Pragmatic Study on Mitigation in Doctor-patient Interaction from the Perspective of Rapport Management Theory

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Abstract. Based on the Rapport Management Theory and trichotomy of pragmatic mitigation, this study, with a domestic medical documentary *Infinite Life* as the data, explores the types of mitigators in doctor-patient interaction and pragmatic motivations behind mitigators by means of qualitative and quantitative research methods. The findings are as follows: (1) Three types of mitigating strategies are used by doctors with different frequency of distributions in doctor-patient interaction. The propositional mitigation has the highest frequency, the illocutionary mitigation follows and the frequency of perlocutionary mitigation is the lowest. (2) In the process of consultation, doctors have certain expectations for the patients. In order to reach those expectations, doctors adopt certain mitigating strategies to satisfy face needs, implement and ensure information expression. The use of mitigators is rapport-oriented and creates a harmonious communication environment, which offers an effective guarantee for the exchange and transmission of information, so as to facilitate the smooth communication between doctors and patients, and finally make the right diagnosis and treatment for patients.

Keywords: language communication; harmonious relationship; mitigation; Rapport Management Theory; doctor-patient interaction

1   Introduction

Doctor-patient interaction has traditionally been the focus of linguistic studies because it is reality-oriented and crucial in constructing harmonious doctor-patient relationship, which is largely reflected at discourse level. Linguistic researchers have conducted numerous studies on doctor-patient interaction from the perspectives of pragmatics, conversation analysis, sociolinguistics, critical discourse analysis, etc. Effective interaction between the two sides not only helps doctors understand patients' conditions and identify remedies, but also arouses pragmatic empathy and emotional resonance, and improves doctor-patient relationship to a certain extent. As a result, the use of mitigators plays an important role in the process of resolving the conflicts between doctors and patients.

Since the 1970s, mitigation has attracted much attention from linguists, who have studied its definition and function from different perspectives. Fraser [1] argued that mitigation is not a speech act, but a compensation for a certain speech act that may be unpleasant to the listener. Holmes [2] proposed two ways of boosting and attenuation when discussing how to modify the implied meaning, and pointed out that the moderated speech acts with negative effects can also be referred to as mitigation. Caffi [3] suggested that mitigation reflects a meta-linguistic awareness in which the speaker's speech and actions are more effective.

Domestic studies on mitigation have started late and the research results are slightly insufficient, mainly focusing on the field of pragmatics. As one of the earliest scholars in China to pay attention to the issue of mitigation, He [4], in discussing the application of hedges in communication, mentioned that there is a type of hedges that do not change the true or false value of the sentence. Ran [5] believed that mitigation is the modification of speech acts to weaken their possible negative effects on the audience, and divided mitigation into six categories. Li [6] believed that the above studies on mitigating strategies are insufficient, because only single-function studies on mitigation have been conducted, without giving an accurate definition for mitigation. In addition, based on the speech act theory of Austin [7], Li [6] argued that mitigation can be divided into propositional mitigation, illocutionary mitigation and perlocutionary mitigation (See Table 1).

Table 1. Classification of mitigation and examples (Li (2008))

Types	Sub-types	Examples
propositional mitigation	understaters	*a little bit; somewhat*
	evidentials	*I heard; they said; should*
	tag questions	*right? Isn't it? did you?*
	epistemic modals	*Maybe; probably; as if*
	subjectivizers	*I think; in my opinion*
illocutionary mitigation	disclaimers	*I hate to say; I mean no harm*
	deprecators	*to put it mildly; if you don't mind*
	truth claimers	*In fact; to be honest*
	hesitators	*how to say*
perlocutionary mitigation	simple anticipation	*You may not believe what I am going to say.*
	concern showing	*He might get angry if he heard it.*
	penalty taking	*I don't fear inviting ridicule or sarcasm.*
	direct disuasion	*Don't be angry.*
	apology	*I am sorry.*
	thanks	*Thank you.*

Domestic studies on mitigation in doctor-patient interaction began in the 1990s. In terms of discourse analysis, Gu [8] proposed a goal-oriented discourse model to analyze how doctors and patients deal with interpersonal relationships. Huo [9] called mitigation "weakening", and explored the function of weakening in outpatient dialogue. Wang & Kou [10] discussed that how the indirect responses and mitigators aid the language user

to manage the interpersonal relationship and realize the expected interpersonal pragmatic functions in doctor-patient conflict talks.

