The conditions and consequences of professional discourse studies

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Abstract

In this paper I revisit some of the basic premises of applied linguistics research, with particular reference to the emergent field of professional discourse studies. Beginning with an overall orientation towards different paradigms of applied research, I outline the main facets of an applied linguistic mentality as a basis for developing what I call an 'Applied Linguistics of Professions'. I then go on to offer an overview of the communicative turn in medical education and practice in the UK. I draw upon my own work in recent years in a number of healthcare sites to engage with some of the challenges facing applied linguists in an interdisciplinarily crowded space, in terms of both analytic practice and uptake of research output. With regard to the conditions of analytic practice, I focus on how categorisation and interpretation are central to all professional activity, to the extent that within applied linguistics and discourse studies, these are both the object of study and the process through which we study the professional habitus. With regard to the consequences of our research, I offer a set of observations that can be seen as a way of opening a dialogue among communication researchers and professional practitioners around issues of 'discovery/usefulness' and 'discriminatory expertise', if our research is to attain practical relevance.

Keywords: professional practice; pure/applied/consultancy/consultative research; thick participation; discriminatory expertise; communication skills; healthcare communication

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Introduction

This paper is primarily intended as a necessarily selective appraisal of two complimentary fields of research – applied linguistics and professional discourse studies – with a special reference to the healthcare setting. I am reminded of Tom Burns (1970) when he alludes to the competing foci underpinning such a task: (i) to outline a manifesto – announce departure for a new subject area; (ii) to invoke the achievement of predecessors; (iii) to offer a guided tour. Each one of these options has strengths and weaknesses. Of the last – the guided tour approach – Burns (1970: 56) writes:

Less striking in its appeal than the first, less elegant in manner than the second, more pedestrian by definition of course than either, the guided tour runs the twin hazards of losing half one’s audience by boring them with what is already distressingly familiar stuff, and the other half by hurrying them through the more complicated or remote precincts.

As I see it, the guided tour strategy can fail miserably as it can aspire neither to ‘make the strange familiar’ nor ‘make the familiar strange’ within the space constraints, given the widely divergent applied linguistics community of researchers. Instead I will combine different aspects of the three trajectories in an eclectic fashion as a way of raising some mutually overlapping issues for further reflection.

Profiling applied linguistics and the applied linguist

At the outset let me outline four major paradigms of research: pure, applied, consultancy and consultative. Researcher motivation may be an indicator of what these different paradigms might mean, and these can be linked to issues of relationships, reflexivity and relevance (see Sarangi & Candlin, 2001; 2003; Candlin & Sarangi, 2004). With regard to researcher-researched relations, we may think of a multitude of possibilities, roughly along the following lines: as outsider or insider, as invited or self-imposed, as assessor of performance; as expert and agent of change, as a resource for transfer of expert knowledge/methodology, and this list can go on. While in pure research, enlightenment may be the motivating factor, in applied research, a form of engineering and influence may be of central significance. Pure and applied are not only definable in terms of target outcomes, but also in the very ways in which the research process is constituted: in addition to the variable role-relations as outlined above, questions regarding what counts as data, and how the analyst attests his/her findings emerging from the data vis-à-vis their dissemination assume relevance.
The prefix 'applied' is the cornerstone of many scientific and social scientific disciplines, with a set of shared core values and perspectives. Let me turn briefly to Pit Corder’s (1973: 10) original formulation of ‘applied linguistics’:

The application of linguistic knowledge to some object – or, applied linguistics, as its name implies – is an activity. It is not a theoretical study. It makes use of the findings of theoretical studies. The applied linguist is a consumer, or user, not a producer, of theories.

Whether applied linguistics is a discipline or an activity is a rather moot point, but in the way Corder formulated the remit, applied linguists come closer to the profession of medicine which selectively uses scientific knowledge for the benefit of an individual client – what Freidson (1970) captures as ‘the clinical mentality’. In this sense, professional practitioners are unlike scientific experts who are committed to knowledge-generation in a ‘pure’ sense, although, as Stehr (1994) observes, professionals are both ‘knowledge-disseminating’ and ‘knowledge-bearing’ agents.

Consider the application of linguistic knowledge to language teaching, which Corder uses as an exemplar:

The linguistic approach is responsible for determining how we describe what we are to teach. This is not the same as saying that it determines what we teach. It contributes nothing to specifying how we teach. (Corder 1973:31, original emphasis)

Underlying this statement is a sense of modesty, a clear division of labour between description and prescription, a caution about how far one can go in professing the applicability of one’s knowledge. This echoes the received wisdom in other areas of social scientific research that there is always a spatio-temporal lag between what is discovered in ‘pure’ terms and how it might directly or indirectly impact upon professional practice. Within the context of medical education/socialisation studies, Becker et al. (1961) even go as far as insisting that ‘we do not report everything we observe’.

