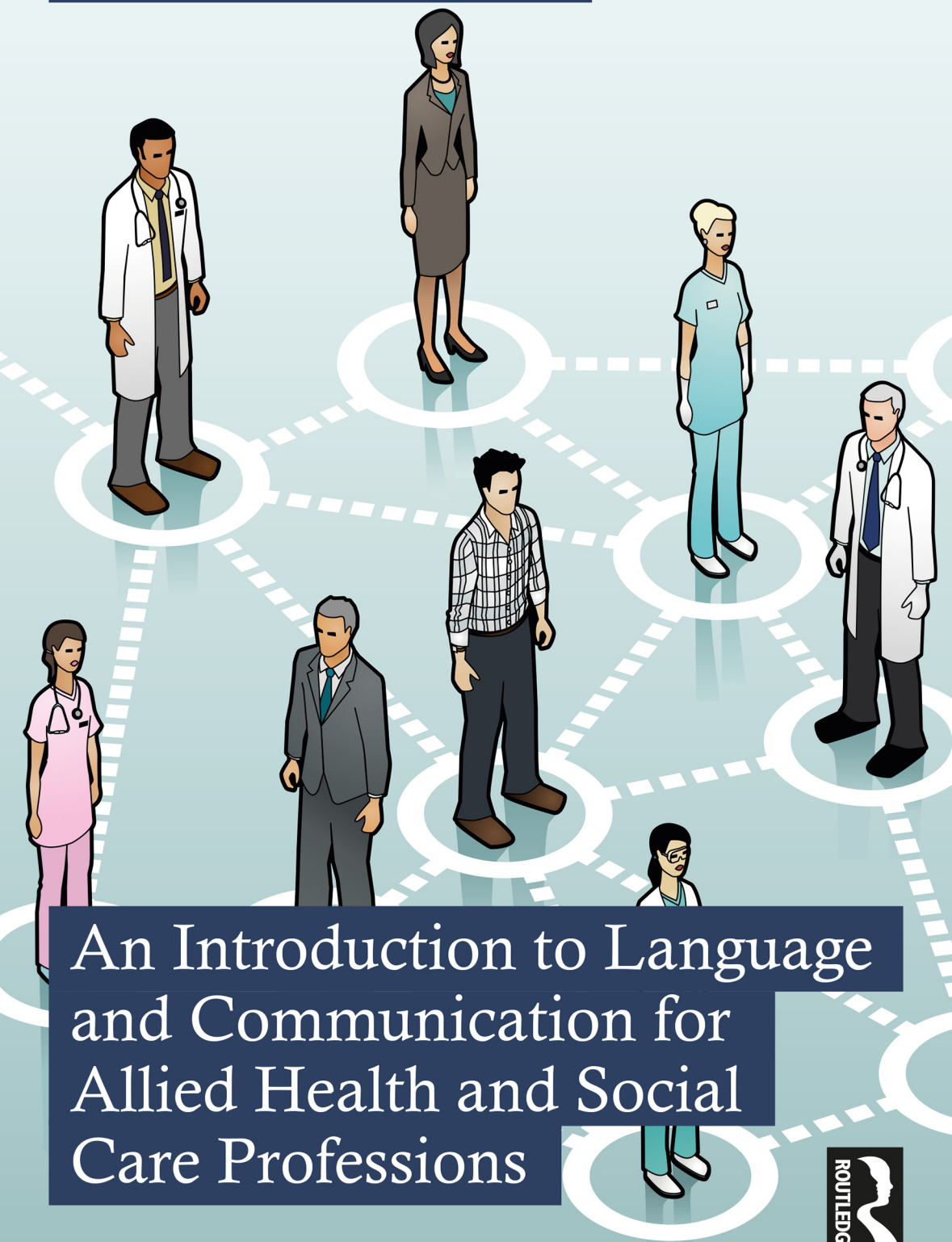


Simone C. Bacchini



An Introduction to Language and Communication for Allied Health and Social Care Professions



An Introduction to Language and Communication for Allied Health and Social Care Professions

Bringing insights from linguistics to those without a background in this field, *An Introduction to Language and Communication for Allied Health and Social Care Professions* enables readers to better appreciate the ways in which language functions simultaneously as an instrument to encode and communicate meaning, build and sustain interpersonal relationships, and express identity. Grounded in the understanding of language as a multifunctional, interactional tool offered by sociolinguistics, pragmatics, and discourse analysis, the book:

- Provides readers with well-grounded tools that they can use to inform their daily work as well as to reflect upon their own communicative practices and – where necessary – to improve them
- Features ‘discussion points’ in the form of questions, suggestions for reflection, and small analysis tasks throughout
- Contains end-of-chapter summaries and suggestions for further reading

An Introduction to Language and Communication for Allied Health and Social Care Professions is ideal as a core or supplementary textbook for students on degrees in public health, social work, social care, nursing, and other allied health professions who are taking courses in communication. It is also an invaluable guide for qualified health and social care practitioners, to support both their professional practice and their continuing professional development.

Simone C. Bacchini is Subject Specialist for Arts and Humanities at The British Library. He worked as associate facilitator on the clinical communication module on the medical course at King’s College London. He was guest lecturer in communication on the Relationship-Based Practice in Social Work module at Staffordshire University. His research interests include health communication, discourse analysis, sociolinguistics, and systemic functional linguistics.



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Introduction

The book you are now holding, or reading on a screen, could have been called, ‘Principles of linguistics for social, health, and allied health professionals’. But I fear that that would have perhaps proven...unpopular.

Linguistics is the scientific study of language, and language is central to so many of our activities, including – of course – communication.

If you are studying to qualify as a social worker, a health professional, or to work in the health allied professions, language and communication will be central to your work. In many instances, they will be *all* you have got. A physician can rely on clinical tests to understand what the problem is with a patient. But for those working in mental health or social work, just to name two roles, most of your findings will come through your service users’ language, and yours. Language, however, plays a crucial role in *all* of those professions. You will need language to ask, to discover, to build rapport, to advise, to reassure, to show empathy. The list could be very long (by the way, how about you try jotting down you engage in for which language is essential?).

You will rely on language when you deal with colleagues and with people external to your workplace. Effective *intra-* and *inter-*professional communication (communication with members of your own organisation and profession and with those outside of it) are paramount not only to achieve your organisational goals, but also to the social and mental wellbeing of all parties involved.

It is mainly through language that we communicate, although you will see that communication also relies on tools that are not, strictly speaking, linguistic.

This is not a ‘how-to’ book. There are already many excellent books that teach ‘communication skills’ for your professions. Instead, the aim of this book is to help you look closer at language, as a tool, and at communication, as a process. Although you will find snippets of advice throughout the book, its (and my) principal aim is to offer you some of the means to be able to look at communication processes and at language itself. For example, in books on communication skills, you will learn (correctly) that showing empathy is

very important and essential, if you want to create good rapport. But how does empathy manifest itself in communication? Where does it appear, and through what means? Similarly, adopting a non-confrontational communicative style is important. But many of the ways in which a confrontational or uncooperative style materialises are found in small cues, which are often easy to miss.

By learning how language and interaction encode attitudes and dispositions, or how through specific grammatical choice people are able to present themselves as resourceful or, on the other hand, as unable to cope (just two of many possible examples), you will be in a better position to, for instance, reflect on why and how a professional encounter of the type you will be engaging in has been successful, or maybe not so successful.

Why, for instance, did that person react in the way they did when you suggested a particular course of action aimed at helping them? Why did you misunderstand your manager?

In language, as noted, many messages are communicated in ways that are not immediately obvious. When we talk, we often mean much more than we say; often, we mean something that is totally opposite to what we actually say. Linguists have been reflecting on topics like these for centuries, and have come up with some very interesting and useful observations. In writing this book, I wanted to share some of those insights with you.

I hope I am not committing a marketing *faux pas*, but you should know that you already know everything that is written in this book. The problem, however, is that you do not know that you know it, and how that knowledge came about.

Let me explain, as a native speaker of one or more languages, you possess what linguists call ‘tacit knowledge’ of language. You have acquired it organically, since the day you were born, in countless interactions with your loved ones, your friends, and other people. You also acquired ‘communicative competence’ – an understanding of the sociocultural rules governing interpersonal exchanges in your culture (or cultures) or origin, and possibly in others too. But again, for the most part, you are not conscious of this knowledge. You do not even realise that – each day – you are applying tens, perhaps hundreds, of the rules that govern language and communication, most of the time successfully.

However, once you become aware of these ‘rules and principles’, you will be able to communicate better, for example by understanding what the obstacles to successful communication are, where they materialise, and why.

One of the great things about working with language, and studying it, is that language is all around us. For each principle you learn, you will have plenty of material to verify it on, to experiment with, *every day*. Language itself may be immaterial but its effects are clearly observable. With this book, if you will, I am extending to you an invitation to observe something that may seem very mundane but is actually quite wonderful.

This book does not assume any prior knowledge of linguistics. Whenever I employ a technical term or concept, you will immediately find it explained. For the most curious among you, each chapter offers suggestions for further reading. You don't need to read them right away, but you may wish to do so in the future.

I would suggest beginning this book by reading Chapters 1 and 2. After that, you do not need to read the remaining chapters sequentially. They are mostly self-contained, although they occasionally refer back – or forward – to other chapters.

Each chapter contains 'discussion points'. These take the form of questions, suggestions for reflection, and small analysis tasks. For some of them, I have provided an answer, or my opinion; others remain open. You can use the discussion points on your own, discuss them with your peers, or as directed by your instructor. But remember that one of my aims is to get you to think about your linguistic and communicative practices. So, feel free to disagree with my answers and interpretations, where I give them. Indeed, my hope is that you will carry the principles I talk about with you, in your head, during your daily activities; that you reflect on them and *with* them. In some cases, your experience will confirm what I said; in others, it might contradict it, or add another angle. That is good; in fact, that's the whole point of this book: to make you aware of how you communicate. And feel free to share your observations with me (you will find a contact email address below).

This book is addressed to people working in social work, social care, health and allied professions. I have tried to utilise examples that are relevant to all. Please do not feel that an example involving, say, a social worker is not relevant to you, if you are training to become a music therapist, or a paramedic. And vice versa. With a bit of adaptation, you will see that they can be applied to your own profession. Also, each profession has its own vocabulary. For instance, in the UK social workers deal with 'service users', doctors and nurses with 'patients', mental health professional with 'clients', although even for these professions there is a certain terminological flexibility. I have tried to vary the terms I use, but again, do not feel that, if I talk of a 'patient' and you are a social worker, it does not apply to you.

I truly hope that this textbook will be interesting and helpful to you. If it is, and if it kindles your interest in language and the wondrous intricacies of human communication, I will have succeeded. Good luck and enjoy the journey.

Summary of book content

Chapter 1 is an introduction to some fundamental notions about 'language' and 'communication'. These will help you to make sense of much of what follows in the book.

Chapter 2 delves into the notion of ‘grammar’, what it really is and does and why it is an important tool for communicating meaning. The chapter also demystifies some notions about it. The chapter also discusses how – through grammar – we construe and represent experience.

Chapter 3 introduces some of the complexities and subtleties of human communication. It compares and contrasts two models of language and communication and explores how ‘meaning’ is co-created – or cooperatively achieved – by interactants in a communicative event, such as a consultation or an interview. Drawing on the subfield of linguistics called ‘pragmatics’ it introduces and discusses the notion that ‘talk is action’ and present the all-important notion of ‘speech acts’.

Chapter 4 introduces the notion of ‘context’, physical, social, and cultural, and of ‘co-text’ – the immediate verbal environment of communication. The chapter then goes on to illustrate how context, in turn, shapes interaction, the creation of meaning, and (mis)understanding.

Chapter 5 is dedicated to ‘narratives’ – the stories that people tell about their experiences. The chapter explains how narratives are both a cognitive tool that helps people make sense of their lives and an interpersonal one that helps them present a preferred version of themselves, as well as of events.

Chapter 6 is about intercultural communication. Its aim is to introduce you to the way in which cultural assumptions and expectations shape the way interpret language and the unfolding of events. The chapter also discusses preconceptions and prejudice and looks at how and why they hinder good communication.

Chapter 7 focuses on workplace communication. It examines how and why communication at work can be challenging, as well as productive. Notions such as *inter-* and *intra*professional communication are discussed, as well as communication with service users. The chapter does so by introducing and using the concepts of ‘frontstage’ and ‘backstage’ communication.

Chapter 8 returns to the notion of meaning creation as a cooperative endeavour. It does so by drawing on insights from ‘Interactional Sociolinguistics’, an interpretative, qualitative and socially based approach, to offer a better understanding of how communication in the workplace and elsewhere functions. The chapter introduces the concepts of ‘frames’ and ‘contextualisation cues’ as culture-specific signals that speakers use to indicate how their speech is to be interpreted.

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This thing called language

Introduction

This chapter introduces you to some basic, yet fundamental, notions about language and communication. These will form the underpinnings for the topics that you will encounter in each of the chapters of this book. You are encouraged to return to it as you progress through it, since it will help you to make sense of the topics discussed in this volume. In turn, as you progress in your reading, you will find that your understanding and appreciation of what is presented in this chapter will deepen.

Communication

Both ‘communication’ and ‘language’ are terms whose meanings most people comprehend intuitively. I would suggest that, if asked, most people would define ‘communication’ as the exchange of messages. Despite not being perfect, this definition shows a basic understanding of what communication is.

Harder (in Verschueren and Östman, 2009: 30) offers the following definition of communication:

[T]he type of interaction which prototypically involves the transmission of messages between individuals acting consciously and intentionally for that end.

The first thing that this definition highlights is that communication is a *process*, not a *thing*. It is an activity, where two or more parties (interlocutors) collaborate (interact) to wilfully and consciously exchange meaningful messages.

Such messages can be statements of fact, such as ‘the doctor will see you at five’, or ‘the office is closed now’. This type of meaning is traditionally referred to as ‘propositional’. However, messages can also be orders, requests, questions, where we want somebody to do something; or they can be ‘actions’, such as promising, threatening, reassuring.

Through such actions we accomplish different aims, such as communicating our acknowledgement of other people’s roles, or their very presence. In other words, we position ourselves socially.

This is what we do when we greet somebody with a simple, ‘Hello’ or ‘Good morning, Dr Woods’. In the first example, with the informal ‘hello’ we might acknowledge the presence of a friend and signal the status of our relationship, one of friendship. In the second, as well as recognising the presence of the other person, we also acknowledge our interlocutor’s social and professional role, as well as, possibly, of the institutional setting in which the exchange takes place, such as a hospital. (And our own awareness of them, thus positioning ourselves in the role of socially competent individuals.)

Harder (*op. cit.*: pp. 62–63) goes on to say something that is worth quoting in full:

‘In this broader perspective, understanding communication always involves two elements. Communication is a form of action, and as such its nature is to change what the other person is doing’.

We shall further unpack the meaning of this passage in subsequent sections. What you should keep in mind for now, however, is that each and every linguistic message has at least two levels of meaning: (1) what is said and (2) what effect the speaker wishes to have with what he or she says.

Language

For humans, most communication happens through the medium of language. Language is by no means the only tool that we use to communicate; it is, however, the most widespread and by far the most complex. Of course, when I say ‘language’ I am referring both to it in its spoken and written forms. It is also worth keeping in mind that there are languages, like those used by deaf and many hearing-impaired people, which are expressed through gestures. Language can also consist of tactile signals, such as those used by deafblind people.

Whatever the channel, language and communication are inextricably linked; an understanding of the workings of the former will help you to better appreciate what makes the latter successful (or, crucially, unsuccessful), and vice versa. By understanding how language, any language, works, you will be better equipped to appreciate, and gain a deeper insight of, how effective communication occurs, and how to achieve it in your chosen profession.

The aim of this textbook is rather practical. It aims to assist you in becoming a better communicator in your chosen profession. Consequently, our focus will be on how language functions and is used in real-life situations, in particular how to become better communicators in the areas of allied health and social care.

Language is all around us. It is ever-present in our daily interactions. We hear it on TV and read it on the billboards we walk past on our way to work. From the moment we wake up we are surrounded by it. In fact, even before waking up, we are likely to have used and heard language, if only in our dreams.

For some of the time we are active producers of language – in spoken, written (like me, writing these words now on my laptop), signed or tactile

form. Some aspects of language are specific to speech, like intonation; others, like punctuation, are confined to writing. Because of the real and perceived prevalence of speech, linguists tend to refer to ‘the speaker’, a practice that I follow in this book. However, you should always keep in mind that, apart from specific situations, the term could also be substituted with ‘writer’, or ‘signer’.

Even when we inhabit our mental worlds, when we think, we tend to do so predominantly through language. Non-verbal or visual thinking is of course possible and recently the sharp distinction between verbal and visual thinkers has been questioned (Otis, 2015). Indeed, as Otis (*ibid.*) maintains, there is even great variation in ‘thinking styles’ among individuals.

What exactly do we mean by ‘language’?

In English, the word ‘language’ has two related but distinct meanings. However, in languages such as Italian, Spanish, and French, just to name three, these two senses are encoded by similar, yet distinct, words. They are, respectively: *lingua* – *linguaggio*; *lengua* – *lenguaje*; *langue* – *langage*. The first word of each pair refers to any of the world’s unique idioms, each with its own recognised name, distinct history, a specific cultural tradition, and any number of native speakers. Ethnologue lists 7,111 but other estimates vary somewhat (Ethnologue, 2019). Examples of languages in this sense are English, Norwegian, Swahili, Māori, Italian, and so on. Following Sandoval and Denham (2021: 2–3), we can speak, in this sense, of language, with a small ‘l’.

However, there is also another sense to the word ‘language’, encoded by the second word in the above pairs. This further meaning can be thought of as Language with a capital ‘L’. It has a broader meaning and refers to ‘the means by which we engage the world and understand our place in it’ (Sandoval and Denham, 2021: 1).

Even more broadly, the term can be used to refer to any structured system of communication. In this latter sense, we can speak of ‘body language’, for example, or about the language of music, or of dance.

Non-humans too can, and in fact do, possess language in this sense. Honey bees, for example, use the famous ‘waggle dance’, a peculiar figure-eight dance to communicate to other bees the direction and distance of, among other things, nectar yielding flowers (Munz, 2016). However, as far as we know, no other species possesses a communication system whose complexity is comparable to natural human language. Indeed, language is often referred to as one of the fundamental traits that differentiate humans from other animals. This unique attribute is so relevant and defining that the creation myths of many of the world’s religions refer to it in their sacred writings and consider it a gift bestowed by the divine on humans.

‘Language’, as referred to in this chapter and the remainder of this book, refers specifically to natural human languages, like the ones mentioned above. Although this book discusses it mainly in relation to one language (English), it refers to all human languages. To be more precise, it refers to the specific human capacity for complex symbolic communication, of which the various idioms of the world are examples.

Human language is complex

Human language is complex because it uses numerous means to express meaning, such as words, which are then combined through often complicated rules to form sound sequences that in turn are combined to form larger units, words. And then further combinatory rules to create larger units of meaning, i.e. sentences.

Furthermore, when we speak, we also rely on other tools to convey meaning, such as intonation, gestures, facial expressions, and body movements. Complexity is also due to the fact that any linguistic expression, or utterance, can have multiple meanings, often simultaneously, according to factors such as the context in which it is produced, and by whom. The ability of context to condition meaning and understanding is crucial and is explored in detail in subsequent chapters.

... and symbolic

What do I mean when I say that language is symbolic? The dictionary definition of ‘symbol’ is ‘a sign, shape, or object that is used to represent something else’. For example, a heart often symbolises love. It is not love itself, rather, it represents, stands for, or points to it. Importantly, the relationship between a symbol and its meaning is not motivated. If you have ever seen a picture of a human heart, you will know that it bears no resemblance to the symbol popularly associated with it. An ‘icon’, on the other hand, bears some resemblance to the entity that it represents (or signifies, to be more precise).

Discussion Point: 1

Look at the two images below. What are they, icons or symbols? Explain your answer.

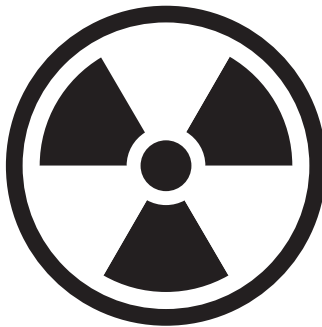


Image 1.1



Image 1.2

Language is symbolic because it stands for what it represents. For example, the word ‘book’ is not the real thing, what you are reading now. It is a convention among speakers of English to call it that. Indeed, if you were a French speaker, you would refer to the same object made of sheets of paper bound together as ‘livre’. The link between words and what they signify is predominantly arbitrary (i.e. random), as proven by the fact that different groups of people use different words to refer to the same identity (‘book’ vs. ‘livre’). Thoughts and intentions are formed in our heads before they are clothed, so to speak, in words and sentences; once words and sentences are formed, they stand for our thoughts and intentions, they point to, or symbolise, them.

In language too (with small and capital ‘l’) there is a degree of iconicity. In all languages you are likely to find so-called onomatopoeic words. These are words whose sound, whose phonetic form, bears a resemblance to, or is suggestive of, their meaning. English has quite a few of those, such as: zip, bang, meow, gargle, and splash. In addition, there can be discerned, in language, another higher level of iconicity. This can be found in the prosody of speech; its loudness, tempo, and pitch. A raised voice and quick delivery are indicative of heightened emotions, for example. A lower pitch, slow and careful delivery are often found in the speech of people with depression. All these features are indicative (iconic) of altered emotional states. Paying attention to these paralinguistic (i.e. non strictly linguistic, as they do not pertain directly to grammar and lexicon) will be extremely important in your professional practice. They indicate the speaker’s state of mind and might be good opportunities to express, for example, understanding and empathy.

Discussion Point: 2

Imagine an encounter between a service provider (a nurse, social or health worker) and a service user. Can you think of any element, aside from the words that are used, that might reveal the emotional state of the service user?

Can you think of a situation where, on the surface, there is a contradiction between the words that the service user actually uses and their true state of mind? How would these contradictions manifest themselves?

Arbitrariness, as seen is a design feature of human language. Two other important and related ones are ‘displacement’, and ‘cultural transmission’.

Displacement refers to the ability that language affords to talk about things that are not present; they may have happened a day or a millennium ago, or not at all (think, for example, about fiction). The possibility to relate events that have not actually happened, or not happened exactly as they are told, is fundamental to two basic and very common human activities: lying and deceiving.

Cultural transmission refers to the fact that, although human beings may be considered to be genetically predisposed to acquiring language, the specific forms that a language takes, and the cultural norms that it takes, are learned through being exposed to, and part of, a specific linguistic and social community. This is apparent in professional settings, among others. You may already be proficient in a certain language, but the specific conventions on language use in a particular professional setting on, for example, who is entitled to ask more questions in, say, a medical consultation, have to be learned.

Language comes naturally to us

As mentioned, the ability to acquire and use language comes naturally to us. From the moment we are born – indeed, from before birth (Karmiloff and Karmiloff-Smith, 2002) by being exposed to language we begin learning it.

We acquire its various components, such as its sound system (phonology), and its words (lexicon). We also acquire its grammar and syntax, which provide the rules that determine how the words of a language fit together. These, as mentioned, allow us to form meaningful stretches of language, the meaning of which our interlocutors can then easily discern, provided they too are familiar with the components and the rules of the system.

Children who are born with partially impaired or impaired hearing, or whose hearing deteriorates in early childhood, acquire language too, provided they too are exposed to it. Signed languages are just as complex and rich as oral ones. The main difference is that for a spoken language, the basic channel of production and transmission is the vocal tract, whereas for signed ones it is the hands (Brentari, 2010).

It is remarkable that although the mastery of some skills such as reading and writing normally requires formal instruction over an extended period, most of our linguistic ability comes to us seemingly without effort.

Often, we only truly appreciate this complexity when something goes wrong and results in miscommunication and misunderstanding. The types and reasons for misunderstandings and miscommunication are illustrated in more detail throughout this book. We are also likely to feel at a disadvantage when our ability to use language is impaired. This could be because of an illness, such as a stroke, or because we find ourselves in a country whose language we do not know or do not master well enough. Deprived of the ability to communicate proficiently through language, even the smartest individual will experience feelings of inadequacy and helplessness.

In addition to this complexity, which – as mentioned – is internal to any language, successful communication is also dependent on factors that lie outside of language itself (they are, as linguists say, *extralinguistic*). These include, but are not limited to, the physical space in which a communicative exchange takes place, the interactants' hierarchical position in relation to each other, and each interlocutor's past experience of similar encounters.

These factors, and the role they play in communication, are often more difficult to appreciate, partly because their bearing on communication is less transparent and obvious. It is easy to understand why and how the fact that two speakers do not share a common language is problematic, less so how the physical environment in which a conversation between two or more individuals who speak the same language might engender misunderstanding.

All the factors mentioned above are discussed in more detail in other sections of this book. They will help you gain a deeper and better understanding of how to communicate successfully in a professional setting, although most of what we shall be discussing is applicable to informal, everyday communication too. The chapter then discusses why and how language is a complex system

Ways of looking at language and communication

There are many reasons for wanting to understand how language and communication work, such as being better communicators in our respective

professions. There are also many perspectives from which this observation can be conducted. The *whys* will determine in large part the *hows*.

Linguistics: the scientific study of language

Of all the academic disciplines that are interested in language, the principal one is linguistics. A large part of the topics discussed in this book are informed by insights drawn from it.

Linguistics can be defined as the study of language according to scientific principles. It comprises several sub-disciplines, each focussing on particular aspects of language, some of which have been mentioned above.

You may be interested in the sounds of language, in how children acquire it; or you may want to focus on the role that context plays in understanding, or in how meaning is created by speakers interacting with other speakers. These are only some examples of perspectives and reasons to want to learn more about language and communication. There are, of course, many others. Each has a different focus and uses different methodologies.

Although all of them have something to contribute to our understanding of the ways in which we communicate and how to improve them, a thorough discussion of these aspects is well beyond the scope and the aims of this textbook. Those who are interested in learning more can refer to the list of suggested readings at the end of each chapter.

Although linguistics explicitly identifies language as its object of investigation, other disciplines have a bearing on our understanding of the functioning of language, its potentialities, and its most subtle mechanisms. These include literary studies, psychology, ethnography, sociology, and rhetoric. You may be familiar with some, perhaps all, of them. Yet, if you get the feeling that this sounds like almost all of human knowledge is necessary for, and assists in, understanding how we communicate through language, you are in a sense quite right. Luckily, there is no need to be an expert in all or any of the aforementioned fields to improve the way you communicate in your chosen profession. Suffice to say that, although this textbook draws primarily on linguistics, it also owes a huge debt of gratitude to many other disciplines and scholarly traditions.

Cui prodest?

Whom does it benefit? That is in fact the meaning of the Latin phrase, often heard and used in legal circles when investigating crimes, the one or ones who would benefit (from the crime).

What is the use of learning all the information about language mentioned above to, for example, a medical student, a newly qualified nurse, or someone who wants to be a social worker? Perhaps this section could have also been titled, ‘So what?’ or, with more informally, ‘Why should I bother?’ After all, as the textbook’s title specifies, this is a work mainly addressed to ‘allied health and social care professionals’, not to students of language and communication.

The reasons are manifold, and you may already have inferred some of them from the preceding paragraphs. For example, in the case of social workers, Hall et al. (2006: 10) remind us that a study of their work ‘entails the study of language use and interaction’. And they go on to specify that by ‘language use and interaction’ what they mean is ‘all forms of spoken and written communication’ and that ‘by interaction we mean all encounters between social workers, clients and others where social work is practised’. Obviously the same can be applied, *mutatis mutandis*, to other professional settings within allied health and social care. The work of nurses and health advisors too is heavily reliant on language and good communication.

Many courses and textbooks on professional, as well as other types, of communication aim to make you a good communicator by identifying and teaching you a set of ‘skills’. You may already be familiar with some of them: empathy, attentive listening, offering feedback, managing disagreement, and so on. These are certainly important but, crucially, such skills are mostly operationalised, i.e. enacted, through language.

It is only by gaining an understanding of how language is actually used and how it functions that one can be able to truly master the ‘communicative skills’ that are so often mentioned in the curriculum and literature of most, if not all, works on communication in the people’s professions. Empathy, for example, is expressed through a variety of means in speech. These include specific lexical and syntactic choices, as well as through intonation, and repetition, just to name a few. In other words, an essential communicative skill, such as empathy, is ‘modulated’ in a communicative encounter. It relies on, and is expressed through, multiple linguistic resources, rather than set, easily recognisable phrases like, ‘I’m really sorry about your loss’. Moreover, you need to be aware of the ways and (linguistic) places where speakers encode personal experiences and emotions to respond to them appropriately.

As you prepare for your future professional role, it is therefore imperative that you gain an adequate understanding of the principles that underlie the functioning of language and successful communication.

You may not be training to become a linguist, but you certainly are training to be a proficient language user and a communicator in your future, or current workplace. By gaining an understanding of the ‘machinery’ of communication, you will be able not only to acquire and appropriately use the often-mentioned (but just as often vaguely defined) skills such as empathetic communication, open-mindedness, patient-centred communication, active listening, and so on.

You will also be able to understand how they are achieved through language, where they can be seen in an interaction, and what linguistic forms they take. When things go wrong – as they inevitably will, from time to time – you will be able, by being self-reflective (we will speak more of this concept in later portions of this book), to identify why things did not turn out as wished, a bit like a roadside mechanic can tell you why your car has suddenly stopped and what needs to be done to get you on the road again. Importantly, however, by applying the same self-reflective strategies, you will be in a position to truly understand why a particular encounter was a success, and, therefore, to repeat it.

Discussion Point: 3

Can you think of an example in your personal life when communication went wrong, resulting in *miscommunication*?

Think about it and try to identify and list all the steps that led to the negative outcome.

By presenting you with some of the insights gained from linguistics, as well as some of the tools used by it, this book is an invitation to ‘think like a linguist’, to borrow the title of a recently published introductory book on the subject (Sandoval and Denham, 2021), whatever your profession might be.

It is essential to remember that success in the so-called people’s professions is often very practical and tangible, such as when a patient complies with a prescribed regimen, or is promptly discharged from hospital; or when members of different professional teams are able to successfully implement a new protocol. These may be non-linguistic accomplishments, but they are all achieved – or not – by skilful and competent communication. Ignore language at your peril, one might therefore say.

Discussion Point: 4

Think about the profession for which you are studying, or are practising, at the present time. From a linguistic and communicative point of view, what type of challenges do you anticipate, or see?

Suggestions for further reading

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Grammar and words

How we paint the world

Introduction

In the previous chapter, you were introduced to some basic but fundamental concepts about communication and language. In talking about language (both with a small and capital ‘l’), I briefly mentioned ‘grammar’.

This chapter clarifies what is meant by the term, and dispels some myths about it. The chapter also illustrates the role that grammar and the lexicon (words) play in the construal, representation, and – crucially – the communication of everyday experience.

You will learn that, far from being an irrelevant detail to your professional development and practice, a proper understanding of grammar’s role in giving shape to experience is an invaluable tool for good and effective communication.

Grammar, if properly understood and ‘taken seriously’ (Simone, 2022) reveals itself as a powerful and remarkable instrument, one that will free you and open the possibilities of new understandings and better interactions.

By the end of this chapter, you will have a better understanding of the meaning of these assertions, and why grammar really does matter. But let us begin with a basic definition of the term.

Don’t panic! It’s only grammar

Grammar has a bad reputation. Some loathe it, others are deadly scared of it. This may be because of negative experiences in school, the stern disapproval of a teacher who found faults with our speech, our writing, or our use of punctuation. When you think of grammar, you may think of ‘grammar books’, usually containing numerous, often mysterious, and rather intricate ‘rules’ (who sets them, by the way?) on how to speak and write ‘properly’. You may fear them because you think that, at some point, you are likely to fall foul of them.

Viewed in this way, grammar is basically a set of *do*’s and *don*’ts (actually, according to some, writing ‘do’s’ is definitely a *don*’t): don’t use double negatives, no split infinitives, etc. This is known as the *prescriptive* view of

grammar; it is about how to sound educated and how to conform to certain ideas of correctness and style. Although it has its uses (and abuses!), it is not this notion of grammar that I am concerned with in this chapter.

But again, why concern yourself with grammar? This is not, after all, a book on good academic writing or one on English for speakers of other languages. Therefore, you might rightly be asking yourself why on earth you are reading about grammar in a book such as this one. Clearly, this has nothing to do with your chosen career in social work, social care, health and allied professions. Or does it?

It does, and an understanding of what speakers do – and that includes you! – every day with grammar will, as mentioned, help you to become a better communicator. So, having stated what type of grammar I am *not* concerned with, it is now time to explain what I mean by it, and why that matters.

What is grammar?

The Italian linguist Raffaele Simone (2022) reminds us that many people hold the mistaken notion that a language is made up exclusively of words, just like a dictionary. However, to function properly these words need to combine, if they are to ‘represent the events, the moods and the situations of which we wish to speak’ (all translations of Simone 2022 are my own).

Grammar and lexicon work closely together to create meaning. This is why linguists such as Halliday et al. (2014) use the term ‘lexicogrammar’ to refer, in general, to the level of wording in the language (as opposed to the sound system of a language, for example). This chapter discusses the lexicon and the grammar as closely integrated systems. In my usage, the term ‘lexicogrammar’ refers to the close interplay of the two components. I shall use the term ‘lexicon’ when referring exclusively to ‘words’, in the dictionary sense.

Grammar as the machinery of language

At a very basic level, grammar can be seen as the ‘machinery’ that, through certain procedures (or ‘rules’) allows the speakers of a language, any language, to transform thoughts and ideas, which exist in their heads, into a meaningful linguistic output – which exists ‘out there’, in the physical world, and that can be intelligible to others. We can use Capps and Ochs (1995: 52) very broad definition of grammar as the ways in which the speaker:

‘[P]uts words together in sentences (syntax), how words themselves are structured (morphology), and the sound system (phonology) that speakers draw upon to make meaning’.