At present, most studies on mitigation mainly focus on the analysis of non-institutional discourse and the pragmatic function. Based on Rapport Management Theory and the taxonomy of mitigation by Li [6], this paper studies the types of mitigating strategies and the interpersonal pragmatic motivations of mitigation in doctor-patient interaction.

2   Theoretical Framework

Brown and Levinson [11] systematically studied some universals in politeness and face in daily conversation, and proposed the politeness principle based on face management, stating that both sides of a conversation are committed to saving face in the communication process. Face theory mainly focuses on how language can be used to reduce face threatening acts and save the hearers' face. There are positive face and negative face. Spencer-Oatey [12] discussed interpersonal relationship from the perspective of language output, and gradually refined and developed Rapport Management Theory (see Figure 1). From the perspective of interpersonal pragmatics, Spencer-Oatey [13] proposed a more macroscopic model of interpersonal relationship management, that is Rapport Management Theory (see Figure 1), which aims to explore how speakers manage interpersonal relationships in the process of communication.
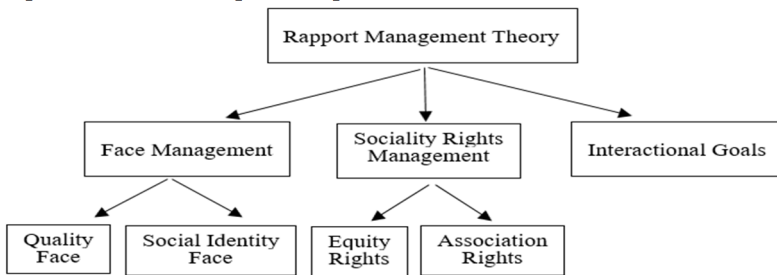

Fig. 1. Rapport Management Theory (Spencer-Oatey ([12])

Brown & Levinson [11] identified face as the main driver of polite behavior and categorized face as positive and negative face. Spencer-Oatey[13] stated that face is closely related to social values, personal values, trust, dignity, honor, and achievement. This perspective broadens the dimensions of face. Spencer-Oatey [14] argued that sociality rights management is partly related to, but not synonymous with negative face as proposed by Brown & Levinson [11]. Sociality rights mainly refer to the basic personal and social rights that members of a social group believe they should have, which will make people have certain expectations of each other when they interact. Interactional goals refer to the specific task or interaction purpose of people in mutual communication. People always interact with each other with a certain purpose, which includes conveying information and maintaining relationship. The need to achieve the purpose of the

interaction also affects the relationship between the interlocutors, because if the purpose of the interaction is not achieved, the interlocutors' emotions may be affected. Rapport Management Theory aims to manage the relationship between the two parties of a conversation from both an individual and a societal perspective.

3   Research Design

Based on Rapport Management Theory proposed by Spencer-Oatey [13] and Li's [6] classification of mitigation, this paper aims to answer the following two research questions:

   (1) What types of mitigating strategies are adopted by doctors in doctor-patient interaction?

   (2) What are the pragmatic motivations for the doctors' use of mitigation in doctor-patient interaction?

   Infinite Life is a large-scale observational medical documentary program launched by Hunan TV in China, which closely focuses on the front line of hospitals, documenting the daily working status of doctors, patient groups of in hospitals, and different kinds of doctor-patient relationships. The documentary program consists of 36 episodes and 197,554 characters were included. All the characters were transcribed for analysis. After reading the transcribed text of doctor-patient interaction repeatedly, this study firstly identifies all the mitigating strategies and then classifies and counts the total number and the frequency of them used by doctors, thus making a quantitative analysis. Secondly, according to the results of the statistical analysis, a qualitative analysis is carried out, so as to obtain the pragmatic motivations of doctors' use of mitigation in doctor-patient interaction.

4   Results and Discussion

4.1   Types of Mitigating Strategies Used in Doctor-Patient Interaction

As can be seen from Table 2, there are different types and distributions of mitigating strategies used by doctors in doctor-patient interaction. The propositional mitigation has the highest frequency, accounting for 81%; The second is the illocutionary mitigation, accounting for 14%; The frequency of perlocutionary mitigation is the lowest, accounting for only 5%.

