Title: Communication and Management of Anxiety and Crisis Between Thai Public Health Professionals and Patients in Amphoe Wiang Sa, Changwat Nan

Researcher: Assistant Professor Pairote Wilainuch, PhD

School: Communication Arts, Public Relations

University of the Thai Chamber of Commerce

Year of Accomplishment: 2011

No of Pages: 365 Pages

Key words: Communication, Anxiety, Crisis, Cancer, Conversation Analysis (CA), Wiang Sa, Nan

Abstract

This research applies the methodology of Conversation Analysis (CA) to study how nurses, patients and families members talk about anxiety and crisis. In studying interaction, it goes beyond limited methods for collecting participants’ opinions and reveals processes of negotiation of meaning in naturally occurring data. This research is the result of six months’ field work in Changwat Nan, during which 40 counselling sessions were video recorded: 9 in Wiangsa hospital, 4 in district public health centers and 27 in patients’ homes. Direct observation and in-depth interview were used for supplementary data collection. The principal results are 1) Communication on cancer was not only restricted to health talk. Different topics were brought into discussion; namely symptoms such as pain, family economy, children's education, sexuality and the issue of dread. Topics discussed were co-constructed by participants.

2) The structure of talking about death falls into 4 stages; opening, elaboration and awareness of dying, focus on patient’s own death and exit from the death context. The use of clue, the conversion of a general question into a specific question, references to third parties, list-construction, repairs, gestures, issues of family, property and funeral assistance fund were applied in health and dying consultations.

3) The meaning of death was socially constructed by interlocutors. They regarded death as a way of eliminating suffering pain, the matter to be explained by religion, a way to avoid life suffering, the failure of science, and they sought to reduce its control over life and perception. Indirect address, the use of gaze and gesture, blame and reformulation of the topic rendered death taboo.

4) Patients have their own techniques to grapple with suffering pain. They applied meditation, religion and breathing control. Patients with different level of pains used different linguistic utterances. Pains shaped the type of linguistic use, and vice-versa the language could indicate how much they felt pain.