

Acting, interacting, enacting

Representing medical practice in theatre performance

Hazel, Spencer

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Acting, interacting, enacting

Representing medical practice in theatre performance

Spencer Hazel

is Senior Researcher at the Institute for Design and Communication at the University of Southern Denmark in Kolding, and Associate Researcher of the LINGCORP project (Language and Interaction in the Global Corporation). He has a former career in theatre production.

Abstract

This study followed the rehearsals of a 2014 Copenhagen theatre production of Margaret Edson's play *WIT*. The play depicts the palliative care provision of a woman diagnosed with advanced ovarian cancer, with an important theme of the narrative centering around the dehumanizing practices that result from professional medical treatment of the body, rather than of the person.

I adopt an interaction analytic approach to investigate how theatre practitioners develop representations of interaction in clinical environments. The article introduces one practice from the theatre rehearsal setting – *doing notes* – which forms a framework within which members reflect on their performances, and discuss possible modifications to be taken up on later occasions. This is argued to be a useful practice that may prove beneficial to other professional settings, such as in healthcare provision.

Keywords: #clinical interaction, #professionalism, #theatre performance, #reflective practice, #interaction analysis

Introduction

The aims of this article are twofold. First, the contribution is part of a larger study that explores how perceived issues in medical practice are depicted in dramatized representations of healthcare provision. The study followed the rehearsals of an English-language production of Margaret Edson's play *WIT* in Copenhagen¹. This play depicts the palliative care provision of a woman diagnosed with advanced ovarian cancer, with an important theme of the narrative centring around the dehumanizing practices that result from professional medical treatment of the body, rather than of the person. Producing recognizable representations of social practices is part of what Burns (1972) has described as "authenticating conventions", affording staged scenes credibility, as they draw on commonsense understandings of the social world that are shared by their audiences. Drawing on 40 hours of video-data generated as part of a research project on multilingual workplace interaction², this study adopts an interaction analytic approach to investigate how the theatre practitioners e.g. explore, discover, negotiate, learn and reproduce such representations of interaction.

Secondly, the article suggests potential future possibilities for collaboration between healthcare educationalists and professionals and the humanities. As a case, we look at one particular practice found in theatre rehearsals, where practitioners engage in post-mortem diagnostic analyses of interactional sequences, with a view to better understand how to carry out the interaction on subsequent occasions. I will suggest that the adoption of similar practices in the field of healthcare provision may provide fruitful avenues for reflective practice and professional development in the realm of staff-patient relations.

Methodological orientation

In the social sciences, healthcare settings have provided rich grounds for interaction analytic approaches such as Ethnomethodology and Conversation Analysis (hereafter CA; Sacks, Schegloff, and Jefferson 1974). Building on earlier pioneering work from the early 1980s onwards on interaction in clinical environments (e.g., Ten Have 1980; Atkinson and Heath 1981; West 1984), researchers have investigated a wide range of healthcare provision-related settings and activities, for example calls to emergency services (Whalen and Zimmerman

1987), invasive surgery (e.g., Mondada 2003), clinical training (Koschmann et al. 2007; Hindmarsh, Reynolds, and Dunne 2011), diagnostic practices (e.g., Beach and LeBaron 2002; Heath 2002), anaesthetic teamwork (Hindmarsh and Pilnick 2007), the use of medical records (Heath 1982; Robinson 1998), and the use of objects (e.g., Beck Nielsen 2014), to name but a few (for overview, see Teas Gill and Roberts 2012).