Table 2. Types of mitigating strategies in Infinite Life

Types of mitigation	Sub-types	Number of mitigators	Frequency (%)	Cumulative frequency (%)
Propositional mitigation	understaters	14	18	
	evidentials	7	9	
	Tag questions	15	20	81
	Episte modals	19	25	
	subjectivizers	7	9	

Illocutionary mitigation	disclaimers	2	3	14
	truth claimers	8	11	
Perlocutionary mitigation	thanks	4	5	5
	Total	76	100	100

4.1.1 Propositional Mitigation

Propositional mitigation is mostly used when speakers express propositions, especially when they express the speakers' propositional attitudes. In using this type of mitigators, speakers can reduce their commitment to the truth or validity of propositions. In this study, doctors use understaters, evidentials, tag questions, epistemic modals and subjectivizers to indicate their propositional attitudes. Among propositional mitigation, epistemic modals have the highest frequency (25%), tag questions (20%) and understaters (18%) follow, and evidentials (9%) and subjectivizers (9%) have the lowest frequency.

Epistemic modal is a means of expressing possibility, indicating uncertainty about what is uttered (Holmes, 1984). By using epistemic modals, on the one hand, the speaker indicates the possibility of the existence of the things concerned; on the other hand, speakers' verbal responsibility and speech force can be effectively reduced. For the listeners, more illocutionary meaning beyond speech acts can be offered.

(1) Doctor: *you're the baby's mom, aren't you?*

Patient: *Uh, yes.*

Doctor: *The child didn't pass the hearing test for the time being. It's probably due to fetal fat or amniotic fluid. Let's just wait to recover and check it again.*

In Example (1), the results of the test showed that the baby did not pass the hearing test. In this case, the doctor chose to use the modal verb "may" to inform the family of the specific reason why it did not pass, indicating a speculation about the possibility of the baby's hearing impairment. Equality right in sociality rights emphasizes the right of both communicators to be considered by the other. By using the modal verb "may", the doctor explains the possibility of the problem from the perspective of the patient, thus weakening the seriousness of the illness, and effectively maintaining the harmonious relationship between the doctor and the patient.

Fraser [1] argued that tag questioning is also a way of weakening the speech act of assertion. According to Holmes [2], tag questions with rising or falling intonation all have a moderating function. By using tag questions in the discourse, the speaker moderates the certainty in the discourse, and increases the listener's conversation involvement, allowing the conversation to proceed smoothly. The use of tag questions is also a way of relieving stress on both sides of the conversation.

(2) Doctor: *You are Zhao Guojun, right?*

Patient: *Yes, it is.*

Doctor: *You had a serious kidney problem before, didn't you?*

In example (2), when the patient was just sent to the emergency room, the doctor actually had the patient's case in his hand, but still asked the patient again with the tag question "didn't you", which means that the previous utterance was just the doctor's

preliminary judgment. After tag question, the doctor's speech act of assertion is weakened, and the doctor places the responsibility of discourse on the listener, who must confirm or deny the statement. When statement is downgraded to a guess, the implied meaning is weakened. The use of tag questions effectively maintains the quality face of patients.

Caffi [3] thinks Understaters can weaken the accuracy of propositions and thus soften the illocutionary force of speech acts. Li [6] proposed that as a kind of linguistic expression, understaters can effectively weaken or reduce the obligatory nature of proposition in communication. In a specific context, the negative effects of speech on the listener can be appropriately weakened.

(3) Doctor: *First his mouth is open now, his chin is drawn back, and his upper lip is curled up, right? In this situation, the child's intellectual development has been affected a little bit.*

Patient: The doctors at home said that my child is not old enough to do surgery.

In example (3), the child's physical and intellectual development has been affected by swollen glands. When communicating with the family of the patient, the doctor uses the weak statement "a little bit" to inform the family, which weakens the certainty of the proposition and weakens the negative impact that the speech act may bring, thus making it easier for the family to accept the reality without too radical words or behaviors. To a certain extent it maintains the dignity of the parents, thus achieving the goal of maintaining a harmonious doctor-patient relationship. This coincides with Spencer-Oatey's [13] view that face management is closely linked to personal values.

Li [6] believes that evidentials are linguistic expressions that provide evidence or information sources for what the speaker says. Evidentials are not concerned with the proposition itself, but with the speakers' attitude towards the truth of the proposition. In the use of evidentials, the speaker does not have absolute authority when making assertions or other speech acts. The obligation of the hearer shifts from having to accept the truth of the proposition to having to verify it.

