The Humanities in Asia 11

Yu Zhang

Affective-Discursive Practice in Online Medical Consultations in China

Emotional and Empathic Acts, Identity Positions, and Power Relations

The Humanities in Asia

Volume 11

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ISSN 2363-6890 ISSN 2363-6904 (electronic)
The Humanities in Asia
ISBN 978-981-19-2642-6 ISBN 978-981-19-2643-3 (eBook)
https://doi.org/10.1007/978-981-19-2643-3

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This Springer imprint is published by the registered company Springer Nature Singapore Pte Ltd.
The registered company address is: 152 Beach Road, #21-01/04 Gateway East, Singapore 189721, Singapore

Contents

1 Introduction 1

2 Online Space for Health Communication and the China Context 5
2.1 Online Space for Communicating Illness and Health 5
2.2 Internet Plus Healthcare in China 7
2.3 Communicative Problems in Healthcare and Research Gaps 10
2.4 Features of Online Affective Communication 11

3 Affective Practice and a Post-structuralist Perspective 13
3.1 Affect and Affective Practice 13
3.2 A Post-structuralist Discourse Analysis Perspective 16

4 Discourse Practice in Health Communication 19
4.1 Studies on Face-to-Face Medical Encounters 20
4.1.1 Linguistic Attributes 20
4.1.2 Knowledge Territory 21
4.1.3 Power Asymmetry 22
4.1.4 The “Sick Role” of Patients 23
4.2 Computer-Mediated Health Communication 24
4.2.1 Peer-to-Peer Interactions 24
4.2.2 Ask-the-Experts Online 25
4.3 Affective Communications in the Clinical Context 26
4.3.1 Emotional Expression by Patients 26
4.3.2 Empathic Communication by Doctors 27

5 Research Sites and OMC Texts 33
5.1 Research Sites 33
5.2 Data Collection 36

6 Emotional and Empathic Discursive Acts 41
6.1 E-patients’ Indirect Emotional Acts (Indirect PEAs) 42
6.1.1 Presenting Uncertainty 42

6.1.2 Narrating 47
6.1.3 Self-repetition 51
6.1.4 Disagreeing 54
6.2 Doctors' Empathic Acts (DEAs) 56
6.2.1 Understanding Act 57
6.2.2 Reassuring Acts 59
6.2.3 Agreeing Act 62
6.2.4 Praising Act 63
6.2.5 Self-disclosing Act 63
6.2.6 Implications of DEAs 64
6.3 The Distribution of Empathic Acts in Response to Emotional Acts 66
6.4 Summary 70

7 From Affective Discursive Acts to Affective Interaction 71
7.1 Sequences of Empathic Communication 71
7.1.1 Emotional Act → Immediate Empathic Act 73
7.1.2 Emotional Act → Non-empathic Act → Re-emotional Act → Empathic Act 74
7.1.3 Emotional Act → Delayed Empathic Act 77
7.1.4 Emotional Act → Empathic Act → Re-emotional Act → Empathic Act 78
7.1.5 Discussion of Empathic Communication Sequences 80
7.2 Features of the Ineffective Empathic Response 81
7.2.1 Not Addressing All the Presented Questions 81
7.2.2 Providing Premature Generalization 83
7.2.3 Giving No Specific Explanation 84
7.2.4 Using Self-disclosure to Delegitimize E-patients' Concerns 85
7.2.5 Discussion of Ineffective Empathic Response Features 86
7.3 Sequential Positions of DEA Within Empathic Response 89
7.3.1 Positioning Empathic Act After Medical Agendas 89
7.3.2 Positioning Empathic Act Before Medical Agendas 91
7.4 Summary 92

8 Discursive Positionings: Bucking the Traditional Roles 95
8.1 Post-structuralist Approach to Identity 98
8.1.1 A Post-structuralist View on Identity 98
8.1.2 Positioning Theory 99
8.2 The Co-construction of Positions—Emotional Support Seeker (ESS)/Giver (ESG) 100
8.3 The Negotiation of Positions 101
8.3.1 From Accuser/Defender to ESS/ESG 102
8.3.2 From Dissenter/Justifier to ESS/Compromiser 104
8.4 Doctor Initiated Construction of Positions 107