I chose this definition because it clearly states that grammar is a resource that we draw upon *to make meaning*. You may have noticed that the above definition includes the sound system of a language as part of grammar. This is

because, as we shall see, as well as features that are, strictly speaking, part of the lexicon, others, such as intonation, play a relevant role in communicating meaning. (Technically these are known as ‘suprasegmental’ features. ‘Supra’ from the Latin for ‘above’, meaning those elements of pronunciation such as intonation, pitch, and tempo, which have an important role in communicating meaning.)

What does the grammar do?

Grammar has evolved alongside the human brain precisely to make communication and interaction possible. Far from being an abstruse set of rules for good writing, it is an ingenious system that we all possess and acquire effortlessly to distil, give shape, and – finally – express thoughts, emotions, and wishes, as well as interact with our fellow human beings.

Simone (2022: 21) goes on to say that ‘[g]rammar *is the engine that allows languages to work*’. The grammar of each language has evolved different mechanisms, some of which are unique to certain languages, whilst some are shared with other languages, that are necessary to express meanings.

Grammar has ‘rules’ in the sense that it allows only for certain combinations of words and sentences, each specific to each language.

Entities and the things they do

During our evolution, we humans developed increasingly complex cognitive abilities. As our brains grew and became more sophisticated, we were able, for example, to observe and parse the reality around us. For instance, we observed that it consists of ‘entities’ (things) that interact with, and affect, each other. This was captured by our brains by developing grammars that possess classes of words, usually referred to as ‘nouns’, that can encode such interacting entities.

An entity can be animate, like a man, or inanimate, like a stone. Entities can be the originator of an action, (*a car* hits a tree); sometimes it is the receiver of an action initiated by another, like the tree in our example. We understand that there are actions that have an effect on other entities which, in turn, can both be animate and human, or non-animate, human (or human-like) or non-human, and that the action or actions performed can be intentional: ‘The social worker listened to the service users and took notes’. Or unintentional: ‘I dropped the book’. But there are also actions that have only one ‘participant’, meaning that one entity is involved and the action depicted does not appear to extend unto another entity (it has no ‘direct object’, in grammatical terms), as in: ‘The door closed’, or ‘the nurse stood up’.

Things that go on

I have mentioned the concept of ‘action’ (or ‘going-on’). Speaking metaphorically, we can say that human cognition developed the understanding that

reality is like a theatre stage. On it, and against some background, there are actors doing things, sometimes to each other. The grammar developed ways of encoding both the ‘happenings’ (or ‘going-ons’) and the fact that within them there are, as mentioned, ‘actors’ who do things, or do things to each other, a fact captured mostly through a class of words known as ‘verbs’. The background information, on the other hand, is typically (but not exclusively) encoded, in languages like English, by a class of words known as ‘adverbs’ (or ‘adverbials’). For example, *slowly*, in a sentence like, ‘The services user removed her bandage *carefully*.’

Who does the thinking, us or the grammar?

In some ways, *what* and *how* we can encode it is predetermined by the grammar and the lexicon (the words) of the language we speak.

According to Halliday (2005: 370), ‘grammar is something to think with’. Through the grammar we make sense of the world we inhabit, the world ‘out there’, as well as the world that inhabits us, the world ‘in here’, in our consciousness. If someone noticed that you looked upset and asked you what the matter was, you could reply, ‘I’m angry. You would have construed a situation where *you*, your ‘self’ experiences a negative emotion. Of course, as Halliday notes (*ibid.*: 370), ‘you construed it’. But you did so ‘using your grammar potential’.

Yet, although it would be fair to say that language points us in certain directions, in terms of how we construe and express an experience, we still have choice.

What is important to keep in mind is that, although language, through its lexicogrammar, may favour, in a speaker’s mind, a certain construal of reality, it does not force any particular view. Speakers can and indeed are very creative in the way they use language. You can think of the lexicogrammar as a painter’s palette; the available colours are finite, but he can still choose which ones to use and how to mix them.

In addition, when it comes to words, new ones can be created, and old ones repurposed. For example, the now ubiquitous term ‘COVID-19’ was only coined in February 2020. Yet, a Google search with that term conducted on 4 October 2022 yielded around 4,230,000,000 returns! When it comes to repurposing, just think of the evolution of the term ‘gay’ in English, from a simple descriptor of character to a slur to label homosexuals and then, through the efforts of gay liberation movements, to proud indicator of sexual identity.

Although the grammar changes much more slowly than the vocabulary of a language, it too does evolve. In addition, as we shall see, it too offers choices in how we encode reality.

You should note that all these possibilities and choices, between different grammatical structures and different words, are meaningful in themselves. By paying close attention to them, often very subtle ones, we can gain a deeper appreciation of people’s experiences.

From intended meaning to expression

The term ‘meaning’ appeared quite frequently in the previous chapter. But what do I mean by ‘meaning’?

For our purposes, we can use a rather simple definition of the word, one that you are likely to find, with minimal variation, in most dictionaries. Meaning amounts to the message (or messages) that one intends to convey, including its intended effects.

For example, I may wish to convey to a friend my feeling of exhaustion after a long and difficult day and hope for an empathetic response from her. This thought, and the response I would like to obtain, ‘my meaning’, exist first in my head; they are just ideas, images of my inner world.

To communicate them, I need to transform them in a way that makes them ‘visible’ and that can be communicated. I need, in other words, to transform them into language that can be transmitted, received, and – hopefully – understood. And this is where the grammar comes in. Through the lexicogrammar of a language, English, for example, I can package the information in certain ways (but not others) and pass it on. The grammar filters and gives shapes to ideas, and in so doing, favours a particular reading of reality. The process is illustrated in Figure 2.1.

According to Halliday et al. (2014: 213), as humans ‘[o]ur most powerful impression of experience is that it consists of a flow of events, or “goings-on”, which we could also call “processes”’. The grammar allows us to encode this.

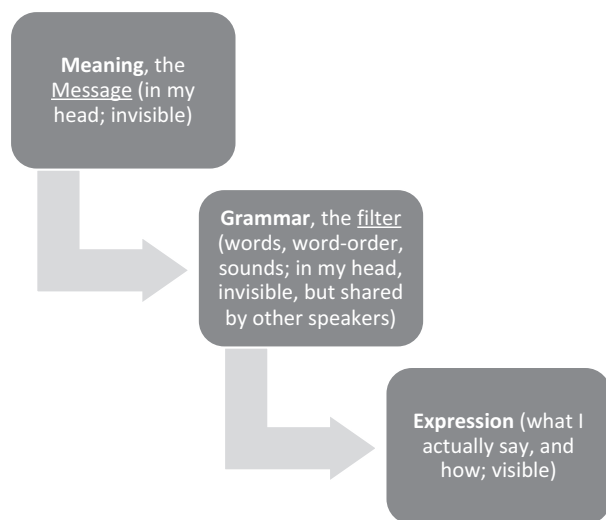


Figure 2.1 From meaning to expression.

Construing complex experiences: the grammar of pain and suffering

Simone's assertion that 'grammar contains a representation of the world' (p. 19) is also echoed by Halliday (2002: 391). The late British linguist describes grammar as a 'theory of human experience'. Puzzling? Probably, so let me expand on this concept by using one of Halliday's examples (pp. 370–371), one that relates to bodily pain, headaches, to be specific.

Imagine that you're feeling and looking a bit under the weather. A colleague, or a friend, asks you what the matter is, and you respond by saying, 'I have a headache', a rather common and variously unpleasant experience. Through the grammar and the lexicon (of English, in this case) of a very common sentence, you have done a number of things. I shall enumerate and discuss them hereafter.

The grammar of headaches and depression

First, you have, through the lexico grammar, construed and identified a 'thing', called an 'ache', which, though immaterial, exists in the real world.

The grammar then uses a part of the body – the *head* – to classify this type of thing: a 'headache' is a type of ache (this process is called 'compounding').

Of course, the ache could have occurred somewhere else in your body: the stomach or the back, for example, in which case – you have guessed it – you would have said '*I have a stomachache*' or '*I have a backache*', respectively.

Secondly, the grammar determines the types of relations that a word can enter into with other words. For example, an 'ache' is a 'thing', of which there can be many (aches). Like other 'things', it can enter into configurations of possession: it can be 'owned' by an entity that is ordinarily human or that is viewed as having human-like qualities.

To return to our example, here the grammar has set up a configuration where a sentient being ('I') 'owns' a particular entity (pain), that is located in a specific area of their body (the head). Interestingly, this is not a typical kind of ownership; presumably, as opposed to, say, a bracelet, the owner does not want it and cannot get rid of it at will.

There are other possibilities, however, as any speaker of English knows. One could easily have said, *my head aches/hurts* or *my head's aching/hurting*, which, as it happens, are both perfectly correct English sentences. Yet, as Halliday explains (2002: 371) the most usual way to construe and verbalise this experience is *I have a headache*. Why should it be so?

The explanation is that in English, as in many other languages, there is a tendency to place the most salient elements, the one which the sentence (or, to be precise, the clause) is about, at the beginning. By saying, *I have a*

headache, you make the message about yourself (*I*); the pain resides in *you*, or your head, to be precise.

Formulations such as, *my head aches/is aching* would still convey the same phenomenon but by choosing this phrasing you would, through the grammar, make the message more about your head than yourself. In other words, you would be communicating a message that was no longer primarily about you and your ‘inner self, but an external fact about [your] head’ (Halliday, 2002: 373).

The earliest phrasing, the more common one, foregrounds *you*, the sufferer, and your own, individual experience of pain. The latter ones, on the other hand, foregrounds a phenomenon that is occurring in your head. The so-called ‘propositional content’ – the state of affairs described by the clause – would still be the same, but, through a specific grammatical choice, you would have highlighted, from an *experiential* point of view, that your entire self is experiencing pain, suffering and discomfort, even if the pain itself is located only in one place.

The lexicogrammar deals with the complexity of human experience

Like other human experiences, despite being very common physical pain is notoriously difficult to encode. It manifests itself and is experienced in a number of ways. You may have encountered this difficulty when explaining to a health professional exactly what your pain felt like. This complexity is reflected in the various ways the lexico grammar of English allows you to construe it, of which there are basically three:

- a As an ongoing event, a ‘happening’ e.g. *my arm hurts*.
- b As an entity, a ‘thing’ that resides somewhere; it is a possession, albeit – presumably – an unwanted one e.g. *I have a pain in my arm*.
- c As a ‘quality’ of one of your body parts e.g. *I have a sore arm; my arm is sore*.

In the first example, the speaker has construed the experience as dynamic and ongoing, through a class of words called verbs (‘hurts’). In the second, he has codified it as a rather circumscribed entity, through a noun (pain); and in the final example, he has construed it as the quality, or attribute, of something, through an adjective (sore).

Discussion Point: 1

Imagine being with a patient, service users, or a friend who, when asked what the matter is, replies with either (a), (b), or (c) above.

What kind of ‘colouring’ would each answer give to her experience? In other words, what different insights would each formulation give

you about her experience and state of mind? Would there be any differences at all?

Before answering, it might be worth noting that whatever sentence the speaker chose, it would not come in isolation. It would be preceded and followed by other words. There would be accompanying body language, as well as intonation and speed of speech to give you more information. But we can still make some conjectures.

As for the headache example, saying that your arm (or anything else) *hurts* or *is hurting* foregrounds the active nature of the pain. It suggests that it is ongoing and actively causing pain. It portrays the individual as being *in the thick of it*, so to speak.

Saying, on the other hand, 'I have a pain in my arm' depicts a situation in which the speaker has been able to put a certain distance between herself and the pain (and maybe is somewhat able to exercise a degree of control over it). As mentioned, sentences like these, taken in isolation, are rather difficult, and risky, to interpret. But once the context is taken into consideration, which we will do below and in Chapter 4, attention to the details of the grammar can be extremely revealing.

The grammar of illness

Fleischman (1999) writes that the type of language (by which she means 'grammar') that an individual uses to talk about a certain condition may be highly indicative of how she sees herself in relation to it. She discusses it in relation to diabetes, but it could be any other condition. The examples she gives are the following:

- a *I am a diabetic*
- b *I have diabetes*
- c *I suffer from diabetes*

In example one, the statement suggests an 'identification with the pathology, an incorporation of it as part of the self, part of one's personal identity' (p. 8). You can compare it with other states that are not pathological but can be identity-forming, such as, 'I'm gay' or 'I'm a Muslim'. Both statements imply a strong identification by the subject with particular sets of values and, metaphorically speaking, place him or her right at the centre of a specific worldview and of a community.

In example two, diabetes is something that, although clearly in a type of relation with the subject, is pictured as external to him or her. There is, in other words, a connection between the subject ('I') and the possession (diabetes) but, crucially, no identification; it is simply the recognition of a fact.

Finally, in example three, the distance between the experiencer and the disease is heightened by the use of *I suffer from...*, which – as well as the distance – foregrounds the negative impact of diabetes and the individual's powerlessness in relation to it.

Fleischman notes (p. 9) that:

[D]epending on the language employed, a person may be a suffering individual, possessor of a disease object, or experiencer of a state of ill health. Cultures differ in how they construe the relationship between diseases and affected individuals [...], and these differing relationships are not independent of language.

There is a tendency in Western medicine, Fleischman (*ibid.*) notes, to encode illness as a 'thing', through nouns, rather as a quality of something, through adjectives. Doing this, allows speakers to construe something that is viewed negatively, as external to the individual but having an effect on him or her.

In their analysis of the language used by people with depression on an online forum, Hunt et al. (2020) also comment on the constructions 'I have...' and 'I suffer from...'. They note that both externalise the problem but that in the latter the speaker construes the illness (depression, in this case) as being the active cause for their discomfort or suffering.

Discussion Point: 2

The following extract (from Hunt et al., 2020: 139) is a post from an individual on an online forum for people with depression. However, it could have easily been told by someone to a doctor, health or social worker during a face-to-face interaction, such as consultation:

I have been suffering from depression for around three years and during this time I have managed to keep working, although not always as well as I would like. [...] but recently the meds have started to lose their effect and I can feel myself getting dragged down again.

You might want to think about the implications on this individual's life because of his or her 'suffering from depression'. Things you might give some thought include: How active/passive does this individual portray himself or herself, vis-à-vis the illness? Is it a homogeneous picture? What sentences and words help you get an idea of this person's emotions and state of mind?

I would like to draw your attention to another feature of the extract in the above discussion point. Out of 48 words, there are four occurrences of the first-person pronoun 'I'.

In a review of research on the linguistic features of the language used by people with depression, Tølbøll (2019) suggests that in their speech there is 'a distinctive pattern of increased first-personal singular pronoun use' (p. 52), in comparison with non-depressed people. Greenber and Pyszczynski (quoted in Tølbøll, *ibid.*: 42) say that this is because 'the depressed individual is in a high self-focussed state'. The world around the depressed individual has shrunk, so to speak, leaving them in a state of heightened self-awareness.

Clearly, one cannot rely on a single linguistic feature, such as the prevalence of first-person pronoun use, to make absolute judgements about a person's state of mind. Emotions and feelings are expressed using the full inventory of resources offered by the lexicogrammar.

To continue with the case of depression, which is characterised by a negative vision of the self and of the world, a depressed person tends to use 'more negative emotion words, and fewer positive emotion words than healthy individuals' (Rude et al., quoted in Bønneland Tølbøll, *ibid.*: 41).

Fine (2006: 239) argues that it is possible to detect 'depressed mood even when the speaker is not talking directly about his or her mood'. Fine maintains that there are 'three verbal signs of depressed mood':

- Negative sentences
- Intonation
- Choice of topics

Aside from intonation, which is discussed below, you can already see that the construal and encoding of experience (of depression, in this case) are instantiated by the speaker using the full inventory of lexicogrammatical devices at his or her disposal. These are: individual words, specific grammatical constructions, the selection of certain topics, as well as intonation.

Words

When asked to think about what a language is, most people would probably think of its words. This can be termed 'the dictionary view of language'. As we have seen, although essential, words are only one level of any language's meaning potential; grammar, although less visible, is more crucial.

However, words are vital. Through words we identify entities, both concrete, like 'door', and abstract, like 'love'. Yet, words are not innocent carriers of meanings; they encode a speaker's attitudes, his or her perceptions, his or her 'stance', or point of view.

Words and their meanings: connotation and denotation

Linguists talk of words as having ‘connotative’ as well as ‘denotative’ power, concepts that you may be already familiar with from the study of literature. What a word *denotes* is simply what it refers to in the real world, its strict dictionary definition. What it *connotes*, on the other hand, is the emotional baggage that comes with it, the meaning and attitudes that it evokes.

Words, and language in general, appear to be geared towards encoding individual attitudes and beliefs. It is simply impossible, when using language, to be fully impartial, unbiased, and not to reveal a particular worldview. The mere fact of talking about something is *in itself* a stance; what is spoken is, in the speaker’s view, worth talking about. This is why, as we shall see in a later chapter, silence can also be extremely meaningful.

Let me now return to the difference between denotation and connotation. You can use the expression ‘person with a disability’ to refer to an individual who is unable to walk unaided. You could also be more specific by using a medical term and say that she is a paraplegic or has paraplegia, defined by the online Concise Oxford Medical Dictionary (Law and Martin, 2020) as, ‘paralysis of both legs, usually due to disease or injury of the spinal cord. It is often accompanied by loss of sensation below the level of the injury and disturbed bladder function’. What words or expression you choose are often highly dependent on context. ‘Paraplegia’, for instance, is likely to be heard, or read, more in a medical setting, such as a clinic.

However, a speaker of English has other options. The alternative choices all *denote* (refer to) the same thing, but their connotations are quite different. They include: ‘disabled’, ‘disabled person’, ‘differently abled’, ‘crippled’, ‘handicapped’, ‘spastic’.

These words and expressions vary in their degree of formality, accuracy, and social acceptability. Indeed, some are now deemed extremely offensive. In truth, they all can be and are used to refer to individuals with various, often very different, disabilities. There is, in this sense, a lack of precision.

The most important difference, however, is one of connotation, the different worldview and values that each word and expression encodes and, quite possibly, the speaker’s intent in uttering them. To use another example, one can refer to an individual with a drug addiction as ‘substance abuser’, which carries meanings quite different from the term ‘junkie’.

As we shall see in more detail in the chapter on intercultural communication, in different languages, even similar-sounding words may have quite different connotative meanings, despite maintaining the same denotative reference. For instance, in British English the word ‘handicapped’ to refer to a person with a disability is considered extremely offensive. However, in French the similar-sounding French word ‘handicapé’ is acceptable, although – more recently – the phrase ‘personne en situation de handicap’ (literally: person in a situation of handicap) has been gaining ground, perhaps because of influence from the anglophone world.

Words have weight

As we shall see in more detail in the chapter on pragmatics, words and, more generally, language, acquire their meanings in large part from the contexts in which they are used and have been used in the past. This is not only because each word has an etymology, a history of how it developed and where it ultimately came from. Words derive their meaning, and are interpreted in certain ways, because of each individual's experience *of* and *with* them.

Some words are almost unanimously seen as having negative associations. These include: 'sadness', 'depression', 'disease', 'incarceration', 'poverty', 'hopelessness'. Other words and expressions, however, arouse negative emotions because of an individual's – or a community's – experiences.

To give you an example, before progresses in oncology meant that increasingly more people survive, or are even cured of, cancer, the very word was rarely used, even by medical professionals. Instead, euphemisms were utilised. In Italy, for example, somebody ill with cancer would be spoken of as having a *brutto male* 'an ugly disease'. In Britain, whilst discussing test results with a patient, a medical professional would often say that they showed 'a growth', or 'a dark spot'. This is because the emotional weight of the word 'cancer' was seen as too great and might, itself, have negative effects on the patient.

Whilst it is probably obvious why a word like 'cancer' might be considered too heavy and problematic, the same is not true of other common words and expressions.

For example, a social worker might be discussing with a client and her family the possibility of having her transferred to a care home to better manage her needs. The word 'care home' is not obviously negative. Indeed, the fact that one of its components is the word 'care' should render the idea of it rather reassuring. Yet, apart from the idea of leaving one's home and loved ones, it might inspire terror in somebody who has had a direct or indirect experience of care homes. These could have originated from a negative impressions when visiting a relative or friend in one such place; or it might be the result of having come across reports of abuse in care homes, both in the country where one resides or their country of origin.

The same applies to mentions of, for instance, the police. A social worker might mention involving the police to a service user who believes they have been the victim of financial fraud. However, for somebody with a cultural background where the police are corrupt and routinely commit abuses, the response to the suggestion, even when given with the best intentions, might be one less than welcoming. Words do indeed carry 'weight' for all sorts of reasons.

It is important to be aware of such possible differences when interacting with people with different cultural and linguistic backgrounds. Before jumping to a conclusion on that person's communicative intention (e.g. he wanted to offend/be rude/dismissive, etc.), we should ask ourselves whether perhaps that particular word has different connotations in that speaker's native language and personal experience.

The world in the voice: intonation

Earlier, I mentioned intonation. Crystal (2009: 252) defines it as ‘the distinctive use of patterns of pitch, or melody’. He points out that one of the roles of intonation is ‘the communication of personal attitude: sarcasm, puzzlement, anger’, and of course we can add mood (happiness vs. sadness), as well as the degree of certainty about the truthfulness of what is being said. We are all familiar with variations of the sentence, ‘It’s not *what* she said; it’s *how* she said it’. If you have ever pronounced a sentence like this, you were talking about intonation.

Indeed, Fine (2006) points out that, as well as negative structures and negative words, intonation too can signal a depressed mood. ‘[A]n unusually large rise in rise or fall in pitch’ (p. 240), for example, can be used to signal the speaker’s involvement with a topic.

Bacchini (2012) looks at the experiences of women living with painful chronic conditions. Talking about a particularly difficult period in her life, when she suffered from pericarditis, a condition that caused her intense pain and discomfort, Annamaria (a pseudonym), one of the informants, says:

Annamaria: It was a REALLY hard period...it was HARD [capitalised words indicate words pronounced emphatically, with raised pitch.]

In the extract, the speaker signals her attitude vis-à-vis a particularly difficult period in her illness. In talking about it, she gives prominence, intonation-ally, to the word ‘really’ (a type of word known as an ‘intensifier’, like ‘very’, ‘completely’, ‘utterly’, etc.). In doing so, she encodes the intensity of her emotional distress. This type of intensification (intonation + use of an intensifying word) is very common. Notice also the repetition at a close distance of the word ‘hard’. Repetition too is a rhetorical device that indicates the importance of a topic for the speaker, and its emotional impact.

Similarly, sentences pronounced slowly and in a low tone of voice may indicate, among other things, a depressed mood (Fine, 2006).

Discussion Point 3

The following transcript is from an interview with Annamaria, whom we have encountered before. She is discussing a period of her illness when, for unclear reasons, she would experience sight as well as cognitive problems.

Look closely at the language used: words (and their weight!), intonation, grammatical structure (such as the use of negation), and repetition

From all of this, what can you glean of her emotional state? Where is it evidenced in her language use? (Capitalised words are pronounced emphatically.)

A: So, I was already taking Aspirin 500 to... to try and keep my blood more fluid. But when I started having problems with the eyes then I began to have problems... at times I wouldn't remember where I was... it wasn't a pleasant sensation. And so my rheumatologist decided to get me started on an anti-coagulant therapy. I go to have my blood tested, it depends, once a week, once a fortnight... and they adjust the dosage of the drug to fluidify the blood.

I: this though wasn't a problem... it wasn't painful the eye problem...

A: no, not pain, no, it was purely the fact of NOT SEEING...

I: [inaudible]

A: ... or... not having... not being lucid is BAD. it's a bad sensation not... not knowing where you are...

I: but while it was happening did you realise what was going on, or only afterwards?

A: no, no, no, I would realise, because maybe... I was coming out of the hospital and... there was a moment when I'd say "I don't know. What am I doing here? Where am I?" I mean... it would only last a few seconds. But... things... <LAUGHS> REALLY NOT very pleasant.

I: you would get scared...

A: well, it was not very pleasant. A sensation of... insecurity. And then obviously, it's clear, any bodily pain I think you can live with it, but a MENTAL THING... I think that's what scares you the most.

I: mhm mhm. And so you were perhaps more worried... more worried than by the pains, at the joints, for example...

A: YES, YES, without a doubt yes.

The grammar we use: how words reveal us

Previously, I mentioned that, by looking at the lexicogrammar that an individual employs, one can gain an insight of their experience of the world, and of particular situations. How can it be so? To answer, I shall use a quotation by Capps and Ochs (1995) from their study of the speech of an individual suffering from agoraphobia:

‘Language is the greatest human resource for representing and structuring events in our lives [...]. [Speakers], use *words, grammar, and narrative structure* to weave a tale in which events are linked temporally, causally, and emotionally and protagonists are depicted with a particular hue’ (p. 13; my emphasis).

I discuss the nature and function of narratives in more detail in Chapter 5. Here, I focus on grammar and words. For this section, I shall draw frequently from Capps and Ochs’s work on the discourse of agoraphobia (*op. cit.*), as well as that of other scholars. I concentrate on some of the features that they discuss, those that I believe are more relevant for the intended audience of this volume.

The types of worldview, emotional experiences, and depiction of one’s role in the world that are represented linguistically are infinite. In all of them, the grammar, lexicon, and intonation play a crucial role. The situations and mental states that are presented below are only a small selection. I have chosen ‘helplessness’ and ‘reduced agency’ because, to varying degrees, they are often encountered in the speech of those who come into contact with the so-called helping professions.

Helplessness

People who are experiencing health and social problems often feel powerless before them. Detecting and addressing these feelings is crucial.

First, it allows the practitioner to acknowledge a service user’s state of mind and express empathy, for example, or probe further as to why the person might be feeling that way. Unless this happens, it is difficult, often impossible, to help an individual to pursue the appropriate course of action, like following a prescribed pharmacological therapy, or taking full advantage of the assistance provided by social services, among others.

In English, as well as in other languages, there are several grammatical constructions that construe and present feelings of helplessness. The following ones have been identified by Capps and Ochs (1995: 67):

- 1 Referring to oneself in semantic roles other than Agent or Actor.
- 2 Using grammatical forms such as modal verbs that frame one’s actions as arising out of necessity rather than a voluntary act.
- 3 Using grammatical forms that imply failure to achieve a goal.
- 4 Using grammatical forms that intensify vulnerability and deintensify the ability to cope and control.

These are discussed below with reference to specific examples. However, I would strongly encourage you, as you read, to think of further examples, from your own life and your own encounters. You will find abundant instances of everything that is presented here.

Agents/Actors

As mentioned, we perceive reality as constituted by events, happenings in which individuals and entities play a part. Earlier, I used the metaphor of a theatre play. In a play, there are actors; they are the protagonists of the story. We could extend the metaphor and say that, through the grammar, we choose which roles to assign to ourselves and who the major and minor characters in the play are.

From a semantic point of view, i.e. one of meaning, an Actor/Agent is the ‘doer’ of an action; it can be human or non-human. From a grammatical point of view, the Actor/Agent is represented by the ‘subject’, as shown in Figure 2.2.

As you can see, in sentence one we have a human agent (the social worker), whilst in sentence two it is non-human (the pain). In both (invented) sentences, the person who might be uttering them is not in the picture, or is sidelined. For example, in sentence two the one active ‘doer’ is ‘the pain’. Of course, there is somebody who is *experiencing* that pain, but she has a passive role. In other words, in both sentences, the speaker is portraying herself as being *non-agentive*.

Actor/Agent (<i>doer</i>)	Action	
1) <i>The social worker</i>	<i>Evaluated</i>	<i>my case</i>
2) <i>The pain</i>	<i>became</i>	<i>too intense</i>
Subject	Verb	

Figure 2.2 The subject/agent – object structure of sentences.

Referring to oneself in semantic roles other than Agent or Actor

The extract reproduced hereafter is from an interview with a woman in her mid-thirties with a chronic illness that causes considerable pain and entails a variety of connected problems (Bacchini, 2012: 273). It follows a question about her coping mechanism and the effects of both the medication and the illness on her. We can look at the following extract to identify most of the characteristics of ‘helpless speech’ identified by Capps and Ochs, as well as others that I shall point out:

Sandra: Because the drugs they give you are really strong, and they really entail [cause] mood changes, changes in physiognomy, and that’s something that’s really heavy [to bear], really heavy. There I truly feel very different.

Simone: From what you normally are like?

Sandra: Yes, I'm not myself anymore. I really change, my personality changes, yes.

Simone: Would you say that...if it has changed, how's your relationship with your own body changed?

Sandra: Mhm, what a tricky little question... Well, my body, my body has been ravaged so consequently I don't have a good relationship with my body. Because maybe you can find out, yes, from doctors, the doses of cortisone that I took, unfortunately, on my still young body, it really ravaged it. Luckily we're not many to be so ravaged...but it happened, amen. What can one do? I don't look at myself a lot.

Sandra begins her account with reference to the pharmacological treatment she had to undergo. She says, 'Because, *the drugs they give you* are really strong, and *they really entail [cause] mood changes, changes in physiognomy*'.

Sandra depicts herself as not in control, when it comes to the drugs she has to take and the effects they have on her. First of all, the drugs she had to take were, obviously, one might say, not prescribed by herself: '...the drugs *they give you...*'. 'They' presumably refers to the doctors. Although there is no indication that she thinks of them as acting malevolently, she does portray herself at the receiving end of someone else's decision.

You can also see that she presents herself as the 'victim' of another entity, this time non-human: the medicines. '[The drugs] are really strong, and they really entail [cause] mood changes, changes in physiognomy'.

Obviously, the speaker is not attributing to the drugs some kind of human-like volition, the drugs do not willingly cause her harms (they are not human). Nonetheless, she is still at the receiving end, so to speak, of their 'strength', of their power to negatively alter her mood and negatively affect the way she looks. The point is reinforced further on, when she states, 'Well, my body, my body has been ravaged'. (Notice the word she chooses: 'ravaged'; what images does it evoke? What connotations does it carry?)

How to be invisible: the grammar of diminished responsibility

Grammar can make people disappear. Not literally, of course, but from the linguistic representation of events. Why a speaker might choose to make themselves, or others, invisible (or less noticeable) is an interesting question. Perhaps they do not wish to be seen as responsible, or guilty, for something. They may wish to justify previous or future decisions. The possibilities are endless. Luckily for them, the lexicogrammar has provided plenty of means to do this. Two ways of 'creating invisibility' are discussed below because they are very common: using 'passive' and 'agentless passive' constructions.

In English and other languages, we can encode an event in ‘active’ or ‘passive’ form or – to be more precise – by using the verb in the active or passive voice. For this to happen, a verb has to be ‘transitive’. A transitive verb is a verb that requires an ‘object’ (grammatically speaking, because an ‘object’ can also be human!) to receive the action performed by the ‘subject’. Examples of transitive verbs are: love, eat, break, read, and hit; in all such cases, there is someone, or something, doing the loving, eating, breaking, reading, hitting, and somebody or something being loved, eaten, hit, and so on. For example, see Figure 2.3.

In the examples, it is clear who did what to what/whom. However, as noted, with transitive verbs the passive voice can be used too. Below are the same sentences in the passive voice (Figure 2.4).

Turning an active sentence into a passive one puts more prominence on the receiver of the action by giving it first place in the sentence – it ‘foregrounds’ it – and less on the doer – it ‘backgrounds’ it. Especially when first- and second-person, singular and plural pronouns are used (*I*, *you*-sing. and *We* and *You*-plural), the agency, or active role (the ‘responsibility’, if you will) of the doer is highlighted:

- A: Who baked this cake?
B: I/We baked it.

Subject	Verb	Object
The doctor	broke	the stethoscope
The social worker	ate	the pie
The ‘doer’	What is done	The ‘receiver’ of the action

Figure 2.3 The active voice.

Subject	Verb	Agent
The stethoscope	was broken	by the doctor
The pie	was eaten	by the social worker
The ‘receiver’ of the action	What is done	The ‘doer’

Figure 2.4 The passive voice.

There are many reasons one might want to foreground their role in an event, to take credit or be praised, for instance.

Equally, there are many reasons for wanting to background one's responsibility in an event. For instance, to reduce one's responsibility, or to show humility:

A: Why did you come to see me?
B: I was advised by my social worker.

In this example, B might be using the passive voice to indicate that she did not act of her own initiative, or even imply that she did not wish to go and see A, but was made to. It may be the case that B perceived some annoyance in A's tone, as if she was implying that A was disturbing her and therefore wanted to minimise her role in going to see A.

From diminished to zero agency

As well as allowing a speaker to minimise their role in an event, the grammar also allows them to take themselves completely out of the picture. This is achieved through grammatical constructions known as 'agentless passives'. Agentless passives are passive constructions where the doer of the action is completely removed from the picture (Figure 2.5).

Ehrlich (2003: 47) discusses the use of agentless passives, as well as other non-agency grammatical constructions, by defendants in rape trials. In the following extract, Matt, the accused, is being questioned in court on how his encounter with the complainant became sexual:

Matt: well, as we were talking *our pants were undone*.
[...]
Lawyer: are her pants still on at this time?
Matt: I think they were not totally off but *they were pushed down*
 such that I was able to move freely. [...] And as Connie said, you
 know, *all our clothes at one point were taken off* and we were fool-
 ing around.

Subject	Verb	Agent
The window	Was opened	X
The 'receiver' of the action	The action	The 'doer' of the action

Figure 2.5 Agentless passives.

Discussion Point: 4

Read the transcript carefully. Why do you think that Matt uses those agentless passives where he does? What is odd about them and what meanings do you think he intends to convey with them?

From our experience of the world, we know that things function in a certain way. We know, for example, that items of clothing usually do not come off of their own accord, they need to be taken off *by somebody*. However, in the scene that Matt paints this is exactly what happens. He and Connie were together, fully clothed, and then they were naked. As if by magic, '[their] pants were undone'; by whom? Even when he suggests that somebody did indeed take them off, he does not specify *who*, 'they were pushed down', 'all our clothes at one point were taken off'. He could of course said, 'I/we pushed them down'. 'I/we took our clothes off at one point'. Language offers many choices and whenever one particular choice is made, it is made against all possible others. One meaning is selected over other possible ones, other possible interpretations of events. Matt, who stands accused of rape, obviously wants to drastically diminish, or totally eliminate, his role in the events that led to what he stands accused of, for obvious reasons.

