The International Journal of Language and Cultural
TIJOLAC is Available Online at:
https://www.growingscholar.org/journal/index.php/TIJOLAC
DOI: https://doi.org/10.5281/zenodo.16257078
Vol. 7 No. 2, September 2025, Pages: 8~18
ISSN 2691-4727
Growingscholar Publisher, USA

The Dynamics of Overlapping Speech in Pain Clinic Medical Encounter: Forms and Consequences

Ketut Santi Indriani[1] , Ni Ketut Alit Ida Setianingsih[2]

Article history:
Received: April 25, 2025; Accepted: June 06, 2025; Displayed Online: July 21, 2025; Published: September 30, 2025

Keywords

Overlapping speech;

Doctor–patient interaction;

Conversation analysis;

Clinical communication;

Pain clinic consultations;

Abstract

This study explores the phenomenon of overlapping speech in doctor–patient interactions at a pain clinic, using Conversation Analysis to examine its forms and communicative functions. Overlapping speech, often perceived as disruptive, is revealed to serve significant roles in clinical discourse. Data were collected through video recordings and transcribed interactions, analyzed across three phases: pre-examination, examination, and post-examination. Findings indicate that overlapping frequently occurs unintentionally but can also be employed strategically by both doctors and patients. Doctors often use intentional and recognitional overlaps to steer the conversation, clarify information, or ensure diagnostic accuracy. Patients, particularly in the post-examination phase, use overlaps to express understanding and alignment with medical advice. Rather than hindering communication, overlapping speech enhances interaction by providing real-time feedback, reinforcing mutual understanding, and fostering collaborative dialogue. These insights underscore overlapping speech as a functionally significant and socially meaningful component of clinical communication. Recognizing its value can lead to more empathetic, effective, and patient-centered medical consultations.

1. Introduction

In everyday life, human conversations often unfold spontaneously and dynamically, making the phenomenon of overlapping speech a common occurrence. This phenomenon refers to moments

[1] *Udayana University, Denpasar, Bali, Indonesia. Email: kt.santi.indriani@unud.ac.id*
[2] *Udayana University, Denpasar, Bali, Indonesia. Email: ida_setianingsih@unud.ac.id*

when two or more speakers talk simultaneously, either unintentionally due to the lack of pauses in turn-taking, or intentionally as a form of active participation or emotional expression (Abbas, 2020). Overlapping has become an inevitable part of spoken interaction, reflecting the complexity and richness of interpersonal communication. Interestingly, from the perspective of Conversational Analysis, overlapping is not seen as a communication error, but rather as part of an interactional strategy that demonstrates how participants manage turn-taking in a subtle and highly coordinated manner (Schegloff, 2000). This theory views conversation as a structured social system, where turn-taking rules are followed with remarkable precision. When overlapping occurs, it does not merely indicate a clash of utterances, but can also reveal enthusiasm, emotional involvement, or even power dynamics between speakers (Vinciarelli et al., 2015; Cantrell, 2014). In other words, overlapping serves as a small window into the larger landscape of how humans communicate in real-life settings.

Aligned with the principles of Conversational Analysis—which views interaction as a finely coordinated social activity—overlapping speech emerges as a complex and meaningful phenomenon, rather than a mere interruption. It encompasses a range of types that highlight the variety of functions and interpretations it carries within conversational contexts. For instance, accidental overlapping occurs unintentionally, often due to ambiguous cues about when a speaker has finished (Guydish & Fox Tree, 2025). Intentional overlapping, on the other hand, is used deliberately—whether to assert dominance, show disagreement, or urgently convey information (Abbas, 2020; Cantrell, 2014). Terminal overlapping happens when a new speaker begins just before the previous speaker finishes, indicating a natural transition (Abbas, 2020). Other forms, such as continuers (e.g., “yeah,” “hmm”), serve to signal attentiveness and encourage the speaker without an attempt to take over the turn. Access to the turn reflects a speaker's effort to enter the conversation, while chordal overlapping, which includes shared laughter or simultaneous responses, often reinforces solidarity or shared understanding. Additional classifications—transitional, recognitional, and progressional overlapping—illustrate how nuanced and layered these interactions can be. This variety underscores that overlapping is deeply embedded in the social fabric of communication, influenced by context, relationship dynamics, and communicative goals (Jefferson, 1973).

