PRESENTATION

Care-in-interaction: practices, knowledge, and reflexivity in health

Cuidados-em-interação: práticas, saberes e reflexividade na saúde Soin-en-interaction: pratiques, savoirs et réflexivité en santé

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Mots-clés : Soin-en-interaction ; Parole-et-corps-en-interaction ; Analyse conversationnelle ethnométhodologique ; Phénoménologie ; Communication homme-ordinateur.

The expression **care-in-interaction**, which forms the backbone of this dossier, stems from ethnomethodological conversation analysis (ECA), a research trend originating from American sociology (Sacks; Schegloff; Jefferson, 1974) with roots in Harold Garfinkel's ethnomethodology. This powerful, heuristic interactional approach has been embraced worldwide in several disciplinary areas (Watson; Gastaldo, 2015), including, in the last ten years, the study of **talk and body in interaction** (Mondada, 2018).

The two initial questions that inspired the collection – how interactivity is manifested in different environments and settings, especially in relation to health, and in what ways microanalytical approaches to the study of interactions can further our understanding of social processes – prompted dialogues with the authors who accepted the challenge of presenting their research, which, despite taking different approaches, converges around the central theme.

The five articles in this dossier express some facets of the approaches that can be taken to investigate care-in-interaction. The first and second are corpora studies based on audio and video data, respectively, that are rooted in the ECA paradigm. The third, which adopts a phenomenological perspective, is based on field observation and ethnographic interview data; the fourth draws mainly on interview data from a documentary; and the fifth analyzes legal documents.

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The article that opens the dossier is "Unfortunately, we couldn't reach a definitive diagnosis': the interactional management of uncertainty in genetic counseling," authored by Ana Cristina Ostermann and Minéia Frezza (2024). Supported by a rich literature review, the study utilizes a corpus of 54 recordings of consultations with a geneticist to discuss the results of fetal genetic tests, basing the central analysis and reflections on a single case. Specifically, the analysis focuses on the interactional management, by a doctor and a patient, of the uncertainty arising from the inconclusive results of a genetic test performed on a fetus that suffered malformations and, subsequently, death, at 35 weeks of gestation. Using the Jeffersonian conventions for transcribing talk-in-interaction, the authors select six excerpts from this interaction. In their analysis, they demonstrate, through descriptive means, the emically problematic nature - from both interacting agents' subjective viewpoints – of the absence of a diagnosis and, consequently, of an epistemic basis for assessing the risk associated with a new pregnancy. The announcement of the fetal autopsy result is analyzed using a fundamental concept in ECA, that of the adjacency pair, inherent to which is the concept of preferential organization. The authors **show** and **demonstrate** that the announcement of the absence of conclusive results and diagnosis is a second-part pair for which there is an emic dispreference. Indeed, it is found to be worse, from the interacting agents' perspective, than the delivery of bad news, which would provide a solid epistemic basis for subsequent informed decision-making. A desire to reduce the uncertainty prompted by the absence of a definitive diagnosis motivates more active participation (or agency) on the part of patients, which is witnessed as a recurring behavioral orientation in the reported case. The descriptive epistemology of qualitative research, which demonstrates by showing, proves to be a robust approach in ECA, as explored in this article.

The second article, "Multimodal perspectives on communication with face masks in times of covid-19," by Ulrike Agathe Schröder, Anna Ladilova, Sineide Gonçalves, and Fernanda Roque Amendoeira (2024), complements the introduction to ECA provided in the first article by expounding on the multimodal analysis of talk-and-body-in-interaction, using GAT2 transcription conventions. The development of corpora studies of video recordings has triggered a re-articulation of and new convergences between ECA and gesture studies. The article analyses video data generated in Brazil and several other countries originating from television programs accessible on YouTube. The interactional frames presented consist of journalistic interviews on public transport (Cuba), in a hairdressing salon (Germany), and in the vicinity of a medical center (USA), as well as dialogue between a healthcare professional and a patient (Brazil). In all these interactions, which took place in the context of the covid-19 crisis, the people involved wear masks. The five excerpts of multimodal transcription therefore focus on multicultural data, inviting readers to reflect on the transcultural scope of ECA. This is a big issue, which is addressed in the authors' explicit mention of one of the main responses developed in ECA, taking an *in situ* praxeological and phenomenological approach: as a rule, the regular behavioral patterns evidenced in ECA are incorporated into actions to the point of going unnoticed, despite being performed with attention and mastery (i.e., seen but unnoticed). The definition and imposition of new norms of conduct triggered by the pandemic constituted a social experiment on a global scale, whereby individuals were compelled to follow instructions set by health authorities designed to get them to adopt new behavioral patterns in interactional settings. The previously self-evident nature of the norms of conduct was disrupted, forcing interactors to temporarily self-monitor their own behaviors. Situated at the intersection of the macro and the micro, the article contributes to the study of the behavioral microadaptations of interactors to the mandatory use of face masks. The transcultural scope of the very detailed descriptive analyses of the gestures of the "body-subjects" and their semantic and pragmatic values is an important issue discussed.

