The sociolinguistics of health and illness:
Unsettling global 'centres' and 'peripheries' in health communication research

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The importance of effective health communication for successful healthcare outcomes is nowadays well established. While technological advances and scientific discoveries expand our understanding of health and illness, what ultimately matters for improving healthcare outcomes is how this new knowledge generated by modern technologies is applied in real life, that is how it is communicated to and among patients, healthcare professionals, as well as other involved parties (e.g. health policy makers). Paradoxically, while many of the health-related technological advances originate from the 'non-Anglo-'/'peripheral' contexts, when it comes to health communication, there is a strong tendency to downplay and marginalize the scope and the impact of this ripe research tradition in these 'other' contexts.

The panel brings together an international group of linguistics working in the area of health communication in different 'centres' and 'peripheries'. The overarching aim is to problematize the hegemony of dominant (typically, Anglocentric) traditions in health communication research, in particular in relation to models of knowledge, knowledge production and dissemination. The panel aims to revisit the centre/periphery binary and unpack the dynamic relationship between them. We problematize the implied linearity in the 'core'-'periphery' dichotomy, and push for new ways of interpreting health realities and the sociolinguistics of health and illness.

Drawing on a diverse range of empirical data from primary and secondary healthcare contexts across the globe, the panel participants share and probe analyses and meta-reflections on the empirical, epistemological and theoretical foundation of current and completed projects. The panel aims to shed light on the heterogeneity and complexity of health care contexts and provide directions for further research in the field.

Keywords: sociolinguistics of health and illness, global 'centers', global 'peripheries', new health realities, heterogeneity of health care contexts

1. The sociolinguistics of health and illness:
Unsettling global 'centres' and 'peripheries' in health communication research

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The aim of this paper is to give an overview of existing sociolinguistic research in the field of health communication and to outline some emerging areas and issues in recent studies as a way of introducing the panel "The sociolinguistics of health and illness: Unsettling global 'centres' and 'peripheries' in health communication research".

Nowadays it is widely acknowledged that health communication is critical to successful health care delivery. Effective communication skills are recognized as fundamental clinical skills of providing patient-centred care and ensuring patient safety and well-being. The importance of communication has also been foregrounded by rapidly developing new technologies and discoveries in medicine: for this knowledge to have a real impact on health care, it needs to be communicated effectively to patients, medical and healthcare professionals, public policy makers, etc. Sociolinguistic research has much to contribute to these trends within the field of health communication. Historically, most of the research has originated from the Anglophone contexts (the global 'centres' of health communication). The empirical, epistemological and theoretical foundations of the earlier studies have also primarily drawn on the Anglophone tradition of research. The scope and the impact of research from the 'periphery', or outside the Anglophone tradition, has been downplayed. In this paper I problematize the hegemony of dominant traditions in health communication research, in particular in relation to models of knowledge, knowledge production and dissemination. I revisit the centre/periphery binary and unpack the dynamic relationship between them. I problematize the implied linearity in the 'core'-'periphery' dichotomy, and push for new ways of interpreting health realities and the sociolinguistics of health and illness. Drawing on my own research in Hong Kong, and other studies from the 'periphery' I highlight the complexity and diversity of contemporary healthcare contexts and discuss some directions for future research in the field.

Keywords: sociolinguistics of health and illness, health communication, global 'centres', global 'peripheries'

2. An exploratory study of meaning negotiation in traditional Chinese medicine (TCM) consultations in Hong Kong

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Traditional Chinese Medicine (TCM) is a growing phenomenon around the world. Despite its historical roots in the Chinese society, research on TCM practitioner-patient interactions in the Chinese context has been scarce. One major study in Hong Kong suggests that there is a real need to investigate the role of communication in the TCM context in order to ensure the safety and synergy of TCM and Western medicine in primary care settings (Chung et al., 2009). This paper addresses this gap in existing research by investigating the nature of TCM consultations and predominant communication patterns.

