

‘Borderlands’ in the intercultural dialogue. An insight into the medical communicational skills

«Frontières » dans la communication interculturelle. Une perspective sur les aptitudes communicationnelles médicales

“Frontierele” dialogului intercultural. O perspectivă asupra abilităților de comunicare în domeniul medical

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Abstract

The paper focuses on the study of communicational skills and strategies in intercultural contexts with a special emphasis on the medical field. It provides solutions for reducing miscommunication caused by linguistic taboos or by an insufficient understanding of the homogeneity-heterogeneity of the participants. The study identifies elements that define efficiency and effectiveness of intercultural communication among different types of persons, in different types of situations or settings. Generally speaking, participants in a conversation make decisions like physical location, beliefs or language which define a successful communicational pattern.

Résumé

L'article focalise l'étude des aptitudes communicationnelles et les stratégies dans des contextes interculturels, avec une emphase spéciale dans le domaine médical. On propose des solutions pour réduire les erreurs de communication causées par des tabous linguistiques ou par la compréhension insuffisante de l'homogénéité-hétérogénéité des participants. L'étude identifie des éléments qui définissent l'efficience et le caractère effectif de la communication interculturelle parmi de différentes catégories de personnes, dans des situations ou des contextes. Généralement, les participants à une conversation décident la position physique, les croyances ou la langue qui définissent un modèle de communication ayant du succès.

Rezumat

Lucrarea se axează pe studiul abilitatilor și strategiilor de comunicare în context intercultural cu focalizare pe domeniul medical, în particular. Oferă soluții pentru diminuarea erorilor cauzate de tabuuri lingvistice ce pot interveni în comunicare sau de o insuficiență înțelegere a homogenității-heterogenității participanților. Studiul identifică elemente care definesc eficiența și eficacitatea comunicării interculturale în rândul diverselor tipuri de indivizi, situații sau contexte. De obicei, cei implicați într-o conversație iau decizii legate de locație, valori, credințe sau limbaj care au un rol important în obținerea unui model comunicational de succes.

Key words: *communication, medical language skills, culture, linguistic taboos, codes.*

Mots clé: *communication, aptitudes linguistiques médicales, culture, tabous linguistiques, codes.*

Cuvinte cheie : *comunicare, abilitati lingvistice medicale, cultura, tabuuri lingvistice, coduri.*

Communication strategies have developed a systematic scheme for classifying the types of persons or events, in the same way it happened in other fields like economy or biology. Practically it would be impossible to develop principles for each individual separately, and therefore, such a conceptual scheme is necessary, in order to support the development of efficient communication, with a specific focus on intercultural communication. L.E. Sarbaugh, in his book entitled *Intercultural Communication*, draws a very pertinent comparison between the communication process and the growth and development of trees. Therefore, the life of a tree depends first of all on the requirements for water, soil, temperature etc. If one tree grows perfectly fine in one type of soil, another tree may as well die because it might need another type of soil. The same challenge is posed in the field of communication due to the difficulty of classifying communication events and to the decisions taken by the participants: beliefs, location, language, relationship among the individuals, timing of the communication, personal feelings or judgments. According to Sarbaugh, the variables which may distinguish between two communication events may be: public versus private, number of persons involved, similar goals, language and beliefs, intimacy of prior relationship.

Another issue to approach is the number of persons involved: the more people the more difficult the communicative process becomes. When the interculturalness of the event increases more communication breakdowns may occur. In case one of the persons involved knows both languages, he may serve as translator, facilitating thus the whole process.

