Interactional analysis of health communication with people with intellectual disabilities

Making Research Count Workshop
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Introduction

• Greetings and expectations
• Social construction of intellectual disabilities
• Goffman and the Interaction Order
• Conversation analysis
• Themes in interaction research with people with intellectual disabilities
• Health communication and people with intellectual disabilities
• A look at some data
Understandings of Intellectual Disabilities

**Medical/Individual**
- Deficits intrinsic to the individual
- Universal application
- Predicated on some underlying bodily deficit (brains and genes)
- Necessitates special treatments and practices from institutionalisation to inclusion and ‘reasonable adjustments’

**Social Constructionist**
- Concept is culturally and historically specific
- Implies particular rights/obligations/types of behaviour are expected
- Meshes with other social categories – carers, support workers, advocates etc
- Concept is created discursively, through texts, practices, material environments, moment-by-moment interactions.
- Mark Rapley, Rose Tremain, Dan Goodley, the Booths
The Interaction Order

- Goffman (C20th sociologist)
- Social interaction embodies a distinct moral and institutional order
- Site where work of political, legal educational, economic etc social institutions is transacted
- Place where face, self and identity are expressed
- Where they are ratified or undermined by others
What is Conversation Analysis?

Any ideas?

CA focuses on the communicative practices which people recurrently use in interacting with one another
Holt: Christmas 1985: Call 3  (Modified Standard Orthography)

Myr: two eight?  
(0.2)
Les: Oh hello:, uhm hh Leslie ^Field ^he:re?  
(0.6)
Myr: Sorry?  
(.)
Les: Leslie[Field?  
Myr: [^Oh hell^o hell^o[: "Leslie yes sorry"  
Les: [Hello,  
(.)
Les: "Are you thinkin: of comin:g t' the meeting t' night  
Myr: D'you know I'm: terribly "sorry. I wz gun' to ring you  
in a short while hh I've had a phone call fr' m "Ben,  
he's down in Devon. 'n he's not gun' to get back  
t' night, hh[hh  
Les: [Ye[s.  
Myr: [An' Mummy's goin' t' this khh-(.) ku-uh:m  
Les: that[k-[yes of cou:rs:e I]think my husband's goin' t'that=  
Myr: [ca[r o l conce:rt.]  
Les: =too^:^:=  
Myr: =I'm dreadf'ly sorry,[ it's hhh ] hone:stly ah-ah- this=  
Les: [That's ^al]ri:ght]  
Myr: We uh, I'd almost gone on doing something hh
Main features of CA

• Uses ‘naturally occurring’ data
• Utterances (and non-verbal behaviours) perform social actions, usually connected to the wider project of the overall interaction
• Utterances/actions are connected in sequences of actions in a dynamic process
• These sequences have stable patterns
• Uses collections of instances of practices
CA Genealogies

Harvey Sacks
1935-1975

Emmanuel Schegloff
1937 -

Gail Jefferson
1938-2008

Medical CA: Christian Heath, John Heritage, Paul Drew, Douglas Maynard, Tanya Stivers, Alison Pilnick, Anssi Perakyla,

‘Pure’ linguistic CA

Openings and closing
Use of specific linguistic features
Repair
Multi-modal resources

Institutional CA
CA insights from medical settings

• Medical encounters have predictable institutionally determined structures, but also incorporate features from everyday conversation

• Challenges preconception that patients are ‘passive’ subjects of medical authority
  – The identity of patient is jointly worked up by both parties using range of discursive resources
  – Patients can (and do)
    • Introduce their own topics
    • Resist advice and treatments
    • Interact with other participants in the consultation – family members, material artefacts, texts (on-stage and off-stage)
CA and intellectual disabilities

• Early work
• Contribution of Charles Antaki and colleagues
• People with intellectual disability and current climate of service provision
  – Personal assistants
  – Mainstream settings
• Use of CA in training
Early work: ‘discovery’ of communicative competence of people with intellectual disabilities

- Brewer and Yearly, Belfast sociologists
- Tape recordings of naturally occurring conversations among residents at 3 ‘centres for the mentally handicapped’
- Evidence of patterns of turn-taking, response to adjacency pairs, reflexive monitoring of speech in interaction
- Goode (1994) *A World Without Words*
Charles Antaki and the Loughborough school of social interaction research

