Hedging in Doctor-Patient Communication: A Pragmatic Study

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Abstract:

The doctor-patient relationship is considered one of the most intriguing types of relations. The patient enters into this relationship usually in a disappointed state due to his/her illness which is often regarded as a form of social deviance since it impairs normal role performance. Accordingly, patients look for clues to assess the situation. One of such clues is soaking their speech with particular types of hedges. Doctors also use hedges of particular types. To use hedges properly can strengthen expressive force and communicative results, which can improve interpersonal relationship and thus make communication go more smoothly. The current paper analyses the type and frequencies of hedges employed in 15 conversations between doctors and patients. The overarching goal of this investigation is to present a general situation of hedges used in doctor- patient communication and explore their pragmatic functions. The results obtained lead to the conclusions that the two interlocutors use different types of hedges to mitigate the statements. However, it is found that doctors employ more hedging devices. By maintaining more hedges mainly of the adaptor type, doctors can provide positive feedback to the patient and facilitate his or her participation.

Key words: *doctor-patient communication, hedging, hedges, approximators, shields*

1. What is Hedging?

Hedging is a rhetorical strategy in which a mitigating word (or sound) is used to soften the force of a speaker's utterance in order to make it more acceptable to the interlocutor (Nikula,1997:188).By including a particular term, choosing a particular structure, or imposing a specific prosodic form on the utterance, the speaker signals a lack of commitment to either the truth value of an accompanying proposition or a desire to avoid commitment to categorical assertions (Hyland,1998:1). By means of hedges, speakers can avoid saying something definite, the result is that they keep their option open. For example, when one says:

1. *I think* he is not very clear.

The expression "*I think*" suggests that the speaker avoids expressing the core of the sentence as what the person might be. The speaker in this case uses a hedging expression as a way of saying that the utterance is approximate and that it may not be exactly correct. In other words, using such a device makes the utterance sounds less authoritative (Brown and Levinson, 1987:116).

What is apparant in the hedgy expressions is the fact that they may be realized by different categories such as auxiliaries (*can, could, may, might, etc.*), full verbs (*suggest, think, appear, et*c.), various adjectives and adverbs (*possible, probable, approximately, generally, etc.*) nouns (*suggestion, possibility ,etc.*), introductory phrases (*it is our view that, we feel that..,etc.*)*,* passive voice (*It was assumed*….) and use of questions (*did you know that..?*) and tense (*The model implies…)* (Hyland, 1998). Hedging has typically been linked to modality, mostly to epistemic type of modality. Epistemic modality can be expressed in a number of ways. Lyons (1977:797) defined epistemic modality as "any utterance in which the speaker explicitly qualifies his commitment to the truth of the proposition expressed by the sentence he utters, whether this qualification is made explicit in the verbal component...or in the prosodic or paralinguistic component". Despite such relations between hedges and specific linguistic categories, one should not deny the fact that meanings do not reside in the items themselves but are assigned to utterances which contain them; therefore, there are no linguistic items that are inherently hedgy. Any expression can acquire this quality depending on the communicative context or the co-text (Markkanen and Schroder,1997:6).This means that being context-bound (in that individual words, phrases and constructions cannot serve a hedging function unless contextualized), the concept of hedging is vague in itself, and the number of hedge devices is practically infinite in that it is neither easy to limit them within certain boundaries nor provide clear-cut lists of the hedging expressions. As a consequence, scholars vary in their taxonomies, classifications and views towards hedging and hedge devices. In medical communication, the interlocutors usually make claims and deny claims of other participants so they need devices to make their utterances sound more acceptable. Hedging is one of the best devices that can help both doctors and patients to make their utterances flow smoothly and avoid any inconsistency between the two participants (Nikula,1997:190).

2. Functions of Hedging

Hedging must be considered an intentional action in that the speaker chooses a linguistic device over and above the propositional content of the message which will affect the interpretation of the utterance, either by modifying the content of the utterance or its force. Scholars differ in their views as far as hedging's functions. Some maintain that hedges serve *semantic* functions (Lakoff,1972), Lakoff's main concern with hedges is their semantic characterization and how they may realize two seemingly contradictory functions, namely these of making things fuzzier or less fuzzy. According to this function, hedging has been looked at as a strategy of "saying less than one means" (Markkanen and Schroder,1997:48), the functions of such a strategy is to modify the writer's/ speaker's responsibility for the truthfulness of the utterance, and to modify the definiteness of an utterance or its information. Hinkel (1997:168) maintained that hedges represent the use of linguistic devices to decrease the writer's responsibility for the extent of the truth value of propositions/claims, to show hesitation or uncertainty so as to display a lack of commitment to the truth of what people say (ibid).

