Title: Delicate matters in the exam room **(A/V request: PC Data Projector)**

Authors: Abdesalam Soudi, Jeannette South-Paul, Lauren Hasek
University of Pittsburgh

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E-mail questions to: soudia@pitt.edu

Discussing personal topics is always difficult, but in medical visits, the stakes are infinitely higher. Since childhood we have been conditioned not to talk about certain things, yet in the doctors' office we must do so, and must speak honestly and openly about the most intimate functions, and most intimate failures of our bodies. How do patients overcome such inhibitions to speak about these things? How do physicians elicit such complaints and make the exam room comfortable for patients?

Our research has shown that in medical contexts, patients use various linguistic resources such as pre-announcements, misplacement markers, vocal hiccups, and other pre-sequencing material to overcome embarrassment when introducing such topical material. The segment below is extracted from video-recorded interviews collected at the University of Pittsburgh Medical Center, and illustrates one such example. In preparation for closing, Dr. Spire confirms where John went for physical therapy (lines 65-66) prior to issuing a prescription and terminating this visit (67):

65-Dr. Spire: You went to Shadyside, right?
66-Pt. John: Yes.
67-Dr. Spire: Ok. I don't think we're going to have time to, to talk about the, the thing that's going on with your scrotum today, but we can have you come back in a couple of weeks and sorta recheck on how your legs are doing, and, and plan to address that <at that time>=
68-Pt. John : = now, u:m, I know you asked me the last time I, I was here, you asked me if I wanted to (0.5) (sigh, sigh) take the, um, Viagra=
69-Dr. Spire: =mmhmm?=
70-Pt. John: =Is that still possible?//Can I still take Viagra with the medication that I'm taking?
71-Dr. Spire: //Um-hmm
72-Dr. Spire: Uh…I don't –let me look here.mmm. (0.10) Did we: (0.03) I see coronary artery disease…

However, John intercepts the course of the closing and subsequently adds a new concern "non-collaborative sequence" (line 68) expressing his need for Viagra®, which re-opens the conversation. The patient's pre-announcement that he has more questions to ask communicates in this circumstance that the projected question concerns a delicate matter. John hesitantly implies joint ownership of the topic by giving evidence of the recent and shared history of the upcoming concern "*now, u:m, I know you asked me the last time I, I was here, you asked me..*", avoiding exclusive authorship and responsibility over raising this matter now.

In this paper, we will discuss this example and others like it, using conversation analysis methodology, face and privacy theories (1-4) to explore some of the reasons why patients might withhold disclosing personal issues. We will also examine the socio-pragmatic dynamics through which patients and physicians share and attend to delicate topics. Additionally we will discuss how physicians can create safe spaces for patients to disclose personal concerns and how medical students could be better trained to elicit and address such matters. Lastly we will discuss how the disclosure of personal information within a healthcare setting fits into Petronio's theory of communication privacy management (CPM), outside of mandated laws such as HIPPA.

References

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