In the last thirty years studies of talk and interaction have become increasingly interested in specialised forms of human activities, often arising within particular organisational or institutional settings. A very productive area of investigation is the study of doctor-patient interaction, which has caught the interest of sociologists, anthropologists, psychologists, and linguists.

The natural locus of observation of doctor-patient interaction is the medical interview. This has traditionally been conceived as a rigidly structured, doctor-dominated activity with little room (if any) for patients’ initiatives. Such a view seems to be largely dependent on a methodological bias, i.e. the tendency to focus almost exclusively on doctors’ communicative practices.

Contrary to this tendency, the present study analyses patients’ initiatives throughout the interview and how these are responded to by doctors. The hypothesis suggested by the analysis is that patients actively contribute to shape the interview, the latter being an interactionally negotiated achievement in which doctors’ and patients’ agendas interpenetrate.

The data examined is a sample of interviews collected in a non-conventional setting, namely a naturopathic clinic (i.e. the University of Bridgeport Naturopathic Medical Center, or UBNMC). This choice breaks with traditional linguistic research on doctor-patient encounters, which has generally been confined within the boundaries of allopathic (‘conventional’) medicine. The approach adopted for data examination is conversation analysis, which, as we will see, consists in a fine-grained investigation of situated talk.

Chapter 1 presents an overview of early literature on doctor-patient interaction. In particular, I will consider theoretical accounts concerned with doctors’ social control over patients, and practice-oriented studies focusing on outcome variables like patient satisfaction and compliance. At the end of the chapter I will briefly introduce research based on the careful examination of naturally-occurring doctor-patient talk, and explain how this differs from previous approaches.

Chapter 2 sketches out the various panorama of discourse analytical studies on doctor-patient interaction. The most influential works will be reviewed, ranging from analyses that are based on key pragmatics notions (like speech act and frame) to more ideologically-oriented accounts dealing with the structural context in which medical
encounters occur and the socio-cultural models affecting them. A few final words will be spent on the need to adopt an interdisciplinary perspective and address specific ethical challenges.

Chapter 3 focuses on the analytical approach chosen in the present dissertation, namely conversation analysis. After illustrating conversation analysis’ main tenets, I will focus on story-telling and troubles-telling sequences, which (as we will see in chapters 5 and 6) make it possible to observe patients’ initiatives, and doctors’ responses, over long stretches of talk. In so doing, I will gradually move from considering ordinary conversation to dealing with conversation in institutional settings, specifically doctor-patient talk. Finally, I will review the conversational literature in the field highlighting the features that shape the medical interview, i.e. turn-taking organisation, overall structural organisation, sequence organisation, turn design, lexical choice, and interactional asymmetries.

Chapter 4 deals with the methodological aspects of the study. It includes a sketchy description of the modalities and principles of naturopathic medicine, an outline of the arrangements characterising naturopathic visits in the setting where interviews were recorded, a detailed account of the difficulties encountered and the issues addressed during the negotiation of data collection (e.g. confidentiality), a particularised description of the sample (including recording and transcription procedures), and a final section explaining how data analysis was conducted.

Chapters 5 and 6 illustrate the communicative patterns identified in the UBNMC (or UB) sample in the light of the theoretical framework outlined in chapter 3 and the research parameters described in chapter 4. In observing how the naturopathic interview is interactionally constructed by the parties involved, I will show that doctors’ medical priorities and patients’ ‘lifeworld’ concerns interpenetrate (chapter 5) and that participants know exactly what is appropriate and at what stage of the interaction (chapter 6). Specifically, we will see how doctors speak with the voice of the lifeworld by aligning as recipients of patients’ stories and troubles, and patients orient to the medical agenda by displaying procedural knowledge of the interview.

Chapter 7 draws on the findings presented in chapters 5 and 6 to compare and contrast them with the results obtained by past research. The observations thus made will lead us to reconsider the roles of patients and doctors within the medical interview and discuss possible implications for practitioners and for future research.