Others scholars (Prince et al 1982; Zuck and Zuck 1985; Myers 1989; Markkanen and Schroder 1997) focused on the *pragmatic* function of hedging. Hedging is to be analyzed with an eye on the communication situation, particularly its effect on the relationship between sender and addressee. According to this function, hedging serves as an alternative softener and politeness strategy that is mainly used to reduce the force and the effect of utterances in order to make the hearer accept what has been said in a conversation or a written text (Brown and Levinson,1987:116). In other words, this function emphasizes the interpersonal aspects of hedging, which can be seen as a politeness strategy whereby speakers tone down their statements in order to reduce the risk of opposition and minimize the threat to face that lurks behind every act of communication (Salager-Meyer, 2000: 3). In medical interaction, hedging is interpreted as one of the negative politeness techniques. It is "a politeness strategy when it marks a claim, or any other statement, as being provisional, pending acceptance in the literature, acceptance by the community, in other words, acceptance by the readers" (Myers, 1989:12).

In general terms, hedging devices are mitigating ones and the functions they serve depend on the perspective from which one looks at them. New studies focus

not only on these devices as softening or alleviating but they also pay attention to hedging categorizations according to the **cognitive** aspect as well as the **social** one. The latter maintains that hedging is socially constructed and thus should be considered as a learned linguistic resource that makes linguistic behaviour more socially acceptable in accordance with certain social norms established by a given culture of a given moment (Salager-Meyer,1994:180/ Channell, 1994:199). The current study focuses on the semantic and pragmatic categories as they form the basis of many discussions on hedging as well as the main aim of the study is to see how doctors and patients use hedging, how often and in what ways. The researchers believe that Skelton's (1988:38) quotation on hedging summarizes the main function of these simple but great devices. The quotation reads as "*Without hedging, the world is purely propositional, a rigid (and rather dull) place where things either are the case or are not. With a hedging system, language is rendered more flexible and the world more subtle*" (ibid).

3. Classification of Hedging

Different classifications have been made for the concept 'hedging'. The concept itself originates in logic and semantics, and has lately been developed further in pragmatics and discourse analysis so far that it extends to areas like meta-communication and to communication strategies like mitigation and politeness. The use of the concept as a linguistic term goes back to the early 1970s, when George Lakoff popularized the concept in his (1972) article *Hedges: A Study in Meaning Criteria and the Logic of Fuzzy Concepts*. Lakoff used the term to refer to words that "make things fuzzier or less fuzzy" (Lakoff, 1972:195). He was not interested in the communicative value of the use of hedges but was concerned with the logical properties of words and phrases like *rather, largely, in a manner of speaking, very* and so on. In short, his focus is mainly on the semantic aspects of hedges that serve a function of fuzziness. He was primarily interested in hedges, not hedging[1] (Markkanen and Schroder, 1997:4).

Lakoff's pioneering ideas have been further developed by a number of linguists, who have generally adopted a broader view on hedging, considering it not only a semantic phenomenon but also a pragmatic one (Mauranen, 2004: 173) (see above). In other words, hedges are no longer seen as conveying only inexactitude (e.g. a

rose is *kind of* a flower) but contributing to pragmatic strategies, such as politeness or mitigation, as well. Thus, whereas Lakoff considered only *propositional hedging*, Fraser, for example, touched on *performative verb hedging*.   Fraser (1975) introduced this type of hedging where certain performative verbs such as *apologize, promise,* and *request* when preceded by specific modals such as *can, must,* and *should*, as in

2-a) I *should* apologize for running over your cat.

   b) I *can* promise that I will never again smoke grass.

   c) I *must* request that you sit down.

result in an attenuated illocutionary force of the speech act designated by the verb. In these examples, the modals were considered as hedges. Example (2-a) is still an apology, just one less strong than if *should* were not present.

