

VOICES OF LIFEWORLD AND MEDICINE DYNAMIC

VoLiMeD

Observing the dynamic of the Voice of the Lifeworld and the Voice of Medicine in physician-interpreter-patient interactions

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Date: First developed in 2002-2003. Revised in 2009.

References:

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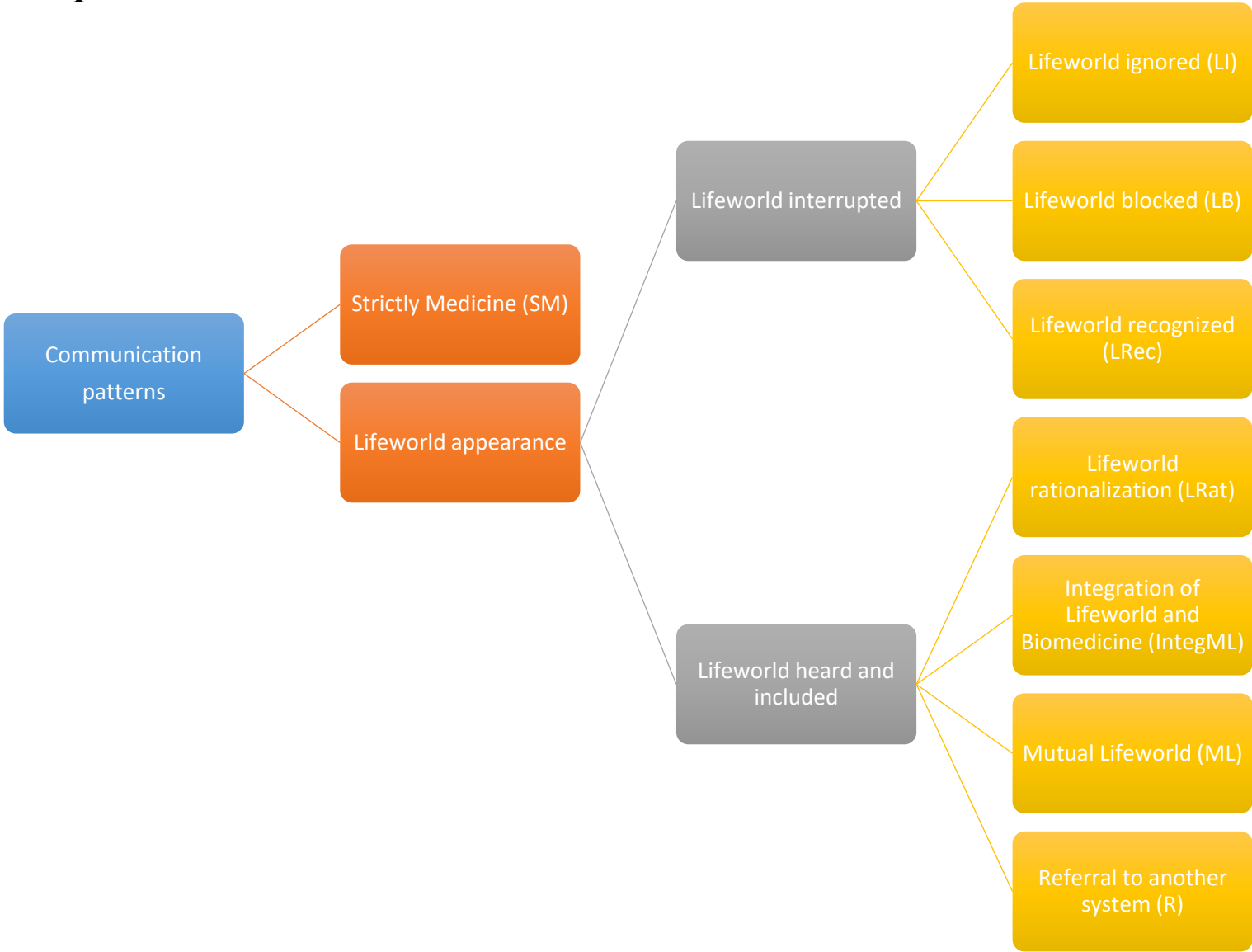
Procedure

1. Code each utterance, i.e. from everybody in the interaction, as VoM or VoL. Sometimes both voices can be expressed in the same utterance. In this case, the utterance can be split and each part coded separately.
2. Each time the VoL appears, determine who is expressing it and what happens to it in order to make communication patterns emerge. In other words, the question to answer is: what happens to the Lifeworld content expressed? Is it ignored, blocked, rationalized, recognized, is it merged with the VoM to build some new meaning...?
3. An interrater agreement procedure is recommended.