Rather than representing communicative chaos, overlapping often reveals a speaker’s engagement, empathy, or collaborative intent (Trương, 2023; Young et al., 2016). In many cases, it acts as a tool for emotional expression, a prompt for mutual understanding, or even a shortcut to efficiency when information needs to be exchanged quickly. Particularly in close or familiar relationships, overlapping can manifest as co-construction of meaning, where interlocutors intuitively finish each other’s thoughts or speak in unison. In such dynamic and spontaneous interactions, overlapping adds authenticity and immediacy, reflecting the natural rhythm of human conversation. It is, therefore, not simply a structural byproduct of talk but a socially meaningful mechanism that shapes and reflects the richness of interpersonal communication.

Previous studies have shown that overlapping in conversation can either facilitate interaction or lead to communication breakdowns, depending on context, speaker intent, and the relationship between participants. While overlapping has been widely studied in everyday, educational, and media conversations, research in professional and sensitive settings—like medical contexts—remains limited.

In doctor–patient interactions, overlapping is more than a turn-taking issue; it can reflect power dynamics, urgency, empathy, or emotional involvement. Doctors may dominate talk, restricting patients from fully expressing their concerns, while patients may use overlapping to emphasize important points or actively engage in the discussion. However, recent observations suggest a shift towards a more balanced dynamic in doctor–patient interviews. Both participants actively engage in interruptions, with only a slight numerical dominance by the doctor. Throughout the medical encounter, both the doctor and the patient utilize various functional types of interruptions, indicating a more interactive and participatory form of communication (Černý, 2010).

Building on this, most interruptions in clinical interaction are found to be cooperative in nature and may even enhance the quality of the exchange. The character of these interruptions is shaped by a complex interplay of factors, including the roles of physician and patient, their gender, and the specific phase of the consultation. This nuanced understanding further supports the idea that interruptions are not inherently negative, but context-dependent communicative tools (Plug et al., 2022).

Adding to this complexity, some patients prefer to share the background of their experiences before falling ill, believing that providing this context helps doctors better understand their problems. While this approach can be beneficial for building a fuller clinical picture, it often requires more time. Given the time constraints many doctors face due to busy schedules and structured appointment slots, they may feel compelled to interrupt patients and steer the conversation toward more immediate concerns by asking them directly what the matter is. In such cases, interruptions may be driven not only by power dynamics but also by practical limitations, highlighting the tension between comprehensive care and time efficiency in clinical settings (Kantanda, 2018).

Whether such interruptions are intended to enhance understanding, pose clarifying questions, or insert clinical expertise is often unclear. However, they can sometimes have unintended consequences, such as making the patient feel less confident or less comfortable in continuing their narrative. This highlights the delicate balance required in medical communication, where the clinician's need for efficiency must be weighed against the patient's need to feel heard, respected, and supported (Dickerson, 2022).

Despite growing interest in interactional dynamics, overlapping in pain clinic settings—where patients often struggle to articulate chronic, subjective symptoms—has not been sufficiently explored. These consultations require both informative and empathetic communication, given the complex and often ambiguous nature of chronic pain. As such, they represent a particularly critical context for investigating how overlapping functions. Understanding its role in this setting may offer valuable insights into how overlapping speech contributes to—or hinders—trust, responsiveness, and the overall quality of interaction in a context where patient expression is especially vital.

This study, therefore, addresses two key questions: (1) What forms of overlapping occur during doctor–patient interactions in a pain clinic? and (2) What are the effects of overlapping on the consultation process? Through this inquiry, the research seeks to reveal overlapping as a socially meaningful element of communication that influences the effectiveness of patient-centered care.

