doctor and the patient are cooperators, and both are responsible for the health of patients. Before the treatment, the doctors usually make a “contract” with the patients, to make clear the functions, responsibility and expectation of the both sides. In addition to playing the roles of diagnostician and treater, the doctors are also regarded as the cooperator, educator, the resource of the emotions and social support and the technique adviser of the patients. Thus, no matter at the skilled level or the unskilled level, the doctor and the patient have the sufficient chances and conditions to communicate and interact, which can establish the conditions for the harmonious and proper doctor-and-patient relationship.

3. Relevant studies on sensitive talk

“Sensitive” can be defined as a kind of sharp feeling; it means a quick response to the outside world. Or we can say that “sensitive” means that you can feel something that the others can not feel. From the perspective of personality, it can be explained as an impression caused by the overdue care of some details, and the changing, easily magnifying response which is made afterwards. The sensitive people are easy to worry about the trifles, and meanwhile they are also joyful for the small matters for a long time. It is apparent that the sensitive people are easily influenced by the outside. From the angle of the Nature, “sensitive” means the sharp feelings to the outside changes, such as the animals, whose behaviors are mastered through some kind of ways.

The “sensitive talk” is hard to define, because we cannot find an exact definition about this word. Some people may think it derives from the psychology, others may think it from the sociology. Since we cannot explain this word with grounds, we can discuss some topics about sensitive talk, which are usually tended to be sensitive in our daily conversations.

First, prejudice and discrimination

What is prejudice? It can be explained as “an evaluation beforehand” in Latin, and the Romans used

it to express the original legal determination. Today, it typically means a kind of viewpoint in advance, and usually an unfavorable opinion. When prejudice becomes an attitude held by one person or one group, discrimination is a kind of action. Discrimination may not mean the prejudice, but it may come from prejudice.

Second, poverty

“Poverty” has the connotation of “insufficiency”, and based on this opinion, “insufficiency” can relate to lack some necessities, such as most people can possess pleasant environment, few people can enjoy the luxuries, but the poverty means no food, no television, or pleasure-boat. Some theorists usually make some distinctions: to combine the economic status with the more abstract components and to include the spiritual impacts caused by the severe shortage. Some economists believe that “when the people’s income is enough to support their lives, but is obviously below the social average level, they are the persons attacked by the poverty” (J K Galbulers 1958: 323).

Third, narcotics and alcoholism

Addiction means “people cannot control themselves, and have a trend of increasing the dose (Report of WHO 1969)”. People are dependent on the narcotics and alcoholism physically and psychologically, which is bad for their health. People are familiar with the harms of the narcotics, such as drugs or marihuana; therefore, various measures are put forward to tackle such a problem, despite the difficulties. Alcoholism is the same as narcotics addiction, which influences people seriously.

Fourth, sexual behavior

In society, there is an important principal: sexual intercourse can only happen between the male and the female who are get married legally. Some traditional cultures and thoughts exert pressure upon people, so they must obey the social norms and be careful about their sexual behaviors. However, with the development of society and the frankness of people’s minds, people are more casual about that, at least not feeling shameful and guilty.

Mentioning the sexual behavior, we must speak of homosexuality, which is a form of sexual abnormality. The definition of homosexuality is that one person is attracted by the person with the same sex. Since Middle Ages, homosexuality has been regarded as an evil, a crime which has broken the nature. The conservative Victorians in 19th century despised the homosexual behaviors with the feelings of horror, disgust and anger. At the beginning of 20th century, the literature of psychological analysis treated the homosexuality as the cripple of emotion.

Fifth, work inequality and unemployment

Although Labour Statistic Bureau has divided the work into profession, white collar, blue collar and physical labour, such division is also a description of the country, society and economic class structure. The position possessed by people relates to their income, their social reputation and living standard.

