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Discourse analysis, the use of images and the health field: theoretical-methodological aspects

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Abstract
This article aims at presenting the foundations of the Interactional Sociolinguistics perspective to discourse analysis and its use in health research, specifically Mental Health. Firstly, the term discourse analysis is discussed since it is an empirical methodological tool widely used in Human and Health Sciences. Secondly, the shared epistemological foundations that guide more than the 50 current approaches to discourse analysis are presented followed by explanations about the theoretical principles upon which the Interactional Sociolinguistics perspective is based, which conceives discourse as a co-joint production between participants of a face to face interaction. Then the methodological procedures used for data collection as well as for the corpus exam are presented such as creating a transcription system and establishing categories for actions/sequences. Next, it highlights the advantages and the problems of using images in health qualitative research. Finally, it discusses the ethical and practical implications for the use of images on health qualitative research that results from subscribing to the Interactional Sociolinguistics perspective to discourse analysis.

Keywords: discourse analysis; Interactional Sociolinguistics; qualitative research; images; Health

Introduction: the discourse analysis in the interactional sociolinguistics perspective

What is discourse analysis? We start this article with a rhetorical question, but the answers will help us guide the discussion hereby proposed. According to Gill (2002), discourse analysis is a label applied to a range of over 50 methods in the study of oral and/or written text. It was developed in the field of sociology and has been used in various areas such as social psychology, linguistics, artificial intelligence and anthropology, among others. According to the author, despite this great diversity, from the epistemological point of view, we may identify three common points that underlie the various approaches. Firstly, the approaches reject the realist conception of language that describes it as a tool used to describe the world and that conceive it as an instrument that *constructs* realities. The social nature of reality is another pillar that supports the various approaches for discourse analysis rejecting essentialism according to which, the world precedes the social being. Based on this assumption, when we use language we are creating reality and we are therefore in line with the qualitative paradigm of research (DENZIN; LINCOLN, 2000). Ultimately, in their comprehension, they highlight that the forms we have to understand reality are culturally and historically restricted.

The present article focuses on the interactional sociolinguistic perspective for discourse analysis that defines it as a social practice as opposed to an individual practice. With its eminently interdisciplinary nature, this aspect of analysis was constructed in the wake of the contributions by the sociologist Erving Goffman and the anthropologist John Gumperz (SCHIFFRIN, 1994). According to Goffman (2002), face-to-face interaction is a domain of social life, a process of mutual negotiation between the participants of an interaction. We use language to do various things: to praise, to seduce, to say sorry, in specific situations, or in the terms of Gumperz (2002), in specific contexts. The sociologist's main concern was, by means of the examination of interactions, to understand how social order is established. In other words, how we are able to understand what is happening here and now when interacting with our interlocutor.   To the anthropologist, the focal point of the investigation falls upon the examination of how we contextualize communication in situated discursive practices seen as interactive and social, with the cooperation of more than one participant.

The work of the discourse analyst: Methodological stages

The work of the discourse analyst in this interpretivist qualitative approach is similar to that of a

artisan, or of a quilt maker (DENZIN; LINCOLN, 2006), in that it is not possible to aprioristically describe a fixed set of methodological procedures to be used in his/her work. It is fundamentally about qualitative research (DENZIN *et al*, 2006; GIALDINO, 2006) where verbal or non-verbal data directs the study.

Some methodological stages are suggested in the literature available on the subject (RIBEIRO, 1991; GILL, 2002; FLICK, 2004; GIALDINO, 2006), and the interpreting of data embraces different interpretive practices. The nature of the corpus and the form of gathering it, as in any qualitative research, depends fundamentally on what you wish to examine and on the design of the investigation. We underline the fact that, as we are dealing with interactions in natural and non-experimental contexts, planning how data will be collected is of great importance. Multiple methodologies are frequently used. Ethnography, that according to Becker (2008) is a procedural form of social investigation used to apprehend/learn the significance that those observed have of their own actions. This is a perceptive attitude based on the view that is constantly constructed in the relationship that the researcher has with the observed social reality, in all its perceptible facets. The resulting field notes are dense descriptions and the ethnographic researcher transits between the foreign/familiar poles of the continuous research experience (AMEIGEIRAS, 2006).

