AN ANALYSIS OF CONVERSATION STRUCTURE OF THERAPEUTIC DISCOURSE: CUPPING THERAPY

THESIS

Submitted in Partial Fulfillment of the Requirement for the Strata 1 Degree in English Department FBS

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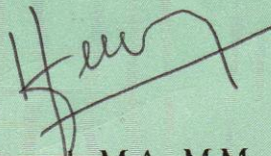
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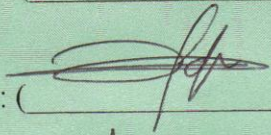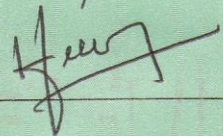dengan judul

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ABSTRACT

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Conversation on therapy is an institutional conversation that has a structure that makes communication organized and structured. This study aims to determine the elements of the conversation structure that occurs between therapists and patients in cupping therapy. The method used in this research is descriptive method. The research data is a conversation between a cupping therapist and his patient. The conversation amounts to 20 conversations. The results of the study show that the conversations that occur between the therapist and the patient have structured elements of conversation. In terms of elements of global conversation, it was found that each conversation has an opening, body, and closing. Almost every element of the three elements was also found in this study. Whereas from the language functions used, it was found that cupping therapists use informative, directive, and phatic languages.

Keywords: conversation structure, cupping therapist, cupping therapy.

ABSTRAK

Seruni, Leony M. 2019. An Analysis of Conversation Structure of Therapeutic Discourse: Cupping Therapy. Skripsi, Jurusan Bahasa dan Sastra Inggris Fakultas Bahasa dan Seni Universitas Negeri Padang.

Percakapan pada terapi merupakan percakapan institusi yang mempunyai struktur yang menjadikan komunikasi ter-organisir dan terstruktur. Penelitian ini bertujuan untuk mengetahui unsur-unsur dari struktur percakapan yang terjadi antara terapis dan pasien pada terapi bekam. Metode yang digunakan dalam penelitian ini adalah metode deskriptif. Data penelitian adalah percakapan antara terapis bekam dan pasiennya. Percakapannya berjumlah 20 percakapan. Hasil dari penelitian menunjukkan bahwa percakapan yang terjadi antara terapis dan pasiennya memiliki elemen percakapan yang terstruktur. Dari segi unsur percakapan global, ditemukan bahwa setiap percakapan memiliki *opening, body,* dan *closing*. Hampir setiap elemen dari tiga unsur tersebut juga ditemukan dalam penelitian ini. Sedangkan dari fungsi bahasa yang digunakan, ditemukan bahwa terapis bekam menggunakan bahasa informative, directive, dan phatic.

Kata kunci: struktur percakapan, terapis bekam, terapi bekam.

ACKNOWLEDGMENTS

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CHAPTER I

INTRODUCTION

1.1 Background of the Research Problem

Discourse analysis is the discipline which investigates the relationship between form and function in verbal communication (Renkema, 2004). One of the focuses of this study is conversation. Conversation is an interactive communication between two or more people with the certain purposes in their meeting. The meeting in doing conversation can be a direct meeting in one place and also can be from long distance via voice like on the telephone or it can be written like sending a message. If there is no interaction in the speech among people, it will be not stated as conversation. There must be the sender and the receiver in the conversation. The sender is the person or people who give the information and the receiver is the other who get or receives the information.

At conversation study, there is a topic about Institutional Discourse which is the communication within the established social institution of the society (Djijk, Van:2008). According to Prabhakaran et.al., (2018:498), Institutional discourse used to understand the work of social institutions. The characteristics of the institutional discourse are; the roles for those who participate in it have power relations carried in those roles, and have the familiar and routine topics. The example of institutional discourse is the conversation between the manager and the staff in the meeting. They will talk about the topic concerned with the company project.