(4) Patient's companion: *It was said that he was a little uncomfortable when he was riding a bicycle, so he just, just sat on the side of the road, just for a while.*

Doctor: *He has no heartbeat now. Pupils dilate and fix. Adrenaline has been injected. Give half a bottle of sodium bicarbonate. It should have been about 15 minutes since the attack of the disease, right?*

In Example (4), the attack of the patient's illness was so sudden that neither the doctor nor the family could clarify the cause of the illness. After checking the heartbeat and pupils, the doctor, in order to obtain further valid information, used an evidential word "should" in the process of communicating with the patient's family to indicate his speculation about the time of the attack. The use of "should" also contained the questioning and confirmation of information from the patient's family. Through the evidential word, the doctor hoped to know that the time of the attack was just the same as his professional judgment, so as to get more time for the effective treatment of the patient. The doctor-patient relationship tends to be harmonious.

According to Xie [15], subjectivizers indicate that what is expressed in discourse is the speaker's subjective opinion, not objectively evidenced. The speaker is uncertain about the validity of propositions and limits the scope of validity to the speaker himself,

whose language represents himself and not others. This makes it possible for what is said to be negotiated, verified, questioned, or even rejected, thus mitigating the pressure exerted on the listener's speech act.

(5) Doctor: *You don't want to go to Tongren? Just go. I think if we can't deal with it, you'd better go to Tongren as soon as possible. Tongren is so professional and I think doctors there will definitely have a solution. Think about it again.*

Patient: *I see.*

In example (5), facing with a patient who is unwilling to be transferred out of the emergency room, the doctor persuaded the patient and his family to be transferred to another more professional hospital for further treatment. In this process, the doctor used the subjective term "I think" twice to express his subjective view of hoping the patient to transfer to another hospital. By this way, the doctor wants the patient to know that it only represents his personal view, not the hospitals, and transferring to another hospital is a better option from a professional point of view. According to Spencer-Oatey [13], it is common for people to hope other people to recognize and maintain their social identities or roles in communication.

4.1.2 Illocutionary Mitigation

According to Caffi [16] [3], illocutionary mitigation refers to speakers' choice of different indicators of illocutionary force, when speakers are determined to carry out illocutionary acts, they will show strong agreement. Different from propositional mitigation, illocutionary mitigation expresses speakers' disagreement or weak agreement with his subsequent words. When the speaker shows disagreement or weak agreement, the force of speech act is weakened and the mitigating effect is realized. In the data of doctor-patient interaction selected in this study, doctors used two kinds of mitigating strategies, that is, truth claimers (11%) and disclaimers (3%).

Xie [15] argued that truth claimers carry the assumption that "telling the truth is above all else", which naturally labels what appears after a disclaimer as "truth". Truth claimers can cancel the relevance of other interpretations, so that any negative effects derived from implied meaning are ignored. In addition, truth claimers may indicate that the speaker apologizes to the listener because he is straightforward, but the listener may feel offensive. If negative effects do occur, the speaker's responsibility will be undermined.

(6) Doctor: *There's not just one disease in him. In fact, he has four diseases. I think we should try to treat three of his diseases together, at once. Actually, these three are pretty big operations for him and even bigger if we treat them together.*

Patient's companion: *What should we do now?*

In example (6), through examination the doctor found that the patient did have four symptoms at the same time, which was already a fact. When explaining it, the doctor used the truth claimers such as "in fact" and "actually", which reaffirmed the previous examination results and effectively reduce the possibility of negative effects. Truth claimers suggest that the following conversation will involve some utterances that threaten the listeners' positive face, which will make the listeners unhappy or distressed. The doctor is so sure of this examination result that he speaks very directly, but

he also expresses his apology and empathy for the patient through the mitigating effect of the truth claimers.

Disclaimers explicitly deny the speaker's illocutionary recognition by stating that the speaker has no specific intention or has no right to perform some illocutionary acts. Speakers' statements may produce multiple negative effects. For example, the speaker may be misunderstood as doubting the reasonableness of the listener's decision. This misunderstanding is unfair to the listener. Therefore, the speaker carefully uses the disclaimers to minimize this negative effect.

(7) Doctor: *The breathing difficulties are due to something unidentified in the trachea, but the X-ray cannot show exactly what it is. I am not sure about that*.

Patient's companion: It may be her denture. I haven't seen it for days.