This kind of linguistic behaviour is not limited to rape trials. And, of course, It does not necessarily signal guilt. Yet, it is very frequent in the speech of all of us when we want to place our role in the background. At times, it will sound so odd that an interlocutor will immediately notice and question it. Other times, its implied meaning will be more subtle, and require more interpretation, or probing. This is especially true in service encounters (those encounters aimed at achieving specific goals), such as those with medics, nurses, health and social workers and so on with their patients/service users.

Intensification and involvement

The lexical choices that Sandra makes in the above passage are also interesting and revealing of what we might call her emotional landscape. To begin with, she talks of the drugs and their effects as being not only 'strong' but '*really* strong'. The use of the intensifier '*really*' communicates the intensity of her feeling.

She then says that the drugs, '*really* entail [cause]' changes in the ways one looks, physically. As mentioned, the repetition of words, '*really*', in this case, is often used by speakers to signal their involvement with a topic, to signal its relevance to them, as well as to indicate their 'epistemic stance' towards it.

By ‘epistemic stance’ we intend the speaker’s position towards the truthfulness of an assertion. It is as if she were saying, ‘believe me; this is truly how it was’.

In this passage, Sandra is depicting herself as one who has to go through events not decided by herself (taking the medication). As mentioned, her emotional response is further signalled lexically by the use of an emotionally charged word (‘ravaged’). She could have used other words, like ‘affected’, ‘impacted’ but they would not have communicated the intensity of her feelings. As we shall see in more detail in the chapter on narratives, these are all ways that a speaker uses to draw the interlocutor into their experience or – to use a technical term – to create *alignment* between speaker and interlocutor. It is precisely at points like this that it would be appropriate for the professional to signal empathy.

The generalisation of one’s experience (the many things that the present tense does)

In her account, Sandra makes a number of what can be termed ‘generalising assertion’, like the following:

Because *the drugs they give you are really* strong, and *they really entail* [cause] mood changes, changes in physiognomy, and *that’s something that’s really heavy* [to bear], really heavy

As well as expressing her distress, Sandra’s words are phrased in a way that appears to portray Sandra’s predicament as a general truth. This is indicated by the use of the verb ‘to be’ and ‘to entail’ in the present tense (see underlined passages).

In English, as in many other languages, the present tense is used not only to refer to something that is occurring at the time of speaking but also to state general truths, facts that are uncontested. For example, ‘the sun rises in the East and sets in the West’, ‘China is a very large country’.

From an interpersonal point of view, what this achieves is, as mentioned, alignment with the interlocutor, who is invited to share the speaker’s perspective, her point of view and, indirectly, to agree with her. Implicitly, what Sandra is saying is something like, ‘you, and every other rational person, would have thought, felt, and acted in the same way’. This allows her to present herself as a rational and reasonable individual. This invitation to agree is part of what researchers refer to as the ‘co-construction of meaning’. As in a ballroom dance, interlocutors move together towards a common goal: agreed meaning. In every encounter, these junctures are potentially dangerous too, because, for example, you, in your professional role, might need to disagree with the service user’s point of view and the course of action that they are presenting to you. In such situations, disagreement, conflict, and – in the worst cases, total breakdown of communication might occur.

There is one final point about how emotions and feelings are expressed, one that often goes unnoticed.

In English, there are many verbs and verbal expressions that can be used to express one's mental state, among others: *to feel, to suffer, to dislike, to love, to admire*. You can say, 'I felt/was happy/sad/distressed, ecstatic', and so on. When they are used, it is clear that the speaker is talking about their emotional state and feelings.

However, there is a subtler way of achieving the same effect through the lexicogrammar. To demonstrate this, let me return to a portion of Sandra's extract:

Because the drugs they give you are really strong, and they really entail [cause] mood changes, changes in physiognomy, and that's something that's really heavy [to bear], really heavy. There I truly feel very different.

When the speaker tells us that 'the drugs they give you are really strong' and that 'that's something that's really heavy [to bear], really heavy', on the surface she is simply evaluating things: *The drugs* are strong; *that fact* is really heavy, really heavy'. But 'strong' for *whom*? Heavy on *whom*? Her, the speaker, obviously. On the surface, Sandra is simply providing her interlocutor with her evaluation of 'things'; but just scratch the surface a bit and you can see that – in reality – she is telling us – albeit *indirectly* – how she *felt*.

When something is evaluated, there is always someone doing the evaluating. Doing it indirectly allows the speaker, among other things, to preserve their integrity and to present themselves as strong and resilient. After all, if you say that your university course is difficult, you are saying that *you* find it difficult. This might have consequences on the image you project. Framing feelings as objective truths about the world ('the course is hard'), as opposed to subjective ones ('I find the course difficult') is a strategy that we all use to project a certain image of ourselves. Yet, both lexicogrammatical strategies can be juxtaposed to better modulate our emotional reactions, as Sandra indeed does:

Sandra: That's really heavy [to bear], really heavy. There *I truly feel very different*.

You may remember that there were other ways identified by Capps and Ochs (*op. cit.*) as constituting 'the grammar of helplessness. I shall discuss them with example hereafter.

Intensification and deintensification

As noted, one of the features identified by Capps and Ochs as characteristic of the language of helplessness is the use of grammatical features that intensify one's vulnerability and ability to cope.

Words like 'really', are used by Sandra to accentuate the difficult nature of her predicament and, implicitly, her vulnerability vis-à-vis her chronic illness. They are known as 'intensifiers'. Other intensifiers at a speaker's disposal

include: 'so', 'very much', 'truly', 'totally', and many more (and their equivalents in other languages). They all serve to augment the impact of one's assertions, or to 'turn up the volume', so to speak. You can see it in sentences like the following ones:

- 1 I was *truly* worried.
- 2 They were *totally* unable to help me.
- 3 Believe me, this is *so* painful.

In a specular way, *deintensifiers* can be used to underplay one's role in a situation, their relative powerlessness, or to 'dilute [their] experience [or ability] of coping with a situation' (Capps and Ochs, *op. cit.*: 72). Expressions like, 'like', 'kind of', and 'sort of' can often serve this function:

- A: Did you manage to stay off the cigarettes, this week?
B: Well, *sort of*, *I kind of did*, I tried, but I couldn't completely.

In the example above, B. presents herself as not totally able to be in control. She displays agency of a reduced type in the face of a specific aim, like giving up smoking.

Using grammatical forms that frame one's actions as arising out of necessity, rather than volition

When we speak about our experiences, we can present ourselves as volitional agents (the masters of our own destiny) or as acting in certain ways because we have no other choice, as compelled by an external force.

To achieve this, we often employ a class of verbs known as 'modal verbs'. These verbs express, among other things, various degrees of necessity and obligation. The following examples (invented unless otherwise stated) will illustrate the point.

- 1 I can't give up smoking, I just can't.
- 2 I have to see him every day, I just have to.
- 3 I've got to get out of here. I'm not-I'm not *feeling* good (Capps and Ochs, 1995: 70).
- 4 I can't speak to the advisor, I'm a mum, I got many other things to do.

In all the above sentences, although the speaker does take on the role of Actor/Agent, they present themselves as beholden to some unspecified (sentences one and two) external force that makes a particular course of action impossible. In sentence one, the speaker affirms that they 'just can't' give up smoking; in sentence two, they state that they 'must see' a certain person, maybe a former romantic partner, daily. Notice the impossibility is also rendered stronger also by means of repetition.

In sentences three and four, the speakers also add what Capps and Ochs (1995: 70) call a ‘warrant’, a reasonable explanation, that justifies, in their eyes, their inability to do something. In sentence three, the speaker cites their feeling unwell as the reason, whereas in four, the speaker uses the fact of being a mother, and, by implication, very busy, as her ‘warrant’.

These statements are taken out of context. However, they would have occurred during an interaction, for example with a professional. You will remember what I said earlier about meaning being co-created in interaction. In a professional encounter (nurse/doctor/health advisor-patient/client, or social worker-service user), the speaker is likely to wish, even expect, the professional to agree with them, thus supporting their course of action. But it might be impossible, in some cases even unethical or illegal, to do so. Especially for you, as a professional, these moments can be challenging. They may lead to conflict and lack of cooperation, which, in turn, may result in the breakdown of the professional relationship, with adverse effects on both you and the service user/patient.

Discussion Point: 5

Imagine that you are a social worker. You are speaking with Fungisai, a single mother who is currently unemployed and in receipt of financial support. However, one of the conditions to keep receiving assistance is that she meets regularly with an employment advisor to enhance her chances to re-enter the job market. She has, however, failed to attend the last two appointments. As her assigned social worker you point this out to her. Her response is:

Fungisai: I *can't* speak to the advisor, I'm a *mum*, I got *many* other things to do. (The words in italics are pronounced emphatically.)

How would you respond to it? Remember that, although you do not wish to antagonise her, you have a duty to remind her what the consequences of not attending the appointments are.

Using grammatical forms that justify failure to achieve a goal

As the examples in the previous section show, speakers can present themselves as active Actors/Agents and still justify their inability to behave in a certain way. They normally achieve this by using lexicogrammatical constructions

that imply a diminished agency, or ability to act. These include the use of verbs like ‘try’ and conjunctions like ‘but’, often in combination.

Meg: I *was trying* to preoccupy myself and distract myself by reading the book. *But* I was so anxious it was just futile. (Capps and Ochs, 1995: 71)

Here the speaker, Meg, portrays a situation in which her agency is clearly limited by outside, uncontrollable forces. Her stated goal, to distract herself by reading a book cannot be achieved. By saying that she ‘was trying’, Meg shows a degree of initiative, of what we called ‘agency’. However, with the ‘but’ that opens the second sentence she alerts her interlocutor of an obstacle to her plan. In passing, it is worth noting that these types of ‘contrastive *buts*’ are often preceded by a pause, which has the function of announcing the ‘troublesome’ content which is to follow. Indeed, such pauses are often acknowledged by the interlocutor, especially in informal conversation, with a phrase like, ‘I can hear a “but” coming’.

Meg’s reduced agency is also highlighted by two lexically charged words, ‘anxious’, which refers to her mental state, and ‘futile’, which she uses to refer to her attempt to distract herself. These, in combination with her choice of verbs, contribute to a picture of reduced agency, if not total helplessness.

It’s the whole, not the part

An individual’s worldview, when articulated through language, is like a melody, or a symphony. You would not be able to capture the general mood of a piece of music, be it a pop song or a symphony by Beethoven, by concentrating only on just a few notes, their particular tempo and pitch. Similarly, all the meanings and connotations that an individual wishes to express, their worldview, their emotions, how able or unable to freely act in the world they feel, and so on are modulated by specific lexicogrammatical choices that colour whatever ‘text’ (oral or written) they produce. They include grammatical choices, as well as lexical ones; they make use of a variety of means, some of which are actually ‘above’ words (‘supraswgmentals’), such as intonation, pitch, tempo. Some others are addressed later in the book; they include gaze, facial expression, and body language. We all use these features, all of the time. The particular ‘colouring’ of a text – written or oral – is to be understood by looking at it as a whole, paying attention to the various component and how they function in their immediate linguistic surroundings, as well as in combination with others in various places in the text. This makes good listening and good communication demanding, often challenging, but also very rewarding.

Chapter summary

This chapter introduces the view of grammar and the lexicon (lexicogrammar) as not a set of prescriptive rules but rather as the machinery that makes communication and transmission of meaning possible. Using various examples, it discussed how – through specific lexicogrammatical choices – speakers present particular visions of the world, of events and their own role in them, for example through the grammar of agency, non-agency, and reduced agency. The chapter also discusses how particular meanings are encoded through specific lexical choices, using the notions of ‘connotation’ and ‘denotation’. In addition, we also saw how elements that are not, strictly speaking, part of the lexicogrammar, are used in combination with those that are to communicate meaning.

These include intonation, stress, pitch, and tempo. (But also gaze, facial expression and body language, that are discussed further in this book.) The chapter concludes by pointing out that in any text meaning is to be found spread out across all of its components, rather than in a single place. Hence the need to be attentive listeners in any communicative exchange but especially in service encounters.

Suggestions for further reading

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Language in use

Introduction

In Chapter 1 you were introduced to some basic concepts about the nature of language and communication. This was followed in Chapter 2 by a closer look at what grammar is, what it does, and why it matters. An idea that was mentioned was that meaning is created *in interaction* and that there is more to meaning than the mere content of individual words and grammatical structures.

This chapter explores in greater depth these ideas and therefore is meant to give you a clearer understanding of how communication works, of how we understand, or not, each other.

It presents a model of communication that takes account of the complex ways in which speakers engage in meaningful interactions with each other. As well as presenting such a model, this chapter is meant to help you understand why communication is not always successful.

The chapter explains how speakers rely on more elements than just the literal meanings of words and sentences to communicate and understand each other, such as context. The notions presented in this chapter are derived mainly from the subfield of linguistics known as ‘pragmatics’.

Communication is easy but not simple

Talking, signing, and writing are all very common activities. They happen all the time and, in one form or another, we are all constantly surrounded by language being used to communicate. Language is ever present because so is the human need to interact and socialise.

As mentioned in Chapter 1, we can loosely define ‘communication’ as the exchange of meaning. For this to happen, we first need to master a certain language (or ‘code’), such as British Sign Language (BSL), English, Arabic, or any other language. As noted earlier, most languages can be expressed in at least two ‘modes’: speaking and writing; others, such as BSL and other signed languages, can only be signed and have no written equivalent.

Mastering a ‘code’ is in itself no mean feat, as anyone who has learned a foreign language as an adult knows all too well. However, to participate successfully in any act of communication, one needs more than just knowledge of the vocabulary and of the grammatical rules of a particular language. The words of a language are like the bricks, mortar, and timber frames needed to build a house. They are essential but not sufficient. The rules of grammar are like the principles that tell builders how to proceed in the construction (first dig, then lay the foundations, etc.) but again, these principles are indispensable but not enough in and of themselves. Builders need to have planning permission and be aware of all the existing legislation pertaining to house building. So, too, we speakers need more than a mastery of the grammar and vocabulary of a particular language to communicate effectively. As Akmajian et al. (2010: 365) note, ‘[a]s common and effortless as it is to talk, using language successfully is a very complex enterprise’.

Part of this complexity derives from the fact that we do not use language simply to communicate information, such as, ‘the surgery is opposite the bank’, or ‘the meeting to review your care plan begins at three o’ clock’. With language, we also communicate our feelings, our knowledge, our intentions, our attitudes; how we see ourselves in the world and in relation to others, and what our disposition towards the content of our speech is. Through language, we also communicate our fears, our aspirations, our certainties and doubts about the world, as well as how we wish to be seen and treated. Indeed, scholars such as Stubbs (1983) have been critical of models of language that view language only, or mainly, as a means of conveying information. They have argued that an appropriate model of communication must account for all the things for which we use language; it should account also for the complex ways in which speakers are able to encode and decode (i.e. ‘understand’) linguistic messages.

Misunderstandings are often the result of an incomplete understanding of the complexities of communication. By looking at how and why they occur, you will be able – by reflection on your own language use as you interact with others – to become a better communicator, both in your professional and everyday life. You will be able to ‘diagnose’ what went wrong, during an act of (mis)communication. By the same token, you will also be in a position to foresee at what point, or points, during a communicative exchange, miscommunication is most likely to occur.

Let us now consider two models of communication. The first one is rather simple although, perhaps, that is how most people understand how communication functions. Ultimately, however, you will understand that it is inadequate, and why. The second model is more complex and nuanced; it takes into account the various factors to contribute to mutual understanding (or misunderstanding, when things go awry).

The 'simple' model of language

It is a scenario most of us experience almost on a daily basis. In a car or on foot we approach a set of traffic lights by a crossroads. Unless we are visually impaired, from a distance we see that one of the lights is on, perhaps amber. Because of our experience, and maybe also because we went through some formal training, such as having taken driving lessons, we immediately understand that that means 'be careful!', so we slow down and maybe stop completely. Then the light switches to green and so we pick up speed and cross, as we rightly interpret the change to say, 'now go!'. Similarly, a red light would mean 'stop now!'; not doing so would both be dangerous and illegal. The traffic light is a simple, yet efficient, system of communication and could function as a metaphor for how human communication functions in general.

A traffic light has three messages: Stop! Be alert! Go! They are not pieces of friendly advice; they are orders. Each message is encoded visually by three different coloured lights: red, amber, and green respectively, and – increasingly – by sounds to assist visually impaired people. The message travels, visually or in sound form, through the air. Once the intended receiver (the pedestrian or driver) perceives it, he or she decodes it according to his or her existing knowledge and, hopefully, acts accordingly by stopping, slowing down, or picking up speed and moving forward.

We could think of linguistic communication as basically functioning in the same way. A speaker (S) intends to transmit a message (M) to a hearer (or hearers), such as, 'hand me the case notes', 'the counsellor will see you soon', or 'I'm afraid I have some bad news for you'. He or she then proceeds to encode it and does so using the words and grammatical rules of a particular language, let us say English. The speaker then chooses the appropriate sounds to build words and finally utters the message. (Of course, the same message could also be written, or signed, in which case it would be encoded differently, and the choice would be between different signs or hand gestures.) The message then travels through the air, in sound waves, and is picked up by the addressee (A), through their ears. It then is conveyed to the brain where each element is picked up and decoded. Basically, it is the same process, but in reverse.

We can use another metaphor to illustrate the same process. I call this 'the gift model'. Imagine it is your friend's birthday, and you want to give them a present. You buy a box of chocolates, wrap it up in nice paper, then you hand it to them. At that point, they pick it up from you, unwrap it, see the beautiful box of chocolates and, hopefully, they happily accept it and thank you. In this model, the box of chocolates represents the message ('hand me the case notes'), the wrapping represents the words and grammar rules you select, the handing of the package stands for the message travelling through the air or being written down or signed, and your friend's unwrapping of the decoding of it. It is simple and – to some extent – illustrative of how we communicate. However, as we are going to see, it is an oversimplification.

Pragmatics: how context contributes to meaning

Consider the following brief conversations between two children and their parents Peccei (2002: 1):

A little boy comes in the front door.

Mother: Wipe your feet, please.

[He removes his muddy shoes and socks and carefully wipes his clean feet on the doormat.]

[A father is trying to get his three-year-old daughter to stop lifting up her dress to display her new underwear to the assembled guests.]

Father: We don't DO that.

Daughter: I KNOW, Daddy. You don't WEAR a dress.

Discussion Point: 1

Clearly, something has gone wrong in these exchanges. As competent language users, we can clearly consider the children's responses as not appropriate. Can you explain why?

Obviously, both children have understood what the words meant but, as Peccei points out (p. 1) not what their parents meant. Both children appear to have understood their parents' requests *literally*. In addition, the little girl has clearly not appreciated that, although worded as a declarative sentence, his father's utterance was not informing her of something; he was actually *telling* her to *do* something.

Understanding language entails more than simply decoding the meaning of words, alone or in combination. There are some aspects of meaning that cannot be understood by mere knowledge of the code. This is because there is a difference between 'semantic' and 'pragmatic' meaning.

With a degree of simplification, we can say that semantic meaning is the 'surface' meaning of a sentence; it depends on the combined meaning of its words. Pragmatic meaning, on the other hand, refers to what a speaker means by making a specific utterance. It follows that pragmatic failure consists in the inability to understand what a speaker intended to do, or achieve, with a particular utterance; why they spoke in the first place. Full pragmatic competence, for instance, would have allowed the little girl of the example above to properly understand her father's utterance as a demand, as well as an instruction, not to show her underwear in public.

To properly understand a speaker's intention in making an utterance, we need to consider knowledge of the world and of social and institutional

norms. Pragmatic competence relies on knowledge of context, which we can be described as ‘the world around a linguistic exchange’. There are many types of contexts: social, historical, political, situational, cultural, and personal. The social norms that the father in the example above alluded to belong to the socio-cultural context.

In sum, pragmatics, to quote Yule and Widdowson (1996: 3), ‘is the study of what more gets communicated than is said’. However, since, as I have mentioned more than once so far, I espouse a view of meaning as co-created by interactants in an encounter, thus by both speaker and hearer. It might therefore be more appropriate to refer to pragmatics as the study of ‘meaning in interaction’ (Thomas, 2014).

It takes time for children to acquire pragmatic competence. In the above extract, the first child did not understand that his mother was requesting that he wipe his *shoes* before entering the house. The little girl, for her part, did not appreciate that his father was not informing her that *he* did not own a dress; rather, he was enforcing accepted social norms by *telling* her *not to do* something.

Even as adults we can find ourselves in situations where our pragmatic knowledge fails us. This may occur because we are operating in a different culture or even when we are in our own culture but operating within an institutional (like a hospital) or social (like a golf club) setting whose norms we do not know or fully understand.

In the remainder of this chapter, you will be introduced to some fundamental notions of pragmatics, such as ‘speech acts’, ‘conversational maxims (CMs)’, ‘implicature’, and ‘face’. This is not intended to be an extensive coverage of this very interesting sub-field of linguistics. If you are interested, you can find out more about it with the help of the suggestions for further reading at the end of the chapter. However, before doing that, it is necessary to clarify the difference between two different concepts, those of ‘sentence’ and ‘utterance’

Sentences and utterances

Before continuing our discussion, it is worth pointing out a crucial difference; the difference between ‘sentence’ and ‘utterance’. Up to this point I have used the terms as more or less synonymous. However, linguists differentiate between the two and, in discussing pragmatics, the distinction is important.

A sentence is the largest linguistic unit in language. Sentences convey complete units of meanings, precisely like the ones you have been reading in this book so far. Although they appear both in written or spoken language, written texts tend to be composed of sentences, unless, as in a novel, the text is attempting to reproduce spoken language.

An utterance is fundamentally any stretch of speech, even a minimal one, that may or may not convey a complete meaning. Strictly speaking, an utterance is ‘a particular piece of speech produced by a particular individual on a

particular occasion. [It is] a single piece of speech marked of as a unit in some way; for example, by pauses and intonation' (Trask and Trask, 1999: 331). Utterances are characteristic of spoken interactions and, since pragmatics is concerned with language in use in specific contexts, that is why the term 'utterance' is preferred.

Words are actions: speech acts

There are two widespread misconceptions about language (but that are also extended to utterances). The first is that language, and utterances, is used mainly to *inform* or *describe*. The second is the idea that language and words are one thing, whilst actions quite another. The notion that *doing* and *talking* are basically opposites, *action* vs. *non-action* is crystallised in common expressions like, 'Actions speak louder than words'. In reality, most of the time the two functions overlap in actual language use. Speech, to quote McGregor (2009: 143) 'is fundamentally about *purposefully doing things with words*, it is a *social act of doing*' (my emphasis).

Imagine sending a WhatsApp message to a friend that says, 'having some people over Tuesday PM. Wanted to know if you wanna join us'. What does this message (an utterance!) do?

It certainly informs your friend of a forthcoming event, but it is also an *invitation*. By sending this message, you are performing an action: extending an invitation. Crucially, this action, although performed verbally, has consequences in the real world; if your friend accepts, you had better make sure that there are enough drinks, food, and chairs to sit on.

Verbal actions like the one just described are known as 'speech acts'. There are many speech acts; they include: informing, inviting, promising, threatening, requesting, warning, commanding, denying, and many more. The type of action performed by a speaker in making an utterance, their intended meaning, is referred to as its 'illocutionary force'.

Discussion Point: 2

Look at the following brief conversations and decide what type of speech act the underlined utterances perform (their illocutionary force).

(1)

- A: What's the date today?
 B: The 17th.
 A: And your birthday is...?
 B: Yesterday.
 A: Oh no! I'm an idiot; I totally forgot!

(2)

A: Hi, Jack. Could you open the window, please?

B: It's cold!

(3)

(In a hospital)

A: Excuse me, where is cardiology?

B: I'm sorry, I don't work here.

In (1), A's speech act functions as an apology; h/she forgot B's birthday. In (2), B's is a refusal and, one might argue, also an apology, 'I'm sorry, but I'm feeling cold, I'd rather the window stayed closed', h/she could be saying. Finally, in (3) B is overtly apologising but also denying knowledge. Notice that, on the surface, none of the underlined utterances is overtly phrased as an apology, a refusal, and a denial of knowledge.

The elements of verbal communication: force, locution, illocution, perlocution

We can look at an utterance as doing different things, both for speakers and hearers.

The term 'force', in pragmatics, is used to refer to a speaker's communicative intention. Utterances have both 'meaning' and 'force'. The (semantic) meaning of an utterance, its 'surface' meaning (see below), is what it says overtly. Its *force*, instead, is the meaning and effect that the speaker wants it to have.

The *locution* is simply its 'surface' or 'semantic' meaning. The literal meaning that the words and the grammar convey

I have already mentioned the *illocutionary force* of an utterance; what the speaker intends it to *mean* and *achieve*. But that depends on how the hearer interprets it, and this is its *perlocutionary force*. Basically, it is the *effect* the utterance has on the hearer who *interprets* it. In example (3) above, A interprets B's response, correctly, as a justification and an apology. However, because of factors such as cultural differences, they could just be interpreted as rudeness.

Direct and indirect speech acts

A speech act can be both direct and indirect (explicit or implicit). The examples discussed so far are all cases of implicit speech acts; they require

interpreting by the hearer because, as noted, their surface form does not match, syntactically and semantically, that of the function they perform.

Speech acts, however, can also be expressed explicitly. English, like other languages, has verbs that are overtly ‘performative’ (they ‘do’ things), which means that they overtly and explicitly encode speech acts. Examples of performative verbs include:

- 1 To order: *I order you to leave the room.*
- 2 To apologise: *I apologise for my behaviour.*
- 3 To agree: *I agree; she’s strange.*

At this point, you might reasonably ask why speakers use indirect speech acts rather than implicit ones, when the latter are clearly easier to interpret. To answer this question, we need to introduce two further essential and related notions: ‘politeness’ and ‘face’.

Politeness and face

In pragmatics, when we speak of ‘politeness’ we are not referring to social rules of good behaviour, like saying ‘please’ and ‘thank you’, or holding the door open to let somebody go first.

‘Politeness’, as used in pragmatics, refers to linguistic choices that speakers make to show awareness of other people’s needs as social actors in the world, as well as their own. Because we are all social actors, we all have a need to be seen as competent members of particular social groups, aware of norms of behaviour. We also want to be seen as competent. To quote Trask (1999: 242):

‘Except when we are deliberately looking for a confrontation, we normally take care to ensure that what we say (and what we don’t say) is chosen appropriately so as to avoid embarrassing or offending anyone’.

This is where the concept of ‘face’ comes into play.

Face

‘Face’ refers to an individual’s public image (as in the expression, ‘to lose face’). Linguists distinguish between ‘positive’ and ‘negative’ face.

Positive face

By ‘positive face’ we mean an individual’s need to be ‘liked, approved of, respected, and appreciated by others’ (Thomas, 1995: 169).

Showing awareness of accepted norms of behaviour, for example, is – as noted – one reason for formulating requests indirectly, or not overtly admitting ignorance. There are many linguistic behaviours that can be explained as the speaker’s need not to compromise her or his positive face. As a professional,

you will need to be aware of this, so as not to miss important information, or – among other things – to be able to explain an individual's reticence during a professional encounter.

Discussion Point: 3

Imagine the following scenario. You are meeting a service user in your office. As part of their care plan, you have offered two counselling sessions per week, for a period of four weeks. This has the aim of helping the client cope with stress and anxiety, which has forced them to request sick leave from work. The individual in question has agreed that he would benefit from such help; however, when you present the plan, he appears reticent to accept. As a justification, he makes vague statements about being busy and distance from his house.

Obviously, at this point, you might simply go along with his (baffling) decision. But the client would miss the benefit of counselling.

Can you think about any possible reasons for his refusal? How could you find out more about it and, both from the service user's point of view and your subsequent actions, what might the linguistic implications be?

You know that the service user is currently off work, and that he lives far from the place where he would receive counselling. One possible reason could be that he believes that he would have to pay for the sessions (perhaps on previous occasions this was the case). Being off work might mean that he has financial difficulties; even getting to and from the centre could be unaffordable. So why has he not said so? This could be because admitting openly, as an adult, that he is in financial difficulties would prove to be embarrassing.

It would damage his public image, his 'positive face'. This – of course – is only one of the possible explanations. How could you find out?

You could, for example, ask open-ended questions. If you think you have guessed the reason for his hesitancy, you could ask indirect questions about his worry or simply make add a statement such as, 'By the way, I forgot to mention that the session is free of charge and there is help available with transport costs' if this was the case, and see how he responds.

Negative face

As well as operating with positive face needs in mind, people operate with negative face ones too. (For a summary of these concepts, see Figure 3.1.)

Negative face refers to an individual's 'desire not to be impeded or put upon, to have the freedom to act as one chooses' (Thomas, 1995: 169).

Politeness: choices in language use that show awareness of others and one's social needs		
Face: one's public self-image		
Positive face	An individual's need to be liked, approved of, respected, and appreciated by others.	<u>Actualised thorough:</u> Positive politeness strategies.
Negative face	An individual's desire not to be impeded or put upon, to have the freedom to act as one chooses.	<u>Actualised thorough:</u> Negative politeness strategies.

Figure 3.1 Politeness and face.

Consider the following example (Cerny, 2012: 39). It is an extract of a consultation between a doctor and a patient. Immediately following the physical examination, the doctor says:

- (1.a)
D: Warts can be treated by freezing them with liquid nitrogen but I think the best way to treat your warts would be to put some podophyllum paint on them.
- The clinician begins by giving the patient some general information on how warts can be treated. He then goes on to give her what, on the surface, is simply an opinion. Typically, he begins the utterance with ‘I think’, which is normal in these cases.
- In terms of speech acts, the doctor is *advising*; one might even argue that he is *ordering/prescribing* a certain therapeutic route. Hypothetically, he could have phrased the exchange in the following terms:

- (1.b)
D: Warts can be treated by freezing them with liquid nitrogen. But I’ll treat yours by putting some podophyllum paint on them.

In (1.b), the clinician is offering the patient no choice; he is not involving her in the decision-making process at all. Effectively, he is *telling* her what he will do. This infringes the patient’s negative face needs, in particular, the need not to be imposed upon, and the one to maintain freedom of choice.

By choosing the phrasing of (1.a) instead, the doctor is leaving space for the patient to question the advice. An opinion, encoded by *I think* can, by

definition, be questioned and opposed. The use of *would*, in ‘the best way to treat your warts *would be...*’ reinforces this. In English, ‘would’ is often used with verbs such as advise, imagine, recommend, say, suggest, to be less direct. Again, this leaves the patient space to question the doctor’s suggestion, since it is not presented as an absolute. Arguably, at the same time, the doctor is addressing his positive face needs. By informing the patient of the usual treatment for warts in general, as well as what he clearly thinks is best in her case, he is also affirming his competence and trustworthiness as a clinician, his ‘need to be respected and appreciated by others’.

It is important to note that patient/client-centred care, which dictates that he/she be involved in the decision-making process, is actualised linguistically by specific choices, such as the adoption of strategies that address face needs. But how can things go wrong?

Face-threatening acts (FTAs)

Admittedly, the terminology of pragmatics can be quite colourful. The ‘threat’ of an FTA is not physical; we are not talking about punching somebody in the face. Yet, it is still potentially dangerous and can result in damage to relationships, professional and personal.

An FTA is a speech act (to be more precise, an illocutionary act) that can, potentially, damage another person’s ‘face’.

For example, if the doctor had used the phrasing in (1.b) above, he would have performed an FTA. As noted, he would have ‘threatened’ the patient’s positive face by making her feel that she had no choice or say in the matter of her own treatment.

In any exchange, all interactants are liable to commit FTAs with regard to negative and positive face, both their own and their interlocutor’s. For example, a speaker might choose not to openly admit to making a mistake so as not to damage their own positive face, i.e. their reputation.

(Some) pragmatic principles that govern communication
Words are actions: speech acts
They can be:
Direct (performatives) - Indirect
Politeness
Face (positive) – Face (negative)
FTAs

Figure 3.2 Pragmatic principles.

Let me now give you a brief summary of what I have presented so far (Figure 3.2).

What happens when an FTA is performed?

Redressing an FTA

To begin with, it should be pointed out that, in any interaction, the first decision is whether or not to perform an FTA (Brown et al., 1987). There are times when this might be unavoidable, for example in an emergency situation. If you saw somebody attempting to drink from a bottle that contained bleach total directness and even a raised voice would be entirely appropriate ('Don't drink that! Put it down!'). Context, again, would determine your choice. To use a less dramatic example, in certain professional situations, such as an operating theatre, where speed and accuracy are paramount, it is normal for a surgeon to ask the surgical nurse to pass surgical instruments (forceps, retractor, scalpel) with speech acts that, in other situations, would be considered FTAs (and utterly rude!): 'forceps', 'retractor, please!'.

If, in the speaker's opinion, the risk of performing an FTA is too high, s/he might decide to avoid it altogether. However, one might feel that an FTA is necessary in a particular context, or perform one and realise only after having spoken.

Redressing FTAs

When an FTA is unavoidable, or when the speaker realises that s/he has uttered one involuntarily, he or she can attempt to redress it. FTAs can be redressed with negative politeness and with positive politeness strategies. Confusing? Let me explain.

Imagine a situation where Jessica, a social worker, receives an email from her manager, Colin, at 4 PM (she normally signs off at 5 PM), asking her to send him an updated list of off the current open cases at their centre, by the end of business on that day. The email might read something like this:

Dear Jessica,

You may remember I told you I'd need the updated list of all our open cases by the end of the week.

Unfortunately, the general manager has decided to bring forward his visit. So, I'm afraid I need it today, by the end of business.

I'm really sorry about this, I know you are very busy, and you've already helped a lot. I wouldn't ask if it wasn't absolutely necessary. I'd have asked Steve but he's currently on leave.

Thank you very much for your help and sorry again. You are welcome to take the morning off tomorrow; I hope this makes it up for the inconvenience.

Thanks a lot and sorry again.

All the best,
Colin

At the macro-level, this email contains two speech acts: requesting and apologising. Colin, the manager, is asking (even *telling*, perhaps) Jessica to produce an updated report by the end of the day.