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Institutional discourse can be found in many cases such as in medical, economic, education, and many other areas. Every area in Institutional discourse has its own focus and different with others. For example, the routine topic in the medical discourse will be about the health. However, in education the routine topic is about learning. The roles in the medical and education discourse are also different. In medical discourse, the roles are the doctor or therapist and the patient or client. In education discourse, the roles are between the teacher and the student or the lecturer and the college students. Every role in the institutional conversation interacts with the structure they have set. Medical discourse is one type of institutional discourse studies. It is a kind of verbal interaction analysis about healing or therapy. The researches in the health care can be analyzed from stylistic analysis of therapeutic discourse, power relation analysis in doctor-patient interaction, or the conversation structure between the therapist and the patient.

One kind of medical discourse study is therapeutic discourse analysis. The therapeutic discourse is the talk-in-interaction that represents the social practice between clinician and client. It is different from social conversations in its goals, roles, settings, topics, and focus (Plutchik,2000:149). It means, it would be different if someone talks with friends and when talks with therapist. The role of therapist will be higher than the patient. However, when talking with friends there will no assumption about a higher role. Not only that, the context in the therapeutic discourse would be different with the daily social conversation. It would be focused about the health information, therapy, treatment, and the common therapeutic discourse.

In this research, the researcher chooses the conversation structure in the discourse produced in the Cupping therapy. The researcher analyzes the structure's element in the conversation of the Cupping therapy. Mostly, the therapist of Cupping therapy do the communication during the therapy in step by step and the patient only obey to the therapist statements from the beginning till the ending of the conversation. That is why, the researcher interested to analyze this object. The researcher interested to know the language phenomena in the Cupping therapy discourse, that is the conversation structure and the language functions used in this therapeutic discourse.

The object of this research is the conversation structure in the Cupping therapy, in which, it belongs to the medical discourse analysis using the conversation analysis. There are several researches done by the experts in medical discourse using conversation analysis and the research in analyzing the conversation structure. First, Roter (1977) extended the Korsen and Negrete (1972) research about the interaction between the Physician-patient in pediatric acute care hospital context showed that the patients to be more proactive in the medical interview let to improved the health outcomes.

Roberts and Saringi (2005) did a research about theme oriented discourse analysis in medical encounters. This research looked at how language constructs medical professional practice. The thematic theme with the sociology approach showed that the meaning negotiated in the interaction.

Manango, Davis & Goar, (2007) research is about stigmatization that cannot be apart from parent and the children with disabilities. They found that to resist the

negative social and emotional consequences of stigma, parents both challenge and deflect social devaluations.

Grue (2016) analyzed about disability and discourse analysis. This research is about seeing, talking, and thinking about disability. The researcher found that different words are used to shape impressions of the same thing, and some things come into being because of the words we use.

McGannon et.al., (2016) analyzed the breast cancer representations in Canadian news media. Its showed two primary discourses were identified: a discourse of biomedicine and a discourse of healthism.

Tomicic et.al., (2015) analyzed the discourse-voice regulatory strategies in the psychotherapeutic interaction: a state-space dynamics analysis. This research looked to provide evidence of the dynamics associated with the configurations of discourse-voice regulatory strategies in patient-therapist interactions in relevant episodes within psychotherapeutic sessions.

Rober and Borcsa (2016) research which titled "The challenge: Tailoring qualitative process research methods for the study of marital and family therapeutic sessions" showed the researcher bring research closer to the complexity of MFT (Marital and Family Therapy) practice as a multi-actor setting.

Kiyimba and O'Reilly (2016) analyzed the value of using discourse and conversation analysis as proof to notify activity in counseling and therapeutic

interactions. This research interrogate the institutional interactions in order to make recommendations for switch in practice.

Althoff et.al., (2016) analyzed about natural language processing for mental health: Large scale discourse analysis of counseling conversations. This research found that several actionable strategies that were associated with successful counseling such as adaptability, dealing with ambiguity, creativity, making progress, and change in perspective.

Patrika and Tseliou (2016) research about blame, responsibility and systemic neutrality in the study of family therapy problem talk" presented discourse analysis of initial systemic family therapy sessions that focused on family members' responses to the therapists efforts. This is to introduce a systematic neutral perspective on the problems they face with the circular question method and the final team message.'