Brown and Levinson (1987) treated the hedging of the illocutionary force of a speech act in great detail in their efforts to account for politeness phenomena. This type of hedging has been referred to as *Speech Act Hedging* (Fraser, 1975). In their model, Brown and Levinson considered hedges as devices that minimize the threat to face as hedged utterances leave room for the opinion of the audience. By the use of hedging, the sender protects his negative face against critical comments. Resorting to such devices is "a primary and fundamental method of disarming routine interactional threats" (Brown and Levinson,1987:146).Other scholars dealt with hedges in different ways. Myers (1989) studied politeness in written academic discourse. He discusses hedges as positive or negative politeness strategies. Hedging may also be used to have a positive politeness dimension. The interpretation of hedging can be ambiguous in certain communication situations. According to Swales (1990) hedges are rhetorical devices used to protect one's reputation as a scientist. Hyland (1998) considers hedging as a communicative strategy that can decrease the force of statements. These definitions go along with what Holmes (1995) suggests. She identifies hedges as weakeners, softeners, and downtoners used in utterances and then function to express uncertainty in such sentences. Salager-Meyer (1994) agrees pretty much with this notion when she argues that hedging devices are used to add a probability degree to mitigate propositional information in the text. She considers hedges 'as a resource to express scientific uncertainty, skepticism and doubt' (Salager-Meyer, 1994, 151).

These above-mentioned definitions vary in use, discourse and functions and show that there is no clear-cut agreement on categories of hedges either in their forms or functions. Prince et al (1982) conducted a study on medical discourse to examine the speech of physicians and what hedge categories they use. Since this model has been adopted in the current study, it has been given separate sections as follows:

3.1 Prince et al's Model

As has been mentioned above, Lakoff's main concern with hedges is their job "to make things fuzzier" (1972:195). Prince et al. (1982) noted that this 'fuzziness' could be manifested in two ways: as fuzziness within the propositional content that affects the truth condition of the proposition conveyed, or as fuzziness in the relationship between the propositional content and the speaker, that is, the speaker's commitment to the truth of the proposition. To illustrate this, Price et al (1982:4) gave the following example:

3-a) His feet were blue

  b) His feet were *a sort of* blue

  c) *I think* his feet were blue

Sentence (3-a) is a standard situation that includes no hedges and conveys the proposition "his feet were blue". Sentence (3-b) conveys a different proposition through the use of "*sort of*" as a hedge that affects the propositional content of the sentence (rather than the speaker's commitment). Prince and his colleagues labeled such types of hedges as Approximators. In the last sentence (3-c), the same proposition of sentence (3-a) is being conveyed (that is, his feet were blue). The hedge "*I think*" does not affect the propositional content but merely implicates that the speaker is less than fully committed, or committed in some marked way, to the truth of the proposition. Prince and his colleagues labeled such types of hedges as Shields (ibid).

Approximators are hedges that operate on the propositional content proper and contribute to the interpretation by indicating some markedness, that is, non-prototype, with respect to class membership of a particular item. That is, in the unmarked (unhedged) case, certain terms indicate proto- typicaliness. The use of hedges serves to classify a certain item with respect to these (prototypical) terms.

Approximators such as *about, around*, *approximately*, *sort of, kind of* and *basically* can have the effect of withholding commitment to a proposition. They achieve this by inserting vagueness into the substantive proposition itself. According to Prince et al (1982), approximators have two subclasses which are **Adaptors** and **Rounders**. Both of these sub-classes occur when the speaker is attempting to correlate an actual situation with some prototypical, goal-relevant situation, where the hedging indicates that actual situation is close to but not exactly the expression modified. In other words, a certain term indicates the prototypical situation, while the hedge chosen indicates that the actual situation is close to but not identical with the prototypical situation. *Adaptor* hedges relate to class membership. They modify a term to suit a non-prototypical situation, for example, *somewhat, sort of, almost describable as, some, a little bit,* etc. Some examples are:

4-He has a *somewhat* low interior larynx.

 5- She noticed that he was a *little bit* blue.

Rounders convey a range, where the term is typical. That is, they indicate that a term is not exactly precise, for example*, about, approximately, something around,* etc. Examples of rounders in sentences are like**:**

6-The taxi will be here in *about* ten minutes.

7- His weight was *approximately* 3.2 kilograms.

8-The baby's blood pressure was something *between* forty and fifty.

