A DOCTOR'S BODY WORK
An exploratory exercise[1]

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In CA-oriented studies of doctor-patient interaction, most attention has been given to verbal/vocal aspects of the transaction. In a few cases (Frankel, 1983; Heath, 1986, 1988, 1989), visual aspects have also been investigated. Most of the latter studies have concentrated on the physical examination an/or on bodily displays of attention, availability or recipiency. It is especially the patient's body, which is in focus.

In this paper, however, I consider the 'body work' done by a doctor, a Dutch GP, by examining one episode from a videotape of a consultation in which the main focus of the interaction is verbal. The parties 'just talk', there is no physical examination, no touch at all. It has been observed that, in a physical examination, the participants often seem to collaborate in a kind of 'objectivation' of the body, in the sense of dis-attending the social and personal meanings of the body and its manipulation (cf. the quoted studies by Frankel & Heath). In the present instance, however, one might say that the issue is a kind of 'subjectivation' of the problem. Therefore, my research topic is how the doctor's 'body work' may contribute to such a 'subjectivation'.

To start, I will summarize the 'story' of the consultation from beginning to end. In so doing, I want to build a case for my reading of the doctor's work in the consultation as 'subjectifying'. This reading is based on an examination of the verbal interaction. To substantiate this overall reading in some detail, I will present the verbal transcript of one episode and point out how I see him doing 'subjectifying work'. Then I propose to look at the visual realization of this episode, after which I will discuss some features of the observed action. A few methodological remarks will round off the discussion.

The story

The consultation does not start in the usual fashion. The patient, an elderly lady, announces that she comes again to 'bother' the doctor, who says he will 'prepare for it'. When she is seated, he announces his good news on test results, as 'a counterattack', and jokingly adds that apparently there is nothing wrong with her. She, however, starts to present a series of complaints, including lack of appetite, tiredness, and sleeping problems. On the one hand, he supports her with minimal responses, but on the other, he uses formulations and prompts to suggest alternate perspectives on what she is saying. For instance, when she tells him her husband dislikes the fact that she hardly eats, he asks whether she would like to eat more for her husband's sake, to stop his nagging about it. He also adds that eating less has positive sides too. In so doing, he switches attention from the complaints to the complaining. When she talks about her sleeping problems, she mentions she needs sleeping pills because she worries a lot about her adult son.

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At the doctor's invitation, she gives a lengthy account of the latter's behavior, which is very unkind to her. The doctor supports her with minimal responses, prompts, and formulations, which encourage her to experience and express her bad feelings about the situation. Her husband, however, is reported to have a different attitude. He refuses to take a stand and seems to dislike her emotionality. The doctor not only displays his understanding, but also suggests, that both the bad feelings and the fact that she cannot express these, contribute to her physical complaints. She resists his encouragements to express herself by pointing to the fact that her family would not accept her expressions and that she has never been able to 'talk' with her husband about her worries. She concludes by saying that the doctor can try to convince her husband himself, because he will consult next. And she adds a request for a new prescription for sleeping pills, which is granted.

Subjectivation work

I would suggest, that the doctor works to 'subjectify' the issue in several ways. The groundwork for this, is that he accepts and supports her complaints and feelings as she tells them. He also incites her to go further than she has done so far, by upgrading her formulations and encouraging her to express herself more openly. This is a kind of 'boosting'[2]. In the process, he has de-focused her body and re-focuses the relational network, and the stand she takes in it. Minimal responses, prompts and formulations are the major verbal means he uses.

The doctor's visual action can be glossed as follows. He switches between looking at the patient and at her record card, which he has before him on the desk at which he sits at 45°. The direction of his glance and his talking or listening are not related in a straightforward fashion. Quite often a sudden glance at her suggests a more intense quality of the interaction, while he looks at his desk during quieter episodes. Sometimes the glancing direction switches very fast, while there are also more stable episodes. A sudden glance seems to function as an emphasizing move, stressing the current contribution by displaying his attention to her, while it also enables him to monitor her facial expression and the effect of his words on her.