One area, for example, that has been fruitful for exploration concerns the *pro-social skills* involved in clinical staff-patient interaction, where a balance is negotiated between empathy displays and the institutional business-at-hand. Roberts, Atkins & Hawthorne (2014) investigated the consultation role-plays that serve to test candidate general practitioners on their consultation skills, carried out as part of their qualification assessments. They describe how the ability to display empathy with patients is treated as one vital component within a patient-centred approach to doctor-patient interaction. Maynard and Hudak (2008) describe how small-talk is introduced into doctor-patient examinations in sensitive sequential environments where doctors elect to disattend to psychosocial concerns that impede the diagnostic work at hand. Heath and Luff (2012) describe how doctors may withhold expressions of sympathy or of appreciating a patient's experience of pain so as to establish the relevant body part rather than the suffering as the focal point for his or her attention, thereby enacting and maintaining a diagnostic orientation to the activity.

A central interest for interaction analytic approaches to the study of human sociality, epitomized by CA, is the identifying of the methods through which members produce and monitor social actions as well as display their understanding of one another's contributions to the social encounter or activity. Although CA initially was concerned with the underlying mechanisms that were employed across interactional settings, how social institutions such as classrooms and criminal courts were talked into being (Heritage 1984) through modifications to the practices found in mundane talk-in-interaction soon became an important research area for the field. Findings from research into how institutional interaction is constituted by members point to the contingent enactment of social institutions, including how participants display their understanding of the particular institutional aims and projected out-

comes around which the activities are organized, as well as the social identities relevant for the setting.

Elsewhere, the enactment of social institutions is also a central concern for those involved in the performing arts (television, film, theatre) and even in narrative art forms such as literary fiction. However, so far there has been is surprisingly little collaboration or cross-fertilisation between the two fields. Where there has been some application of the CA methods to dramatic texts, it has focused almost exclusively on the play scripts (for example, Herman 1995), rather than the processes of enacting representations of social interaction.

The current study looks to bridge this divide, by taking its departure in a CA approach to the study of, in this case, rehearsal settings, where members of a theatre company work together to discover how best to represent sequences of social interaction as staged artefacts. In this article we focus on one type of activity involved in developing a theatre performance, often referred to as 'doing notes', where company members discuss sections of the staging with a view to fine-tuning it on a next occasion. In some ways, this activity resembles those found in other settings where professional (or trainee) practitioners in a particular field are afforded space to reflect on their practices, for example in language teacher training (e.g. Harris 2013), with a view to aiding their professional development.

In the sequence discussed here, theatre company members work at exploring how to best represent the relationship between a nurse and a patient in palliative care provision. This both offers insight into what understandings there are in society of how healthcare interaction is or should be, and demonstrates a professional practice which is itself designed to improve how the interaction is carried out. This provides us with a potentially useful avenue for developing interactional competences for healthcare professionals.

Doing notes

In what follows, we will home in on one sequence of what theatre practitioners are known to call 'doing notes'. Here, company members discuss elements of a recently performed sequence, with feedback being offered and discussed with a view to improving the sequence on a subsequent occasion. The analysis presented here explicates the various "order of phases" (Drew and Heritage 1992,

43) involved in this activity, the practices through which members build and share their analyses, and the sensitivity with which the evaluative feedback is constructed.

The activity involves a series of discrete discussions, each relating to an observation of a previously performed sequence. As such, the person giving a particular ‘note’ (in this case the theatre director) makes clear to the members which segment the note is directed to, which in turn leads to the members adopting the relevant participation framework. The observation is then formulated, which in turn proceeds to a discussion of potential modification or remedial action to be trialled on a subsequent occasion. In the current data segment, the company have gathered around a table in the rehearsal studio.

