医療英語の会話ストラテジーを学ぶ

― ドラマＥＲの談話分析より ―

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報 告

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Learning Successful Conversational Strategies in Medical English
— Through the Discourse Analysis of Drama ER —

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As a pilot study of how to use visual media in learning English, I have been working on the discourse analysis of Drama ER(Emergency Room). In the last academic year, I have worked on what kinds of conversational strategies are effectively used at the medical interviews in this drama series, and showed the effectiveness of the positive politeness strategies and their basic concepts and characteristics. In this research, I have observed how successfully those strategies actually work or how they fail. Throughout the research, I have noticed there should be another principle in carrying out successful medical interview and found the balance of the two kinds of speech styles—convergence and divergence—are necessary. Finally, I have also made the best use of the findings in the actual English learning situations.

Key words : positive politeness strategies, common ground, cooperators, convergence, divergence

Introduction

In *Suzuki* (2004)[1], I discussed, for the part of those engaged in the medical treatments, what sort of communicative strategies are favorable at the medical interview, and found positive politeness strategies are effective means of the successful communication. In accordance with this finding, I proposed firstly Speaker (which signifies doctors and nurses, in this case) claim "common ground" with Hearer (which signifies patients and those close to the patients) in the following ways :

1) Speaker should take notice of Hearer's conditions, interests, wants, needs, goods *etc.*
2) Speaker can use in-group identity markers, such as address forms, dialects, and contractions
3) Speaker can use jokes and common knowledge with Hearer

And secondly, I suggested, Speaker should convey that he/she is a cooperator by emphasizing the solidality with Hearer, in such way as giving offer, promise and cooperations in the same activity ; that is, medical treatment.

Based on the above proposals, I carried out further observations of the medical interviews developed in ER(mostly, in Series I) and found another principle is also playing an important role in these kinds of the discourse.

Method

1．Theoretical Background and Perspective

Through my observations of the data, I first based on the Politeness Theory presented in *Brown & Levinson*(1987)[2], analyzing the functions and the pragmatic effectiveness of the politeness strategies. That is, in order to maintain the addressee's (patient's) positive face (the desire to be approved of / to be liked), the speaker (typically, a doctor or a nurse) uses positive politeness devices in the ongoing conversation. However, as we observe our data more closely, we have noticed the speaker does not always try to conform to the needs, interests, abilities etc, of the addressee, but he/she also tends to maintain his/her own face ; the speaker tends to protect his/her own identity or self-esteem (for instance, to preserve his/her social status as a doctor or a nurse) as well. Accordingly, we also incorporate Accommodation Theory presented in *Giles et al.* (1991)[3] into the observations.

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This theory is originally formulated in the form of Speech Accommodation which proposes that a speaker's choice of speech style is brought about by 'interpersonal accommodation processes' : the speaker tends to react, consciously or subconsciously, the addressee's speech style; that is, they may be 'accommodating linguistically'. Also two types of the speech styles —convergence and divergence— are proposed. The former is the one "whereby individuals adapt to each other's communicative behaviours in terms of a wide range of linguistic/prosodic/non-verbal features" According to the explanations by *Oatey* (2000)[4], "the psychological process at the heart of convergence and of 'being accommodative' is 'similarity attraction'." In other words, involving positive politeness strategies, convergence reflects that speakers want to get closer psychologically to the addressee so that they may be approved of. In the observations below, we will find what sorts of linguistic realizations are effectively selected as showing convergence.

The latter one called divergence reflects the speaker's psychological process of being away from the addressee in order to maintain speaker's own social identity or self-esteem. This also plays a key role in some dialogues such as when a speaker (a doctor, for instance) has to tell the truth which may contain unfavorable information to the addressee (a patient) and tries to do by keeping psychological distance from the patient and a kind of authority so that he/she can get trust as a medical expert from the patient.

Namely, keeping convergence and divergence in mind, we would say as follows : for the successful communication to be fulfilled, at the medical interviews, the medical expert (speaker) should be more concerned about the patient (addressee), not to mention about the professional medical treatment, and also make the patient aware of being cared mentally as well as physically. Furthermore, the medical expert should appear to be confident as professional so that he/she can be trusted by hisr patient. In relation to positive politeness strategies, we would assume these strategies constitute the convergence speech style, though negative politeness strategies (involving mostly deferent / honorific expressions) are not always constituents of the divergence speech style by which the speaker can maintain hisr self-esteem and so sometimes sounds challenging for the addressees. In what way, then, can medical expert keep the balance between the care for the patient and the care for hisr self-esteem at the time of the medical interviews?