A second aspect of the doctor's body work concerns, on the one hand, an expressive underlining of his verbal contributions by head movements, facial expressions and posture, and, on the other, bodily displays of his reception of her tellings, through noddings and head shakes, combined with (or instead of) vocal minimal responses, smiles with his ironic contributions, serious looks during her complaining, surprise looks, etc. The body is used as a kind of running commentary and support device for the verbal interactional stream, both in a formal-sequential and an intrinsic-expressive fashion.

A third aspect of the doctor's body work is more or less clearly 'iconic'. He sometimes makes gestures that strengthen his verbal message by providing a kind of image of it. One clear instance is the moment he makes a gesture of counting money, to indicate his skeptical reading of the patient's son's motivation

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[2] See, for example, in extract 1 in the Appendix: line 157 for an upgrade, lines 168-9 fora formulation of the patient's feelings.

for visiting his mother (163)[3][4]. There are also other occasions, as when the doctor makes a kind of turning hand movements in the area of his solar plexus, to indicate her complex feelings, their expression or, on the contrary, the fact that she hoards them up (168). He also makes wild hand movements to illustrate the expressive 'blowing off', which he advocates (440-1).

One episode - vocally

Referring to the transcript given in the appendix (Extract X), I will now illustrate these general claims with a more detailed examination.

Just preceding the start of the episode, the doctor has confronted the patient with the fact that her husband, if he does not allow her to express herself, contributes to her suffering. At the start of the episode she rejects the implication that she would have to turn against her husband for what her children do to her, referring to their long marriage and their good life together.

The doctor contradicts her softly (435, 436), suggesting that she should tell her husband that she is so angry with him, i.e. her son, that she needs to 'blow off' (steam) (437-440), adding the sounds I have transcribed as "—BWA:H! BWA:H! bwah! bwah!" to it (441).

To this the patient objects, saying that, in that case, he, i.e. her son, would not visit her any more, and that, consequently, she would no longer see her grandchildren (442-445). The doctor immediately repairs the apparent misunderstanding, by making it clear that he did not mean to have this 'blow off' to take place in the presence of her son, but as an 'as-if'-expression, anywhere (447-54). His account for this suggestion (455-466), refers to her 'hoarding' of her emotion to the effect that only a small pressure suffices to have her to express these. The patient endorses this picture of her situation (457, 463, 465). The doctor adds that she should do this, i.e. expressing herself, at home also, not 'against' her husband, but with him attending, which might result in him gaining a better understanding of her feelings (468-472).

The patient, however, claims that she has never been able to talk with her husband, about 'anything' (474-477). After this episode she elaborates this fact that she has restrained herself in this respect throughout her marriage, after which the doctor re-invokes his suggestion.

And visually

During the first few lines of the episode, the doctor looks quietly at the patient with an expression of surprise. Just before he produces two hardly audible negative minimal responses (435, 436), he looks away, then shakes his head with these responses. During the next four lines, he gestures with his left arm and hand, producing 'visual stress' on "man" (*husband*, 0437), the first syllable of "—luisteren" (*listen*, 0438), "—zo" (*so*, 0439) and "—nou" (*now, at this moment*, 0440). During the "—BWA:H! BWA:H! bwah! bwah!"-voicing (0441), the doctor gesticulates with both arms, lifting each in turn high

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[3] The numbers between parenthesis refer to lines in the extracts that can be found in the appendix.

[4] By the way, as has been observed by others, we can see here how such an 'iconic gestures' precedes the verbal expression of the same message (cf. Schegloff, 1984)

above his head, reaching their highest point when a "bwah!"-sound is made. In the mean time, the doctor has returned his gaze at the patient at the end of line 439, turned away again, just before the "bwah!"-episode (440/441), to regain gaze in the middle of it.

During the patient's objection in lines 442-445, the doctor quietly gazes at her, but during his subsequent talking in lines 447-472 he gesticulates constantly. Some of this involves 'pointing gestures' in various directions (lines 447-453), followed by gestures in which the hand is moved from the body outward, as with "—goed" (*really*, 454) at a distance from the chest, "—zo" (*so*, 455), from the plexus, and from "hier" (459) until "—TIP:S" (460), first staying at the plexus and then moving outward. For the rest of the episode, the doctor continues to use hand movements to support vocal stresses. During this period the doctor looks at the patient almost continuously, except for some very short glances away.