2. Materials and Methods

2.1 Materials

This study was conducted at a general public hospital, specifically within the pain clinic, a specialized healthcare unit focused on the treatment of patients with chronic pain conditions. The primary data for this research consists of conversational exchanges between doctors and patients undergoing medical consultations at the clinic. Data were collected through direct observation, utilizing video recording techniques to capture the interactions in a detailed and accurate manner. The recorded materials were subsequently transcribed to produce complete textual representations of the conversations. These transcripts form the core dataset for the study, offering rich insights into the natural flow of clinical interactions.

2.2 Methods

The data collection process involved the systematic observation and recording of live doctor–patient interactions within the clinical setting. Following the video recordings, the interactions were

transcribed verbatim to create a comprehensive corpus of conversational data. The transcribed data were then analyzed using a qualitative approach, specifically employing the conversation analysis (CA) method. Through this method, the study focused on examining the dynamic features of interaction, particularly the phenomenon of overlapping speech. Special attention was given to understanding the communicative functions and implications of overlapping within medical conversations. This analysis aims to uncover the meaning and role of overlapping talk in professional clinical communication, offering deeper insights into its impact on the quality of interactions, diagnostic processes, and patient care outcomes.

3. Results and Discussions

In this study, the data is categorized into three distinct phases based on the timeline of the medical interaction: the pre-examination phase, the physical examination itself, and the post-examination phase. This structure allows for a clearer understanding of how communication dynamics evolve throughout the clinical encounter.

Overlap in Pre-examination Phase

The first notable instance of overlapping sspeech—where doctor and patient talk simultaneously—was identified during the conversation that occurred before the physical examination took place. This early interaction provides valuable insight into the nature of turn-taking and potential disruptions in the flow of dialogue. The excerpt below illustrates this occurrence.

Patient	:	I've had an injection before.
Doctor	:	Ooh… [How many times] have you had injections, ma'am?
Patient	:	[The bone doctor] once...
Doctor	:	What was the injection for at that time? What complaint was it for?
Patient	:	Um, a pinched nerve.

In this conversation, the doctor began the conversation by asking about the patient's condition. The patient responded by explaining that she had been experiencing pain for quite some time and had already received several injections. The doctor acknowledged this explanation with a brief "Ooh…" and then proceeded to ask, "How many times have you had injections, ma'am?"

The first instance of overlapping speech occurred at this point, as the patient began to speak while the doctor was still in the middle of the question, specifically during the phrase "How many times." This was an example of a terminal overlap, where the patient mistakenly assumed the doctor had completed their turn. It also qualified as a transitional overlap, as the patient believed it was her turn to speak, unaware that the doctor intended to continue the utterance with a full question. Due to this misunderstanding, the patient began her response with "The bone doctor once," indicating that she had once visited an orthopedic specialist to address the pain she had been experiencing. This overlap was best categorized as an accidental overlap, as it occurred unintentionally but did not disrupt the flow of conversation.

Doctor	:	Hormone injection, [ma'am?]
Patient	:	[Yeah, what] did he say about [this part] here?
Doctor	:	[Hmm…]
		And then, did your symptoms improve after that?

This data illustrates two instances of overlapping speech within the following situational context. The patient explained that she had been experiencing pain for a long time and had previously sought medical treatment. She was diagnosed with a pinched nerve and had received several injections. The doctor then asked whether the injections she received were hormone injections. Before the doctor finished his utterance, the patient immediately responded with "Yeah." This instance is classified as a terminal-transitional overlap, where the patient mistakenly assumes the doctor had finished speaking at the point of asking whether the injections were hormone-related. The patient interrupted before the doctor's utterance was completed. This overlap is also considered an accidental overlap, as it was not intentional and did not disrupt the communication flow.

In the same context, the doctor also overlapped by saying "Hmm…" to indicate that she had acknowledged the patient's response to her previous question (about whether the injection was a hormone injection). This instance is categorized as a continuer overlap, as it shows the doctor's acknowledgment of the patient's response. Furthermore, it also qualifies as a recognitional overlap, because although the doctor began his utterance before the patient had fully finished speaking, she had already understood the intended response—one that matched his expectation. This type of overlap is also an intentional overlap, deliberately used by the doctor to signal to the patient that her answer was heard and accepted.