Before observing the actual data, I would like to make a short reference to our key concepts and research goals.

2 . Key Concepts and Research Goals

Taking into the abovementioned theoretical background, I will first set the research goals along with the key concepts. As my previous study (Suzuki : 2004) suggests, in such conversations as medical interviews between medical experts (defined as Speakers) and patients (defined as Hearers), Speakers need to use positive politeness devices involving the two important concepts : the first concept is the one that we are on the common ground, as shown in, for instance, "I'm with you. You're with me. We are here together", and the second one is that we are cooperators in the same task as in "I'll help you, so trust me". These concepts would be always underlying the successful communication at the medical interview. However, can only the strategies involving these concepts work as the best means of this kind of communication? As mentioned in the last section, there should be something more than these positive politeness strategies. Whet should be necessary is the balance between convergence and divergence, as hinted above. Accordingly, I would like to set the research goals as follows:

① To find the conversational strategies most suitable in the medical interview context
② To learn how effective those strategies are for promoting the interpersonal relationship between the medical experts and the patients
③ To make the best use of the findings in English Education for the Japanese students majoring in medical fields

3 . Data

As the data for this study, various medical interview contexts are collected from American Drama Series ER I, where the stories are well constructed and show us a sort of ideal human relationship through what is happening at the emergency ward in Chicago County Hospital. Accordingly, we can observe realistic medical interview scenes as sort of model examples, which might give helpful insights to the students learning medical English. That is why I adopted ER as the source for the research data.

There may be various kinds of the medical interviews shown in ER, but here let us focus on the following three kinds which clearly show the importance of the interpersonal relationship :

ⅰ) In the cases where the patients are children
ⅱ) In the serious case such as when informing of the critical disease like cancer
ⅲ) In the cases where the patients are mentally ill or with brain damage such as dementia and autism

Results

After the observations of the data, we have got the following findings regarding to the research goals ① and ② mentioned in the earlier section : What conversational strategies are most suitable for the medical interview context and how are they effective for promoting the interpersonal relationship between the medical experts (referred to as Speaker, hereafter) and the patients and their family (referred to as Hearer, hereafter)? The observations can give the following answers : try to use convergence speech style at first by selecting positive politeness strategies, so that Speaker can build a secure interpersonal relationship with Hearer. To be more concrete, firstly Speaker should not speak in a too authoritative manner ; otherwise Hearer feels very nervous and what is worse, both Speaker and Hearer cannot have the common ground. Secondly Speaker should avoid disagreement with Hearer as much as possible, and thirdly should try to choose the questions to which Hearer can easily respond; otherwise they cannot be good cooperators and Hearer often keeps silent, especially in the case where Hearer is mentally sick or has some sort of brain damage. Once Speaker succeed in getting a stable interpersonal relationship with Hearer, then Speaker incorporate the divergence speech style by, for instance, giving persuasive explanations and appropriate advice based on his/her profound medical knowledge as well as offering medical treatment to Hearer, so that Speaker can maintain his/her self-esteem as professional and also get strong trust from Hearer. After all, the balanced and appropriate use of the convergence and the divergence speech style is the most important for promoting friendly and trustworthy interpersonal relationship between Speaker and Hearer and therefore for the successful communication between them.

Finally, regarding goal ③, to make the best use of the findings in English Education for the Japanese students, I have carried out the following practices in my English classes : students are encouraged to

ⅰ) observe how these strategies are linguistically realized in ER dramas,
ⅱ) consider what to say if they were doctors or nurses in the context shown in ER dramas,
ⅲ) perform doctor's or nurse's role in English, and
ⅳ) discuss what they thought with the classmates.

Observations

From now on, we will observe, in the actual drama scenes, how well these convergence and divergence speech styles work together with positive politeness devices and also discuss in what situation they fail to function successfully. Then, we will consider how we can select an effective speech style for the successful communication.

Let us first see Scene A and find the difference between the attitude of Dr. Ross (Pediatrician) and that of Tracy (Medical Student) for their child patient and his family (his mother), paying a special attention to the underlined parts.