An obvious function of the visual 'work' of the doctor during this episode is to display his serious and quiet attention to her speech, when she objects to his suggestions or reflects on her inability to talk with her husband. During his own speech, his glancing, facial expression and especially his gesticulating, seem to function to hammer the massage home with great intensity, accenting the essential elements and creating gesticulatory images of what he is trying to bring across regarding the hoarding up of emotions and blowing off steam.

Problems of description

In this discussion, I have used various means to 'describe' the phenomena, I wanted to deal with. I have used the established Jeffersonian means to render the vocal part, but for the visual actions I have used expressions that 'glossed' the phenomena in a rather loose way. The problem of description of visual action breaks down in a number of parts. One of these is the fact that the action, such as gesticulating, passes off rather quickly. I used both the *repeat*, the *freeze* , and the *slow motion* facilities of my VCR to get the detailed visual information I thought I needed for my analysis. Here is one sample of what I produced:

0436 A °nee°
0436 A: (no)
1

0437 A >u kan toch tegen uw man zeggen<=
0437 A: you can say to your husband
2

0438 A =>moei-je-es-—luisteren<=
0438 A: listen
5

0439 A =>ik word —zo kwaad op 'm<=
0439 A: I get so angry at him
7

0440 A =>ik moet —nou es even< ¯afblazen
0440 A: I have to let off steam for a moment
10 *14*

0441 A (—BWA:H! BWA:H! bwah! bwah!)
*15--------**16**17-------*

0442 P —ja maar dokter=
0442 P: yes but doctor

1 shakes head slightly, looks outside
2 raises LA (=left arm)
3 moves LA away from his body
4 raises LA until 45°
5 moves LH (left hand) from his body and downward, turns LP (left palm) away from himself
6 raises LH still further, turning LP toward himself, forearm nearly in vertical position
7 moves LH away from the head
8 moves LH back and looks again at P
9 lowers LH until flex
10 raises LH again
11 LH a bit further away from the face, spreads his fingers
12 keeps LH stable
13 lowers LH until it is horizontal
14 raises RH, tilts his head slightly to the right, shifts his gaze slightly away from P.
15 brings his hands alternating above his head
16 re-gazes P
17 again raises his hands alternating above his head
18 lowers RA until it is horizontal
19 LA stays down, both arms resting, RA on the desk, LA on the arm of the chair

When I had made these descriptions, I tried to coordinate these with the transcription of the vocal part, but as can be seen above, I succeeded only in part. One reason for this was that my VCR turns off the sound when going in slow motion. So I could only try to 'connect' the two parts when the machine was running at normal speed. This was easiest for those instances in which body movements and vocal stress occurred together.

Even apart from this timing problem, however, I was rather unhappy with the *slow motion* based descriptions themselves. They were cast in a framework of identifiable, segmented 'movements', rather than invoking the stream of visual 'action', I saw when the VCR was running at normal speed. Of course, I was also lacking training in close visual observation, and a 'choreographic' language for body movements. I could have spent more time on aligning at least part of the visual actions, such as gaze, to the vocal transcript (cf. Goodwin, 1981; Heath, 1986; Heath and Luff, 1993). But I do feel that it still will be hard to bridge the gab between the technical description of movements and the interpretive rendering of action streams.

Technical descriptions are useful to analyze isolated aspects of action streams, such as gaze direction. But, apart from showing the videotape, or even better, adding a series of *frame grabs* to a paper like

this, 'loose glosses' are for the moment inevitable to get at least some idea of what 'body work' involves[5].

To conclude

What I have presented is best considered as an exercise, a first effort, on my part, to take visual action seriously. From a larger ethnomethodological stance, objections have been raised against CA's 'technical' analyses as being restricted and so much focused on some organizational aspects of talk-in-interaction, i.e. sequencing, that a CA rendering of a doctor's work tends to become 'absurd' (Bjelic and Lynch (1992: 54, and especially: 76, note 3).