Voices	The Voice of Medicine (VoM)	The Voice of Lifeworld (VoL)
Criteria	<ol style="list-style-type: none"> 1. A specialized/expert language (jargon); 2. questions or interventions on context-free facts or symptoms, possibly measured and quantified; 3. questions or interventions which exclude family and socio-cultural contexts and affective elements. 	<ol style="list-style-type: none"> 1. Lay language; 2. questions or interventions which include contextualized facts, historically situated, accompanied by affective comments.

Exemples	M: Oui... mais bon... elle a eu une anémie. Elle a eu un traitement pendant plusieurs mois, maintenant ça va mieux, mais c'est clair qu'il faut quand même faire attention. Vraiment être attentif à lui donner des protéines, un petit peu de viande qu'il n'y ait pas de nouveau une anémie. Biomed	I: J'ai demandé si elle comprend un peu le français. Elle a dit que non. Vécu
	I-P	M: La petite ? Vécu
	M: Parce que le lait c'est très bon pour les enfants, mais ce n'est pas suffisant. Pour l'anémie ce n'est pas suffisant. Il faut aussi des légumes, des fruits, ... Vécu	I: Oui. Vécu
	I: Elle avait la feuille, je lui ai donné. Mais elle dit qu'il ne mangeait rien... ce que c'était noté. Donc elle a commencé à voir quand le bébé est plus grand et maintenant il mange des fois la viande de poulet, la viande de bœuf un tout petit peu. Il ne mange pas de poisson. Et je lui ai dit que ce serait bien de lui donner au moins une fois par semaine du poisson. Biomed	M: La maman oui. Elle comprend beaucoup. Vécu
	M: Oui... (inaudible) une alimentation variée pas uniquement axée sur le lait. Parce que le problème c'est l'anémie. Ils deviennent assez rapidement anémiques ces enfants. Déjà elle prend combien de ml par jour (inaudible) ? Biomed	I
	M: Alors il est trop petit pour ça. Il faut lui dire. Biomed	P: Un peu. Vécu
	I	Déjà elle prend combien de ml par jour (inaudible) ?
	M: Il faut que... parce que ça c'est du lait de vache. Biomed	I: Par 24 heures. Vécu
	I	M: Oui ! par 24 h et pas par jour. Vécu
	M: Qui risque effectivement de faire des allergies. Il ne faut pas donner au plus... Biomed	I-P
	I: Donc 4 et 2... Biomed	
	M: Ça fait combien ? Biomed	
	I: 1 litre et 200. Biomed	
	M: C'est beaucoup hein... Biomed	
	M: C'est des berlingots qu'elle achète ? Vécu	
	I-P	
	I: Oui, oui. Vécu	
	M: Puis pourquoi elle pense que c'est pour les enfants ? C'est écrit dessus ou ... ? Vécu	
	I-P	
	I: C'est parce qu'on lui a dit. On lui a dit que c'est le meilleur. Vécu	
	I: Oui effectivement, parce qu'on a pas mal échangé par rapport à ça (avant la consultation)... Elle a dit que les autres enfants ils ont commencé à parler plus vite et lui il parle mais vraiment du langage d'un petit enfant. Il coupe les mots, il y a certains mots qu'il n'arrive pas à dire complets, donc il coupe la moitié et... <i>Peut-être il mélange trop avec le français.</i> Vécu	
	Maintenant, l'autre jour, il m'a demandé de lui acheter une poupée et je ne comprenais pas, il a dit <i>poupée en français et c'est après mon fils qui m'a aidé à comprendre.</i> Sinon il a un vocabulaire très pauvre, par rapport à son âge. Biomed	

