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Small talk in medical conversations: Data from China

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ABSTRACT

Although small talk has conventionally been treated as marginal and unimportant compared with core business talk, its value in understanding institutional norms and power relations has been recognized in many workplace contexts. However, in-depth analysis of the dynamics of small talk is still under-researched in clinical contexts. This paper explores where and how small talk is positioned, initiated, and closed between participants in two types of medical practices that co-exist in China: Traditional Chinese Medicine and Western Medicine. Analysis of 69 consultations suggests that small talk permeates into the boundaries of talk. The findings also demonstrate a marked clinical difference in relation to the distribution and discourse functions of small talk.

1. Introduction

There is evidence that small talk serves to "oil the interpersonal wheels" (Holmes, 2000: 49) in workplace discourse. In the clinical setting, engagement in small talk demonstrates participants' orientation towards the forthcoming discourse as a less formal encounter in which social asymmetry is attenuated and rapport building is encouraged. Previous studies in this field have mostly concentrated on the exploration of the emergence of small talk over the whole conversation (Coupland et al., 1992, 1994) and the role it serves to the accomplishment of (e.g. Ragan, 2000; Walsh, 2007) or disattention to (Maynard and Hudak, 2008) the instrumental and interpersonal tasks.

While the value of small talk in medical professional-client communication has been nicely demonstrated by scholars (Burnard, 2003; Coupland et al., 1992, 1994), most of the existing work was predominantly undertaken in western medicine (WM) practice. Communication in this area, however, is relatively under-researched in traditional Chinese medicine (TCM) practice, resulting in a great deal of speculation and unwarranted claims. The main issue to be explored in this article is thus the way in which small talk is constructed in TCM and WM encounters, focusing on where it is located and how it functions to the attainment of both instrumental and interpersonal goals. This paper contributes to the empirical investigation of small talk by analyzing authentic TCM and WM conversations, which has practical implications for the understanding of clinical practice and patient expectations in cultures where both practices co-exist.

In this article, I first summarize what has been documented in the literature in relation to the two different approaches to medicine – providing the social background for conducting a comparative study between TCM and WM. Then, I review briefly scholarly research on small talk in WM – identifying the niche and making the case for the value of this study.

2. Medical pluralism

TCM and WM practices have co-existed in China for centuries, complementing each other to satisfy the varying needs of patients. TCM is developed from Chinese *Yin-Yang* philosophy (Chan, 1995) and prioritizes holism, placing emphasis on "the integrity of the human body and the close relationship between human and its social and natural environment" (Lu et al., 2004:

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1854). The approach gives considerable weight to the quality or ability of different social and natural factors to produce pathologic diseases. Guided by this belief, the way doctors make diagnoses is significantly different from that in WM. Pioneering work on TCM and WM in China has provided a detailed account of the phases that constitute TCM consultations: inspection (i.e. examining the patient on a range of physical symptoms such as tongue color), auscultation and olfaction (detecting the patient's smell and respiration), inquiry (eliciting patient information in both biomedical and psychosocial aspects), palpation (checking the patient pulse), and diagnosis (Gu, 1999; Xu and Yang, 2009). In contrast to TCM, WM seeks to identify the pathological changes at the "cellular and molecular" level (Lu et al., 2004: 1855). While WM aims to locate the primary cause of physical problems, TCM considers such problems as a systematic disorder caused by a mixture of interior and exterior factors. TCM also differs from WM in terms of treatment. Typical TCM treatment includes herbs, minerals, and parts of animals (Chan, 1995). The dosage of different ingredients is pertinent to individual symptoms. Currently, TCM and WM are the two mainstream medical practices in China (Xu and Yang, 2009), which provide patients with a wide range of medical services: WM is normally used for the identification of causes of illness and treatment, and TCM is more frequently used for recuperation (Lam, 2001).