Fig. 1

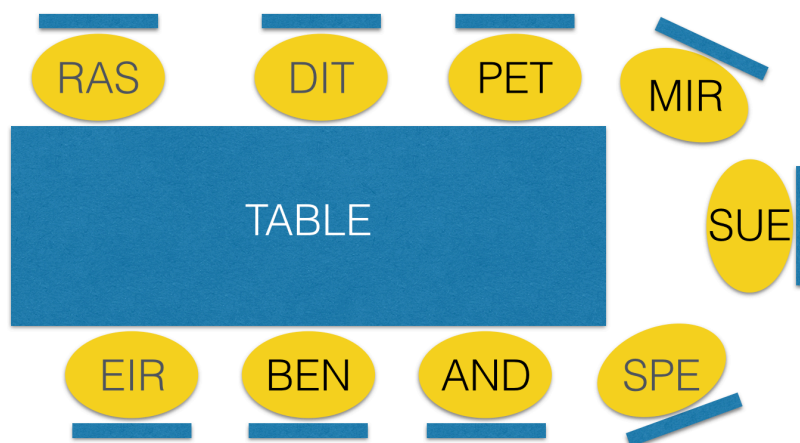


Fig.1 Seating arrangement

Identifying the sequence, organizing participation - “tomorrow got smaller”

We see in the following extract an example of the sequence organization involved in the procedures of ‘doing notes’ following a run-through of a scene, here in the rehearsal studio. Following the rehearsed performance of the section of the play, the company gather together, with the theatre director taking responsibility for engaging the performers and other contributors in a series of shorter feedback discussions related to different moments or choices made by

the performers during the rehearsed scene. Transcription conventions follow those developed by Gail Jefferson (2004), adapted for use in the CLAN software transcription tool (see appendix for further explanation of symbols).

Extract 1

10 PET: good u:m (0.3) °tomorrow gets smaller>°
%gaze: on notepad in his lap-----

11 [(1.6-----)
%gaze: [PET on notepad-----
%body: [PET brings right hand to chin and runs hand across his beard

12 PET: [tumour got small[fer>]
%gaze: [on notepad ----[to MIR
%body: [right hand point to notepad

13 MIR: [the] tu'mour] got 'smaller>]

14 PET: [AH] [lright] right right> .hhh
%gaze: [to MIR-- [to notepad-----
%body: [lh reach to MIR
[lh returned to rest position

15 PET: all right> (0.2) again>
%gaze: on notepad in his lap--

16 SUE: thuh [huh huh]

17 PET: [Δno no no no it'sΔ] great what you [do>
%gaze: on notepad in his lap-----
%gaze: [MIR smiles towards BEN and AND

18 (0.3-----)
%body: [MIR raises shoulders-----
%gaze: [maintains smile towards BEN and AND-

19 PET: erm but erm (0.2) it's like she's [a little too (0.3) [shy: or something>
%gaze: on notepad -----[PET to MIR-----
[MIR to PET -----

The above extract does not concern the first point in the list being discussed, and we see in line 10 that the director (Peter; PET) marks the move from prior- to subsequent note in the list of points to discuss with a sequence closing affirmative assessment ('good'), followed immediately by a hesitation marker ('um') which projects that he will take the next turn at talk. During this time, Peter's gaze is focused down at the notes in his hands, which he has made dur-

ing the run-through, and which act as a mnemonic device for prompting discussion points, and consequently structuring the subsequent feedback activity. The hesitation marker is followed by a short pause and a *sotto voce* produced formulation “tomorrow gets smaller”. Delivered with turn final intonation, this is followed by another more lengthy pause, during which Peter adopts a thinking face gesture (Goodwin and Goodwin 1986) in a contextual configuration (Goodwin 2000) with the written notes, with his right hand and pen being brought up to his chin as he fixes his gaze on the text. The formatting in evidence here appears to suggest that the utterance is a voicing aloud of one of the prompts written down in the notes, and one which is causing some form of trouble.

At this sequential position, the formulation is hearable as a prompt, which should project the topic of the upcoming discussion point, and which would single out which of the participants this note may be relevant for. By vocalizing the written note, as well as displaying difficulties with moving from the prompt into the discussion, Peter is making it publicly available for others, in much the same way a collaborative word-search is brought about (Goodwin and Goodwin 1986), where interlocutors are enlisted to provide candidates for the missing lexical item. On this occasion, none of the others offer suggestions. Following the 1.6 second gap, Peter identifies that the written note says “tumour got smaller” (line 12), voicing it with a stress on “tumour”, which suggests this handwritten word was the source of the misreading.