Doctor	:	And then, did your symptoms improve after that?
Patient	:	No, after that I became paralyzed.
		Completely paralyzed, Doctor. [After that, the…]
Doctor	:	[Completely paralyzed?]
Patient	:	Yes. I couldn't sit. [It hurrrts so much] here. I couldn't take it, doctor.
Doctor	:	[How many da… weeks?]
Patient	:	About a week, [I think.]
Doctor	:	[And after that?]
Patient	:	I went through therapy.

Before coming to the pain clinic, the patient had already consulted several other doctors to treat the pain she was experiencing. The doctor then asked whether there had been any improvement following the previous treatments. The patient responded that there had been no change and stated that she became completely paralyzed. At that point, the doctor overlapped by asking, "Completely paralyzed?" even though the patient had not yet finished her utterance. This overlap was an intentional overlap used by the doctor to interrupt the patient's speech in order to immediately confirm the information she had just received. The doctor wanted to verify whether the patient had indeed experienced total paralysis.

This indicates a certain degree of skepticism from the doctor regarding the patient's statement. The overlap is also classified as a recognitional overlap because the doctor understood the meaning of "total paralysis" as described by the patient. However, the doctor's doubt likely stemmed from a perception that the patient's description was exaggerated or medically implausible. This could be due to the patient's lack of understanding of what "total paralysis" entails or a tendency to overstate the severity of her condition. The doctor's intentional overlap effectively cut off the patient's explanation, interrupting the flow of communication. While this may seem disruptive, it demonstrates that the doctor used the overlap strategically to further explore the patient's statement and obtain a clearer understanding, ensuring that the anamnesis (medical history taking) was accurate. Despite appearing dismissive of the patient's continuation, the overlap was a deliberate diagnostic approach used by the doctor to narrow the focus of the examination and enhance clinical accuracy.

The patient then paused her previous statement and responded to the doctor's confirmation question with, "Yes. I couldn't sit." As the patient proceeded to describe the intense pain she

experienced at the time, the doctor once again overlapped with the question, “How many da… weeks?” This is another example of an intentional overlap, used to probe further into the patient’s claim of total paralysis. By asking about the duration, the doctor aimed to assess the plausibility of the patient’s condition based on medical knowledge of how long total paralysis might typically last.

This overlap can also be classified as a recognitional overlap, as the doctor already understood the patient’s confirmation of her paralysis. However, the purpose of the overlap was to facilitate a more detailed anamnesis and to confirm the consistency between the patient’s current description and the actual condition she had previously experienced. This careful verification helps ensure diagnostic accuracy, even if it involves interrupting the patient mid-utterance.

The patient answered the doctor's question with “About a week.” Before the patient finished her utterance, the doctor overlapped by asking a follow-up question: “And after that?” This is classified as a terminal overlap, as the doctor assumed the patient had completed her response and proceeded to the next question in order to obtain more accurate information. This overlap can also be categorized as an intentional overlap, deliberately employed by the doctor to halt the patient at the point where the necessary answer had been provided, thus avoiding potentially unnecessary elaboration by the patient. Additionally, it qualifies as a recognitional overlap, because the doctor had already understood and accepted the patient's response and sought to move on to the next relevant question.

Based on the overall analysis of the data above, it is evident that the doctor consistently employed intentional overlaps as a strategy to obtain accurate information about the patient's condition and to verify the validity of the patient's statements. This approach was used to ensure the anamnesis was precise and reflective of the patient's actual medical condition.

Patient	:	It often happened… [before} seeing Dr. Ananta, I also went to Dr. Nengah.
Doctor	:	[Hmm…]
Patient	:	I've done it so many times already.

The next data point involves an instance of overlapping speech that occurred while the patient was explaining that she frequently experienced pain and had previously consulted several doctors to investigate the issue. During this explanation, the doctor overlapped by saying “Hmm…” precisely as the patient was uttering the word “before,” in the context of elaborating on her visits to other doctors.