Communication patterns



Strictly Medicine

SM	Only the voice of medicine is expressed	<ul style="list-style-type: none"> The only voice used by both the patient and the physician is that of biomedicine 			
		M: I-P1-P2	Qu'est-ce qu'elle mange ?	Biomed	
		I: P2-P1	Le matin elle mange une sorte de biscuit et de fromage.	Biomed	
		I: P2-I-P1	Et puis elle donne aussi des céréales le matin.	Biomed	
		M: P2-I-P1	Oui.	Biomed	
		I: P1	Et puis elle boit du lait.	Biomed	SM
		I:	Vers 9h30.	Biomed	

Lifeworld appearance / Lifeworld interrupted

LI	Lifeworld ignored	<ul style="list-style-type: none"> • The patient expresses himself / herself in the VoL, but in this case, there is no acquiescence on the part of the doctor. • It's kind of like patient and physician were on two different wavelengths 						
		<p>Excerpt 2 (Case 9)</p> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">333. INT: When she passes gas... [Touching her head].</td> <td style="text-align: right; padding: 2px;">L</td> </tr> <tr> <td style="padding: 2px;">334. MD: ...she feels better.</td> <td style="text-align: right; padding: 2px;">L</td> </tr> <tr> <td style="padding: 2px;">335. INT: Yeah, she feels better then she doesn't feel a headache.</td> <td style="text-align: right; padding: 2px;">L</td> </tr> <tr> <td style="padding: 2px;">336. MD: What you can try is natural stuff for gas. Because</td> <td style="text-align: right; padding: 2px;">M (LI)</td> </tr> </table> <p style="padding: 2px;">depending sometimes when we're more...what happens is when we're stressed out when we're nervous. What we do is without our knowledge when we're eating or when you're drinking... our ways are... we tend to swallow a lot of water with our drinking or our food. It's a natural reflex. We don't know that we're doing that. So we're swallowing air and that makes us feel more bloated. What she can do is try when she's at least eating and concentrate on eating more slowly and not talking at the same time, not eat fast. That's one way okay.</p> <hr/> <p>Note: LI = Lifeworld ignored.</p>	333. INT: When she passes gas... [Touching her head].	L	334. MD: ...she feels better.	L	335. INT: Yeah, she feels better then she doesn't feel a headache.	L
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LB	Lifeworld blocked	<ul style="list-style-type: none"> • When the patient expresses himself / herself in the VoL, it is blocked by the doctor who formulates a series of standard questions. • There is nonetheless a recognition expressed in the form of acquiescence (eg "Hm, hm, but ...") 																									
		<p>Excerpt 3 (Case 3)</p> <table border="1"> <tr> <td>184.</td> <td>MD: So, does she have any questions for me?</td> <td>M-L</td> </tr> <tr> <td>185.</td> <td>INT: <i>Do you want to ask a question?</i></td> <td>M-L</td> </tr> <tr> <td>186.</td> <td>PT: <i>The only thing is that when I'm sitting and I feel I'm lifeless, as I was sitting outside, and I felt [could not make out last word].</i></td> <td>L</td> </tr> <tr> <td>187.</td> <td>INT: She's saying that sometimes it happens that she's sitting and she feels that she has no strength, no energy like lifeless, the body's lifeless. And it happened to her in the waiting room she told me and she's telling me to tell you the way it happened in the waiting room. Sometimes she sees people like blurry, blurry. She can't see clear.</td> <td>L</td> </tr> <tr> <td>188.</td> <td>MD: Does she feel like she's going to pass out?</td> <td>M (LB)</td> </tr> <tr> <td>189.</td> <td>INT: <i>Do you feel you're going to be unconscious?