

Interpersonal relationships in medical consultations. Comparing Sweden Swedish and Finland Swedish address practices



Catrin Norrby^{a,*}, Camilla Wide^{b,1}, Jan Lindström^{c,2}, Jenny Nilsson^{d,3}

^a Department of Swedish Language and Multilingualism, Stockholm University, 10691 Stockholm, Sweden

^b University of Turku/Scandinavian Languages, 20014 University of Turku, Finland

^c Department of Finnish, Finno-Ugrian and Scandinavian Studies, Helsinki University, P.O. Box 24, 00014 Helsinki, Finland

^d Institute for Language and Folklore, Vallgatan 22, SE-411 16 Gothenburg, Sweden

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Abstract

This article investigates how interpersonal relationships are expressed in medical consultations. In particular, we focus on how modes of address are used in the two national varieties of Swedish: Sweden Swedish and Finland Swedish, with the aim to compare the pragmatic routines in the two varieties. Thus the study contributes to the field of variational pragmatics, where national varieties of pluricentric languages are recognised as important research objects. Address practices are analysed in two comparable corpora of video recordings from Sweden and Finland using both a quantitative and a qualitative CA-inspired method. There are several differences between the data sets: the Sweden-Swedish data are characterised by exclusive use of the informal T pronoun (*du* 'you') and an overall higher frequency of direct address compared to the Finland-Swedish data. In some medical consultations in the Finland-Swedish data the formal V pronoun (*ni*) is used. The qualitative analysis confirms these differences and the tendency is that the Sweden-Swedish medical consultations are more informal than the Finland-Swedish ones, which are characterised by more formality and maintenance of social distance between the interlocutors. The different pragmatic orientations at the micro level of communication can also be related to socio-cultural preferences at the macro level in society – the development towards greater informality and intimate language is more pronounced in Sweden than in Finland.

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Keywords: Address; Medical consultations; Sweden Swedish; Finland Swedish; Pluricentric languages; Variational pragmatics

1. Introduction

This article focuses on how interpersonal relationships are expressed in a particular institutional context – medical consultations. In particular, we investigate how the modes of address used by doctors and patients reflect pragmatic differences between the two national varieties of Swedish: Sweden Swedish and Finland Swedish. Swedish is a

* Corresponding author. Tel.: +46 8 16 3597.

E-mail addresses: catrin.norrby@su.se (C. Norrby), camilla.wide@utu.fi (C. Wide), jan.k.lindstrom@helsinki.fi (J. Lindström), jenny.nilsson@sprakochfolkminnen.se (J. Nilsson).

¹ Tel.: +358 50 525 8629.

² Tel.: +358 50 4480 978.

³ Tel.: +46 31 10 7538.

pluricentric language, a language with more than one national centre (Clyne, 1992),⁴ and displays variation across the national varieties. Typical Finland-Swedish features in pronunciation, vocabulary and syntax have been well documented (see e.g. Reuter, 1992; Wide and Lyngfelt, 2009). The subtle differences in how pragmatic and interactional meanings are expressed in the two varieties of Swedish have however not been analysed systematically in a comparative dataset (but see Saari, 1995; Fremer, 1996 for some preliminary observations on pragmatic differences between Finland Swedish and Sweden Swedish). The interface between pragmatics and variational linguistics has received overall little attention to date. However, within the fairly recently established research paradigm *variational pragmatics*, Schneider and Barron (2008) emphasise that the concept of region in variational pragmatics not only deals with sub-national varieties of a language, as in traditional dialectology, but also considers languages as pluricentric entities (e.g. American English, English English, Irish English, etc.). The present article forms part of a comparative research programme on the two Swedish varieties which contributes to the body of work in pluricentric languages and variational pragmatics by comparing pragmatic patterns in institutional interactions in the domains of service, higher education and healthcare.⁵

Previous research on address has predominantly been based on reported address practices. For example, research by Clyne et al. (2009) suggests that Finland-Swedish and Sweden-Swedish speakers relate to and evaluate forms of address differently when asked about their own address behaviour. In the present study we shift the focus to actual address practices in authentic interactions between doctors and patients. How do the interlocutors use – or not use – various forms of address to manage interpersonal relations in the studied conversations? And can such micro-pragmatic variation be related to how the two national varieties differ on the macro level (see section 3) in the way they display social distance through the use, or non-use, of address forms?

There is a large body of research on medical consultations within an interactional framework with medical consultations arguably being one of the most frequently researched communicative activities (Linell, 2011:205). A reason for this interest could be the extensive interpersonal relational work, for example in question–answer sequences, that occurs in such interactions. Medical consultations are characterised by pre-defined institutional roles, involving doctor/nurse–patient, in contrast to a conversation between friends (see e.g. Drew and Heritage, 1992). The participants in such conversations have not necessarily chosen to interact with one another, or to enter into these roles, but do so because they must achieve certain goals. Address practices are an important resource for managing participant roles and asymmetries in interaction. Building social relations based on trust is especially important in medical consultations where potentially sensitive topics might be disclosed. In such a context frequent addressing might be a resource for achieving this. However, address in medical consultations has not been investigated to any great extent (see however Sorjonen et al., 2001).

The article is organised as follows: section 2 presents a brief overview of Swedish as a pluricentric language. Section 3 investigates interpersonal relationships and address forms. In section 4 we introduce the data and methods of analysis and section 5 outlines the results of the empirical analyses. In section 6 we discuss the results and offer some general conclusions.

2. Swedish as a pluricentric language

Swedish has official status in two countries. It is the main language in Sweden and one of the two national languages (alongside Finnish) in Finland. In Sweden, the vast majority of the population of close to 9.7 million (Statistics Sweden, 2015) has Swedish as their first language. Some 290,000 people in Finland have Swedish as their first language, whereas the majority of the country's population of approximately 5.5 million speaks Finnish. In other words, Swedish-speaking Finns constitute a linguistic minority of 5.3% in Finland (Statistics Finland, 2015). However, it is a minority with a relatively strong legal, economic and cultural position, as a result of historical circumstances (see e.g. Liebkind et al., 2007). Finland was part of the Swedish kingdom for some 600 years, until 1809. From then until 1917 Finland was an autonomous grand duchy of the Russian empire, but despite this Russian was not introduced as an official language, and Swedish remained the dominant language in the public sphere until Finnish slowly replaced it at the beginning of the 20th century (see Saari, 2012).

In relation to Sweden Swedish, Finland Swedish is clearly the non-dominant variety (Reuter, 1992; Norrby et al., 2012). The degree of difference between the varieties is greatest in informal spoken language and smallest in formal written language. Finnish has influenced Finland Swedish to various degrees across individual speakers and regions. Even though Finland Swedish is an exceptionally well documented non-dominant variety – through academic research and language planning – no systematic comparative study of contextualised communicative patterns across the two national

⁴ This definition of pluricentricity focuses on variation between national varieties. However, regional variation is sometimes also described within a pluricentric framework (see e.g. Auer, 2014).

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