The context is that of work and, with Colin being higher up in the hierarchical structure, there is also an obvious power imbalance. In this type of situation, an employee knows that they will, at times, be asked to perform tasks that they cannot refuse. However, especially because of the limited time within which Jessica is expected to comply, the request is clearly an FTA, affecting her negative face (to need not to be imposed upon).

At the micro-level, we can notice that Colin, the manager, is obviously aware of this. He therefore decides to redress this by addressing Jessica's positive face. He tells her that he knows she is very busy and that she has already helped a lot (thus showing she is valued as an employee). He also addresses her negative face by repeatedly apologising and offering her time off as compensation for the extra work.

At the same time, he addresses his own positive face. He wants to maintain his reputation of being fair and reasonable. He does so by apologising, by stating that he is forced to ask her to complete the task, and by offering her time off. As you can see, the same utterances can have a double function: apologising, explicitly and implicitly, can both address the employee's negative face needs, as well as the manager's positive ones.

Discussion Point: 4

Can you identify, in the above email, all the redressing utterances and individual words that show Colin's awareness of both positive and negative face (and that he has performed an FTA)? Remember that an utterance can serve more than one function at the same time.

To sum up, positive politeness strategies pay attention to negative face needs; negative politeness strategies, on the other hand, pay attention to positive face needs. It is a rather remarkable fact that, as language users, we are aware of, and able to manage, them successfully numerous times during each exchange we have. However, failure to appreciate these principles and how they work can, and indeed does, in many cases, lead to miscommunication and even conflict.

Politeness and face across cultures

The topics of intercultural communication and communication across different professional environment and institutions are given a fuller treatment in Chapters 6 and 7. However, at this point it needs to be stated that politeness norms and ideas of face are not universal.

Different cultures conceptualise politeness and face differently. For example, the email above is perfectly normal and indeed required in a British context. In the UK, negative face is seen as particularly important. Impacting, or appearing to impact, on one's personal space, their ability to act and not be imposed upon, is highly valued. This is true even in a professional situation where there are power imbalances.

The same is not true in Scandinavia, where the same email would be seen as excessively and unnecessarily wordy. Scandinavian culture favours directness. This does not mean that in Scandinavian countries people do not have negative face needs, only that communication is governed by different norms. In a place like Italy, you would normally not address your superiors at work by their first name. If you did, you would be performing an FTA, by not addressing their positive face need. Specifically, you would not be acknowledging their social status and professional integrity.

Even within the same country and culture, different institutions often operate with different cultural norms. Because they may differ from those of society at large, when we join or otherwise operate within a specific institutional professional setting, we need to be 'socialised' into it. We need to learn new norms of behaviour, both as employees of the institution and as service users.

Unfamiliarity with national and professional/institutional rules might lead us to perform FTAs. This, in turn, might result in us being considered impolite (in the common sense of the word), insensitive, or outright rude. As mentioned, these topics are given detailed attention in subsequent chapters. However, at this point, it is worth remembering that awareness of cultural differences (of any type) is essential for proficient communication and avoiding conflict.

Language in context

I have noted more than once that meaning is created cooperatively, in interaction, by speakers. I have also said that context is important for creating meaning. It is now time to tackle these topics in more depths. In the remainder of this chapter, you will be introduced to concepts such as conversational maxims (CMs), the cooperative principle (CP), implicature and inference, as well as context and co-text. Do not be discouraged by the flurry of technical terms; it will all become clear.

I would like to begin with a quote from the late British linguist R. L. Trask (Trask, 1999):

'One of the most striking and important things about language is the way in which we use utterances to say that aren't there'.

We have already discussed this in relation to speech acts and illocutionary meaning, the speaker's intention in making an utterance that might not be

obvious by only looking at its surface structure. But the same also happens with utterances that are not speech acts in the sense that I have discussed earlier.

I shall begin the discussion with Trask's own example (p. 122), which I find quite amusing:

- A: Where was John last night?
 B: Well, there was a yellow Beetle parked outside Susie's place this morning.

If you were only to look at the surface meaning of the utterances of this exchange, you would find it meaningless. Even deranged, possibly. A has made an enquiry about John's whereabouts; B's response, however, tells A about the location of a certain car, this morning. Has B gone crazy?

Yet, I am quite certain that you understood what she meant. The meaning would even be more obvious to B, so long as they knew that a) John drives a yellow Beetle (although that is not strictly necessary, as shown by the fact that both you and I understood). As Trask notes, what A means is quite obvious: 'I don't know where John was last night, but I have reason to believe he spent the night at (or with!) Susie'.

The fact that the utterance, 'Well, there was a yellow Beetle parked outside Susie's place this morning' cannot mean, in itself, that B believes John has spent the night at Susie's is evident if the question is changed to something else (Trask, *op. cit.*):

- A: I hear John is giving Susie a really nice present for her birthday.
 B: Well, there was a yellow Beetle parked outside Susie's place this morning.

In this example, you, I, and B are most likely to interpret the answers as something along the lines of, 'I think that John is giving Susie a Beetle for her birthday'.

So, how is this possible? How can the exact same utterance have two different, unrelated meanings? You have guessed it. It is because of context. It is not that in cases like the ones just quoted has nothing to do with its grammar; rather, it means that meaning is derived from both grammar *and* context.

Grice's conversational maxims, the cooperative principle, and the theory of conversational implicature

The English philosopher of language Paul Grice (1913–1988) articulated a number of 'rules' that explain how utterances are understood in context. It is important to understand that these are not 'rules' in the sense of directives or prescriptions to be enforced, like the style guide of a journal, for example. They are implicit principles that govern speakers' behaviour in interpreting each other's utterances. These rules came to be known as Grice's Maxims and are governed by so-called cooperative principle (CP).

The cooperative principle

Following his observations, Grice concluded that verbal interactions are governed by an unstated but overarching principle. This principle states that interactants work with each other, cooperate, to create meaning. Crucially, it also states that interlocutors *assume* that others are also cooperating. This means that:

[W]hen you say something, and another person makes a response, you assume that the response is intended as a maximally cooperative one, and you interpret it accordingly.

(Trask, 1999: 58)

In other words, when we interact, what we say is aimed at achieving optimal communication, and we assume that our interlocutors are doing the same. Grice's went on to spell out these 'maxims' that govern conversation. It is to these that we now turn.

Grice's conversational maxims

Grice's four CMs are the following. I shall first list them and then go on to explain them:

- 1 **Quantity:** Make your contribution as informative as required (for the current purposes of the exchange). Do not make your contribution more informative than required.
- 2 **Quality:** Try to make your contribution one that is true.
- 3 **Relation:** Be relevant.
- 4 **Manner:** Be perspicuous (clear, understandable).

The maxim of quantity

This maxim states that speakers should be as informative as the situation requires; that they should not give more, or less, information that is required by the hearer to understand the intended meaning. This is because if one gives too little information, he or she risks not being understood. If, on the contrary, they give too much, they risk boring or confusing the hearer.

As an example of observing this maxim, we can give the following exchange:

Service user: When is my next appointment going to be?
Social worker: Next Monday, at 2 PM.

Here, the social worker offers no more and no less information that is needed to communicate the message.

The maxim of quality

This maxim asserts that, basically, speakers are expected to be truthful; they should say something that they believe corresponds to reality, for which they have evidence. Look at the following exchange between a service user and a health worker:

- A: Is drinking alcohol bad for my condition?
B: Yes, drinking alcohol affects your blood pressure.

The health worker in this example has answered the service user's question with enough information (maximum of quantity) and based on scientific evidence that she possesses.

Of course, there are times when speakers are not sure about something or do not have enough information. To ensure that they are seen as truthful and reliable (thus addressing their positive face needs!), they qualify, or 'hedge' their utterances. Consider the following exchange:

- Service user:* So, are they gonna contact me this week about continuing the treatment?
Health visitor: Well, as far as I know they will.
Service user: Good, thanks.

By 'hedging' his response, with 'as far as I know', the health visitor protects her professional integrity and her credibility. Should the service user *not* be contacted that week about continuing the treatment, the health visitor could not be accused of lying.

The cynic in us may say otherwise, but most of the time we function with the assumption that people are not lying to us. Speakers know that their interlocutors operate under this assumption too. In professional encounters, but not only, this is extremely important. Making a statement that is not backed up by evidence, or the truth of which we are not sure, can result in a breakdown of trust, often with serious consequences.

The maxim of relation

This maxim says that what speakers say is assumed, by their hearers, to be something that is relevant to what has been said before. Consider this exchange between two spouses:

- A: The phone's ringing.
B: I'm washing up!

We can all easily understand that what B means is, 'I can't answer, because I'm busy washing up (and my hands are wet)'. This is because A clearly expects

B to understand because he knows that A will understand that her location and the activity he is engaged in are relevant to what she is being asked to do. Interestingly, B also understands the illocutionary force of A's utterance: it is not a statement of fact about a noise coming from the telephone; it is a speech act, a request: 'you go and answer the phone'.

The maxim of manner

According to this maxim, we should not be obscure; what we say should be clear, understandable, brief, and avoid ambiguity. The following exchange is between a general practice nurse and a patient:

- A: So, Mrs Tinker, are you still following the low-salt diet we talked about last time?
 B: Yes, Yes, I am, though sometimes it's difficult.

Sometimes speakers explicitly point out that they are following the maxim, as in the following example, which is a reworked version of the preceding one:

- A: So, Mrs Tinker, are you still following the low-salt diet we talked about last time?
 B: Yes, Yes, I am, though sometimes it's difficult.
 A: Yes.
 B: **But just to go back to your question:** I am sticking to it.

Here, B is making sure that her utterance is clear and understandable, and it answers directly B's question.

Flouting the maxims and conversational implicature

Do speakers always observe Grice's CMs? The simple answer is no. (By the way, can you work out which maxim I observed in the previous sentence?) For various reasons, some of which we shall discuss, speakers do not always follow the four maxims. Sometimes this is intentional; sometimes unintentional.

There are, according to Grice, five ways of not observing a maxim. These are:

- 1 Flouting it.
- 2 Violating it.
- 3 Infringing it.
- 4 Opting out of it.
- 5 Suspending it.

I shall talk about all of them but only the first, flouting a maxim, will be addressed in more detail. This is because it is the most consequential way,

since doing it generates an ‘implicature’. As we shall see, from a communicative point of view, this is extremely relevant.

The dictionary definition of the verb ‘to flout’ is, ‘to intentionally not obey a rule, law, or custom’ (Cambridge Online Dictionary of English). And indeed, for Grice, a maxim is flouted when a speaker intentionally and blatantly fails to observe it. This is not, Grice explains, because the speaker intends to deceive or mislead his or her hearer; rather, it is with the intention of getting the hearer to get to a meaning which is different from, or additional to, the meaning that is overtly expressed (Thomas, 1995). This additional meaning which is thus generated, and that, hopefully, will be appreciated by the hearer, is called a ‘conversational implicature’. Let me explain with some examples.

Conversational implicatures

As noted, a speaker flouts a CM when s/he wants to generate an ‘implicature’, a meaning that is not expressly stated by the utterance. There can be various reasons why one might want to do this, and we shall explore them later. To begin with, let us look at some types of implicatures that can be generated by flouting maxims.

Flouting of the maxim of quantity

Imagine the following two exchanges between a social worker and a service user:

- SW: How was your assessment interview?
SU: Well, I got there early, so I had to wait outside. It was raining but luckily there’s a nice little café nearby, so I had a coffee. When I finished, I went back in and was shown where the office was. Floor three, and the lift was not working. When I finally spoke to the receptionist, still panting! it took him ten minutes to find my details!
- SW: How was your assessment interview?
SU: The usual.

In the first exchange, the service user has clearly flouted the maxim of quantity by providing far more information than necessary. But why? Perhaps, the service user wanted to make sure the social worker knew how troublesome it is to attend this type of interview, and that he would rather not have to do it as often. The effect is achieved by listing, in detail, all the things he had to do before even beginning the evaluation!

In the second example, the service user is clearly making his contribution less informative than required. The service user is only telling the social worker that this particular assessment was just like any previous one. Again, why? Perhaps, he is willingly being rude and uncooperative, implying that the

question is silly, given that the social worker ought to know what assessment interviews are like. This, in itself, might be indicative of tension between the two parties, even hostility or lack of trust. The service user intended meaning might be along the lines of, 'Well, you know how it was; useless, like all others. So, why do you insist on going through them?'. Obviously, we do not know but this is a juncture in the encounter where it would be wise, on the social worker's part, to probe further, by asking other questions. For the flouting of the maxim might signify that there is a problem of trust.

Flouting of the maxim of quality

According to this maxim, speakers should not say what they know is false, or for which they lack adequate evidence. Speakers may do this by simply saying something that is obviously not a true reflection of what they think.

Imagine the following exchange, taking place in a dental clinic. The patient is sitting on the dental chair. He is waiting for the anaesthetic to take full effect and has a suction tube in his mouth:

Dental nurse: Are you comfortable, Mr Ward?

Mr Ward: Oh, I'm very comfortable. I am a king on his throne.

Although it is possible that the patient is indeed comfortable, but it is doubtful that he is 'very' comfortable. Given what we know, and – crucially – what the dental nurse certainly knows, it is likely that Mr Ward is experiencing at least a degree of discomfort. Furthermore, it is patently untrue that he is 'a king in his throne'.

The patient's utterance can be seen as an example of irony, where we say something, but we think or feel the exact opposite. The expression of irony often employs the flouting of this maxim. In a situation like this, we can suppose that Mr Ward wants to appear resilient and not dramatic (thus addressing his positive face needs). He may also be, simultaneously, addressing the nurse's negative needs, by not wanting to be a 'difficult' patient that needs a lot of attention. His utterance could be paraphrased as something like this:

Mr Ward: Well, comfortable is a big word but it's ok, one just has to be patient.

One can also flout this maxim to deflect unwanted attention. In flouting this maxim, rhetorical devices like **hyperbole** and **metaphor** are often employed, as in the following examples:

Hyperbole

(At the podiatrist's)

A: How are your feet today, Mrs Grimshaw?

B: Oh, killing me, literally killing me.

It is obviously *not* true that Mrs Grimshaw's feet are 'killing' her, especially not 'literally'. However, by flouting this maxim, she clearly wants the podiatrist to *infer* that the pain in her feet is still intense, and – crucially – that she is suffering because of it. Often, hyperbole is dismissed as just an exaggeration (which, literally, it is). Yet, it is often the case, in encounters with professionals that, patients and service users, make use of it to communicate how severe a situation is. For the professional, ignoring them can be risky. It can lead to communication breakdown and affect the rapport. As mentioned elsewhere, this could be a good place, for the professional, to make further enquiries and to express empathy.

Metaphor

Metaphors are a type of figurative language, where we talk of one thing in terms of another. If you say, 'In summer this office is an oven', you obviously do not mean that it is literally an oven. What you intend is that it gets very hot.

The use of metaphor in medicine as well as other fields is well documented, *inter alia* by Semino and Demjén (2020). Consider this example of patients talking about their illness (Semino, 2020: 385–395 in Semino and Demjén, 2020):

- 1 I am a walking time bomb.
- 2 We are on the bowel cancer journey.
- 3 My consultant recognised that I was a born fighter.

The underlined segments are all metaphors: no human being can be a 'time bomb', cancer is not a 'journey', and we can safely assume that the person who uttered the last sentence is not an actual 'fighter'.

Metaphors allow us, among other things, to talk of, and understand, difficult topics. They are often used to flout the maxim of quality. Whoever utters them knows that they are not to be taken literally but they trigger inferences about, for example, the mental state of the person uttering them.

Flouting of the maxim of relation

According to this maxim, the hearer expects that what the speaker says is related to what was said before, therefore *relevant* to it. When speakers flout this maxim, their expectations are that interlocutor will manage to imagine what they did *not* say.

Consider the following exchange between a dietitian and his client:

- Dietician:* So, what do you think of the new diet plan I gave you last week?
Client: Well, the pictures are very enticing.

By asking about the new diet plan, what the dietitian meant was most likely to know from the client what they thought about the meals in it, the easiness of preparing them, and so on.

However, the client commented on the pictures in the documentation accompanying it. By saying something about an irrelevant topic, he or she generates an implicature. This is likely to be interpreted by the professional as an *implicit* negative comment on the diet plan. Maybe the client thought the meal was unappealing, or too difficult to cook, too strict, or all of the above. Flouting this maxim allows the client to be less direct or difficult.

Flouting of the maxim of manner

This maxim is about avoiding being obscure in our utterances. Imagine the following exchange between a social worker and a service user who is currently unable to work and has been advised he can be eligible to apply and receive unemployment benefits:

Service User: Is it going to be difficult to get these benefits?

Social Worker: I would not say the process doesn't have some challenging aspects.

I think we can all agree that the social worker's response to what is, after all, a simple and direct question is rather obscure and convoluted. So, why didn't she or he simply answer with a 'yes', a 'no', or a 'somewhat complicated'?

We can probably guess that the process of applying for benefits is, in the social worker's view, rather demanding; and maybe they also know that, in this case, they cannot guarantee that the applicant will be successful. In flouting the maxim of manner, the social worker intended to generate an implicature. This could be to prepare the service user for the difficulties ahead, maybe even for the possibility of failure, without being too direct, or wanting to sound too blunt, something that might be counterproductive, even disheartening, for the service users.

Discussion Point: 5

Imagine the following scenario. A mother and her five-year-old child are sitting in their general practitioner's (GP) office. Finlay, the child, has been suffering from a bad case of tonsillitis, which has not responded to antibiotic treatment. The doctor believes that surgery is required and mentions it to the mother.

- Mother:* So, Dr Horn, what do suggest we do now, because he's really in pain. Should we wait, maybe try another type of antibiotic?
- Dr Horn:* Well, I don't think it would make a difference. I think it might be time for little Finlay to pay a visit to the big place behind the church [the location of the local hospital].
- Mother:* Ok, well, are you sure there's no other possibility...
- Dr Horn:* I'm afraid not.

Can you decide which maxim the doctor has flouted with the underlined utterance? Why do you think he did it?

Dr Horn's answer is rather opaque. He is clearly indicating that little Finlay needs to have his tonsils removed surgically, at the hospital. Why didn't he simply say it?

The doctor has flouted the maxim of manner, by not stating clearly what he meant. Arguably, he has also flouted the maxim of quantity, by giving too much information.

As always, without the full context, it is difficult to offer a definitive interpretation. My supposition is that the child is scared of hospitals, maybe because of previous experiences. To say, 'he needs to go to the hospital' triggered a negative reaction. With his choice of words, the clinician intended to both inform the mother *and* not to upset the child.

Other ways of not observing the maxims

As mentioned above, there are other ways of not observing Grice's maxims. These are briefly presented hereafter.

A speaker can 'violate' a maxim when he or she knows that the hearer will not know the true meaning of an utterance and will only understand the surface meaning of it.

When a speaker intentionally *violates* the maxim of quantity, for example, they do not want the hearer to know the full picture. As Cutting says (2002: 40), in this case '[t]he speaker is not implying anything; they are being "economical with the truth"'. This is full-scale deception, or lying.

Two other types of non-observance of maxims are *infringing* them and *opting out*. As for the violation of a maxim, when a speaker infringes or opts out of a maxim, they are *not* trying to generate an implicature.

Infringement of a maxim can occur when a speaker has an imperfect command of the language, perhaps because he or she is a foreigner, or a child. Other causes of maxim infringement are if the speaker is permanently cognitively impaired (because of brain injury, for example) or temporarily so (for

instance, because they are under the influence of drugs, or simply feeling very unwell). The following is a personal example of infringement.

Having recently begun to learn Arabic, I decided to go on an extended holiday to Morocco to practise the language. I was in the Medina (the old part of the city, encircled by walls and full of shops of any type) of Tetouane. Tetouane's medina is one of the country's biggest and, at least to me, a true labyrinth. One evening, after dark, I got lost. I wanted to get out but I couldn't find the exit, which I knew to me near the Royal Palace. I stopped a few people to ask for directions but nobody spoke English or French, languages in which I can communicate. There was nothing left than resorting to my very rudimental Arabic. The literal translation of my question to a local man is this:

Simone: Excuse me

Moroccan man: hello

Simone: I going out. I want door near big house of the King. [meaning: I want to go to the door next to the Royal Palace.]

Moroccan man: [says something in Arabic, points, then begins waking and beckons me to follow him].

Clearly, with the underlined utterance I infringed the maxim of manner. I was unclear because of my imperfect knowledge of Arabic grammar and vocabulary.

Yet, I did manage to find my way out. I hope this will not discourage you from learning new languages, nor from visiting the Marvellous Medina of Tetouane. At the same time, I would like you to reflect on two points. First, there are many reasons why people communicate imperfectly; in my case, I did not wish to confuse the hearer, neither did I intend to *imply* anything. I simply did not know the language well enough. Understanding *when* a speaker is *flouting* a maxim, thus generating an *implicature*, is an extremely important element of successful communication.

The second point I wanted to make is that, as human beings, we are intrinsically social and communicative. The need to communicate overrides all possible obstacles. This does not mean that communication never fails, it does; rather, that because we *expect* to find meaning, we generally do find it. In addition to the more specific Gricean sense, the CP can be understood as the human tendency to want to find meaning. We usually, though not always, do so by cooperating with our interlocutors in arriving at a common understanding.

Opting out of a maxim

When a speaker 'opts out' of a maxim, they willingly do not observe it. Usually, they do not wish to be seen as uncooperative. They do it because, among other things, there may be legal or ethical reason for opting out (Cutting,

2002). This is the case when a health professional or social worker does not give personal information about patients or service users.

Suspending a maxim

There are situations when the observance of maxims is simply not needed or expected. These are often culture-specific, where I use the term ‘culture’ both in the meaning of a national, ethnic culture, as well as that of a particular professional or institutional culture (i.e. the way things are done in that environment).

For example, in Malay culture, there is no expectation that all participants in a conversation provide detailed information about friends and relatives, in case they draw the attention of evil spirits upon them. In this case, the Malay speaker provides less information than, say, a British speaker, simply because in their culture this is not expected (Thomas, 1995: 76).

Similarly, as you may have seen in countless TV police dramas, in many legal cultures, when questioned by the police, an individual can give a so-called ‘no comment’ interview. This is allowed because the law gives them this right. Just imagine if you were having a conversation with your partner, asking them where they had been the previous night, and they answered all your questions with, ‘no comment’. This would certainly constitute the flouting a maxim and generate an implicature. (By the way, can you think of which maxim or maxims?).

Chapter summary

Before giving the usual summary of the chapter, I would like to offer a brief conclusion. You may consider it ‘food for thought’ and I would invite you to reflect on it.

In the words of Demjén et al. (2020: 19 in Demjén 2022):

Linguistic analysis generally [...] involves looking at what linguistic choices are made (consciously or not) in contrast with other choices that could have been made, [...] what the implications of these choices might be.

To be a proficient communicator, you will need to constantly pay attention to the *whats* and the *hows*. What is actually said, but also how, in which contexts, and compare it to what *could have been said instead* but wasn’t. It is not a question of second-guessing; it is a question of *listening closely*. Most of the time you do it already, and successfully. Being aware of the insights of pragmatics discussed in this chapter can help you to do it even better, understanding how and, hopefully, allowing you better appreciate how, most of the time, we handle successfully these very complex things called language and communication.

In this chapter we have explored the complexities of how communication work. We did so by presenting concepts derived from pragmatics, such as speech acts, politeness theory and face, Grice's CMs, why and how they are not always observed.

Suggestions for further reading

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Talk happens somewhere

Introduction

‘The Golden Girls’ was a very successful American sitcom that ran from 1985 to 1992. Its protagonists were three women, all female, single, and in their 60s, who became friends when they rented a house together in Miami, Florida. They were later joined by another colourful character, Sophia Petrillo – Dorothy’s elderly mother. Sophia was born in Italy but had emigrated to America decades earlier. She often had to mediate conflicts that arose in the house, or give advice (almost always unrequested!) when one of the ‘girls’ had problems.

The Italian-American octogenarian often did so by recounting real or invented anecdotes about her early life in Sicily, many decades ago. Invariably, her stories were prefaced with, ‘Picture it: Sicily, 194...’, and then the telling would commence.

One of Sophia’s reasons for prefacing her accounts as she did was to situate them in a particular time and place, as well as to give background information that would help her listener(s) to better appreciate the story. Presumably, this was also meant to evoke a somewhat backward environment; geographically, culturally, and temporally distant from life in modern Miami and the USA in general. The events that Sophia told had a specific ‘context’ that gave them a certain flavour. The meanings that they were supposed to convey, the ones that the ‘girls’ were supposed to derive from the narratives, depended a lot on being aware of and understanding it.

In the previous chapter, and elsewhere, the term ‘context’ was mentioned repeatedly. As we saw, one of the things that pragmatics does is look at how utterances can acquire different meanings depending on the context in which they are uttered.

This chapter looks more closely at the role that context plays in communication and understanding. It examines in more detail various types of contexts; the physical and cultural, the professional and the personal. It also discusses the notion of co-text, another type of context, the verbal environment in which interactions take place, what has been said before during the same exchange.

Like the previous chapters, this one too draws on insights from pragmatics, but also from another sub-field of linguistics, discourse analysis (DA). Both pragmatics and DA ‘are approaches to studying language’s relation to contextual background features’ (Cutting, 2002: 1).

What is context?

All communicative exchanges are *situated*. They happen in specific places, at specific times. Interactants are also situated; they have their own personal experiences, histories, and identities. They possess cultural backgrounds, which are complex and variegated. Previous interaction between the speakers, general rules of accepted behaviour, and assumptions about how the world works are also part of the context, as is so-called ‘common knowledge’ (Wardhaugh, 1985: 101). Contextual knowledge also includes speakers’ awareness of conventions of behaviour, ‘what can be properly said to whom and on what occasions’ (Wardhaugh, *op. cit.*).

Good communication depends in large part on the interactants’ awareness and assumptions of the shared knowledge of background information. As we have seen in the previous chapter, speakers often communicate more information than is encoded in the words they use. This information has to be ‘inferred’, or ‘decoded’, by the hearer after having been ‘implied’ by the speaker. In the words of Wardhaugh (1985: 101):

Only by acknowledging that *all these factors* contribute to the meaning of a particular utterance in a particular context can we hope to understand what is going on when one person says something to another.

(My emphasis)

The *situational* and the *background knowledge* contexts, the latter including *cultural* and *interpersonal* context, are said to be ‘outside the text’; they are not in the words that are spoken or written but they surround them. Another type of context is, on the other hand, ‘inside the text’, in the words already spoken or written in a particular situation. This is the *co-text*. Each of them is discussed in more detail below.

The situational context

Cutting (2002: 4) gives the following definition of ‘situational context’:

[T]he immediate physical co-presence, the situation where the interaction is taking place at the moment of speaking.

It is both the physical space *and* the situation, what has been happening *at* or *around* the time of speaking.

Let us discuss it with an example. The following excerpt is a transcript of part of one of the daily briefings held by the then Scottish First Minister (FM), Nicola Sturgeon. It was held on 15 May 2020, during the general lockdown imposed to fight the spread of COVID-19 in Scotland.

The FM is talking about the then current measures in place and explains that any easing of the restrictions will have to be gradual. (Underlining indicates emphatic pronunciation.)

- 1 I am going to continue to err on the side of caution.
- 2 Err on the side of saving lives and reduce the number of people who might die.
- 3 Unnecessarily.
- 4 And I hope I have your continued understanding in doing that.
- 5 However, I also want to give you how much visibility and advance notice of future.
- 6 Changes as possible.
- 7 We can't live like this forever.

(<https://www.bbc.co.uk/news/uk-scotland-52678392>)

As mentioned, in this passage, the FM is talking to the media about the lockdown measures in Scotland. She does so in a context that is both physical and situational.

The physical context is immediately (although not completely) visible: the room in which she is speaking to journalists and the public. Interestingly, the journalists were listening to Ms Sturgeon via video link, because of the social distancing measures in place at the time. This unusual situation is bound to have had an effect on how the interaction developed. Members of the public, however, were watching the briefing being broadcast on TV or via the Internet, a somewhat more usual situation.

Yet, as well as the physical context, there is also a situational one. First, it is the type of communicative event, a briefing aimed at the media and the general public. Each type of communicative event brings expectations of how it will unfold. For example, in a press briefing, the person holding it will be expected to talk uninterrupted for a certain amount of time. Only in the second phase are the public allowed to ask questions, and can start speaking only when designated by the one giving the briefing. Questioners will not expect to enter into a prolonged conversation with the briefer, and so on. Knowledge and expectations of the 'rules' of a particular communicative event are part of the background knowledge, or 'knowledge of the world', which I discuss later.

The broader situational context comprises the conditions existing at the time. In this case, a deadly pandemic raging through the country, where extraordinary measures that limit people's freedom of movement are in place.

It is only against this context that Ms Sturgeon's words can be fully understood. The FM knew, or assumed, that all her listeners were aware of the

existing situation and of the restrictions in place. It is also likely that she was aware of, or could imagine, the possible objections to such restriction and the public's desire to return to normality as soon as possible.

The words 'we can't live like this forever' (in line 7) only have meaning because of the situational context in which they are uttered. 'This' is what is called a demonstrative pronoun; it is normally used when a speaker is pointing at something, as in: 'Have you read this book (which she is holding).

Interestingly, as she pronounces the phrase, 'living like this' she makes a quick gesture. She briefly moves her bent arm (with hands pointing towards the audience) away from her body and then back together, as if to indicate the size of the problem. This is a bit like when, talking to somebody about, for example, having a twisted ankle, we say something like, 'and my ankle got this big', holding our hands facing each other, open and cupped, to demonstrate the size of the swelling.

However, in Sturgeon's case, what she was 'pointing to', was the overall extant situation. Listeners were only able to understand what 'this' referred to because the then 'current situation' was known to all parties.

Words like 'this', but also 'now', 'here', 'I', 'he', and many more do not have fixed meanings. They acquire one depending on who is using them and in which situation. This is also true of the above example about the woman holding a book. The fact that we understand it without problems only shows that we are skilled communicators; but how we come to understand it is actually quite complex. It could not be explained by the traffic light model of communication that I discussed in the previous chapter.

Let us now look at another example. This is an extract from an interview with a woman (Anna, pseudonym) who describes the intense physical pain that she has been enduring for many years because of rheumatoid arthritis (Bacchini, 2012: 192–193) (Underlining indicates emphatic pronunciation.)

- 1 Almost immediately the pain
- 2 [inaudible] strong and
- 3 by and by it grows
- 4 and in my case at least
- 5 then it becomes really lancinating
- 6 so much so that...
- 7 There have been moments, before,
- 8 and even during therapy that it would get so intense
- 9 that at the thought that it would come back,
- 10 this pain
- 11 after a few minutes
- 12 after a few hours
- 13 I really thought that I couldn't
- 14 I wouldn't be able to continue living like this.
- 15 I would tell my husband, 'look'

- 16 I can't do it
17 I feel like throwing myself out of the window
18 it's not possible.

The situational context of this passage comprised the room in which the interview took place. However, in recounting her experience, Anna refers to the context of her lived experience.

In line 10, she talks about 'this pain', which is the pain she has been describing and that is still part of her life. Then, in line 14, she uses 'like this' to refer to the prolonged situation of intense distress she has been experiencing for years.

The hearer is able to understand what she is referring to because, by listening to Anna's story, he has been introduced into her world, her lived experience of illness and pain. Often, the use of proximity demonstratives is, as mentioned, accompanied by pointing gestures by the speaker. This highlights and emphasises the situation.

Notice how in both cases she uses the demonstrative 'this', which indicated proximity to the speaker. The pain and the distress are still very much present and close to Anna. This closeness is also signalled by the speaker's alternating between present and past tense in her account. In lines 1–6 she uses the present tense to describe how her attacks come on and how they evolve. Subsequently, she switches to the past tense. Interestingly, as she reports a conversation (or, possibly, prototypical conversations that took place over the years) with her husband, in lines 16–19, she reverts to the present tense, thus enhancing the impression that her experience is still very much close and present. It is still part of the 'situation'.

Background knowledge (1): cultural knowledge

'Culture' is not very easy to define. The dictionary defines it as, 'the way of life, especially the general customs and beliefs, of a particular group of people at a particular time' (Online Cambridge Dictionary of English). Although correct, this definition is not sufficient for our purpose. We can understand the term as referring to the knowledge that people have of various areas of life.

Being aware that practising Muslims and Jews do not consume pork meat is cultural in a broader sense. However, knowing that, if you live in England and want to make an appointment to see a GP you just cannot simply turn up at the practice is also cultural knowledge. Cultural knowledge comprises general rules of behaviour but also what one might call 'procedural knowledge': how to do things in particular situations. It also refers to our knowledge of how things are done in particular situations, like a classroom. In a university lecture, for example, you know that you are expected to arrive on time, find a seat, listen to your lecturer and take notes. If you need to ask a question, you will have to raise your hand; the question cannot be random

but must be related to the topic of the lecture. You also know that, unlike in a seminar, you cannot ask too many questions, and you understand that the lecturer is expected to speak more than anyone else. These unspoken norms of behaviour are tightly connected to a specific situation, the lecture. Just imagine what would happen if one of your friends asked you to observe them during one evening out at the pub! Although you are always the same person, the behaviour that is expected of you, and that you expect of others, is situationally based. During the same day, you might need to know how to behave as a son, mother, patient, bank manager, customer, and so on. It is a lot of knowledge that you have to carry in your head!

Discussion Point: 1

For the following three situations, think of the cultural norms of behaviour that are expected of participants:

- 1 Going on a first date.
- 2 Being called as a witness in a court of law.
- 3 Meeting a client/patient for the first time for an assessment.
- 4 Going on the weekly ride with your local bicycle club.

Having given your answers, reflect on the fact that for some of those situations the rules are mandated by law and cannot be broken without consequences. In others they may be unspoken, but nonetheless equally strict.

