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PRAGMATICS IN MEDICAL ENGLISH: INTRODUCING ESP LEARNERS TO *NEGATIVE POLITENESS* STRATEGIES.

## 1. Introduction

As clarified by Crystal, the unprecedented spread of the English language around the globe has contributed to the even-growing use of English in many international contexts that focus on politics, business, safety, technology, science, and tourism. The increasing number of international academic conferences and meetings, whose main language is English, also testifies the special status that this language has acquired all over the world in recent decades, and emphasises the importance of being able to speak and interact with it. "Everyone speaks English because everyone else does" Mauranen (31) explains; therefore, learning the language which has gained the leading role both in international and intranational - as House (138) points out - settings, has become and is still becoming a urgent need. Such a new linguistic panorama has inevitably shaken the traditional ideas of seeing English as a simple foreign language (McKay) and has promoted several changes in pedagogical frameworks. Starting from the assumption that English is the global means of communication, teachers and educators should encourage a shifting in the perspective making learners aware of the complex environment surrounding the English language through the inclusion of pedagogical models which can foster the every-day international function that it has in cross-cultural communicative exchanges (Widdowson; Graddol; Sharifian; Alsagoff, Lee Mckay, Hu and Renandya).

Following these recent theories, the Italian Ministry of Education, Universities and Research has encouraged innovative programmes to foster the learning, and above all, the inclusion of the English language both in classrooms and outside the school context. Indeed, at all levels of education, English has started playing an essential role: from the primary school to the secondary upper school many local, regional and national programmes have been developed to fulfil the new educational policies.[2]

Acknowledging the importance of keeping going on developing students' linguistic skills at the higher level of education, Italian Universities have modified academic programmes by both offering new English language courses and giving additional emphasis to the existing courses. The result is a remarkable increase in undergraduates' interest in learning English, not only in those who have chosen to get a degree in Foreign Languages and Literatures but even in those who are attending different Schools such as Law, Architecture, Economics, Engineering, Natural Sciences and Medicine. Along with the aforementioned choice to modify the academic system in favour of the learning of English, a parallel concern for selecting the 'right' English for every degree course has emerged. In order to meet the specific requirements of Italian academic path, tailor-made programmes following students' needs have been gradually conceived giving birth to what is now universally known as *English for Specific Purposes* (ESP).

ESP developed as a branch of English Language Teaching (ELT) in the 60s with the aim of meeting learners' needs and interests: however, as Robinson clarifies, definitions of ESP are many because the concept is "fluid enough to support a number of interpretations" (3). Called *English for Special Purposes* (Mackay and Mountford, 64) in the 70s, the discipline became soon *English for Specific Purposes* to shed

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[2] See for example language immersion activities included both in primary and in secondary lower schools, CLIL projects launched in the secondary upper school curricula, language courses and examinations offered by the Cambridge English Language Assessment (previously known as Cambridge ESOL Examinations) and students exchanges promoted by educational organizations such as Intercultura.

light on "the purpose of the learner" and to include "the whole range of language resources" (Robinson, 5). Acknowledging the "utilitarian purpose" (Mackay, 33) of the learning of English for specific contexts, Mackay and Mountford (59) identify three different macroareas in ESP, which are thoroughly summarised by Robinson (6):

1. Occupational requirements, e.g. for international telephone operators, civil airline pilots, etc;
2. Vocational training programmes, e.g. for hotel and catering staff, technical trades, etc;
3. Academic or professional study.

In addition to these three areas, experts recognize other factors contributing to the definition of ESP and its pedagogical implications. First of all, Fitzjohn, quoted by Robinson, explains that time factor is one of the key-elements of ESP by stating that "the very concept for 'special purposes' implies that foreign language study is a subsidiary contribution to another, main, interest, and that there will normally be pressure to achieve the required level of linguistic competence in the minimum of time" (6).

As Robinson (1980) suggests, the second element to take into consideration is the age of ESP learners: they are generally adults whose need is to acquire specific linguistic and metalinguistic skills to be able to develop effective written and oral interactions with colleagues or other individuals in the same working, academic or even recreational context. This is the way matters stood in the 1980s when the author published "English for Specific Purposes" but today learners' ages can vary: in many Italian secondary school curricula, for example, General English Language lessons are planned for the first two years only. During the rest of the didactic path pupils are asked to learn "the specific English" required for their future profession, so the inevitable consequence is that many "types" of English are taught: English for cooks and waiters, English for aeronautic technicians and English for chemists are just few examples.

