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COMMUNICATION, CONTEXT, MEDICINE

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Abstract: Teaching communication skills nowadays definitely has to take into account elements that were not a topic of discussion more than 30 years ago. We refer today to such elements as the active role of the receiver of the message in the process of communication, who is no longer seen as having a passive role, but rather as an important element who, in his / her turn, has to send his / her response to the sender, in the form of a feedback. Likewise it has become evident in more recent years that the context in which communication is produced has a significant influence upon the process of communication. Thus communication and context should be studied together. In fields like that of medicine, communication is a powerful tool and the context in which communication is produced is by far more important. Because in health care settings we do not restrict ourselves to seeing context as simply the environment in which communication takes place, but also to other contexts such as the physical, social, cultural or historical contexts that all play an important part during the medical interview.

Keywords: communication, context, medicine, patient, medical interview.

Teaching communication skills to medical students is essential nowadays. Today we live in a world that has to face many challenges. One of them is cultural awareness in a globalized world in which migration has become an important problem along with global trade or environmental availability. Cultures seem to no longer respect any political boundaries therefore we have to learn how to better communicate with one another, regardless of the place we live, our economic status and our identity. Today we can hardly say that cultures are synonymous with countries, as we might have said in the past. It has been often said that culture and communication are inseparable. Alfred G Smith wrote in his preface to **Communication and culture** that culture is a code we learn and share, and learning and share require communication (Smith 1966). Later on, in 1977, Goodwin C. Chu stated the fact that every cultural pattern and every single act of social behavior involve communication. To be understood, the two must be studied together. Culture cannot be known without a study of communication, and communication can only be understood with an understanding of the culture it supports (Chu 1977). Communication, culture and language are interrelated. Communication will always convey meanings whose decoding tools will be held by the participants to the culture, while culture, in its turn, becomes the total amount of communication practices and systems of meaning: Every communication practice (speaking to one another, wearing certain types of clothing) constitutes an additional part of those cultural maps. Communication and culture are not separable entities or areas. Each is produced through a dynamic relationship with the other (Schirato 2010). This means that people coming from different cultures won't necessarily understand each other very easily. Various communication markers (such as words or gestures) may differ from culture to

culture and consequently they may be understood differently by people not sharing the same cultural background. To this we may also add the different attitude that will come from gender, age, religion, occupation, wealth, social values, ethnicity, education and cross-cultural experiences.

Under the new circumstances we may say that more attention should be now paid to *the context* in which communication is produced. In general terms the context is understood as the environment in which communication takes place. This component helps in defining the communication process. Context is a very complex thing that becomes determinant in the whole communication process. It conveys all the meaning systems (fashion codes, professional codes, language or religion). Thus it becomes obvious that not everyone will have access to all the above-mentioned contexts, especially when people do not share cultural backgrounds. Moreover, let us not forget that quite frequently the message does not get to the receiver as it was intended by the sender. The message may get with some distortions that will again deteriorate the understanding of the meaning. Likewise, in order to be able to decode the message the sender has to have the tools to do that. Communication cannot be completely controlled by the intention of the sender and contexts are never identical or fully shared by the participants to the communication process. Up to a certain extent, we may say that language itself is a barrier to intercultural communication. It is self-understood how language is associated to the cultural background in which it is spoken. It is probably more evident in translations when words and symbols do not share full meanings from one language to another. Fred Jandt said that another way in which language becomes a linguistic barrier is when the use of a particular language is forced on people by those with more power (Jandt 128). Thus language is central to national identity. This was seen back in 1846 by one of the Grimm brothers, Jacob Grimm, who said that "a nation is the totality of people who speak the same language" (Jandt 128).

There are many ways in which communication and culture may be studied together: intercultural communication, global communication, cross-cultural communication (Frederick 1993). G. M. Chen and William J. Starosta define intercultural communication competence as "the ability to negotiate cultural meanings and to execute appropriately effective communication behaviors that recognize the interactants' multiple identities in a specific environment (Chen 1996). According to this theory, competent intercultural communicators interact effectively and appropriately to achieve their own goals and respect and affirm the cultural identities of those whom they interact. The above-mentioned model includes three perspectives: *affective or intercultural sensitivity* (to acknowledge and respect cultural differences), *cognitive or intercultural awareness* (self-awareness of one's personal cultural identity and understanding of cultures vary), and *behavioral or intercultural adroitness* (message skills, knowledge of appropriate self-disclosures, behavioral flexibility, interaction management, and social skills (Chen 1996).

Generally speaking, the context is understood as the place or the environment in which communication is produced or takes place. However, if we see things only from this rather simplistic perspective, we would not really understand the complex process of communication. There are many more factors that should be taken into consideration when talking about the context. The cultural, historical, psychological, social or physical elements will have an important say in how communication is understood, especially in health care settings (http://peopleof.everydaylife.com/types-communication-context-11137.html). The cultural element is probably the most complex one as it is probably present in all the others, all the times. By and large this is the very factor that dictates a specific attitude or behavior