The final two paradigms – consultancy and consultative – are perhaps more overlapping than the pure and the applied dichotomy. For me, there is a crucial difference between the consultancy and the consultative models of research in terms of the researcher-researched relationship; the division of expert knowledge; the invited vs. self-imposed nature of the researcher involvement, and more importantly, in the ways in which the research findings may be presented and disseminated for potential uptake. While the consultancy model may foreground the researcher as an expert trouble-shooter in a problem-solving ethos, the consultative model is more of a collaborative exploration of the nuances of professional practice, where the applied linguist/discourse analyst has not only
to justify and problematise what constitutes the object and objective of research but also to rely heavily on the insights of the professional practitioner in making sense of the phenomena under study. A consultative research network is premised upon collaborative partnership, mutual respect and trust.

Here I am not going to debate different possible definitions of these research paradigms nor their boundaries. Instead I would like to suggest that it is possible for any one of us to participate in more than one research paradigm – simultaneously or at different points in our professional career. Very crudely, the applied linguist can be profiled along the following lines:

- Applied linguist as mediator (linguistics applied in a post-hoc mode)
- Applied linguist as problem solver (in a responsive, consultancy mode)
- Applied linguist as educator (in a proactive, futurist mode)
- Applied linguist as joint collaborator and co-researcher (in a consultative, reflexive mode)

A professional applied linguistic mentality

The application of scientific knowledge to solve ‘the real world problems in which language is a central issue’ (Brumfit, 2001: 169) constitutes the ‘jobbing linguist’ – ‘someone who offers technical skills in the service of somebody else’s activity’ (Brumfit, 2004; Crystal, 2004). This applied, ‘jobbing’ linguistic mentality of ‘problem solving’ which implies that a given profession is aware of the salience of its language-centred practices is some guarantee for the continuing relevance of applied linguistics. With this comes the recognition that some professional contexts are more language-centred than others (e.g., law and medicine vs. architecture), and within a specific professional context, certain sub-specialities may profess different degrees of language fronts (e.g., psychotherapy vs. neurosurgery). In other words, if we were to take a problem-solving approach to language-based professions, then the frontiers of applied linguistics, to use Crystal’s (2003) metaphor, can extend beyond its mainstream engagement with language education.

This mentality of ‘problem solving’ however needs to be kept separate from a mentality of ‘joint problematisation leading to problem solving’ in a consultative mode. This takes us into the heart of our professional applied linguistic practice – how we go about identifying and engaging with self-initiated and other-initiated real-world problems. Roberts (2003) makes a case for applied linguistics to become more practically relevant and reflexively grounded in not only addressing real world concerns, but also in doing so collaboratively in a sustained way with practitioners involved (see also Roberts & Sarangi, 2003;
Sarangi, 2002). Her concerns are captured in the expression ‘applied linguistics applied’ – which is a salutary warning about our work becoming too remote and abstract, almost bordering on non-applicability of research findings despite the original intentions/motivations. This is the opposite end of the ‘problem solving spectrum’ where self-imposed solutions are in need of uptake. Brumfit (2004) quite aptly captures this as a ‘metaphorical pretence’, i.e., ‘on the one hand … you can isolate the phenomenon that you’re looking at, and on the other hand the need to be embedded in real-world practice’. To minimise this pretence, I would imagine, the professional applied linguistic mentality has to harbour a long-term, collaborative action plan beyond snap-shot action research.

Let me revisit the parallel between applied linguistic mentality and clinical mentality – in terms of applying scientific knowledge in order to solve individual clients’ problems. For a ‘professional’ applied linguist to operate effectively in another professional context, the knowledge of the discipline needs to be supplemented by the knowledge/experience of a given profession in its organisational environment vis-à-vis their clients. A sense of commitment mediated through a situated understanding of participants and their life-world becomes a necessary attribute of applied linguistic mentality.

One way of looking at professional practice is to consider it as ritualistic and predictable, and therefore easier to describe and interpret than casual conversations (Heath, 1979). However, such an approach may belie the analytic burden: the reality that a profession’s knowledge base operates mainly at a tacit level. Polanyi’s (1958: 49) general claim that skilful performance in the context of swimming or cycling is accomplished by ‘the observance of a set of rules which are not known as such to the person following them’ holds true for professional competencies. Schon (1983: viii) echoes this sentiment: ‘Competent practitioners usually know more than they can say. They exhibit a kind of knowing-in-practice, most of which is tacit’. This ‘knowing-in-practice’ is often referred to as ‘practical knowledge’ which cannot be simply replaced by any set of rules or explicit rule following.

This poses an inherent paradox: as discourse/communication analysts we are more geared towards interpreting manifest performance (mainly language, but also to include visual, non-verbal and paralinguistic features), but professional knowledge and experience may not always be explicitly visible. Additionally, given the complex inter-relationship between language and context, what may be visible is not easily interpretable.