Doctor: *Right now, you see, but none of us can guarantee whether it will continue to move down to the lungs, so it's recommended we operate.*

In example (7), facing the old man who had difficulty breathing because of something unidentified in the trachea, the doctor used the disclaimers such as "I am not sure about that" and "none of us can guarantee" when explaining his condition. There is no implication in the doctor's speech, but the disclaimers are used to reduce his responsibility for what he is not certain. The use of disclaimers reduces the disharmony of the interaction, mitigates the possibility of communicative failure, and enables the patient to accept the follow-up examination and treatment to the maximum extent.

Perlocutionary mitigation can make subsequent speech acts produce perlocutionary effects, and weaken the negative impact by clarifying these subsequent consequences. Mao [17] argues that acknowledgements are a kind of perlocutionary mitigation, which can realize the effect of saving face by clarifying the subsequent results. In this study, there are only 4 cases of acknowledgements to realize perlocutionary mitigation, accounting for 5%.

4.2   Pragmatic Motivations for Doctors' Use of Mitigation in Doctor-Patient Interaction

Mitigation is a common linguistic phenomenon in daily communication. Its use can not only shorten the emotional distance between speakers and listeners, but also be of great significance in the construction and coordination of interpersonal relations. The pragmatic motivations for the doctors' use of mitigation are to satisfy face needs, implement sociality rights management and ensure information expression.

4.2.1 Satisfying Face Needs

Ran [18] believed that mitigation is conducive to the management of interpersonal relations in speech interaction. According to Spencer-Oatey [13], face is generated and formed in interaction. In doctor-patient interaction, only when both doctors and patients actively respect each other's face and affirm each other's self-value, can verbal communication proceed smoothly and finally realize interpersonal harmony.

(9) Doctor: If he is not in good condition, he will still have to have it inserted, which may make him suffer more. If we're going to remove the tube, his lung function must

be assessed. If it is stable, we're going to slowly remove the tube. That's it, OK? Don't worry, OK?

Patient's companion: I'm sorry for that, doctor.

Doctor: Oh, no, no, no. Don't worry, don't worry. It is understandable.

In example (9), when the patient doubted the doctor's diagnosis and treatments, it had threatened the doctor's identity face. If the doctor takes a tough attitude in the follow-up conversation, it will cause doctor-patient conflict. Therefore, the doctor used the mitigation expressions such "if" "OK" "Don't worry" "It is understandable" to ease the patient's excitement and tension, which to a large extent maintains the doctor's good image and makes the doctor successfully realizes face management. Doctors and patients jointly create a harmonious conversation atmosphere.

4.2.2 Ensuring Information Expression

According to Yuan [19], in communication both parties of the conversation expect to achieve specific communicative goals, expect to get information or express the relationship. Doctor-patient interaction is transactional communication, in which obtaining information is the primary communicative goal. Secondly, both parties expect to express a harmonious communicative relationship, so the need for information acquisition also affects the relationship between the communicators.

(10) Doctor: *There you are. Possibly, I have to get her into the ICU immediately. As to her conditions, first, he has the problem of heart function. Second, she has the kidney problem, or even maybe kidney failure. In that case, it will be necessary to do the blood purification on her bedside. The cost is at least 30,000 yuan.*

Patient's companion: *If it is possible, we can get in now, right?*

Doctor: *Yes, That's it. OK?*

Patient's companion: *OK, thank you.*

In example (10), the mother suddenly fainted late at night and was in the emergency room now. The doctor, as the owner of the information, told the patient's companion that the follow-up treatment through easy-to-understand expressions, as well as mitigating phases such as "there you are" "possibly" "maybe" "OK", hoping that the patient's companion would make a decision as soon as possible. The use of mitigators provides a guarantee for the transmission of information, and maintains the harmonious communicative relationship by weakening the imposition of utterances.

5   Conclusion

This paper investigates the types of mitigating strategies used by doctors in doctor-patient interaction and the pragmatic motivations of mitigation used in doctor-patient interaction by analyzing the data from Infinite Life quantitatively and qualitatively based on the classification of mitigators by Li [6] and Rapport Management Theory proposed by Spencer-Oatey [13]. In general, there are a variety of ways of mitigation, with rich pragmatic functions in specific contexts. The major findings of this study are as follows: first, doctors use three types of mitigating strategies in doctor-patient inter-

action. The propositional mitigation has the highest frequency, the illocutionary mitigation follows and the frequency of perlocutionary mitigation is the lowest. The use of mitigators is a process of rapport management, and its use by doctors is also a process of dynamic mediation, which will produce different forms of mitigators as the content and purpose of the interaction change. Second, the pragmatic motivation for mitigation in doctor-patient interaction is to satisfy face needs, and ensure information expression, so as to maintain interpersonal harmony and achieve communicative purposes. Doctors choose mitigating strategies in communication that is consistent with pragmatic and interpersonal discourse, ultimately realize harmonious communication and provide a safe interpersonal environment for efficient diagnosis and treatment.