Last but not least, scholars identify the specific needs that students have to learn the language as the third parameter to take into account. Once the ESP teacher has understood their exigencies, the course has to be learner-centered with the aim of following and fulfilling his/her students' desires. The attention to the needs of the learner is one of the milestones of the teaching of English for Specific Purposes, so much so that according to Hutchinson and Waters (19) the foundation of ESP should be based on the central question "Why does this learner need to learn a foreign language?"

## 2. Pragmatic Skills in English for Medical Purposes

If the aforementioned question is reconsidered in the field of Medical English, the most obvious answer will probably revolve around the importance for medical figures to be able to interact with patients not sharing the same lingua-cultural background. The doctor-patient communication or any healthcare giver-patient interaction - to cover a broader number of professionals – is undoubtedly one of the burdensome tasks these figures have to fulfil. As a matter of fact, the communicative exchanges between physicians and patients often imply complex shades that are brought by the issues inherent in a generally stressful and emphatic environment. Speculating on these interactional multi-layered processes, Mickel, McGuire and Gross-Gray, citing Suurmond and Seeleman, highlight four barriers that contribute to hold communication back:

1. Healthcare givers' and patients' different linguistic background;
2. Healthcare givers' and patients' different values about health and illness;
3. Healthcare givers' and patients' different role expectations;
4. Healthcare givers' and patients' confused and biased communication.

As testified by the authors, besides the evident difficulties caused by the very nature of this kind of interactional processes, the creation of effective communicative exchanges is in most cases complicated by the fact that interlocutors do not share the same lingua-cultural background; their utterances in the foreign language therefore do not always convey the actual meaning the speakers want to share. The inevitable consequence is that one or more Gricean maxims are violated, provoking multiple misunderstandings that can damage conversation. In the light of these observations, any health-care figure has the duty to be able to

interact with his/her patients in order to guarantee effective communicative exchanges. English learning in Italian medical degree courses aims not only at training future professional to be active participants in international conferences and meetings, but also at limiting recurrent "situations which are potentially dangerous for the patient" (Van Naerssen, 193). In this respect, as Corrizzato and Goracci point out, "appropriate courses for caregivers (…) are greatly important to allow them to focus on what they really need: general English lessons, in fact, are not useful to teach them how to face every-day situations in which they have to use the language" (179). As regards to this aspect, what seems universally acknowledged (Peih-ying and Corbett; Gak) is that learners' need to have a closer focus on the development of pragmatic competences: they generally become familiar with morpho-syntactic traits and specific lexicon very quickly, but they lack in managing pragmatic strategies. A learner-centred approach, therefore, has to foster the acquisition of the above-mentioned skills, since "communication (…) is not simply a matter of issuing semantic tokens of fixed meaning. It involves also using the resources of the language code indexically, to indicate (point out, invoke) specific aspects of shared schematic knowledge of ideational patterns of conceptualization and interpersonal patterns of communications" (Widdowson, 68).

As a matter of fact, including some of the basic principles of pragmatics in academic English language courses can broaden linguistic horizons and prepare future professionals for oral interactions with patients. Indeed, as Potapova suggests, "pragmatic and metalinguistic aspects of utterance should be analyzed in the light of the professional discursive interaction" (483). One of the goals of the ESP teacher therefore is to provide suitable materials to encourage learners' development of pragmatic strategies and to foster interactions and, through them, negotiation of meaning.

Although some of pragmatic principles can be automatically borrowed by the source language or autonomously gained thorugh the exposure to the target language, other relevant aspects have to be acquired through a driven process: teachers are asked to offer explanations of how language works in communicative exchanges and why certain expressions are preferable to others in the specific environment of hospitals, clinics and other healthcare places.

From a more practical angle, therefore, a Medical English course should aim at developing both linguistic and pragmatic competences leading future professionals to handle a conversation in a satisfactory way. To select and prepare materials for the course and fulfil learners' expectations, ESP teachers are suggested to follow Strevens' four criteria:

1. *Restriction*: teacher has to focus only on those "basic skills" (connected with listening, reading, writing and speaking) which are fundamental for leaners' communicative purpose.
2. *Selection*: morpho-syntactic rules and lexicon have to be selected to be coherent with learners' specific needs.
3. *Themes and Topics*: as for grammar and vocabulary, themes and topics analysed and commented have to deal with the specific universe of ESP.
4. *Communicative needs*: pragmatic principles have to be selected and taught to allow future speakers to manage specific interactions in their working field effectively.