Prior experience as part of background knowledge

An important way of learning background knowledge is through experience. In education, 'learning by doing' is a known pedagogical method. From the time we are born, we continuously interact with other people and situations. Our expectations and our understanding of the world are largely based on previous experience. For example, 'a harmless rope on the trail may be perceived as danger and trigger a jump in fright if one has had a recent encounter with a snake' González-García et al. (2018: 1). Similarly, previous negative, and positive, encounters with professionals, such as doctors, nurses, social workers, and so on have a bearing on how we perceive them. Although most of us partake in similar experiences because we share similar cultural backgrounds, a large number of these are unique to each individual and unknown to others. Such experiences too influence how we perceive and understand the world and, like most things, they influence processes of understanding and communication.

Discussion Point: 2

Imagine a trainee social worker who, previously during her course, was on placement in a care home. Her experience of it was very positive. All the care home staff were very kind to her and to the residents, attentive to their needs and responsive. The physical environment was also pleasant: clean, tidy, and tastefully decorated.

As part of her current placement, she has to go to a service user's home. She is an elderly woman (Michelle) who lives on her own, whose mobility and vision have deteriorated, making it difficult to maintain an independent life on her own. Her conversation with the service users goes well; it is friendly and cooperative, and Michelle recognises that she needs help.

However, when the trainee suggests the possibility of moving to a care home, initially for a limited period of time, Michelle reacts negatively and resists the idea. She then says that she is tired and would like to end the interview for today. The trainee social worker is surprised by the sudden change in attitude and, as she takes leave, is left wondering what happened.

Can you think of possible explanations for Michelle's behaviour, and – from a communicative point of view – what suggestions would you give to the trainee?

As noted, our previous experiences and exposure to the news are responsible in large part for our understanding of the world. In the UK, when care homes are talked about in the news, it is often in relation to problems. These include underfunding and neglect, in some cases with tragic consequences. A Google News search with the words 'care homes UK' – conducted on 19 November 2022 – returned ten entries on the first page. Seven of them were negative.

It is possible that Michelle was aware of this news, especially the ones of neglect and abuse. It is also possible that, earlier in her life, she visited a friend or relative in a care home, and that her impression of it was negative. Perhaps the person she went to visit also told her that it was not a good place to be.

One's previous experiences are mostly not known to others unless they are shared. We share them through language. Having noticed the sudden shift in Michelle's attitude when the topic of care homes was introduced, the trainee might wish to enquire further. One way of doing it would be to ask Michelle what her understanding of a care home is, and what images the word conjures up in her mind.

Background knowledge (2): interpersonal knowledge

Interpersonal knowledge refers to the knowledge interactants have of each other, in many instances this is about private facts and past experiences. It may have been built over years of interaction. This applies both to personal relationships and relationships with professionals. Individuals with chronic conditions, for example, often attend the same clinic, and deal with the same doctor, for years. The bigger the amount of ‘shared baggage’ between interactants, the lesser the need for explicitness in communication.

Power imbalance in interpersonal knowledge

A social or health worker will acquire a great deal of personal knowledge, often very sensitive, about his clients’ personal circumstances. This is the knowledge that the professional will have acquired through previous interactions, or by reading the clients’ files.

The interpersonal knowledge that best friends have of each other is also very personal but likely to have been acquired, as noted, through previous social interactions.

One factor that should not be underestimated, and that has an influence on communication, is that interpersonal knowledge can exist in situations where there is a power imbalance. It is one thing that your best friend knows all about you because you have volunteered the information to them. It is quite another to know that your social worker knows all about, for example, your marital problems because you were referred to social services. But what exactly is a ‘power imbalance’?

Broadly defined, in an interaction, a power imbalance is a situation where one or more interactants have more ‘rights’. This is the case in a consultation with a health professional or social worker. The professional is in a position – indeed, they are expected and it is part of their role – for example, to ask more questions, even probing ones and questions of a personal nature.

Lee (2010) explores the correlation between perceived power imbalance and dissatisfaction in different types of service encounters. He reports the following feedback from a patient, following a medical consultation (pp. 1122–1123):

I really didn’t understand what the doctor was saying to me... When I asked what the pills were for, he told me to ask the nurse. When I asked the nurse, she told me that they were pain pills. I told her that I haven’t experienced any pain lately and all she could do was shrug her shoulders.

It is not uncommon for patients and service users to feel they are in a subordinate position vis-à-vis the professional. In such situations, both negative and positive politeness needs may come into play. The patient may wish not to

appear incompetent by asking what may sound like silly questions. The professional, on the other hand, may feel (in some cases) that the patient is being demanding. This is, again, a situation where cultural difference may play a big part. In many areas of the world, professionals – especially doctors – are figures of authority whose judgement is not questioned. Even in Britain, the idea that ‘doctor knows best’ has only begun to be dismantled relatively recently.

Research on power asymmetry in clinical encounters is an expanding field. Work by Byrne and Long (1976) discovered that in over 2000 recorded doctor–patient interactions, in over three-quarters of cases doctors performed all initiating (or ‘opening’) moves and patients all responding ones. These can be defined as the verbal, but also physical (see below) actions that signal the beginning of an interaction, such as a greeting or asking a question, e.g., ‘Mr Sloan, what brings you here today?’

However, other research (ten Have, 1991) has shown that patients too can exert power. For instance, they can use the request by physicians to answer questions as an opportunity to steer the interaction towards their preferred topic, thus regaining control of the conversation’s direction.

Context ‘inside the text’: the co-text

First of all, I need to clarify what I mean by ‘text’. In common parlance, ‘text’ is often understood as referring to a unified piece of writing. A novel, a poem, a book chapter. These, indeed, are all texts. However, in this book a text is understood as any coherent piece of language, written or spoken. It can be a verbal interaction between two individuals, like a conversation or a consultation, a phone call, a text message, a letter of referral. ‘Text’ is used to refer to any original piece of language, as it was originally spoken or written.

The co-text is part of the ‘in-text’ environment referred to above. Therefore, whereas physical context refers to the physical and experiential space surrounding a verbal exchange, the co-text is its verbal environment, the words spoken before, and after, a particular stretch of language. This is important because it is by referring to the co-text of any exchange that we make sense of it.

Reproduced hereafter is the extract of the conversation with Anna, which we discussed above. Anna, you may remember, is a chronically ill woman, whose condition is characterised by extreme pain:

- 1 Almost immediately the pain
- 2 [inaudible] strong and
- 3 by and by it grows
- 4 and in my case at least
- 5 then it becomes really lancinating
- 6 so much so that...
- 7 there have been moments, before,

- 8 and even during therapy that it would get so intense
 9 that at the thought that it would come back,
 10 this pain
 11 after a few minutes
 12 after a few hours
 13 I really thought that I couldn't
 14 I wouldn't be able to continue living like this.
 15 I would tell my husband, 'look'
 16 I can't do it
 17 I feel like throwing myself out of the window
 18 it's not possible.

In our previous discussion of the passage, we talked about the demonstrative pronouns ('this' in 'this pain' and in 'I can't go on living 'like this'). Those, we said, were used by Anna to refer to an 'external' situation, one that was recoverable from the context.

However, demonstratives are also used to refer to elements of what has already appeared in the text. Let us look at some examples. The 'it' in line three refers back to 'the pain' in line one (it is an object pronoun). It appears again, with the same function, at lines 5, 8, 9. In technical terms, words that function like 'it' in the quoted examples are known as 'anaphoric referents'. This simply means that they refer back to something that has been mentioned before, in the same text. As seen, in this case they refer back to 'the pain' (line 1). The element that the referents point, or link back, to is known as the 'antecedent' (that which comes before).

But I said that there are elements that can also refer to something that has *not* already been mentioned. How can this be? To be more precise, I should say that such elements (known as 'cataphoric referents', i.e. elements that point *forwards*) refer to something that is likely or expected to be said. I know this sounds abstruse, but look at the following imagined exchange:

Lorna walks hurriedly into the common room, at work, where her friend Shamina is sitting, reading a magazine.

Lorna: I can't stand it; she's a nightmare, a real nightmare.

Shamina: (looks at her, puzzled)

Lorna: Honestly, the new manager, she's impossible

Who is the 'she' that Lorna introduces? To know, we need to wait until her next turn; it is 'the new manager'. Oftentimes, especially in literature, cataphoric reference is used to keep the reader waiting and introduce an element of suspense and expectation. In the above example, Lorna highlights 'the new manager' as an important character in the picture she is painting by not mentioning it explicitly. It is as if she was signalling to Shamina, 'Hey, I'm about to tell you something about a person, something that to me is very important. So, you'd better listen out!'

Discussion Point: 3

What are we to make of the first ‘it’, in ‘I can’t stand *it*’? What, or who, does it refer to?

With the usual caution about speculations on utterances taken outside their context, we can make some plausible suppositions. We know that Lorna has just walked into the room, so it cannot be an anaphoric reference to something that has been said earlier in the exchange. Is it a cataphoric reference then? If you look at the subsequent text, it is clear that the pronoun ‘it’ does not refer to anything there. Its most likely referent seems to be to the situation in general, the one caused by working with this ‘impossible manager’, of whom Lorna is certainly going to tell Shamina all about. Here too, this reference engenders expectation and singles out a topic as important.

All texts are full of ‘reference’. However, some references point to the situation (they are external to the text); others, instead, point to elements *inside* the text. Situational reference is known as ‘exophora’ (from the Greek, ‘leading outside’), whilst reference which points to elements *inside* the text is known as ‘endophora’ (from the Greek, ‘leading inside’).

All references contribute to make a text, any text, ‘cohesive’. A text is ‘cohesive’ when it has structure, and its various parts are held together in a way that makes it meaningful and understandable. Cohesion is usually understood (Cutting, 2002: 13) as being ‘grammatical’ or ‘lexical’. Grammatical cohesion comprises reference, substitution, and ellipsis. Lexical cohesion includes repetition, the use of synonyms, of superordinates (more general, or so-called ‘umbrella terms’, like ‘child’ as a term that comprises both ‘boy’ and ‘girl’) and general words. In the following discussion, however, I will not make this distinction.

Halliday and Hasan (2014: 33) go on to observe that:

What is essential to every instance of reference whether endophoric (textual) or exophoric (situational) is that there is a presupposition that must be satisfied; the thing referred to has to be identifiable somehow.

Halliday and Hasan maintain (p. 34) that differences in ‘register’ impact the amount of exophoric references used. Situations of ‘language-in-action’, like, for example professional encounters with social workers, health and allied professionals, are characterised by a high proportion of exophoric references, that is, as we have seen, references to context. This is because most things that are being referred to are part of the surrounding situation; they can

be things or events, but there is an expectation by speakers that they will be understood by their hearers. The ways in which interactants encode and decode reference information is one of the ways in which speakers cooperate in the construction of meaning. Once again, the fact that most of the times we are able to build coherent texts and to correctly interpret references shows that we are competent communicators. Yet, it is a complex cognitive process that sometimes goes wrong.

Fine (1994: 6) says that, in encoding meaning in language, speakers do so in the expectation that it will be decoded. 'Speakers – he writes – must encode in language so that they will be interpreted and in so doing make assumptions about the social relations and history of the interactants'. Therefore, the role of the speakers in relation to each other, the power discrepancies between them, and their common history are essential elements in how we talk with each other and, crucially, how we understand each other.

As a child, I lived with my mother and maternal grandparents. Luigi, my grandfather, was a rather colourful character, linguistically among other things. I can remember many conversations between us that went something like this:

[Simone is in his bedroom, reading. Luigi barges in.]

Luigi: Anyway, that is really too expensive.

Simone: [remains silent, looking baffled]

Luigi: really, it is. Don't you agree?

Simone: grandpa, what are you on about?

Luigi: the price, 50,000 Lire for a small radio.

Simone: oh, that. Yes, yes you're right; it's dear.

My bafflement would come from the fact that the radio had been mentioned in a conversation hours before; sometimes even the day before! However, to my linguistic resourceful grandfather it was still very much present. His assumption that I would be able to decode the reference was probably due to the fact that, given our degree of familiarity and our shared history, the textual context and the antecedent (what it refers to) of the pronoun 'it' would be immediately recoverable. The point I am trying to make is that commonality of experience and history of previous encounters are always in speakers' minds as they encode and decode meanings.

Other types of cohesive devices

So far, I have presented cohesion (or referencing) through the means of pronouns ('he', 'she', 'it', etc.). It can also be achieved through demonstratives and possessives. However, this is just one type of grammatical cohesion. Other cohesive devices are: 'ellipsis', and 'substitution'. I shall discuss them briefly with examples.

Ellipsis

Ellipsis refers to ‘the omission of material which can be unambiguously recovered from the context [or the co-text]’ (Trask 1999: 88). Often, it is used stylistically, to avoid repetition (especially in written texts). Consider the following exchange between a massage therapist and a client.

Therapist: So, how are you feeling today, Mr Tannen?

Clients: Knots. Upper back. The usual.

Therapist: Right, we’ll work on them.

The client could have equally said, ‘(I have) knots (in my) upper back, the usual (problem)’. Despite the elided words (in brackets here), the message is unambiguous, as indicated by the therapist’s response. Context and familiarity between interactants make this choice unremarkable. Notice, however, that if on that day, for example, the client had been seen by a new therapist, in all likelihood he would have had to be more explicit, maybe to the point of retelling his entire medical history in relation to this particular problem.

Ellipsis is also very common in professional talk, where colleagues are familiar with the lexicon of their profession and therefore do not need to be totally explicit in their communication.

Substitution

As the name suggests, substitution consists in replacing a word or expression with another. Again, especially in literary texts (but also in conversation), this is often done to avoid repetition. Consider the following example from the *Guardian* newspaper, quoted in Cutting (2002: 12):

Self-confidence should not be a gender issue. Boys are not born more confident than girls. Society makes them so because it traditionally values their skills and aptitudes above those of women.

(Winterston, the *Guardian*, 14 April 2001)

As Cutting observes, here it is clear that ‘makes them so’ means ‘makes them more confident than girls’.

Substitution, however, can serve other functions. One of them that is particularly relevant to service encounters of the doctor/health worker/allied professional–patient talk, and that of social worker–service user, is the avoidance of emotionally charged language. When discussing, among other things, a cancer diagnosis or the possible removal of a child from their family, the professional may wish to substitute the troublesome words or expressions with other, less threatening ones. ‘Cancer’, for example, could be substituted with ‘the disease’ or ‘this diagnosis’; ‘the procedure’ could be used instead of

repeating ‘child removal procedure’, because of the high emotive impact that the latter expression has.

General words (‘place’ instead of ‘hospital’; ‘thing’ instead of ‘MRI machine’), synonyms, and superordinates (see above) are all cohesive devices too. Their use varies according to the situation and degree of formality as well as the role of the speakers. It may be inappropriate for a professional to use general words, for example, if she/he wishes to maintain their status of a competent practitioner. Yet, in other cases, their use may be preferable, in the interest of effective communication. For example, an image may be needed to instruct a foreign patient, with poor command of the language, to explain that they have to go through the MRI machine, and illustrate how. With no interpreter present, it would be entirely appropriate to say, whilst pointing at the equipment, to say something along the lines of, ‘You have to go through the machine/that thing’.

Repetition

Repetition is, you have guessed it, the reiteration of the same word, or phrase. It is, of course, extremely common in everyday speech, as well as in literature and other types of texts. As well as being a cohesive device, making a text easier to follow, repetition has other important functions in communication.

Tannen (2007) lists five functions of repetition in discourse. They are:

- 1 Production.
- 2 Comprehension.
- 3 Connection.
- 4 Interaction.
- 5 Personal involvement.

Production

Repetition allows for more fluent, less repetitive, and less draining speaking. In Tannen’s words (p. 58), it ‘allows a speaker to set up a paradigm and slot in new information – where the frame for the new information stands ready, rather than having to be newly formulated’. To illustrate the point, she gives the example of a woman talking about a man in her office:

And he knows Spanish,
And he knows French,
And he knows English,
And he knows German,
And he is a gentleman.

Through the pattern of repetition, the speaker is able to add new information, the languages that this man knows and the fact that he is a gentleman,

by only adding the names of the languages (and, in the end, the fact that he is a gentleman). Notice that the repetition of the phrase ‘and he knows’ also functions to make this individual’s linguistic abilities even more impressive. It is as if we saw layer upon layer of knowledge being stuck one upon the other.

A patient or service user might use the same technique to encode, for example, their frustration at the difficulty of getting an appointment with their GP:

First I looked up the number, which had changed.

Then I called.

Then I waited.

Then I explained.

Then I waited.

Then, finally, I was given an appointment.

In this case, the patient’s frustration would also be indicated by their tone of voice and speed of delivery.

Comprehension

In a similar way, comprehension too benefits from repetition. As Tannen points out (p. 59), when words and phrases are repeated less information is transmitted, which in turn means that less information needs to be processed. The hearer has the time to ingest what is being said exactly *as* it is being said. Tannen draws our attention to the situation where a written text, like a speech or a long document, is read aloud. Because of the stylistic preference for avoiding repetitions in written texts, the hearer often finds it more difficult to follow, because they have to pay attention to every word. This is evidenced in the above example of the patient trying to get a GP appointment.

In the example given by Tannen of the woman talking about her colleague, the attitude being communicated is one of admiration. This message, as the one before, is also for the benefit of the hearer. The office woman finds her colleague’s multilingualism impressive; and so should the hearer. The patient finds the process of obtaining an appointment extenuating; and so should the hearer. They are both trying, to use a phrase that I have employed before, to *align* the interlocutor with their own point of view. Obviously, whether the hearer accepts to align is another matter, one that could result in misunderstanding and even conflict.

Connection

Repetition connects parts of speech to what has been said before. In this sense, it is a cohesive device that unifies a text. Yet, as mentioned above, repetition also indicates a speaker’s attitude towards what they are saying.

One of the better-known functions of repetition is emphasis. Something that is said more than once in the same communicative encounter calls attention to itself. It signals its importance, thus becoming prominent.

Interaction

Repetition facilitates interaction. According to Tannen (p. 61), has *interactional* functions. It basically keeps the conversation going by, for example, assisting the speaker in ‘getting or keeping the floor, showing listenership, providing back-channel response, stalling, gearing up to answer or speak’, as well as showing humour and ‘ratifying another’s contributions [...] and including in an interaction a person who did not hear a previous utterance’.

Keeping the floor, or ‘having the floor’, in conversation basically means having the right to speak, in the sense of being the one whose turn it is to speak. Repetition of one’s own words or of your interlocutor’s, basically positions the one who repeats as the one who is now having the floor by virtue of the simple fact that they are now speaking.

But through repetition of one’s interlocutor’s words, a listener is also showing that they are following, they are engaged, as in the following example:

- A: And so, finally spoke to the counsellor and told him I needed help.
 B: you told him you needed help.
 A: yes, yes I did.

By echoing A’s words, B is showing attentive listening. Sometimes this is achieved by what is known as ‘minimum backchanneling’. This refers to those responses we give to indicate that we are following what somebody is saying. Things like, ‘yes’, ‘hmm hmm’, ‘sure’, etc., as in the following example:

(Telephone conversation)

- A: So, you see I had to write to them.
 B: yes.
 A: because the matter was not being resolved.
 B: hmm hmm.
 A: and it needed addressing...
 B: sure.

What B is signalling is something like, ‘Yes, continue, I’m following’. And of course, this does not only happen on the phone but also in face-to-face interactions, with the addition that, in the latter, the vocal signals are accompanied by gaze and body movements, like nodding.

Through repetition we can also ‘stall’, stop the flow of talk to take time to talk, think about what we want to say next and getting ready to say it.

In sum, to quote (Tannen, 2007: 58):

[R]epetition not only ties parts of discourse to other parts, but it bonds participants to the discourse and to each other, linking individual speakers in a conversation and in relationship.

Cohesion versus coherence

As we have seen, a cohesive text is a text that ‘hangs together’, the way in which the various elements of a text are linked together and are recognisable as being part of a whole. Cohesion is important because it makes us recognise the component parts of a linguistic message as contributing to the text’s overall meaning. In a coherent piece, ideas are brought meaningfully together through lexical and grammatical devices.

Coherence is something different. A text can be cohesive and still make no sense at all. A coherent text is a text that, from a semantic point of view, makes sense. Coherence has to do with mental processes; a hearer or reader finds a text coherent when, through their background knowledge, knowledge of a situation, and the background against which a text is produced can correctly interpret it.

Let us look again at the conversation that I had with my grandfather many years ago:

(Simone is in his bedroom, reading. Luigi barges in.)

Luigi: Anyway, that is really too expensive.

Simone: [remains silent, looking baffled]

Luigi: really, it is. Don’t you agree?

Simone: grandpa, what are you on about?

Luigi: the price, 50,000 Lire for a small radio.

Simone: oh, that. Yes, yes you’re right; it’s dear.

The whole exchange has cohesion; it hangs together as a meaningful whole through grammatical and lexical devices. However, as my initial silence indicated, it did not make sense. It was only when Luigi mentioned what he was referring to, from a previous conversation, that I, the hearer, was able to make sense of it.

Let us consider another example. Tomasina, a social worker, is interviewing Mark for an assessment. After a short coffee break, both come back into the room where the interview is being held:

Tomasina: May I have one more?

Mark: yes, of course, no need to ask, just go ahead and help yourself.

What would Tomasina like to have one more of? She does not mention it. However, Mark has no problems interpreting the social worker's utterance as a request to have one more biscuit. This is because, shortly before, during the coffee break in the corridor he had opened a pack of them and offered them to Tomasina. So, despite neither Tomasina nor Mark mentioning biscuits at any point during the current exchange, what is being said is understandable to both, because both interpret it against background knowledge that is available to both of them. Coherence is deduced from the text by the interactants because of shared cultural and experiential knowledge, as well as the semantics of the text itself (Bussmann et al., 1998).

Dijkstra et al. (2004: 264–265) identify both cohesion and coherence as 'discourse building features'. This means that they function as building blocks that make any type of text meaningful and allow a communicative exchange to continue, including casual conversation and service encounters. To quote Dijkstra et al. fully (p. 265):

Coherence can be defined locally as an indication of how closely an utterance (sentence) is related in topic and content to the immediately preceding utterance, or globally as an indication of how closely an utterance is related to the general topic.

In people with dementia and some psychiatric illnesses, such as psychosis and schizophrenia (Coulthard et al., 2017), speech can appear as incoherent. Telles Ribeiro (in Coulthard et al., 2017: 283), quotes the following exchange between a therapist and a psychiatric patient during a manic episode:

Doctor: And why did you come here?

Patient: I came here 'cause God brought me here to my house. The house my mother Anna Rodrigues built on the rocks. From David's throne.

Doctor: your mother built a house on the rocks?

Patient: that's right.

Doctor: mmm mmm, but what...

Patient: ... was alive.

Doctor: you were alive?

Patient: yeah LIVED (shouting). And speaking to everyone. Here I am Lord. Come into the presence. The Holy Ghost will concede it all.

The patient in question produces cohesive speech. Yet, to the hearer it is utterly meaningless; it is, in other words, *incoherent*. It is possible, however, that through further questions by the therapist, he or she will be able to gain access to the mental world, the background, which the patient has in mind. Interpreted against that, what now sounds totally meaningless may be shown to make perfect sense, though it might still be untrue or deluded.

Chapter summary

In this chapter we have looked at the importance of context in retrieving meaning from a text, pointing out different kinds of context (background knowledge, cultural, experiential and situational context) that assist interactants to make sense of what is said. We also looked at the important role played by *cohesion* and *coherence* to explain how texts ‘hang together’ and, ultimately, make sense, thus enabling communication.

Suggestions for further reading

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Narratives

The power of stories

Introduction

This chapter delves deeper into the notion of ‘narrative’, which was mentioned at several points in the preceding sections. It begins by offering a definition of it and by explaining why its study has been deemed valuable in several contexts. It does so by drawing on the work of scholars such as Labov and Waletzky (1997: 144–145), Riessman (2008), Prince (2012), and Kemp (2003). The chapter also draws on the concept of the *interpersonal functions* of language (Halliday and Matthiesen, 2014). This is the language function dealing with the establishment and maintenance of social bonds. The role that narratives play in professional encounters with patients and service users is also addressed. This will allow us to gain a better appreciation of how identifying and listening to the stories that patients and service users tell can help us become better communicators and, consequently, drastically improve the outcome of such encounters.

Surrounded by stories

Stories and storytelling are everywhere. As humans, we like stories. We like hearing as well as telling them. You may recall the times in your childhood when you would eagerly ask your parent, teacher, or caregiver to read you a story; you might still be an avid consumer of fiction, in the form of novels and short stories, or TV dramas, that you may ‘binge-watch’. As Niles (2010:1), with reference to oral storytelling, suitably put it, ‘narrative, or what we call storytelling in everyday speech, is as much around us as the air we breathe, although we often take its casual forms so much for granted that we are scarcely aware of them’. But what exactly do we mean by ‘narrative’?

What are narratives?

Like many other terms, ‘narrative’ can mean slightly different things to different people; its meaning varies somewhat depending on who employs

it. However, in most cases it is used as a synonym (or quasi-synonym) for 'story', a practice that I follow in this book. It is worth pointing out that narratives can be written, long, highly articulated, and formalised, as in literary or news narratives, but also oral, rather short, and informal, as when two friends meet and relate apparently trivial events that they witnessed or experienced. Indeed, different scholars – as we shall see – have identified different features and characteristics as necessary for classifying a text as a 'narrative'. Riessman and Quinney (2005: 395) observe that 'in conversation, storytelling typically involves a longer turn of talk than customary'. It is worth remembering that an interview with a health or social care professional is akin to a conversation, albeit of a peculiar kind. In ordinary conversations, for example, the interactants are on a more equal footing. An interview with a professional like the ones just mentioned is more accurately classified, as we have seen, as a 'service encounter'. Normally, in an ordinary conversation all the participants can select the topics of conversation and there is little restriction on who gets to ask more questions. On the other hand, in an interview the topics discussed tend to be determined by the overall aim of the encounter (you would find it rather odd if, during a consultation with your practice nurse, in his office, he were to ask your opinion on the current government). However, just like ordinary conversations, interviews too allocate speaking turns to interactants. Narratives will often emerge following a question from the professional, but it is vital that the patient or service user be given enough space to elaborate their narrative, for example by employing open questions.

What are narratives for?

Solas (1995: 33) states that 'stories need to be taken seriously and appreciated'. He goes on to say that at every stage of our encounter with a patient or service user stories are recounted that tell us how they feel and think. Importantly, he comments (p. 34) that '[o]ur questions, comments and silences [and theirs] contribute to establishing an ambiance for recounting'.

Human experience easily lends itself to being turned into narratives. Among other reasons, this is because it is through narratives that we make sense of our experience in the world, and through narratives we also impose some order on the chaos that so often appears to characterise our lives.

One of the ways in which narratives enable us to give order and meaning to life's occurrences is by sequencing events. By ordering events in a certain way, speakers are able to show, through language, their understanding of the unfolding of an experience, or series of occurrences. In constructing a narrative, speakers chain events together in a way that suggests their understanding of causes and effects, that is to say: why things happened the way that they did, and – importantly – why the people involved acted the way they did.

We can illustrate this with an example offered by Toolan (2013: 145–146). Consider the following utterances, which can be considered ‘mini-narratives’:

- 1 John fell in the river, got very cold, and had two large whiskies.
- 2 John had two large whiskies, fell in the river, and got very cold.

Discussion Point: 1

If somebody narrated to you either of the two versions, what would your understanding of the incident be? How would it vary between version one and version two?

From a thematic point of view, both examples relate to the same separate, but connected, events. There is a man falling into a river; the same man got very cold; he drank two large whiskies. However, by sequencing the events differently, the two narratives offer a completely different version and understanding of events.

The main distinction between examples one and two consists in the different understanding of cause-and-effect relations. We could paraphrase the first story in this way: John, for a reason we do not know and whilst occupied in activities that are unknown to us, happened to fall into the river. *As a consequence*, he became very cold (perhaps the water was especially chilly). Once he got out of the water (we do not know how), he drank two large whiskies, possibly to recover from the fright and maybe also to warm up. *Poor John!*

However, we are likely to understand example two as follows: John had two large whiskies. Probably as a consequence of that he became intoxicated, or at least tipsy and a bit unstable. This resulted in him falling into the (nearby) river (which we can presume was rather frigid) and, as a result, he ended up getting very cold. *That will teach him!*

It is interesting to note that two wholly different stories are conjured up simply by differences in which the constitutive events are tied together, or ‘narrativised’. This is far from inconsequential. The speaker who tells the first story not only shows a completely different understanding of events from the teller of the second story. He or she also invites the listener to draw certain conclusions vis-à-vis John, by ‘orienting’ him or her towards a particular, preferred interpretation. In other words, the narrator tries to ‘align’ the interlocutor with his or her point of view. Our ‘hero’ deserves commiseration in example one (*poor John!*), but he is worthy of reproach in version two (*that will teach him!*).

According to Riessman and Quinney (2005: 394), what distinguishes a narrative from other forms of discourse is ‘*sequence* and *consequence*: events

are selected, organized, connected and evaluated as meaningful for a particular audience'. This 'audience' in the case of an interview with a health or social care professional is the health or social care professional him/herself.

Thus, despite often going unnoticed, because of their ubiquity, narratives prove to be a powerful tool that speakers commonly use to understand reality and to share that understanding with their interlocutors.

Narratives and identity-building

Narratives are also used to shape and present to others our sense of self. Identity can be broadly defined as people's sense of who they are, and what makes them 'them'. Identity can be expressed in a number of ways, for example in terms of nationality, gender, and religion. In addition, it can also be framed in terms of characteristics such as resilience, trustworthiness, or courage.

Identity used to be seen as singular and rather stable throughout the life course (e.g. 'I'm a woman' or 'I'm a man'). However, more recently, identity has come to be viewed as multifaceted and changing (e.g. 'I'm a woman, but also a teacher, and a lesbian'). While some identities tend to be more stable and to persist across time, for example gender and faith, others are by necessity less permanent. For example, one is a patient or service user only insofar as they remain in charge of a medical professional or social services respectively. And in turn, the type of role they maintain *within* the role of patient and service user varies.

For instance, how does a patient understand his role within the experience of illness; does he see himself as powerless or empowered? During a challenging experience, such as illness or one of the life crises that might result in an individual needing assistance from social services, one's identity can be seriously challenged. This is an important difference with very practical and, potentially, serious consequences. It might result, for example, in the patient or service user not taking full advantage of the resources available to them if, for example, they view themselves as disempowered and not very resilient. Crucially, narratives are one of the main arenas within which identity is displayed and can be engaged with.

With reference to the experience of illness (although the same could be said about the experience of other disruptive events such as divorce or abuse, which in turn might lead to the individual coming within the orbit of the social care system), Harvey and Koteyko (2013: 75) say the following:

One of the most profound life events that can undermine our sense of self is our experience of illness, particularly serious illness. When individuals experience sickness, narratives commonly involve a search of meaning, a searching for patterns and regularities or ways of managing the condition. In a sense, narratives represent the sufferer looking for alternative ways of being well.

We can think of a narrative as a virtual laboratory in which experience is recalled, observed, elaborated and, in many cases transformed. In a narrative, the salient protagonists of someone's experience are placed on a stage, for the listener to 'see'. These protagonists can be both human (the speaker, her clinician or social care professional, her spouse) as well as inanimate (a divorce, an illness, pain, disability). They can be assigned varying degrees of agency, and be portrayed as beneficial or destructive. In showing how they interact with them, speakers forge and present new identities for themselves: survivor or victim; active or passive. In so doing, they reveal a great deal about themselves and their role in the events that befall them and, more generally, in the world.

The sources of narratives

Narratives can be *solicited* or *unsolicited*, oral or written. A solicited story may arise from different sources, such as direct questioning during an interview with a client, or with a research participant within a research project. They can be produced during an appointment with a nurse, or through a food diary that, for example, a diabetic patient has been asked to keep, as well as a questionnaire or evaluation form. On the other hand, narratives can also appear without having been solicited. The source of an unsolicited narrative can be a complaint letter by a patient or service user, a diary entry, a call or letter written to offer feedback.

Discussion Point: 2

Can you think of other possible sources of both solicited and unsolicited patients' and service users' narratives?

The structure and characteristics of narratives

Let us now refine our definition of 'narrative'. At a very basic level, a narrative is simply a structured account of an event, or series of events, ordinarily (but not always) in chronological order. In the words of Riessman (2008: 3), a sociologist and narrative analyst, in a narrative:

A speaker connects events into a sequence that is consequential for later action and for the meanings that the speaker wants listeners to take away from the story.

This definition is simple, but it captures well what sits at the heart of a narrative (or 'story'). Riessman's provides a list of features that can be said to be

‘constitutive’ of a narrative. To summarise, a narrative is characterised by the following elements:

- 1 The telling of a notable event (or a series of events).
- 2 The event, or series of events occurred in the past.
- 3 The event or events are meaningful to the speaker.
- 4 There is something that the speaker wants the interlocutor to take away from the story and that is what makes it ‘tellable’. This ‘tellability’, as a constituent element and motivating factor behind the authoring of a story.

Narratives, according to Riessman and Quinney (2005: 395) can be organised *thematically* and *episodically*. What this means is that they ‘form’ around specific themes, for example fear, distress, pain, and also specific events, such as divorce, unemployment, or an accident.

Labov and Waletzky (1997), in their influential study of narratives, looked at the internal structure of narratives, and the functions each constitutive element in the structure performs. According to the two authors, a narrative is normally, but not always, constituted by six identifiable components. They are:

- 1 **Abstract:** The subject matter of the story. What is the story about?
- 2 **Orientation:** Who are the characters in the story, and where and when does it unfold?
- 3 **Complicating action:** What happened?
- 4 **Evaluation:** So what? What is the point of the story?
- 5 **Result or Resolution:** What happened in the end?
- 6 **Coda:** A statement to end the story that brings it back to the current situation.

In the *abstract*, the teller presents the story to his or her audience; it serves as an introduction and encapsulates the reason for telling a story. A speaker might begin with a sentence like, ‘Something awful happened the other night’, thus announcing to the listener that the reason for telling this event is the ‘awfulness’ of a particular occurrence experienced by the narrator. Not all narratives contain an abstract and a coda; of all the six elements listed above, it is only the complicated action and a minimal orientation that are essential.