8.4.1 Online Seller 107
8.4.2 Peer 110
8.4.3 Family Member 111
8.5 Discussion and Summary 112

9 Dynamic Power Relations Informed by Discursive Positionings 115
9.1 A Post-structuralist View on Power 116
9.2 The Dynamic Power Relations 117
9.2.1 Highlighting E-patients' Reward/Coercive Power 117
9.2.2 Softening Doctors' Expert Power 119
9.2.3 Negotiating Expert Power 121
9.2.4 Giving Up Legitimate Power 123
9.3 Discussion and Summary 126

10 Concluding Remarks 129
10.1 Practical Applications 129
10.2 Where Is the E-healthcare Culture Going? 132
10.3 Is the Degree of Sincerity of Empathic Expressions Important? 132
10.4 Limitations and Future Research 133

Appendix: PRISMA Flowchart 137

References 139

List of Figures

Fig. 5.1 Pre-consultation window 34
Fig. 5.2 Consultation window 34
Fig. 6.1 E-patients' indirect emotional acts 56
Fig. 6.2 Doctors' empathic acts 65
Fig. 7.1 Empathic communication sequences 72

List of Tables

Table 5.1 Selection criteria for an “affective practice” 37
Table 5.2 Clinical department information 40
Table 5.3 Gender information of doctors 40
Table 6.1 The frequency of PEA and DEA distribution 67

Chapter 1
Introduction

Doctor–patient communication in healthcare settings has received increased attention. Whilst the important role of communication, in both written and spoken genres, has been widely acknowledged in healthcare (Cordella, 2004), studies on doctor–patient communication are mainly done with regard to face-to-face medical consultation in institutional settings. These studies are conducted by researchers in different fields, in particular Psychology (see McCabe & Healey, 2018; Moore et al., 2004), Medicine (see Silverman et al., 2013; Stanley & Sehon, 2019), Sociology (see the works of John Heritage), and Applied Linguistics (see the works of Heidi E. Hamilton and Christopher N. Candlin).[1] The investigation into healthcare domain from a linguistic perspective has seen a proliferation of discourse-based research over the last thirty years or so, and continues to grow rapidly (Harvey & Koteyko, 2013). The linguistic analysis of medical discourse mainly addresses issues in relation to the sequential structure of medical consultations, the questioning techniques adopted by health professionals, and the power asymmetry observed in face-to-face medical encounters. Whilst the affective aspect of doctor–patient communication has been studied from the perspective of medical education and social science for more than half a century (see Aring, 1958; Blumgart, 1964; Halpern, 2001; Suchman et al., 1997; Zimmermann et al., 2011), it has only been explored recently from a linguistic angle, mainly focusing on health experts' empathic expressions (see Pounds, 2018; Pounds & Pablos-Ortega, 2015; Ruusuvuori, 2007; Wynn & Wynn, 2006; Zhang, 2020).

Communications with an affective component are inevitable and important in healthcare settings. Talking about illnesses or health problems is unavoidably bound with patients' or their caregivers' affective expressions (Lupton, 2012). Healthcare communication that bears affective components can play a key role in providing

[1] Applied linguistics in this book refers to the interdisciplinary field which deals with language-related real-life issues, rather than specifically to the practical application to language education or teaching.

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Y. Zhang, *Affective-Discursive Practice in Online Medical Consultations in China*,
The Humanities in Asia 11,
https://doi.org/10.1007/978-981-19-2643-3_1

humanistic healthcare services. Previous findings have confirmed that displaying empathy to patients' affective expressions is vital for doctors to provide a satisfactory healthcare service (Howick et al., 2018). In particular, empathic communication can to some degree reduce patients' chronic pain and anxiety (see Dutt-Gupta et al., 2007; Soltner et al., 2011). As the "Relationship-Centred Care" (RCC) medical practice proposes and reiterates, medical professionals should be trained to provide empathy (Rider et al., 2014) to their patients' concerns or emotional expressions. Emotional support should be given to patients through doctors' manifestation of empathy. In other words, doctors are encouraged to demonstrate their empathy in response to patients' emotions, rather than being detached from their patients' affective display. The advocation of RCC in medical care and education reinforces the ideas that doctor–patient communication should shift towards a direction that involves a more humanistic care, getting rid of the illness- or doctor-centred model of care, and that patients' affective expressions and doctors' empathic responses are important components of doctor–patient relationships in healthcare (Beach et al., 2005).