The different types of interview – focal groups, individual interviews (GASKELL, 2000), narrative interviews (JOVCHELOVITCH *et al*, 2002; FLICK, 2004), life stories (MALLIMACI; BELIVEAU, 2006), doctor-patient interviews (MISHLER, 1984; PINTO *et al*, 2005; RIBEIRO *et al*, 2006 a e b), among others – configure also as a powerful strategy for data collection. From the discourse analyst's point of view, the medical interview approach (BAHKTIN, 1986) configures as a very rich and complex focus of study that evidences the co-construction work of discourse by participants, the joint creation of interlocution contexts between the doctor and patient and a permanent process of negotiation of meaning.

The doctor/patient interview is mediated by the knowledge that allows for, and legitimates the meeting; the doctor shall explain the disease, mentioning it as appropriate. To this effect, both participants seem to share the main objective of the meeting, to lessen the patient's pain. Not withstanding, this same knowledge, the real condition for this type of discursive construction, fulfills this transposition in the light of some presuppositions that are not necessarily signalized, perceived and interpreted in an identical manner by both interlocutors, and that somehow may act as an obstacle that is sometimes insurmountable for satisfactory communication. This is because the knowledge that anchors clinical practice is constructed by means of a semiological framework that informs, maps and limits the translation of the symptom in previously established categories. The discursive roles (GOFFMAN, 1975) are aprioristically defined. The doctor should lead the interaction by introducing the theme to be discussed, interrupt the interlocutor/patient whenever necessary, explain whenever necessary, insist on certain topics, even when the listener demonstrates that he/she does not care to, and return to certain topics that have already been discussed but that, from the medical point of view, require further investigation for a reliable translation of symptoms, among other aspects. The patient should answer the doctor's questions in an extended and complete manner. As such, we notice an asymmetry of different natures: of knowledge, social role and discursive role. This leads to the need to analyze the psychiatric interview as an intense process of negotiation of meanings. And when talking about linguistic behavior, this involves complex information: the morphosyntactic and semantic aspects (regarding the selection of words, their order in sentences and the meaning that results from this combination), paradigmatic (that includes the speaker's intention when choosing a given linguistic form in a particular situation of use) and discursive (regarding the relationship between participants and their relationship with the text).

Another point that deserves attention is the data collection method (audio only, audio and video or video only), the stage of the research that is the result of the analysis by the investigator of contextual aspects regarding the field under investigation, such as field accessibility and accessibility to the subjects of the research, and the nature of the topic of research to be answered. Practical factors are also considered in this decision: time taken to carry out the research, the existence of funds for displacement to the field and/or for the acquisition of the necessary equipment for filming, among others. Documents, such as medical records in the case of health and mental health are, at times considered complementary items used to understand the institutionalization of a patient and access to these may involve prior negotiation by the investigator with the referred institution.

With regards to data transcription, the transposition of the oral discourse into writing, in the case of data constituted by oral interactions is considered part of the analysis (RIBEIRO, 1991) in that on one hand, the analyst must cut and select the sequences of discourse that are most illustrative and pertinent, and decide on the best system of conventions to be used in the transcriptions. In order to make this decision, the scope of the research, the type of data and the researcher's area of work

should be considered. Frequent criticisms regarding the use of a system of conventions that transcribes in detail that which is said, as well as paralinguistic aspects (rhythm of speech, emphasis, extension of vowels, overlapping of speech, etc.) and non-verbal aspects (eye direction, posture of the participants, etc.) of the interaction are based on the fact that the reader who is not familiar with this resource may be faced with too much information that is difficult to process. The adequacy of the conventions to be used is therefore discussed (RIBEIRO, 1991, 1994; LODER, 2008) in the light of the area of knowledge in which the research is conceived. For those areas in which interlocution with language studies in the interactionist field is still in the process of consolidation, the suggestion is that the chosen convention should give priority to verbal aspects regarding enunciation as well as non-verbal aspects, but that are prominent to the topic under study (cf. PINTO *et al*, 2007).

Data return, by means of the reading of transcriptions at different moments of the research, is also part of the methodological procedures that are fundamental for the next stage, the process of implementation of categories based on the observation of recurring patterns and/or patterns that are dissonant in the data. The search for data patterns can be accomplished by means of the comparison between the various situations of communication (observations from field notes, informal conversations, interviews, professional accounts in medical records, etc.), observing the contextual particularities. An initial analysis provides us with data for an initial grouping of categories of which pertinence will be evaluated during the constant data return process.