In the *evaluation*, the speaker encodes his or her reason why the narrative is significant, and thus worth telling. Harvey and Koteyko (2013: 80) note that in personal narratives of illness (but this also applies to traumatic events that may lead an individual to come into contact with social services) the evaluation element of a narrative is especially significant for understanding how people experience and deal with a disruptive life event such as illness. It is mainly through the evaluation that speakers express their emotive responses. Indeed, as we shall see, ‘evaluation’ is what Labov identifies as one

of the two main functions of narratives. You may have noticed that Labov and Waletzky's definition is very clearly 'structural'.

It is worth noting that evaluations often appear towards the end of a narrative. This means that they can be easily missed out by the listener (doctor, nurse, social worker etc.), for example during an appointment where the practitioner's main task is that of taking notes for a case or medical history. However, as Rathert et al. (2017) observe, the use of technology in professional encounters (which is explored in more detail in Chapter 7) can often compound the problem.

For example, in their clinics GPs in the United Kingdom normally record the details of a patient's case on a computer; health records of this type are known as electronic health records (EHRs). The type of information that they record (and that, therefore, they are more focussed on) relates to the patient (orientation) and the details of what happened (complicating action). There is little space, however, to adequately record the patient's emotional response (evaluation) and to respond to it. As a consequence, this – together with the usually short time normally allocated to a consultation in public health settings, makes it likely that less attention is given to the crucial emotional response of the experience. As Rathert et al. (2017: 51) observe, '[m]any physicians are concerned about the impact of electronic medical records and health records (EHRs) on patient–physician communication and relationship'. Although (at least in the UK) social care practitioners may not use the same system to record the information on a service user's case gathered during an interview, it is still the case that their questions are often guided by forms that specify the type of information required. The recognition that service users' experiences are complex, multifaceted, and that attention needs to be paid to the emotional impact of events has been among the factors that have favoured, in social work, the development of an approach called 'narrative social work' (Baldwin, 2013; Hall, 2019).

What narratives do

The function of narratives is explained by Labov and Waletzky (1997) who describe narratives as having two functions:

- 1 *referential*, and
- 2 *evaluative*.

The referential function of narratives: what, when, where

Through the *referential* function, the speaker places a story within a context. *What* happened, *when* and *where*. This is achieved by referencing actions in sequential order, as they originally occurred. For example, a patient's or

service user's narrative is an account, told in their own words, which might be spontaneously offered or needs soliciting by the professional. You can think of a patient entering a general practitioner's office and, after being invited to sit, being asked by the doctor, 'So, what brought you here today?'. The professional's question is the prompt, what *solicits* the telling of the story. Following the prompt, the patient will hopefully begin to offer their narrative.

Obviously, narratives are not exclusive to social and medical care settings, narratives are everywhere. When a child enters her home after a day at school and the parent asks, 'What did you do today at school?', the child too will (the parent hopes!) offer a narrative. However, when we do tell a story, there is usually a reason. There is a point to every story, a *why*, and it is precisely this that Labov and Waletzky (*ibid.*) call 'evaluative function'.

The evaluative function of narratives

Through the *evaluative* function, the speaker expresses, more or less explicitly, their motivation for telling the story or, in other words, the point of it. This purpose can be understood as answering the actual or implied interlocutor's question, 'So what?' or 'Why are you telling me this?'.

All stories are told for a purpose. In some cases, this is obvious and apparent but in others it may be more or less hidden. This is when the listener's skills, which may lead, for example, to the asking of further, deeper questions, become very relevant. This is also an instance where interlocutors become co-constructors of stories, and meaning, a concept that was introduced in the previous chapter and that is discussed in more depth in this chapter. The stories that patients and service users tell illustrate how they are affected by the issues being discussed, why the recounted event or events are meaningful to them. It is often the case that this is related to the emotional impact that the recounted event or events have had on the teller. This is the reason why narratives are a favourite site for the expression of evaluations, emotion (*affect*), and other manifestations of individual stance. This is illustrated in the following example. It is an extract from an interview with a woman in her 60s, who has been living with lupus, an autoimmune disease that affects the body in various, often debilitating ways. In this extract Annamaria (a pseudonym) is telling the interviewer (Bacchini 2012: 347–348) about a period when she would repeatedly experience episodes of temporary confusion and memory loss. In the actual interview, immediately before the quoted example, Annamaria tells the interviewer that, as well as experiencing physical symptoms, such as pain, for a period she suffered neurological ones, such as transient mental confusion and memory loss.

Example 1

(.) indicates a pause of one or slightly longer. An *italicised* word indicates emphatic pronunciation.

- 01 Annamaria: (.) or (.) not having (.) not being erm (.) not being lucid is a bad thing. It's an ugly sensation not to (.) not understanding where you are, not (.)
- 04 Interviewer: so whilst it was happening you'd realise that something was happening to you, or only afterwards?
- 06 Annamaria: no, no, no, I *would* realise (.) because for example (.) I would get out of the hospital and at one point I'd ask myself, 'gosh, what am I doing here? Where am I? I mean (.) it was (.) it would only last a fraction of a second but (.) really unpleasant [laughs] unpleasant things
- 11 Interviewer: you'd be scared
- 12 Annamaria: oh well (.) it was (.) unpleasant. A feeling of (.) insecurity. And then, of course, *clearly* I think that a physical pain you can (.) deal with it (.) but a mental thing (.) I think that *that* scares you more than anything.

Let us now look more closely at the extract to identify the four constitutive elements listed above.

To begin with, example one is interesting as an illustration that narratives need not be long and elaborate; they can also be (and indeed very often they are) rather brief.

Right at the beginning of the quoted passage (at lines 2–3), with reference to the overall experience of lacking full mental awareness, Annamaria gives two evaluative statements: 'it's a bad thing'; 'it's an ugly sensation'. On the surface, these evaluations simply refer to the symptoms that she has just mentioned. However (and crucially) they also provide an overall evaluation of the whole experience, as well as her feelings because of it (point three).

Subsequently, Annamaria relates a particular episode that occurred after a visit to the hospital for one of her routine appointments. It is interesting to note that, with this brief narrative, Annamaria manages to simultaneously recount a single episode (the specific situation following the hospital appointment) and to communicate that this was typical of many similar occurrences over a period of time, as indicated by the use of 'would-sentences'. In other words, rather than simply the type of symptoms that characterised her over a period of time, she chooses to offer her interlocutor a specific example, which one can more easily relate to, as a brief narrative. This is the 'notable event', which happened in the past and is actually part of a series (points one and two)

After relating the specific episode in narrative form (in lines 6–10), she concludes with another, more extensive evaluation (in lines 12–15), where she tells the interviewer that, 'it was unpleasant'; and that 'a physical pain you can deal with it. But a mental thing, [...] *that* scares you more than anything'. This is the *why*, the point of the story, where the speaker lets her interlocutor know not only *what* she experienced but also – crucially – how she felt as a result of it (points three and four).

From a linguistic point of view, it is important and interesting to notice that Annamaria presents her feelings as factual statements. On the surface she is just stating that a certain event is ‘scary’, ‘unpleasant’, and ‘ugly’. She does so by using *declarative sentences*. A declarative sentence is a sentence that makes a statement and presents it as uncontroversial, for example: ‘the sun goes around the Earth’, ‘sugar is sweet’, ‘cars have four wheels’, or – in our example – ‘not being lucid is a bad thing’, and ‘I think that a physical pain you can deal with it, but a mental thing, I think that *that* scares you more than anything’. However, as Scheibman (2002: 120) points out, in conversation the prototypical function of declarative clauses ‘is evaluative and not descriptive’, meaning that such sentences are used to convey emotions and points of view, rather than mere statements of fact. However, by using declarative statements the speaker presents her evaluations, which are, by definition, subjective as general truths, statements of fact that can be recognised by everyone as true. In other words, she turns *subjective* evaluations into *objective* truths that her interlocutor can easily recognise as such. In so doing, Annamaria presents herself as a credible, reliable, and rational agent. It is as if she said, ‘This is what I felt, how I reacted. However, any other person in the same situation would have felt and reacted the same way’.

This is also a rhetorical move through which she attempts to *align* the interlocutor with her point of view, that is, she attempts to make him see things her way. It is as if she put the interlocutors in her shoes and invited him to see things the ways she does. Through narratives, with the evaluations and the occasion to express one’s unique feelings and reactions that accompany them, we invite our interlocutors to come on a journey with us; indeed, we invite them, metaphorically speaking, to experience our own travels through life, sit in our seat, and observe the world passing by from the same window.

Discussion Point: 3

Reproduced below is an extract from an interview of a social worker with a service user (Baldwin, 2013). The service user, Mrs Roberts, is the sole carer for her husband, who is 78 years of age and has been diagnosed with ‘middle stage’ dementia. His condition has been getting progressively worse and Mrs Roberts has been finding it increasingly difficult to cope and to provide the care that her husband needs. The social worker has asked Mrs Roberts to recall a time when she considered her responsibilities as a carer particularly challenging.

Read the passage carefully, making notes and underlining the relevant parts, and do the following:

- Identify the components that, according to Labov and Waletzky constitute a narrative. (Remember that not all six need to present and that, in some cases, two or three can coalesce into one.)

- What themes can you identify? What are Mrs Roberts's worries?
- Underline the specific linguistic forms (words, phrases, etc.) that she used to encode and communicate specific emotions and points of view.
- What are the *potential consequences* of Mrs Roberts feeling this way, both for herself and for Mr Roberts? (Note that, although in this case Mrs Roberts was talking with her social worker, she might as well have been talking with a health professional, perhaps her GP, whilst discussing alternative pharmacological treatments for her husband.)

I remember the time when my husband had been awake for three nights. I also had flu during this time, and so I was worried about catching up on sleep during the day in case he needed me at night. I was so tired, I remembered sitting downstairs in the kitchen and thinking that I needed some kind of help. I remembered bursting into tears and feeling a 'tidal wave of despair'. The help I wanted was not help for caring, I mean help for cleaning because I knew this needed doing. I remember deciding against this and I said to myself 'this is what you have to do as a wife'.

The uses of narratives

We shall now explore in greater detail the functions of narratives. Riessman (*ibid.*) posits seven functions that motivate individuals to author narratives. She argues (p. 8) that they (we!) use narratives 'to remember, argue, justify, persuade, engage, entertain, and even to mislead an audience'. Of course, narratives also have the overarching function of informing. At a very basic and fundamental level, a narrative account is about the transmission of information. However, it is important to keep in mind that these functions are not mutually exclusive; we might form a narrative to persuade an interlocutor but also to justify a course of action. And we might do so with the overall, presumably hidden intent to mislead an audience. Whichever aim prevails is dependent on the situation. Following Riessman (*ibid.*), the seven narrative-generating motives are presented below.

Remembering

We often author narratives to remember and communicate the past. This might be a remote one – as when we recount childhood experiences – or a very recent one, for example when we relate an event, such as an accident, that was experienced only a few hours, even moments ago. In many cases, such as therapeutic settings, the events being told may have been barely visible before they were morphed into a narrative.

Arguing and persuading

We use narratives to make claims, to make assertions and support an idea, a theory, a course of action. This is very apparent in courtrooms, where lawyers construct and present narratives to a jury to favour their clients. In arguing, we ultimately aim to persuade an audience, for example to justify a course of action, such as why we did not adhere to a pharmacological therapy prescribed by a clinician, or why we did not report to the local unemployment office to declare a new source of income. Obviously, once it has been made into a narrative, any such claim can be questioned and challenged. This is why people are usually careful when they offer a narrative and, in some cases, might refrain from doing so at all (silence is always meaningful!). According to Riessman and Quinney (2005: 395), '[t]he persuasive function is especially relevant for social work'. However, it can be argued that this is also the case in encounters with health professionals, where a patient or service user might strive to persuade the practitioner that they do indeed require medical attention.

Engaging

We tell stories to entertain. This is most clearly seen in the case of stand-up comedy, where a comedian wants to capture their audience's attention and, ultimately, to make them laugh. But we also see it in the countless dinner table conversations of which we are part. Ultimately, all narratives aim to entertain. The word 'entertain' originates from two Latin words: 'inter' (among), and 'tenere' (to hold). We tell stories to hold our interlocutor's attention. We take them into the world of our experiences through words craftily weaved together so as to form a narrative fabric that, we hope, will envelop them and us.

Misleading

A narrative, any narrative, offers a speaker's preferred version of events, often to justify a certain course of action, a reaction, or an emotional response. Some narratives are wittingly produced to deceive. This is the case in every setting, including health and allied health and social care. However, it is also often the case that the stories we tell are more or less inaccurate but not because we consciously intend to deceive. We may simply remember incorrectly, or we may subconsciously want to offer a version of events of ourselves that is coherent with our own sense of self, with our identity. Whilst we must be aware that 'narrative truth' – the version of events presented in a narrative – and the real world truth – what actually happened – do not always coincide (or do not always coincide completely), a 'narrative truth' is always significant, and worth paying attention to. This is because, as well as revealing facts – which it may or may not do, or do in part only – the picture it portrays is itself revealing of the speaker's values, emotions, priorities, and sense of self.

As noted, all of the functions described above are important and it should always be remembered that, as mentioned, *they are not mutually exclusive*. Indeed, they often coexist. However, two of the functions are especially relevant for people working in the health, allied health and social care professions: *persuading* and *engaging*. The role of these functions, and their linguistic realisations, is discussed further in what follows. This is done by first grounding them in the concept of the *interpersonal function* of language, which is introduced and discussed hereafter.

The interpersonal function of language

Before concluding, I would like to address one further point: the interpersonal function of language. This will help us to better appreciate the role of language in forming and sustaining interpersonal relationships, and to situate the role played by narrative in this process.

One of the astonishing features of language is its multifunctionality. You can think of it as some sort of army knife. An army knife is a rather unassuming and simple utensil, when you look at it. However, once you pull out all the different tools from the handle, it is surprising how many things it can be used to achieve. You can use it for slicing bread, trimming your fingernails, opening a bottle, or turning a screw.

Human language is similarly versatile; it can be used to transmit information but also to build, maintain, and develop social bonds. With language we bring closer and push away, we praise and we hurt, we request (even demand) and we offer. As social animals, we human beings have developed a quintessentially social tool: language. As Thompson (2013: 45) writes, ‘one of the main purposes of communicating is to *interact* with other people [emphasis in the original]’. Importantly, he goes on to say:

If we try to view language simply as a one-way system for telling other people things, we end up with a very distorted view of how language works, because we are overlooking the fact that we use it to *exchange* meanings, that communication is inherently two-way. We tell other people things for a purpose: we may want to influence their attitudes and behaviour, or to provide information that we know they do not have, or to explain our own attitudes and behaviour, or to get them to provide us with information, and so on.

(*ibid.*)

Although Thompson is referring to language in general, his statement that we tell people things to achieve a number of socially relevant aims (influencing behaviour, etc.) is particularly applicable to narratives.

A narrative can be compared to a skilfully crafted artefact; it takes time and effort to build, although – because of the naturalness with which it comes to us – we are hardly aware of this fact. When we ‘see’ a narrative, we

immediately react to it. With an artefact, we might like it enough to buy it, or dislike it and decide to ignore it. In the case of an art object we might ask ourselves, 'What did the artist mean by this, why did they decide to paint/sculpt/write it this way?'. The same applies to narratives; they are always crafted and told for a reason and to engender a certain reaction. Like works of art, they demand to be beheld and engaged with.

At the beginning of this chapter, I mentioned the stories that you are likely to have enjoyed as a child and that you might have enjoyed as a child and that, in all likelihood, you probably still enjoyed them, albeit in different forms and although the stories themselves might be different. Back then, and now, stories were told to you for a reason, or for a number of reasons: to soothe you, to lull you to sleep; to entertain you, to distract you, or to inform you about the world, the one we live in or an imagined one.

The stories we tell in professional settings, like a consulting room, or elsewhere are told for a purpose too. With a narrative, the teller wants to take you into a different world, *their* world. He or she wants you to see things from his or her own perspective; they want to take you on a journey *with them*. Whether you accompany them or not on this journey is up to you.

To facilitate the telling you have instruments at your disposal. Some of them are linguistic, like asking open questions, offering empathy, and – perhaps paradoxically – refraining from speaking, so that your silence allows your interlocutor the time and the space to narrate.

Other tools are not linguistic. They include your attitudes; you should always ask yourself the question: am I allowing the building of a space where my interlocutor feels safe and encouraged to tell their story? You could, of course, ignore a story, or make it difficult to tell; but you would do so at a cost. For if you were to deprive an individual of the possibility to tell their own stories, or if their stories are not paid attention to, you are likely to miss vital information and the ability to truly build rapport. As a consequence, your goals as a professional are likely to be frustrated.

This engagement is simultaneously with the story but also, crucially with the teller of the story. It is a type of interaction which is both enacted *through*, and constituted *in*, language. In other words, language both facilitates interpersonal exchange and is itself part of it. It is because of the centrality of interaction among the things that we use language for that we refer to one of its overarching functions as *interpersonal*. Narrative is quintessentially interpersonal. For the very act of crafting a narrative demands an audience for it. We tell stories *to* and *for* somebody, and we do so that they can engage with us.

Chapter summary

In this chapter we explored the concept of 'narrative'. We looked at what narratives are: their structure and components; and what narratives do: their referential and evaluative functions. We also noted how, through the stories

they tell, be they long or short, very elaborate or rather simple, speakers offer an insight into their lived experience, construct and present their sense of self. We observed that narratives are a favourite site for the encoding and the transmission of feelings and emotions and we concluded by explicating that narratives are one of the best tools through which we build and attend to our interpersonal relationships.

Suggestions for further reading

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Intercultural communication

Introduction

In previous chapters, at several junctures I discussed the importance of background knowledge to communicate meaning and achieve mutual understanding. Background knowledge includes, as mentioned, knowledge of ‘how the world works’ and ‘how things are done’. A large part of this knowledge is provided by one’s ‘culture’.

This chapter discusses the role of culture and cultural knowledge in communication between people with different cultural backgrounds. It begins by providing a working definition of the term ‘culture’ and by explaining what intercultural communication is.

The overall aim of the chapter is to draw your attention to the very important role that culture plays in communication. As a lens through which we see and interpret the world around us, culture shapes our interactions. As well as a source of enrichment, it can also present challenges and can be at the roots of misunderstanding, even conflict. On the other hand, different cultural standpoints are also a resource that can enrich and enliven human communication.

What is culture?

Answering this question may appear very simple but is, in fact, challenging. In recent years, ‘culture’ has very often been in the news. We hear of ‘culture wars’, the need to defend a country’s own culture or traditions, for instance in relation to immigration, or of the values of a certain culture, like ‘Western culture’ as opposed to others.

We all think we have an intuitive understanding of what culture is, especially our own. But do we? What is ‘British culture’ for example? As recently as May 2002, a British politician claimed that bringing back traditional British imperial measures, pounds, ounces, feet and inches, that were in large part abandoned to harmonise the UK’s system with that of Europe, would bring British culture back into shops (The independent online, May

31, 2022). If asked to define British culture, many people would probably list things like queuing, the Monarchy, fair play, and the English language. Others would mention the rule of law and democratic government. Yet there are those who would be less complimentary and would refer to the country's imperial past and racism. Similar debates are likely to exist in any country. This does not mean we cannot find a working definition of the term.

At a very basic level, 'culture' consists of a group of people or a larger community, an ethnic one, for example, that shares a common history, common traditions, language, and behavioural norms. Such communities or groups see themselves as inhabiting the same cultural space. We are all familiar with concepts like 'Western Culture', 'Chinese culture', and 'Islamic culture', among others. Described in this way, culture appears to be a rather static, easily circumscribable entity. In reality, although it is indeed possible to pin down some elements that characterise a given culture, the situation is more complex.

First of all, a culture (or cultures) is not monolithic; there are variations *within* it. There is also change and intersection. Although often imperceptibly, cultures mutate; furthermore, they can overlap so that it is difficult to maintain the view of a culture as untouched and unvarying across time and space. You can be Muslim, thus partaking of general Islamic values, but also British or Indonesian.

There are then individual differences. American culture is often said to favour directness and informality, compared, for example, to Asian culture. But this is not to say that you will not find reserved Americans who favour indirectness in their daily interactions. The examples can go on forever. However, for the purpose of this textbook, I adopt a simplified (and, perhaps, simplistic) understanding of culture as the shared background of values, traditions, and behavioural rules of a group, ethnic, national, and otherwise.

Intercultural and cross-cultural communication

Often, the terms 'intercultural' and 'cross-cultural' communication are used as synonyms (Jackson, 2014). However, Jackson (p. 3) offers the following definitions of the two terms (p. 3):

'Cross-cultural communication' generally refers to the comparison of communication behaviours and patterns in two or more cultures.

Whereas

'Intercultural communication' involves interaction between people from different cultures.

Work on Cross-cultural communication, as Jackson points out, normally compares and contrasts discourse and communicative behaviours or styles in different cultures. For example, the differences in the way patients ask questions in clinical encounters between France and Germany. Research on

intercultural communication, conversely, looks at interactions between individuals or groups from different cultural backgrounds. This discourse can be oral or written, like face-to-face interaction or communication via electronic platforms such as Zoom.

These differences in focus are important and should be kept in mind. However, for our purposes, and at the risk of oversimplification, I shall use the term ‘intercultural communication’ even when looking at phenomena that traditionally fall under the remit of cross-cultural communication.

Issues in intercultural communication

According to Barna (quoted in Bennett, 2013), there are six obstacles in intercultural communication. They are the following:

- 1 Assumptions of similarities.
- 2 Language differences.
- 3 Non-verbal misinterpretation.
- 4 Preconceptions and stereotypes.
- 5 Tendency to quickly evaluate.
- 6 High anxiety.

I shall discuss each separately hereafter. It is important to keep in mind, however, that issues very often cooccur and overlap.

Assumptions of similarities

Scollon and Scollon (2000: 135–136) give the following example of a conversation between two men who meet on a plane from Tokyo to Hong Kong. Chu Hon-Fai is a businessman, an exporter, from Hong Kong, on the way home from a business trip to Japan. Andrew Richardson is also a businessman, an American buyer, on his first trip to Hong Kong. The meeting is a lucky one, since Mr Chu’s company sell some of the products that the American businessman wants to buy. After some initial pleasantries, they introduce themselves to each other:

Mr Richardson: By the way, I’m Andrew Richardson. My friends call me Andy. This is my business card.

Mr Chu: I’m David Chu. Pleased to meet you, Mr Richardson. This is my card.

Mr Richardson: No, no. Call me Andy. I think we’ll be doing a lot of business together.

Mr Chu: Yes, I hope so.

Mr Richardson (reading Mr Chu’s card): ‘Chu, Hon-fai, I’ll give you a call tomorrow as soon as I get settled at my hotel.

Mr Chu: (smiling): Yes, I’ll expect your call.

Discussion Point: 1

How do you think that this conversation went? Do you think it shows any problematic areas? Which ones, and why? If you are American or Chinese, your insights will be very useful. Similarly, if you have Chinese and/or American students in your group, make sure you involve them in the discussion!

On the surface, this exchange is unproblematic; the interactants have a pleasant exchange and they both get what they want: a business contact. There are no purely linguistic misunderstandings, both speakers are obviously fluent in English, and the exchange is both coherent and cohesive. It makes sense to both speakers and to us.

However, Scollon and Scollon (2000: 135) observe that the two men probably 'leave each other with very different impressions of the situation'. The American is pleased to have met Mr Chu and thinks that their relationship has begun very well. Mr Chu seems friendly and, after all, they are now on first-name terms. Mr Richardson is also very pleased to have shown cultural sensitivity by addressing him by his Chinese name, rather than the Westernised version.

Yet, Mr Chu has a different idea. He feels uncomfortable about the American, sensing that it might be difficult to do business with him. In particular, he feels that Mr Richardson might be insensitive to cultural differences. What made him particularly uncomfortable was that Mr Richardson used his given name, Hon-fai, instead of either David or Mr Chu. And it is because of embarrassment that he smiles at the end of the exchange, not satisfaction, as Mr Richardson is likely to have thought. Let us now examine the exchange in more depth.

As Scollon and Scollon (2000) note, in American business dealings there is a tendency to favour 'close, friendly, egalitarian relationships' (p. 136). The two American scholars refer to this as a 'system of symmetrical solidarity', where interactants see themselves as part of the same community and on the same hierarchical level, or peers. Linguistically, this is encoded, among other things, by the use of first names. On the other hand, Mr Chu, favours, at least initially, 'a business relationship of symmetrical deference' (p. 136). This means that he sees both himself and his counterpart as equally worthy, both are respectable businessmen and therefore on the same level (hence the 'symmetry'). Yet, his cultural preference is for a relationship that is friendly but not the same as a friendship; this relational distance has to be maintained, linguistically, by using the more formal form of address (Mr Richardson).

We should remember that one's social position is always relative; it depends on others to be recognised. Crucially, it depends mostly on language to be reified and maintained. Indeed, many languages encode social positions in the way they prescribe the use of personal names and forms of address. Chinese, for example, has a complex (for non-Chinese, of course!) system whereby different names are used according to situation and familiarity between speakers. Japanese has an elaborate system of forms of address, where speakers attach different suffixes (endings) to a person's name when they are addressed to indicate respect, deference, familiarity, etc.

Most European languages use a so-called T/V distinction (from French, *Tu* – second personal singular pronoun, and *Vous* – second person plural pronoun, where the former is used with those one is in a friendly relationship with, or children, and the latter with those one does not know well or to whom they feel the need to show respect, even deference.

It is important to remember that these behavioural rules are deeply engrained in our minds; most of the time, they operate at subconscious level, and we only become aware of them when they are *not* adhered to. It is easy to assume that *our* rules of behaviour are universal, after all *to us* they are perfectly normal. Unlike the most visible cultural differences, such as the way we dress, these rules are not immediately obvious. Whereas it is hopefully obvious to everyone that hurling insults at somebody is and will be perceived as disrespectful, it is not as apparent as the fact that addressing somebody by their first name might also be considered disrespectful. The problem is compounded by the human tendency to universalise one's behaviours and understanding to everybody else. In the case of the two businessmen, the assumption of similarity is also probably enhanced by the fact that Mr Chu is a fluent English speaker. Yet, mastering another language does not mean that a person has become identical, in cultural as well as other terms, with individuals who are native to the culture where that particular language originates from.

I can offer a personal example where different cultural norms proved to be an obstacle. This episode too relates to different rules involving terms of address. In Italian professional and academic culture, for example, it is normal to address professionals, co-workers who are higher up hierarchically, using the polite form of address and their professional title followed by their surname. This is generally not the case in the UK. I can still remember how difficult I found it to address my academic supervisor using his first name, when I transferred to a British university from Italy. Repeatedly, he had to ask me to. I finally managed, but only when speaking English (he was an Italianist and spoke perfect Italian). For quite a long time, when speaking in Italian, I could not help addressing him as *Professore* 'professor' and not using his first name. I soon realised, though, that my continued reluctance to do so might be perceived as unfriendliness and a desire to keep social distance between us. With difficulty, I was finally able to switch.

With regards to the problem presented by the assumption of similarities in what counts as appropriate communicative behaviour, I would like to offer another example, presented by Liberman (quoted in Jandt, 2020: 39). The following exchange took place in an Australian court. The defendant is an Aboriginal. In Aboriginal culture, consensus must be established and maintained through strategies such as non-assertiveness and avoidance of direct confrontation. Contrary to the European discourse style, what may come across as too direct and individualistic is avoided to preserve community harmony. In view of this knowledge, what evaluation can you give to this exchange?

- Magistrate:* Can you read and write?
Defendant: Yes.
Magistrate: Can you sign your name?
Defendant: Yes.
Magistrate: Did you say you cannot read?
Defendant: Hm.
Magistrate: Can you read or not?
Defendant: No.
Magistrate: [reads statement] Do you recall making this statement?
Defendant: Yes.
Magistrate: Is there anything else you want to add to the statement?
Defendant: [no answer]
Magistrate: Did you want to say anything else?
Defendant: No.
Magistrate: [reads a second statement] Do you recall making that statement?
Defendant: Yes.
Magistrate: Do you wish to add to the statement?
Defendant: No.
Magistrate: Do you wish to alter the statement in any way?
Defendant: [slight nod]
Magistrate: What do you want to alter?
Defendant: [no answer]
Magistrate: Do you want to change the statement?
Defendant: No.

This is clear case of a lack of intercultural awareness, on both parts. The magistrate is likely to interpret the defendant's answers as not cooperative, and maybe even as an admission of guilt. On the other hand, the defendant's answers, though probably intended to preserve harmony and avoid conflict are likely to result in the exact opposite: a guilty verdict. It is interesting to note that, obviously, the magistrate knows that the defendant is Aboriginal – he is standing in front of him – but he probably assumes that they are

operating under the same cultural norms, perhaps because the defendant is part of an ethnic minority. There is often an assumption, on the part of members of majority groups, that members of minorities – especially when they have been among the majority for a long time – have totally absorbed the majority's culture. Culture, however, especially when expressed in 'attitudes' is very deeply engrained in people's minds.

Language differences

Perhaps this is the most obvious issue in intercultural communication.

People who speak different languages, especially when the languages are mutually unintelligible, cannot understand each other. In this case they will need an interpreter, and this too poses some challenges, as we shall see.

In an intercultural encounter, interactants may communicate using a *lingua franca* a language that is not the native language of any of them. This would be the case of a Polish nurse communicating with a Korean patient at a clinic in the UK using English. English has become the *de facto* lingua franca of the world, so this is a scenario that is repeated countless times all over the world, every day.

Another realistic scenario is the case of a person interacting with a professional where, for one of them, the language used is a second language. In this case, we could have a social worker who is a native English speaker interacting with a Romanian service user, who has English as her second language. (This was also the case in my academic interaction, as described above.)

One can speak and understand a second language with different degrees of competence. For the speaker of a second language, difficulties can arise at the level of the lexicon, the grammar, the sound system of a language (phonology). Idiomatic expressions and technical vocabulary, or vocabulary pertaining to specific sectors (medicine, bureaucracy, etc.) can be difficult to understand for non-native speakers (and often for native ones too). In service encounters, the use of acronyms by professionals is often problematic too. Although perfectly clear to those who use them, they may be totally obscure to the uninitiated, even if professional and patient/service users have the same linguistic background. Staying with the lexicon, you may remember, the difference between *denotation* and *connotation* in the meaning of words. Two words may refer to the exact same thing in the world but can evoke very different responses, positive or negative. It takes time to become aware of these differences. Moving to pronunciation, a different accent from the one someone is used to can seriously hinder mutual comprehension. This is true in both directions of an interaction.

Non-verbal communication and misinterpretation

A lot of what we communicate is transmitted through non-verbal communication. Much has been written on it and research in the field is constantly

being added to (see, for example, Andersen, 2008; Bänziger and Scherer, 2005; Burgoon et al., 2016; Eaves and Leathers, 2017; Kendon et al., 2010; Siegman and Feldstein, 2014). We can define non-verbal communication as all that is communicated through non-linguistic means. Non-verbal signals used in interhuman communication can be divided into *paralinguistic* and *kinesic*. These phenomena are often discussed under the name of ‘body language’.

Paralinguistic features are vocal signals such as ‘the volume and pitch of the human voice, the rhythm of speech, laughing, coughing, etc.’ (Bussmann et al., 1998: 809). Kinesic features, on the other hand, include ‘non-vocal (motor) phenomena such as mimicry, gestures, body language, eye contact, external appearance, and clothing’ (Bussmann et al., 1998: 809).

The amount of meaning that is communicated through paralinguistic and kinesic features is vast and always present. The functions of non-verbal communication are multiple, and they often overlap. Through it, the speaker can emphasise and complement their message.

Discussion Point: 2

Imagine the following scenario. Sunita, a 45-year-old woman, has recently been diagnosed with cancer and prescribed a course of chemotherapy by her oncologist. She is now in the nurse’s office, where she has just finished explaining how the therapy will be administered, its possible side effects, and answered Sunita’s questions. The following exchange takes place as the patient prepares to leave the office, both she and the nurse are standing by the door, facing each other:

Nurse: So, Sunita, I shall see you here next week. In the meantime, if you think of any other questions, you can always email me or call.

Sunita: (remains silent then, after a few seconds and looking down, speaks with a low tone of voice) Yes, yes I will, thanks.

Nurse: (gently takes Sunita’s hand. Sunita raises her gaze. The nurse looks intently into the patient’s eyes. She pronounces the following words slowly and in a low, gentle tone) It will be ok. You will be fine.

Sunita: (gently nods to the nurse, smiles, and leaves the office).

Looking at this exchange, can you say what meanings have been conveyed by both speakers and through which means (Paralinguistic or kinesic)?

In this scenario, the nurse had no problem interpreting Sunita's silence, her lowered gaze, and her tone as communicating worry. In turn, the nurse's tone of voice, speed of delivery, and the holding of the patient's hand were meant to communicate reassurance, emphasising her spoken words.

However, like verbal communication, non-verbal signals can be misinterpreted too, as we saw in the case of Mr Chu's smile. Jackson (2014: 101) notes that '[m]any nonverbal acts are innate and universal'. Others, on the other hand, 'vary depending on the cultural context' and are therefore liable to being misunderstood, often with serious consequences. The following quote from Jackson (2014: 126) is worth citing in full:

'Making an effort to enhance one's nonverbal communication repertoire is vital for effective intercultural interactions. To become a competent intercultural communicator, it is imperative to recognize the power and multiple dimensions of nonverbal communications in interpersonal relations. One's nonverbal communication skills can improve with practice and, ultimately, strengthen relationships with individuals who have been socialized in different cultures'.

Among the suggestions on how to improve one's 'nonverbal intercultural communicative competence'. The following list is adapted from Jackson (pp. 125–126):

- 1 Become more attuned to your own non-verbal behaviour and expectations.
- 2 Observe the non-verbal behaviour of your interlocutors, especially when they have different cultural backgrounds, and notice how it might differ from your own.
- 3 If individuals say something verbally that seems to be contradicted by what they express nonverbally, seek verbal clarification.
- 4 Always be aware that your own cultural background plays an important role in the way you send nonverbal messages and how you interpret those of your interlocutors.

