

THE UNIVERSITY *of York*

Analysing Workplace Interaction Workshop
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ABSTRACTS

KEYNOTE ADDRESS

Negotiating Treatment: Parents-Physician Interaction and Antibiotics

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Bacterial resistance to antibiotics is a global problem affecting both developing and developed countries. Inappropriate antibiotic prescribing (for viral infections) is a major contributing factor to this problem. Unfortunately, it is not only, nor even primarily, the individual who stands to be hurt by this medical error. Rather, it affects our society as a whole and particularly more vulnerable populations. Prior research shows that one of the reasons pediatricians prescribe antibiotics inappropriately for Upper Respiratory Tract Infections is that they perceive parents to expect antibiotics. In this talk I will begin with the question of what drives physicians' perceptions of parents' expectations, in particular asking what the role of parent-physician social interaction might be.

Relying on conversation analysis, I will analyze the details of language use in social interaction to identify specific interactional practices that parents make use of to describe their child's condition and respond to treatment recommendations. Although these practices are generally unrecognized by either parents or pediatricians, I show that they influence diagnoses and treatment decisions. Specifically, following parents' use of certain interactional practices, physicians are more likely to make concessions to parents, alter their diagnoses or alter their treatment recommendations. Thus, by these means parents are doing moment by moment interactional work to negotiate whether or not their child receives antibiotic treatment at the end of the visit, whether or not they realize it. I then discuss some of the applications of this work to address this problem.

PARALLEL DATA SESSIONS I

Exploring Institutional Asymmetries in Requests to Modify Existing Arrangements

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This session will be an opportunity to examine the differential production of same-positioned sequences within which institutional representatives attempt to modify an existing arrangement with a client. Data will be presented from a corpus of telephone calls recorded between staff and clients of a community aged care programs. This session will focus on a calls in which staff attempt to modify an existing service arrangement. This will provide an opportunity to consider how one particular goal (modification of an arrangement) might be accomplished in different ways, and how interactional and institutional imperatives might be impacting upon that accomplishment.

Advice-giving in Cognitive Behavioural Therapy

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Conversation analytic work has previously explored instances of advice-giving in some interactions between institutional professionals and their clients. This study explores advice-giving sequences that were observed to characterize sessions of Cognitive Behavioural Therapy (CBT) involving clients diagnosed with depression. A collection has been built of sequences in which practical advice is delivered by the therapist and resisted in some way by the client. The characteristics of the therapists' advice-giving as well as the clients' resistance to it will be discussed.

Waxing lyrical: talk-in-interaction in the beauty salon

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CA research on 'institutional talk' has tended to focus not just on 'talk *at* work' but 'talk *as* work'. For example, lawyers, lecturers or counsellors are *paid* to talk: talk is the medium through which their work is accomplished. Talk surely happens in just about any institutional setting but, in many cases, the institutionally defined goals are *not* accomplished primarily through talk. For instance, in the beauty salon, no amount of talking will remove a single hair! In this data session we will examine both the physical action and the talk that occurs in two video-recordings of beauty salon interaction. In the one, the client is having her eyebrows waxed; in the other, a different beauty therapist is waxing a (different) client's legs. This will be a chance to examine 'multi-modal' interaction and to consider the relationship between physical action, task-directed talk, and so-called 'chat'.

PARALLEL DATA SESSIONS II

Treatment Negotiation in Primary Care

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In primary care older patients are frequently coping with multiple chronic illnesses and are consequently commonly being treated with multiple forms of medication. In some cases due to complaints patients seek new medications. In other cases they seek to reduce the number of prescriptions they have. In this data session we will examine how physician and patient navigate this decision.

Police Interviews with Sex Offenders

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I'm interested in interactions involving police interviews with adults suspected of sexual offences against children and this data represents the first stage of my research. We will be listening to a six-minute extract from a very recent audiotaped interview involving two police officers and a suspect conducted at a Child Abuse Investigations Unit. As this research is very new, I'd like this to be an opportunity for us to share our observations about any aspect of the interaction. Disclaimer: This session involves data of a highly sensitive nature. Some listeners might find this material upsetting so please attend at your discretion.

Communicating the Diagnosis in the Neurology Clinic

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We will present video-recorded data from a project in which we analyse how neurologists communicate to patients the diagnosis of psychogenic non-epileptic seizures (PNES), discuss the emotional aetiology and suggest psychotherapy as a treatment of choice. PNES is a functional and non-organic disorder which is frequently misdiagnosed as epilepsy. Many patients with PNES have additional mental and/or psychiatric disorder such as depression or anxiety. Since symptoms feel to patients as largely or entirely physical, they may resist the advice of seeing a psychotherapist. The data we will present are taken from a consultation between a neurologist and a patient who has been suffering from seizures for several years and was admitted in the neurology ward because his consultant could not make a clear diagnosis clinically. We will focus on how the neurologist communicates the diagnosis of PNES, advises psychotherapy and how the patient resists it.