Over the past three decades, various software systems have helped researchers, particularly those who adopt the qualitative paradigm in the tiring job of categorizing data (KELLE, 2002), and this has progressively helped overcome the initial fear that the use of computers would modify the practice of qualitative research. The ATLAS-ti, NUD-IST (FLICK, 2004) programs and more recently the N-VIVO program are useful tools, particularly when there is extensive corpora and when a large team of investigators at different research centers carries out the research since they speed up the handling and management of data and increase the consistency of codifications. Fundamentally, these systems allow for storage in large databases, regardless of heterogeneity and allow for marking of codes in the corpus once the researchers have created these. This facilitates the sequence recovery process relative to each one of the codifications.

On the whole, the main concern of the discourse analyst in the interactional sociolinguistics approach when using the methodological procedure hereby described, is to specify that which is implicit in communication in order to answer two fundamental issues: how we interpret one another, how we fill in the gaps regarding that which is not explicit and how we can mutually understand one another and express that what we really want to express if language is so open and subject to modifications and subtleties.

The theoretical principals of discourse analysis in the interactional sociolinguistic perspective

In order to situate interactional sociolinguistics in the broader context of studies that focus on human communication (SCHIFFRIN, 1994; CAMERON, 2001; RIBEIRO *et al*, 2002), we will briefly present the main theories that contribute towards the emergence of this approach highlighting Conversation Analysis (Sacks *et al*, 2003), Ethnography of Communication (Gumperz; Hymes, 1972), and Frame Analysis (Goffman, 2002; RIBEIRO; HOYLE, 2002).

Conversation Analysis (SACKS *et al*, 2003) demonstrated that "conversation is not exclusively based on the individual production of each speaker, but on joint production" (MARCUSCHI, 1986, p. 84), which takes us to consider that conversation is an activity of discursive co-production. As such, one could locate the emergence of the notion of discourse used by interactional linguistics that results from a joint effort by participants. By means of extensive research, Conversation Analysis demonstrated the existence of universal rules that imply the simplest form of human interaction, conversation. These analysts studied the organizational characteristics of conversation such as "turn-by-turn" organization, sequences as well as global organizations (for opening, development and closing) and the discourse markers (particles such as "well", "right?", "you know"). Based on the 'wait your turn to talk' general rule, researchers proposed a set of properties where "turn-taking becomes a basic operation of conversation in that the turn (…) is that what is said and done by the speaker while he/she has the word, including the possibility of silence (MARCUSCHI, 1986, p. 18). This observation, that "conversation normally consists of a series of alternated turns that compose sequences in coordinated and cooperative movements" (MARCUSCHI, 1986, p. 34) took analysts to propose the adjacency pair concept, "a sequence of turns that coincide and help the local organization of the conversation" (p. 35). As such, after a question we wait for an answer, after an invitation, we wait for an acceptance or refusal and after a greeting, another greeting.

The Ethnography of Communication (Gumper; Hymes, 1972) was the first sequence of studies to look for regularities in the use of language, making human communication in day-to-day speech an object of primary investigation. Based on data that includes "information about the use of the linguistic repertoire, the totality of different linguistic varieties, dialects and styles used by a given social group" (Gumperz, 1982), the ethnologists of communication demonstrated that social and cultural knowledge is revealed in the use of language and "characterized by specific cultural values and norms that delimit both the form and the content of what is said" (p. 154). The Ethnology of Communication contributed towards the appearance of interactional sociolinguistics, in that it revealed the existence of rules that imply the use of the language of a specific social group, including culturally specific norms shared by group members. For the author, linguistic variations are better understood as discursive signaling devices that are conventionally shared – or not – by participants used in specific situations.

The contextualization conventions (GUMPERZ, 2002) are clues of sociolinguistic nature that we use to signalize our communicative intensions or to infer other people's intentions. They may be of linguistic nature, such as the linguistic system used, paralinguistic – pauses, hesitation, tone of voice -, prosodic, such as emphasis, as well as non-verbal. We underline the fact that the uses of clues, that as a whole supply the basis for the analyst's interpretations, are culturally and conventionally defined. We are faced with a theory of situated interpretation (GUMPERZ, 1992) that is culturally specific insomuch as the inferential processes depends on knowledge about the clues and what they communicate. As such, the notion of culture is placed in a comparative framework and is accessible by means of how we react to what we hear in particular situations.