This instance of overlap is categorized as a continuer overlap, signaling that the doctor was actively listening and engaged with the patient’s narrative about her recurring pain. It also reflects the doctor’s implicit acknowledgment that the information being shared was valuable and would serve as an important reference during the anamnesis process. This overlap can further be classified as an intentional overlap, as it was deliberately used by the doctor to express attentiveness and acceptance of the patient’s input. Such a response is significant in creating a supportive environment where the patient feels encouraged to openly share details about her medical history. Additionally, this overlap falls under the category of recognitional overlap, in which the doctor demonstrates understanding of the patient’s point and signals that she have grasped the essence of what was being communicated. This not only validates the patient’s experience but also helps build a sense of trust, as the patient perceives that the doctor comprehends her health condition accurately.

At the pre-examination phase, the conversation between the doctor and the patient revealed that terminal overlap was the most frequently occurring type of overlap, used by both the doctor and the patient. This type of overlap occurred when either party mistakenly believed it was their turn to speak, assuming the other had finished their utterance. However, recognitional overlap was most commonly used by the doctor as a way to indicate that she had already understood the information being conveyed by the patient—even before the patient had completed her utterance. This type of overlap functioned as a subtle acknowledgment of comprehension and attentiveness. In addition,

intentional overlap was also frequently employed by the doctor, often deliberately. It was used either to interrupt the patient when she were providing excessive or less relevant details about her health condition, or to seek clarification on specific points just mentioned. This strategy helped ensure that the anamnesis process remained focused and accurate, ultimately narrowing down the information to reach a clearer understanding of the patient's actual source of pain.

Overlap in Examination Phase

The conversation below presented the first instance of overlapping speech identified during the examination phase. In this interaction, the patient shared that she had a stomach condition. The doctor responded by repeating the patient's statement, saying, "Oh, a stomach problem…," and then continued with "Yes" as a way of acknowledging and accepting the new information—that the patient had a stomach issue that had not been disclosed prior to the examination.

Patient	:	Um, doctor… I have a stomach issue…
Doctor	:	Oh, a stomach problem.. [Yes.]
Patient	:	[Yes.]
		Yesterday, I took some medicine for body aches… [Then it flared up again]
Doctor	:	[Well, ma'am…]
		For patients with gastritis… or acid reflux, they need to reduce their intake of pain relievers.

The overlap occurred when the doctor said "Yes" simultaneously with the patient, who also said "Yes" in agreement with the doctor's restatement of her condition. This instance represented a terminal overlap, where the patient mistakenly assumed that the doctor had completed his utterance. It was an accidental overlap, as the patient believed it was her turn to speak and did not intend to interrupt. The patient's utterance of "Yes" was simply a response to what she believed was the end of the doctor's turn, and thus, an appropriate moment to confirm the information. Overall, this overlap did not disrupt the flow of the conversation and served more as a natural part of the interaction than a breakdown in communication.

The second instance of overlap occurred as the patient continued to explain that she had taken medication for body aches, which led to a recurrence of her stomach pain. The overlap specifically took place when the patient said, "Then it flared up again," referring to the return of her stomach symptoms after taking the pain medication. At that moment, the doctor overlapped by saying, "Well, ma'am…" This instance represented an intentional overlap, deliberately used by the doctor to interrupt the patient's explanation. It also qualified as a recognitional overlap, indicating that although the patient had not yet finished her statement, the doctor had already understood the core message—namely, that the stomach pain had been triggered by the pain medication. The doctor then continued by advising that individuals with gastric conditions, such as gastritis or acid reflux, should reduce their use of painkillers, as these can exacerbate stomach issues. This overlap served a practical communicative function, allowing the doctor to redirect the conversation and provide immediate medical guidance based on the patient's statement.

Doctor	:	Is it here, ma'am? [This, later, I …]
Patient	:	[A bit higher.] Yes, that's it…
Doctor	:	Okay, it's right at the joint, [I think, doc.]
Patient	:	[Yes, this is the joint,] ma'am.