Whilst the affective dimension of medical communication has been extensively studied in face-to-face settings (see Del Piccolo, 2011; Hsu et al., 2012; Zimmermann et al., 2011), related studies in relation to the online context remain scarce, despite the increasing importance of online medical services, not least in times when epidemics make access to medical facilities difficult. Features specific to online space (which will be further discussed in Chap. 2) have made it a popular place for people to seek medical advice. For example, owing to the anonymity feature of online space, online medical consultation services can provide an opportunity for patients or their caregivers to disclose more information (Gerber & Eiser, 2001; Sillence et al., 2007) and to share sensitive information about stigmatized illness (see Berger et al., 2005). Self-disclosure relevant to health issues is very often loaded with emotional expressions (see Pan et al., 2018), which consequently raise the "(potential) empathic opportunity" (Suchman et al., 1997) for doctors to manifest empathy. In fact, online medical sites undoubtedly provide a significant resource for the investigation of the affective facet of doctor–patient communication. Prior studies have found that health experts adopt different empathic acts in online medical services to address their patient's concerns (see Pounds, 2018; Pounds & Pablos-Ortega, 2015). It is suggested that text-based e-healthcare services can offer a place where an alternative source of emotional support is likely to be available—not only to patients, but also to their loved ones who are not satisfied with their healthcare providers in face-to-face encounters (see Pounds, 2018; Pounds & Pablos-Ortega, 2015). Even on occasions where patients and their caregivers are in fact satisfied with their current healthcare provisions in the face-to-face setting, online medical services can still be useful, because they can give additional information and support that further helps patients and their caregivers deal with any negative feelings inherent to their situation (Pounds & Pablos-Ortega, 2015).

The e-healthcare context is ideal for studying the affective aspect of communication between doctors and patients/patients' caregivers. E-healthcare services are not constrained by tight schedules of health professionals, which may facilitate affective expressions and engagement in the online environment. Previous studies indicate that

health professionals usually do not leave emotional space for patients to speak out their concerns in face-to-face consultations, (see Del Piccolo et al., 2015; Vatne et al., 2012; Wright et al., 2012; Zhou et al., 2015). Possible reasons for this observation may be that the consultation time is too short for patients to voice out their needs and worries, and that doctors are usually burned out due to the shortage of medical workers, which leaves little space for them to respond to their patients' concerns empathically. This lack of affective engagement might explain why the affective aspect of doctor–patient communication in face-to-face settings did not attract much attention in the field of linguistics in the past. The timely emergence of online medical services can help fill this gap and provide data that are important for studying the affective facet of medical discourse.

In addition to facilitating affective communications between doctors and patients/caregivers, the digital world also challenges the traditional way of providing information. It is the principal part of the idea of "deprofessionalization" that is the diminishment in awe and trust in health professionals (Trevitt et al., 2001). The deprofessionalization may presumably link to the disruption of the stereotypical roles of doctor and patient identities (i.e., the health expert role for doctor identity; the "sick role" for patient identity), and to the de-structure of power asymmetry between doctors and patients. Thus, this idea of deprofessionalization afforded by the online space also makes it worthwhile to study the online medical communication from a discourse analytic perspective.

In order to have a better understanding of the features and characteristics of affective discourse in e-healthcare activities, this book explores affective practice by doctors and e-patients in text-message-based "quasi-synchronous" online medical consultations (OMCs) from a discourse analytic perspective, focusing on the context of China.[2] In particular, the book investigates how e-patients' emotional displays and doctors' empathic expressions are realized at a textual level, and what identity positions and power relations are unfolded in the course of the OMC affective practice. "E-patients" refer to health consumers who use the Internet or other digital tools to participate in his/her own or his/her families' medical care (see Fox & Fallows, 2003; Masters et al., 2010). Based on this definition of the term "e-patient", an e-patient could also be a caregiver of an actual patient. The word "e-patient" is adopted in this book, as OMC activities very often involve not only patients themselves but also their caregivers; and the relationships between doctors and patients' caregivers are also acknowledged as playing an important role in understanding healthcare discourses (Soklaridis et al., 2016). OMC in this book refers to Internet-based remote medical consultation which involves not only wellbeing advice/information-giving, but also other medical agendas, such as providing a diagnosis and a prescription (Al-Mahdi et al., 2015). OMC as a platform of healthcare communication is acknowledged as being patient active (Lu & Zhang, 2019), which means it is the e-patients who tend to actively initiate questions. However, we cannot say that the OMC communication

[2] The quasi-synchronous interaction here refers to interactions like sending instant text messages, which are clarified in detail in Chap. 5.

is “patient-dominant” because an OMC is also featured with the traditional consultation phases, including history taking, verbal examination, diagnosis, and treatment recommendation. These phases might as well privilege doctors to play a dominant role in OMCs. In addition, the text-based OMCs collected for the present study share the dialogic character that features digitally mediated texts (see Jones et al., 2015). The bilateral communication is carried out through sending text messages by doctors and e-patients to each other, like sending WhatsApp or WeChat messages.

