Published in final edited form as:

Commun Med. 2012 ; 9(2): 159–171.

Narrative Co-Construction in the Medical Consultation: How Agency and Control Affect the Diagnosis

Caroline H. Vickers, Ryan Goble, and Christopher Lindfelt

California State University, San Bernardino, U.S.A.

Abstract

The purpose of this paper is to examine patient-provider narrative co-construction of symptoms, diagnosis, and treatment in the medical consultation. Narrative scholarship has demonstrated that conversational narratives, including those that take place in medical consultations, are typically co-constructed by all participants within the conversation. In the context of the medical consultation, this means that patient narratives are co-constructed with providers, and that at times, provider contributions to the patient narrative can hide patient contributions. The inherent power asymmetry that exists between patient and provider facilitates the possibility for provider contributions to obscure those of the patient. Based on audio-recorded data from medical consultations between two different nurse practitioners and one patient, findings from this study demonstrate that such narrative co-construction leads to differential information regarding the patient's symptoms, diagnosis, and treatment. Implications include the need for providers to relinquish control over to the patient to allow the patient to fully articulate narrative accounts of their medical issues.

Keywords

Co-Construction; Interaction; Medical Discourse; Multilingual; Narrative

Introduction

Studies have investigated the distribution of control in medical interactions (Mishler 1984, Health, 1992, Stivers and Heritage 2001). In such interactions, the provider typically cedes control over the content of the interaction. Moreover, Stivers and Heritage (2001) assert that the kind of questioning, negotiation, and affiliation associated with natural conversation is less likely within the primary care medical consultations they studied. However, as Ainsworth-Vaughn (1994) notes, in her study of private practice medical consultations, provider-patient discourse is actually “suffused with conversational features” (p. 194). She further argues that as providers and patients converse, they perform a “power/mitigation dance” and allow each other moments of control. This kind of weaving together of provider and patient contributions seems to lead to better care (Beach and Dixon 2001). In the present study, we examine the discourse between a patient and two different providers. We find that the patient's narrative is differentially co-constructed with the two providers depending on differential provider control and patient agency.

Narrative Co-Construction

As Ochs (1997) points out, “When that narrative concerns a lived experience, co-authors impact the understanding of that experience. It is not only a narrative but a life or a history that is collaboratively constructed” (p. 201). The primary teller, then, is not a static role, as the “tellership” shifts from a primary narrator to include passive and active co-tellers who contribute to the narrative; however, an asymmetry exists in that the primary narrator does not have “a firm grip on the consensus of the shape and meaning of that experience” (Ochs 2005: 279). Thus, in the medical consultation, narratives that patients tell are co-constructed between the patient who provides the initial lived experience and the provider whose medical authority further shapes the narrative in the diagnosis and treatment.

Recent scholarship has focused not only on interlocutors as co-tellers, but also on the social context in which the narrative is embedded. The corresponding context is important because as De Fina (2008) holds, “placing storytelling practices in context implies looking for links among different levels of contextualization: from the local activity, to the more general event in which the activity is embedded, to relevant aspects of the social world” (p. 439). In further considering co-constructed narrative contexts, De Fina (2009) argues that interviews, too, constitute social contexts. Narratives that are situated within interview contexts often include “responses to an open or implied interlocutor's evaluative inquiry” (p. 240). In effect, narrators provide “narrative accounts” as they anticipate “why” or “how” questions from their interlocutors. Interviews often occur in situations in which the social roles assigned to narrator and interviewer are asymmetrical, allowing one interlocutor more control to guide the narrative (De Fina 2009).

In medical consultations, medical practitioners work with patients to co-construct narrative accounts that enable a diagnosis and treatment. Ochs and Capps (1997) indicate that narratives allow opportunities for caregivers, such as medical providers, “to help those they care for – loved ones, friends, patients, students – to probe beneath the veneer of the events that affect them” (p. 15). In a perfect world, medical providers could probe beneath the veneer to develop a diagnosis and treatment that leads to a cure. However, Stivers and Heritage (2001) argue that medical providers do not always affiliate with their patients' narratives, which can lead to missed opportunities to facilitate patients' care. Ochs and Capps (1997) might attribute these missed opportunities to a human need for control. Especially for medical providers, who accept a great responsibility to heal, giving up control may seem like a shirking of that responsibility. As Ochs and Capps eloquently state:

We become diminished, under-realizing our potential as questioning beings. The tension between these alternatives – between endorsing one coherent story or opting for a dialogic melee of alternative stories – epitomizes how narrative activity places lives in the balance. Each alternative has risks and benefits (p. 15).

In the medical context, lives are most certainly in the balance. Patient histories and narratives are providers' foray into the disentanglement of patients' ailments. However, that need for control, which is ultimately tied to that sense of professional responsibility, may cause patient accounts to become hidden. As patients narrate their ailments in the consultation, these narratives are co-constructed (Baker and Johnson 2000), and providers may position patients in various ways (Johnson 2008).