It's exactly swollen—right at the joint. Where the bones meet.

Most of the overlapping speech found during the examination phase was accidental in nature. Both the doctor and the patient engaged in overlaps unintentionally, and these instances typically did not disrupt the flow of the conversation. These overlaps often fell into the category of terminal overlaps, in which both the doctor and the patient mistakenly assumed that the other party had finished speaking. This pattern is clearly illustrated in the two excerpts above. In both instances, the patient initiated an utterance believing the doctor had completed hers. For example, when the doctor asked, "Is it here, ma'am?", and began to continue, the patient overlapped by saying, "A bit higher", assuming the doctor had completed the question. Similarly, in the second excerpt, the overlap occurred as the patient affirmed and expanded on the doctor's observation about the joint, again believing it was the appropriate moment to speak.

These overlaps reflect natural turn-taking challenges in spontaneous spoken interaction, especially in medical contexts where both parties are eager to clarify and share information. Despite the overlaps, the communication remained cooperative and mutually intelligible, with neither speaker showing signs of misunderstanding or frustration. This reinforces that accidental terminal overlaps, though unplanned, can occur smoothly in clinical dialogues without impeding the exchange of essential information.

Doctor	:	[Does] this hurt?
Patient	:	[Aaaa] Yes… that hurts…

Unlike the two previous data excerpts, this example presents an interesting case of overlap that diverges in nature and function. In this instance, the overlap occurred when the doctor was asking, "Does this hurt?" and the patient simultaneously reacted with "Aaaa", a vocal response triggered by sudden pain as the doctor touched the affected area. This instance of overlapping speech is best classified as an accidental overlap, as it was entirely unintentional. The patient did not attempt to take the conversational floor, nor did they misjudge the doctor's turn as complete. Instead, the overlap emerged as an involuntary vocal reaction to physical discomfort, rather than a communicative turn-taking move.

What makes this case particularly notable is that it does not fit into other common categories of overlap, such as terminal, recognitional, or intentional overlap. There is no evidence that the patient thought the doctor had completed their utterance, nor was the patient trying to express understanding or interrupt with additional information. Rather, the overlap was purely reflexive—a natural and immediate response to pain. Despite its unexpected nature, the overlap did not interfere with the interaction. On the contrary, it provided valuable real-time feedback to the doctor, confirming that the touched area was indeed the source of pain. This highlights how even nonverbal or reflexive overlaps in medical settings can serve an important communicative function by enhancing the diagnostic process.

Overlap in Post-examination Phase

The data from the post-examination phase reveals that most of the overlaps during this stage were initiated by the patient, serving as a way to demonstrate their understanding of the doctor's explanations. In each of these overlaps, the patient responded to the doctor's statements, affirming their comprehension of the advice given.

Doctor	:	If you take over-the-counter pain medicine from the shop, this medication stops working. [It won't] work effectively.
Patient	:	[Oh, I see.]
Doctor	:	The only thing you shouldn't take is painkillers, [okay?]
Patient	:	[Okay.]
Doctor	:	Yes… You should reduce carbohydrate intake, ma'am… Carbohydrates like flour, rice, and sweet sugars, [make] the inflammation worse.
Patient	:	[Hmm]

In the first interaction, when the doctor explained the ineffectiveness of over-the-counter pain medication, the patient immediately responded with "Oh, I see". This overlap signals that the patient understood the doctor's warning, showing acknowledgment and processing of the information. Similarly, in the second example, when the doctor advised against taking painkillers, the patient responded with a simple "Okay". This brief overlap again indicates that the patient accepted and understood the recommendation, suggesting they are on the same page as the doctor regarding the medical advice. In the third example, the patient's response of "Hmm" after the doctor provided dietary guidance further reflects recognitional overlap. The patient's vocalization here indicates acknowledgment, signaling that they are processing and absorbing the information regarding the reduction of carbohydrate intake to help with inflammation.