If description of language-in-use is the key applied linguistic activity, then Corder was quick to acknowledge that both the functions of language and the variability of language posed particular challenges to our descriptive enterprise. Most crucially, he draws our attention to what is now taken for granted in applied linguistics circles:
there is no one-to-one relation between a class of speech acts and the grammatical form of an utterance, and that it appears that almost any utterance can have almost any function in some context and situation. It is thus not only the form of the utterance which determines how we understand it, but the characteristics of the whole speech situation. This is what makes it so difficult to categorise speech acts in a systematic and scientifically valid way, and why we have to fall back very largely on ad hoc criteria which are based on common sense. One of the great unresolved problems in linguistics is to discover what the relations between the formal features of the utterance and the situation are which lead to a particular interpretation of that utterance as a warning, a promise, an assertion or an example of some other class of speech act. (Corder 1973: 42, original and added emphases)

The language-context inter-relationship has been central to Levinson’s (1979) notion of activity type (for an overview, see Sarangi, 2000). In a more recent paper, Levinson (1997) points to the apparent paradox that utterances can create their own contexts:

The paradox would be: if it takes a context to map an interpretation onto an utterance, how can we extract a context from an utterance before interpreting? The idea that utterances might carry with them their own contexts like a snail carries its home along with it is indeed a peculiar idea if one subscribes to a definition of context that excludes message content, as for example in information theory. (Levinson, 1997: 26)

The nuances of language-context relationship are most evident in professional discourse settings and this can pose a key interpretive challenge for applied linguists. It is not enough for us as applied linguists to carry our own context-based linguistic repertoire to interpret and understand situated professional practice. We need the time and space to socialise into professional ways of seeing and doing, and to recognise this requirement as a necessary condition for our intervention.

I have elsewhere referred to this challenge as the analyst’s paradox (Sarangi, 2002) – which can be minimised, if not overcome, by orienting to the practitioners’ insights as a way of enriching our interpretive practice. A ‘thick description’ of professional practice, in Geertz’s (1973) sense, can only be premised upon what I would call ‘thick participation’. The notion of participation has to be taken broadly to include continuity of involvement in a research setting, including maintenance of relationships with participants in temporal and spatial terms – or what Levi-Strauss (1967) would see as a form of saturation of experience. Long term immersion in the research setting becomes a necessary condition, which is synonymous with learning a foreign or second language.
in a bilingual or multilingual community for purposes of survival. Cicourel (1992; 2003) quite rightly emphasises the need for ethnographic insights as a way of supplementing one's discourse analytic stance. Ethnographic studies in the cultural anthropological tradition have highlighted the importance of such extended participation in the life of a community and their everyday practices. ‘Thick participation’, for me, extends beyond data gathering and data interpretation – it also includes the provision of feedback and the facilitation of conditions for potential uptake of discourse analytic findings (Roberts & Sarangi, 2003; Sarangi, 2004).

Thick participation constitutes a form of socialisation and it should not be equated with becoming a professional expert. There is more to expertise than a familiarisation with experience from the periphery. What I have in mind here is more of an acquisition of professional/organisational literacy that would provide a threshold for interpretive understanding. Without an adequate level of literacy, it is difficult to imagine how a researcher can understand and interpret professional conduct in a meaningful way. In the context of social studies of science, Collins and Evans (2002: 254) offer a distinction between interactional expertise and contributory expertise: while interactional expertise ‘means enough expertise to interact interestingly with participants and carry out a sociological analysis’, contributory expertise ‘means enough expertise to contribute to the science of the field being analysed’. I shall return to this later in relation ‘discriminatory expertise’, but it is suffice to say that thick participation is not an either/or matter and that there are degrees of participation at stake. Understanding and interpreting others’ practices are dependent on such a participatory stance, which amounts to a reconfigured fusion of ethnomethodology, praxiology and ethnography. As Malinowski (1935: 320) points out, one cannot ‘understand the rules of the game without a knowledge of the game itself’. It is the knowledge of the game that becomes accessible via ‘thick participation’.

Professional vision and categorisation of professional practice

My argument in favour of thick participation comes with some disclaimers. In addition to inevitable biases – observer-related as well as more systematic ones – there are limits to what we can have access to and are able to interpret, although we accept that professional practice is constituted in discourse. As Goodwin (1994: 630) points out:

Professional settings provide a perspicuous site for the investigation of how objects of knowledge, controlled by and relevant to the defining work of a specific community, are socially constructed from within the settings that
make up the lifeworld of that community – that is, endogeneously, through systematic discursive procedures.

Goodwin (1994) goes on to draw our attention to how ‘professional vision’ is constituted in specific discursive practices, e.g., coding, which transforms phenomena observed in a specific setting into the objects of knowledge that animate the discourse of a profession; highlighting, which makes specific phenomena in a complex perceptual field salient by marking them in some fashion; and the production and articulation of material representations.