Similarly, in our clinic communications, when both sides of the doctor and the patient talk about such topics, their conversations may become sensitive in some way, which more or less affect their interaction and diagnosis. Consequently, the sensitive talk in clinic interaction may refer to the topics relating to the patient’s private lives and some acute social problems. Meanwhile, the medical examination of the sensitive body parts can also belong to one section of the sensibility. In addition, the delivery of bad news can cause some obstruction of the communication, which we can still include among the categories of sensitive talk in clinic interaction.

4. Data Analysis on the Sensitive Talk in Clinic Interaction

4.1. Sensitive talk from the perspective of body position

In this part, we will analyze some transcripts of the recordings from the perspective of body position. As we know, when the diseases relate to some sensitive body positions, the communication between the doctor and the patient is becoming embarrassed, and the patient is reluctant to cooperate with the doctor; when the doctor examines the patient’s body, the touching and contacting of the body may make the patient feel uncomfortable, especially some sensitive body positions. Such phenomena are frequently seen in gynaecology and urology.

In the department of urology, owing to the examination of some sensitive parts in body and private inquiries about the patients, the conversations also display some specific features. Next we can give an

account of it by one typical excerpt.

Excerpt 1:

- 01 Doc: Come, sit down.
 02 (4')
 03 Pat: Number 12.
 04 Doc: What↑What's wrong with you↑
 05 Pat: Hmm(0.3)First: that is: that:: when I piss, I feel a little (.) hmm:: a little:: burning. hh
 06 Doc: Burning.
 07 Pat: Later, sometimes:::, sometimes no burning.
 08 Doc: [Hmm].
 09 Pat: Then: recently I find (.) yesterday evening, I found it swollen:: that is:: that is:
 swollen--
 10 Doc: =How long have you felt burning?
 11 Pat: Perhaps(2') one year.
 12 Doc: One year↑Do you have any treatments?
 13 Pat: =No.
 14 Doc: Sometimes good, sometimes bad↑
 15 Pat: Yes.
 16 (10')
 17 Doc: These days it is serious, and swollen↑
 18 Pat: Yes: a little, hmm:swollen.
 19 Doc: Hmm. Let me see.
 20 Pat: Oh, OK.
 21 (9')
 22 Doc: Your prepuce is broken↑the original prepuce is down↑it's broken, so it is up↑
 23 Pat: Oh.
 24 Doc: Broken (0.8)it needs restoration.
 25 (8')
 26 Pat: hhh A little numb.
 27 (3')
 28 Pat: Cough.
 29 (27')
 30 Doc: You (.) go to that treatment office, wait for me, after I finish these patients, I will
 restore it by hand, put that broken prepuce down.
 31 Pat: Oh, yes: Good. I now:: go there↑
 32 Doc: Treatment office, wait for me.
 33 Pat: OK.
 34 Doc: I will be there soon.
 35 Pat: # OK.#

This is a datum between a doctor and a male patient, and the shyness of expressing the disease condition is very apparent, such as:

- 05 Pat: Hmm (0.3) First: that is:that:: when I piss, I feel a little (.) hmm::a little:: burning.
hh
- 06 Doc: Burning.
- 07 Pat: Later, sometimes:::, sometimes no burning.
- 08 Doc: [Hmm].
- 09 Pat: Then:recently I find (.) yesterday evening, I found it swollen:: that is:: that is:
swollen--

In line 05, 07, 09, the patient's descriptions delay many times, and have the repetition of some words. His words are not quite sure and hesitant. Therefore, we can sum up as the following: one, he is very shy about his disease and feels ashamed about it; two, when communicating with the doctor, he is organizing his words and thinking about how to express his condition to the doctor; three, he may be not sure about his descriptions and wonders whether his representation can leave the doctor a correct basis of the final diagnosis.

In line 12 and line 13:

- 12 Doc: One year↑Do you have any treatments?
- 13 Pat: =No.