The three overlap instances above can be categorized as terminal overlaps, as the patient mistakenly assumed that the doctor had finished their utterance. Overall, these examples illustrate how the patient uses overlap primarily as a feedback mechanism, affirming that they understand and are engaged with the doctor's instructions. The overlaps here are not disruptive but rather serve a communicative function, helping to confirm the patient's grasp of the medical information. By doing so, the patient reassures the doctor that their instructions are being understood, which may encourage further engagement in the conversation.

During the post-examination phase, instances of recognitional and intentional overlap were observed in the doctor-patient interactions, as illustrated in the following excerpts.

Patient	:	If someone… what is it… my mother has heart issues.
Doctor	:	[Hmm.]
Patient	:	[Problems] with her legs again. [The knee.]
Doctor	:	[The knee.]

In this exchange, the patient begins explaining her mother's health issues and attempts to specify the location of the leg pain. As the patient mentions "The knee," the doctor simultaneously overlaps by uttering the same phrase. This is an example of intentional overlap by the doctor, indicating that they anticipated the rest of the patient's statement based on contextual knowledge. The doctor likely inferred that the knee was the most probable site of pain, especially in elderly patients, where such conditions are common. Furthermore, this instance is also classified as a recognitional overlap. The doctor demonstrates recognition of the patient's intended meaning even before the patient completes the utterance, indicating active listening and shared understanding.

Doctor	:	Yes, you can have warm tea, but with [a little] sugar.
Patient	:	[A little.]

Here, the doctor informs the patient that they can still consume their preferred beverage, tea, but with reduced sugar. The patient overlaps by repeating "a little" at the exact moment the doctor says it. This overlap is intentional on the part of the patient, who consciously anticipates the doctor's advice based on prior discussions about reducing sugar intake. This is also an example of recognitional overlap—the patient demonstrates their awareness of the likely advice and thus preemptively affirms it. The overlap serves not just as a sign of understanding, but also of acceptance and agreement.

The post-examination phase serves as a pivotal moment in the doctor-patient interaction, wherein the doctor provides essential medical advice, outlines treatment plans, and recommends specific lifestyle changes to support the patient's recovery. This phase demands a high level of mutual understanding and communicative clarity, as the patient's adherence to these recommendations often determines the success of the treatment. It is during this phase that the depth of the patient's comprehension becomes particularly crucial, not only for ensuring medical compliance but also for building a trusting and effective relationship between the patient and the healthcare provider. The collected data from this phase shows a notable frequency of overlapping speech, particularly initiated by patients. Two dominant types of overlap are evident: intentional and recognitional. Intentional overlaps occur when patients deliberately speak at the same time as the doctor, often predicting or completing the doctor's statement. This suggests that patients are not passively receiving information but are instead actively engaged in the conversation. Their anticipation of the doctor's words shows familiarity with the subject matter and an eagerness to participate in their own healthcare dialogue.

Recognitional overlaps, on the other hand, highlight the patient's ability to understand the doctor's intended meaning before it is fully expressed. These overlaps demonstrate more than just linguistic alignment; they reflect cognitive and emotional attunement to the conversation. Through recognitional overlap, patients convey their grasp of the message and preemptively align themselves with the doctor's advice. This behavior reinforces the collaborative nature of the interaction and serves as a subtle yet powerful marker of understanding. Functionally, these overlaps act as discourse cues that convey important information to the doctor. They provide immediate, implicit feedback about the patient's level of understanding and agreement. As such, the doctor can use these signals to gauge whether further clarification is needed or whether the message has been successfully communicated. The presence of intentional and recognitional overlap thus enhances the efficiency and effectiveness of the exchange, turning what could be a one-sided monologue into a mutually responsive dialogue.

4. Conclusion

This study offers a nuanced understanding of overlapping speech within doctor-patient interactions in pain clinic across three clinical phases: pre-examination, examination and post-examination. The analysis reveals that overlap, far from being a mere conversational disruption, serves a range of communicative and diagnostic functions that are crucial in shaping effective clinical discourse.