towards things. The historical element refers to the previous experience the source / sender of the message has had. Most of the times, this element is culturally determined and, in medical contexts, it becomes very important especially for the receiver of the message, i.e. the patient. The patient will always react according to his / her prior experience during the medical encounter. The psychological context definitely refers to the emotions of both the sender and the receiver of the message during the process of communication. The sending and the receiving of the message depend a lot on the emotions of the two, anything that may distort the meaning that needs to be transmitted. Their thoughts and feelings may interfere with the message. Likewise, in health care settings, this thing becomes very important, and everything relies on the doctor's ability to pick up any cues that would indicate the patient is not able to receive the information. Nonetheless, as he / she sends his / her message to the patient, the doctor should be able to be aware of the same danger of being influenced by his inner thoughts and feelings, or any other stimuli that would draw his / her attention from the message. The social context refers to the rules and norms we have to obey under some specific circumstances. The context dictates these rules. In any given situation, people play and are expected to play different roles which carry with them various expectations and behaviours, attitudes, feelings and values. In health care settings patients expect the doctors to behave in a certain way (caring, attentive), and whenever they fail to be like this, communication will break. Up to a certain extent even language and speech may be said to belong to this category as they are a reflection of the context in which they are produced (people will talk differently if they are going to deliver a lecture or talking to a friend). The physical context refers to the location as such, the time of the day, the noise or the lighting. The nature of the environment influences human behavior. It is a known fact that people feel more at ease in warm environments. Other studies speak about only two types of contexts, the internal and the external one. The internal context refers to the information contained in the individual, for example in non-verbal cues or the previous experience that one brings to social interaction, while the external context is the information contained in the environment, for example in social cues or in the history of the two interactants' relationship (Wendi 2009).

We can see thus how the culture we come from shapes our identity and ultimately this will influence our understanding of health and illness. These are very important factors that have to be taken into account during the medical encounter: "Apparently previous experiences with certain treatments, hospitals or doctors influence the way patients respond to future ones. In view of the conditioning theory: a current treatment may be associated with an earlier experience which has resulted in a reduction of negative symptoms, this earlier experience is said to be positively conditioned as far as recovery and anxiety reduction is concerned. This makes it extremely important to look at the patients' medical history but also to look at what actually happened in former visits and at the way physicians attend to patients' experiences with health care so far. Eliciting patients' past experiences with the health care system, including these subjective experiences, can help the clinician to understand patients' reactions to treatment proposals, personal preferences and unspoken resistances" (Bensing 2003). Therefore doctors should always provide their patients with a setting that facilitates communication. Most of the patients experience feelings of stress and anxiety as they come to the doctor, so the doctor will have to be able to give his / her utmost care to the patients to create a strong relationship. Doctors should also see their roles as active listeners in the process of communication. Especially in the first part of the interview, when doctors have to listen to the patient's presenting complaint, doctors need to be able to do this in an appropriate way (eye contact, good posture). Patients will always respond positively to such a behavior as

this will prove the fact that the doctor is interested in the patient's story. Likewise, by listening carefully to the way patients describe their problems may help doctors understand some of their concerns.

As a diagnosis has been formulated, the doctors need to discuss with the patient a treatment plan. This is another important section of the medical interview as again the roles of the two are switched. It the patient's turn to become the active listener. Doctors need to be able to give this information as accurately as possible, using a language that the listener can understand. The patient must be able to concentrate on what is said. Sometimes this is a real challenge for patients. Being overwhelmed by some bad news, patients may no longer be able to listen to the doctor's advice, therefore doctors need to watch any cues that would indicate such a thing. It might not be effective to cover all these things during one encounter only, so the doctor may arrange a follow-up meeting. The treatment plan includes discussing about changing the patient's lifestyle. Doctors have to convince their patients that they should change any harmful habit in their lifestyle. Sometimes this is the most challenging tasks a doctor has. The patient's habits may be part of a cultural frame and breaking such a habit may be almost impossible. It is important, therefore, to establish exactly the impact of such cultural factors upon the patient's health and consequently establishing what should be done in this respect.

Ultimately we may see all these as a requirement to understand individuals in their cultural contexts. Because understanding how people think and behave is essential in establishing an effective communication with them. Doctors will always need to adapt their actions, gestures or responses based on the cultural setting or context. Such a knowledge and understanding of the patient is undoubtedly developed in time. However, in order to become a good doctor and a skilled communicator, this is the very level of expertise that has to be reached.

BIBLIOGRAPHY

http://peopleof.everydaylife.com/types-communication-context-11137.html

Bensing, J. & S. van Dulmen and K, Tates. *Communication in context: new directions in communication research* in **Patient Education and Counseling**: 50, 2003, nr 1, pp 27-323.

Chen, GM, Starosta, WJ. **Intercultural communication competence: A Synthesis** in B.R. Burleson (Ed) *Communication yearbook 19*. Thousand Oaks, CA: Sage Publications. 1996.

Chu, G.C. **Radical change through communication in Mao's China**. Honolulu: University Press of Hawai'i.

Frederick, H.H. **Global communication and international relations**. Belmont, CA: Wadsworth. 1993.

Jandt, F.E. **An Introduction to intercultural communication**. London: Sage Publications Ltd. 2010.

Schirato, T., Well, S. **Communication and culture**. Los Angeles: Sage Publications Ltd. 2010.

Smith, A.G. **Communication and culture: Reading in the codes of human interaction**. New York: Holt, Reinhart and Winston. 1966.

Wendi, L. Adair & Nancy R. Buchan, Xiao Ping Chen. **The Meaning of Context in Communication: Reconceptualization and Scale Development** in

https://faculty.fuqua.duke.edu/oswc/2010/Proposals/scale_paper_jan_13_2009%20_2.pdf