Sutherland et.al., (2016) analyzed Gendered patterns of interaction in Foucauldian discourse analysis of couple therapy. In this study, researchers showed the gender power is produced and reproduced circularly or by re-interaction in the couple therapy.

Lee et.al., (2018) analyzed about joining revisited in family therapy: discourse analysis of cross-cultural encounters between a therapist and an immigrant family. The researcher showed therapy transcripts between a Pakistani immigrant mother-daughter and a Canadian white female therapist in an outpatient clinic.

In the conversation structure focus, Byrne and Long (1976) in their journal Doctors Talking to Patients shows that the medical discourse divided into a series stages and developed an elaborate characterization of doctor behaviors in each of them. Silvia (2012) analyzed about the conversation analysis and the structure of conversation. The researcher explained about the opening stage, turn-taking, feedback, adjacency pairs, overlaps and gaps in the commonly conversation.

Heritage and Robinson (2006) analyzed about the structure of patients' presenting concerns in physicians' opening question. This research found that The most question formats were general question. 62% of the question "What can I do for you today?" and requests for confirmation 27%, for example "I understand you're having some sinus problems today?".

Heritage and Maynard (2006) did a research about communication in medical care. They analyzed the interaction between primary physicians and patients. This research focused on the problems and prospects in the study of physician and patient interaction in 30 years of research. They found that activities in primary care are constructed as Interaction Sequences and it is influences by the sociological aspects.

Every conversation has its own structure. According to Rui and Ting (2014), the structure in the conversation is divided into two elements; the global structure and the local structure. In the global structure, the are some stages; opening phase, body phase, closing phase. In the local structure, there are turn-taking, feedback, and topic management.

From that research, the findings was analyzed the medical discourse by using conversation analysis which focused on the language style, medical discourse in the media, the conversation structure between doctor and patient, or between the physiotherapist with the patient. Based on the previous study above, the researcher tries to add the research about conversation analysis about the conversation structure in the Cupping therapy discourse.

The discourse in this research actually almost same with the researches before that is the conversation structure between the doctor and patient, or between the physiotherapist and the patient. But the researchers before analyzed the conversation about the structure only. Meanwhile, In this research the researcher analyzes the research about the element of the structure, the function of each element, and also the language function used in the Cupping therapy conversation.

Cupping therapy is an ancient Egyptians, Chinese and also Greeks therapeutic. Conversation in Cupping therapy is a kind of conversation in the medical field especially in the therapeutic talks. The therapist and patient are the roles of participants in this therapeutic conversation. The Cupping therapist is a person who be able to communicate the patient what about the treatment. The therapist should be able to guide the patient and make sure the patient obey the therapist rule to get healthy. The therapist in this therapeutic has the higher power of role rather than the patient. This research analyzed the structure of Cupping therapy conversation and the functions of its structure. from its structure, the research also found the language function in this therapy.

1.2 Identification of the Problem

Based on the background of the research, there are some problems identified in conversation structure analysis in the Cupping therapy. First, conversation structure can be analyzed from the global and the local structure according to Rui & Ting. The global structure features divided into opening, body, and closing stages. Then, the local structure features divided into turn-taking, adjacency pair, and feedback.. After that, every element of the structures have different function. Next, the cupping therapy conversation can be analyzed from its language function.

1.3 Limitation of the Problem

From the identification above, this research is limited on the case conversation structure of Cupping therapy. The researcher analyzes the global structure of the conversation and what are the functions in each structure. The global structure is the opening, body, and the closing. Then, the researcher analyzes the language function in every stages of the conversation in the Cupping therapy.

1.4 Research Questions

1. What are the global structure elements of the conversation of Cupping Therapy and the function of each element?
2. How are the language function in the discourse of Cupping therapy?

1.5 Purpose of the Research

1. To find the global structure elements of the conversation of Cupping Therapy and the function of each element?
2. To find the language function in the discourse of Cupping therapy.