Our role as applied linguists and discourse analysts is double-edged: the professional groups we study use language to categorise events and our role is one of (re)categorising and (re)interpreting what professionals categorise in their everyday practice. In other words, professional discourse, for us, is both the object of study and the process through which we study professional practice. As Lee (1992: 16) points out, ‘Language [is] a classificatory instrument… categories are not objective, ready-made, inherent properties of the external world but are subject to processes of perception and interpretation’. So, like the professionals under study, what we as analysts do with language is bound to be biased and ideologically framed, because our analytic tools are inherently theory-laden.

The main challenge facing an outside researcher is one of interpreting professional knowledge and practice in a competent manner (Sarangi, 2002). As I have already indicated, professional conduct is informed by tacit ‘scientific’ knowledge, practical experience as well as organisational procedures – all of which are not necessarily available at the explicit discoursal level for applied linguistic description and intervention, even with sustained ethnographic involvement. Following Wilson (1963), the business of (applied) linguistic analysis cannot deal with scientific facts and their truth status, but is better equipped to examine their discoursal realisation and usage. Questions of fact – e.g., ‘Is a whale able to sink a 15,000 ton liner?’ – are beyond the remit of language/discourse researchers. Questions of concept – such as ‘Is a whale a fish?’ – are certainly within the purview of our interpretive expertise, as we can discuss how the categorisation of whale as a fish may vary across different language users, e.g., biologists, fishermen, the bureaucrats and politicians representing the Ministry of Agriculture and Fisheries. Such categorisation will have consequences – not so much for the whale – but for those fishermen who depend on whales for a livelihood. It also proves that categorisation is always evaluative in nature, although the point of view of the categoriser may remain implicit.
The limitation of our interpretive circumference is brought out clearly by Gilbert and Mulkay’s (1984: 14) analytic positioning in the study of scientists’ discourse:

[It] does not seek to go beyond scientists’ accounts in order to describe and explain actions and beliefs as such. It focuses rather on describing how scientists’ accounts are organised to portray their actions and beliefs in contextually appropriate ways. Thus, discourse analysis does not answer traditional questions about the nature of scientific action and belief. What it may be able to do instead is to provide closely documented descriptions of the recurrent interpretative practices employed by scientists and embodied in their discourse; and show how these interpretative procedures vary in accordance with variations in social context.

It follows then that discourse analysis, as a methodological toolbox, should be aimed at recovering evidence (at the levels of the said and the unsaid) rather than assessing professional knowledge and its truth status.

Towards an applied linguistics of professions

Notwithstanding the limitations of our interpretive expertise in the wider professional contexts, in what follows I would like to move away from a narrow characterisation of the applied linguistics task vis-à-vis language education. Corder observed in 1973 that ‘foreign language teaching is often taken as being synonymous with that task’, and it is perhaps still the case thirty years later. A precise question would be to see what is it that the FLT task accomplishes which makes applied linguistics tick. In institutional and sociocultural terms, ‘thick participation’ must count towards the continued survival of the applied linguistic venture. I would like to suggest that Applied Linguistics has other relevant tasks to take on board across a wide range of professions. Examples include: language and the legal profession (under the brand name of forensic linguistics), translation and interpreting, healthcare, and workplace/organisation studies more generally. The bigger question before us is: under what conditions can ‘applied linguistics’ become ‘effective linguistics’?

If by ‘effective’ we mean guaranteed uptake of our intervention, i.e., the positive consequences resulting from our research, then we need to consider carefully not only what we discover but also how we communicate our discovery. As I shall elaborate later, professionals are not very good at communicating explicitly to their clients what they do, although their actions are informed by expert knowledge. Applied linguists as professionals are not outside of this
characterisation: we rarely analyse and reflect upon our engagement with practitioners whose conduct we observe and analyse even though our output is meant to be client-/other-oriented.

The key point of my proposal here is to expand the boundaries of applied linguistic themes and sites as a way of recognising the emerging interest in language-focused activities in professions. I would like to suggest a broadening of the scholarly enterprise devoted to ‘language/discourse of professions’ (as is the case within the field of Language for Specific Purposes drawing on genre analysis), which can be labelled as Applied Linguistics of Professions along the lines of cognate social scientific approaches to professions (e.g., Sociology of Professions, Anthropology of Professions). This transition can be characterised as a shift in focus from ‘professional discourse as a register’ to ‘professional discourse as an expert system,’ while accommodating a more involved fieldwork-based collaborative enterprise.

More than 25 years ago, in 1979, when commissioned to contribute a chapter titled ‘The context of professional languages: an historical overview’ for an edited book, Shirley Brice Heath opened her chapter thus: ‘In a volume entitled Language in Public Life, it is somewhat ironic to include the language of professionals, since many professionals are today charged with making special efforts to keep their language apart from the public’ (1979: 102). She underlines her position with the following argument:

First, the language of the professional set him apart from the client or patient. His language was a mark of the special province of knowledge which was the basis of what it was the patient was told, though the knowledge itself could not be transmitted to the patient. […]

A second feature of the language of the professional was his articulated knowledge of ways to obtain information from patients while restricting the amount and types of information transmitted to the patient. […]

Professionals have, therefore, been socialised to have certain perceptions of their role in communicative tasks, and they have been trained to use language as an instrument to maintain that role and to accomplish ends often known only to them in interchanges.

