

Children as patients: Talking about seizures in dyadic and triadic medical interactions

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This work in progress is associated to a project that aims to appraise whether the linguistic and interactional criteria to differentiate the diagnosis of epileptic and psychogenic non-epileptic seizures for adults (cf. Reuber et al. 2009, Schöndienst & Gülich 1999) are also applicable to the diagnosis of children's and adolescents' seizures: "*Linguistische Differentialtypologie von epileptischen und nicht epileptischen Anfällen bei jugendlichen Patienten*" (cf. Opp et al. 2015).

Our case studies examine how young patients respectively their parents depict seizure experiences – either in form of narrative reconstructions, descriptions or by other means. So far, parents' or other caregivers' accounts have rarely been compared with children's accounts (cf. Tates 2001; for adults cf. Reuber et al. 2011). From a medical perspective, descriptions by both parties have diagnostic value - but a triadic situation (cf. Tates 2001) has further implications, e.g. concerning participation roles, the opportunity for the children/adolescents to depict their seizure experiences, the detailing of children's descriptions, and the potential relevance of caregiver-child interaction in the triadic situation.

We analyse two triadic doctor-patient-parent and two dyadic doctor-patient conversations with conversation analytically based linguistic communication analysis. The young patients, between 12 and 17 years of age, talk to an experienced neuropediatric doctor and children's' psychotherapist. The video-taped interactions last from about 20 to about 45 minutes and are fully transcribed according to the prevailing transcript notations in German communication analytical studies (Selting et al. 2009).

The case studies show that parents tend to take the floor so that the children don't get much opportunity to tell their side of the story, and furthermore parents focus on their own emotional state of fear caused by their children's seizures. The preliminary study has already led to a practical implication: If in any way possible, the doctors now start the interview with the young patient alone, which in turn offers us new interaction data of the children's accounts in the dyadic doctor-patient-situation.

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