As we will demonstrate in our data, the providers fill in the patient narrative with their own ascriptions of the patient's affliction but in the process lose sight of the actual affliction. Sarangi (2001) terms this a recontextualization of patient narratives into professional terms. He equates patient narratives to natural attitude and professional terms as a scientific

attitude. Importantly, the difference between the natural and the scientific attitude can lead to a misreading of symptoms, which can affect health outcomes.

Identity, Narrative, Agency and the Medical Consultation

Patient spaces for narrating in a medical consultation occur in gatekeeping interviews (Erickson and Shultz 1982, Trinch 2007). Gatekeeping interviews involve an interview format in which an institutional representative (gatekeeper) questions an institutional outsider who has entered the institution for the purpose of receiving a service or assistance. Trinch (2007) demonstrates that such gatekeeping interviews can cause a loss of control of identity. Therefore, in situations such as the medical consultation in which patients are involved in gatekeeping interviews, it is possible that they might feel such a loss of control of their own identities.

However, some patients seem to exercise more agency than others in some medical consultations. Heath (1992) indicated that in his corpus of British provider-patient interactions, the patients typically engaged in minimal responses when the provider told them their diagnosis. However, Peräkylä (2002) demonstrates that while some patients offer only minimal responses to a provider's diagnosis, many of the Finnish patients that she studied displayed agreement and disagreement with the diagnosis, demonstrating agency in accepting the diagnosis. However, even in these cases, the patients ultimately deferred to the provider's expertise.

The differences encountered in the studies detailed above demonstrate the need to consider that agency is an interactive achievement (Ahearn 2001; Al Zidjaly 2009). In the medical consultation, then, patient agency is co-constructed through interaction between the medical provider and the patient. This leaves open the possibility that particular patients demonstrate agency more readily with particular providers than with others. In the data presented in the current paper, we certainly see patient agency as co-constructed, but we also see a complex interaction between the patient's respect for the medical authority and her own lived experience.

Study Context and Data Collection

The research site is a small community clinic located in a low-income urban area in California that contains many Spanish-speaking immigrants. It is not uncommon to see Spanish on store signs and advertisements in the area. However, this area is embedded in a larger English dominant context in which English is the language of power. The clinic is a bilingual context. All signs and brochures are in Spanish and English. All clinic staff members are also bilingual. The reason that the clinic strives to serve patients in both Spanish and English is to create access to language concordant and affordable health care in this largely Spanish-speaking neighborhood.

This article is drawn from a corpus of transcribed audio-recorded medical consultations, written field notes of interactions, and audio-recorded and transcribed post-consultation interviews with providers and patients that took place within the clinic. This corpus was collected over a period of nine months from October 2009 to July 2010 and includes +/- 150,000 words. The medical consultations that we recorded were mostly in Spanish. The objectives of the larger research project were to identify the means that providers use of communicating patients who do not use English or are second language users of English and to assess the degree to which different means of communicating with these patients result in beneficial communicative outcomes. We employed ethnographic and conversation analytic methods as we approached the data collection and analysis. Our role in the clinic was as researchers. We observed, took field notes, and audio-recorded participants during their

consultations. Immediately after the consultation, we interviewed the patients about their experience, and we interviewed the practitioners within four hours of each consultation.

The data for the current paper is a subset of this larger corpus. The focus of this paper is two medical consultations in which one self-identified monolingual Spanish-speaking patient, Cynthia (all names used are pseudonyms), sees two different providers 10 days apart regarding an injury to her knee. The providers who treated Cynthia are two bilingual nurse practitioners (Carrie and Laura). These consultations were audio-recorded and observed. Field notes allowed additional non-verbal information about the interaction within the consultations. While video-recordings would have been helpful, the fact that many of patients who utilized the clinic were undocumented made video recording infeasible. The audio-recordings were transcribed using the *Express Scribe* computer program. The transcriptions constituted the corpus from which discourse was coded and tagged, allowing the fine-grained discourse analysis of consultations.

Findings

The Co-Construction of the Ailment

In what follows, we present Cynthia's separate consultations with 1) Carrie, a second language user of Spanish and first language user of English and 2) Laura, a first language user of Spanish and a second language user of English. The two consultations took place 10 days apart. The consultation with Laura was a scheduled follow-up that Carrie had recommended.

Carrie's question in turn 1 of Excerpt 1 elicits Cynthia's narrative account (Defina, 2009) in turn 2. Defina defines accounts as "recapitulations of past events constructed as responses to an explicit or implied "why" or "how" evaluative question by an interlocutor. Since accounts are given when an evaluation by an interlocutor is presupposed, they are eminently explanatory and dialogic" (p. 240).