</i></td> <td>M</td> </tr> <tr> <td>190.</td> <td>PT: <i>I feel like a statue sometimes, I feel like I have no life. I feel like a statue.</i></td> <td>L</td> </tr> <tr> <td>191.</td> <td>INT: She's saying. She didn't say anything clearly about that. She's saying not like passing out but she feels there is no strength, no life inside. She's like a spectre.</td> <td>L</td> </tr> <tr> <td>192.</td> <td>MD: Ok. How long has that been going on?</td> <td>M (LB)</td> </tr> </table> <p>Note: LB = Lifeworld Blocked.</p>	184.	MD: So, does she have any questions for me?	M-L	185.	INT: <i>Do you want to ask a question?</i>	M-L	186.	PT: <i>The only thing is that when I'm sitting and I feel I'm lifeless, as I was sitting outside, and I felt [could not make out last word].</i>	L	187.	INT: She's saying that sometimes it happens that she's sitting and she feels that she has no strength, no energy like lifeless, the body's lifeless. And it happened to her in the waiting room she told me and she's telling me to tell you the way it happened in the waiting room. Sometimes she sees people like blurry, blurry. She can't see clear.	L	188.	MD: Does she feel like she's going to pass out?	M (LB)	189.	INT: <i>Do you feel you're going to be unconscious?</i>	M	190.	PT: <i>I feel like a statue sometimes, I feel like I have no life. I feel like a statue.</i>	L	191.	INT: She's saying. She didn't say anything clearly about that. She's saying not like passing out but she feels there is no strength, no life inside. She's like a spectre.	L	192.
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LRec	Lifeworld recognized	<ul style="list-style-type: none"> • It is the smoothest of the 3 interruptions • The expression of recognition is more important or more detailed than a simple acquiescence • It can sometimes be a sign of empathy, but it remains an interruption since the VoM follows immediately 													
		<p>Excerpt 1 (Case 7)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">134.</td> <td style="padding: 2px;"><i>PT: When I get up in the morning I am broken. I am tired.</i></td> <td style="padding: 2px; text-align: right;">M-L</td> </tr> <tr> <td style="padding: 2px;">135.</td> <td style="padding: 2px;"><i>INT: He feels tired in the morning when he wakes up, like the body is like tired, or like the expression is like that the body is broken. Tired.</i></td> <td style="padding: 2px; text-align: right;">M-L</td> </tr> <tr> <td style="padding: 2px;">136.</td> <td style="padding: 2px;"><i>MD: I understand.</i></td> <td style="padding: 2px; text-align: right;">L (LRec)</td> </tr> <tr> <td style="padding: 2px;">137.</td> <td style="padding: 2px;"><i>INT: I understand that.</i></td> <td style="padding: 2px; text-align: right;">L</td> </tr> <tr> <td style="padding: 2px;">138.</td> <td style="padding: 2px;"><i>MD: During the daytime, when you are not sleeping does it happen sometimes that you kind of see flashbacks of some of the difficult times that you had in India. Almost like a film coming in front of your eyes, like movies?</i></td> <td style="padding: 2px; text-align: right;">M</td> </tr> </table>	134.	<i>PT: When I get up in the morning I am broken. I am tired.</i>	M-L	135.	<i>INT: He feels tired in the morning when he wakes up, like the body is like tired, or like the expression is like that the body is broken. Tired.</i>	M-L	136.	<i>MD: I understand.</i>	L (LRec)	137.	<i>INT: I understand that.</i>	L	138.
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Lifeworld appearance / Lifeworld heard and included