As soon as the repaired prompt is voiced, it makes available for others which section of the play the upcoming discussion point – or note – will deal with, and thereby also projects which of the performers (or where relevant, other contributors such as technical operators) the note will be intended for. Furthermore, if the prompt in itself matches, or at least resembles, a line in the play, the particular performer of the line may be the especially relevant party for the feedback. Here, we see that as soon as the line of the play is uttered by Peter, it is picked up by performer Miriam (MIR), who in overlap with “smaller” produces a repeat of Peter’s formulation. We note that Miriam here has added the definite article “the” (line 13), which aligns more closely with the line in the play script, where Miriam’s character voices how the treatment “would make the tumour get smaller, and it has gotten a lot smaller” (Edson 2000, p43). As such,

Miriam has been able to reconstruct from Peter's prompt the section of the play he is targeting, identifying the line in the play script, and by voicing it, she self-selects as potentially relevant next-recipient for the feedback. This is confirmed by Peter, who orients his gaze to her, and reaches towards her as he produces the change-of-state token (Heritage 1984) "ah" (line 14) in overlap with Miriam's repeat. He follows this with a number of confirmation tokens "right right right", which appear to display an understanding that the grounds for proceeding with the feedback have now been secured, with the relevant participation framework for the next point on the agenda established, and the correct point in the play identified for the discussion.

Securing reciprocity – "the tumour got smaller"

Returning his gaze to his notes, Peter restarts the transition into the next feedback item. Sue (SUE) produces a number of laughter tokens at this point, hearably related to the resolution of the preceding interactional trouble, and responded to by Peter's 'no no no no' in overlap (line 17). The laughter may also act as a display of attention. Although the line in question is performed by Miriam, the two-person scene also includes Sue's character, and the director's feedback is therefore potentially also relevant for her. Whereas others present may at this point assume the role of ratified overhearers (Goffman 1981), Sue and Miriam populate the scene that the note has some bearing on, and may be expected to display reciprocity to the incipient feedback. This may be done visually, for example through the gaze reciprocity, but with Peter's gaze fixated on the page, visual conduct alone would not suffice, and some form of vocal display becomes a relevant format, as in the laughter tokens here.

Peter proceeds with a format of introduction to the issue at hand that is common throughout the data relating to this particular activity. Here, he produces an appreciative assessment of the performer or performers' general work ("it's great what you're doing" line 17) as a preface to addressing some more specific aspect of how the rehearsed scene unfolded, or a specific choice or set of choices made by a performer. We note that the format appears common enough for the recipient(s) of the initial praise not to offer any form of response, as one may find in the receipting of a compliment (cf. Pomerantz 1978). Indeed, at this point, Miriam orients her gaze in the

direction of others in the group and produces a smile, and accompanies this with a brief raising of her shoulders.

Peter's affirmative expression in line 17 appears then rather to constitute a format that projects that some evaluation is forthcoming, which will disalign with choices made in the performed scene. Indeed, if the feedback is produced in response to the performers' offering, it could be argued that critique of the performance constitutes a dispreferred action (Pomerantz 1978; 1984), and that the appreciation offered at the outset prepares the grounds for, and delays, the critique. Adding to this the hesitation markers on either side of the connective "erm but erm (.)", the formatting marks the upcoming turn as constituting a dispreferred response in the form of a negative evaluation, and mitigates this.

Displaying sensitivity regarding upcoming critique - "she is more professional than that"

Having secured relevant reciprocity and paved the way for the feedback delivery, the director is able to alight on the crux of the matter at hand. This more substantive feedback offers a more analytical and constructive critique of how the staged action was perceived from an outside observer's viewpoint, and it is here where theatre directors are able to suggest other possibilities for future enquiry into the performing of the scene. In line 19, Peter starts formulating the observation that had initially given rise to the written prompt.