Communication always uses some channels, either they are direct (the persons are physically present) or indirect (through another person or a mechanical device). The higher the heterogeneity of the participants, the more stringent the need of immediate feedback, that is direct channels. In the communicational process between two persons who speak different languages is influenced by their perception of one another. The whole process may be encouraged or not according to the positive or negative feelings towards the interlocutor, to their mutual goals and interests and to the hierarchical relationship that exists between the two. The way a discussion evolves depends to a great extent on the previous experience one speaker had with a certain category of people to which the interlocutor belongs. Individuals tend to focus on stereotypes and therefore, if one conversates with somebody who belongs to another nationality or race, one might think that all such persons must be approached in a way similar to the experience they had had previously. It is very difficult to change the perspective and beliefs of such persons but as a starting point we could mention a common topic or a shared interest. On the other hand, the communication may go smoothly only if there is mutual satisfaction, if the parties use all their energies in order to achieve the same goal. Sometimes, people believe that the only purpose of communicating is to control, dominate or to be controlled. Researchers have focused on such intents and they distinguished several categories, based on a range of situations: "Among those situations would be such desired outcomes as: to have you open the door (helping); to receive your suggestions about the usefulness of this taxonomy (share-help); to get answers to questions (share); to avoid a superior's attempts to embarrass me (ignore); to get the salesman to sell me a car at less than the usual price (dominate); to fire an employee (dominate); or to be flippant in a discussion where serious analysis might embarrass me (disrupt)." [1] The goal of one communicational process is more likely to be achieved if both parties have the same positive intent and a certain homogeneity of values; otherwise, when frustrations interfere, the whole process is doomed to collapse.

In any language there is a system of codes available which involves verbal and nonverbal behaviour. A gesture is, most often than not, specific and unique for each person, and here again we mention the previous experience of the speaker in what concerns the perception of the message conveyed or received. Heterogeneous individuals are less likely to have shared similar experiences and therefore, as Sarbaugh observed, it would become practically impossible to obtain a one-to-one translation of words between the participants. Many times translators face difficulty in translating or in finding appropriate equivalents for certain words due to cultural differences between individuals belonging to different nationalities. An effective translator should use a hands-on approach, that is

have a direct contact with the particular nation is interpreting for, in order to be able to provide an accurate rendition of the message and to perceive each and every subtlety of meaning in accordance with the language codes. The most difficult situation in communicating occurs when none of the two parties possesses any knowledge about the other's cultural background. According to Sarbaugh: "A third party translator could help bridge the code gap. However, if we accept a Whorfian (Whorf, 1956) position that one's code influences the way one structures reality, then we would expect differences on some of the other variables. If by chance, there is relatively high homogeneity on the other variables, a third party translator likely could help the persons overcome the code difference and communicate effectively. In the highly intercultural situation, if the translator has been immersed in both cultures, the heterogeneity gap between the parties wishing to communicate may be handled reasonably well; however, it will require considerably more time and energy to achieve effective communication." [2]

Linguistic taboos in the intercultural dialogue

Therefore, in the case of heterogeneous groups the level of uncertainty will be much higher, just like in the case of intercultural interaction situations. The communicational process also involves norms and standards that influence the verbal or non-verbal behaviour. Very often, interaction in a group of people with different backgrounds is defined by gestures, by which words one uses and in what context; by what one wears on what occasion, for example. Such behaviour and values are known in particular, by the members of a certain culture. Another branch of these standards is represented by the taboos which usually come up in intercultural communication, because they are bound by time, speakers and occasion or location. By taboos, we do not refer strictly to words but also to habits or behaviours. The etymology of the word in itself poses problems in translating it as it is a word of Polynesian origin without any specific correspondent in other languages. Taboos are culture-specific and violating them generates feelings of guilt and embarrassment. Linguistic taboos are deeply rooted in personal and social life and they come to emphasize the importance of being familiar with the interlocutor's cultural context. For people belonging to the same culture it comes as natural avoiding such taboos. However, even if anthropologists or sociolinguists are reluctant in mentioning them they must not always be regarded as negative elements. One positive function of taboos is that they can reflect the changes that take place in a society at a given moment and thus, help in the improvement process.