In the case of the consultation under discussion, I do not think that the doctor's practical-professional reasoning is so opaque that one should be a trained doctor in order to understand it. Of course, just viewing the tape one lacks the knowledge of their history together which doctor and patient share. The overall strategy of the doctor seems clear enough, so I think that the 'unique adequacy requirement' does not pose too high a barrier here. What I have been trying to do is to include as much of the 'scenic' information in my analysis as I could. As a 'base line', sequential analysis seems to me to be a perfect instrument - as is the Jeffersonian transcription for rendering the vocal part - but I have tried to extend my understanding of the interactional stream to get a less restricted picture. My 'results', however, are still rather limited indeed.

APPENDIX

Extract 1

0155	P	't<u>i</u>s en blijft toch —mijn —z<u>oo</u>n=
0155	*P*	*he is still my son isn't he*
0156	P	=nou heb ik een —z<u>oo</u>n=
0156	*P*	*well I do have a son*
0157	A	=—<u>EI</u>genlijk () gedraagt ie zich als een —r<u>o</u>t‾zak.
0157	*A*	*actually () he behaves like a bastard*
0158	P	>nou dat heb ik —<u>oo</u>k gezegd<=
0158	*P*	*well that's what I have said*
0159	P	=>je bent een< —gr<u>o</u>te —h<u>ui</u>che‾laar.
0159	*P*	*you are a real hypocrite*
0160	P	als —j<u>ij</u> h<u>ie</u>r komt,
0160	*P*	*when you come here*
0161	P	als jij —n<u>ie</u>t >aan je familie gehecht ben<=
0161	*P*	*while you are not attached to your family*
0162	P	=>wat kom je dan —d<u>oe</u>n<.
0162	*P*	*what are you coming for*

[5] For an extensive description of various aspects of the collection and analysis of visual data, see Goodwin (1993).

0163 ()
0164 A heb-ie al ge—zegd.
0164 A he did say so already
0165 P —jà.
0165 P yes
0166 A voor —dattum.
0166 A for you-know-what
0167 P —jà. —nou.
0167 P yes well
0168 A >en dan krijgt u —nog het gevoel van<
0168 A and then you still have the feeling of
0169 A moet ik als moeder dat soms ¯doen.
0169 A should I do that as a mother
0170 P ja pre—cies.
0170 P yes exactly
0171 A hmhm

Extract 2

0428 P: ja —god ik- >eh moet-u-—horen<=
0428 P: yes god I- uh listen
0429 P: =>ik ben —zes-en-dertig jaar ge—trouwd<=
0429 P: I've been married for 36 years
0430 P: =[we hebben een fijn —le[ven samen
0430 P: [we have a good life [together
0431 A: [(°ja°) [(°ja°)
0431 A: [(yes) [(yes)
0432 P: en dan zou ik uit—eindelijk wat=
0432 P: and then I would finally take what
0433 P: =wat de >—kinderen —doen op m'n —man<=
0433 P: the children do out on
0434 P: =>¯af moeten rea[¯geren<=
0434 P: my hus[band
0435 A: [(°nee°)
0435 A: [(no)
0436 A: (°nee°)
0436 A: (no)
0437 A: >u kan toch tegen uw man zeggen<=
0437 A: you can say to your husband
0438 A: =>moei-je-es-—luisteren<=
0438 A: listen
0439 A: =>ik word —zo kwaad op 'm<=
0439 A: I get so angry at him
0440 A: =>ik moet —nou es even< ¯afblazen
0440 A: I have to let off steam for a moment

