

A Contrastive Study of Interpersonal Meaning in Chinese and Western Outpatient Clinic Interaction

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Abstract

Outpatient clinic interactions have direct impacts on the medical consultation of doctors, the health of patients and the doctor-patient relationship. In an outpatient clinic interaction, the doctor constructs and the patient reconstructs the meaning. Based on the interpersonal metafunction of systemic functional linguistics, this research investigated the characteristics of mood and modality in Chinese and western outpatient clinic interactions and identified the interpersonal functions of these interactions. It is found that the Chinese outpatient clinic interactions have positive semantic meanings and construe a harmonious interaction, while the western outpatient clinic interactions have negative semantic meanings and construe a contradictory interaction.

Keywords: Outpatient clinic interaction, Traditional Chinese Medicine, Western Medicine, Interpersonal function

1. Introduction

Doctor-patient outpatient clinic interaction refers to the oral conversation between a doctor and a patient (including a family member) in the working state of the hospital. It is a social phenomenon involving many factors such as medical skills, morality, and culture. Its significance lies not only in communicating with each other, but also in finding out the

condition of the disease and planning treatment. The ultimate goal of doctor-patient communication is to provide with disease resolution and treatment service (Yu, 2009: 58).

At present, studies of Chinese doctor-patient outpatient interactions are mainly on discourse analysis and pragmatic analysis of these interactions (Gu, 1996; Jiang, 1999; Zhao, 1999). Studies of western doctor-patient outpatient interactions mainly involve the interaction between doctors and patients, the relationship between doctor-patient conversation and treatment results and the relationship between external social factors and doctor-patient conversation (Schneider & Beaubien, 1996; Nessa & Malterud, 1998; Ten, 2002). This research intends to conduct a comparative analysis of interpersonal meanings in Chinese and western medicine outpatient clinic interactions.

Traditional Chinese medicine (TCM) does not focus on the material aspects of human beings, but rather on the interrelationship between material aspects and spiritual aspects of human beings. The prominent role of TCM lies in mediation. Therefore, TCM is also known as “intermediary medicine” (Li, 1998: 23). This essential difference between western medicine and TCM leads to different outpatient conversation.

Based on the interpersonal metafunction of systemic functional linguistics, this paper will analyze the characteristics of mood and modality in Chinese and western medicine outpatient clinic interactions, explain their respective meaning construction and explore the characteristics of these outpatient clinic interactions.

2. Theoretical Background

Halliday (1994) claims that language has both the function of recognizing the logical relationship between the external and internal world and that of expressing the speaker’s identity, status, attitude and motivation. According to systemic functional linguistics, there are three metafunctions in every language system, i.e. ideational function, interpersonal function and textual function. With regard to interpersonal function, the “speaker is using language as the means of his own intrusion into the speech event: the expression of his comments, attitudes and evaluations, and also of the relationship that he sets up between himself and the listener-in particular the communication role that he adopts, of informing, questioning, greeting, persuading, and the like” (Halliday, 1973: 333).

The interpersonal function of language can reflect the communication roles and social roles contained in the discourse tone of the social environment (Halliday, 2004). At the grammatical level, communication roles are mainly realized by mood, while social roles are mainly realized by modality. The typical mood types of English are the indicative mood, the interrogative mood and the imperative mood. Halliday’s modal concept expresses the possibility between affirmation and negation, and it is the subjective evaluation of the speaker on the content of the proposition.

System functional linguistics associates modality with polarity and divides the mediation value of expressing modality into three levels: high, medium and low. Halliday & Matthiessen (1999) claims that metaphor is a variation of meaning expression. Metaphor of mood means that the mood chosen is not to express the meaning it usually expresses, but to

express another meaning. Metaphor of modality occurs when “the speaker’s opinion regarding the probability that his observation is valid is coded not as a modal element within the clause, which would be its congruent realization, but as a separate, projecting clause in a hypotactic clause complex” (Halliday, 1994: 354). Therefore, metaphor of mood and metaphor of modality become the central concepts in the interpersonal meaning framework of systemic functional linguistics and serve as the main semantic carriers of interpersonal function.

Language is a tool for interpersonal communication in society. Therefore, there are semantic structures to realize interpersonal meanings in Chinese (Zhu & Yan, 2001). In Chinese, the mood and modal meanings are mainly realized as volitional verbs, modal adjuncts, comment adjuncts, interpersonal functional components in the questioning system, nouns with positive or negative meanings, substantive verbs and adjectives, and four basic mood functions (Peng, 2000: 121).

