



## A Pragmatic Agenda for Healthcare

**Sarah Bigi and Maria Grazia Rossi (Eds.)**

Amsterdam/Philadelphia: John Benjamins Publishing Company, 2023. 397 pages. ISBN 9789027214270 and 9789027249371

The study of health communication has been an important research topic across different disciplines, especially in the field of humanities and social sciences. There are numerous disciplines that contribute to this field, including communication, sociology, psychology, medicine, management and so forth (Hannawa et al., 2015). Meanwhile, since many aspects of healthcare are mediated through language, health communication is inherently linguistic (Demjén, 2020). Ergo, Pragmatics, a discipline that studies language in use, could offer a solid theoretical background in tackling the complexity of health communication. With a collection of selected articles focusing on the adoption of pragmatic approach in healthcare, this book could set an agenda to address the theoretical and methodological challenges through the integration of pragmatic and discourse approaches with health communication.

The book *A Pragmatic Agenda for Healthcare*, edited by Sarah Bigi and Maria Grazia Rossi, comprises five sections with a total of sixteen chapters. The introductory chapter by the editors Sarah Bigi and Maria Grazia Rossi illustrates the necessity of adopting pragmatic approach in addressing research agendas of health communication, by which the specific context of interaction could be taken into consideration. The first section (Chapters 1 to 3) presents significant methodological issues in healthcare communication, including interpersonal and public communication. The other four sections focus on the establishment of mutual understanding in medical encounters, while each section revolves around a particular topic. The second section (Chapters 4 to 6) is centered on the construction of shared understanding pertaining to diverse cultural and linguistic environments. The third section (Chapters 7 to 9) explores a dynamic approach to meaning negotiation and assesses its impact on achieving shared understanding. The fourth section (Chapters 10 to 12) explicates the building of common ground, in which the expertise of both healthcare providers and peer experts is stressed. The fifth section

(Chapters 13 to 16) zooms in on the phenomenon of uncertainty that occurs frequently from diagnosis to treatment and studies how pragmatic approaches could contribute to the management of it, hence achieving shared understanding.

In Chapter 1, Teresa L. Thompson and Wayne A. Beach highlight a marked gap in the field of medical interaction research caused by the poor integration with pragmatic and linguistic theory. They thus suggest that the adoption of theoretical and normative models could advance related studies. Following this, Jennifer Gerwing, Sara Healing and Julia Menichetti in Chapter 2 introduce *Microanalysis of Clinical Interaction*, a structural approach to communication, illustrating its historical background and implications for clinical practice in fostering patients' active participation. Public health communication during COVID-19 is discussed in Chapter 3 by Paolo Labinaz. By conducting an investigation based on a speech-act theoretical framework, the significance of selecting appropriate communication styles for health experts is underscored.

In Chapter 4, Istvan Kecskes explores the relevance of intercultural pragmatics with intercultural medical interactions and its significance for improving healthcare providers' practices. In Chapter 5, Laura Gavioli and Claudio Baraldi compare dyadic sequences in triadic interaction among the clinician, patient and interpreter, whereupon suggestions to enhance mediators and clinicians' management in related practices are provided. Letizia Caronia, Federica Ranzani, and Vittoria Colla in Chapter 6 revolve on triadic interaction in Italian primary care visits, demonstrating how the physician could deploy the body and gestures as multimodal devices to boost patients' understanding and engagement despite linguistic barriers.

Chapter 7, by Kasia M. Jaszczolt and Lidia Berthon, critically introduces main approaches to meaning negotiation and outlines the benefits of understanding dynamic pragmatics for doctors in the negotiation and construction of meaning. In the next chapter, Ágnes Kuna and Ágnes Hámori adopt a socio-cognitive approach to examine the importance of metapragmatic expressions in the dynamic management of medical interactions. Taking a conversation analysis approach, Federica Ranzani in Chapter 9 analyzes pediatricians' so-called "normalizing practice" in delivering unproblematic assessment of infants' physical growth, arguing that pediatricians' efforts in translating professional evaluation to lay terms play a crucial role in building a shared understanding with parents.