1.6 Significance of the Research

The research are supposed to give valuable contribution theoretically and practically to the related study. Theoretically, this study is expected to give contribution to the study of conversation analysis that is performed verbal language in medical therapy such as the next thesis in the medical discourse study. Practically, this research is expected to enrich the understanding of the readers that conversation analysis can be studied in many ways through linguistics. Also, this research might be employed to help the other researchers in conducting similar research.

1.7 Definition of Key Term

a) Conversation structure: The system of conversation that make the communication arranged.

b) Therapeutic discourse: The conversation that found in the therapeutic activity.

c) Cupping therapy: The Egypt or China or Greek medical method by doing the detoxification from the vena in under the skin surface by copping and small incision in order to absorbs the dirty blood full of toxin and make it be taken out.

d) Cupping therapist: The person who have a skill in doing Cupping therapy.

CHAPTER V
CONCLUSION AND SUGGESTION

5.1 Conclusion

The result of this research shows that there were found three stages in the conversation structure of Cupping therapy; opening, body, closing. Every stage has elements that established good communication. Most of the conversations had similar elements of conversation structure. However, findings showed that there were some elements of conversation structures that were not found in each section of the conversation structure between the therapist and the patient.

For the global structure case, the opening contained two elements; greeting and self-identification. Both of them were found in this research even though not all conversations contained both elements. In the body section, there were two elements of conversation structure; introduction and development. Both of them were found in this research even though not all conversations contained both elements. In the development, there are four stages; history taking, examination, and treatment. Almost all of them were found in all conversations but several conversations were not contained all of the body elements. The closing section was the last part of the global structure of the conversation. It contained two elements; pre-closing and closing greeting. Most of the conversations contained the pre-closing and several conversations were not contained the closing greeting. It was because sometimes the therapist just left after stated the pre-closing without greeted the patient or the patient just left the room without greeting.

Every element of the global structure has a function. In the opening phase, the greeting function was to greet the patient and the self-identification element was to introducing self. In the body phase, the introduction function was to Asking the patient's condition and introducing the activity. The history taking aimed at asking the patient's complaint. The next step in the body phase was the examination that functioned to examining the patient's experience about the treatment that the patient got, examining the pain, and examining the patient's body condition. The diagnosis stage occurred before the treatment session. The function was to explain the patient's body problem. In the treatment phase, the function was to informed the beginning of the treatment, explaining the suggestion after treatment, asking the patient's feelings about the treatment and also explaining the patient's body problem. The last phase is the closing that contained pre-closing and closing greeting. The function of the pre-closing found in this data was to stating the treatment was done and offering for herbal drinks. The closing greeting function was to inform the leave-taking and thanking.

In the case of language function in the Cupping therapy conversation, there were found informative, directive, and phatic language. The most language used in the Cupping activity was an informative one. The informative language found in the form of the question, make announcement, and opinion. The directive found in the forms of command, rules, and advice. In the phatic case, the data of phatic found in the forms of the opening the communication line, keeping the communication line and stopping the communication line.

In this research, the data showed that the conversation in the Cupping therapy mostly contained the question from the informative language. In the directive language mostly found the command. For the phatic language, it found mostly in the stopping the communication line rather than the opening the communication line.

5.2 Suggestion

Related to the present research, the future research about conversation structure can be conducted. Not only in institutional discourses like therapeutic or hospital, but this research also can be conducted in everyday discourse such as the discourse in the family or the informal gathering in the society.

This research also analyzed the language function of Cupping therapy conversation to showed the language characteristic. It showed that the way of institutional produced the discourse have their own character. This research analyzed the language function in the medical discourse type. For the next researcher, it is suggested to analyze the other kind of conversations to show the language function. It can be in the law discourse, business discourse, or the education discourse.

This research used an audio recorder to conduct the data. The next researcher will be better to use audio and video recorder to take the data because it will help the researcher to see the non-verbal acts in the data such as the gesture, sign, or expression.

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