Excerpt 1:

-
1) CARRIE;	=mkay cómo puedo ayudarle?
= <i>mkay how can I help you?</i>
2) CYNTHIA;	uhm tengo como mi rodilla la semana pasada...que se me ha inflamado demasiado esta rodilla...uhm..y me da mucho trabajo...me da mucho dolor toda de esta parte de aquí= <i>uhm I have like my knee the past week...it has gotten very swollen this knee...uhm.. and it's giving me a lot of problems..it's giving me pain in all this part here</i> =
3) CARRIE;	=los dos lados?= <i>both sides?</i> =
4) CYNTHIA;	=uhuh=
5) CARRIE;	=mhm
6) CYNTHIA;	y y la uhm..y me duele para camina:r= <i>and and it uhm..and it hurts me to wa:lk= it hurts me to wa:lk=</i>
7) CARRIE;	=(sympathetic)) aw:[uhuh]
8) CYNTHIA;	[ahorita] la tengo ((xxx, background noise)) un poquito menos [<i>right now</i>] <i>I have ((xxx, background noise)) a little less pain</i>
9) CARRIE;	uhuh
10) CYNTHIA;	pero mi #de #se #me—[<i>todos</i>] <i>but my xxx [all]</i>
11) CARRIE;	[mhm]=
12) CYNTHIA;	=se me pone así= <i>it makes me like this</i> =
13) CARRIE;	=mhm...(TSK) y:: le dañó? = <i>mhm...(TSK) a::nd did it get injured?</i>

- 14) CYNTHIA; no tuve caída nada=*I didn't have a fall nothing*=
- 15) CARRIE; =okay...ni: un:tiempo [cuando] =*okay...nor a:time [when]*
- 16) CYNTHIA; [no:]=
- 17) CARRIE; =se hace..una chueca y dice..*ay?* =*do you do..a twist and say..ay?*
- 18) CYNTHIA; hace como seis meses=*like six months ago*=
- 19) CARRIE; =mhm=
- 20) CYNTHIA; =uh me pas—me caí==*uh it hap- I fell*=
- 21) CARRIE; =yeah=
- 22) CYNTHIA; =pero me pasó aquí=*but it happened to me here*=
- 23) CARRIE; =oh okay [no dolía] [*it didn't hurt*]
- 24) CYNTHIA; [afuera no] me dolía aquí...fui a emergencias y me pusieron una...como una..ferbula.. algo así de esto [*outside no*] *it hurt me here...I went to the emergency room and they gave me a...like a.. splint.. something like this type*
- 25) CARRIE; ferbula es splint? *ferbula is splint?*
- 26) CYNTHIA; =yeah=
- 27) CARRIE; =mkay=
- 28) CYNTHIA; =como eso todo y pero por una semana no más y ya...pero no había tenido [problemas] =*like that all and but for a week no more and done...but I hadn't had any [problems]*
- 29) CARRIE; [y le dolía] después [para su:::]:::= de esta semana? [*and it hurt*] *after this week?* [*around your*]
- 30) CYNTHIA; [nuh_uh] nada= [*nuh_uh*] *nothing*=
- 31) CARRIE; =tobillo?= =*ankle?*=
- 32) CYNTHIA; =nada==*nothing*=
- 33) CARRIE; =oh [okay]
- 34) CYNTHIA; [sola]mente la rodilla [*on*] *ly the knee*
- 35) CARRIE; mhm
- 36) CYNTHIA; y—=*and*=
- 37) CARRIE; =porque cuando::..dañamos a la [tobillo] *we hurt the [ankle]*
- 38) CYNTHIA; [uhuh] =
- 39) CARRIE; =por ejemplo=
- 40) CYNTHIA; =uhuh=
- 41) CARRIE; =entonces si le duele entonces estamos caminando poco diferente==*then if it hurts then we are walking a little differently*=
- 42) CYNTHIA; =mhm=
- 43) CARRIE; =para: para proteger:= =*to: to protect*:=
- 44) CYNTHIA; =uhuh=
- 45) CARRIE; =uhuh la tobillo==*uhuh the ankle*=
- 46) CYNTHIA; =no::=
- 47) CARRIE; =no no...no estaba así==*no no...no it wasn't like this*
- 48) CYNTHIA; =no:=
- 49) CARRIE; =okay...pero ahorita le duele [en la—] =*okay...but right now it hurts [in the—]*
- 50) CYNTHIA; [ahorita] me duele...y no—lo—no puedo doblarla mucho= [*right now*] *it hurts...and no- it- I can't bend it much*
- 51) CARRIE; =aw:=
- 52) CYNTHIA; =no puedo hacer como mucho movimiento [porque] =*I can't do like much movement [because]*
- 53) CARRIE; [yeah::]=

- 54) CYNTHIA; =se pone así=*it's like this*
- 55) CARRIE; =mkay (6.0) okay (1.6) uh::m::...nunca había tenido esa clase de hinchazón de la pierna= *mkay (6.0) okay (1.6) uh::m::...you had never had this type of swelling of the leg*
- 56) CYNTHIA; =nhm_nhm=
- 57) CARRIE; =okay..uhm::había cambiado su peso? =*okay..uhm::has your weight changed?*
- 58) CYNTHIA; (1.0) n:o pienso que mucho (1.0) *I don't think much*
- 59) CARRIE; okay...(TSK) es más o menos [igual] *okay...(TSK) it's more or less [the same]*
- 60) CYNTHIA; [uhuh]=
- 61) CARRIE; =okay (H) uhm y nunca había dañado esta rodilla que apre—que acordamos?= *okay (H) uhm you had never hurt this knee apre- we agree?*=
- 62) CYNTHIA; =nhm_nhm
- 63) CARRIE; =okay good=

In turn 13 Carrie begins to co-construct (Baker and Johnson, 2000; Ochs and Capps, 1999) the account, and Cynthia rejects her contribution in turn 14. However, in turn 15, Carrie rephrases the question to which Cynthia responds “no::,” in turn 16 overlapping with Carrie.