Based on the 10 hours of authentic interactions between TCM practitioners and patients in diagnostic interviews, we explore how the doctor-patient relationship is negotiated in the course of the consultation and how the doctor and the patient manage and maintain common grounds. All interactions are in Cantonese, the native language of the participants. We have identified a range of linguistic features that TCM practitioners use routinely to deliver patient-centred care and to shape a joint decision-making process. The strategies include the use of specific Sentence Final Particles (SFPs), as seen in our data, that serve to improve the quality of spoken interactions between TCM practitioners and their patients, to enhance the understanding of a patient's health condition and to ensure the accuracy of shared clinical information throughout the consultation journey.

In this presentation we will discuss the importance of educating TCM practitioners about specific communication strategies that contribute to effective communication with patients and ultimately optimise safety for both patients and clinicians. Our conclusions are in line with broader international research that has highlighted the importance of shared understanding of the treatment-making process between practitioners and patients as the core of patient-centred approach in TCM.

Keywords: Traditional Chinese Medicine (TCM), Hong Kong, doctor-patient interactions, patient-centred care

3. Self-management of invisible disabilities in medical consultations involving Chilean university students

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Invisible disabilities refer to "mental and physical conditions that are not immediately noticeable by an observer" and the choice to disclose the disability lies with the person (Matthews & Harrington, 2000). They can include chronic physical conditions (such as diabetes), cognitive conditions (such as ADHD), mental disorders or medically unexplained symptoms. People who have them are frequently told that the problems are in their head, that they are faking or they need to make more effort to fit in (e.g. Mullins & Preyde, 2013). These disabilities, however, may significantly impair everyday activities, especially in such cases where there is a lack of diagnosis and/or lack of or poor access to medical help and treatment.

Particularly in regards to the latter case, promoting the self-management of these chronic conditions has been a central aim of healthcare systems and institutions around the world (Newman et al., 2004; Heid et al., 2018). Handing responsibility for treatment over to the patient has been shown to improve patient compliance, to lower medical risks and to ease the workload of hospitals (Vanwesemael et al., 2018). In doing this, the patient becomes, though naturally to different extents, a medical expert who may challenge the traditional positioning of the doctor in a medical consultation, making the way patients' responsibility and illness are negotiated in interactions with doctors an interesting topic of scholarly inquiry.

The aim of this paper is to explore how patients with chronic conditions discursively work to make sense of and manage their invisible disability, while also negotiating their expert stance in medical consultations. In particular, we draw on a discourse-analytic framework presented in Bellander & Landqvist (2018) and examine 10 medical consultations videotaped at the health centre of the Catholic University of the North in Antofagasta, Chile, in 2018 and 2019.

Keywords: invisible disabilities, discourse analysis, chronic conditions, university students, patients, Chile

4. Resisting "being a smoker" during history-taking in medical consultations: A conversation analytic study in Singapore

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The correlation between smoking and various sorts of life-threatening conditions is medically well-established and widely accepted, even amongst chronic smokers. In Singapore, smoking prohibition began in 1970 and has progressively extended its reach to ban smoking in almost all public places, ostensibly to achieve the aims of a smoke-free nation. Hence, there is a palpable sense of censure, both sociologically and medically, for being a smoker in Singapore.

During a medical consultation, asking if the patient smokes, or if s/he is a smoker, is highly commonplace, as such information is critical for the doctor to effectively do diagnosis and assess medical risk. Yet, patients who do smoke often orient to such a question as doing more than simply history-taking, and can work to resist the perceived upcoming censure of this line of questioning.

Using conversation analytic methods, and based on a corpus of 150 video recordings of first-visit consultations at a Singapore hospital's urology clinic, we examine the various interactional practices that patients employ to either resist the implicature of the "smoking question", or to obfuscate the degree of how much one is smoking. Such findings alerts us to how simple medical history-taking can be sensitive to the societal/sociological context within which such consultations are taking place.

Indeed, if we were to compare such a commonplace medical question in other 'peripheral' contexts where smoking maybe more socially accepted (e.g. Mainland China or France), it would be interesting to see how doctors and patients orient to such asking and answering. This discussion also brings to light how globalized healthcare ideals may be at odds with the stance of smoking patients in differentiated socio-cultural contexts.