Shield hedges are the second type of Hedges in Prince et al's (1982) classification. Such types of hedges change the relationship between propositional content and the speaker by implicating a level of uncertainty with respect to the speaker's commitment. They affect "the pragmatics by inducing implicatures conveying markedness with respect to the speaker commitment" (Prince et al,1982:86). One of the functions of shield-hedges is to protect the speaker from accusation of being committed to a false proposition (Channell,1994). Here, again, there are two subclasses: *Plausibility Shields* and *Attribution Shields*. The former are expressions that relate doubt. They indicate different degree of uncertainty on part of the speaker, such *as I think, I take it, probably, as far as I can tell, right now, I have to believe, I don't see that*, etc. These hedges stand outside a substantive proposition and point to something less than complete commitment to it. Examples are:

9- *Maybe* we should call a taxi

10- I *think* we can just slow him down to a little over maintenance.

11-*As far as I can tell*, you don't have anything to lose by taking that path.

Prince et al point out that whereas the unhedged versions imply that the speaker has knowledge via observations and/or logical reasoning, statements marked by a plausibility shield imply that the speaker is making the assertion based on plausible reasons.

Attribution shields, on the other hand, are expressions that attribute the degree of uncertainty toward a proposition to another party such as *according to her estimates, presumably, at least to X's knowledge*, *so and so says that..*etc., which attribute the responsibility of the message to someone other than the speaker. For example:

12- *John says* you can't divide 739 by 9.

13-He was not very ill, *according to her estimates.*

14- There was no reason to worry, *as far as anyone knew.*

The reason behind adopting such a model in the current study is that its two categories *approximators* and *shields* deal with the two aspects of semantics and pragmatics. The former presents a semantic aspect of utterances, while the latter presents a pragmatic aspect. Hence a better understanding will be gained when investigating doctor-patient communication as far as how they use hedge devices and for what reasons.

4. Methodology
4.1 Method of Analysis

The current study analyses 15 real conversations between doctors and their patients. **Ten** conversations have been randomly selected from Platt's (1995) *Conversation Repair* which is a source book that introduces 53 conversations as case studies in doctor-patient communication. The conversations are real and have taken place between doctors and patients then recorded and compiled in Platt's book. The random technique for choosing the dialogues from Platt's book was to take the multiples of number five since there were 53 dialogues[2]. The other **five** conversations have been chosen from a net site which is (www.Worth 1000. com/contests/doctor-patient). The site also introduces real conversations between doctors and patients and has recorded them in their real transcribed spoken forms.

Both sources are found reliable since they introduced real conversations and they vary in turns between doctors and patients (i.e, the turns between the participants are of various topics and consultations about different diseases). The study is descriptive in the sense that it discusses the hedging devices used between doctors and patients so as to investigate who uses what hedging devices and for what purposes. The method of investigation involves counting the devices in each participant's turn so as to find out the type and frequency of use for such devices. The investigation is based on Prince etal 's (1982) approach to the analysis of hedging devices. The turns in the dialogues were counted manually, and then separated for each participant to examine them as far as their numbers (for each participant) as well as what characterization each (turn) embodies in using the hedging devices. Each device has been put under its type then counted as a total usage. The average is calculated to see the frequent type among such devices.

4.2 Data Analysis

The analysis of data has been made by enumerating the use of hedges as well as their types. These uses and types have been listed in two tables: One for doctors' use of hedges and the other for patients'. Table (1) for the former and table (2) for the latter. Detecting hedges in doctors' speech shows that the most frequent type is that of adaptors. Although having less power than doctors in the consultation, patients can nevertheless influence the interaction by their willingness or otherwise claims. Unexpectedly, the analysis suggests that patients use adaptors in as much as the same way as doctors, although less in numbers but still the most frequent type within their speech.

Since rounders are considered as measurement devices, they prove to be the least in number in both doctors' and patients' speeches. They are used in a statement to limit the degree of a certain subject. For example, in conversation 3, the patient says: *I paid approximately $1000 to get rid of this disease.* The speaker here does not give the exact price. He/she tries to make the statement not too far from the given fact, bearing in mind that the hearer will understand the meaning the speaker wishes to deliver.

Plausibility shields are also used in doctors' speech as tools that refer to the speaker's speculation upon something. They include the first pronoun (singular and plural) to express the speaker's willingness to take responsibility for an alternative

idea to be a reference. For example: in most of the conversations, the doctors appeal to '*I think…..*' utterances so as to avoid imposing his/ her thought on the hearer. Thus, "*I think*" is used here to imply a reference to the utterance. Patients also use these devices mostly in the negative form (*I don't know, think, suppose….*) which may indicate more hesitation and inconsistency in their speech.