[Scene A] *[Tracey:Medical student, Billy:Child patient at the age of around 7, Mother:Billy's mother, Dr Ross:Pediatrician]*

Tracy : Now, can you tell me what happened, Billy?
Billy : *[Looking down, keeping silent]...*
Mother : The school sent him home. They said he vomited blood.
Tracy : *[Ignoring what she said]* Can you tell me how it happened, Billy?
Billy : ...
Mother : He's a very high-strung child. Always very tense, very nervous.
Tracy : Mrs. Robin, maybe you better wait outside while I examine your son. *[Sounds authoritative]*
Mother : Why?
Tracy : It's just procedure.
Mother : Well I think I should be here! I'm worried about Billy. He needs me.
Tracy : Please wait outside! *[Sounds like an order]*
Mother : Oh, doctor. I don't know who you think you are, but this is my son and I want to be here. He's very high-strung!
Ross : Mrs. Robin. You're absolutely right. You love your son. And you want him treated as soon as possible. So it's best... if you have a seat outside here. And we'll be right with you. That's OK.
[to Billy] Hey, kiddo. All right. Did you vomit blood?
Billy : *[Nods]*
Ross : Do you have any pain?
Billy : *[Nods]*
Ross : Okay, can you point to the pain?
Billy : *[Points to the pit of his stomach]*
Ross : Right in here. Have you vomited blood before? Many times?
Billy : *[Nods]*
Ross : *[Giving him a hug]* Okay. *[ER I, Story 1]*

In this scene Tracy is first having a medical interview, in place of Dr Ross, who is observing Tracy's practice. From the beginning of the conversation, Tracy uses wh-questions (what happened, how it happened) to which the child cannot easily answer, so that he keeps mouth shut and is beginning to feel

nervous. Furthermore Tracy speaks to his mother in such an authoritative manner as shown in *You'd better* which implies sort of threatening and also a directive expression *Please wait outside* that the mother feels very upset and even gets angry. Therefore, we can imagine, their communication is not successful, because they fail to have common ground or become cooperators. In other words, Tracy's speech style is of strong divergence and does not show any convergence. Though we do not consider the prosodic features in this paper, if we see the actual film, we would soon notice her voice tone also sounds harsh and authoritative. On the other hand, in the latter half of the Scene A, we can see Dr Ross agrees with his mother and even shows they have common ground, as shown in *You're absolutely right. ... we'll be right with you*, so that she feels secured about the treatment. As for Billy, he can easily respond (by just nodding, though) to Ross's questions which only require *yes* or *no* as an answer, so that he is beginning to feel closer to the doctor. Finally, Ross gives Billy a hug, which makes Billy really feel relieved. In this case, Speaker (Ross) conforms to Hearer(Billy) in that Ross asks easy questions, which is one of the typical strategies constituting convergence speech style and that works quite successfully.

Now let us see Scene B as the example in ii), where Susan (doctor) is having an medical interview with a patient who she doubts has a cancer.

[Scene B] *[Susan: ER resident, Parker. Patient]*

Susan: We have your X-ray, Mr. Parker. *[Showing the X-ray]* You can see there's a density in the right middle lobe.

Parker: What does that mean?

Susan: It means something abnormal within the structure of your lung.

Parker: Is something in my lung?

Susan: Yes, that's right.

Parker: What is it?

Susan: It could be an infiltrate, a dense area of tissue from an old infection. Perhaps an inhaled foreign body. It could be a granuloma. It could be a lot of things.

Parker: What do you think it is?

Susan: There's no way to know. You'll need a bronchoscopy and possibly exploratory surgery.

Parker: I understand, but what do you think in the meantime?

Susan: I think in the meantime you should consider it potentially serious.

Parker: So I got a cancer.

Susan: I'm not saying that. I'm saying we don't know anything for sure.

Parker: Doctor, let me explain something to you. I'm 40 years old. I have a wife and 3 children and a house not paid for and a mother whose house isn't paid for. I have a lot of responsibilities. So I need to know. I need to know what you think.

Susan: I think you should regard your condition as very serious but should wait for a final determination.

Parker: I don't understand the problem. Are you afraid to tell me the truth?

Susan: Your history of coughing blood, weight loss and this X-ray is suggestive of cancer. But the diagnosis is not confirmed, and it may be something else. And we shouldn't jump to any conclusions until we know. That's what I think.

Parker: How long do I have?