Frame Analysis (BATESON, 2002; GOFFMAN, 1974, 2002; TANNEN, 1986, 1989; TANNEN; WALLAT, 2002) is another tradition of research to provide valuable contributions for the development of the interactional sociolinguistic approach for discourse analysis. In order to characterize the face-to-face dynamics between speakers and listeners, Erickson and Schultz (1977, 1982) propose the concept of participation structure defined as the rights and obligations of the participants as speakers and listeners, and the social and discursive roles that these take on when they interact face-to-face. These roles suffer constant changes. For Goffman, these changes constitute change of *footing* (GOFFMAN, 2002), of alignment that speakers assume for themselves and for others in the production and reception of speech. And it is these changes of posture, of rhythm, of emphasis and of the tone of voice, in addition to morphosyntactic and semantic levels that allow us, speakers of a given language, to change the frame of interaction, in other words, what is happening at the moment of interaction with the interlocutor (TANNEN, 1986). We are therefore faced with another fundamental concept for discourse analysis that follows the approach hereby adopted: the frame concept defined by Bateson (2002) as a set of instructions that help the listener understand the message, much like how a picture frame guides the perception of a painting by an observer. As such, for the listener to interpret the content of reference - the message - of a given elocution, he/she must do so based on the speaker's *intended metamessage*.

The use of images in health research

From the set of contextualization conventions or clues that us, the participants, make use of in interactions, we will now highlight the role of non-verbal clues. Glances, smiles, gestures, the distance between participants and the postures maintained by the participants are part of our sociolinguistic knowledge, and incorporate our discursive practices and therefore contribute to produce communicative effects. For this reason, we should therefore consider the need and the feasibility of including such information of non-verbal nature in the data by using audiovisual recordings (LOIZOS, 2002). These recordings offer some advantages to the analysts since they configure a powerful and detailed form of recording multiple and complex human actions where various social actors are engaged, sometimes simultaneously. As an example, an emergency hospital service involves various professionals in the different stages of this process of institutional communication (DREW; HERITAGE, 1992), including health service security, receptionists, nurses and/or nursing assistants and on-duty doctors. In order to understand the interaction, that which is happing here and now, as explained by Goffman (1974), non-verbal communication offers strong assistance in order to understand the multiple signals regarding how participants constantly contextualize the discourse, and how discourse is involved in the construction of social relationships within the institution.

Based on the power and prevalence of visuality in the contemporary social, economic and political world, we can mention various other advantages for the use of audiovisual recording. Repeated and infinite access to data allows the analyst to examine the various layers involved in the acts of communication (GOFFMAN, 1974). Use in action-research (BARBIER, 2006), by various professionals, allows us to make the best of the recorded material, not only in the process of analysis. In a clinic,

for example, during skills training for resident doctors, or in the discussion of a clinical case, audiovisual recording of an anamnesis may, on one hand anchor the attentive clinical observation of a patient, fomenting detailed discussions that guide diagnostic hypothesis of the professionals that may or may not be training, without the physical presence of the patient that may be distressing at times. Specifically with regards to psychiatry, a field in medicine that does not possess standard procedures, and that is based on the observation of the patient's behavior, access to non-verbal information such as the direction of the participant's eyes, his/her facial expressions, smiles, among other clues, allows the investigator to understand various contexts of interlocution by which participants guide themselves.

On one hand, we must consider various issues when opting for audiovisual recording for our analysis. Firstly, we must remember that visual data does not portray reality. It is selected by the view through a camera manipulated by individuals who use a number of technical resources such as framing, angle and brightness as strategies to represent/construct a given reality. This point inspires us to think about the identity of those who are behind the cameras. Might this person be the researcher him/herself, someone from his/her team, a technician or even a participant? We are therefore faced with two issues: one technical/practical aspect and another ethical aspect that frequently intertwine with one another. It is safe to say that the technology geared towards capturing images (cameras of various sizes and for various uses, mobile phones, etc.) has advanced rapidly, therefore creating an exponential increase in offerings. However, it is also safe to say that the quality of the material produced is directly proportional to the skill of the person operating the equipment. When it comes to research, it is important to hire an experienced professional, or to train someone from the team to use the equipment. If hiring, one must evaluate the implications of including a "foreign" technician in the research group in the field of observation. In the case of a images recorded by a focal group, including psychiatric patients, where the purpose was to investigate the perceptions of sexuality in subjects with mental disorders, a very delicate topic that requires previous preparation of researchers/mediators to conduct the meeting, the decision to train one of the investigators to record the images seemed, in the light of the objective of the research, to be the most appropriate. (PINTO *et al*, 2007).