According to the typology of taboos, they have been categorized. L.E. Sarbaugh distinguished the following types: "Behaviours which are neither talked about nor done (e.g. sex relations with one's parent); those which are talked about but not done (e.g. eating of some foods such as snakes or ants in some cultures); those which may be done but are not talked about (e.g. sex relations between marital partners); those which may be talked about in one setting but not in another (e.g. your physician may talk with you in his office about your urination problems, but not at a party); those which may be done in some setting but not in others (e.g. in the USA it is permissible for a male to be in a room nude with his wife or his brother, but not with both present). [3] Generally speaking, taboos develop along with the community. Politeness for example, is one factor that contributes to the development of such taboos. Even if it is universal in all cultures the way it is perceived or the manner in which it should be enacted is totally different due to the values one individual possesses. When the interlocutors share the same values but are not aware of it, it becomes much easier to achieve an effective communication because they have the chance to discover this. Another important issue to take into consideration is tolerance; that is, the individual's ability to tolerate another person's values. When two people deal with different value orientations there is all likelihood that the communication will fail. "The fact that Europe accepts the identity in otherness, the difference in unity is a fact already stated. Actually the contemporary world generally adheres, more or less, to this vision and perception of others as different. With two amendments: the first refers to the fact that human history was not configured so permissively, especially concerning

the fairer sex. And the second refers to the loneliness of the contemporary man, more and more isolated through increasingly sophisticated means of communication.” [4]

The idea of place, provides for everyone, a sense of belonging and an opportunity to identify with it or not. In intercultural settings people may experience reactions such as: curiosity about the new surroundings; sentimental attachment; a necessary inconvenience to reach a specific goal; deep discomfort. People's identities are closely related to the idea of place and space because in the process of exploring they may be confronted with all sorts of challenges. This happens, most often to bilingual and bicultural individuals who have lived for long periods of time abroad – they feel that at a certain point they will have to choose one identity or another. In an experiential example, Grosjean F., exemplifies this pain of biculturalism as he calls it: “[French young man returning home after 10 years of schooling in England]. Realizing that I was neither English nor French, I came to the conclusion that I had to choose one country and one culture. As I was living in France, I decided to reject my English background and consciously strove to become French. [...] for a long time I felt that it was impossible to be bicultural – that it was too painful – and I therefore strove hard to adopt one culture and reject the other. Now that this is done, and with the years gone by, I realize that had the circumstances been different and had I been helped more by my family and friends when I first came back to France, life would have been easier and I could perhaps have retained both cultures.” [5] Therefore the people most exposed to such challenges are either students or businessmen and politicians who discover, at this point in their lives, that the core elements of their identities are ignored in this new environment. People who live in other countries usually become more aware of their own country rather than discovering life abroad. As Spencer-Oatey and Franklin put it, exploration of space leads to a clearer awareness of their own sense of identity. Most often they change their views on social roles and values expanding thus, the horizons. Some scientists like Kim or Bhabba reached the conclusion that becoming intercultural represents either a psychical transformation or a way of ‘working through’ of all cultural experiences. When having to adapt to an unfamiliar culture one must take into account several factors, such as the cognitive and affective management or the old and the new elements. It is important to build relationships with the new society but also to preserve the heritage culture. However, this does not depend on the individual only, but also on the people surrounding him, on their interests, attitudes and social groups. A researcher in the field, Berry explains: “[...] integration [...] can only be freely chosen and successfully pursued by non-dominant groups when the dominant society is open and inclusive in its orientation towards cultural diversity [...]. Thus a mutual accommodation is required for integration to be attained, involving the acceptance by both dominant and non-dominant groups of the right of all groups to live as culturally different peoples within the same society. This strategy requires non-dominant groups to adopt the basic values of the larger society, while at the same time the dominant group must be prepared to adapt national institutions (e.g. education, health, labour) to meet better the needs of all groups now living together in the plural society. This latter arrangement [...] [is] called multiculturalism.” [6]

Therefore, in a multicultural society it might be very difficult to reach out to certain categories of people. Doctors working abroad, for example, besides having to possess very good language skills will have to be able to adapt to the patients' environment and needs and to be aware of the fact that people are different so they should be treated differently. When dealing with multicultural societies, the boundary between integration and segregation is very thin and that is why it is essential to know how to set up race relations and how to draw up equal opportunity policies.