Keywords: conversation analysis, medical communication, smoking, history-taking

5. Discursive constructions of consumer autonomy: A comparative analysis of the marketing discourses of direct-to-consumer genetic test companies in the United States and China

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This study investigates the discursive constructions of 'consumer autonomy' in the promotional discourses of direct-to-consumer (DTC) genetic test companies in the United States and China. Drawing on rhetorical discourse analysis (Arribas-Ayllon, Sarangi, & Clarke, 2011) of the marketing materials from the websites of 23andMe (US-based) and WeGene (China-based), we examine how the concept of 'autonomy' originated from a 'Western' context is discursively appropriated, transformed and localized in the Chinese context. The findings suggest that the American company (i.e. 23andMe) advocates a democratic approach to consumer autonomy that seeks to remove traditional gatekeepers in public participation in genetic science. It positions consumers as co-producers of genetic knowledge by allowing them to influence the direction of genetic research. While the concept of consumer autonomy is similarly evoked in the promotional discourse of the Chinese company (i.e. WeGene), the construction of autonomy in this specific sociocultural context exhibits variations and displays its own characteristics. More specifically, the degree of autonomy accorded to Chinese consumers is less radical compared with the American counterpart, with the genetic company playing a leading role in genetic research. Moreover, the emphasis on consumer autonomy is intertwined with a communal emphasis on joint efforts between the genetic company and the consumers that are aimed at enhancing existing knowledge about Chinese people's genetic data. This study demonstrates varying levels of public participation in shaping a health-related genetic technology across the US and Chinese contexts. It further sheds light on how consumers are positioned in the ongoing social process of 'commodification and marketization of genetic testing' (Zayts & Luo, 2017).

Keywords: consumer autonomy, discursive construction, direct-to-consumer genetic test, promotional discourses, public participation

6. Intercultural adaption of person-centred communication for dementia

Dr. Tony Young
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At health policy level in the global west, person-centred communication (PCC) is strongly advocated in health and social care contexts in general, and in the care of people living with dementia (PLWD) in particular. Conceptualisations of PCC are, however, under-theorised, and the extent to which it is applicable to care in different cultural contexts underexplored. The aim of this presentation is to: firstly to report on the development of DemTalk- a free, web-based PCC toolkit developed in the UK, and secondly, to discuss the adaptation of this tool for culturally and linguistically diverse (CLD) populations in Malaysia.

The investigation began with the identification of communication needs and practices that included participation of PLWDs in a CLD community in Malaysia. Ethnographic exploration of interactions and discussions with the various stakeholders revealed that effective communication is crucial in maintaining social participation of the PLWDs and their quality of life. This informed the lingua-cultural adaptation of DemTalk. An adapted Malaysian English version was then translated into the three other widely-used local languages i.e. Malay, Mandarin and Tamil.

The most significant implication of this study lies in its potential to guide further adaptations of the toolkit to meet the needs of other populations. This will be detailed and discussed.

Keywords: person-centred communication, people living with dementia, DemTalk, culturally and linguistically diverse populations, Malaysia

7. From the 'periphery' to the 'core': Researching health communication for curriculum development

Prof. Susan Bridges
The University of Hong Kong

This paper will share meta-reflections on the applied potentials of health communication research for curriculum enhancement and development based on over a decade-long career in the field. A central focus will be to explore the concept of 'transdisciplinarity' as a metaphor and conceptual tool that can guide the 'immigrant' sociolinguist navigating the complex dynamics of disciplinary, linguistic and cultural boundary-crossing in seeking to translate research findings into practical, applied educational designs. In doing so, I will explore the key conceptual and pragmatic intersections between my own video-based research in the fields of Oral Health Literacy (OHL) and Problem-based Learning (PBL) which have drawn upon the traditions of interactional sociolinguistics, ethnomethodology and interactional ethnography (Green & Bridges, 2018). By sharing how my research has informed local and international reform of health communication curricula, this paper will address this panel's central concern with the complexities of knowledge production and dissemination within and across disciplinary, linguistic and cultural boundaries.

Keywords: transdisciplinarity, oral health literacy, problem-based learning, health communication curricula