However, in turn 17, Carrie rephrases again. Then beginning at turn 18, Cynthia informs Carrie that she was treated in the emergency room for an ankle injury six months previously but that the ankle injury was not a subsequent issue for her. In turn 34, Cynthia indicates that only the knee is an issue, but it is not clear whether the knee affected her six months earlier or not. Carrie's persistence in seeking information about a specific injury to Cynthia's knee in turns 13-34 is indicative of nailing down an answer (Matoesian, 2005) when a less powerful interlocutor shows resistance to a line of questioning.

As excerpt 1 continues in turns 37 through 45, Carrie's alternative account links the pain in Cynthia's knee to the ankle injury six months previously. However, in turn 46, Cynthia rejects this account adding emphasis with a lengthened “no::.” Cynthia demonstrates agency in co-constructing the account of the ailment.

In turn 47, Carrie shows affiliation with Cynthia's rejection by repeating the word “no.” Cynthia again states a lengthened “no” in turn 48 emphasizing her rejection of the alternative account. The exchange between patient and provider in lines 1-48 demonstrates the interactive achievement of agency as discussed by Ahearn (2001) and Al Zidjaly (2009). The patient demonstrates agency in rejecting Carrie's alternative account, and Carrie co-constructs this demonstration of agency by affiliating with the patient's rejection. The patient and provider enact a kind of power dance as described by Ainsworth-Vaughn (1995) in which Carrie cedes control to the patient.

As Excerpt 1 continues in turn 49, Carrie initiates a continuation of Cynthia's account, which redirects it in the direction of the pain.

Based on Carrie's initiation, the two together co-construct the nature of Cynthia's pain. In turn 50, Cynthia says that it hurts and that she can't bend it. Carrie affiliates with Cynthia as a person with an ailment as she says “aw:” in turn 51. Cynthia emphasizes the lack of mobility again in turns 52 and 54 when she says that she has difficulty moving the knee. In turns 49-54 the patient and provider weave their contributions together (Beach and Dixon 2001).

In turn 55 as excerpt 1 continues, Carrie states that Cynthia had not had this type of swelling in her leg before, which Cynthia agrees with in turn 56. It is important to note here that these

two interdependent contributions by Carrie in turn 55 and by Cynthia in turn 56 follow the preference organization for conversation (Sacks et al. 1974). Carrie's assertion that this had not happened before sets up a preferred agreement slot for Cynthia, making her agreement more likely. Moreover, Carrie's assertion was about swelling in Cynthia's *leg*, not in her *knee*, which could also have affected Cynthia's response.

After Cynthia and Carrie co-construct an account in which this swelling in Cynthia's knee had not occurred before, Carrie continues to question Cynthia and further co-construct the account of the ailment, but this co-construction clearly places Carrie in a position of control over the organization of the narrative as she attempts to translate the account into professional terms (Sarangi 2001) as excerpt 1 continues.

In turn 57, Carrie asks if Cynthia's weight has changed, co-constructing the account of the ailment as one that is related to weight. Cynthia indicates that it has not in turn 58. In turn 61, Carrie then asks if Cynthia had ever injured the knee before, explicitly eliciting Cynthia's agreement. The preference, in terms of conversational organization (Sacks et al. 1974), is for Cynthia to agree, which she does in turn 62. Then in turn 63, Carrie positively evaluates Cynthia's response. In turn 64, Cynthia then repeats her agreement move, which acts to emphasize her agreement with Carrie. The two have co-constructed a definitive account that pointedly does not include an injury or specific trauma to the knee.

Excerpt 2 includes the diagnosis and treatment when Carrie takes control over the co-construction of the narrative and begins instructing the patient.

Excerpt 2:

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- 64) CARRIE; (H) quiero—voy a darle otra medicamento pero quiero que toma dos veces al día [si le] (H) *I want—I'm going to give you another medication but I want you to take it twice a day [if it]*
- 65) CYNTHIA; [okay] =
- 66) CARRIE; =duele si no le duele porque esta medicamento hace dos cosas...se *baja* el dolor..y se baja inflamación= *=hurts if it doesn't hurt because this medication does two things...it lowers the pain..and it lowers your inflammation*
- 67) CYNTHIA; =okay=
- 68) CARRIE; =(TSK) entonces va a desin*flamarse*= =(TSK) *so then it's going to relieve the inflammation=*
- 69) CYNTHIA; =mhm=
- 70) CARRIE; =okay? también voy a darle una banda..[para] =okay? *I'm also going to give you a brace..[to]*
- 71) CYNTHIA; [mhm]=
- 72) CARRIE; =suportarle mejor.. buen idea que está llevando estos zapatos..okay? =*better support you..good idea that you're wearing these shoes..okay?*
- 73) CYNTHIA; mhm
- 74) CARRIE; pero..usualmente mira..una pierna..y tengo una problema con esto [también] *but..usually look..a leg..and I have a problem with this [too]*
- 75) CYNTHIA; [uhuh]
- 76) CARRIE; pero una pierna..usualmente.. abajo de la:: del:: la rodilla..está la pie *but a leg..usually.. under the: the knee..is the foot*
- 77) CYNTHIA; uhuh
- 78) CARRIE; mira sus pies *look at your feet*
- 79) CYNTHIA; (3.6)
- 80) CARRIE; okay @@=
- 81) CYNTHIA; =uhuh=