(Heath, 1979:108)

Heath’s observations echo the points I have already made about the tacit basis of expert knowledge and practice, especially in relation to the healthcare profession. In the context of the book, Heath (1979) offers a useful historical overview of the characteristics of professionalism (in the USA context, between 1840s and 1960s) which can be summarised as follows:
1. Access to ‘knowledge of abstract theories and working definitions of concepts basic to their fields’.

2. High degree of internal organisation through professional associations to monitor rule of conduct, recruitment etc.

3. A special concern for the public interest…to rid society of quacks, amateurs etc.


5. 'The conscious development of a specialised vocabulary and special formats for the presentation of knowledge'. Agreement on standard methods of labelling and describing symptoms. A good doctor means how to talk like a doctor – how to use words in appropriate ways:
   a) Allow discussion of only certain topics.
   b) Restrict the choice of conversational partners (‘elicit from the patient both ‘subjective’ and ‘objective’ views of illness’).
   c) Use a detailed procedure for interviewing patients (‘it was the task of the physician, not the patient, to ask questions; in the words of one doctor: “The wisest [patients] ask the fewest questions”’).
   d) Avoid the truth, and also discourage elaboration of their information from other sources (the assumption being the patient will not understand the truth about their condition; so, he should be told what is good for him, what he should do, etc.)
   e) Assure the patient he is ultimately responsible for his own improvement.

Points 1–4 above are applicable to any professional community and they no doubt characterise us as applied linguists and discourse analysts. It is the last point (5), with its detailed application to the healthcare context, which is directly relevant for my purposes. It shows how the medical profession routinely goes through the rites of communicative socialisation, and may as a result come to believe that ‘good’ communication is an embedded part of their professional competence, while at the same time suggesting that their specialised communicative repertoire is not necessarily transparent to the untutored eye of either the patient or the outsider analyst.

The body of work in professional discourse studies over the last 30 years or so can be generally grouped under three categories: (i) the descriptive, genre-based studies focusing on specialised registers, mainly involving written texts,
chiefly from the academy; (ii) the interpretive studies of talk and interaction in professional settings, sometimes involving critical sites such as team meetings, cross-examination in the courtroom, delivery of bad news in healthcare contexts etc; and (iii) problem-centred, interventionist studies in the spirit of applied linguistics, often involving close collaboration between discourse analysts and members of various professions. A quick glance at the early days suggests that researchers relied on naturalistic data that could be analysed within a rigorous descriptive framework. There have been very few instances of thick participation in the research site or joint collaboration with professionals themselves: one exception is Labov and Fanshel’s (1977) study of therapeutic discourse, although it is difficult to see in this highly descriptive study – what one might call a ‘thick description’ – of a therapeutic encounter lasting about fifteen minutes, what could be of interest to the professional group. This is not to undermine the research findings of various interaction-based studies that have contributed significantly to our knowledge of professional-client encounters without reducing them to interactional orthodoxies.

Communication skills training in healthcare settings: the UK experience

Let me now reflect on the communicative turn in the healthcare setting and suggest how this communicative turn can be seized upon further by linking the applied linguistic and discourse analytic studies of communicative competence and situated performance. Over the last few years in the UK the General Medical Council (GMC) has emphasised the need for better communication abilities for the doctors (Tomorrow’s Doctors, GMC, 2002). The same holds for in-service training (Good Medical Practice, GMC, 2001). This is a recognition of the fact that healthcare professionals may be proficient in their medical/scientific knowledge but not in the communicative dimension. This is borne out by the scale of litigation settlements arising out of communication failure. The number of complaints to ombudsmen and to various health complaints commissions proves that many professionals fail to communicate adequately. We are however far from knowing the exact scope and nature of this communication failure: Is it overload of information? Is it lack of adequate information provision? Is it collusion between healthcare providers and patients with regard to not telling the ‘hard’ truth? Is it overuse of professional jargon? Or is it simply a matter of professionals not listening to the patient? The ‘official’ response to this crisis is the move towards ‘patient-centred’ healthcare, which includes communication skills training as a necessary part of the curricula for medical education.
A second possible reason for putting the spotlight on communication may be that many of the new emergent illnesses demand communicative sophistication in dealing with uncertainties associated with diagnosis and prognosis. A third dimension is the increased level of patient literacy with ease of access to the health-related websites. The deficit model of healthcare delivery now gives way to health providers re-interpreting what patients already know and in distilling relevant knowings from irrelevant information overload.