The way Peter formats the opening of the topic displays ongoing sensitivity to the potentially disaffiliative consequences of delivering critique of a performer's work, and the additional face-threatening outcome of this being done in the presence of someone's peers. Following the hesitation-marked conjunction 'but' and a small pause, Peter suggests that the performer's enactment of the character at this juncture displays too much shyness. The turn includes a number of hedging devices, including the turn-initial "it's like", the downgraded "a little too" and the delayed, qualified "shy: or something" (line 19). The critique is also laid at the door of the character, rather than the performer, with the third person pronoun 'she' being used in the turn format, even though Peter has his gaze directed at the performer, Miriam. She, for her part, reciprocates gaze, and provides acknowledgment tokens in lines 21 and 23, ratifying herself as the intended recipient of the feedback. Although the

Extract 2

19 PET: [erm but erm (0.2) it's like she's a little too (0.3) shy: or something→
 %gaze: on notepad -----[PET to MIR-----
 [MIR to PET -----

20 to tell her that the (0.3) er:m:: [(0.5) that she's not being cured→
 %body: [PET removes glasses

21 MIR: mnʔ:: 1
 22 PET: [i think she is] (0.3) [more: professional than [that\ 1
 23 MIR: [tokay\ 1
 %gaze: mutual gaze between PET and MIR-----[MIR closes eyes
 %body: [PET produces beat gesture in MIR direction

24 [(0.6)-----
 %gaze: [MIR keeps eyes closed

25 PET: [you're allowing her to go (.) very human↯
 %gaze: [MIR opens eyes, re-establishes mutual gaze with PET
 %body: [MIR nods twice

26 and we know she's [(1.1) [she's [able to do [that\↯
 %gaze: [mutual gaze [PET glances at notepad
 [mutual gaze re-established
 [MIR closes eyes
 %body: [MIR nods twice [MIR nods three times [MIR nods
 [MIR briefly raises eyebrows

27 [(0.8)-----
 %gaze: [MIR eyes closed, opens them momentarily, closes them again

critique picks out the character ('she', line 19), it is not the written character that the analysis is reserved for, but the staged persona, embodied by the performer. The suggested shyness is not encoded in the words on the page, but in the enactment of the construct within the staged representation of a particular situated interaction. Hence, we see in line 25 that Peter moves to include Miriam as additional agent in his formulation, a puppeteer as it were, inhabiting and controlling the construct of the fictional character.

We observe how these 'post-mortem' diagnostic activities are occasioned by the attendant members of the company, who work together to locate target sequences for discussion, organize the relevant participation framework for the subsequent topic development, and remain sensitive to the potential disaffiliation that may result from any publically expressed critique of contributors'

choices in the staging. We turn now to the particular note in question, and to what the discussion can tell us about how staff-patient interaction is understood.

Presenting the observation – “going very human”

As discussed previously, the different notes that make up the feedback sections of the rehearsals (and post-performance discussions also, especially in a production’s early stages), involve members engaging in an analysis of sections of the staging, and discussing alternative courses of action that may improve on what has been trialed or worked out in earlier enactments. These analyses may relate to larger sections of a performance, to whole scenes, shorter sequences within scenes, lines, words, or other elements such as the organizing of bodies in the space, visual embodied aspects such as gestures, gaze conduct, postural configurations, the use of props, sound and lighting cues, costuming and other production related components. As such, the note-giving activity provides a rich source of data that deals with how members display understandings of how the staged action works, how it could (or should) work, or how what the staging represents from regular social interaction is understood to be carried out as a matter of course. Whereas the play-script (where there is one) is often used as a set of partial instructions (cf. Suchman 1987), it is how the script is negotiated into an embodied set of practices where we may locate the particular reading and poetic of the *performed* piece. One area that drives differentiation between different productions of the same script is the members’ understandings of ‘how things are done in real life’, including how particular participation frameworks are constituted, discursive and social identities are worked up, turn-taking practices adopted and so forth.