- 82) CARRIE; =entonces..y esta ocurre..a veces es..es hereditaria pero a veces cuando empieza tener poquito..uhm arthritis..en las rodillas..se mueve así= *so then..and this occurs..sometimes it's..it's hereditary but sometimes when one begins to have a little..uhm arthritis..in the knees..it moves like this*=
- 83) CYNTHIA; =uhuh=
- 84) CARRIE; =(TSK) uhm entonces estoy segura que tienes artritis...podríamos hacer rayo equis pero no va a cambiar el condición= *=(TSK) uhm so then I'm sure that you have arthritis...we could do X-rays but it's not going to change the condition*=
- 85) CYNTHIA; =uhuh=
- 86) CARRIE; =y gastamos su dinero por nada= *=and we spend your money for nothing*=
- 87) CYNTHIA; =okay=

Though the patient has not yet received a diagnosis, Carrie has determined part of the treatment of the ailment in turns 64-72. Then as the excerpt continues in turn 74, Carrie draws attention to Cynthia's legs. As Excerpt 2 continues, in turns 74, 76, and 78, Carrie provides physical evidence to support the coming diagnosis of arthritis and then diagnoses Cynthia's ailment as arthritis in turns 82 and 84 asserting that x rays are unnecessary.

As Carrie asserts her diagnosis, Cynthia expresses agreement in turns 83, 85, and 87, engaging in only minimal responses similar to what Heath (1992) observed. This diagnosis, then, positions Carrie as medical authority (Sarangi, 2001). Carrie completes the diagnosis and treatment by prescribing a knee brace, application of warm towels to the knee, light walking, a pain medication and indicates that Cynthia should return for a follow-up in one week. Though Cynthia maintains agency in co-constructing the ailment, Carrie takes control of the diagnosis and treatment.

Cynthia's consultation with Laura 10 days later as shown in Excerpt 3 is the follow-up that Carrie prescribed. This consultation begins similarly to the consultation with Carrie as Laura asks an evaluative question in turn 1, which initiates Cynthia's narrative account in turn 2.

Excerpt 3:

- 1) LAURA; @@@ dígame cómo les puedo ayudar hoy? @@@ *tell me how can I help you today?*
- 2) CYNTHIA; uhm la semana pasada vine porque tenía en la rodilla inflamada tenía dolor [y la] *uhm last week I came because I had an inflamed knee I had pain [and the]*
- 3) LAURA; [mhm]=
- 4) CYNTHIA; =doctor me dio una Medicina =*doctor gave me some medicine*
- 5) LAURA; uhuh=
- 6) CYNTHIA; =pero..me bajó la inflamación pero el dolor no me lo quita *but..the inflammation went down but the pain didn't go away*
- 7) LAURA; no se lo quitó? *it didn't go away?*
- 8) CYNTHIA; no:=
- 9) LAURA; =le: uh la medicina que dio fue Naproxen? =*i: uh the medicine that she gave you was Naproxen?*
- 10) CYNTHIA; sí yes
- 11) LAURA; sí: estuve leyendo sus notas antes de entrar acá y: *es I was reading your notes before I came in here*
- 12) CYNTHIA; mhm
- 13) LAURA; entonces: uhm: (TSK) antes estabas tomando Ibuprofen verdad? = *so: uhm: (TSK) you were taking Ibuprofen before right?*
- 14) CYNTHIA; =mhm=