The response of the patient is very rapid and quite sure, which can reflect as a preferred structure. In line 16, there is a long inter-turn gap, which lasts about 10 seconds, and it breaks the talk. The patient stops his description and does not cooperate with the doctor any more. So the next turn is initiated by the doctor, which makes the conversation continue, such as "Doc: These days it is serious, and swollen↑" (line 17). In line 21 it appears a long gap, lasting about nine seconds, which is the time of doctor's examination. After that, in line 25, another eight seconds gap occurs, and then the patient inhales, which is a phenomenon of pre-emptive structure, and indicates that he wants to express something. In line 28, there appears slight cough from the patient, which may be a display of being embarrassed during the examination for a long time; or the cough is a reminder to the doctor, which urges the doctor to stop the check as quickly as possible. After the examination, the doctor finds the problem and asks him to wait in the treatment office. The voice of the patient sounds relaxed and the tone is rising, representing that he is not nervous any more.

From this recording, we can find because of the sensitive disease, the patient is to some degree shy and embarrassed, which reflects from the delay of syllables, the repetition of some words and the inter-turn gaps. As the conversation between the doctor and the patient it is a relationship of power, instead of solidarity, this feature is more obvious in the department of urology. After the final diagnosis, the change of the patient's voice and tone are quite different from the beginning, which is still a characteristic. The patient in this talk is also passive, and the answers he gives are very simple and brief. The pattern of this conversation can be concluded as:

Initiation	Doc: Query
Response	Pat: Description
Expansion	Doc: Further query
	Pat: Answer
Announcement	Doc: Diagnosis
Receipt/assessment	Pat: Acceptance

4.2 Sensitive talk from the perspective of talk content

In this part, we will probe into the collected data from the perspective of talk content. Generally speaking, the delivery of bad news bonds with the sensibility of the conversations, so we mainly focus on the bad news. Therefore, in the following part, we will analyze the data from the delivery of bad news.

Excerpt 2:

- 01 Rel: Doctor, what does it test on the report?

- 02 (.)
- 03 Doc :→ Gosh::(watching the report), do you remember the CT record last time?
- 04 (.)
- 05 Rel: Oh, it was said there was a shadow on the liver, suspected cancer, well, this time::=
- 06 (0.4)
- 07 Rel: =Is it cancer?
- 08 Doc: Hmm. Yes.
- 09 Rel: Ah, gosh, oh:: My God, what to do? His state of the illness:: is?=
 10 Doc: =It:: is cancer, you see, his transaminase is so high, and there is a tumor in the right of belly.
- 11 Rel: Hmm::
- 12 Rel: Liver cancer?Sir, what should we do?Perhaps:: How long it is?
- 13 Doc: Not very sure, some terminal cancer can live more than half a year, if it is not optimistic, maybe one or two months. Hard to say.
- 14 Rel: Hmm=
- 15 Doc: =Hmm. Go home:: and recuperate for a period of time, bring some medicine, GanFuLe, the side effect is less. Prepare some pain killer in advance.
- 16 Rel: Oh, what to do? No other way.
- 17 Doc: Hmm::.

In this example, doctor first gives a clue of the news by a turn of preannouncement “Gosh::” with a sound stretch at line 3 indicating that the news is negative. Then doctor gives a second clue to identify the news’ primary figure in line 3 in the same turn: “do you remember the CT record last time?” This is a perspective-display inquiry turn to show the doctor’s opinion query invitation. Thus, there are a verbal “remember” in this episode to allow the recipient to recall the message in line 5 “Oh, it was said there was a shadow on the liver, suspected cancer, well, this time::=”, and the doctor confirms it in the line 8 “Hmm. Yes.”. And then when the receiver makes a response “Ah, gosh, oh:: My God, what to do? His state of the illness:: is?=” to show shock and doubt, the doctor makes the elaboration in line 10 “=It: is cancer, you see, his tranaminase is so high, and there is a tumor in the right of belly”. From the example, through the hint of the doctor, the receipt himself guesses the bad news under the turn design; because the doctor knows the delivery of bad news of cancer is very hard for the patient’s relative to accept easily. So the doctor avoids telling the news directly and just enlarges the deliver sequence into a confirmation turn. Thereby, the practices of cluing, guessing, and confirming are also displayed in institutional settings, particularly medical ones, where professionals must convey bad news (Glaser and Strauss 1965; McClenahan and Lofland 1976; Sundow 1967). The serious bad news delivery sequence of this example is showed like that:

Examination

↓

Diagnosis

↓

Preannouncement	Doc: Doctor’s delay
Perspective-display	Doc: Question
Guessing display	Pat: Answer
Announcement	Doc: Confirmation
Announcement response	Pat: Inquire
Elaboration	Doc: Elaboration and Formulation
Receipt\assessment	Pat: Inquire

Elaboration	Doc: Answer
	...
Receipt/assessment	Pat: Acceptance
↓	
Treatment/advice	
↓	
Closing	

In addition, from the excerpt above, we can also find some features of both parties' words. The doctor's words are not powerful than the other excerpts, he delivers the cancer bad news in a delaying, hesitating and halting fashion that is consonant with the manner in which conversational participants produce "dis-preferred" utterances in response to various kinds of initiations.

4.3 Sensitive talk from the perspective of sensitive social problems

In our society, when we mention some social problems, such as social status, personal income, sexual behavior, profession competition, ect, our conversations become sensitive.

In China, it is a very special feature to mention the medical price or medical treatment whether on public expense or own expense during the medical interviews. As we know, the income and profession can reflect the status of people, so people may become very sensitive to talk about that. Meanwhile, as a Chinese citizen, if one person enjoys free medical care, it means that he or she has a higher status in society and the government can support him or her finance assistance. Thus, the doctor can write out a prescription without thinking about their actual financial situation, or sometimes prescribes the new drugs with relatively higher price. Next we will analyze some excerpts on this topic, and conclude the pattern of this kind of conversation.

Excerpt 3:

01 Doc: Hmm::, another way is operation, but it is not serious enough, so we don't consider that way. Now, you can have a traction, OK?

02 Pat: Oh.

03 Doc: Hmm, [have a traction]

04 Pat:→ [well, well] How much?

05 Doc: Probably 15 yuan once.

06 Pat: 15 yuan?

07 Doc: Hmm, yes! [It is]

08 Pat:→ [How many] times do I need?

09 Doc: 15 times, half a month, one course of treatment.

10 Pat: Oh::.

11 Doc:→ Hmm! Under such treatment, (0.9)basically most people will be OK. All recover.

12 Pat:→ Oh::, 15 times per course↑?

13 Doc: Yes! (1.0)[Your case]

Excerpt 4:

01 Doc: If you decide, you can do it now.

02 (1.2)

03 Pat:→ .h How much?

04 Doc: one thousand two hundred.

05 (0.8)

- 06 Pat: one thousand two hundred::↑
 07 Doc: Hmm.
 08 (0.6)
 09 Doc: one thousand two hundred and forty.
 10 Pat:→ Is this the only way?
 11 Doc: Hmm, because you have no baby, this is the only way.
 12 (0.6)
 13 Doc:→ Other ways may have an influence on your future having baby.
 14 (0.2)
 15 Doc: OK::
 16 (2.2)
 17 Pat:→ The only way, well [do it].
 18 Doc: [Hmm::
 19 Doc: Only once will be OK, no recurrence.
 20 (2.0)
 21 Doc: OK::

Excerpt 5:

- 01 Pat:→ h Doctor, well: How much?
 02 Doc: Perhaps dozens of yuan, or one hundred yuan↑
 03 (5')
 04 Pat: Anyway:it is:itching, at night, especially when sleeping::
 05 Doc: =You: can consult dermatology department later on (0.6)the two related departments.