〈pause〉

Susan: Six months to a year.

Parker: Do I have six months for sure?

Susan: No, not for sure.

Parker: OK. I was wondering because I always wanted to take my wife to Nassau. We talked about it, but we never did it, so I just figured, spring's coming, it's getting too late to go to Nassau. She always wanted a suntan in the winter to show off to the neighbor.

Susan: I understand.

Parker: Yeah. So I guess I'd better go. Summer will be here before you know it, so I better go soon, huh? Doctor, I want to thank you. I want to thank you for your help and for being straight with me. *[Sighs]* I guess I don't have to quit smoking. *[Starts crying]*

Susan: Mr. Parker, if there's one thing you learn in my job, it's that nothing is certain. Nothing that seems very bad and nothing that seems very good. Nothing is certain. Nothing... (*They hug with each other.*)

Parker: I'm sorry. *[ER I, Story I]*

As may be noticed, in the former half of the scene, Parker feels irritated and almost overwhelmed by the anxiety, because he suspects that Susan hides the truth and just gives him only technical explanations. Surely, this is where Susan does not take decisive attitude towards her patient, saying *I think in the meantime you should consider it potentially serious.* The ambiguous utterance like this makes the patient feel far more uneasy. On the other hand, in the latter half, Susan attentively listens to Parker's story, which reflects positive politeness and convergence attitude in that she maintains patient's face and also tells

him exactly what she thinks now as a doctor, where she selects subconsciously the divergence speech style, maintaining her self-esteem as a doctor. After all, they can understand with each other quite well, which means their communication ends successfully. The last utterance of Susan's *nothing is certain* sounds encouraging not only Parker but also herself, suggesting they have common ground.

Two other conversations reflecting unsuccessful and successful communication are shown in Scene C (an example in the cases ii) and Scene D (an example in the cases iii), respectively. In Scene C, Doctor Benton fails to persuade his patient's wife because he cannot prove himself as a cooperator and just only uses the speech style of divergence, while in Scene D, Benton can successfully communicate with his dementia patient because he can make the best use of the convergence speech style. Now let us see how these strategies really work, paying attention to the underlined parts.

[Scene C] *[Benton: Surgical resident, Mrs. Powell: the patient's wife: they are talking in front of the bed where Mr. Powell is lying, almost dying.]*

Benton: He was injured this morning in a snowmobile accident. He never regained consciousness. The medical examiner determined that your husband is brain dead. I'm sorry.

Mrs. Powell: I don't understand. Why is he hooked up to these machines if he's dead?

Benton: Well, because he can help others by donating his organs

Mrs. Powell: *[Touching her husband's face and hands]* His face. It's so warm. And his hands. I've heard of people waking up from comas. A man in our church was in a coma for 6 months. Everybody said it was hopeless. Then one day he woke up.

Benton: I'm sorry, Mrs. Powell. But there's no possibility of your husband recovering.

Mrs. Powell: I want a second opinion.

Benton: *[A little irritating]* I know he looks like he's alive. But the only reason he's on this ventilator is to keep his heart pumping.

Mrs. Powell:*[Defiantly]* I want a second opinion.

[ER I, Story 11]

Even if Mr. Powell has no hope for recovering, Benton should have first considered how Mrs. Powell feels in front of her dying husband and should have tried to select some kind of the convergence speech style.

[Scene D] *[Benton: Surgical resident, Mrs. Hayden: Patient with dementia who has got hurt in her arm and visits ER, being lost in the linen room]*

Benton: Mrs. Hayden. Mrs. Hayden

Hayden: Yes?

Benton: How did you get in here?

Hayden: There is no starch.

Benton: *[Not knowing what to answer]*... No, no. You know what? We're out of starch.

Hayden: But I need it for Joe's uniform.

Benton: Okay. Just sit right here. You know what? I'm going to take a look at this arm, OK? I don't suppose you remember if you are allergic to Lidocaine or Novocaine? (← *too technical*)

Hayden: *[Not answering the question]* Some of the wives don't bother.

Benton: Okay. Well, we're just gonna have to jump in here.

Hayden: Joe likes his uniform and his collar crisp.

Benton: *[Giving medical care to her arm]* Uh huh.

Hayden: Would you like me to iron your uniform?