- 15) LAURA; =entonces ahora veo que dice Ibuprofen y Naproxen...estás tomando los dos? *so now I see that it says Ibuprofen and Naproxen...are you taking both?*
- 16) CYNTHIA; no me dio en la [(xxx)] *she didn't give it to me in the [(xxx)]*
- 17) LAURA; [excelente] = *[excellent]*=
- 18) CYNTHIA; =que me tomara..uh mínimo dos diarias =*it's that I will take..uh two daily at minimum*
- 19) LAURA; okay (Hx) excelente porque en: son de la misma familia...no [puedes] *okay (Hx) excellent because in: they are from the same family..you [can't]*
- 20) CYNTHIA; [mhm]
- 21) LAURA; tomar los dos en las mismas veces...uno o el otro...muy bien= *take the two at the same time...one or the other...very good*
- 22) CYNTHIA; =mhm=
- 23) LAURA; =entonces voy a sacarlo acá Ibuprofen le voy a sacar de las medicinas existentes (.7) removal porque sí...cuando tomas el Naproxen..no tomas Ibuprofen...si tomas Ibuprofen no tomas Naproxen=*so I am going to remove the Ibuprofen here I am going remove the Existing medicines (.7) removal because yes...when you take the Naproxen...don't take Ibuprofen...if you take Ibuprofen don't take Naproxen=*
- 24) LAURA; =el otro pero no la misma vez (.9) hm kay (TSK) entonces..se te quitó hinchazón pero siga el dolor? *=the other but not at the same time (.9) hm kay (TSK) so..the swelling went away but the pain continues*
- 25) CYNTHIA; sí...constantemente dolor no me deja toda esta parte de aquí...n::: eh—no me no me parara para nada *yes pain constantly it doesn't leave me alone this whole part here n::: eh- it won't it won't stop for anything*
- 26) LAURA; mhm (1.0) y..cuándo empezó esto? *mhm (1.0) and..when did this start?*
- 27) CYNTHIA; hace como: (1.0) unos trece días..más o menos *like (1.0) about thirteen days ago..more or less*
- 28) LAURA; (1.0) okay...pero uhm Naproxen (1.3) okay (2.2) te caíste [no más] (1.0) okay...but uhm Naproxen (1.3) okay(2.2) you fell *[nothing more]*
- 29) CYNTHIA; [mhm]=
- 30) LAURA; =en la rodilla nada? *=on the knee nothing?*
- 31) CYNTHIA; no más de repente me empezó..a doler y a ponerse así demasiado demasiado demasiado *not more than suddenly it started..to hurt me and to get like this so much so much so much*
- 32) LAURA; mhm..hinchada? *mhm..swollen?*
- 33) CYNTHIA; uhuh demas[iado] *uhuh so [much]*
- 34) CYNTHIA; mhm levántalo y agua tibia o que sea usar ((xxx)) la banda *mhm I elevated it and warm water or whatever to use ((xxx)) the brace*
- 35) LAURA; mhm (.7) sí veo que tienes [(xxx)] @@@@ *mhm (.7) yes I see that you have [(xxx)] @@@@*
- 36) CYNTHIA; [sí tengo ((@xxx@)) la banda] *[yes I have ((@xxx@)) the brace]*
- 37) LAURA; [@@@]
- 38) CYNTHIA; [uhuh]=

In turns 2, 4, and 6, Cynthia gives her account of Carrie's consultation, which basically encapsulates the notion that Cynthia is still in pain. Laura places emphasis on the fact that the pain did not go away in turn 7. As excerpt 3 continues, Laura begins to address the pain medication that Carrie prescribed in turn 9. She indicates in turn 11 that she had read Carrie's notes, linking the previous consultation to the current one, which then allows her to index artifacts from the previous consultation.

In turns 12-23, Laura and Cynthia co-construct a narrative account depicting medications that Cynthia is taking. Cynthia bases her co-construction of the account on her experience in the consultation with Carrie as well as the past 10 days. Laura bases her co-construction on the artifact from Carrie's consultation in the notes on the computer and then removes the medication artifact from the computer. Laura strips both Carrie and Cynthia of agency as she

takes control over not only Cynthia's future medication but also the artifact left by Carrie. In this sense, she becomes the ultimate gatekeeper (Trinch 2007).

In the continuation of excerpt 3 in turn 24, Laura then repeats in question form the indication that the swelling went away but the pain remained. In turn 25, Cynthia affirms this, which follows conversational preference organization since Laura's question is set up to elicit agreement. Cynthia also continues in turn 25 to explain the nature of the pain, emphasizing the consistency of the pain.

In turn 26, Laura asks when it started. Cynthia indicates in turn 27 that the problem started about thirteen days earlier. In turn 30, Laura asks if she simply fell on the knee or if anything else happened. The phrasing of this question is somewhat unclear, however. It seems as though Laura tries to determine if Cynthia fell on the knee. However, the question is really asking for two pieces of information. It is asking if she fell on the knee and if anything else happened. Cynthia's answer in turn 29 follows preference organization as Laura's question is set up to elicit agreement, but it is not clear which question Cynthia is answering. In turn 31, Cynthia indicates that the knee suddenly started hurting. It seems that Laura may have uptaken a notion here that Cynthia's knee pain was caused by a fall thirteen days previously since no repair work happens. Then in turn 32, Laura completes Cynthia's account, contributing "hinchada?" (swollen?), which Cynthia affirms in turn 33. This co-constructed account seems to indicate that Cynthia's knee problem was caused by a fall thirteen days previously, which resulted in sudden pain and swelling. This is not consistent with the account she co-constructed with Carrie.

As excerpt 3 continues, Cynthia explains the home treatment that Carrie prescribed. In turn 34, she indicates that she had been elevating it, treating it with warm water and wearing the brace. It is interesting that Laura laughs as she mentions that she sees the brace in turns 35 and 37. In turn 36, Cynthia also laughs.