As clarified by the author at point number four, being a fluent and effective speaker of English does not only mean to be able to work with grammar correctly, it is also required to develop a good competence of the pragmatic principles which guide interactional processes. For this reason, participants to ESP courses have to focus on syntax, morphology, and specific lexicon, but they also have to be asked to learn communicative strategies that that are most likely to be included in a conversation. In order to fulfil this complex task, ESP teachers have to select those pragmatic rules that learners need to know to build an effective conversation. Among the several concepts pragmaticians identify as intrinsic in the human communicative exchanges, politeness is undoubtedly one of them. The contemporary concept linked to the term 'politeness' goes back to Brown and Levinson's theories, which started from the assumption that politeness focuses on the manifold universe surrounding human communication, in which the negotiation of meaning depends on several factors. To gain an appropriate understanding of what politeness implies, scholars adopt different methodological approaches that help shed light on the concept. From a sociological perspective, politeness aims at mitigating potential offence to the hearer by activating those strategies called "interpersonal rituals"

(1), while a more sociolinguistic approach suggests a closer attention to verbal interaction as the mirror of social relationships among speakers. Cultural habits and constraints are also taken into consideration by anthropologists who share relevant information with pragmaticians with the purpose of facing the complex relation between what is "said" and what is "implicated" (2) by the speaker. Politeness, therefore, examines all those traits, roughly summarized as linguistic, metalinguistic and cultural, which contribute to build effective conversation and preserve interlocutors' face (Brown and Levinson, 18).

The following section explores the acquisition of negative politeness strategies to mitigate patients' face-threats in the subject field through a cycle of tailor-made lectures by the first year undergraduate ESP students at the course degree in Physiotherapy and Nursing at the University of Verona in 2014. This project will describe the approach used to plan the lesson, and the techniques involved in the teaching/learning process (work in pair and groups of work).

## 3. Mitigating patients' face threats through negative politeness strategies: pedagogical implications

Taking into consideration the fact that participants to Medical English lectures are not required to go into depth of English Linguistics and the theoretical background of pragmatics, an ESP teacher is suggested briefly to introduce the basis of politeness and the important role that it plays in every-day communicative exchanges.

First of all, in order to make students aware of how and to which extent the presence of basic politeness strategies can modify communicative exchanges, the teacher can ask them to think of their own way to be polite and share their ideas with the class.[3]

Given the impossibility to detach language from its socio-cultural background – and considering the multifaceted situational environment in which medical professionals will work – activities should shed light on some of the key-aspects of pragmatics and, specifically, of politeness. To this respect, Bettoni (182) highlights the importance for those who teach pragmatics associated to a foreign language to identify the objective of their students' learning: they have indeed to maintain their own cultural habits but they need to handle a polite conversation with speakers whose origins are different.

In order to attract their attention, thus inviting them to cooperate, it would be useful simultaneously to create a clear graphic representation of the concepts they are sharing through a PowerPoint slide or the whiteboard. Acknowledging the complex effort students are asked to make, teachers have to guide the group work inviting them to recognize the basic principles that they, as speakers, have to respect.[4]

The complexity of cross-cultural communication, as pointed out by Bettoni, makes a selection of notions necessary, which can help students to handle with politeness strategies. After the activity, learners should focus on the basic principles of conversation analysis (Mey) and on some key aspects of cross-cultural politeness:

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[3] Rather than a PPP (Presentation, Practice, Production) approach to teach negative politeness strategies in ESP courses, the present article suggests the so-called "Patchwork" teaching procedure, whose main approaches are task-based and deep-end (Harmer, 67). In this specific case, learners are encouraged to activate their knowledge before focussing on the new communicative strategies used in English interactions.
[4] Although teaching a foreign language is not an easy task, asking students to reflect upon their cultural habits but also upon different cultural backgrounds can cause difficult situations to manage. Promoting tolerance, establishing respect for other traditions, encouraging diversity, showing appreciation for differences and avoiding stereotypes are fundamental to create a positive and collaborative atmosphere.
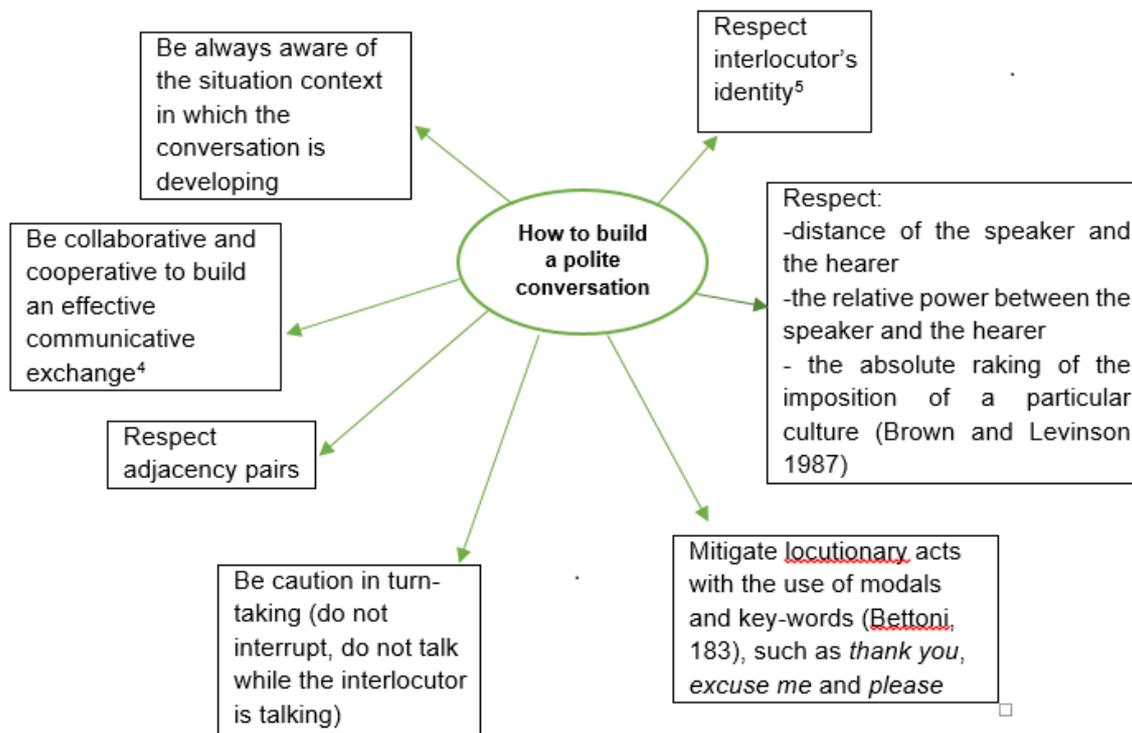
*Figure 1: Key-aspects of a polite conversation[5] [6]*

As Bettoni (181) clarifies, mastering lexicon and grammar is fundamental to interact with other people who do not share the speaker's mother tongue, but it is also of central importance to make students understand how interlocutors' inability to deal with pragmatic strategies can negatively influence their communicative exchanges. In this respect, the textbook *Cambridge English for Nursing* pre-Intermediate (Allum and Mcgarr) offers several exercises that can be suitable to approach both linguistic rules and pragmatic principles of basic medical English conversations: dialogues indeed are addressed to speakers at pre-intermediate or intermediate level. Examples of conversations from this book can be used with a double function: because of both their linguistic and communicative traits, they can be seen as the glue that holds activities together: concepts included in figure 1 can be identified within the dialogues, or, in case they fail to take such parameters into account, they can be used as a starting point to encourage discussion. From a more linguistic perspective, sentences can be analysed and contextualized as examples of every-day adjacency pairs, whose selection of lexicon faithfully portrays the language that is chosen to negotiate meaning and to respect politeness rules.

As for the conversation offered above, ESP teacher has to guide students' approach to the foreign language to make them understand basic pragmatic and, above all, politeness principles:

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[5] As Grice thoerized in 1965, effective conversations are generally based on what he calls cooperative principle. As already explained, even though ESP students are not required to examine in depth the theoretical basis of pragmatics, a rough, even not consciously interiorised, idea of the basis of communicative processes is of central importance in the learning process.

[6] Focussing on identity, Bettoni (36-37) clarifies that two wide categories can be recognized: the former is connected to the self, while the latter deals with the group within which the individual lives and interacts. The original definitions not being in English, the two identities can be identified as "personal" and "shared". To the aforementioned identities the author suggests a third level called "cultural" in which all the typical traits of a specific group or community come into action.

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Medical Figure (MF): Hello, Usha. How are you felling today?