• Collaboration with Mark Rapley
• Focus on interactions between staff and clients
• Gap between ‘rhetoric and reality’ – institutional claims of person-centred, ‘empowering’ practice and evidence from recorded interactions:
  – Staff created disabled identities by ‘breaking the rules’ expected in interactions with others assumed to be competent members of the language community
  – Staff’s use of complex and confusing language deprived person of opportunity to demonstrate linguistic and social competence
Asking questions

- From Antaki (2013)
- Use of questions to ask client about his private experience – preference for a kitchen tool.
- Client responds with an unambiguous choice
- Staff member indicates non-acceptance of client’s answer by repeating the question

Example 4. (CHW, VC-08, min. 4.12) ‘Potato peeler’

01 Tim: Which one do you wanna use (0.2)
02 ((both peelers are out of shot))
03 this one or [this one
04 Alec: [That one that one
05 Tim: °Go on°
06 Alec: ((picks up one of two peelers now in shot and inspects it))
08 Tim: [Are you gonna use that one
09 [[(points toward peeler Alec is holding))]]
10 [or this one]
11 [([points to peeler on the worktop)])
12 (.3)
13 Alec: >That one< ((puts down first peeler and picks up the other peeler))
15 Tim: ((turns away)) (°well y'go on°)
Emerging roles and settings: personal assistance and direct payments

- Val Williams and inclusive research practices
- Interactions with PAs marked by ‘friendliness’, humour
- Ordinary and in-charge identities for people with intellectual disabilities
Health Communication and people with intellectual disabilities

• Health inequalities experienced by people with intellectual disabilities
• Problems in health information exchange:
  – People with ID not listened to or taken seriously (diagnostic overshadowing)
  – Not offered health information in ways they can understand or make use of.
  – Majority of research looks only at role of medical staff
  – Some interest in addressing ‘communicative health literacy’ of people with intellectual disabilities (Chinn 2016)
    • Relating personal health information, asking questions
    • Attending to and understanding health talk
    • Ability to retain and recall information
    • Health system understanding
    • Managing emotional responses to health information
Easy Read Health Information (ERHI)

- Designed for people with ID
- Formatted with shorter, more straight-forward text, pictures, photos, symbols
- Many have been produced on range of topics
Health communication in the GP learning disability health check

• Instituted in 2008/09 to address health inequalities of people with intellectual disabilities
• GPs are paid £112 to complete each one
• Around 50% of people with intellectual disability on a GP LD register receive a check
• Opportunities to observe health communication practices.
Methods

• Recruited GP practices that were doing most LD health checks
• Encouraged clinicians to use ERHI
• Met with patients before check
• Video and audio recorded 34 health checks
  – 14 clinicians (9 doctors, 4 nurses, 1 Phys Ass)
  – 4 patients attended alone, others with family member or paid supporter/advocate
  – ERHI used in 5 health checks
• 9 additional consultations with specialist CLDT nurses
Speaker selection in multi-party conversations

• In multi-party conversations, 1 or many can be selected as recipients of speaker’s utterance and potential next speaker

• What resources can we use to identify next speaker?
  – Use name or address term
  – Only 1 person has knowledge/experience needed to respond
  – Gaze, gesture
Nurse: What do you do for work?

Helen: (1.2) Sainsbury’s.

Nurse: Pt [okay:

Helen: (1)
Nurse: Pulse are a little bit irregular. Have you
had an ee cee gee recently at all
Pat: No [no she hasn’t
Nurse: [Okay. And it would be wise to probably
just um check(0.2) send her for a routine ee
cee gee because the pulse is a little bit
(1.1) m- irregular.
Nurse: Computer
          Pulse are a little bit irregular.

Helen:

Pat: Nurse

Nurse: Helen...Pat...Helen...Pat
Have you had an eee cee gee recently at all?

Helen: Computer...Nurse

Pat: Nurse
No [no, she hasn’t

Pat: [Okay. And er it would wise to probably

Helen: ((looks into middle distance))

Pat: Nurse

Nurse: Pat
just um check

Helen:

Pat: Nurse
Conclusions

• CA lets us track how the patient’s ‘speaking rights’ are violated
• She is treated as interactionally incompetent
• This sort of data can reveal how easy-to-overlook details of interaction can contribute to social positioning and identities
• Starting point for interventions?
CA and staff training

• Growing area in ‘applied CA’
• Use of real-life examples of interaction, rather than idealised recommendations for good practice
• Projects involving communication with patients with stroke, dementia
• Emerging methodologies:
  – CARM (Liz Stokoe)
  – Using simulation (VOICE study)
References

• Rapley M. The social construction of intellectual disability [Internet]. Cambridge University Press; 2004