3. Methodology

After obtaining the consent of four male doctors and two female doctors in four clinical departments of a first-class hospital in Xi’an, we collected the recording of outpatient conversations between these six doctors and patients with a recording pen. In order to make the conversation authentic and reliable, it is necessary to tell the doctor that the study object is the patient. The patient will be informed afterwards to obtain the patient’s permission. The four clinical departments are general surgery, neurosurgery, mental health and TCM. All six doctors graduated from regular medical schools and have been practicing medicine for more than eight years. The author collected the outpatient conversations from the general surgery, neurosurgery, and mental health departments, and composed the western medical doctors’ outpatient conversation corpus which includes fifteen cases. Fifteen outpatient conversations were collected from the TCM department to form a conversational corpus of TCM patients. Then the recording was transcribed into text, and the conversational corpus of Chinese medicine doctor-patient interview and that of western medicine doctor-patient interview were obtained. There are 27,318 words in the transcribed corpus.

In the transcribed corpus, the linguistic components that realize the meaning of mood and modality are marked, and the results are statistically analyzed. The interpersonal functions are analyzed in an attempt to reveal the essential characteristics of doctor-patient outpatient conversation in Chinese and western medicine.

4. Results and Discussion

4.1 Analysis of the Modal Meaning of Chinese Vocative Verbs

Modality is mainly realized by vocative verbs in Chinese. Such verbs can be semantically divided into two categories. One expresses willingness, reason, subjective and objective conditions, and evaluation, and the other expresses judgments about the possibility of occurrence (Wei, 2003; 2008). Ma (1992) divided Chinese vocative verbs into six categories: possible verb (A), necessary verb, possible verb (B), desiring verb, estimated verb and permissive verb. Based on these categories, this paper analyzes and compares the similarities

and differences of Chinese vocative verbs in Chinese and western outpatient clinic interactions. The statistical results are shown in Table 1.

(Note: The numbers in parentheses are the frequencies of the words and the words without a following number indicate occurring only once. The capital letter “C” refers to the Chinese outpatient clinic interaction, “W” refers to the western outpatient clinic interaction, “H” refers to high value, “M” refers to medium value, “L” refers to low value, “P” refers to positive and “N” refers to negative.)

Table 1. The distribution and frequency of the modal verbs in the Chinese and western outpatient clinic interaction

	possible verb (A)		possible verb (B)		necessary verb		desiring verb		estimated verb		permissive verb	
	C	W	C	W	C	W	C	W	C	W	C	W
H					得(3)	要(6)	要(12)	想(2)				
					需要	必要(4)	需要(2)					
					还得	得(4)	还有					
						需要(2)						
						必须(2)						
P						应该						
M			会	能(2)	只要		想(4)	想(2)	可以(2)	要(4)	就行(4)	
				可以	要		还要	要	能行	可以(2)	能行(2)	
							要			行	行(2)	
L	可能(7)	可能(5)	能(15)	能(9)					行(6)	行(5)	可以(2)	可以
			可以(9)	行(8)					可以(5)	可以	行(2)	行(2)
			容易(3)	可以(5)					都行			
			只能	会(2)								
				只能								
H							不想	不要(3)	不想			
							不要	不想				
M				不能(2)			不敢(2)	不要(4)				
N							没敢	不敢				
L			不能	不会(3)						不行(3)		
				不能(2)								

It can be seen from Table 1 that the collocation of the verb “可能” with positive connotation in the conversation of Chinese outpatient medical interview is higher than that in the conversation of western outpatient medical interview. However, the collocation of vocative verbs “可能” with negative connotations in western outpatient medical interview is higher than that in Chinese outpatient medical interview. That is, the vocative verbs have positive semantic meanings in TCM outpatient conversations, but negative semantic meanings in western medicine outpatient conversations.

The possible verb (A) expresses the speaker’s inference about the authenticity of objective reality or statements (Ma, 1992). In the TCM outpatient conversation, doctors use the

vocative verb “可能” four times to infer the patient’s condition. The vocative verb collocates with the positive and optimistic word “好” twice. Doctors also use non-emotional words to describe their condition twice. In the western medical outpatient conversation, the vocative verb “可能” collocates with words of negative meaning to describe the condition, such as “可能考虑手术” and “可能比较高”.

The possible verbs (B) express the ability of a person or the energy of an objective thing (Ma, 1992). The core meaning of the verb “能” is to indicate that X has the conditions to achieve Y. The semantic conditions can be either a reliable condition for expressing the existence of objective facts or an unreliable condition for expressing the speaker’s subjective evaluation (Lu, 2001).