Patient (P): Hello, Judy. I feel a bit down today.

MF: Oh, I'm sorry to hear that. Anything you want to talk about?

P: Well, I'm still in a lot of pain.

MF: Oh dear, I see.
You don't think the pain is getting any better with your treatment?

P: NO. I fell it's getting worse.

MF: Mm. Did you have radiotherapy yesterday?

P: Yes, in the morning. It made me feel quite sick.

MF: Mm. I know. Radiotherapy can make you quite sick.

P: Mm. I don't' fell like eating at all.

MF: Why don't I get you some medication for pain and nausea?

P: Yes, please. Then I might try to have a rest.

MF: Good idea. I'll bring you the injection right now.

P: Thanks.

MF: Can I get you a cup of tea?

P: Thank you, Usha. I'd like that.

(Cambridge English for Nursing,
Listening comprehension p. 26
Audio script p. 95)

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As anticipated in the previous paragraph, apart from mastering Medical English's specific lexicon, learners have to be asked to focus on the following aspects:

- Interlocutors' cooperation in developing the conversation
- Sentences coherence
- Adjacency pairs
- Hedging strategies (use of indirect speech acts, politeness markers, mitigators, fillers and modals)

After the approach to pragmatics and politeness has been carried out, negative politeness strategies can be introduced. Since they will not become experts in linguistics, ESP learners are not required to focus on the theoretical background of Brown and Levinson's theory of politeness but they need to understand and interiorize communicative principles in order to be able to select the best strategies the context requires.

Introducing students to negative politeness strategies means to make them aware of the fact that they can consciously choose how to interact with the patients, and that linguistic structures as well as communicative aspects will cause misunderstandings if left to chance. Such a consideration, generally shared by learners in the case of grammar and lexicon, tends not to be taken into account for pragmatic strategies. Therefore, a brief but detailed explanation of what negative politeness is, and which strategies are relevant, seem to be crucial. Just for its attention to the hearer's face and its aim of avoiding imposition to the hearer, negative politeness can be a precious tool in healthcare professional-patient interactions. Mastering these communicative strategies can help medical figures to build a positive approach with patients, developing a mutual and collaborative relationship.

As suggested by Brown and Levinson (129-210) negative politeness strategies can be grouped in seven main categories. Giving students some example from medical context for each of them can be a precious tool to foster their acquisition:

- Be conventionally indirect
    - Interrogative form: *Can you please roll* on to your back?
    - Affirmative form: *You could roll* on to your back.

- Use hedges[7] or questions
    o Interrogative form (indirect): *Now, I wonder whether* you can roll on to your back.
    o Affirmative form: Roll on to your back, *if you can*.
- Be pessimistic
    o Interrogative form: *You are not going to* roll on to your back, are you?
    o Affirmative form: *I do not suppose there would be any chance of you* rolling on to your back
- Minimize the imposition
    o Interrogative form: Could you roll on to your back *for a sec*?
    o Affirmative form: I *just dropped by for a minute* to ask you if you can roll on to your back.
- Give deference
    o Interrogative form: Could you roll on to your back, *Madam*?
    o Affirmative form: I would ask you to roll on to your back, but *whatever you do will be fine*.
- Apologize:
    o Interrogative form: *Excuse me*, could you please roll on to your back?
    o Affirmative form: *I'm sorry*, I know it is a great effort, but can you roll on to your back?
- Impersonalize speaker and hearer
    o Interrogative form (indirect): *Nurses are wondering if* you could roll on your back.
    o Affirmative form: *It would be appreciated* if you could roll on your back.
- State the FTA as a general rule:
    o Affirmative form: *Patients are generally asked* to roll on their back.
    o Affirmative form: *Actual treatments require* that patients roll on their back.
- Nominalize:
    o Affirmative form: *A urgent request is made for your cooperation*. Could you roll on your back please?
    o Affirmative form: *Your help would be of great importance.* Could you roll on your back please?
- Go on record as incurring a debt, or as not indebting the hearer:
    o Affirmative form: *Do me a favour*. Could you roll on your back please?
    o Affirmative form: *It would be eternally grateful if* you could roll on your back please.

After students have been introduced to negative politeness strategies, two more activities can be taken into consideration to encourage them to develop and use them autonomously: a critical analysis of a selection of dialogues offered by the coursebook, and a more productive task in which they are invited to build sentences including negative politeness principles.