The feedback in the current sequence concerns the staging of an interaction between the nurse, Susie (played by Miriam) and one of her terminally ill patients, Vivian (Sue). We note from the outset that the comments relate to the enacting of appropriate relations between the two characters, at a point when the nurse first raises the sensitive issue of end-of-life care, and in particular what to do if Vivian’s heart stops: either attempt to resuscitate, or allow her to pass away. In his feedback, Peter suggests that Susie’s character is “more professional” than Miriam is displaying in her performance,

contrasting it with descriptions such as “she’s a little too shy; or something” (line 19), and being allowed to go “very human” (line 25). This suggests a particular understanding of how professionalism is constituted in medical settings, one which is further elaborated on in the subsequent talk:

Extract 3

- 29 PET: she doesn't have (.) these problems [these guys [ʒallʒ] have→
30 MIR: [huhuhihihij
%body: [deictic rh gesture towards AND and BEN
- 31 PET: [erm (.) er but (0.2) er it's just that you Δsort ofΔ
%body: [PET puts glasses back on
- 32 [it's not that you're not allowed to but
%body: [PET leans towards MIR-----
%gaze: [mutual gaze established and maintained throughout the rest of this segment
- 33 [now you stretch your legs and you [(0.7)
%body: [PET appears to adjust position of legs under the table-
[PET places hands between knees
- 34 even (.) like a little girl put your hands between your knees→
35 as if it's really [(0.2) really difficult to say this
%body: [PET removes glasses
- 36 [but [ʃshe's done] it a million times (0.6) [before probably
37 MIR: [yeah]
%body: [PET produces series of headshakes-- [PET nods head twice, smiles
- 38 [(0.7)
%body: [MIR produces head nod
- 39 PET: even though she's young and
40 MIR: [mhm okay so more professional→
%gaze: [MIR closes eyes-----
- 41 PET: [i think so→
%gaze: [MIR opens eyes
- 42 MIR: mhm

Mirroring the format produced in lines 19-25, Peter first contrasts the character Susie with other characters in the play (“these guys”, line 29), before commenting on the performer’s choices in her enactment of the character. The “these guys” in question compounds the other performers and their characters into a single entity. Fol-

lowing the comments about Miriam allowing the character “to go very human”, the problems referred to here can be heard as those relating to these characters (the Senior Medical Consultant, the research-focused resident clinicians) and their difficulties in attending to the ‘lifeworld’ of their patients (see Mischler, 1984) and treating them as human subjects, rather than as objects for the benefit of their research (a central theme of Edson’s play). Peter accounts for his reading of Miriam’s enactment by listing a number of components that prompt this analysis. He highlights a number of embodied actions that index for him displays of having difficulty in raising the sensitive subject - “you stretch your legs”, “like a little girl put your hands between your knees” – and suggests that the routine nature of the task for a nurse may lead to a nurse, even a young one, to be able to carry it out without any great emotional investment. Miriam (in line 40) acknowledges the preceding account, and distils it down to the subsequent “so more professional”, a summary ratified by Peter in response with his “I think so” (line 41).

Projecting future remedial action – “don’t go too romantic”

The members now need to agree on possible future courses of action to trial in later attempts at the scene, and here we see a shift in orientation, from retrospective accounts based on having observed the rehearsal, to the projection of how it could be explored on a next occasion. With the human/professional dichotomy having been introduced into the discussion, one possible interpretation of professionalism in medical practice could be that in order for staff

Extract 4

43 PET: and all that feeling (.) is there underneath
44 'i think still you need to (1.2) erm think about this:~
45 MIR: l mn:: '
46 MIR: ~mhm~
(lines omitted)
50 PET: don't go too romantic→
51 'i l i suppose it's not romantic (0.4) it's being er: erm (0.8)
52 MIR: lmn~
53 PET: you can be too um (1.4) em- (0.4) 'pa:: ltic~ (0.3)
54 MIR: li know what you mean~
55 MIR: too empathic~
56 PET: ~and she i:s (0.7) empathetic~
57 MIR: ~empathetic→

to deal with patients in their care, they may need to remain indifferent to patients' predicaments. Here, however, we see how the members attempt to settle on a balance between co-feeling and being unsympathetic.