It can be found from analyzing the semantic conditions of the possible verb “能” and the semantic meanings of its collocation words in Table 1 that in the Chinese outpatient medical conversation both the doctor and the patient use the same number of the possible verb “能”. In the process of asking for a diagnosis, explaining the cause, and prescribing a prescription, the Chinese medicine doctors use the words “或许” “我认为” and “实际上” to modify the possible verb “能”. The purpose of expressing doctors’ subjective evaluation and easing doctors’ medical authority is achieved. While western medicine doctors use a large number of the possible verb “能” that imply subjective evaluation, and repeatedly use the adverbs “只能” “都” “才” and “也” to modify the possible verb “能”. The purpose is to strengthen the medical authority of western medicine doctors, to aggravate the alienation between doctors and patients.

It can also be found from analyzing the semantic meaning of the collocation word of the possible verb “能” in Table 1 that in the Chinese outpatient conversation both the doctor and the patient use the same number of positive or neutral words. Therefore, the conversation has positive semantic meaning. In the western medicine outpatient conversation, the combinations of the positive, neutral and negative words are all used by doctors and patients. Therefore, their conversations present a complex semantic feature. For example, in the TCM clinic conversation, nearly half of the collocation words of the possible verb “能” have positive meanings: such as “好” “解决” “减轻” “行” and so on. The use of these positive meanings reflects the doctor’s consideration of the patient’s psychology, weakens the patient’s fear of the disease, and enhances the patient’s confidence in defeating the disease. In the western medicine outpatient conversation, the collocation words of the possible verb “能” also contain words with positive meanings such as “改善” “缓解” and “好”, but also include words with negative meanings such as “焦虑” and “导致”. In this intricate semantic environment, western medicine doctors do not consider the patient’s psychological endurance, enhance the patient’s fear for the disease.

The necessary verb refers to the speaker’s affirmation of the truth of the fact or statement (Ma, 1992). By analyzing the semantic meaning of the collocation of the necessary verbs in Table 1, we found that the collocation words have negative semantic meaning in the conversation of the western outpatient department. In the conversation of TCM interviews, this kind of collocation has neutral semantic meanings. For example, in the western medicine outpatient

conversation, the adverbs “一定” “光” “未必” and the necessary verb “要” are used together to strengthen the strong position of doctors who have medical professional knowledge and to intensify the tension between doctors and patients. The words “考虑手术” “梗阻” and “做个小手术” which are collocated with the necessary verb “得” have negative connotations. Doctors describe the condition with more serious treatment and diagnosis results, showing the indifference to the patient’s condition. However, in the conversation of TCM clinic, the collocation of such words has neutral meanings, and doctors and patients describe the condition objectively.

4.2 Analysis of the Modal Meaning of Mood Adjunct

Halliday (1994) claims that the interpersonal meaning is realized by the interpersonal adjuncts in clauses. Interpersonal adjuncts can be divided into mood adjunct and comment adjunct. Mood adjunct and comment adjunct are closely related to polarity and modality (Halliday & Matthiessen, 2014). According to Halliday’s classification of mood adjunct, the Chinese and western outpatient medical conversations are analyzed. The statistical results are shown in Table 2.

Table 2. The distribution and frequency of the mood adjuncts in the Chinese and western outpatient clinic interaction

	Modality Adjunct			Temporal Adjunct	Mood Adjunct		
	Probability	Usuality	Inclination		Intensity	Degree	Visibility
C	或者	经常(7) 一直(2) 偶尔 偶然 爱		还(12) 了(6) 已经(4) 还是	光(5) 真 甚至 其实 一直	挺(8), 更, 都(20), 很明显(2) (15), 比较(6), 非常, 好, 多(9), 少(3), 更, 尽量 (2), 再, 不错(2), 很多, 比较(2), 特别, 特, 稍微 (4), 有点(2), 差不多 (3), 爱, 太	
W	大概(2)	老(10) 经常(4)	未必		光(5) 尤其	很(6), 有点(12), 特别 明显(5) (9), 非常, 都(6), 挺, 极, 稍微, 比较(6), 太(4)	

By analyzing the semantic meaning of the collocation words “经常” and “老” in the corpus, we found that the Chinese medicine doctors often use the adjunct “我觉得” and the modal adjunct “经常” to express the opinion. The adjuncts express the doctor’s respect for the patient and the consideration of the patient’s vulnerability, creating a more relaxed environment for consultation and communication. The western medicine doctors directly use the modal adjunct “经常” or the addressing term “你” to ask about the condition. Western medicine doctors often use the words “不高兴” “不放心” “有病” which have negative meanings. They also use the modal adjunct “老” which makes the atmosphere of the entire outpatient conversation tense and causes patients to use it frequently. The words “害怕” and “调整不好” that express negative meanings are combined with the modal adjunct “老” to answer the doctor’s questions. In this intense environment of doctor patient communication, it is more likely to exacerbate the anxiety and psychological burden of patients.