Benton: ... Yeah. That'd be great. *[ER I, Story 16]*

Unlike in Scene C, here Benton selects the speech style reflecting convergence; he conforms to what Mrs. Hayden says, even though it is not real, and agrees with what she is going to do (to iron Benton's uniform). Accordingly, he can promote the interpersonal relationship with the patient.

Future Tasks

As the future tasks, I need to consider how to make the best use of the findings in English Education. Since I have already carried out some practices, I would like to introduce here just two kinds. First the students watch the scene from ER like the following:

[Scene E] *[Carol: Head nurse, Child: Patient's son]*
A child at the age of around 5 whose mother is mentally ill is forcefully separated from his mother. Being so depressed, he runs away and hides himself so that the nurses cannot find him. Finally Carol finds him and tries to talk to him]

Carol: *[to the Child who keeps his head down and never speaks to anyone]*
Hi! My name's Carol.
I like your sneakers.

Child: They're not the good kind. Mom got them from the cheapo shop.

Carol: Uh huh.

Child: Where's she?

Carol : The doctors take her upstairs. She's very sick. They're gonna try and make her better.
Child : But that doctor said we can stay together.
Carol : Well, it looks like your mom may have to stay here for a while.
Child : Can I see her?
Carol : I don't know if she can have visitors, but I'll check. You wanna hang out with me? *[←"I'm always with you"]*
Child : [Looks up and stares at Carol's face for the first time]
Carol : *[Smiles]* *[ER I, Story 4]*

At the first view, though I explained the situation, the students just watched the scene, where the boxed parts above have no sounds, so they themselves think what sort of strategies to take and what to say to the child. For them, the first utterance was hard to come up with, but once reminded of the convergence speech style and giving the care for Hearer, they notice they should pay attention to the child's interests or belongings. In this scene, this child did not have anything with him, so naturally his clothes or shoes drew the students'attentions. As the convergence speech style in English, I recommended to use *I* as a subject: saying not "Your sneakers are really nice", but "I like your sneakers" is appropriate. To use first person as the subject is to select the convergence speech style, by which the speaker can be closer to the hearer. As one more example, I showed Scene F and asked the students what to say in the last boxed part if they were in the place of Dr.Ross.

[Scene F] *[Ross : Pediatrician, Freeman: Father of the patient]*
Ross : Your old daughter, Shandora's drug test was positive ..... You knew that, didn't you?
Freeman : Do you have kids, doctor?
Ross : Yes, I have a son.
Freeman : The year before my wife died, she and Shandora were at each other's throats. Typical adolescent stuff. They just never had a chance to work it off. I don't know what to do...how to reach her. Sometimes I think she's trying to kill herself.
Ross : She needs help. I can help you get it for her.
[ER I, Story 6]

Most students' answers are the ones like "I will help you" Certainly they are not bad, but I add this explanation : Dr. Ross is not authoritative, but offers help the patient's father, suggesting "you are the one to help her and I will be ready to cooperate with you" Being a good cooperator is a key strategy here.

This kind of use of visual teaching materials have worked quite well so far, since the students have got used to conversational strategies as well as interested in medical English. They can also improve their listening skills by watching films. In the future, I plan to make the best use of visual materials together with theory based conversational strategies so that the students can improve their communication skills more systematically and learn appropriate English usage more naturally.

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要　　旨

映像を用いた英語教育推進の一環として，昨年度より進めている研究の経過報告である。題材としては，ドラマERシリーズを用い，昨年度は，どのような会話のストラテジーが，医療現場で働く人々と患者やその親族の人々との談話の展開により効果的かを観察して，そのストラテジーの柱となる概念・構成要素をまとめた（「愛媛県立医療技術大学紀要　第一巻　第一号」に論文を掲載）ので，今回は実際にそのストラテジーが成功している場合，そうでない場合を検討し，英語教育の場ではどのように適用させるかを考察し試行してみた。その結果，医療現場においては，聞き手（主として患者）への配慮だけでなく，話し手自身に対する配慮（社会的立場の維持など）も必要で，それぞれの配慮を言語的に表現した場合，それぞれどのようなスピーチスタイルを選択したらよいのかを，ERの中の会話から観察してみた。そして，話し手が，聞き手との人間関係や状況に応じて，バランスのとれたスピーチスタイルを選択してこそ，よりよいコミュニケーションができることが明らかになり，英語的発想からのコミュニケーションのとり方を学ぶ方向性がとらえられた。