It was not unusual for Laura to laugh as she talked to patients in her consultations. However, the extent of her laughter and its association with the brace seem to indicate a mocking tone. This seems even more probable because she does not include the brace as part of the treatment she later prescribes. Cynthia's laughing in combination with her repetition of the assertion that she is wearing a brace in turn 36 suggests that she is showing affiliation with Laura. At this point in the conversation, it would be a disaffiliative move on Cynthia's part if she were to indicate that the brace was actually helpful rather than trivial or even silly as Laura constructed it.

As the consultation continues, Laura suggests a treatment explicitly contrasting her recommendations with Carrie's. In excerpt 4, Laura notes the changes to the treatment, but she does not explicitly diagnose the injury.

Excerpt 4:

-
- 39) LAURA; = @: (2.6) okay (.5) entonces..eh me gustaría hacer unos: cambios pequeños...uhm (TSK)..está bien que continúes con el Naproxen..eh te voy a cambiar a quinientos miligramos en vez que tres ciento cincuenta miligramos= @: (2.6) okay (.5) so then..eh..I would like to make some: small changes...uhm (TSK)..it's good that you continue with the Naproxen.. eh I'm going to give you five hundred milligrams instead of three hundred fifty milligrams=
- 40) CYNTHIA; =mhm=
- 41) LAURA; =uh:: esto sería el primero lo segundo es que no quiero que hagas con agua caliente= =uh: :this would be the first thing the second is that I don't want you to do it with hot water=
- 42) CYNTHIA; =oh=

- 43) LAURA; =o tibia =*or warm*
- 44) CYNTHIA; mhm=
- 45) LAURA; =quiero que sea agua fría =*I want it to be cold water*
- 46) CYNTHIA; okay=
- 47) LAURA; =el agua fría y si es posible con hielo= *=cold water and if it's possible with ice=*
- 48) CYNTHIA; =mhm=
- 49) LAURA; =o ma—el hielo es un.. antiinflamatorio natural =*o ma—the ice is a natural anti-inflammatory*
- 50) CYNTHIA; mhm=
- 51) LAURA; =okay? entonces normalmente.. nhm..es ayudar para quitar un poco más de la hinchazón= *=okay? so then normally.. uhm..it's to help stop the swelling a little=*
- 52) CYNTHIA; =okay?
- 53) LAURA; =okay? eh—usa el hielo más o menos unos dos semanas...después de dos semanas puedes cambiar con caliente de nuevo =*okay? eh—use the ice for more or less two weeks...after two weeks you can change back to the hot again*
- 54) CYNTHIA; mhm=
- 55) LAURA; =entonces frío...vamos a subir el Naproxen... también te voy a dar un orden para un x-ray para mira que está haciendo con eso...no lo tienes que hacer.. solo lo haces si es que..acaban los dos semanas y ((xxx))= *=so then cold...we're raising the Naproxen... I'm also giving you an order for an X-ray in order to see what is doing this...you don't have to do it..only when you finish these two weeks and ((xxx))*
- 56) CYNTHIA; =okay...mhm=
- 57) LAURA; =okay?=
- 58) CYNTHIA; =mhm
- 59) LAURA; (TSK) alguna pregunta? (TSK) *any questions?*
- 60) CYNTHIA; no
- 61) LAURA; no? (TSK okay (1.0) y lévalo como te dijo el resto siguiente con el levar...uh ella eso puso acá ejercicio: liviano?= *no? (TSK) okay (1.0) and raise it like she said the rest continue with the raising...uh she put here light exercise?=*
- 62) CYNTHIA; =uhuh=
- 63) LAURA; =uh: prefiero que descanses lo más que puedas= *=uh: I prefer that you rest as much as you can=*
- 64) CYNTHIA; =oh okay=
- 65) LAURA; =si puedes hacer tus actividades caminar pero no quiero que estés una hora de ejercicio...nada de eso no por ahorita =*if you can do your activities walking but I don't want it to be an hour of exercise... none of this for now*
- 66) CYNTHIA; okay=
- 67) LAURA; =después regreses al ejercicio= *=afterwards you can return to exercising=*
- 68) CYNTHIA; =mhm=
- 69) LAURA; =por ahora más..más liviano... quiero que lo— descanses [lo más] *right now more..more light...I want you to rest [as much as]*
- 70) CYNTHIA; [okay]=
- 71) LAURA; =posible= *=possible=*
- 72) CYNTHIA; =mhm
- 73) LAURA; (TSK) okay? alguna otra pregunta?= (TSK) *okay? another question? =*
- 74) CYNTHIA; =no=
- 75) LAURA; =no? (TSK) okay..me das unos cuantos minutos ya regreso= *=no? (TSK) okay..give me a few minutes I'll be back=*

Laura makes recommendations for treatment in turns 41, 43, 45, 47, 49, 51, and 53. In turn 42, Cynthia says, “oh,” an expression that indicates surprise. However, in the following turns, Cynthia complies by making agreement moves. In turns 66 and 68 Laura indicates

that the ice will alleviate the swelling. Cynthia responds in turn 52 to Laura's explanation with a query, which seems to indicate that she is uncertain about Laura's recommendation. In turn 53, Laura then explains the use of ice, positioning herself as expert and her patient as novice in recommending treatment as she does not enquire as to whether the heat actually helped the patient.