The third article, "Aesthetics and rhythm as existential expressions of a fragile being in care," by José Manuel Resende and Maria Rosália Guerra (2024), maintains the focus on the body, but moves away from

the paradigmatic framework of conversation analysis. The empirical basis no longer consists of recordings, but of direct observations and field interviews of an ethnographic nature. The fields are: the home of an elderly dementia-sufferer called Etelvina; a day center she frequents; and, above all, the room where the choir she sings with rehearses. Etelvina is supported by social intervention techniques, and this is one of the objects observed and discussed. The absence of recordings and transcriptions does not allow for a detailed description of the behaviors or the sequential organization of the interactional plot in which they occur. However, the descriptions provided are highly detailed: to compensate for the difficulty of the interviews resulting from disturbances in Etelvina's verbal activity, attention is focused on her bodily behavior. Details of this behavior are provided to build up a comprehensive description of her subjective experience, which is presented as a phenomenological approach, developed within the framework of French pragmatic sociology, to which most of the literature cited in the text is affiliated. The article deserves to be read in light of Kneubühler and Piette (2019), authors of one of the articles mentioned in the bibliography, as it demonstrates great sensitivity in developing a comprehensive and intensive perspective that focuses on the existential singularity of a human being, paying **phenomenographic attention** to the bodily clues of subjective experiences of a fragile person, who is accompanied and observed in various situations. The potential to promote and teach how to take such a high-quality and high-intensity perspective is a very pertinent contribution made by the article to the training of professionals involved in the provision of care-in-interaction.

The fourth article, "Communicating the incommunicable? Women with endometriosis, asymmetries and limits of empathy," by João Freire Filho and Júlia dos Anjos (2024), is not based on data from direct (overt or covert) observation of interactional behaviors. On the contrary, it uses data generated in interviews shown in a documentary, which are analyzed in light of fictional works, as well as from a review of the scientific literature on pain, its communication, and the historical and social factors that complicate this act of verbal transmission. Interactional and communicational issues are highlighted as central in first-person testimonies, whether they are generated in interview situations or shared through autobiographical or autopathographic writing. The article helps highlight the lack of understanding and empathetic attention repeatedly experienced and reported by women who cope with the pain associated with this disease. The authors denounce sexist, racial, and social (or classist) stereotypes and prejudices, which, deeply sedimented in social history, are mutually reinforced, as documented and confirmed in intersectional studies. Specifically, they question their impacts on the interactional frameworks of the relationship between health professionals and patients. The overvaluation, in the training of medical students, of "objective" evidence obtained by laboratory testing and the concomitant undervaluation of first-person accounts by women reveal a formative bias that tends to reproduce discrimination and microaggression due to neglect. This is one of the paths for transformative action indicated by the authors.

This dossier ends with the article "Intelligent Virtual Assistants and mental health: regulatory debates in Brazil," by Anna Bentes, Danielle Sanches and Paulo de Freitas Castro Fonseca (2024), which proposes a salutary, topical discussion about the impacts of so-called artificial intelligence on human health and the challenges of its regulation in Brazil. Based on documental analysis of legal instruments (existing and under discussion), the article sheds light on a unique moment in the history of communication between humans and machines – a debate that could be revisited in future studies, especially those focused on the impacts of intelligent virtual assistants on the mental health of populations.

We salute the authors who participated in this dossier, bringing contributions from different areas of knowledge – linguistics, communication, sociology, anthropology, and gerontology – that confirm the potential of research into care-in-interaction beyond disciplinary constraints. We also highlight the geographical diversity of the institutions and research groups to which the authors are affiliated, which come

from four Brazilian states and Portugal. We hope that this will encourage the expansion of studies in these regions and the creation of new partnerships.

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