In the reminder of this chapter, I present the overview of chapters.

Chapter 2 presents background information of Internet use for communicating illness or health problems and the OMC features in the context of China. This chapter also explains the rationale and motivations for this study.

Chapter 3 clarifies how the key term—affective practice—is utilized in this book, along with a brief explanation of the definition of affect adopted in this book. It also briefly discusses the theoretical foundation—post-structuralist discourse analysis—based on which the analysis of OMC affective practice is conducted.

Chapter 4, based on an overview of discourse studies on face-to-face medical encounters and online health communication, indicates a lack of studies on the affective aspect of medical discourse in the field of linguistics, and suggests that participants tend to lean towards affective expression and engagement in online communication about health problems. This chapter also reviews studies on clinical empathic communication, which has prepared the discussion of data selection criteria in Chap. 5.

Chapter 5 delivers a detailed description of data information, data sampling process, and the OMC sites from which OMC texts were collected.

Chapters 6–9 form the core of this book, focusing on analysing OMC affective practice from the textual to the social practice dimensions.

Chapter 6 proposes discursive acts which are related to indirect negative emotional facet of e-patients’ messages and empathic aspect of doctors’ messages, together with a presentation of the distribution of doctors’ empathic acts in response to e-patients’ emotional acts.

Chapter 7 identifies sequence organization of empathic communication between doctors and e-patients and the sequencing of empathic act in doctors’ response. This chapter also presents discursive features of ineffective empathic response in relation to one of the identified sequences.

Chapter 8 examines the discursive positions that e-patients and doctors take up and/or assign to each other within the affective practice, as well as how these positions are constructed and negotiated. In particular, this chapter focuses on identifying positions that disrupt the traditional or stereotypical roles of doctor and patient which have been inferred from the literature of medical communication.

Chapter 9 identifies the dynamics of power relations that are reflected in the non-stereotypical positionings. This chapter also presents how the power relations are constructed and negotiated.

Chapter 10 concludes this book by discussing applications and implications, addressing research limitations, and providing suggestions for future research.

Chapter 2
Online Space for Health Communication and the China Context

This chapter presents the research background of this book, specifically the context of OMC in China. It also discusses the importance and the rationale of conducting this study in the China-specific context.

2.1 Online Space for Communicating Illness and Health

Owing to the advancement of Internet technology applied to healthcare, the public are now able to consult a health expert anytime and anywhere via the Internet. This can be done easily because online space is 24-h available and is not constrained to geographic boundaries (King & Moreggi, 1998; Sharf, 1997). Moreover, the text-based mode of communication in online space is featured with an absence of non-verbal cues (e.g., silence, tones, eye contacts, facial expression, and body languages). This feature may, to a greater or lesser extent, enable people to talk about their problems with less worry about being judged by "listeners" in a negative manner which is conveyed through non-verbal cues (e.g., embarrassing silence or pause, avoiding eye contact, and the facial expression of disgust). These features of online space have brought much convenience for people to turn to the Internet for solving health problems.

Compared to the face-to-face communicative context, previous studies have suggested that online space enables closer and more attractive interactions amongst participants (Dunn, 2012) and facilitates a higher level of self-disclosure (Joinson, 2001; Schouten et al., 2009). These features may be considered as resulted from the informal style of discussion (i.e., non-institutional and vernacular) in the online space (Androutsopoulos, 2007). The use and style of language in online interaction

Part of this chapter has been reported in my paper: "How doctors do things with empathy in online medical consultations in China: A discourse-analytic approach" which has been published in the journal *Health Communication.*

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Y. Zhang, *Affective-Discursive Practice in Online Medical Consultations in China*,
The Humanities in Asia 11,
https://doi.org/10.1007/978-981-19-2643-3_2