In the continuation of excerpt 4 beginning at turn 55, Laura provides the treatment but not a diagnosis.

In turn 61, Laura explicitly indexes Carrie and questions the light exercise aspect of the treatment Carrie prescribed. She then changes Carrie's treatment suggestion and indicates that Cynthia should rest rather than exercise, which Cynthia ratifies. In this excerpt, Laura takes control of the narrative (DeFina 2009). It is important to notice here that Laura controls the co-construction the narrative, which erases Carrie's input as a co-diagnostician and ensures that Cynthia's lived experience with the treatment Carrie prescribed is never revealed. In turn 75, Laura closes the consultation.

One important point here is that Cynthia does not get a specific diagnosis from Laura. She only receives a treatment. The lack of information about a diagnosis positions Laura as a gatekeeper (Trinch, 2007) as she controls access to that information. Throughout the consultation, Cynthia shows little agency while Laura cedes control.

Conclusion

For the most part, as Carrie and Cynthia negotiate the cause of the ailment, Cynthia's natural attitude toward the ailment interacts with Carrie's medical authority as she translates the personal into professional terms (Sarangi 2001). Therefore, the two perform a "power mitigation dance" (Ainsworth-Vaughn 1994) and an interweaving of information from the provider and the patient.

However, in the follow-up consultation with Laura, the embedded power asymmetry hides Cynthia's lived experience that shaped Carrie's diagnosis of arthritis (Sarangi 2008). Laura's display of control demonstrates a lack of affiliation with Cynthia's narrative (Stivers and Heritage 2001). Instead, the power asymmetry reflects what Ochs and Capps (1999) describe as a human need for control, tipping control into Laura's favor, which prevents Cynthia from fully narrating her life experiences. The consultation with Laura reveals an asymmetrical power relationship in which Laura, as a gatekeeper, controls the construction of the ailment and the treatment.

These data indicate that it is important to consider that meaning conveyed through narrative accounts are subject to the power dynamics at play between the narrator and the listener who may or may not take an active role in co-constructing the account. Carrie and Laura define Cynthia's ailment differently (Baker and Johnson 2000). These differing definitions of the ailment seem to be based in the narrative that is co-constructed within the consultation.

Moreover, we find that Cynthia maintains stronger agency in her consultation with Carrie than with Laura (Ahearn 2001; Al Zidjaly 2009). The degree of agency that Cynthia demonstrates is directly related to the degree of control the provider relinquishes in the process of co-constructing the reality of the patient's medical issue. Therefore, it is important to consider the relationship between patient agency and provider control, and particularly related outcomes of the medical consultation. As powerful participants, it seems that providers must take responsibility for allowing and affirming patient agency by engaging with patient accounts and asking questions in ways that leave the patient space to continue accounts including agreeing or disagreeing with the provider. Skill in eliciting patient

accounts can allow providers “to probe beneath the veneer of the events that affect (patients)” (Ochs and Capps, 1997, p. 15). In this regard, our data indicate that the degree patient agency and provider relinquishment of control in medical consultations may lead to differential health outcomes.

The data presented in this paper reveal how different providers interacting with the same patient can result in differently co-constructed narratives that then result in different articulations of symptoms, diagnoses, and treatments. Therefore, not all medical consultations are equal as patient accounts become differentially woven into the patient-provider co-construction of the reality of the patient's ailment.

Transcription Conventions

1. Turn Sequence	Left to right and top to bottom order
2. Overlap	[]
3. Hold (short closure/pause)	
4. Pause, untimed	
5. Timed Pause	(1.0)
6. Truncated word	wor-
7. Laugh	@
8. Laugh voice	@word
9. Inhale	(H)
10. Exhaled release	(Hx)
11. Utterance final question	?
12. Emphatic	<u>word</u>
13. Unintelligible string	((xxx))
14. Uncertain word	#word
15. Linked utterances	

Adapted from Du Bois (2005)

Acknowledgments

Funding

This research was supported by a grant from the National Institute of Nursing Research (1R15NR010630-01A1).

Biography

Caroline H. Vickers is Associate Professor of Linguistics in the English Department at California State University, San Bernardino, USA. Her research interests include discourse analysis, health disparities, language and identity, and medical discourse.

Department of English, California State University, San Bernardino, 5500 University Parkway, San Bernardino, CA, 92407, U.S.A.

Ryan Goble is a student in the Applied Linguistics/Teaching English as a Second Language track of the M.A. Program in English Composition at California State University, San Bernardino, USA. His research interests include sociolinguistics and linguistic approaches to health research.

Department of English, California State University, San Bernardino, 5500 University Parkway, San Bernardino, CA, 92407, U.S.A.

Christopher Lindfelt is Assistant Professor of Healthcare Management and Health Services Administration at California State University, San Bernardino, USA. His research interests primarily focused on health disparities, brain health, the aging population, as well as current trends in long-term care.

Department of Health Sciences and Human Ecology, California State University, San Bernardino, 5500 University Parkway, San Bernardino, CA, 92407, U.S.A.

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