Attribution shields serve the same function of speculating. The difference is that they include a third person structure, for example, in patients' conversations, one may find (*my chiropractor, nutritionist, sister says, suggests….*) so as to avoid personal involvement and mitigates the responsibility of uttering a certain statement to a third party.

4.3 Results and Discussion

Based on the analysis above, the survey finds that doctors applied a large number of hedges during their communication with patients. According to the selected 15 conversations, the frequency of hedges in all texts is 295. Adaptors are considered a distinctive feature in doctor- patient communication. There are 154 occurrences which constitute 52.20% of all types of hedges. Adaptors are commonly used by doctors who reveal the degree of truth of the original proposition. By using adaptors, doctors can express the degree of correctness well in order to be more polite and less arbitrary. The general purpose of using such a device is to imply that an utterance or a specific word should not be understood in its literal meaning in the sense that it is only an approximation of some sort. Since doctors have to be careful in their speech with patients, they resort to such devices as a means to make their relationship with the content of the utterance fuzzier so that patients will not take the utterances as being for granted. Such tools can be seen as aiming at softening the resultant acts and thus making it more acceptable to the addressee. Plausibility shields appeared 70 times, which represents 23.72%. These devices are used to express speaker's doubtful attitude or uncertainty of the truth value of propositions. Attribution shields appeared 58 times, which accounts for 19.66%. When doctors have the complex communicative task of breaking bad news to a patient, they try to soften the force of their utterances in order to make these more acceptable to their patients. Thus, doctors frequently resort to the use of shields to "contain the scene". By using shields, doctors attempt to be both cautious in making knowledge claims and interactive in building trust relationships with their patients. Such hedging can be

viewed as a *negative politeness* feature as leaving room for the patients' opinions at the same time fending off being taken for granted. Rounders have the frequency of 13 which constitutes 4.40%. Rounders refer to those fuzzy languages which can show the variation range. By using them, doctors can be more objective and patients can be freer.

Although patients almost always want as much as accurate and precise information as possible, doctors seem to be careful in their choices. The study suggests that doctors develop a particular consulting style and tend to be the most flexible interlocutor, showing the greatest ability to respond to differences in patients' needs or the circumstances of the consultation. Hedges enabled the doctors to express propositions with greater accuracy in areas often characterized by reformulation and reinterpretation. Such devices helped them to state tentative scientific claims with appropriate caution. The hedging devices were found important and considerable as they contributed to the development of the doctor-patient relationship, addressing the need for deference and cooperation in gaining patients' approval of the doctors' claims. Patients, on the other hand, used hedges as a means of compliance and hesitation.

5. Conclusions

There has also been a growing interest lately in hedging and the motivation for its use in scientific communication. The study of hedges has drawn much attention from researchers. Based on the theory of hedges and its pragmatic functions, this paper analyzed hedging devices used in doctor- patient communication. What is worth noticing is the frequent use of hedges by doctors more than patients which aids a better understanding for patients during their communication.

Doctors primarily use hedging to express caution in their speech with patients. They resort to claims rather than facts to be able to gain the patients' gratification. Hedges are one of the devices that play a critical role in gaining ratification for claims by allowing doctors to present statements with appro- priate accuracy, caution, and humility, expressing possibility rather than certainty and prudence rather than overconfidence. Based on the politeness theory, hedging in doctor-patient communication is found to act as an adaptor that can make communication euphemistic, moderate, polite and flexible, which effectively helps to maintain and adjust the relationship between doctors and patients and keep communication

smooth. On the other hand, hedges would make information fuzzy and fail to keep conveyed information appropriate, so as to make patients more comfortable and feel more flexibility in their talk with doctors. Patients also resort to such tools as a means of attesting the degree of precision or reliability of a claim and accurately stating uncertain statements with appropriate caution.

Notes

[1] Hedges are the linguistic devices and hedging is the act of using these devices in spoken and written discourse.

[2] The number of conversations according to Platt's book will be disregarded in the tables and a new numbering will be followed to cope with the other chosen conversations.