In projecting the work that the performer needs to undertake to put the suggestions into practice, the director pursues two concurrent lines of consideration. In line 43, he directs his account to the inner world of the character. This addresses one central preoccupation of performers, namely that related to the character's motivations, emotional responses, attitudes, prior history and so on and so forth. By allowing for "all that feeling [being] there underneath", Peter acknowledges the emotional, and thereby the human, world of the character that Miriam is inhabiting. Without a consideration of the inner world of the character, nurse Susie may be understood as little more than an institutional cipher, a purely instrumental persona within the staged action of the hospital. At the same time, the director provides instruction on the accountable conduct of the nurse, with Miriam called on to not 'go' "too romantic" (line 50), or to avoid being too empathetic. Of course, empathy itself can be understood as a person-internal capacity to identify with the feelings experienced by others. However, the way that this is introduced following the comment in the "feeling... underneath" (line 43), linked by the subsequent "I think still you need to (1.2) erm think about this" (line 44), this going too romantic or being too empathetic is hearable as describing social interactional conduct, i.e. how one conducts oneself in such a setting.

Acknowledging the analysis – "ja nicht so empathisch"

There is evidence for that this is how it is heard by Miriam in what she does with the suggestion a little later. Following an extended sequence in which the participants attempt to work out what the correct form is of the word - *empathetic* or *empathic* (both of which are used in English) – Peter and Miriam remark on the absurdity of two Danes using English with one another, and make a further comment on their respective German heritage connections (not shown here). Miriam then adopts German to paraphrase Peter's instruction.

Extract 5

- 82 PET: er::m er:: (.) good so [(0.4)
%gaze: [PET turns gaze to MIR
- 83 MIR: JA [NICHT SO EMPATHISCH% %gls: yes not so empathetic
%gaze: [MIR turns gaze to PET
- 84 PET: [©yeah yeah yeah do do that okay©1
85 MIR: [ja ich habe verstanden%] %gls: yes I've understood it
86 BEN: [ha ha ha]

We see from the reactions to Miriam's turn in line 83, where she uses German to sum up the suggestion, that there is more going on than is warranted by the phrase alone. It is responded to with a smiley-voice formatted confirmation by Peter, and laughter from another member, Bennett (BEN). Indeed, this leads into an extended sequence of collaboratively produced laughter among the members in the company. The key to this jocularly would appear to be the vocal quality employed by Miriam in uttering the phrase. Here, she issues the instruction less as a paraphrase than as a reprimand, with a harsher vocal quality, produced at higher volume, with a level to falling intonation contour, and directed at Peter as he turns his gaze to her. The addition of the sudden language alternation to German adds an additional level of prominence to the utterance. Taken together, the package embodies the quality of not displaying empathy, as it lacks any mitigating formatting features that could soften the delivery of a criticism. By paraphrasing Peter's elaborately constructed suggestions as a straightforward reprimand, Miriam models what a disaffiliative critique would sound like. This of course contrasts with the sensitivity that Peter displayed in his management of the scene diagnosis and projected remedial action, and it is this incongruity – between his human professionalism and her insensitive reenactment of it that is treated as a laughable.

Summing up

Prior to moving on to a different segment of the play, the members discuss another observation related to the same piece of dialogue (not included here). Bringing the discussion to an end, Peter suggests that this will not be effected by Miriam's new tasks to be implemented in the next attempt at the scene.