As for the first activity, two examples of communicative exchanges from *Cambridge English for Nursing* are here included: as the lines will demonstrate, a comparative analysis of the two dialogues is suggested to enable learners to understand how and to which extent politeness and, specifically negative politeness strategies, can modify both speakers' message and hearers' perception of what it is uttered.

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Dialogue 1:

MF: Morning, Mrs Briggs. It's Angela. I'm here to do your dressing. Can I come in?
P: Hello, Angela. I didn't hear the door bell. Come in on.
MF: I'll just take a quick look at the wound to see how it's doing.
P: Thank you. I'll put my leg up for you.

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[7] Given the specific concept the term "hedging" includes, an introduction to what it means and implies seems of central importance. As pointed out by Bettoni, a brief theoretical explanation which includes examples both from the source and the target language allows learners to get the same or similar communicative patterns from their mother tongue back and consciously acquire them in the foreign language.

MF: That's good. I'll take the bandage off first. Mm, well, it looks much better, doesn't it?

P: Ooh. It still looks awful to me.

MF: Actually, the skin around the wound's less red.

P: Yes, I suppose so.

MF: The wound's got less pus in it.

P: Oh well. That's good.

MF: It doesn't have a bad odour now because the infection's better.

P: I noticed that.

MF: The wound's a little bit smaller, too.

P: That's good news, isn't it?

MF: It certainly is. Right, I'll do the dressing now.

P: Thanks, Angela. I'd like to have a shower.

(Cambridge English for Nursing,
listening comprehension p. 37
audio script p. 96)

Dialogue 2:

MF: Did you buzz?

P: Oh, yes, sorry. I just feel a bit sick.

MF: Do you want an anti-emetic for that?

P: I don't know what to do. I had chemo this morning.

MF: Oh no, look at the time. I've got to give out the meds. Do you want the anti-emetic?

P: Oh, I don't know. I just feel a bit down, I think.

MF: Right, look, I'm a bit busy now. Your husband'll be in soon, wont' he?

P: yes. Don't worry. I'll be all right.

(Cambridge English for Nursing,
listening comprehension p. 29
audio script p. 96)

After they have understood the dialogues, students are invited to:
1. Focus on politeness strategies included in the lines
2. Focus on the perlocutionary force conveyed by utterances in both cases.

The above-suggested comparison aims at allowing learners to fully understand how politeness can affect communication: for this reason students, working in pairs, are then asked to work on the second example in which politeness strategies are not included. Rebuilding it focusing on negative politeness strategies means shedding light on those principles that can make doctor-patient relation easier and more fruitful: patients do not feel pressured by medical figures, they are praised and they are more willing to be collaborate.

In order to conclude this cycle of lessons, students are asked to produce a dialogue on their own. This communicative exchange has to:

1. Specify the situational context in which it develops;
2. Specify the number of speakers and the role they play;

3. Select a specific topic to be considered (e.g. talking about pain, giving instructions to a patient, describing wounds, describing treatments to patient, discussing patient's progress or reassuring a patient before an unpleasant procedure);
4. Respect cultural diversity if it is needed;
5. Include specific terminology;
6. Include basic politeness principles;
7. Include negative politeness strategies.

Once this activity is finished students are invited to repeat what they have conceived without reading their notes. This oral activity leads them to a faster self-evaluation, understanding if they have understood and interiorized the new concepts. Reading what they have written could be just an automatic task.

## 4. Conclusion
Since pragmatic competence is the combination of linguistic elements and social/situational contexts, teachers and books alike should take into consideration the fact that developing pragmatic abilities in the acquisition of the target language in ESP courses is one of the primary teaching aims. Thus, the purpose that ESP teachers have to share when planning lessons and activities is to help students become more effective, fluent and accurate in the English language. Such a linguistic competence can eventually avoid mistakes in a complex profession like that of healthcare professionals, in which communication represents, undoubtedly, a critical element to ponder over.
Encouraging students to develop the basic communicative and metalinguistic competences to be able to decode and exploit pragmatic aspects in oral interaction means to ask them to dig into the superficial level of activities and guide them through the discovery of the very essence of meaning. They are asked to focus on words not only as morpho-syntactic bricks but as important containers of meaning, which can be deeply modified according to the terms that are chosen. Wrong choices can lead to misunderstandings and a non-collaborative relationship between healthcare professionals and their patients. In addition, focusing on negative politeness strategies can help learners to understand the importance of tailoring their utterances and their behaviour to the patient they are interacting with.

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