LRat	Lifeworld rationalization	<ul style="list-style-type: none"> • It is a strategic incursion into patients' Lifeworld in order to obtain or present information crucial for the achievement of biomedical goals • LRat is characterized by strategic action • Information is extracted from the meaningful Lifeworld context and transformed in order to achieve a systemic goal
		<p>Excerpt 1: Case 3 (professional)</p> <p>69. MD: OK. What did she do during the day? VoL</p> <p>70. INT: <i>What did you do the whole day?</i> VoL</p> <p>71. PT: <i>I get up in the morning to go to school, then I go to get something if I need it, then I clean the house, and do small little work in the house.</i> VoL</p> <p>72. INT: She goes to school in the morning... Sorry? VoL</p> <p>73. PT: <i>Small little work in the house.</i> VoL</p> <p>74. MD: School with your son or her own school? VoL</p> <p>75. INT: No, her own school. She goes to her school and comes back at around 1h-1h30 and then if she has to buy something, if she goes out to buy something and comes back home and then she does her work at home, to do her household chores and cleaning or cooking. VoL</p> <p>76. MD: Is she able to do that? VoM (LRat)</p>

<p>IntegML</p>	<p>Integration of Lifeworld and Biomedicine</p>	<ul style="list-style-type: none"> • The integration pattern is a communication event meant to build meaning in both the Lifeworld and Medical world • The VoM is expressed at the same time it takes into account and adapts to the Lifeworld • Meaning created within the System and Lifeworld : VoL and VoM cohabit and influence each other • The outcome can go beyond mere comprehension of medical System functioning • The integration may consist of taking into account the context of the patient to make services available, making sense of the lived experience in the medical System, linking medical knowledge to the patient’s expressed concerns, linking medical symptoms to their everyday context, taking into account both System and Lifeworld constraints in problem-solving, acknowledging the legitimacy of folk remedies or theories on a medical problem 	
		<p>267. MD: [...] There are many, many ingredients that she could put, but basically the honey, the ginger. She could put black pepper. She could put cardamom. It’s almost like the masala for the tea, but without the tea itself. VoL</p> <p>268. INT: <i>Whatever you like. Different people put different things: black pepper, ginger, cardamom...You can use it...it can turn out to be a masala chai but actually without using the tea.</i> VoL (IntegML)</p> <p>269. INT: Whatever she likes, she can use it. VoL</p> <p>270. MD: Exactly. I can give her one or two bottles of cough syrup, just if it becomes like the fits. Because viral infections generally do take 7 to 10 days to completely get over them. So she might be having a cough for the next couple of days, VoM</p> <p>271. but let her not be worried unless she feels that she’s getting worse. VoL</p>	<p>Excerpt 4: Case 5 (professional)</p> <p>150. MD5: [...] I know that all the symptoms that she’s going through, I know she can identify, have become a little bit back to what it used to be because of the stressful period because of the [court] hearing that’s coming up. And naturally it’s a more stressful period. She can always be taking the medication for sleeping especially so that she’s able to rest properly before the hearing. I’ll re-prescribe if she needs any more. And what I’ll be doing is to see her after the hearing to see how everything is going and how everything went. (IntegML)</p> <p>151. INT5: <i>As you know that before, because of your hearing, you are so tensed and you’re not feeling well. You are more worried about your hearing, and you’re more tensed.</i> VoL</p> <p>152. PT5: <i>Yes, my tension is increased. I have more tension.</i> VoM</p> <p>153. INT5: <i>I’ll explain to you, let me finish what she said. As you don’t sleep at night, and she already gave you the sleeping pills, you can take that at night. But she’s going to make you another prescription for the medication, and it’s going to help you.</i> VoM</p>

ML	Mutual Lifeworld	<ul style="list-style-type: none"> • Used to build meaning in the Lifeworld register • It represents dialogue in which both physicians and patients predominantly use the VoL in a fashion similar to natural conversations of everyday life • Meaning created within the Lifeworld, with no apparent biomedical implications • The pattern is characterized by communicative action, as it aims at mutual understanding and it allows the drawing of a more complete and contextual knowledge of the patient and, in some cases, of the physician. • It contributes to creating, maintaining, or re-establishing the relationship. The communication pattern can take various forms such as humour, sharing or expressing emotions related to the quality of the relationship, and speaking a few words in the patient’s language • Patients who resist physicians’ methods of assessment, insights or recommendations may use this pattern after their resistance in order to protect their relationship with the physician 		
		<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Excerpt 2: Case 7 (professional)</p> <p>322. MD: Good luck for your hearing with immigration, OK? I will be thinking about you! VoL</p> <p>323. PT: <i>Thank you. I also wish that your words will bring me luck.</i> VoL</p> </td> <td style="width: 5%; text-align: center; vertical-align: middle;">(ML)</td> <td style="width: 45%; vertical-align: top;"> <p>287. MD2:...it goes down... VoM</p> <p>288. (turning towards PT2)...<i>paani</i> (Bengali word for water)? (MD2 is slapping her calf) VoL (ML)</p> <p>289. INT3: Yeah, <i>paani</i> (laughs). VoL</p> <p>290. PT2: <i>It does not come at feet, just this leg.</i> VoM</p> <p>291. INT3: Only here, not there (gesturing to legs). VoM</p> </td> </tr> </table>	<p>Excerpt 2: Case 7 (professional)</p> <p>322. MD: Good luck for your hearing with immigration, OK? I will be thinking about you! VoL</p> <p>323. PT: <i>Thank you. I also wish that your words will bring me luck.</i> VoL</p>	(ML)
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R	Referral to another System	<ul style="list-style-type: none"> • Physicians suggested referrals to other Systems (social work, psychology, medication insurance authority, etc.). • Meaning creation postponed, as the patient issue is not dealt with.
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