Appendix
Table (1) Types of Hedges Used By Doctors

	Approximators		Shields	
No. of Conversation	**Adaptors**	**Rounders**	**Plausibility Shields**	**Attribution Shields**
Con. 1	-well -a little -really	about	-As I said -I think -I remember -I don't think -my view of….	-You told me that
Con. 2	-enough			-You need… -your nutritionist doesn't know
Con. 3	-almost -mostly -surely	about	-if you follow…	
Con. 4	-well -some… -some…		-I don't think… -I think…	-you seem…
Con. 5	-really -most -really - more -almost	around	-If we're worried… -I think -Probably	-It seems… -As far as you and I are concerned -That means it is…
Con. 6	-actually -just		-I think -I think	You ought to..
Con. 7	-sort of -just -just -sort of…		-I thought -I don't know.. -may be	-You can tell… -You ought to tell.. -That would be

Con. 8	-almost -sort of -just			-from your point of view…
Con. 9	-sort of -mostly -mostly -just		I don't find…. -I think you should	
Con. 10	-sort of -sort of		-If I can't examine you	-You know…
Con. 11	-well -perhaps -well -somewhat -actually -sort of…			-it appears that…. -you would better sit …. -that is to say, -they are supposed to ….
Con. 12	-just -just -more -really -much -really -anyway -a lot - kind of… - lot of… -just -few -anyway -really -kind of… -just -well -little -more -little -kind of… -sometimes		-I can't even tell... -I don't think… -I don't mean… -I am not sure… -I think… -probably	-somebody said… -that could explain …. -it doesn't mean… -That's what it says… -you know…
Con. 13	-most of… -a bit like… -just -just	approximately		-you seem…. -it is supposedly …. -you seem sure… -you sound like… -do you think… -you are supposed….

	-more -some			
Con. 14	-quite -little -almost -well -little -sort of -actually… -just -really -more -little -sort of … -well -well -much -kind of … -just… -lots of… -a little…	about	-I thought… -I can assume you… -I think… -I think… -I know that… -I meant… -If I know her …. -I'll make sure… -I don't think so.	-you should know…
Con. 15	-more… -well. -sort of		-I can see that… -maybe	-you said… -Do you think…? -you would think…
Total Number of Hedges 159	86	5	36	32

Table (2) Types of Hedges Used by Patients

	Approximators		Shields	
No. of Conversation	Adaptors	Rounders	Plausibility Shields	Attribution Shields
Con. 1	-really -only -well	-about	-I thought… -I thought…	-My chiropractor says -My sister said
Con. 2	-still -only -more -really -sort of -more		-I wonder -Probably	-You know… -My nutritionist says..
Con. 3	-not much	-	-I guess	-You know

	-Just -mostly	approximately	-That's what I thought -I know …	
Con. 4			-Iam not sure -I thought -I didn't think -I thought I ought to…	-he said -she said..
Con. 5	-really -Just -Just -really		-I see -I know -I think -I am beginning to doubt	-you told me… -the French says that if…
Con. 6	-fairly -just		-I didn't know.. -I wasn't sure.. -I think.. -I can tell you -I don't know if -you remember…	-That seems… -You know -You just presumed…
Con. 7	-mostly		-I think -I guess -may be -may be	
Con. 8	-just -just -just -always -just	-about		-My wife said.. -He said….
Con. 9	-just -always -just -not really -just -just -just like -always	-about	-I don't think it ….	-You know
Con. 10	-totally -more -mostly -just -almost -almost			-No one can understand.. -No one understands -She was the one who told me… -You are supposed to know.
Con. 11	-just -something		-I always thought…	-you can't seem…

	-just -always -some… -more…than -at least -whatever -just -more -less -less			
Con. 12	-well -well		-I'm not sure	-you think I need… -you know…
Con. 13	-actually -well -still -quite a few... -essentially… -some… -just.. -well… -some	-between -around	-you don't understand… -I'm still not sure… -I thought…	-the conversation is supposed…
Con. 14	-so… -so much -well -very… -just… -well…	-between	-I'm not sure… -I'm afraid… -may be	-Do you think…? -don't think…?
Con. 15	-just…	-about	-I can understand that…	-Are you sure?
Total of Number of Hedges 136	68	8	34	26

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المخففات في محاورات الطبيب و المريض : دراسة براكماتية