Keith Allan in Chapter 10 details the debate about the notion of common ground and offers his own definition, pointing out its role in medical encounters, especially when the patients are rational people. In Chapter 11, Anna Udvardi identifies the strategies adopted by physiotherapists in designing open questions for their patients, thus exploring healthcare providers' communicative practices that favor or hinder the building of common ground. The next chapter, by Barbara De Cock and Carolina Figueras Bates, focuses on how peer experts achieve mutual understanding with less experienced users in online health fora. They stress that the shared understanding built among patients could function as a bridge towards professional treatment.

In Chapter 13, Paul K. J. Han suggests that pragmatic approach can not only be used to elucidate the complexity of uncertainty in healthcare, but can also enhance both clinicians and patients' management of it. Chapter 14 by Maria R. Dahm and Carmel Crock analyzes the diagnostic interactions in roleplay scenarios and examines uncertainty expressions' connection with diagnostic errors and shared decisions. It is proposed that discourse analytical methodologies can be helpful to analyze health communication from a pragmatic perspective. In Chapter 15, Julia Gärtner, Kristin Bührig, and Sigrid Harendza investigate the uncertainty in history-taking of simulated medical encounters. Their interdisciplinary study provides implications for how to manage uncertainty without irritating patients. In the last chapter, Ming-Yu Tseng and Grace Zhang clarify the communication and management of uncertainty in online medical consultations of Taiwan. They underline that vague language can be more positively received in health information delivery when it is used with higher-order stretching, a metaphor for discourse features.

Overall, this book sheds light on how pragmatic approach could contribute to core issues in health communication, especially to the establishment of shared understanding between doctors and patients. As an essential goal of health communication (Epstein & Street, 2011), shared understanding has been elucidated from power relations (Beisecker, 1990; Thesen, 2005), while this book discusses it from an interactional level. Compared with studies stressing the asymmetry of knowledge and experience between doctors and patients, this book views doctors as intercultural mediators who can translate knowledge to patients. Moreover, studies in this book cover diverse medical settings and various communication platforms, hence offering more possible topics in the field of health communication. However, the book would have

benefited from drawing on more cases that study real data from medical interactions, by which the applicability of research could be promoted. Nevertheless, this book bears profound implications for medical practice and education, which means it is useful for both practitioners and medical educators who seek to find the way of fostering practical competence in interacting with patients and scholars interested in discourse analysis.

Received 16 June 2024  
Accepted 5 August 2024

Reviewed by **Weihua Wu & Zi Yang**  
University of Science and Technology Beijing (China)  
yangzi@ustb.edu.cn

## Acknowledgements

This work was supported by National Social Science Fund (China) [Grant number: 20BYY070].

## References

- Beisecker, A. E. (1990). Patient power in doctor-patient communication: What do we know? *Health Communication*, 2(2), 105-122. [https://doi.org/10.1207/s15327027hc0202\\_4](https://doi.org/10.1207/s15327027hc0202_4)
- Demjén, Z. (2020). *Applying linguistics in illness and healthcare contexts: Contemporary studies in linguistics*. Bloomsbury Publishing.
- Epstein, R. M., & Street, R. L. (2011). Shared mind: Communication, decision making, and autonomy in serious illness. *Annals of Family Medicine*, 9(5), 454-461. <https://doi.org/10.1370/afm.1301>
- Hannawa, A. F., García-Jiménez, L., Candrian, C., Rossmann, C., & Schulz, P. J. (2015). Identifying the field of health communication. *Journal of Health Communication*, 20(5), 521-530. <https://doi.org/10.1080/10810730.201.999891>
- Thesen, J. (2005). From oppression towards empowerment in clinical practice-offering doctors a model for reflection. *Scandinavian Journal of Public Health*, 33, 47-52. <https://doi.org/10.1080/14034950510033372>