Language skills in the doctor-patient dialogue

If we consider the health care system of any country and its relationship with the patients we will observe that physicians have a very difficult task in the communicational process because they have to deal with sensitive issues without bias and remain non-judgmental, at the same time. And this is just one example. But when it comes to doctors practicing medicine abroad, the situation

becomes even more blurred and difficult to cope with – if the person lacks proper training in the field of communicating in a foreign language with the patient, he or she risks conveying a message that might affect the patient in a negative way.

Some issues may be considered sensitive by one person and insensitive by another. This is a highly subjective matter and that is why, doctors must develop skills of approaching such issues in order to avoid offence or embarrassment. The most challenging part in the medical communicative environment might be considered the history-taking process. A successful output relies mostly on the doctor's linguistic skills. They have to cope with inhibitions, judgments or embarrassment on part of the patient especially if they are discussing problems related to sex or drug abuse. Doctors will never make assumptions, will never expose personal attitudes towards sensitive issues, but, on the contrary, they will challenge preconceived stereotypes and cultural differences. In order to break down communication barriers, physicians will always begin the conversation with the patient with questions beginning with *what, where, when* and not with *why* – as this latter relative pronoun might sound judgmental. Some examples of such questions might be: *Don't you think your lifestyle is a little promiscuous?; Do you have a drink problem? or Have you taken illegal drugs in the past?*

Besides verbal communication there are also non-verbal signs like facial expression, clenched fists which betray the patient's state of mind. In such situations doctors must know what methods to employ in order to establish a productive dialogue with the interlocutor. A good doctor will always notice clues and use them in the benefit of the patient. For example, a defensive, evasive or irritated attitude or a family history of alcoholism could indicate alcohol or drug abuse. Under such circumstances, the doctor's approach must be a gradual one and employ methods learned in linguistic training sessions which will support the patient in taking the first step in managing his/her problem.

Another important part of the doctor is breaking bad news. Most of them come across difficulty in this area and therefore they need best medical practice and training. There was a communicational pattern developed by researchers which to support physicians, foreigners in particular, in breaking bad news, entitled SPIKES Model. This requires special techniques in delivering all types of news as well as appropriate language. The first element included in this model is the Setting, that is, the location where the information is conveyed, the placement of furniture but also the body language. Secondly we must mention Perception. This determines the amount of information the patient already possesses about a topic, as well as the misconceptions they may have. If the doctor is not aware of such things and if he does not use appropriate language, it will be difficult for him to judge whether the patient has understood the message correctly or not. The third element is Invitation. It refers to ways of modifying language so as to give as much information or detail as the patient wants to hear. Giving Knowledge and Information is the fourth dimension and the most important one, because it deals with ways of preparing the patient by softening the language which is used to deliver bad news. This element provides opportunities for familiarizing with the permutations of language. Another important area to take into account if following this model is empathy. A wide range of language is necessary in order to be able to express empathy in various situations. Last but not least is the Strategy and Summarising stage when the doctor summarizes and discusses the treatment or the future plans.

To sum up, it is very important for any doctor to be able to communicate with patients especially with challenging ones as this requires special linguistic but also conversational skills and strategies. An analysis of what occurs in communication breakdowns usually draws the attention to what goes wrong and to the complexities involved in communication. Both context and communication are closely related to set rules regarding politeness, languages use or social development, because participants from different cultures tend to abide by different values, standards and norms in intercultural interaction. Linguistic taboos occur in any language and they are more difficult to be understood by foreign people. They are often influenced by the contextual factors such as the individuals involved, the setting or the event in itself. Improper use of linguistic taboo is impolite and it can be avoided only by possessing a thorough knowledge about one nation's

customs and traditions. As they are culture-specific, the effectiveness of communication may be very much reduced.

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