In general, many healthcare professionals have welcomed this communicative turn in medical education and continuous professional development, although some tend to believe that a good doctor is by default a good communicator. No doubt there are some professionals who are both good doctors and good communicators. But it is risky to assume this correspondence as a given, especially when the patient population remains infinitely diverse, with varied experiential trajectories and expectations. Moreover, the notion of the ‘good doctor’ is itself problematic as it implies competent performance at an individualistic level. It is commonplace that doctors often work in teams, as much of healthcare delivery is organised along multiprofessional division of labour. What may come across as good doctoring to the patient may not always be good for the team members, e.g., a nurse may feel his/her tasks have been impeded or surpassed, that there was not a fair division of expert labour. This suggests how as language and communication researchers we are not in a position to evaluate professional practice without giving due consideration to the organisational ethos.

We can look at these communication-centred developments in two ways: from practitioner-training perspective and from professional research perspective. From practitioner training and medical education perspective, one may reluctantly concede that healthcare professionals can manage their business without any help from communication training and research. However, this conceals the fact that there has hardly been a channel of communication between applied linguists and those who are in charge of practitioner training and education. Communication skills training and assessment (as in the Objective Structured Clinical Examination) has mainly developed outside of the discipline of language and communication (here applied linguistics). Some early examples of descriptive work include Candlin et al. (1976; 1981; 1982), which are responsive to problems, with the potential opportunity for intervention and empowerment of clients and/or professionals both within the mainstream healthcare encounters as well as those involving allied professionals. The collaborative work I have been involved in with Celia Roberts over the last seven years is an attempt to build a bridge across our professional boundaries, both in analytical and educational terms (see, for example, Roberts & Sarangi, 1999; 2002; 2003; 2005; Sarangi & Roberts, 2002).
When we consider the current provision in medical education and professional training, we see that, independent of the research developments in applied linguistics and discourse studies, communication is seen as a recipe-style skill that can be learnt with the help of a DIY guide. Moreover, communicative competence in these highly specialised settings is viewed as a separate layer of ability vis-à-vis professional, scientific expertise. There is an overall sense of fragmentation of expertise in order to manage and assess learning output, which is not helped by a reductionist view of language-in-use. It necessarily overlooks the gap between displaying communication as a set of learned skills and their overall integration into professional practice.

When applied linguists become involved in the delivery of training programmes of healthcare professionals, especially in a multi-cultural, multi-linguistic environment, one may begin to smell professional success in terms of potential intervention informed by robust theories of language-in-use. However, this is far from being the case as the outsider language specialists may shy away from ‘thick participation’ in their belief that an extra dose of context-free language/communication awareness will fix the communication problem. There may be the lack of motivation to develop a critical perspective towards professional communication as a specialised activity, comprising many differentiated sub-specialities. For example, giving bad news in a primary care clinic and in an oncology clinic should not be approached in the same manner.

A further point relates to the healthcare profession’s natural inclination to look for evidence. Has training in communication skills made a difference to practice? Williams and Lau (2004) claim that this is not the case and characterise the communication skills training as an exercise in evangelism – trying to convert doctors to become good communicators. According to them, the medical curriculum is becoming a crowded space, with pressure from ethics, psychology, etc., and we may be in danger of producing doctors who are good at everything except in knowledge of medicine. This makes one think of the excesses associated with the alternative position – good communicators are good doctors! The assumption here is that patients want good communication at the expense of everything else. In a recent study, however, Burkitt Wright, Holocombe and Salmon (2004) suggest that breast cancer patients may not be primarily concerned with doctor’s communication skills, but with their technical expertise.

A final point relates to the growing area of health communication skills research. One is intrigued to find naïve categorisation systems which ignore the ‘non-correspondence principle’ (that is, there is no one to one correspondence between linguistic form and function), and urge that the category systems allow for a context-independent universal description of professional communicative
practice (for an example, see Stewart & Roter, 1989). The quantitatively robust findings these studies generate are scientifically respected, but their practical, applied relevance remains questionable, especially from a qualitative discourse analytic perspective. By a similar token, we can anticipate professionals asking the ‘so what’ question when faced with very sophisticated analysis of specific interactional sequences. Elsewhere (Sarangi, forthcoming) I have argued in favour of activity analysis, which aligns with a theme-oriented discourse analysis (Roberts & Sarangi, 2005), to become a central commitment of professional discourse studies. In a nutshell, activity analysis responds to two major concerns raised by professionals themselves (S. Candlin, 2003; Clarke, 2003). In the words of Clarke (2005: 191):

Studies of talk-in-interaction, whether labelled as CA or DA, would align more readily with the perspective of professionals if they could examine episodes of interaction as long as the whole consultation… Professionals will perhaps be more enthusiastic about collaboration if the lens used to study their activities could be switched to even a slightly lower power, so that the give and take of discussion over a longer period – perhaps even during the whole of a consultation – could be examined.

