

Bigi Sarah, *Communicating (with) Care: A Linguistic Approach to the Study of Doctor-Patient Interactions*, IOS Press, Amsterdam, Berlin, Washington, DC.

Even if not everyone, many of us have had the experience of a medical encounter with a doctor who, despite being a reliable and competent informant, did not provoke any change in our disease-related behaviour or with a health professional who, despite being very affective, was hardly understandable in both her/his diagnostic hypothesis and proposed therapy. In both the cases, a failure in communicating (with) care happened and we might still wonder why. Sarah Bigi's text *Communicating (with) Care: A Linguistic Approach to the Study of Doctor-Patient Interactions* provides an original and well-informed answer with a genuinely interdisciplinary approach, combining insights coming from Pragmatics, Argumentation Theory, Discourse Analysis, Philosophy of language and Communication Studies.

The aim of the book is to understand whether it is possible at all to have a real participated deliberation of both doctors and patients in the disease management. On the one hand, the evident asymmetry in doctor-patient interaction in terms of specialised knowledge and expertise leads to think that doctors own an "epistemic advantage" over the patient and a social status that determines their authority in illness management. On the other hand, doctors also need specific communicative competences, in addition to the clinical ones, in order to achieve patient compliance in the care process. Indeed,

as it has been claimed, "an inappropriate communication strategy or a lack of attention to patient's interpretation could entail a delay or refusal for therapy" (Ervas et al. 2016: 92). Therefore, the patient might be involved in the decision making and, in this perspective, it is important to identify the potential defeasors of a doctor-patient interaction leading to a genuine participated deliberation.

The main paradigms of healthcare focusing on the doctor-patient relationship are described in the first chapter of the book and vary according to the roles attributed to the doctors, the patients and the disease. Balint's work (1957) had an important role in questioning the presumed impersonality of the doctor-patient interaction, granting the passage from a disease-centered to a patient-centered medicine (Stewart, Weston 1995). In the latter one, patients are "experts of their own" and the idea of a mutual exchange of expertise between doctors and patients leads to a more balanced interaction. Even though the patient-centered medicine has the merit of bringing communication on the stage of therapy as one of the essential actors, it is not exempt from difficulties: as pointed out by the author, what is lacking is precisely a clear, theoretically informed notion of communication that can be applied in practice. Alternative models, such as "consumerism" (Roter, Hall 2006) and "informed decision making" (Charles, Gafni, Whelan 1997), still rely on the code model of communication and on an idealised rationality on both laypeople and specialists' parts. The "shared mind" approach (Epstein & Street 2011) shifts instead the attention towards an inferential account of communication: the recognition of patients' intentions and epistemic background are central and doctors' rationality is never "neutral" with regards to beliefs, values and expectations. In this perspective, argumentation becomes the privileged tool to build a shared

“common ground” in doctor-patient interaction, making participated deliberation possible (Walton, Krabbe 1995).

The second chapter of the book is devoted to the functions of communication in medical encounter: rapport building, information exchange and decision making. Sarah Bigi highlights the importance of mutual trust as a “precondition for effective shared decision making” (p. 24), which depends in its turn on both cognitive and affective aspects of the doctor-patient relationship. To properly build mutual trust, doctors need to speak “the patients’ language”: under this respect doctors should be similar to bilinguals speaking both the specialist language of medicine and everyday language (Williams, Ogden 2004). The language spoken by doctors deeply (positively or negatively) influences patient’s experience of illness, their perception of therapy or even of themselves as individuals (Segal 1997, 2000). For instance, recent studies in health communication have drawn attention to metaphor as a way to let the patients grasp an unknown target concept by using a well known source concept linked to everyday experience, thus naming and explaining a phenomenon, i.e. illness, which otherwise would remain unintelligible and obscure (Rossi 2016; Ervas 2018). Language covertly influences patients’ beliefs and possible beliefs’ revision, thus having an indirect impact on patients’ intention to act and finally on the clinical outcomes.

Contextual factors modulate the possible outcomes of health communication and doctors should be aware of the importance of patients’ background knowledge and socio-cultural context to achieve the intended communicative effects. The third chapter of the book is specifically dedicated to context in health communication, investigated through the lens of the socio-cognitive approach (Kecskes 2010) and defined as an interplay of attention and intention

modulated by socio-cultural factors. In this perspective, salient information guides the first attempt to understanding, as it is the most accessible, familiar and easily activated information at patients’ disposal (Giora 2003). The easiest and readiest linguistic material available for them will then constitute their prior context, which differs from the prior context of the doctors connected to the use of their medical language. Doctor-patient interaction is thus described as a particular instance of intercultural communication (Kecskes 2014), where doctors know and “adjust” the specific prior contexts of interaction and lead the communicative encounter in the “unknown health territory” by building a shared common background. As the author points out, “‘translating’ words can be an effective process only if it is accompanied by an effort to align each others’ salience, so that the exchanged knowledge can be relevant to intention, salient to the attention and available in the socio-cultural background” (p. 46).

The fourth chapter provides a method, borrowed from conversation analysis, to analyse doctor-patient dialogues, in order to investigate the patterns and the strategies through which interlocutors co-build meaning and align their intentions to specific communicative goals. The dialogues are categorised according to activity types (persuasion, negotiation, inquiry, deliberation, information-seeking, eristics), and their main characteristics (initial situation, main goal, participants’ aims, side benefits) (Walton, Krabbe 1995; Walton, Macagno 2007). Each linguistic move is thus evaluated as a speech act, whose felicity conditions are determined on the basis of the dialogical effects on the interlocutor. Within a pragmatic-argumentative framework, as it has been pointed out, “the value of such a dialogical effect therefore depends on the way the speech act contributes to the determined contextual goal – e.g., practicing shared decisions making on treatment options and care plans (Rossi

2016: 41). The chapter specifically considers the deliberation dialogue as a model to analyse shared decision making, where the dimension of individual preferences, values and beliefs plays a crucial communicative role to achieve doctor-patient agreement (Bigi, Lamiani 2016).

The theoretical framework and the method are then applied and developed in three experimental projects in health communication, which are described in the fifth chapter. The first project, in collaboration with M.G. Rossi, G. Graffigna and S. Barello, investigates the concept of appropriateness and has a special focus on the process of patient engagement in diabetes care, which reveals to be fundamental not only for adherence to therapy but also for diagnosis awareness and disease management. The second project, "Healthy Reasoning" in collaboration with F. Macagno and M.G. Rossi, considers argument schemes and dialogue types as formalisations to study possible heuristic strategies used in doctor-patient interaction in the case of diabetes care. The third project, "Active Aging" in collaboration with G. Riva, explores the role of new and widespread technologies, such as instant messaging, mobile applications and virtual reality, in health communication (Gola, Meloni, Porcu 2018), to improve the quality of personal experience in the life span.

The book reaches the objective of providing a theoretical framework and a methodology to in depth study health communication, also giving an idea of specific application fields. More important, the author is able to present health communication in its complexity and sensitivity to public opinion, highlighting various (psychological, linguistic, affective, cognitive, social, cultural and non-linguistic) dimensions composing the phenomenon and intertwining them in a genuinely interdisciplinary research. The book is highly recommended not only to

professionals in the medical field and specialists in communication studies, but also to a wider, general audience interested in health communication.

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Francesca Ervas

Università degli Studi di Cagliari
ervas@unica.it