3. What is small talk?

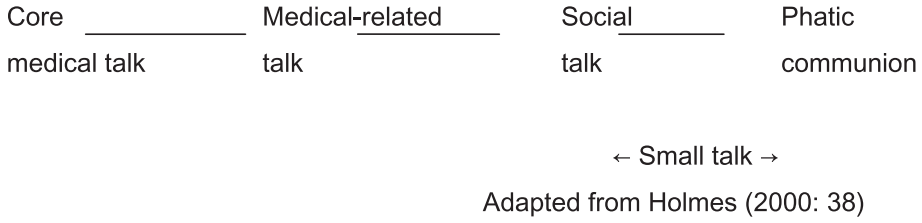
Scholarship on small talk has yielded varying definitions. Early formulations of small talk as a mode of action were developed from Malinowski's conception of phatic communion (Coupland, 2000). Malinowski (1923) coined the term phatic communion as a form of small talk, the function of which is not for the transmission of thought but rather to achieve companionship. Compared with core talk, it is relegated to a more ritualized and semantically empty form of discourse (Malinowski, 1972). Drawing on Malinowski's view, Laver (1975: 220–221) posited three social functions of small talk: (i) "a propitiatory function" in preventing silence-led hostility; (ii) "an exploratory function" in achieving a consensus between interactants; and (iii) "an initiatory function" in getting the business done. What is compelling about his work is that he posited the indexical nature of small talk. According to Laver (1975: 217), a prime function of small talk is the "communication of indexical facts about the speaker's identities, attributes, and attitudes, and that these indexical facts constrain the nature of the particular interaction". In so understanding, Laver points to the relevance and value of small talk to the whole interaction.

While insights gained from these studies are illuminating in understanding the significance of small talk, a well-rehearsed criticism for these earlier treatments is their underestimation of the speakers' changing priorities as the talk develops (Coupland, 2000). Holmes (2000) advances the understanding of small talk in the workplace by suggesting a context-based perspective in evaluating its status and functions within the whole interaction. She (2000: 42) points out "the functions of discourse are not fixed but rather they emerge out of the developing discourse". For Holmes, small talk extends from the ritualized greeting and parting exchanges to social conversation and to some point of the core business talk. This approach to describe small talk is also supported by Coupland et al. (1992: 215):

> "The function of particular sequences of talk as phatic or otherwise should not be preconceived. Relevant analytic questions are whether, how, and when talk is oriented to as phatic or not, contingent upon its local sequential placement in particular contextualized episodes and on the momentary salience of particular interactional goals."

Drawing from Holmes' (2000) and Coupland et al.s' (1992) conceptions of small talk, this article takes the view that types of talk cannot be fully accounted for by a rigid categorized definition. Rather, this article adopts a context-based approach to separate small talk – a relationally oriented discourse (Holmes and Marra, 2004, 2014) from core medical talk – fully informative and on-topic talk (Holmes, 2000), taking participant goals and topics of talk into consideration. While a broad on- and off-topic distinction is considered by recent scholars as less reliable given the "porous nature" (Benwell and McCreaddie, 2016: 260) of talk (for example, Hudak and Maynard (2011: 643) described a category of "co-topic talk", and McCarthy (2000: 104) identified a type of "transactional-plus-relational" talk), this context-based approach of identifying and interpreting small talk allows us to consider the "subtleties of discursive renegotiation" as the talk proceeds (Coupland, 2000: 13).

Adapting Holmes' (2000) continuum but with more specificity (see Hudak and Maynard, 2011), small talk in this study is used as an umbrella term which includes talk of different forms from those phatic exchanges of greeting/leavetaking towards some point near the core medical talk:



Adapted from Holmes (2000: 38)

Core medical talk here refers to talk that is directly related to and highly informative about the major issues for which the present medical visit is underway. It should directly serve the instrumental goals of both participants. This includes, for example, talk on medical conditions, physical examinations, and treatment negotiations. Work-related talk refers to talk that is not tightly relevant but related to the core medical agenda, for example, talk on making next-appointment and fees and