

A Pragmatic Study on Non-aggressive Doctor-patient Conflict Talk - From the Ecolinguistic Perspective

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Abstract: Doctor-patient relationship is a very important relationship between doctor and patient and patient's family member. In interpersonal communication, non-aggressive discourse often leads to conflicting response. It is the most common doctor-patient relationship between doctor and patient. There are limited studies on non-aggressive conflicting response. Language used is the most important basis in conflicting response to non-aggressive discourse. Language and culture are broad and diverse. Different speech methods and language content lead to different response. Based on this, this paper explains response to non-aggressive conflict talk between doctor and patient in the perspective of ecolinguistics, to provide reference.

Keywords: Ecolinguistics, Doctor-patient relationship, Non-aggressive discourse, Language conflict

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1 Introduction

Ecolinguistics is generally a trans-disciplinary subject. Ecolinguistics can be studied from different perspectives. In the perspective of ecolinguistics, non-aggressive conflicting response in doctor-patient relationship exhibits unique characteristics. Studies on non-aggressive conflict talk provide different direction for ecolinguistics studies^[1]. Language reflects our response to social cognition, while social cognition requires people to acquire social cognition through experiencing world activities by their own. This is a mutually strengthening relationship. Language affects

our way of life and the surrounding life environment. With the advancement of ecolinguistics research, direction of eco-linguistic research will transform and progress in interaction with human cognition. Conflict talk between doctors and patients is common in interpersonal communication. Similar to polite language, conflict talk appears to be a very harsh communication approach and it impacts negative effect to people. However, non-aggressive conflict discourse between doctor and patient is due to consideration of own safety from patient's perspective^[2]. Therefore, language used to doctor will correspondingly become more aggressive. Considering patient's condition, doctor has to respond using conflict talk as well. Essentially, both parties are similarly concern about patient's disease condition and body. At present, there are relatively limited studies on non-aggressive conflict talk between doctors and patients. Related research data are derived from real life and there are few studies on non-aggressive conflicting discourse.

2 Related concepts

2.1 Non-aggressive discourse and conflict response

Non-aggressive discourse is common in interpersonal communication. It indicates that the discourse itself is not aggressive and does not affect others' dignity, identity and status in the process of interpersonal communication. It is a common phenomenon in interpersonal communication^[3].

Conflicting response is categorized as conflicting discourse. It is characterized by linguistic response to discourse that harms one's benefit and dignity. It represents a discourse style that disapproves and refutes others' view in defending one's own view and self-

interest^[4].

2.2 Ecolinguistics

Ecolinguistics was first published in 1990 of the 20th century, it has progressed through more than 20 years. During this historical period of time, linguistic research is in constant advancement. Nevertheless, current research system and scope are not thorough and further research is needed^[5]. At present, existing research data shows that ecolinguistics research model can be divided into two categories, namely Einar Haugen mode and M. A. K. Halliday mode (Fill & Mulhüsler, 2001; Fan, 2005; Han, 2013; Huang, 2016)^[6]. According to literature, Haugen (1972: 225) believes that relationship between language and language environment is similar to relationship between organism and natural environment in ecology field. Society faced by language and speaker attitude provide important living environment for language^[7]. Haugen model is metaphoric ecolinguistics, which mainly studies ecological attributes of language such as survival, evolution, development and extinction of language, language diversity and endangered language protection. Meanwhile, Halliday (1990) focuses on social responsibility of linguists. The mode encourages linguists to always put emphasis on protection of ecological environment in which humans rely for survival and impact of language system and language planning on ecological environment. Halliday model is non-metaphoric ecolinguistics. It mainly studies daily used language through discourse criticism, and attempts to create more contexts that are conducive to ecological environment by altering language system model or method^[8].

3 Language implementation of conflicting response

There are two methods of response to non-aggressive conflicting discourse. The first is direct response method, and the other is indirect response method. In doctor–patient relationship, direct conflict talk response has straightforward characteristics. The offended party will directly show dissatisfaction with offender's scolding and disagreement, as well as opposition and criticism. Indirect conflict talk has euphemism characteristics, in which offended party uses speaking to indirectly express his standpoint of view and disagreement with offensive discourse. For example, by

using rhetorical questions and puns^[9].

3.1 Non-aggressive conflicting language by patient

For patients including patients themselves and their families, there are many ways in responding to non-aggressive discourse. The most common include direct negation, negative comment, threatening and cursing.

3.1.1 Direct negation

Language of direct negation is generally “no/not……”. In doctor-patient relationship, patient directly refutes doctor’s suggestion and opinion. Patient straightforwardly expresses his/her attitude and standpoint of view to doctor with clear attitude, clear point of view and clear thinking^[10].

3.1.2 Negative comment

After opinion and suggestion are pointed out by doctor, patient expresses obvious dissatisfaction with doctor's word, attitude and opinion. Patient thus uses negation to accuse and criticize and even deny doctor's suggestion and opinion. Due to lack of relevant medical knowledge, patient challenges doctor and uses negative comment language to accuse doctor of irresponsibility. This worsening the non-aggressive discourse conflict between doctor and patient^[11].

3.1.3 Threatening

In doctor-patient relationship, patient will be hostile to doctor if the patient feels that his or her rights have been violated. Patient will demand or stop the opposite party from reacting by using threatening tone. If the opposite party does not react according to his or her wishes, patient will orally threaten the opposite party using warning words^[12] to protect his/her own rights. Warning word used in a specific place represents a non-aggressive discourse conflict between doctor and patient.

3.1.4 Cursing

In doctor–patient relationship, there are often certain non-aggressive discourse conflicts due to interest and benefit. Emotional feeling often arises in patient because the patient feels that he/she has received unfair treatment, or even that his/her own benefit has been underprivileged. Because of lack of understanding of medical knowledge, words such as cursing and swearing may be used to doctor by patient to vent dissatisfaction and negative emotions.

3.2 Response to conflicts by doctor

Doctor has greater self-control on the basis of professional knowledge and professional ethics. In addition, doctor understands condition of patient. In responding to non-aggressive conflict talk by patient, doctor usually uses indirect conflicting response such as counter question, satire and self-deprecation to reply patient, in expressing negation and dissatisfaction.

3.2.1 Counter question

Usually, patient still not understand even after detailed explanation by medical doctor. Due to concern about disease condition, patient usually has doubts about doctor's suggestion and will continually ask questions. In handling such patient, doctor usually uses rhetorical tone to prevent patient from asking further unnecessary questions. After clarification of question^[13], doctor will respond using rhetorical tone to remind patient to make correct judgment timely. In the perspective of ecolinguistics, doctor's counter-question answering euphemistically shows dissatisfaction and negative emotions towards patient.

3.2.2 Satire

On the basis of ecolinguistics, doctor will usually take patient's emotion and condition into consideration even if patient uses non-aggressive conflicting language. Doctor will implicitly imply satire and sarcasm when responding to the discourse, in order to express dissatisfaction with patient who has doubt with his/her professional literacy and to remind the patient to make correct judgment and to have trust with doctor^[14].

3.2.3 Self-deprecation

Despite non-aggressive discourse of patient is due to excessive concern about disease development, doctor will often use deliberate self-depreciation language to reply patient in expressing his/her dissatisfaction in response to patient's indirect questioning of professional capability of the doctor.

4 Conclusion

In general, non-aggressive discourse conflict is a common interpersonal communication in doctor-patient relationship. In the perspective of ecolinguistics, both patient and doctor will respond to non-aggressive discourse in certain ways to express dissatisfaction and to remind opposite party.

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