This point leads us to the discussion of some ethical aspects (CHRISTIANS, 2006): how to conjugate the confidentiality in the collection of verbal and non-verbal data in the psychiatric interview with a patient (RIBEIRO, 1994; RIBEIRO; PINTO, 2006) with, for example, the technical nature necessary for the referred job? Another point to be considered is the scope of the corpus necessary for the research. We should ask ourselves to what extent is visual data necessary for the investigation, since the use of visual data, in view of the progressive technological advancements that, on one hand have provided in increase in the quality of machines used hereto and on the other hand, the constantly decreasing cost is very tempting. One must be aware of the fact that we might have many hours of data that will need subsequent treatment. As previously seen, all data analysis requires the creation of a system that implies in a systematic examination of the corpus, the creation of a notes/transcription system for actions and sequences that the researcher considers important for the study, with the subsequent establishment of consistent standards and the categorization of actions / sequences from categories / concepts that anchor the selected theoretical framework. Softwares such as N-VIVO offer the possibility to conjugate both verbal and visual documents of various sizes / formats in the database, but the challenging and strenuous job of creating the codes that guide the investigation is still carried out by the researcher.

One should also consider that in the interactional perspective of discourse investigation there is a lack of a specific set of analytical devices specifically designed to analyze images in movement, in real situations of communication. We benefit from methodological proposals created for research with audiovisual material (ROSE 2002), such as television programs that, as opposed to face-to-face interactions, mostly follow a previously established script and produce a product that is the result of an intense editing process. We feed off proxemic contributions (HALL, 1990) that discuss the postures and distances between participants and kinesics (BIRDWHISTELL, 1970; KENDON, 1981), that examine facial gestures and expressions. Visual data is mostly treated as text. Nevertheless, the challenge of creating methodological devices capable of contemplating the synchrony between verbal and visual information inherent to human communication still remains.

Research in Health with the use of images: some pratical and ethical implications in the adoptions of interactionist perspective for discourse analysis

The interactionist conception of discourse as the joint construction between interlocutors in face-to-face interaction brings in its wake the consequential definition that meaning is a result of a constant and mutual negotiation between participants. And if discourse is seen as action-oriented, that what

we do and not only that what we say, becomes an integral part of our investigation. Therefore, verbal, paralinguistic and non-verbal clues, as previously said, constitute our discursive practices. And what are the implications in the adoption of interactionist perspective of discourse for the recording of visual material? This notion of discourse should guide the recording of images that will compose the research data. This implies in saying that all whose who interact, and who consequently contribute towards the creation and the joint attribution of the meaning of that moment of communication should be part of the recorded scene. From the practical point of view, depending on the nature of the data (a group interview, an emergency procedure) and on the number of involved participants, this recommendation may be somewhat complex since you will need at least two previously installed cameras and a few microphones in order to capture glances, postures and the speech of all participants. It is worth stressing the fact that we are dealing with data collection in natural situations and the necessary technical preparation for this job may change the routine of the environments under observation in such a way that the collected data may move away from current discourse practices. This gives rise to the need to train the team (technicians or the investigators themselves) that will be responsible for the filming and recording of the corpora.

The use of images in the health area, especially mental health, has over the past two decades turned into a constant learning process and a challenge for investigators. The need to preserve patient identity and confidentiality, recognized by resolution 196/1996 of the National Health Council, and guaranteed by the obligation to present projects for approval by the country's various ethics committees that at times impose limitations when it comes to recording images of patients, even when this is considered necessary for the adequate development of the work. In a multicentric survey, the Interdisciplinary Project for Sexuality, Mental Health and Aids (PRISSMA), that intended to create a Brazilian intervention for the prevention of HIV transmission in patients with major mental disorders (PINTO *et al*, 2007; WAINBERG *et al*, 2007, 2008), the recording of videos during intervention sessions composed of activities with groups of psychiatric patients of both genders under the orientation of two trained facilitators initially used the research protocol. The multidisciplinary team that conceived the research considered that the data regarding the non-verbal behavior of participants, patients and facilitators would be of great importance in order to evaluate the feasibility of the use of the intervention, therefore including the observation that data would be recorded in audio and video in the Free and Clarified Consent Term (FCCT). The referred FCCT was approved by the Ethics Committee of the University of Columbia. However, the Brazilian ethics committees to which the research was submitted concluded that the recordings should be carried out only in audio since "total preservation of anonymity and confidentiality of data and of the users had to be preserved". Two issues therefore remain: how to work with images and at the same time meet the criteria of confidentiality? How to manage both aspects when exposing the research in forums of academic discussion?

Bearing this in mind, it is up to researchers to incorporate these challenges and issues in their practices and to investigate the viability of the use of images in their research and the real need for images to fully meet the objectives of their investigative work.

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