Stereotypes, preconceptions, and the tendency to quickly evaluate

The concepts of 'stereotype' and 'preconception' are similar; indeed, in common parlance they are often used synonymously. Stereotypes are generalised beliefs about how 'the world works' (and that includes people) that give us a conceptual framework to help us navigate the complex world we live in. They are based solely on a person's belonging to a particular group and can be positive *or* negative. For example, a positive stereotype about gay men is that they all have an artistic temperament and are interested in fashion. A negative one is that they are all sexually promiscuous.

Preconceptions are *negative* ideas, opinions, feelings, attitudes, and judgements about a person or groups of people formed *before* enough information is available to form them correctly. Prejudices are common about people who belong to minority or unfamiliar groups. For example, a professional might come into contact with an individual over 70 and assume, because of ageist prejudice, that they will not be able to communicate via email because of their age.

Both stereotypes and prejudice can lead to discrimination. However, prejudice and stereotypes are *attitudes*, whereas discrimination is an *action*.

There are many ways in which stereotyping and prejudice can manifest themselves linguistically. One obvious way is the production of talk (discourse) that embodies negative ideas and attitudes *about* members of another culture. But stereotypes and prejudices can also manifest themselves more subtly. For example, upon hearing a client or service user speak with a foreign accent, a professional might assume that he or she is not a fluent or fully competent language user. The professional might then resort to highly simplified speech, a kind of ‘baby talk’. This is likely to cause offence because the client or service user will feel patronised, even insulted. Once again, the advice is never to make assumptions or, at the very least, to always question one’s assumptions. (This, after all, is what being self-reflective is.) An individual’s understanding can easily be checked by asking appropriate questions sensitively during the course of the encounter. Prejudice and stereotypes are dangerous because, among other things, they lead to quick evaluations that are not based on reality. Professionals in the so-called ‘people professions’ very often encounter individuals at their most vulnerable and tense times. It is easy, in such situations, to evaluate a person’s behaviour, verbal or otherwise, based on stereotypes and preconceived ideas. However, this is precisely the time when it would pay to step back from the situation for a moment, pause, and listen.

It is normal to feel a degree of apprehension when we interact with people from cultural backgrounds that differ from our own. Yet, especially in a globalised world and in our increasingly multicultural societies, it cannot, and should not, be avoided. This is especially true for professionals who, because of their roles, must be able to interact successfully with all kinds of people.

High anxiety

Let me return to the exchange between Mr Chu and Mr Richardson. Mr Richardson’s faux pas in addressing his Chinese fellow passenger by his given name, as printed on his business cards, rather than by his preferred westernised name, was probably due to ‘cultural anxiety’. As Scollon and Scollon (2000) note, it can be attributed to the American businessman’s awareness of cultural differences and his desire to be sensitive to them.

Scollon and Scollon (*ibid.*) argue that, in the exchange in question, both interactants were trying to be culturally sensitive. Their intentions, in other words, were good. Mr Chu had had experiences in America, which led him to adopt a western first name so that Americans would feel more comfortable addressing him. (Chinese people know that their names are often difficult to pronounce for non-Chinese speakers, or even to understand. If this was one of the ideas behind Mr Chu's thinking, it can clearly be seen as a polite gesture.) In addition, the name change also fits in with the Chinese practice of adopting different names for different situations, which Mr Richardson is unlikely to have been aware of. To him, using a western name probably felt like imposing a western identity on his Chinese interlocutor. Using the Chinese name was probably prompted by friendliness and a desire to show respect for Mr Chu's culture. The problem was compounded by Mr Richardson's being unaware of the function of smiling in Chinese culture, which is often a way of expressing embarrassment.

Is good intercultural communication possible?

Having read the preceding paragraphs, you may feel that intercultural communication is so complex and replete with potential pitfalls that it probably never really succeeds and is perhaps best left to others. The feeling is understandable but, ultimately, unjustified. In a previous chapter, we talked about the cooperative principle. That, you will recall, has a specific meaning in pragmatics. However, we can stretch the concept and say that human beings have an innate need, and the ability, to communicate. In intercultural communication, as in all communication, where there's a will – as the saying goes – there's a way. The important thing is that, as a professional, you become aware of differences in communicative cultures and styles; that you become observant and practise self-reflection; and that you ask questions where necessary. Jackson's advice, quoted above, is a good place to start and you can refer to the works cited in the section on suggested further readings to learn more.

So far, I have spoken of intercultural communication in terms of the challenges that it poses. This, however, is not the whole picture. It is also an endeavour full of opportunities and rewards. I hope that you (we!) will all find comfort in the words of Juliet Rothman (quoted in Jackson, 2014: 22):

A commitment to intercultural competence is not only a commitment to learning more about other cultures and to the development of culturally appropriate communication skills. It also involves the commitment to personal awareness, to personal growth, to understanding, and to unlearning (as possible) any biases, stereotypes, or prejudices [...] the complete elimination of *all* biases within ourselves will remain an elusive, though always worthwhile, goal to pursue.

(Emphasis in the original)

Chapter summary

In this chapter we briefly discussed the meaning of ‘culture’. We then looked at the possible challenges, and opportunities, of intercultural communication. In particular, five potentially problematic issues were addressed: assumptions of similarities, language differences, non-verbal misinterpretation, preconceptions and stereotypes, tendency to quickly evaluate, and high anxiety.

Suggestions for further reading

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Workplace communication

Introduction

Once you qualify in your chosen profession, you will spend a considerable amount of time at work. As in other situations, you will communicate frequently. All the topics that we discussed in the preceding chapters will, of course, be relevant to the type of communication that takes place at work. It is, after all, another instance of what we termed *situated communication*, i.e. communication that takes place in a particular environment and that is influenced that environment and by the perceptions that the participants have of it. In the words of Marra and Angouri (inVine, 2017: xix), ‘[e]xploring workplace practices [and this includes communicative practices] is an important part of understanding the human experience’. Good communication at work is essential for good interpersonal relationships, both between professionals and service users, as well as between colleagues within the same profession (intra-professional communication) and with colleagues from other professions (inter-professional communication). It should be clear by now that, in communication, *what* is communicated is equally as important as *how* it is communicated. Furthermore, in the case of workplace communication, as Vine (2017: 5) points out, it is important to communicate ‘in ways appropriate to a role [your role!]. This is important for all newcomers and can reduce the chances of miscommunication occurring, increase the chances of transactional goals being achieved, and can help people fit in into a new place’.

Research on workplace communication has greatly increased, in recent years and the literature is now vast. Here we only have space for some important topics. As usual, you will find references throughout the chapter and suggestions for further reading at the end of it.

What counts as workplace?

Quite obviously, what I mean by ‘workplace’ is any setting where a professional activity typically takes place. This can be a library, for a librarian; a

school, for a teacher; or a supermarket, for a shopfloor assistant. Vine (2017: 6) distinguishes between workplace settings that are *frontstage* or *backstage*. Frontstage settings are those where workers come in direct contact, and interact, with the public. These include social and care work, as well as health and all allied professions. Backstage settings, on the other hand, are those that involve colleagues working together. Only a few professions consist entirely of either backstage or frontstage setting. Most have elements of both, often in more or less equal measure.

Discussion Point: 1

Think about the profession that you are currently studying for. Can you think of, and list, its frontstage and backstage settings?

As an example, we can think of a paramedic. The frontstage settings are their work at the site of an emergency they are responding to, and their interactions with the person in need and/or their families. Then there are the interactions that occur in the ambulance, on the way to the hospital, taking the patient's blood pressure, bandaging a limb. Part of the backstage settings are, among other things, handover meetings with colleagues at the beginning and end of a shift, coordination and training meeting with managers, and so on. These are only examples. It is interesting to note that, for a paramedic (but not only!) the same shift involves back- and frontstage settings; it also involves communication with different audiences. For example, he or she will be involved in intra-professional communication when going through the handover meeting, and in the ambulance with his or her colleague. There will then be professional-service user communication, in all the interactions with the patient. Finally, he or she will be involved in inter-professional communication, when speaking with doctors and nurses once the ambulance has reached the hospital, or when talking with the police at the scene of an accident.

Another point to note is that in the workplace you will find, generally, two types of interaction (and, consequently, two types of verbal exchange, each with its own characteristics and goals). These are: *transactional* and *relational* (or *interpersonal*). An exchange that has *transactional* goals is one that, basically aims to get something done. This can be obtaining information from a patient or client, getting a colleague to send an email, or solving a conflict among colleagues. On the other hand, an exchange that has *relational/interpersonal* goals is mainly focussed on personal relationships, and how people relate to each other. The two aspects often overlap; even when we are pursuing a transactional goal, we are – normally – also addressing the relational aspects of the relationship.

Consider the following interaction, which took place in a corporate setting, between Ruth, a manager, and Carole, her assistant (adapted from Vine, 2020: 4):

[Underlining indicates emphasis]

Ruth: Hello

Carole: Hello missus- Ms Tape [laughs].

Ruth: Huh?

Carole: I said ‘hello Ms Tape’.

Ruth: Who’s Ms Tate?

Carole: Tape

Ruth: Tape oh yea, yeah, I’ll drive everyone up the wall [pointing to the typing that Carole has done for her]. Is that a space or not...is it a space?

Carole: [quietly], no it’s not a space...it’s not a space...

Ruth: Do you think it should have a space?

Carole: Yes I do.

Ruth: Oh, ok.

Carole: I’ll fix that. Will bring to you again.

Ruth: Do you want to just put [slowly]...um...leave that, leave out the surname?

Carole: Oh, sure, yeah, yeah, you know him...okay, sounds friendlier.

Ruth: Yes, cos I actually know him. [quietly] Yeah, that’d be great.

Carole: Ok, I’ll just...do that and I’ll bring it to you in a second.

Ruth: Yep and I’ll...sign it out.

[interaction ends]

We shall return to this exchange again, later in the chapter. However, for the moment we can note that the main goal of the conversation is transactional, Ruth wants Carole to do something: amend an email. Yet, we can also notice that there is quite a bit of interactional work going on. Whilst Ruth is confirming her role as hierarchically superior, she is also looking after the personal relationship with Carole, and acting as a ‘friendly boss’. This is indicated, for example, by the jocular way in which she addresses Carole as ‘Ms Tape’, referring to the fact that she has been recording all her conversations as well as those with other staff, ‘I’ll drive everyone up the wall’. (The recording was done to build a collection of spoken work talk, for a study project of which this conversation is part.)

Genre of workplace talk

Workplace talk, or any kind of talk, for that matter, can be classified as belonging to different ‘genres’. A genre includes texts that share the same types of features, conventional features, or patterns of features that have

developed over time. Genres are situation specific. The university lecture, for instance is a 'genre', and so are the business meeting, the call to emergency services, and visit to a dentist. All of these activity types function according to culture-specific purposes, expectations, norms, and linguistic conventions. In the words of File (in Vine, 2017), '[g]enres can be seen as text-level cultural resources that reflect the way particular cultural or social groups *do* things with their language' (emphasis in the original).

Genres can comprise different activity types. For example, the genre 'meeting' comprises advisory board meeting, steering group meeting, teacher-parent meeting, hospital ward handover meeting, problem-solving meeting, and many more. Each of these kinds of meetings unfolds according to specifically predetermined formats; each functions according to unique cultural and interactional norms, and the purposes and expected outcomes of each are unique. Vine (2017: 8) gives the following examples of the initial phase of the interview genre in two professionally separate settings:

[Police interview recorded in the UK]

Police Officer: For the benefit of the tape can you please [slowly]: um: say your full name and date of birth for me please.

Suspect: Wayne Tom Barker twenty first of the first eighty.

[Job interview recorded in the USA]

Interviewer: ... what would you say your strengths are?

Interviewee: um well I'm very work oriented...if I'm appreciated I tend to give more than a hundred percent.

Both exchanges, as noted, are examples of the interview genre. They clearly have things in common, like the question-answer dyad. In interviews, there is an expectation that questions will be asked and that answers are expected. Usually, one of the speakers has the 'right' to ask more questions. The types of questions asked are also in large type determined by the genre and its setting, and so are the answers and the ways in which they are given. It would indeed sound very odd if the police officer asked the suspect about their strengths; it would be equally odd if, asked about their name and date of birth, the job candidate was to answer, 'Wayne Tom Barker twenty first of the first eighty'. Furthermore, one does not expect to have their job interview recorded, whilst it is normal during a police interview, as the phrase, 'for the benefit of the tape' (itself a highly formulaic expression) indicates. The point I am trying to make is that workplace communication very often unfolds according to precise 'cultural scripts', highly ritualised ways, of organising talk. These scripts constitute the genres.

The types of talk in different activity types we can encounter are numerous; each comes with its 'script', and whilst some are specific to certain professional setting, others are common. As examples, we can quote

the problem-solving and decision-making meetings; exchanges, or formal meetings, to address disagreements, give advice or impart instructions.

A particular type of communicative genre: the 'high-stake encounter'

A high-stake encounter is talk in a setting where 'the outcomes of the interaction have the potential for significant loss or gain' (Vine, 2017: 7). This includes health and social care, the management of emergencies, such as calls to 999, in the UK, or 911, in the USA. Other types of high-stake communicative settings include, but are not limited to, communication in aviation (see, for example, Friginal et al., 2019). Clearly, even in these settings not every single act of communication has the same potential for 'significant loss or gain'; yet, overall, these are professional areas where the potential risks and benefits are considerable.

In the remainder of this chapter, I shall address in more detail transactional and relational talk in the workplace, problematic talk and conflict, identity in the workplace, and gender. But before doing that, I shall introduce the concept of 'communities of practice', which is essential to understand workplace communication.

Communities of practice

Holmes (2014: 2) defines communities of practice as 'groups who regularly engage with each other in the service of a joint enterprise, and who share a repertoire of resources which enables them to communicate in a kind of verbal shorthand which is often difficult for outsiders to penetrate'.

Although, this chapter deals only with professional communities of practice, the concept – if we apply the above definition – can also be applied to entities such as book clubs, sports clubs, religious congregations, and many others. What is important is that, because of continued interaction with common goals, communities of practice can be seen as micro-cultures. They all have a specific way of doing things, and often a specific language, which is often incomprehensible to outsiders. Think, for example, of the many acronyms used within an organisation, as well as other 'verbal shortcuts'. Within an organisation, colleagues share a lot of background information and so they take a lot for granted. They do not need to be explicit about procedures, for example, because they are considered a given. Among colleagues many assumptions are shared, such as an understanding of the overall aim and ethos of the organisation. This is why it is often so difficult for newcomers and outsiders to understand or make sense of what happens within an organisation. One of the problems when professionals communicate with patients, service users, and with professionals from different organisations is that they forget the 'cultural barrier' that exists between themselves and those outside their community of practice.

Different communities of practice have different (unspoken) rules regarding what constitutes appropriate talk, and at what points it can happen. These include rules about so-called ‘small talk’, under which I include social chat and humour. These types of talk are part of the relational aspect of communication at work. They are incredibly important, to maintain good workplace cohesion and solidarity, for example. If misused, however, they can also result in problematic outcomes.

Relational talk at work: small talk

Two types of small talk: humour and verbal play

Coupland (2014: X) notes that both from popular and academic perspectives, ‘small talk [...] has widely been taken to be a conventionalised and peripheral mode of talk. It seems to subsume ‘gossip’, ‘chat’, and ‘time-out talk’. Overall, talk that is at best inconsequential, at worst harmful. Holmes (2014: 88) too laments this common perception. ‘Its very label – writes Holmes – suggests it is trivial and not worth taking seriously’. However, as both she and Coupland comment, small talk performs important relational functions. Talk, as Holmes writes (pp. 88–89), is ‘inherently multifunctional. Every interaction expresses both propositional or referential content *and social and affective meaning*’ (my emphasis).

As Holmes (2014: 90–91) notes, small talk is often found ‘at the boundaries of interaction, [beginnings and endings], as well as at the boundaries of the working day’. It serves to ease transitions to important topics and to indicate, for example, the friendly situation that exists among colleagues as they meet, before work begins. Absence of it where it would be expected calls attention to itself and indicates an ‘abnormal’ situation, such as an emergency. Consider the following example, taken from Holmes (p. 91):

[6 am team briefing meeting. Helena and Sam discuss the previous day’s ‘disaster’ until team leader Ginette officially opens the meeting]

1. *Helena*: That was a shit of an afternoon, wasn’t it....
2. *Sam*: Could have been worse.
3. *Helena*: Do you think....
4. *Ginette*: ...half an hour late today...okay (brief pause). Good morning everybody. It’s just lovely to see you all this morning.

Lines 1–3 are small talk; they discuss an event that has taken place the day before. They do not appear to add any new information on the events but, between colleagues, they signal belonging to the same community of practice. But in line 4, when enough people have arrived, Ginette signals that the meeting has now begun, and it is time to get down to business. Her utterance *reorients* the meeting, from *relational* to *transactional*. At the

same time, Ginette asserts her authority as the person in charge. To highlight the importance of small talk, just imagine the same scenario. People in the room waiting for everybody to arrive but *without* the small talk part, only silence. I am quite sure that most would probably consider it awkward.

Ragan (in Coupland, 2014: 269–287) argues that small talk is central in the achievement of instrumental goals, especially the delivery of health care in practitioner-patient consultations. She maintains that talk between practitioner and patient that has usually been classified as relational can actually be considered instrumental too, in that it achieves very important goals. This is because it attends to patients' psychological, emotional, and social concerns, as well as the biomedical ones, which are just as important in a holistic view of medicine, care, and healing. Ragan also argues that small talk, especially when it takes the form of humour, self-disclosure, and verbal play serves to attenuate the power imbalance between patient and health provider.

The following extracts (pp. 274–275) show how, through humorous small talk, female patients and radiology technicians are able to diffuse the tension of a potentially embarrassing and uncomfortable situation, where the women have to undress in front of strangers, be put in awkward positions and, in some cases, experience a degree of pain.

1 (woman who has already had a cancerous breast removes undergoes a mammogram):

Patient: There's not very much to put on here
(compression begins)
You're going to squash what I have left! (laughter)

2 (woman awaits beginning of mammogram)

Patient: I'm flat-chested. They aren't very big so...(laughter)

3 (woman is undergoing mammogram)

Provider: Are ya havin' fun yet?

Patient: (sudden grin) well (pause) no.

In extracts 1 and 2, the patients use humorous small talk to reduce the anxiety and the potential embarrassment of nakedness. As Ragan notes (p. 275), they seem to be saying to the practitioner, 'I won't take the fact of my nudity seriously and you needn't either. Let's lighten up a bit'. The laughter at the end of the extract, although it cannot be classified as small talk per se, also performs an important function, what Jefferson (quoted in Coupland, 2014: 275) calls 'troubles sensitivity'. The person tells of her troubles, and yet shows that she is coping.

In Extract 3, the provider's humorous remark functions as an acknowledgement of the patient's feelings but reframes the experience as not so bad. Ragan (pp. 276–277) comments that '[f]requently, technicians offer[...] advance humorous cues to the patient, apparently to ward off any negative affect'.

Once again, I would like to invite you to imagine a situation like the ones above, but even one between social worker and service user, where there was no small talk, of any kind at all. A situation that was entirely transactional and goal-oriented, conducted through talk only aimed at getting the patient or service user to do something, be it undergo a physical examination or answer questions about their finances.

Small talk in the form of self-disclosure

Small talk is often the site where we reveal some things about ourselves. It needn't be a dark secret but simply something about our life and private experience. Whereas a professional revealing too much about their private life is considered unprofessional and can be counterproductive (for example by removing the necessary protective personal boundaries), a limited amount of self-disclosure, often in the form known as 'chit-chat' has important functions.

The following extract is again quoted by Ragan (p. 281). In it, a female patient is tearful and apologises to her doctor for coming off her antidepressants.

Extract 4

Patient: (crying) I should never have stopped the medicine.

Provider: that's ok. That was a reasonable thing to do.

Patient: I know you told me to do that and I did just the opposite. Gonna kick me out? (tearful but laughing).

Provider: (smiling) Oh no! You're kicking yourself enough. It's just so common I mean I'm the same way I mean I can just see a lot of you in me and I've had to learn stuff. But you just take it all in you in yourself and take responsibility for stuff that you don't need to and

Patient: I do.

Provider: and try to make everybody happy and please everybody and uh... that's not healthy.

(both laugh)

Provider: I mean honestly. That's just that's the way our personalities are and that stems from childhood stuff. Everything does. A lot of people don't believe it but it does.

Discussion Point: 2

Can you identify the portion of the practitioner's talk that counts as self-disclosure? What function (or functions) does it serve? How can you tell if it has been achieved?

The provider begins self-disclosing in his second turn. The whole turn is a self-disclosure. Arguably, one can say that they are still self-disclosing in his last turn, when he makes a general statement that, by definition, applies to himself too, 'That's just that's the way our personalities are'.

If you remember the concept of 'face' (Chapter 3), here the practitioner's disclosure helps to preserve the patient's positive face. And, in the words of Ragan (p. 281), it also 'encourage[s] the patient to take an active role in her own health care and establish relational affinity and mutuality'. In other words, the practitioner seems to be saying, 'Don't worry; don't beat yourself up. Your reaction is normal, we'd all react the same in a similar way. Myself included, we are alike in this'. As well as helping the patient maintain face, the practitioner's self-disclosure and subsequent talk are also an excellent expression of empathy. Quite an achievement, for talk that is supposed to be 'small'!

Transactional talk

You will remember that transactional talk is talk aimed at achieving specific goals. There are many elements to transactional talk. For space reasons, in this section I shall concentrate on two elements of this type of communication, simply because they are extremely common: *directives* and *requests*.

Directives and requests

Distinguishing between directives and requests is complicated by the fact that, in common parlance, the two terms are used synonymously. Indeed, as we shall see, they do share many characteristics. For example, with both a request and a directive the speaker is attempting to get the hearer to 'do something'. Often, it is understood that with a request, the speaker is *asking* the hearer to do something, whereas with a directive, he or she is *telling* them to do something.

A *directive*, in Searle's definition (Searle, 1976: 11) is an *illocutionary act*, an attempt by the speaker 'to get the hearer to do something'. Vine (2017: 55) maintains that, with a directive, the speaker is trying to get the hearer to perform a physical action. This can be something like writing an email,

going to see a service user for an evaluation, leaving the room, and so on. However, as Vine acknowledges, this definition can also apply to *requests* but observes that with a request a verbal response is required, rather than a physical action.

An important point to notice is that directives and requests are not distinguished from each other and from other illocutionary acts by their grammar and syntax. It is true that a directive or a request can be expressed using the imperative, as in, '(Can you please) call Mr Danesi now'. However, both directives and requests can take different forms. But if it is not always possible to distinguish between directives and requests based on *form*, then how can we distinguish between them?

To properly distinguish between directives and requests, one needs to consider contextual factors. Here are some, as identified by Vine (2017: 55–56):

- 1 The relation between speaker and hearer.
- 2 The goals and obligations of the interaction.
- 3 Expectation of compliance.
- 4 Right to refuse.

Workplaces are normally organised hierarchically. Irrespective of the degree of friendliness and amicability that may exist in a certain work environment, workers have different roles, responsibilities, and obligations. To give an example, within a social work organisation, social work practitioners may report to a team manager, who – in turn – reports to a service manager, or head of service, and so on to the director of the organisation. Allowing for differences in each organisation, and at the risk of oversimplification, we can say that whoever is higher up on the hierarchical scale has the right (and obligation!) to direct members of their team to undertake certain actions. Consider the following scenario:

A social worker is having a one-to-one meeting with his team leader. They have been discussing the social worker's current caseload.

Team leader: How is the review of Ms Kassir's case proceeding?

Social worker: We've met twice, now I'm working on the final report.

Team leader: Good good, I think it would be good to have it by the end of the week.

The team leader's utterance has the form of a simple statement, an opinion, on the face of it. Yet, the relationship between the team leader and the social worker is not equal. The former has duties (among them to ensure that the organisation's goals are achieved; she probably has targets to meet too) and responsibilities. These are the specific goals and obligations of this particular interaction. The social worker, in spite of whatever degree of autonomy he or she might have, is instrumental in achieving those goals and, as part of his

terms of employment, has certain functions that he must perform. Therefore, in this case, the social worker would rightly interpret his manager's statement as a directive. We can also say that, in this case, there is an expectation of compliance. What about the right to refuse? Again, because of the power relationship and the organisational goals and obligations the social worker does not have the right to refuse, provided that what he is being asked to do is part of his role. Of course, he might be in a situation where he felt it would be impossible to complete the report by the end of the week. In this case, he would probably have to start negotiating. He could, for instance, explain that he's been assigned other urgent cases and thus, because of work overload, he feels he could not meet the deadline. However, he could not refuse outright. In conducting the 'negotiations', he would have to tread carefully to attend to his manager's positive and negative face needs. The situation becomes more complicated when equals interact in the workplace. This is because there cannot be an expectation of compliance and interactants have the right to refuse.

To return to the difference between directives and requests, Vine argues (pp. 56–57) that if the speaker has authority over the listener, there will be an expectation of compliance and no right to refuse. Therefore, the speaker's utterance (which would entail the hearer *doing* something) can be interpreted as a *directive*. However, if the speaker does not have authority over the hearer, it can be interpreted as a *request*.

'Problem talk' at work: miscommunication, disagreement, conflict

Communication, at work as in everyday life, is not always unproblematic. It can and often does go wrong. As Holmes (2014: 137) notes, '[m]iscommunication and problematic talk could be described as hazards of organisational life'. Miscommunication and disagreement can result in very serious consequences, for the individuals involved, providers and service users, as well as for organisations themselves. They can also negatively impact personal relationships and have a negative impact on the psychological health of all those involved. There is evidence (Holmes, 2014) that, normally people put a lot of effort into communicating effectively and into avoiding miscommunication and conflict. The following quote by Holmes (p. 139) is worth giving in full, since it precisely pinpoints the high demands of workplace communication:

[I]nteractants constantly perform a delicate discursive balancing act in their attempts to get tasks done, while at the same time managing the relationships with their coworkers. This interplay between the imperatives of power and politeness is especially foregrounded in cases of miscommunication and problematic discourse – indeed it is the tension between sometimes conflicting relational goals and the imperatives of the task at hand which often renders such talk particularly problematic in the first place.

Miscommunication

Miscommunication is a somewhat tricky concept to define (Coupland et al., 1991; Mortensen and Ayres, 1997). Coupland et al. (1991: 1) noted that usually it has been loosely defined as, ‘any sort of problem that might arise interactionally, and typically to local processes of misunderstanding’. According to Mortensen and Ayres (1997: ix–x), ‘[t]he emergence of either frequently repeated or highly pronounced acts of episodes of misinterpretation, misunderstanding, and miscommunication tends to weaken or erode our ability and willingness to maintain close ties with other people’. Miscommunication, in other words, is a serious matter. In what follows, I shall use the term ‘miscommunication’ as an umbrella term that includes misunderstanding and misinterpretation.

Causes of miscommunication

A basic cause of miscommunication is a lack of clarity in the transmission of a message. The lack of clarity may be the result of poor wording or of wrong assumptions about what the hearer already knows and understands about a certain matter. Yet again, it is often because of a lack of contextual (and co-textual) knowledge that messages are misunderstood, misinterpreted or communicated unclearly. It is not uncommon that speakers assume that hearers possess the right contextual knowledge, in the right amount, when this is not actually the case.

In the case of provider–service user communication, miscommunication is often due to the use of jargon or highly technical language. This, it should be noted, is also a problem when people from different communities of practice work together. The jargon of social work may be completely unfamiliar to, say, a nurse, and vice versa. However, miscommunication is not limited to inter-professional talk. It can also occur in *intra*-professional communication, for example when someone is new in a workplace. Shui (quoted in Coupland et al., 1991: 180) relates the following example of miscommunication in a clinical setting. As he notes, the misunderstandings occur mainly because of the physician’s use of ‘doctor talk’ (extracts 1 and 2), although this is not always necessarily the case (extract 3):

Extract 1

Physician: Have you ever had a history of cardiac arrest in your family?
Patient: We never had no trouble with the police.

Extract 2

Physician: How about varicose veins?
Patient: Well, I have veins, but I don’t know if they’re close or not.

Extract 3

Physician: What's your name?

Patient: Betty Groff.

Physician: How do you spell that?

Patient: B-E-T-T-Y.

Miscommunication often arises locally, at specific points during an exchange. Therefore, by paying close attention to the language surrounding an episode of misunderstanding (its co-text), it is often possible to immediately disambiguate the message. In some cases, the issue might not be linguistic at all. A service user, or a colleague, might not have any problems understanding at all; what they might have, though, is limited hearing. It is not uncommon, for people with a disability, to hide or minimise their condition, because of the stigma attached to it, for example. The concept of 'face', in particular that of positive face, which – you will recall – is about a person's need to be appreciated, to be considered fully competent – is always worth keeping in mind.

Since I have mentioned the concept of 'face', it is worth remembering that 'pragmatic failure', the failure to correctly interpret the illocutionary meaning of a speech act, or to adequately decode an implicature (you can refer back to Chapter 3 to revisit these concepts) are often at the root of misunderstandings, within and without the workplace. However, like the clinical misunderstandings discussed above, these too can be quickly redressed by paying attention to the utterances immediately around them and, more generally, by being very attentive listeners.

Disagreement and conflict

Simply put, a disagreement is a situation when people have and express different views about a particular topic. In a disagreement, a person expresses a view, suggests a course of action, offers an analysis, or makes a complaint and another person has different, or totally opposing views. Although the word itself has negative connotations, disagreement *per se* is not necessarily a problem. Indeed, there are situations where disagreements are expected and welcome, and are responded to as such. For example, in a problem-solving situation, one expects differences of opinion. The same can be said about legal debates and courtroom interaction, or in parliaments, where disagreements are expected and 'part of the game'. So much so that their unfolding is highly ritualised.

As Vine (2017) notes, disagreement can be found in any workplace, amongst colleagues (backstage settings), as well as between practitioners and service users (frontstage settings). Backstage settings offer many possibilities for disagreement, such as the aforementioned problem-solving meeting. How they unfold, the robustness of the debate, as well as the openness

with which they are voiced, depends very much on the specific culture of a community of practice. This is also profoundly connected with the ways in which larger cultural norms deal with disagreement and dissent. However, there are also many frontstage professional settings where disagreement is part of the *raison d'être* of the setting itself. Think, for example, of the customer care department of a company, or the phone line dedicated to patients' complaints at a large healthcare institution. Below, I shall discuss an example of backstage disagreement.

Backstage disagreement

How does disagreement unfold, discursively, and how can it be addressed? Consider the following extract (adapted from Angouri, 2012: 1570).

This extract is from a meeting between a team of five employees from Company X and Garry, a subcontractor. For the company participants, the meeting is about the problem of Garry not delivering to agreed deadlines, thus delaying the project. The meeting is held at the company's offices. Sam has called and is chairing the meeting. He introduces the agenda which has been circulated prior to the meeting and controls the floor throughout. There is explicit disagreement. (Words in square brackets indicate simultaneous speech by two people; '(.)' indicates a very brief pause.)

- Sam:* We are here with Paul, right, to resolve some of the issues, right, I know you have several complaints right about the amounts, right, ((financial details omitted)) for example I know there is an issue, right, about the ((deadline details)) [right].
- Garry:* [That was]
- Sam:* Wait, and, listen to me, right (.) for example for the wood planks in the stack, right, in the contract, right, it states that it is your responsibility, right, ((details)) (.) it's in the cont[ract].
- Garry:* [no it's] n[ot].
- Sam:* [It is] in the contract.
- Kevin:* It is in the contract.
- Phil:* It is in the contract.
- Sam:* [it] is in the contract but I can understand, right, the loss in ((details)) so I am wil[ling to pay an amount].
- Garry:* [what about the amount] the ((details)) (.) is a lot of money.

The first thing to note is that Sam, as the chairperson, has control of the conversational floor. This is dramatically seen in line 8, where he interrupts Gary rather forcefully ('Wait, and, listen to me'). It is quite normal, in a certain setting, for one individual to have more right to the floor (think of a lecture, for example), thus being able to speak for longer stretches of time. However, this rather abrupt way of holding onto the conversational floor is indicative and often typical of a situation of disagreement.

Sam's frequent repetition of the word 'right' is part of his talking style and in a way, according to Angouri, 'mitigates the force of his utterances' (p. 1570). However, 'right' also functions as a 'discourse marker' (words like 'actually', 'so', 'OK', 'right?', 'anyway', 'look', and 'well' all function as discourse markers); they help the speaker to manage the conversation and mark when it changes and also give a clue as to how following utterances are to be interpreted. They can also, as in this case, 'bracket' preceding utterances and signal that what he has just said has to be said as a given and as an implicit, 'Are you following me?'

As is often the case in disagreements in the workplace, one or more interactants appeal, explicitly or implicitly, to their position of authority. In this case, Sam does it implicitly by using the first-person pronoun 'I' in lines 1, 3, and twice in line 20. Yet, despite the power dynamics at display, the discussion is oriented to a resolution. In lines 20 and 21, Sam, after having asserted his authority and the rightful reasons for his annoyance (his company stands to lose money and, possibly, reputation), signals that he is willing to come to an agreed solution ('but I can understand...so I am willing to pay'). As Angouri argues, this can also be seen as 'rapport work', the effort to build and sustain a good working relationship, despite not budging about where the problem actually lies.

It is interesting to note the inter- and *intra*-professional power dynamics at play, as well as the displaying of professional identities displayed, and the performance of solidarity, all achieved *linguistically*.

We have already seen Sam's affirmation of 'power', which is enacted by his dominating the floor as well as arguing for the correctness of his point of view. Gary too fights his corner, so to speak, when he affirms, in line 12, where he says that his responsibility for the wood planks in the stacks is *not* in the contract. The point is resisted by Sam, but also by his colleagues, who display professional solidarity and allegiance, as can be seen in lines 16 and 18, by Kevin and Phil ('It is in the contract').