الخلاصة

تعتبر علاقة الطبيب بالمريض واحدة من اكثر العلاقات اثارة. يدخل المريض عادة بهذه العلاقة وهو في حالة احباط بسبب مرضه/مرضها الذي يعتبر صيغة من الانحراف الاجتماعي كونه يعيق سلوك الادوار الطبيعي، وبهذا فان المرضى غالبا ماينظرون الى المفاتيح التي تساعد الموقف. واحدة من هذه المفاتيح ان يغمروا كلامهم بانواع معينة من المخففات. ان الاطباء ايضا يستعملون انواع معينة من المخففات.ان استخدام المخففات بشكل صحيح يقوي القوة التعبيرية ونتائج المحاورة والتي تستطيع ان تنمي العلاقات الاجتماعية وتجعل من المحاورة تسير بشكل سلس. يقوم البحث الحالي بتحليل انواع واعداد المخففات المستخدمة في 15 محاورة بين الاطباء والمرضى. ان الهدف الرئيس لهذا الاستقصاء هو عرض موقف عام لاستخدام المخففات بين محادثات الطبيب والمريض ولكشف وظائفهم البراكماتية. ان النتائج المتوصل اليها قادت الى استنتاج ان المتحدثين كلاهما يستخدم انواع مختلفة من المخففات لتلطيف الجمل. بالرغم من هذا فقد وجد ان الاطباء يستخدمون وسائل تخفيف بشكل اكبر. باستخدام مخففات اكثر من نوع الادابتر، فان الاطباء يستطيعون اعطاء نتيجة ايجابية للمريض ويسهلون مشاركاتهم

پەرژین له ووتووێژی نێوان پزیشك و نەخۆشدا : لێکۆڵینەوەیەکی پڕاگماتیکی

پوخته

پەیوەندی پزیشك-نەخۆش به یەکێك له یەکێك له سەرنجڕاکێشترین جۆرەکانی پەیوەندی دادەنرێت بەگشتی، نەخۆشەکان بەشێوەیەکی هیوابڕاوانه بەشداری لەم جۆره پەیوەندیانەدا دەکەن به هۆی نەخۆشی یەکەیانەوه که زۆرجار به شێوەیەك له شێوەکانی دوورکەوتنەوەی کۆمەڵایەتی دادەنرێت. ئەمەش لەبەر ئەوەی دەببێته هۆی لاوازکردنی ڕۆڵ و ئەدائی کۆمەڵایەتییان. بەم بی یه نەخۆشەکان زۆرجار بەتەمای نیشانەیەکن تاوەکو بارو دۆخەکه هەڵ بسەنگێنن. یەکێك لەو جۆره نیشانانه بەکارهێنانی چەند جۆرێکی تاییەتی پەرژینه له قسەو گفتوگۆکانیاندا. پزیشکەکان چەند جۆرێکی پەرژین بەکار دەهێنن. ئەگەر پەرژینەکان به شێوەیەکی ڕێك و پێك بەکارهێنران ئەوا دەتوانن هێزی دەربڕین و ئەنجامی گفتوگۆکانیان بەهێز و کاریگەر بکەن، که ئەمانەش له خۆیاندا دەبنه هۆی چاکرنی پەیوەندی یەکانیان لەگەڵ دەوروبەر که له دەرنەجامدا وا دەکات که پەیوەندی یەکه به شێوەیەکی ڕێك و پێك و بێ کەم و کورتی ئەنجام بدرێت. ئەم لێکۆڵینەوەیه تاییەته به باسکردن له جۆرەکانی پەرژین و ڕێژەی پەرژینەکانی که بەکارهاتوون له 15 گفتوگۆی نێوان دکتۆر و نەخۆش دا. گرنگترین ئامانجی ئەم لێکۆڵینەوەیه خستنه ڕووی بارودۆخێکی گشتگیری پەرژینەکانه له گفتوگۆکانی نێوان پزیشك و نەخۆشەکاندا و دەست نیشان کردنی ئەرکه پڕاگماتی یەکانیشیان. له کۆتایشدا گەیشتنه ئەو دەرئە نجامەی که دوو گفتوگۆکەرەکه پەرژینی جیاواز بەکار ئەهێنن بۆ کەمکردنەوەی ئائارامی و ڕێك و پێك گەیاندنی پەیامەکانیان. لەگەڵ ئەمانەشدا، ئەوەش دەرکەوت که پزیشك ڕێژەیەکی زیاتری پێکاری پەرژینی بەکاردەهێنن له قسەکانیان دا. به بەکارهێنانی زیاتری پەرژین له جۆری گونجێنەر، پزیشکەکان ئەتوانن فیدباکی ئەرێنی بدەنه نەخۆشەکانیان و ئەرك و بەشداری یەکانیان به شێوەکی ڕێك و پێك ئە نجام بدەن.