In the pre-examination phase, overlaps often stem from transitional and terminal moments—frequently unintentional but informative—illustrating the natural rhythm of spontaneous dialogue. Interestingly, the doctor strategically employed intentional and recognitional overlaps to redirect, clarify, or confirm crucial patient information, ensuring that the anamnesis remained focused and medically accurate. During the examination phase, most overlaps were accidental and reflexive, reflecting the immediacy of physical responses and the urgency of mutual understanding. Yet even in their spontaneity, these overlaps enriched the interaction, allowing for real-time feedback that enhanced diagnostic clarity. In the post-examination phase, overlap became a powerful tool for affirmation and engagement. Patients often used recognitional and intentional overlaps to

demonstrate understanding, align with medical advice, and participate actively in their own treatment narrative. These overlaps reflected not only linguistic cooperation but also emotional resonance and shared responsibility in the healing process.

Overall, this research underscores that overlapping speech is not merely incidental but functionally significant. It facilitates clarity, builds rapport, and transforms the clinical encounter into a collaborative space where meaning is co-constructed. By recognizing and harnessing the value of these overlaps, healthcare practitioners can foster more empathetic, precise, and responsive communication with patients—ultimately improving both diagnostic outcomes and patient satisfaction.

Acknowledgements

The authors would like to express sincere gratitude to the Institute for Research and Community Service (LPPM), Udayana University, for the support and funding that made this research possible. Special thanks are also extended to the reviewer(s) whose insightful comments and constructive suggestions greatly contributed to the improvement of this article. Your guidance and encouragement are deeply appreciated.

References

Abbas, N. F. (2020). Pragmatics of overlapping talk in therapy sessions. *Journal of Language and Linguistic Studies*, *16*(3), 1251–1263. https://doi.org/10.17263/jlls.803705

Cantrell, L. (2014). The Power of Rapport : An Analysis of the Effects of Interruptions and Overlaps in Casual Conversation . *Leading Undergraduate Work in English*, *6*, 74–85.

Černý, M. (2010). Interruptions and Overlaps in Doctor–Patient Communication Revisited. *Linguistica*, 1–20.

Dickerson, M. (2022). *Examining the Power Dynamics in the Patient-Doctor Relationship in Bio-medicalized Countries: a Historical and Sociocultural Framework*.

Guydish, A. J., & Fox Tree, J. E. (2025). Collateral signals and conversation quality. *Language Sciences*, *109*, 1–13. https://doi.org/10.1016/j.langsci.2025.101716

Jefferson, G. (1973). Acase of precision timing in ordinary conversation: Overlapped tag-positioned address terms in closing sequences. *Semiotica*, *9*, 47–96.

Kantanda, E. M. K. (2018). Meaning in Doctor-Patient Communication. *International Journal of Linguistics and Communication*, *6*(1), 15–22. https://doi.org/10.15640/ijlc.v6n1a2

Plug, I., van Dulmen, S., Stommel, W., Hartman, T. C. O., & Das, E. (2022). Physicians' and Patients' Interruptions in Clinical Practice: A Quantitative Analysis. *Annals of Family Medicine*, *20*(5), 423–429. https://doi.org/10.1370/afm.2846

Schegloff, E. A. (2000). Overlapping talk and the organization of turn-taking for conversation. *Language in Society*, *29*(1), 1–63. https://doi.org/10.1017/s0047404500001019

Trương, T. N. N. (2023). Exploring the use of turn-taking and overlap resolution strategies among Vietnamese non-English major students. *Language Value*, *16*(1), 145–187. https://doi.org/10.6035/languagev.7237

Vinciarelli, A., Chatziioannou, P., & Esposito, A. (2015). When the words are not everything: The use of laughter, fillers, back-channel, silence, and overlapping speech in phone calls. *Frontiers in ICT*, *2*(MAR). https://doi.org/10.3389/fict.2015.00004

Young, J. A., Lind, C., Steenbrugge, W. van, & University, F. (2016). A conversation analytic study of patterns of overlapping talk in conversations between individuals with dementia and their frequent communication partners. *International Journal of Language & Communication Disorders*, *51*(6), 745–756. 10.1111/1460-6984.12245