References

1. Fraser, B. (1980). Conversational Mitigation. *Journal of Pragmatics* [J], 4, 341-350. https://doi.org/10.1016/0378-2166(80)90029-6.
2. Holmes. (1984). Modifying Illocutionary Force. J*ournal of Pragmatics*[J]*,* 8, 94-107. https://doi.org/10.1016/0378-2166(84)90028-6.
3. Caffi, C. (2007). *Mitigation*[M]. Amsterdam, Holland: Elsevier Science. https://doi.org/10.1515/9783110214383.257.
4. He, Ziran. (1985). Hedges and Verbal Communication. *Journal of Foreign languages* [J], 5, 27-31.
5. Ran, Yongping. (2004). Pragmatic Functions of the Chinese Discourse Marker ba and Its Contextual Adaptability. Modern Foreign Languages [J], 4, 340-349.1003-6105(2004)04-0340-10.
6. Li, Haihui. (2008). A Pragmatic Study of Mitigation in Television Interview Talks [D], Guangdong University of Foreign Studies.
7. Austin, A. (1962). *How to Do Things with Words* [M]. Oxford: Clarendon Press. https://doi.org/10.2307/3326622.
8. Gu, Yueguo. (2009). Five ways of handling A bedpan: A tripartite approach to workplace discourse. *Text -Interdisciplinary Journal for the Study of Discourse* [J], 17, 457-476. https://doi.org/10.1515/text.1.1997.17.4.457.
9. Huo, Yongshou. (2004). *Mitigation and Pragmatics as a Linguistic Regulation Theory: The Case of TCM Clinical Interviews* [M], Yunnan University Press.
10. Wang, Jiajia & Kou, Fuming. (2016). Mitigating devices in conflict talk — Taken doctor-patient talk as an example. *Journal of Hebei University of Engineering (Social Science Edition)* [J], 33, 92-94. doi:10.3969/j.issn.1673-9477.2016.03.029.
11. Brown, P., & Levinson, S. (1987). *Politeness: Some Universals in Language Usage* [M]. Cambridge: Cambridge University Press.
12. Spencer-Oatey, H. (2008). *Culturally Speaking: Culture, Communication and Politeness Theory* [M], London: Continuum International Publishing Group. https://doi.org/10.1017/S0047404509990716.
13. Spencer-Oatey, H. (2000). *Culturally Speaking: Managing Rapport through Talk across. Cultures* [C]. London: Continuum. 10.1177/0261927X02021002009.
14. Spencer-Oatey, H. (2002). Managing Rapport in Talk: Using Rapport Sensitive Incidents to Explore the Motivational Concerns Underlying the Management of Relations. *Journal of Pragmatics* [J], 34, 529-545. https://doi.org/10.1016/S0378-2166(01)00039-X.

15. Xie, Qun. (2022). An Analysis of Interpersonal Rapport Orientation of Mitigation in Tradic Communication. *Foreign Language Research* [J]. 4, 38-45. DOI: 10.16263 /j. cnki. 23 - 1071 /h. 2022. 04. 005

16. Caffi, C. (1999). On Mitigation. *Journal of Pragmatics* [J]. 31, 881-909. https://doi.org/10.1016/S0378-2166(98)00098-8

17. Mao, Yansheng. (2011). An Empirical Study on Chinese Pragmatic Mitigating Strategies. *Journal of Nanjing University of Science and Technology* [J], 5, 74-81.

18. Ran, Yongping. (2012). Rapport orientation of mitigators and Their Interpersonal Pramatic Functions. *Contemporary Foreign Language Studies*[J], 11, 4-10.

19. Yuan, Zhoumin. (2016). Rapport Management Theory and Its Operation. *Foreign Laguage in China* [J], 69, 41-47. DOI:10.13564/j.cnki.issn.1672-9382.2016.01.007