

PROVIDER-PATIENT COMMUNICATION, PATIENT-CENTERED  
CARE, AND THE MANGLE OF PRACTICE

BRUCE L. LAMBERT, PH.D.

DEPARTMENT OF PHARMACY ADMINISTRATION

UNIVERSITY OF ILLINOIS AT CHICAGO

LAMBERTB@UIC.EDU

PRESENTED TO THE

DEPARTMENT OF COMMUNICATION

UNIVERSITY OF ARIZONA

MARCH 28, 1997

## OVERVIEW

- Patient-centered care
- Macrosocial trends
- Biomedical vs. Biopsychosocial Worldviews
- Precedents for 'Health and the Mangle...'
- The Mangle of Practice (applied to science)
- The Mangle of Practice (applied to health)

## PATIENT-CENTERED CARE

- Care focused on patients' needs, beliefs, and preferences
- Tremendous growth in interest in PCC in recent years
- Patient-based outcome assessment is an important outgrowth of PCC

## MACROSOCIAL TRENDS INFLUENCING PCC

- Aging of the population
- Increased prevalence of chronic illness
- 'Modern' management philosophies (e.g., TQM, CQI)
- Re-emphasis on primary care
- Accumulating evidence about psychosocial causes of health/illness
- For-profit, investor-owned, managed care organizations

## BIOMEDICAL VS. BIOPSYCHOSOCIAL WORLDVIEWS

- Biomedical model: germ theory of disease, molecular biology, dualist, reductionist, dominant
- Biopsychosocial model: holistic, acknowledges social, psychological, and emotional dimension of illness experience, ascendant (!)

## PRECEDENTS FOR 'HEALTH AND THE MANGLE OF PRACTICE'

- Parson's negatively valued sick-role
- Mead and Blumer's symbolic interactionism and role theory
- Goffman
  - *Stigma*: spoiled identity, information control, biography, passing, information control, virtual and actual social identity, "a two-role social process"
  - *Asylums*: disculturation, mortification of self, role dispossession, contaminative exposure, looping, loss of self-determination, secondary adjustments

PRECEDENTS FOR 'HEALTH AND THE MANGLE OF PRACTICE'  
(CONT'D.)

- Corbin and Strauss
  - Grounded theoretical studies of chronic illness
  - Biographical work
  - The BBC Chain (Biographical time, Body, and Conceptions of self)
  - "An inescapable implication is this: to help those who suffer from severe chronic illness—even the most realistic and resolute need some help in this regard—requires that anyone who works with them has an awareness of the kinds of biographical processes that are going on 'in them,' and something of the specific

biographical work being done by them" (Corbin & Strauss, 1987, p. 279)

PRECEDENTS FOR 'HEALTH AND THE MANGLE OF PRACTICE'  
(CONT'D.)

- Kathy Charmaz
  - Loss of self (leading a restricted life, being socially isolated, being discredited, burdening others)
  - Identity levels of the chronically ill
    - Preferred identities (identity goals)
    - Identity hierarchies
      - Supernormal self
      - Restored self
      - Contingent self
      - Salvaged self



## THE MANGLE OF PRACTICE: KEY CONCEPTS

- Pragmatic realism
- Performative idiom (vs. representational idiom)
- Symmetry of human and material agency
- Real-time account of practice
- Goals
- Open-ended modelling
- Dialectic of resistance and accommodation
- Interactive stabilization
- Theory of everything
- Applied to machines, facts, theory, concepts, etc.

## HEALTH AND THE MANGLE OF PRACTICE

- Health is "a temporarily stable (incipiently unstable) alignment of self-image, interpretive accounts, and performances" (Lambert *et al.* ,1997, p. 33)
- Healthy is the adjective we apply to preferred alignments
- Staying healthy means maintaining a stable alignment in the face of contingent resistances
- Regaining health means reestablishing a new alignment via open-ended modelling, where modelling is characterized by a dialectic of resistance and accommodation (e.g., 'the dance of agency')

## QUESTIONS RAISED BY 'HEALTH AND THE MANGLE'

- What communication skills are involved in the maintenance of stable alignments?
- How do messages function with respect to stabilization?
- When are communicative performances themselves destabilizing?
- How can the need for stabilization be topicalized in provider-patient interaction?
- Can we effectively measure the stability of alignments as a health outcome?

## SO WHAT? WHO CARES?

- The mangle makes us ask different questions
- The mangle gives us a different way of talking
- The mangle puts communication theory and research 'where the action is'
- The mangle is more 'representationally adequate'
- The mangle avoids dead-end discourse of dualism
- The mangle avoids the two poles of social constructionism and biomedical realism

'his [Sack's] feelings were torn. Part of him felt she had a right to be medicated and he a duty to medicate; yet he was learning that the native people . . . had a different, accepting attitude toward illness. Moreover, Estella exuded a "sense of calm . . . an achieved equilibrium both within her, and in relation to her family and community . . ." (from New York Times Book Reviews, January 19, 1997).

## SUMMARY

- Patient-centered care
- Macrosocial trends
- Biomedical vs. Biopsychosocial Worldviews
- Precedents for 'Health and the Mangle...'
- The Mangle of Practice (applied to science)
- The Mangle of Practice (applied to health)