The two main concerns voiced by Clarke have to deal with context-embeddedness and the part-whole dynamics of interpretation, both of which require the analytic means of mapping as part of activity analysis. Rethinking the microscope metaphor, Clarke continues:

The analyst must steer between the Scylla of decontextualisation and the Charybdis of over-generalisation. A microscopist would remind us of the need to use a lens of appropriate magnification – neither too high power (removing essential context) nor too low power (revealing insufficient detail).

(Clarke, 2005: 189)

Methodologically speaking, the above remark aligns with Cicourel’s call for ‘ecological validity’. Any analysis of professional practice needs to steer a midway between ‘constructionism’ and ‘radical situationalism’ as a way of avoiding, on the one hand, ‘micro-analytic myopia’ (Wilson, 1986, cited in Mehan, 1991) and ‘the fallacy of abstractionism’ (Douglas, 1971), on the other. While embracing the analytical and methodological sophistication, one needs to identify a range of topics and sites for future investigation. Here is an indicative list:

1. Study of professional practices beyond the mainstream doctor-patient communication as a way of understanding how professional knowledge is constituted – which will no doubt inform our interpretation
of doctor-patient encounters. This is a call for studying the backstage activities (briefing sessions, case presentations, medical records, corridor talk etc).

2. Extend our work into other healthcare settings: nursing, pharmacy, health visiting, midwifery and other areas of language and communication linked disorders: autism, deafness, schizophrenia, dementia etc.

3. Identify sites where language and communication issues play an even more significant role. These are settings such as genetic counselling, chronic fatigue syndrome, epileptology and palliative medicine, where medical knowledge is stretched to its limit. For instance, in end-of-life consultations, medical failure and futility have to be negotiated interactionally, as Barton et al. (2005) show in the shifts from curative treatment to palliative care. In genetic counselling, where cure is not an option, risks of knowing overshadow risks of disease and prognosis, which require delicate communicative participant structures.

4. Other mediated healthcare settings such as NHS Direct provide another opportunity, where professional expertise has to be reconfigured in order to deal with ‘patients at a distance’ in an interactional environment made complex through the use of algorithms and telephone systems.

5. Areas of assessment, e.g., in gatekeeping settings, including validation of assessment tools. This provides an opportunity for the interface between language assessment and testing research and professional education.

6. The intercultural dimension, given the potential consequences that might follow if doctors and patients bring different cultural and linguistic assumptions to the interaction. The differences in the affective and epistemological domains may lead to differential symptoms presentations and potentially different treatment regimes (Roberts et al., 2004).

7. Towards a communication ethics: Communication has undoubtedly an ethical dimension which includes, among other things, what is communicated or not communicated; how decisions about diagnostic and predictive testing, and disclosure of test results are accounted for; how the ‘need to communicate’/‘know’ may be used as a reason for testing; how communication/talk itself may lead to decision about testing and disclosure; how (consequences of) communication might be seen as problematic, and hence avoided.
Concluding remarks: reflexivity, relevance, and discriminatory expertise

In this concluding part, I draw attention to professional communication researchers as an expert community of practice and raise a number of questions for us to reflect on. I have elaborated many of these elsewhere (Sarangi, 2002; 2004), and to characterise the interface between applied linguistics and professional discourse studies, I pose them as follows:

a) What knowledge do communication researchers bring to bear on their understanding of other professional practices? How can the discourse practices of communication researchers be informed by the personal knowledge of professional practitioners – i.e., what constitutes understanding, belief, experience, practice and action? To what extent are communication researchers able to access the knowledge/belief systems of professional practitioners through a study of their communicative ecologies? How does one avoid extreme reductionism in the interpretation of local practices?

b) In what ways can communication researchers claim practical relevance for their interpretive and interventionist work? Will a utilitarian research goal require one to go beyond the description of surface-level discourse and to acknowledge the problem of providing an evidential link between observable communicative practices and tacit knowledge systems?

c) What can be learnt by making the communication researcher a part of the process of our inquiry? In other words, what does it mean to move from language as action/activity to language/discourse analysis as action/activity/activism?

Effective applied linguistics, of the kind I have been alluding to, can be seen in the experience I had in publishing work outside of our mainstream journals. During the peer review process, one of the referees for the Journal of Genetic Counselling remarked (perhaps as a direct response to a standard question from the editor) that ‘this paper would not change my counselling practice, but while reading it, it made me think about my practice’. Following the acceptance and publication of this paper (Sarangi et al., 2004), and a sequel to it (Sarangi et al., 2005), there was an editorial request to come up with a set of questions which could be used for the purposes of Continuing Professional Development. This was no mean exercise, and it did make us reflect on our writing by drawing attention to our analytic practices in categorisation of discoursal patterns and in claims-making (see also Roberts & Sarangi, 2003; Sarangi et al., 2003).
This leads me to suggest that as applied linguists we need constantly to reflect upon the nature of our analytic expertise. Following Collins and Evans (2002), it is the discriminatory expertise which concerns me here. As I see it, discriminatory expertise should involve the following:

a) discriminating between discovery and usefulness (Rampton, 1997).

b) discriminating between different traditions of discourse analysis (conversation analysis, critical discourse analysis, interactional sociolinguistics etc.) in relation to their analytic focus and usefulness (i.e., to go beyond the idea that by applying our analytic framework we make our work relevant); more generally, I feel that researchers of professional discourse will have to remain committed to a research site rather than to a narrow analytic tradition, so that they understand professional practice through ‘thick participation’.

c) discriminate between variations of professional practice (here interactional trajectories) and account for such differences in terms of discoursal evidence, although not always going as far as labelling professional practice as good or bad.