Extract 6

134 PET: so it's fine i think you had a great contact and everything
 135 and i don't think that will change (0.4) if 'you' (0.3) become less
 136 MIR: | no|
 137 MIR: yes
 138 (1.7)
 139 MIR: i know
 140 PET: whatever it is in german
 141 MIR: empathisch≈
 142 PET: ≈empathisch
 143 (0.9)
 144 PET: nicht so warm 'bitte->' %gls: not so warm please
 145 MIR: |ich bin| professionell %gls: i'm professional

Using German to skip-connect back to the earlier discussion on empathy displays between nurses and patients, here they collaboratively sum up their agreement on what will be done, with Peter's "nicht so warm bitte" (144) being coordinated with Miriam's "ich bin professionell" (145).

Concluding remarks

The analysis presented here was concerned with one single illustrative example selected from myriad others that feature during a theatre rehearsal period. In each case, members zero in on a particular feature of the staged action, with a view to improving the action the next time round. This paper focused on a sequence where the tension between the institutional identity of the healthcare professional and the very human connection with a fellow person is enacted into being. This demonstrates how such theatre procedures can serve to articulate normative expectations pertaining to the social world at large, and in this example specifically to *pro-social* skills in healthcare provision (e.g. Maynard & Hudak 2008; Heath & Luff 2012; Roberts, Atkins & Hawthorne 2014). The current paper has examined commonsense understandings of how these social interactional features are constituted in situ, including how interactional components should be formatted to allow for a balance between the human- and the professional institutional identity to exist.

Interactions in clinical environments are studied in order to provide descriptions of best practice, or to identify practices which may obstruct the successful carrying out of the institutional task at hand,

including the social relations that these encounters are contingent on. Ideally, such research feeds back into the settings, in order to assist stakeholders in reflecting on the very practices that make up the service provision. How this knowledge is operationalized within a professional community is one issue to which those responsible for implementing reflective practice must attend. This knowledge may be distributed for example through the use of textbooks, in workshop presentations, or in pedagogic environments. Elsewhere, training programmes such as the Conversation Analytic Roleplay Method (CARM; Stokoe 2014) offer practitioners alternative sets of tools for reflecting on effective practices in institutional environments, using recordings of people going about their everyday work.

The current article has showcased one particular professional practice that may benefit communities faced with institutional demands to reflect on and optimize social practices such as those found in clinician-patient interaction. The activity of *doing notes*, used in theatre settings for furthering understandings of situated social interaction and improving similar interactional events on subsequent occasions, provides a framework through which practitioners can talk through episodes of their work under the guidance of an external observer, and agree upon future courses of action to be trialled on subsequent occasions. By adopting the overall structural organisation of this activity, built around feedback items organized around the seven phases described in the analysis, practitioners could be afforded additional opportunities to reflect on the practices involved in carrying out their institutional activities, with a view to furthering their professional development. Guidance in this could of course be sourced from interaction analytic researchers as well as theatre professionals, both for whom these types of analyses form the backbone of their work. However, where greater engagement with these practitioners is impractical, the healthcare profession may still be able to benefit from their practices, and organize external observers from inside its own community. As such, this activity, found in the theatre profession, may offer a useful additional method in the toolkit for reflective practice in healthcare provision.

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Identifier	PET :
Pause	(0 . 2)
Overlap markers top	⌈ ⌋
Overlap markers bottom	⌊ ⌋
Intonation: rising	↗
continuing	→
falling	↘
Pitch shift	↑
Latched turns	≈
Smiley voice	☺
Unsure	?Unsure?
Within word laughter	h
Inbreath	· hhhh
Stress	<u>now</u>
Accelerated speech	Δand youΔ
Translation	<i>In italics</i>

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Notes

- 1 The production was staged by Why Not Theatre Company. It was directed by Peter Dupont Weiss, featured Sue Hansen Styles, Andrew Jeffers, Bennett Thorpe, Miriam Yaeger, Eira Pryce, and Rasmus Knutzen Nielsen with Ditte Bertelsen assisting.
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