From the above three excerpts, the pattern can be concluded as the following:

Initiation	Pat: Inquiry
Response	Doc: Answer
Expansion	Doc: Further Explanation Pat: Inquiry
Receipt/assessment	Pat: Acceptance/No response

The queries of patients have some features: first, before the query, there is a phenomenon of inhalation, which indicates the reluctance of inquiring, because the query of price may not be a suitable question at such circumstance, but based on their actual financial situations, they have to put forward this question, therefore, the hesitation appears in the question, such as "Pat:→ h Doctor, well: How much?" (excerpt 5, line 1); second, there appears some repetition among the queries, which also indicates some psychological activities in the patients' heart, they do not put forward the question directly, instead, with some hesitation, such as "Pat:→ [well, well] How much?" (excerpt 3, line 4). Contrary to the patient's query, the doctor's answers are rather direct, which is reflected as a preferred structure. Unluckily, the patients are not immediate to accept the answers, and they further inquire some information, such as "Pat: → [How many] times do I need ?" (excerpt 3, line 8), the patient wants to calculate the total amount of money, and see whether she can accept or not, "Pat:→ Is this the only way?" (excerpt 4, line 10), after hearing about the treatment price of 1,240 Yuan, the patient may feel it is too expensive, and cannot afford it, so she asks the doctor whether she has other choices. Through the above cited words, we can conclude that when the patients initiate the question about price, they in some way dominate the role of speaking, and they can put their further queries on the doctors' answers. So next doctors have to expand the conversation to give further explanation, like "Doc: → Hmm! Under such treatment, (0.9)basically most people will be OK. All recover." (excerpt 3, line 11),

“Doc:→ Other ways may have an influence on your future having baby.” (excerpt 4, line 13), the purpose of their words is to persuade the patients to accept their proposal, and as for the result, it is very surprising that all the patients cannot give a clear acceptance, such as “Pat:→Oh::, 15 times per course↑?” (excerpt 3, line 12), “Pat:→ The only way, well [do it.” (excerpt4, line 17), and the inter-turn gap in the excerpt 14 line 3, then initiates another topic.

Based on the features of the excerpts, we can find the referring to the price is a sensitive topic, which has some relationship with the patient’s social and financial status. Therefore, the structure of such topic is often reflected as dispreferred, and some strategies of dispreferred structure are widely used among the talks.

5. Conclusion

From the above data analysis, we can conclude some features of the communication between the doctor and the patient. The major findings of the present study are the following:

Firstly, most of the patterns about sensitive talk are initiated by the doctors. As we know, the conversation between the doctor and the patient is a kind of institutional interaction, and one party of the two sides occupies the dominant place in it. Because of the asymmetry of power, namely the different status between the doctor and the patient, the doctor is in an advantageous position, while the patient is not. And owing to the strong profession of medical care, the patient usually lacks in professional knowledge on medicine and does not understand the reasons and development of disease, together with the doctor’s diagnosis, which cause the asymmetry of information. Therefore, the doctor has the initiative to begin the conversation.

Secondly, the expansion of these conversations is mostly initiated by the doctor too. Because the patient is usually passive in the doctor-and-patient conversation, he cannot put forwards queries directly, and he does not usually initiate the new turns. In addition to the special feature of sensitive talk, the patient becomes more reluctant to cooperate with the doctor. Therefore, there are many inter-turn gaps among the whole talk.

Thirdly, concerning the turn shapes, most sensitive talks use dispreferred structure. Heritage (1984: 267) defined the behaviours carried out simply, without delay as the preferred structure, and the modified, explained and delayed behaviours are referred to dispreferred structure. Owing to the sensitivity of the topics, the patient usually conceals something private, such as his income, hereditary diseases, or family affairs, etc, when he has to be examined the private positions of his body, he may feel shy and embarrassed. Therefore, his replies are always indirect and vague, or he even keeps silent for the inquiries.

Fourthly, the power of doctor’s words is quite obvious. As the patient usually does not cooperate with the doctor, the conversations do not develop smoothly, and sometimes the long-time gaps make the two parties tense. Therefore, the doctor has to force himself to initiate the talks again, and in some way makes some orders to ask the patient to follow his instructions, thus the languages he uses sounds compulsory.

Finally, some language’s features can reflect the activities of sociology and social psychology.

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