4.3 Analysis of the Modal Meaning of Comment Adjunct

There is no clear boundary between comment adjuncts and mood adjuncts. Comment adjuncts can express the ideational meaning and the interpersonal meaning of the clause (Halliday & Matthiessen, 2004). This paper focuses on the interpersonal function of the medical conversations. The statistical results of comment adjuncts in the corpus are shown in Table 3.

Table 3. The distribution and frequency of the comment adjuncts in Chinese and western outpatient clinic interaction

	Opinion	Recognition	Persuasion	Request	Reservation
C	觉得(12) 我觉得(7) 我说(2) 感觉(2) 从咱们中医 的角度来说	真的(2) 真 实际上 其实上	基本上(2) 实质上 其实 实际上		还是
W	觉得(4) 从我们的角 度讲(2) 我记得 我们不主张	其实 实在 基本上	实在 实际上	求助 麻烦	

By analyzing the semantic meaning of the comment adjunct and its collocation words in the corpus, we found that the comment adjunct is used with the demonstrative pronoun “咱们” in Chinese outpatient clinic interaction. This is a pronoun that includes the patient and the doctor. The doctor regards the patient as a member of his or her own, narrowing the distance between the doctor and the patient. On the contrary, the words “从我们的角度讲” and “我们不主张” are used with the pronoun “我们” in western outpatient clinic interaction. This is a pronoun that excludes the patient. The doctor regards the patient as a member of the opposite party. Doctors strengthen the authority of their professional knowledge, but also widen the distance between doctors and patients.

When Chinese medicine doctors use comment adjuncts to express persuasion, the words have neutral semantic meaning. Chinese medicine doctors use objective facts or knowledge of Chinese medicine to explain the patient's condition. In particular, when using such adjuncts to persuade patients, they can comprehensively consider the patient's condition and economic situation and set a place for the patient to construct a harmonious and pleasant consultation process. Correspondingly, the collocation words used by western medicine doctors has a negative semantic meaning. Western medicine doctors use the comment adjuncts and negative words to express persuasion and their subjective evaluation, such as the utterance “如果实在好不了，还得考虑手术呢”. In the utterance, they use the persuasive comment adjunct “实在” and the negative word “好不了” to express their subjective evaluation. The utterance makes the patient feel the severity of the disease strongly, blows the confidence of the patient, brings heavy mental pressure to the patient, and then constructs a pessimistic

consultation process.

In addition, in the western medicine clinic conversation, the patients also repeatedly use the evaluation adjuncts such as “求助” and “麻烦”, which led to the phenomenon that the doctor of the outpatient conversation was the leader. However, in the conversation of TCM clinic, the patient never uses this kind of words.

5. Conclusion

The characteristics of mood and modality in Chinese and western outpatient clinic interactions are presented from the two aspects. First, in the Chinese outpatient clinic interaction the collocation of verbs, metaphors of mood, metaphors of modality and comments adjuncts have positive semantic meanings. These words construe the interpersonal meaning of TCM doctors who are willing to use TCM expertise to explain the patients' illness. However, in the western outpatient clinic interaction, the collocations of commentary adjectives, metaphors of mood, metaphors of modality and comment adjunct have a negative semantic meaning. These words construe the interpersonal meaning of western medicine doctors who display a strong position because of their medical expertise. Second, in the Chinese outpatient clinic interaction modal adjuncts are frequently used together with the comment adjunct to express opinions, and the modal adjuncts are often used together with the modal auxiliaries to express high value possibility. Such collocations construe the interpersonal meaning of TCM doctors who describe the illness based on objective facts and regard patients as members of their own party. In the western outpatient clinic interaction, modal adjunct is frequently used with address words, and modal adjunct is frequently used with two kinds of words that indicate subjective evaluation. Such collocations reflect that western medicine doctors use subjective evaluation to describe the disease and regard the patient as the member of the opposite side.

Therefore, the characteristics of the conversations in Chinese and western outpatient clinic interactions are as follows: The dialogue between Chinese medicine doctors and patients is harmonious, while the dialogue between western medicine doctors and patients is contradictory. Through the discussion of the characteristics of the doctor-patient outpatient conversation between Chinese and western medicine, this paper hopes to understand the causes of the serious doctor-patient relationship and provide help to improve the doctor-patient relationship from the perspective of linguistics. Systemic functional linguistics is both a theoretical linguistics and an applicable linguistics. Therefore, the research can also promote applied research in systemic functional linguistics. At the same time, it can also make some contributions to the development of Traditional Chinese Medicine.

Harmonious doctor-patient relationship is not only the condition for medical staff to carry out medical activities smoothly, but also the basis for maintaining patients' rehabilitation. Doctor-patient relationship is the central topic and core content of medical ethics research. Doctors and patients should be the most harmonious interpersonal relationship in society. This study is of implication for alleviating the tension between doctors and patients and for building up harmonious relationship between doctors and patients.

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