Where Do They Stand?
Spatial Arrangement of Companions in Geriatric Triads

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Outline

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   Q1: Entering sequence?
   Q2: Spatial arrangement: Arrangers; areas; postures?

Methodology

Analysis framework: Q1 & Q2 (who/how & where)

Findings and discussions: Q1 & Q2 (who; how & where)

Conclusions & implications: Q1 & Q2

A proposal of ‘golden triangle arrangement

triangle; main figure of findings
Motivation

Why geriatric triads?

- 65% in Adelman et al’s observation (1991) and 73.1% (among 134 elderly patients) in Tsao & Lu (1999) -triadic than dyadic interaction.

Why spatial arrangement?

Proxemics, i.e. personal space, seating arrangements, distance between participants, set ups a crucial frame and template of verbal interaction (Knapp 1978; Levinson & Rakel 1987:142).
Motivation

• **Medical educators & researchers:** Only general guide to spatial arrangement

• **Discourse analysts:** In-depth discussion of coordination between verbal and body language in medical interviews
Motivation

• Mainly situated in a Western-based medical practice.
• D-centered setting in hospitals in Taiwan: P approaches to D; with the presence of an assisting nurse.

Figure 1. From Robinson and Stivers 2001:283

Figure 2. From Tsai 2000:51
Research questions

Q1: What is the **entering sequence** of the patient parties (i.e. the patient and the companion)?

Q2: How is **the companion’s physical position arranged** in the opening stage of the medical interview?
Methodology

World map - Robinson projection. Scale 1:134,000,000

- Cardiff, UK
- Taiwan, 35,563 sq km, 22.5 million
Methodology

- 69 elderly patients of first visit, 43 F, average age 75 yr
  26 M, average age = 73 yr
- With an adult companion, wife (5), husband (1), daughter (21), son (25), daughter-in-law (12), son-in-law (1), adult grand-child (4)
- Three cases are with an additional child companion, aged 3 to 5.
- Interviewed by
  28 P interviewed by 8 F doctors
  41 P interviewed by 8 M doctors
- Conducted in Mandarin and Southern Min

The family medicine department of a medical center in southern Taiwan

http://www.infoplease.com/atlas/country/taiwan.html
Analysis framework (1): entering sequence

**Patient the first**

Pt, Comp  
Pt, Child C, Comp

**Patient the last**

Comp, Pt  
Comp, Child C, Pt  
Child C, Comp, Pt
Analysis framework (2): Spatial arrangement

Who *arranges* the companion’s position?
What *area* does the companion take?
What *posture* does the companion take?
11. Officially arranged by:
   A. Doctor
   B. Nurse

12. Self-arranged

2. Posture
   A. Standing
   B. Sitting
Analysis framework (22): Areas

PC eye contact  DC eye contact

A: between DP  😊😊
B: near door  😊😊
C: behind P  😊😊
Findings: Entering sequences

P the first 78.3%

53 Pt, Comp

1 Pt, Child C, Comp

P the last 13%

7 Comp, Pt

1 Comp, Child C, Pt

1 Child C, Comp, Pt
Discussion: Entering sequences

Q1: Entering sequence

**Finding 1.1: Child companion never the last** (3 cases = 100%) This finding suggests that both the elderly P and the child companion are ‘the needy’ or ‘the less independent’ in the context of medical consultations.
Conclusions & implications: Entering sequence

Q1: Entering sequence

Finding 1.2: Patient the first (54 cases = 78.3%)

The P enter the room before the C do.

Implications:

1) This preferred entering sequence helps the doctor identify who the patient is among the two (or more) patient parties.

2) Exceptions to the preferred sequence of ‘Patient the first’ suggests a potentially marked triadic relationship.
Conclusions & implications: Entering sequence

Marked situations

2 cases: The C entering the room prior to the P takes the opportunity to convey an agenda which must be kept hidden from the P.

2 cases: The C is an acquaintance of the D.

1 case: The C appears to be somewhat indifferent to or less familiar with the P’s medical problem and history.

1 case: The C behaves relatively actively or aggressively to the point that not only she enters the room first but also dominates the conversation.
Findings: arrangers

- Arranged by D 6 = 8.8%
- Arranged by N 3 = 4.4%
- Self-arranged 59 = 86.8%
Findings: arrangers, areas, and postures

Arranged by D  6  =  8.8%
Arranged by N  3  =  4.4%
Self-arranged  59  =  86.8%

Area A  22  =  32.4%
Area B  30  =  44.1%
Area C  16  =  23.5%

Standing  49  =  72.1%
Sitting  19  =  27.9%
Discussion: Spatial arrangement

**Finding 2.1:** Most of the Cs’ positions are self-arranged (86.8%), rather than arranged by the D or N.

**Finding 2.2:** In other words, the Cs are often not asked to take a seat; as a result, most of them (72.1%) take a standing posture.
Finding 2.3 in Tsai 2003 (P63): In only 8 of 30 cases (26.67%), the C’s relationship with the patient was clarified by the D in the opening stage.

First conclusion of Q2: There is a lack of official spatial arrangement and verbal acknowledgement for the C’s status in the opening stage of the medical interview.
Discussion: Spatial arrangement

Second conclusion of Q2: The prevalence of the sequence ‘Patient the first’ (78.3%) and the lack of official spatial arrangement of the C’s status make C’s standing near the door (area B), the most common posture (32.4%); and make C’s standing between the D and the P (area A) the second most common posture (17.6%).

- 24 cases (34.3%) standing
- 6 cases (11.5%) sitting
- 12 cases (17.6%) standing
- 10 cases (14.7%) sitting
However, the resulting C’s spatial arrangement of standing near the door (34.3%), or standing between the D-P (14.7%) has two potential negative effects on D-P communications.
First negative effect: The arrangement of C standing near the door facilitates DC eye contact, but discourages PC eye contact. Consequently, patterns of DC alignment are more likely to be formed than PC alignment.
Second negative effect: Standing between the D and P not only imposes pressure on both the D and P but also offers the C more flexibility to move around and an easier way to intrude the D’s territory by, for example, peeking at the doctor’s medical notes and computer.
Conclusions & implications: Spatial arrangement

In this arrangement, the D first clarifies the C’s relationship with the P and then invites the C to take the seat between the D and P.
• **Golden**: Patient-centered approach: The ‘**optimal**’ position of companion is first determined according to the **patient’s perspective**, the doctor’s the second.
Conclusions & implications: Spatial arrangement

This spatial arrangement is optimal/useful in three ways.

1. It places the D and the P at the center of the interaction and the C at the side.

2. It discourages the C from dominant participation since he/she is not within the range of the D’s direct eye contact.

3. The sitting posture of the C, as opposed to the standing posture, imposes less pressure on the D and the P.