The type of disagreement expressed in this exchange can be classified as *strong disagreement*, because it is expressed openly and directly (Vine, 2017). This is in opposition to *weak disagreement*, which is expressed more obliquely. However, as Angouri remarks (2012: 1571), '[a]lthough there is explicit disagreement in this excerpt and [it] is argumentative, both parties are task oriented and [...] nobody seems to perceive the interactions as rapport threatening'.

Frontstage disagreement

The previous example is a mixed case of inter-professional and with intra-professional communication. However, it can be classified as *backstage*. You will remember that, according to Vine (2017), in workplace communication, *frontline* communication occurs when practitioners deal with the

public. The following extract is from a healthcare context. You should keep in mind that, although they may not meet frequently, healthcare providers and patients (but this is also true in other professions, such as social work) often have long ongoing relationships, thus providing more background and mutual knowledge between interactants.

The following is an adapted extract of a portion of a consultation between a clinician and their patient (Street Jr and Millay, 2001: 69), who persists in restating his opinion about eligibility for a disability assistance programme:

Patient: Cos, you know, I am, you know, partially disabled. Now I feel I shouldn't have to lie for it [the assistance programme]. What hurts me, you know, there's other people out there, you know, dope addicts...alcoholics...and, you know, people just acting like that...

Doctor: mmm

Patient: I don't feel like I have to lie for it.

Doctor: Hmm

Patient: And I have to...you know...lie for it? Which I don't feel like I have to do.

Doctor: What have they told you?

In this case, the patient is explaining her frustration at not being able to obtain the assistance they need (lines 1–4, 8, 12), comparing their own case to that of other people (whether the comparison is correct we cannot tell, and neither does the doctor). It is interesting to note the patient's use of the discourse marker 'you know' (six times). This particular discourse marker is often used in conversation when the speakers want to align the addressee with their views and to accept the information they give as mutual, even common, knowledge or at least not to oppose it outright. It indicates the speaker's desire to create rapport by encouraging mutual trust.

The doctor, however, initially resists this attempt, as signalled by their minimum backchanneling (the 'mmm' and 'hmm' in lines 6 and 10, respectively). By listening attentively, the doctor is able to recognise that this is a very important topic for the patient and finally legitimises their concern by asking the question (line 14), 'What have they told you?'

Discussion Point: 3

What do you think that the consequences would have been if the doctor had decided to question or challenge the patient's assertion that other people are getting the type of support he or she is asking for without problems? How do you think that the conversation would have panned out, and with what consequences?

Conflict talk

Conflict talk is what happens when complaints and disagreements are not properly addressed and resolved. It has been defined as ‘sustained disagreement that is not resolved and that impacts negatively on rapport’ (Vine, 2017: 145). Vine (p. 146) points out that an exchange can be considered conflictual when it involves at least two participants and extends over a number of conversational turns (a conversational turn is made by pairs of utterances, one by each speaker, as in the sequence ‘Question followed by Answer’). When disagreements are aimed at a task, rather than at an individual, they are generally less likely to develop into conflicts. As well as disagreement, perceives impoliteness can also lead to conflict.

The personal relationship and rapport between interactants are important factors in determining whether a disagreement will degenerate into conflict. How long the participants have known each other, and what their previous encounters have been like are also crucial elements. People who have had harmonious relations with somebody are usually more able to manage disagreement well. On the surface, a verbal exchange may sound conflictual to a third party (see Angouri, 2012). Vine (2017: 151–152) cites the following features as indicative of conflict talk. These, however, can also be present during disagreement talk but are normally less pronounced:

- 1 Overlapping speech or latching (the absence of natural breaks between conversational turns).
- 2 Louder speech.
- 3 Faster speech.
- 4 Lack of hedging (words that lessen the force of the statement. For example, ‘I may be wrong, but I think you’re exaggerating’)
- 5 Opposition formats.
- 6 Markers of subjective stance, e.g., the use of ‘I think’.

In some cases, strong vocabulary and intensifiers (‘You’re totally irresponsible’; ‘You’re such a fool’) can be used, as well as sarcasm and mockery.

Consider the following extract. This is a meeting at a manufacturing company. David is dealing with how some product codes are calculated. The meeting has already gone over time and he has been asked to wind up; instead he starts on a new topic (Mullany, L., quoted in Vine, 2017: 148).

- David:* There are, you know, thirty forty different [type] codes, depending whether it’s colour red, non colour, red charcoal um you know whatever it might be...er...
- Carole:* mm [laughter from all other women managers]
- David:* I realise I’m...
- Carole:* Sorry, David, we’ll all stop [laughing]
- David:* I realise...
- Becky:* [laughs]
- David:* I’m boring you but the scary...there is an important point to all this...

- Carole:* [laughs] yes yes come on then.
David: There's a scary note to all this...um
Kate: [laughs]
David: Having looked at the export side of things...
Becky: [bangs cup on the table repeatedly]
David: Stop hassling me.
Becky: I wasn't I was giving you a drum roll [laughter from all women managers].
David: Oh, right.
Julie: Important, exciting bit.
Becky: Important [Becky and Sharon bang cups again in the sound of a drum roll].

On the surface, and especially because we only have access to the transcript, this interaction may not look conflictual at all. On the contrary, it may look jocular and good-humoured. It is likely it will have looked the same way to the interactants too. However, a close reading can be more revealing.

To begin with, Carole's response to David (line 5) draws laughter from all the other women participants. Becky apologises to David but that does not prevent her from laughing further. The apology is, on the surface, a sign of politeness but, according to Vine (p. 148), this is 'mock politeness' and actually conflictual. The situation is made worse when the other women laugh *at* David too. All this is profoundly face-threatening to David. This reading is reinforced by the fact that this behaviour carries on over several conversational turns and, overall, over a relatively long stretch of talk. The kinetics of the exchange are also significant; banging cups on the table, repeatedly and together, is also part of the face-threatening behaviour and likely to be perceived as mocking, even intimidating. At two points at least, David voices his unease (lines 7, 11, 15, 'I realise I'm', 'I realise', 'I'm boring you'), and, at line 27, David actually voices his annoyance in no uncertain terms ('Stop hassling me'). Yet, the same behaviour continues. It is unfortunate, to say the least, that David's colleagues did not (or chose not to) pick up on the signals that were clearly given by him in his utterances. Yet, they could and should have been, easily, through attentive and sympathetic listening.

Discussion Point: 4

Put yourself in David's shoes for a moment. How would you have felt, and why? Linguistically, how could the situation have been redressed? At what point, or points, in the exchange? Finally, this was a meeting with only one man (as far as we know) and several women. If the situation had been reversed, do you think that our reactions on reading the transcript would have been different? If so, how, and why?

Power and identity in conflict talk

Both power (in the sense of the ability to impose one's agenda) and identity (one's sense of self, who they are and how they want to be seen) exist in the real world (although the latter is more subjective). Crucially, they need to be acknowledged by other people. They also need to be continually enacted and 'performed', and this is done mainly through language.

Although this is not the only type of talk where it happens, conflict talk is one of the main sites where the performance and maintenance of identity and power occur. A person who is higher up in the hierarchy of a profession is often institutionally encouraged to display power (such as, 'I'm the boss' and identity (as in, 'I'm a strong and focussed person'). People further down on the hierarchical scale are often discouraged from showing disagreement; doing so may have real consequences and can be highly face-threatening. Therefore, dissent is often self-censored. However, good leadership and communication skills, and an understanding of the inner workings of language and communication can truly help to reduce the chances of disagreement developing into conflict. In provider-service user encounters, the service user may feel they have lower status and less power. Consequently, they may decide to self-censor for fear of, for example, receiving care of lesser quality, or of being classified as 'difficult'. As a professional, you will need to be aware of this possibility so as to facilitate more open communication. This, in turn, will help you to provide better care and assistance and not miss vital information.

In a backstage setting, because people need to maintain longer-lasting relationships, conflict talk tends to be avoided. Often, it is simply suppressed. However, there inevitably are times when disagreement needs to be expressed, sometimes in rather strong terms. Having an awareness of how conflict is encoded linguistically, how it proceeds from disagreement and how this, too, is enacted in language, can help deescalate troublesome situations. It can help participants achieve their goals, or the organisation's goals, without endangering one's face, and their professional and personal identity.

In frontstage settings, 'some institutional representatives feel it is important to assert their authority and position' (Vine, 2017: 152), even to the point of conflict. Yet, one can still be and come across as authoritative and competent whilst adopting a cooperative and non-confrontational communicative style.

I would like to end this chapter with a note on gender. The topic merits attention and luckily it has been studied extensively. Gender differences in communication have been studied by, *inter alia*, by Coates (2014), Holmes (2013), and (Eckert and McConnell-Ginet, 2013). The language of women and men in the workplace by Tannen (1995). Here, we can note, with Vine (2017) that studies show that women tend to be less likely to engage in conflict talk, 'while also being more likely to perceive strong disagreement as having

a negative on relationships, as – paradoxically, I would add – being conflictual. On the other hand, in many cultures men tend to be more accepting of conflict, thus engaging more frequently in it, without fear of reputational loss. On the contrary, they often feel it reinforces their masculine identity. Having said this, it is important to be aware of the dangers of overgeneralisation, stereotyping, and prejudice, as discussed in Chapter 6. After all, as we saw in the extract about David and his female colleagues, the situation can be reversed.

Chapter summary

In this chapter, we looked at communication in the workplace. We talked about workplace communication as a type of *situated communication*. The concepts of ‘community of practice’ backstage and frontstage communication, as well as that of high-stake communication were introduced. The chapter also discussed the difference between *directives* and *requests*, before moving on to the issue of ‘problem talk’ at work, which includes miscommunication, misunderstanding, disagreement and conflict talk, ending with some observations on gender-based differences in talk in the workplace.

Suggestions for further reading

- Holmes J and Stubbe M (2003) *Power and Politeness in the Workplace*. London: Longman.
- Tannen D (1995) *Talking from 9 to 5: Women and Men at Work*. London: Harper Collins.
- Vine B (2020) *Introducing Language in the Workplace*. Cambridge: Cambridge University Press.

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Meaning as interaction

Introduction

Meaning is created in interaction by speakers. This is an assertion that has I have repeated several times in this book. Interactants work with each other, collaboratively, to encode and decode meanings, using their background knowledge as well as other information that is not necessarily in the words they use. As I have pointed out on several occasions, language does not exist – and is not used – in a vacuum. Each linguistic exchange happens within a specific social context, and this social context both shapes the interaction and gives it meaning. We come to social interactions with expectation of how they will unfold, and what they will contain, entail, and allow.

This chapter draws on insights derived from a sub-discipline of linguistics known as *Interactional Sociolinguistics* (IS). IS uses discourse analysis (DA) – another sub-discipline of linguistics that studies language in use, focussing on larger texts, such as conversations, speeches, etc. – to shed light on how interactants create meaning through social interaction. According to Gordon and Kraut (in Vine, 2017: 2), '[i]nteractional sociolinguistics [...] is a primarily qualitative, interpretative approach to the analysis of discourse. [...] IS has been applied by and developed by scholars worldwide to provide important insights into workplace communication'. Some of these insights are how miscommunication in the workplace (and in other situations) occurs, how culture affects workplace discourse and how language and gender shape the workplace.

IS is also interested in how professional identities are created linguistically, how power is enacted and negotiated; how meetings and encounters with service users are conducted. To quote Gordon and Kraut again (p. 3), '[i]n short, the theories and methods of IS facilitate exploration of the conversational features and strategies through which essential workplace activities are accomplished'.

In what follows, I shall present some of the key concepts of IS, such as *frames* and *contextualisation cues*. These will offer you insights on how communicative events unfold, and how meanings and attitudes are signalled,

often very subtly and without words. Using examples, you will see how they help create meaning and shape interactions.

Frames and framing strategies

For us to be able to understand one another, we need to interpret what other people are saying within the broader context of an activity in which we are taking part. For each type of activity, we have different expectations. Expectations about what it will involve, how it will unfold, who is expected to take part, what questions are allowed, if any, or if humour is permissible. We develop these expectations by having been exposed to such activities previously. Many of them are culture-specific. These kinds of expectations are called *frames*. Like the frame around a picture on your wall, they ‘encircle’ what is inside and prepare us to evaluate it.

We bring with us these expectations to most of the interactions that we take part in. For example, if we go to see a dentist, we will expect him or her to ask us to sit on a special chair and to be asked to open our mouth and have instruments inserted in it (can you think of any situation where you would consider this normal and appropriate?). We know that the dentist will look into it, and possibly place his fingers there too. We know that this is necessary for a proper examination and to fix any problems.

When we attend a work presentation, we do so with the knowledge that it will involve certain activities. There will be one or more speakers, who will do most of the talking, and – possibly – a Power Point presentation will be shown. We will be expected to sit in silence, but it might be possible to ask questions at the end.

Knowing what a frame entails helps us not only to be prepared for what is coming, but also to judge what behaviour is appropriate. Depending on the frame, the way we interpret language and speech acts, like request, also changes. As Jones (2018: 24) notes, ‘[t]he meaning of the utterance by a doctor, ‘please take off your clothes’ is different if uttered in the context of a medical examination or in the context of his or her apartment’. Meeting and greeting, in places like France and Italy, often involves a light hug and peck on the cheek (in France, this is so culturally relevant that it has its own name (*faire la bise*), although in Italy it involves two kisses, three in France. Yet, in other cultures this would be considered highly inappropriate, especially between members of the opposite sex.

Primary framework and interactive frames

The overall expectations we bring to an interaction we will be engaging in are the *primary framework* of the interaction. If, for example, we are attending an evaluation meeting with a social worker, we expect to be asked many questions about our family and financial situations, for example. We know that this is

necessary for the social worker to properly assess our case. The primary framework is closely related to the main and overall aims of the encounter.

However, most interactions comprise more than just one activity. A lecturer might include time in their lecture to answer questions, or to tell jokes. The overall purpose and type of encounter, its *primary framework*, remains that of the lecture. However, these 'frames within a frame', smaller, more circumscribed activities withing an overall one, are known as *interactive frames*. Interactions are a bit like Russian dolls; within the main, visible one, there are other, smaller ones. They too are important to the overall purpose of the encounter, and it would be surprising, even upsetting, if we did not find them. Just like it would be surprising and disappointing to open a Russian doll and find it to be empty.

Let us now look at an example of interactive frameworks *within* a primary framework (the dolls inside the doll!). Tannen and Wallat (1987: 209) explore the shift from a primary framework of a paediatric consultation to an interactive frame of 'play', using the former when interacting with the mother and talking to a videotape to be used by medical students later, and the latter whilst examining the child:

Doctor: Let me look in your ear. Do you have any monkeys in your ear?

Child: [laughing] Nooooo.

Doctor: Nooo?...Let's see...I...see...a birdie!

Child: [laughing] Nooo.

Doctor: [smiling].

As Tannen and Wallat (1987) note, in addressing the child, the doctor uses distinctive linguistic features. These are characteristic of what is often termed 'motherese': 'a teasing register characterized by exaggerated shifts in pitch, marked prosody (long paused followed by bursts of vocalization), and drawn out vowel sounds, accompanied by smiling'. By orienting to this interactive frame, the doctor accomplishes multiple functions: he relates to the child and puts her at ease, and he enacts the identity (both to the mother and the child) of the caring, sensitive doctor.

In contrast, as he gives a running commentary for the benefit of a tape that is being recorded to be shown to medical students, he changes his register to one which is appropriate for the primary framework, the professional paediatric consultation. As he looks in the child's throat, he says:

Doctor: Her canals are fine, they're open, um her tympanic membrane was thin and light.

Lastly, as he addresses the mother, he uses a conversational register (a *register* is a variation of linguistic features conditioned by use. For example, a formal register for an official occasion, an informal one for, say, a chat with friends) that is appropriate for, and geared towards, the primary framework.

Doctor: As you know, the important thing is that she does have difficulty with the use of her muscles.

You can easily note how the type of frame, primary versus interactive, determines the linguistic choices, in term of register, vocabulary, intonation, made by the doctor. You can imagine how the mother, or the medical students, would react if, by orienting to the wrong frame, he spoke in ‘motherese’ to them. It is interesting to note that, although both the utterances addressed to the mother and those addressed to the (absent) medical students are appropriate for, and determined by, the primary frame, there are still noticeable differences.

Discussion Point: 1

Look closely at the doctor’s utterances addressed to the students, then at those addressed to the child’s mother. How do they differ? Why?

The utterances addressed to the students are very descriptive. He describes ‘her canals’, and ‘her tympanic membrane’. He uses specialised lexicon (‘tympanic membrane’) and once can say that the child as person is absent from his speech; it is about body parts. They are the focus.

On the contrary, the doctor’s utterances to the mother, whilst still appropriate for, and determined by, the primary frame are less formal. They also focus on the child as a whole, a person, whose wellbeing is of the highest importance to the mother. His utterances make the child and her health his concern, as they are the mother’s (‘the important thing is that she does have difficulty...’). Notice how the doctor also gears his utterances towards the interpersonal; he involves the mother with the initial ‘as you know’, which functions as a discourse marker (see below) that is intended to align the mother’s point of view with the clinician’s.

Two final points. Through his utterances, the physician also does ‘identity work’. He ‘performs’ the role of competent and authoritative teacher with the students, and that of the authoritative, but caring and patient-centred doctor, with the mother and child. Isn’t it remarkable how many things are accomplished with just a few words?

Contextualisation cues

As noted, the meanings we transmit go beyond the surface meaning of the words and sentences we use (semantic meaning). Communication is complex

and fascinating because, even by uttering a single word, we inform our hearer of so many things. These include our attitudes towards them (our hearers *and* the things we say), how we feel and how we wish our speech to be interpreted. Of course, we do most of this subconsciously, both as speakers and hearers, but we do it nonetheless. As a simple example, imagine the following scenario: you enter your office at your new place of work, in London. As you see one of your new colleagues, you utter a friendly, 'Hello!', with a rising intonation. She glances at you quickly, then – while moving her gaze away from you, she replies with a quick, 'Hi', said with a flat tone of voice. What do you make of the encounter?

In all likelihood, you would feel at least baffled. You might ask yourself if anything was the matter with her, or if – for some reason – she did not like you. 'Have I made a mistake accepting this job? Is everybody this unfriendly?' These are all questions you might ask yourself; all because of the way that 'hi' was said, and the fact that your new colleague maintained very little eye contact with you.

According to John Gumperz (Gumperz et al., 1982), one of the founders of IS, elements like tone of voice, pitch, speed of pronunciation (tempo), as well as pauses, all function as indicators, in interaction; they signal how speakers wish their utterances to be interpreted. The same can be said about choices of words or moving from one language, or dialect of a language, to another during the same exchange. Movements of the body (kinetics) are relevant too. All these signals are known collectively as *contextualisation cues*. Contextualisation cues are a way of 'signalling to people what we think we are doing in an interaction, whether we, for example, are arguing, joking, commiserating or making small talk' (Jones, 2018: 70).

Contextualisation cues also serve to signal the transition from one activity type to another. For example, from the pre-meeting social phase of chit-chat and small talk (which is focussed on *interpersonal* rapport building and maintenance) to that of the meeting proper (which is *transactional* and *goal oriented*). Interestingly, often these contextualisation cues are quite explicit, as with the phrase, 'Ok, let's get down to business'.

Gumperz refers to the process of interpretation of these cues as 'conversational inference'. It is important to note three things. First, the interpretation of a cue is always context-bound, i.e. it depends on the specific situation where it has been used. Second, the process of interpretation is complex but we appear to do it automatically, mostly without being aware of it. Thirdly, a large number of contextualisation cues are conventional in a given culture; but they may differ, even to a considerable extent, from those of other cultures. This explains in large part why intercultural miscommunication is so common. In the words of Gordon and Kraut (*op. cit.*: 4), 'cultural knowledge and expectations profoundly shape interaction'. But let us now look at some examples of contextualisation cues, beginning with Gumperz's much-quoted example of a service encounter between Indian and Pakistani cafeteria staff

and native Anglo-British baggage handlers at a British airport (Gumperz et al., 1982: 173–174).

On the perils of gravy

Gumperz tells that newly hired Indian and Pakistani staff at a cafeteria of a major British airport were perceived as ‘surely and uncooperative’ (i.e. ‘rude’!) by their supervisor, as well as by the cargo handlers who frequented the cafeteria. This was puzzling. How could the cargo handlers *and* the supervisor arrive at the same conclusion, especially given that service encounters of this type are usually brief and very few words were exchanged. Following observation and interviews with the customers and the workers, what transpired was that the intonation and manner of delivery of even the few words that were said were interpreted by the cargo handlers as ‘rude’ and signalling a negative disposition.

For example, when a cargo handler who had requested meat for his lunch was asked if he wanted gravy with it, the question, ‘Gravy?’ was pronounced by the South Asian server with a falling intonation. In Anglo-British culture, the same word would be pronounced with a rising intonation, to mean – with politeness – ‘Would you like some gravy with your meat?’. Gumperz and his colleagues taped the interactions and subsequently asked the employees to paraphrase what they meant with the word ‘gravy’, said as they did. They were also asked to listen to the word pronounced with rising intonation.

Initially, the Indian and Pakistani workers said that they could not detect any difference. However, when an English teacher and the supervisor were asked to listen to the same sequence, they both said that saying ‘gravy’ with a falling intonation was interpreted as meaning, ‘This is gravy’, a statement, not an offer. This, in the context, was interpreted as redundant, therefore rude (‘I know that that is gravy, I can see and I’m not stupid. Why are you telling me?’ is, basically, the reaction of the British workers to what, for the Indian and Pakistani servers was a simple, polite offer!). Gumperz recounts that when he explained this to the servers, they finally understood why they had been getting all those inexplicable negative vibes from the workers. In turn, when the supervisor was told that, for Indian and Pakistani individuals, that was a normal intonation, and not a *cue* signalling a bad disposition towards the customers, he realised that the employees were not intending to be unfriendly towards the customers.

I chose to report this classic example of IS analysis because it is illustrative of several things. First, contextualisation cues are, as noted, very often culture-bound; they operate mainly subconsciously and are not normally taught in language classes, where one learns grammar and vocabulary. The Indian and Pakistani servers were probably quite fluent, perhaps even perfectly fluent, in English. However, unawareness of the intonational subtleties of British

English – and their value as contextualisation cues – prevented them from being totally ‘communicatively competent’ (Hymes, 1972). Secondly, missing or misinterpreting contextualisation cues can seriously impact work and – more generally – interpersonal relationships. This can have catastrophic consequences, especially for the so-called helping professions. Finally, by becoming aware of things like contextualisation cues, one can become a better and more efficient communicator; he or she can become fully communicatively competent.

The ‘gravy story’ has a good ending. When the servers were made aware of the unintentional attitudinal meaning that their intonation communicated, they understood why they got the reactions that they did and, by adapting their intonation, were able to create more pleasant interactions. The supervisor and the customers, once they were explained the same thing, stopped resenting the servers and thinking them ‘rude’.

Types of contextualisation cues

Discourse markers

As noted, contextualisation cues can be of different types. Sometimes they are verbal, sometimes non-verbal. The former include discourse markers, which we have already encountered in the chapter on workplace communication (For a detailed treatment of discourse markers, see Schiffrrin, 1987). Discourse markers are words or phrases that signal, sometimes very explicitly, sometimes indirectly, the transition from one activity type to another. For example, during a work meeting, the chairperson might signal the transition from the pre-meeting small talk to the meeting proper by saying something like, ‘Right [underlying indicated emphatic pronunciation], let’s get going now...’. The same can be said of a doctor, nurse, social worker, etc. meeting a patient or service user. After some initial pleasantries, they might say something along the lines of, ‘So, what can I do for you today?’ or ‘So, how are you feeling today?’ Words and phrases that function as discourse markers can – of course – have other functions too. They include, ‘okay’, ‘anyway’, ‘so’, ‘well’.

Language or dialect switch

Lin (1996), in her research on bilingualism in the classroom in Hong Kong, notes that when English teachers are involved in teaching, the primary framework of the activity is the use of the English language. However, when they turn to reprimanding students – the secondary frame (the doll inside the doll), they signal this shift by switching to Cantonese. The same can be achieved by switching from a standard to a regional variety of a language (a dialect), or by adopting non-standard pronunciations. It is a bit like when a parent

uses their child's full name to indicate that they are doing a telling off and to indicate their displeasure, 'Peter John Simcock, put down that magazine and come to the table right now!'. Interestingly, this type of contextualisation cue can also be found in written texts. Androutsopoulos (2000) investigated how non-standard spellings in German punk fanzines were used to signal a shift between frames.

Small talk

In Chapter 7, we looked at small talk and some of its functions. Here, I would like to point out that small talk can also function as a contextualisation cue by signalling the transition from the interpersonal, rapport-building of an encounter to the primary frame of a service encounter, such as a medical consultation. Before doing so, I will briefly introduce the concept of 'phatic communion' or 'phatic communication'.

The term refers to a type of verbal or non-verbal communication that has a social function, such as beginning a conversation and establishing rapport. It often functions to lessen the unease of either being in close proximity with somebody we do not know, or do not know well, and to avoid the embarrassment caused by silence (at least in western culture). A classic example is that of two English persons at the bus stop in close proximity to each other, perhaps standing under the bus shelter because it is raining, and one of them says, 'Awful weather today'. This type of small talk is quite empty in terms of content but has an important social function. In this case, it eases the discomfort of being in close physical proximity with a stranger and to reduce the embarrassment of silence.

Phatic communication is very often found in the initial phase of a service encounter, such as an appointment with a health professional or a social worker. White and Stubbe (2022: 8) studied consultations with patients at a surgical clinic. The following (adapted) extract reproduces the initial phase of one such consultation:

<i>Doctor:</i>	So [Doctor's name]'s my name.
<i>Patient:</i>	Nice to meet you.
<i>Doctor:</i>	Nice to meet you. Good. How is it going?
<i>Patient's partner:</i>	Hi, my name is [...]. Good to meet you.
<i>Doctor:</i>	um (short pause), so, I've got a referral for you from the midwife telling me...

The doctor's, patient's, and patient's partner are examples of phatic communication. In his third turn, the doctor signals the shift in frame with two contextualisation cues: 'um' and 'so', which indicated and announce that the encounter is now moving to the primary framework, that of the consultation.

Non-verbal contextualisation cues

As mentioned, contextualisation cues can also be paralinguistic, relating to elements such as change of tone, pitch, rhythm, and tempo. As shown by the gravy episode studied by Goffman, paralinguistic contextualisation cues, such as those involving intonation, are prone to be misunderstood, especially in intercultural contexts. As Jones (2018: 72) points out, this episode reveals that ‘contextualization cues do not *in themselves* contain information about what we think we are doing, they *activate* culturally conditioned assumptions about context, interactional goals, and interpersonal relationships’ (emphasis in the original). These, of course, may differ not only between people from different cultures but also between individuals who share the exact same cultural background. All this also applies to verbal contextualisation cues.

As well as linguistic and paralinguistic, contextualisation cues can also be extralinguistic, involving body language (kinesics), such as gaze, facial expression, and movement through space.

Think of the following scenario. A man has been taken to hospital, having been experiencing abdominal pain. He is now on a bed in a room of the emergency department. A doctor walks in, greets the patient and asks how he is. He then confirms the patient’s name and personal information and asks him to repeat the reason for coming to the hospital. The doctor then says, ‘Ok’. He then moves towards the sink that is situated beside the bed, washes his hands, dries them, and then sanitises them with the alcohol-based gel by the sink. He then moves towards the patient and asks him if he can lift his T-shirt, so he can proceed with the examination.

Discussion Point: 2

Can you detect any contextualisation cue in the scenario above? What is it? What does it indicate?

As the doctor walks in, he engages in brief, phatic communication. His subsequent asking the patient’s personal details is actually part of the protocol, as well as the history taking. His ‘ok’ signals that that part of the encounter is concluded. His moving towards the sink, washing and sanitising his hand is the contextualisation cue that signals the transition of the encounter and a change of frame. A shift to the primary framework: the physical examination.

A similar type of scenario can, of course, happen in non-medical settings. Think of a social worker who goes to a service user’s home for an assessment interview. She rings the bell, is invited in and offered a seat and a cup of tea. After some small talk, she reaches for her bag, pulls out a folder, which she places on her knees, opens it, and then takes a pen from her pocket. The

physical actions are different from the doctor's, but they constitute the same type of contextualisation cue.

Misunderstanding contextualisation cues

Wilson (2004) recounts an interesting episode of misunderstanding of a non-verbal contextualisation cue. He was having lunch with a colleague in Germany, at a small bistro. They were sat at a small, rather cramped table for two, with a wall on one side. As they sat, he noticed that an ashtray had been placed in the centre of his place setting. The salt and pepper had been placed against the wall, on his side of the table. He decided to move the ashtray in the same position on the side of his colleague, where there was space for it. However, as he did this, his colleague said to him, 'I haven't got any cigarettes with me'. His intention in moving the ashtray into this position was simply to create space for their food and drinks, especially his. However, the colleague clearly understood this as an invitation to smoke (he knew she was a smoker). If the German colleague had been a non-smoker, and she knew that he knew this, she would almost certainly not have interpreted his action as being an invitation to smoke: that latter was entirely reliant on mutual knowledge.

As Levinson notes (in Eerdmans et al., 2003: 31–39), a contextualisation cue is like 'an encoded or conventional reminder, like a knot in a handkerchief, where the content of the memo is inferentially determined'. Contextualisation cues, as Wilson (2004: 2) notes, 'serve [...] to activate and retrieve the necessary background knowledge base so that a contextually appropriate process of inference can take place'. In his acquaintance's case, the ashtray served as a contextualisation cue.

Wilson goes on to observe that the mental link between ashtray and smoking was retrieved because of their reciprocal knowledge of each other. That became foregrounded in the German colleague's mind and formed the basis for interpreting what he had just done.

Wilson draws three conclusions from the incident (p. 3). First, something may be perceived as a contextualisation cue by the receiver, when it is not intended to be so by the sender, so that the receiver misinterprets it as a non-verbal act. Secondly, verbal and non-verbal communication should be considered as equal, that is equally able to transmit meaning and equally subject to being misinterpreted. Both verbal and non-verbal acts of communication are therefore subject to the same pragmatic principles and inferencing strategies, as the ones discussed in another chapter of this book and elsewhere in it. Thirdly, it shows the importance of considering both interactants in a communicative exchange as crucial to a correct interpretation of cues and meaning more generally. Meaning, truly is co-constructed, a cooperative endeavour. In communication, good listening is as important as good talking.

Disability, impairment, and communication

There is one final point that should be made, not only in relation to the topics of this chapter, but in the interest of effective communication in general. It is about disability and communication.

Let us start with terminology. Two of the main models for understanding disability are the *medical model* and the *social model*. It is not within the scope of this book to discuss at length models for understanding disability. For this, you may refer to the titles in the section on suggestions for further reading at the end of the chapter.

According to the medical model, disability is a dysfunctionality or abnormality that resides within a person's body. The cause of disability is the impairment that the person has, and the disability is seen as a deficit that can be 'cured' or 'fixed'.

The social model of disability, on the other hand, makes a distinction between *impairment* and *disability*. An impairment is a problem with a structure or organ of the body, for example reduced vision due to macular degeneration, or reduced hearing (or total loss of it) caused by damage to cochlea.

A disability, on the other hand, is a *functional limitation* with regards to a particular activity or range of activities resulting from social attitudes of structural barrier. Whereas an impairment is an objective physical reality, a disability – according to the model – is due to limitations imposed by society (see Shakespeare, T. in Davis, 2016: 195–203). Social attitudes and structural barriers disable those with impairments.

For example, a person may have reduced or no vision; that is the impairment. However, if institutions, such as schools, broadcasters, hospitals, etc. do not provide written information in accessible ways (e.g. large print of Braille), that is when that individual is disabled *by society*.

Knowledge about disability and related issues is an imperative, especially for social workers, health and allied professionals. This is especially true of those impairments that are relatively rare but that present particular challenges to communication, such as deafblindness (Simcock et al., 2022). Professionals need to adapt their communication methods so that they do not become disabling themselves.

There is also another issue to consider. In line with liberation movements that emerged since the 1960s, many communities of people with impairments have decided to define themselves in *cultural* terms, like other minority groups, such as gay people. This entails an affirmation of identity which, as such, is integral to these individuals' sense of self.

To quote just one example, we can mention deafness. To begin with, one should keep in mind that, contrary to common belief, deafness, in audiological terms, comes in varying degrees. Only *some* are profoundly deaf. Some Deaf people use sign language – such as British Sign Language (BSL) – as their first and preferred language. Sign languages are as rich and complex as

verbal languages, although they are transmitted visually, rather than orally. Around the world there are numerous Deaf communities, with rich cultural traditions and customs.

This is why we now hear of ‘big-d’ and ‘small-d’ deafness. Big-d deaf people align themselves with the Deaf community and see themselves as a *cultural minority* that is often discriminated against because of society’s *ableism*. Ableism consists in discrimination and social prejudice against people with disabilities or those who are perceived to be disabled. It defines people by their disabilities and sees them as inferior to the non-disabled.

A small-d person is, again – in audiological terms, deaf, but does not align with the Deaf community or see themselves as part of a cultural minority. In fact, the current understanding has become more nuanced and is moving away from this binary classification. Increasingly more people see their identity as fluid (for a more detailed treatment of the subject, see, for example, the work of Alys Young). Whatever the case, you must become aware of the cultural differences and physical situations that might impact communication. Just to continue with the case of deafness, when working with a d/Deaf person you must verify if there is a need for a sign language interpreter, or if – for example – they are lip readers.

Discussion Point: 3

As discussed, many of the contextualisation cues that we use are visual, rather than verbal. What kind of impact would this have when communicating with a blind or partially sighted person?

Chapter summary

Drawing on insights from Interactional Sociolinguistics, we discussed how communication is enabled and relies on interactants’ expectations of how the interaction will unfold. The concept of ‘frame’ was introduced, comprising that of ‘primary framework’ and ‘interactive frameworks’. We then discussed the concept of ‘contextualisation cue’, as the speaker’s signal – spoken or unspoken – that indicates what kind of verbal activity they are about to engage in and how what they say should be interpreted. We concluded by talking about impairment and disability, the demands they make on communication and the importance of being aware of issues to do with both.

Suggestions for further reading

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