0441 A: (—BWA:H! BWA:H! bwah! bwah!)
0442 P: —ja maar dokter=
0442 P: yes but doctor
0443 P: =>wat —krijg ik dan<=
0443 P: what do I get then
0444 P: =>dan —komt-ie niet meer<=
0444 P: then he will not come anymore
0445 P: =>en dan zie ik m'n —kleinkinderen —ook ¯niet<
0445 P: and then I will not see my grandchildren either
0446 (.)
0447 A: >als-ie —weg is<.
0447 A: when he's away
0448 A: —nu! van ( )
0448 A: now! like ( )
0449 A: —straks!
0449 A: in a moment!
0450 A: >als u —thuis ¯bent<=
0450 A: when you're at home
0451 A: =>dan doet u net of de —deur<
0451 A: then you act as if the door
0452 A: =>of weet-ik-het-wat<=
0452 A: or whatever
0453 A: =uw —zoon is=
0453 A: is your son
0454 A: =en u zegt hem es —goed de ¯waarheid=
0454 A: and you tell him really the truth
0455 A: =want u kropt het —zo op,
0455 A: because you are bottling it up so much
0456 A: 'hh u zegt >—niemand —luistert naar me<
0456 A: 'hh you say nobody listens to me
0457 P: [( ) [( )
0458 A: [en ik >merk [dat (het —echt)<
0458 A: [and I see [that (it really)
0459 A: dat u hier met —zo'n berg —zit,
0459 A: that you are sitting here with such a pile
0460 A: (dat u —TIP:S >je hoeft maar<-
0460 A: (that you TIP:S) you just
0461 A: te —drukken,
0461 A: have to press
0462 A: en >(dan) komt (de boel er) —uit he?
0462 A: and the stuff comes out right?
0463 P: jà.
0463 P: yes
0464 A: >dus dat heb [je<
0464 A: so that's what you [have
0465 P: [dat —weet ik ¯wel.
0465 P: [I do know that

0466 A: —al >die tijd opge<¯froten —ja
0466 A: been swallowing right?
0467 (.)
0468 A: >—gooi dat er thuis —ook es —uit.<
0468 A: throw it out at home also for a change
0469 A: niet —tegen uw man:,
0469 A: not against your husband
0470 A: maar —wel waar ie —bij is.
0470 A: but in his presence
0471 A: misschien
0471 A: maybe
0472 A: gaat ie u dan beter be—grijpen —hoe
0472 A: he will be able to understand you more how
0473 ()
0474 P: moet u —horen,=
0474 P: listen
0475 P: =ik- zo—lang als ik getrouwd ben met m'n man=
0475 P: I- as long as I've been married with my husband
0476 P: =heb ik —nooit met 'm kunnen ¯praten=
0476 P: I have never been able to talk with him
0477 P: =ergens over.
0477 P: about anything

REFERENCES

Bjelic, D., M. Lynch (1992) 'The work of a (scientific) demonstration: respecifying Newton's and Goethe's theories of prismatic color'. In: G. Watson, R.M. Seiler, eds. *Text in Context: Contributions to ethnomethodology*. London: Sage: 52-78

Frankel, R.M. (1983) 'The laying on of hands: Aspects of the organization of gaze, touch, and talk in a medical encounter'. In: Fisher, S., A. Dundas Todd, eds. *The Social Organization of Doctor-Patient Communication*. Washington, D.C.: Center for Applied Linguistics: 19-54

Goodwin, C. (1981) *Conversational organization: interaction between speakers and hearers*. New York: Academic Press

Goodwin, C. (1993) 'Recording human interaction in natural settings', *Pragmatics* 3: 181-209

Heath, C. (1986) *Body Movement and Speech in Medical Interaction.* Cambridge: Cambridge University Press

Heath, C. (1988) 'Embarrassment and interactional organization'. In: P. Drew, A. Wootton, eds., *Erving Goffman: exploring the interaction order*. Cambridge: Polity Press: 136-60

Heath, C. (1989) 'Pain talk: the expression of suffering in the medical consultation', *Social Psychology Quarterly* 52: 113-25

Heath, C., P. Luff (1993) 'Explicating face-to-face interaction'. In: Gilbert, N., ed. *Researching social life*. London: Sage: 306-26

Schegloff, E.A. (1984) 'On some gestures relation to talk'. In: Atkinson, J.M., J. Heritage, eds. *Structures of Social Action: Studies in Conversation Analysis*. Cambridge: Cambridge University Press: 266-96

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