REFERENCES CITED


We began working with the Cognitive Development Laboratory and continued these collaborative research on the development and testing of our methodology and the development of the cognitive development model, which was to be used in the Design of the University of California's Child Development Center. We believe that the results of our collaboration provide a solid foundation for future research in this area. The project is ongoing, and we look forward to sharing our findings with the broader scientific community.

**The Study**

We commonly use the word "development" to describe the process of change that occurs in a child's life. Development refers to the changes that occur in a child's physical, cognitive, and social abilities over time. Development is a complex process that is influenced by a variety of factors, including genetics, environment, and culture. Understanding the process of development is important because it helps us to understand how children learn and grow, and how we can support their development.

Our research on the development of children's thinking abilities is focused on understanding how children learn to think. We are interested in how children develop the ability to think logically, to solve problems, and to make decisions. We believe that understanding the process of development is important because it helps us to understand how children learn and grow, and how we can support their development.

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The complex pronunciation of the pronunciation of child and phonological development.

The complex pronunciation of the pronunciation of child and phonological development.
TABLE 1

<table>
<thead>
<tr>
<th>Demand of Doctor</th>
<th>Demand of Mother</th>
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<tbody>
<tr>
<td>Communication</td>
<td>Communication</td>
</tr>
<tr>
<td>Examine child</td>
<td>Examine child</td>
</tr>
<tr>
<td>Provide medicine</td>
<td>Provide medicine</td>
</tr>
<tr>
<td>Answer questions</td>
<td>Answer questions</td>
</tr>
<tr>
<td>Attend to children</td>
<td>Attend to children</td>
</tr>
</tbody>
</table>

The knowledge structure of frame found in the discourse is...
Doctor: I have to take care of some patients and will return shortly. If you have any questions, feel free to ask.

Mother: Yes, I understand. I have one question. When is the next check-up?

Doctor: The next check-up is scheduled for next week. You will receive a reminder email.

Mother: Thank you. That's good to know.

Doctor: You're welcome. If you need any other information, feel free to ask.

Mother: Thank you. I appreciate your time.
dition, and make sure that the parents get necessary counseling—in an appropriate setting. Following is an excerpt from her comments at the staff meeting:

**DOCTOR:** [portion omitted] . . . uh: I'm not sure about how much counseling has been done. . . . with these parents, . . . around the issue of the a-v malformation. Mother asked me questions about the operability, inoperability of it, . . . um which I was not able to answer. She was told it was inoperable, and I had to say well yes some of them are and some of them aren't. . . . And I think that this is uh . . . uh . . . an important point. Because I don't know whether the possibility of sudden death, intracranial hemorrhage, if any of this has ever been discussed with these parents.

The terms "sudden death" and "intracranial hemorrhage" contrast sharply with the words used in addressing the mother ("bleeding," "rupture"). In addition to lexical choice, there is a difference in syntactic structure: "the possibility of . . ." vs. "the only danger would be . . ." The former asserts the danger, while the latter conditionalizes and thereby mitigates the danger.

The pediatrician's speech in the staff setting is faster and more assertive: it is not characterized by the hesitation and circumlocution that were seen in the segment addressed to the mother. Furthermore, when she says, "sudden death, intracranial hemorrhage," she uses listing intonation, indicating that these are two of a series of dangers, in direct contrast to the use of "only." The doctor's deep concern is apparent throughout. It seems clear that, when talking to the mother during the examination of the child, she was monitoring her comments so as not to cause alarm before she had all the relevant information and in a setting not designed to accommodate the mother's reaction.

**CONCLUSION**

Public opinion, now reinforced by law and the goals of the medical professions themselves, contributes to a general call for parent involvement. But what research there has been has focused on measuring outcomes in terms of children's development. Until now, as Merton has observed, there has been no analysis of the demands on professionals created by parent involvement. As Merton points out, in the absence of such studies, the behavior of medical professionals is "condemned or applauded . . . (or) morally judged, or systematically investigated." (1976:39).

We have suggested that a sociolinguistic analysis of actual interaction in a pediatric setting can furnish such investigation. We have demonstrated that preliminary analysis in this paradigm has shown the complexity of cognitive, social, and emotional demands on the pediatrician posed by parent involvement in the examination of the child. Other findings of our preliminary analysis suggest the direction for continued investigation: (a) overlapping, competing, and possibly conflicting frames operating for all participants and (b) the possibility of misunderstanding resulting from choice of phrasing, intonation, and other linguistic and paralinguistic cues that result from differing expectations in this setting as well as individual and social differences in conversational habits that arise in all interpersonal interactions.

The process of interaction in a pediatric setting is an instance of face-to-face interaction, subject to all the pitfalls and successes of that process, as well as an instance of a particular kind of event, structured by the requirements of participants and their expectations and associations. In our analysis, we have dealt with exemplary participants—a staff of professionals who are highly trained, compassionate, and sensitive to issues of parent and community involvement. They are not constrained by inordinate financial or time limitations and have at their disposal the superior facilities of the Georgetown Medical School and the Child Development Center. The parents are intelligent, articulate, and very concerned, and they provide for the child a financially and emotionally stable family. Our analysis turns up no deficiencies in the behavior of participants. We are engaged, rather, in uncovering processes inherent in the structure of the interaction in particular and communication in general. These forces at work can at times create problems in the best of all possible pediatric worlds.

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