With a commitment to making our work reflexive and visible, we have to strike a collaborative partnership with our professional practitioners. In a self-reflective mode, Firth (1978) wrote about anthropologists and physicians sharing a common curiosity about ‘the human condition’. This led Heath (1979) to speculate how (applied) linguists and professionals in human services delivery systems may come to share a curiosity about communication. We certainly have reached the point where ‘the human communication condition’ can bind us all together in the healthcare domain. However, this is no guarantee that our analytic mentalities will unproblematically converge. My proposal to connect professional discourse studies with applied linguistics echoes what Palmer and Redman (1932: 54) said ages ago:

Medical science is built up on a study of diseases; cases of disease have been collected and classified. The doctor’s capacity to diagnose and ultimately to prescribe is based on the collection of cases of abnormality that he has known directly through personal experience, and indirectly through study. Linguistic science is, alas, not so far developed as medical science, and we can rely less on reported abnormalities as a basis for diagnosis. We have to rely mainly on the cases we can observe ourselves. What we really want is a good collection of cases.

This amounts to ‘breaking the individual mould’ and make an attempt to establish a collective ‘discriminatory expertise’ which prioritises cumulative
evidence, based on clusters of comparable projects/findings. There is thus the need to go beyond the practice of ‘noticing’ and to avoid reporting findings that (i) either lack newsworthiness as knowledge or (ii) are clothed in an alien discourse. In the process, we will have to consider ‘breaking the sequential mould’ – first find and then recommend. Instead we have to opt for joint problematisation and provision of ‘hot’ feedback as well as negotiation of educational/training programmes, all of which involves ongoing dialogues with our professional practitioners. As we know, much applied linguistics work, especially in the interaction/discourse-based studies, is oriented to answering the Goffmanian question: ‘what’s it that’s going on here’. But this is also the question that practitioners whose conduct we make our business to study may increasingly ask of us. And this is more so in the case of professional discourse studies, thus compelling us to think what is or is not applied or applicable in what we do.

About the author

Srikant Sarangi is Professor of Language and Communication and Director of the Health Communication Research Centre at Cardiff University. His research interests are in discourse analysis and applied linguistics; language and identity in public life and institutional/professional discourse studies (e.g., healthcare, social welfare, bureaucracy, education etc.). He is author and editor of six books, guest-editor of five journal special issues and has published over one hundred fifty journal articles and book chapters. He is the editor of *Text & Talk* as well as the founding editor of *Communication & Medicine* and with (C. N. Candlin) of *Journal of Applied Linguistics*.

Notes

1 An extended version of this paper was delivered as The Pit Corder Lecture at the BAAL Annual Conference in Bristol, September 2005. It has been simultaneously published with the same title in R. Kiely, P. Rea-Dickins, H. Woodfield and G. Clibbon (eds) *Language, Culture and Identity in Applied Linguistics*. London: Equinox, 199–220.

2 When the researcher is an ‘invited guest’ as opposed to ‘an uninvited intruder’ in a professional/workplace setting, the role-relationships work differently, with differential expectations of usefulness (Bosk, 1992). As Bosk illustrates, even when invited, one has to balance between informants’ expectations of usefulness and the researcher’s methodological determination to remain detached and objective.

3 Some key book-length studies include Atkinson and Drew (1979); Candlin (2002); Drew and Heritage (1992); Di Pietro (1982); Fisher and Todd (1983;
1986); Gunnarsson, Linell and Nordberg (1997); Labov and Fanshel (1977); Mishler (1984); O’Barr (1982). For a general overview, see Sarangi and Roberts (1999) and for a more specific treatment of the healthcare setting, see Candlin and Candlin (2003); Sarangi (2004) and Sarangi (forthcoming).

4 Ecological validity (Cicourel 1992; 2007) focuses on how we seek to convince others of the viability and authenticity of our claims and can be understood by our use of primary and secondary data sources. Ecological validity can only be approximated in the social and behavioural sciences.

5 ‘Any scientific understanding of human action, at whatever level of ordering or generality, must begin with and be built upon an understanding of the everyday life of the members performing those actions. (To fail to see this and to act in accord with it is to commit what we might call the fallacy of abstractionism, that is, the fallacy of believing that you can know in a more abstract form what you do not know in the particular form.)’ (Douglas, 1971: 11.)

References


