

ICL 2024 Workshop proposal: *Healthcare, Language and Inclusivity*

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Studies of healthcare discourses as part of the interdisciplinary field of Health Communication have become a fast-growing area of research in Linguistics (cf. references). Common topics of study include the representation of individuals' physical and mental illness in different discourse types and how these discourses may condition people's perspectives and experiences and could promote social stigmatisation of service users; doctor-patient communication in traditional healthcare settings; or uses of language to facilitate effective health messaging and healthcare practices, *inter alia*. However, research bringing together linguistic studies focusing on health inclusivity is comparatively scarce. Our workshop addresses this gap by turning inclusive and exclusionary health practices into its primary focus.

The focus on health inclusivity will shed light on recognising the central role of language and cultural factors, as well as of individual aspects (e.g., age, gender, community, or experience of physical or mental conditions and illness) in shaping health behaviours and attitudes, relationships with health systems, experiences of accessibility and practices, and ultimately the experience of (mental) illness and health outcomes.

Specifically, the workshop will consider the following main themes:

1. The construal of health and illness as reflected in first-person accounts of service users and care-givers, (i.e., illness and recovery narratives, both written and oral, and accounts of providing care for a close person).
2. The construal of health and illness by third parties, including
 - a. medical and institutional discourses such as medical reports, health guidance, or medical examinations, considering how these discourse practices contribute to generate established knowledge and practices;
 - b. media discourses, including traditional media and social media platforms, considering how these may promote particular stereotypes and ideologies (e.g., conspiracy theories, anti-vaccination movement), but also contribute to challenge stigma and present counter discourses.
3. Advances in research and practices to promote inclusive healthcare, including the affordances of online settings for advice and consultations as health communication (e.g., facilitating information exchanges between professional and service users), affordances of AI for healthcare studies, development of health education

programmes in schools, raising awareness campaigns to promote societal education in health-related matters and challenge stigma.

Our research questions include:

- Who gets a diagnosis: are some social groups more likely to have difficulties getting a diagnosis— e.g., more likely to be questioned or not to be taken seriously?
- What gets diagnosed: are particular conditions more likely to be difficult to get diagnosed—e.g., *fibromyalgia*, *endometriosis*...?
- Who gets listened to in consultation: are some social groups more likely to be disregarded in consultation—e.g., are people assumed to have cognitive difficulties included in doctor-patient interaction and decisions, or do practitioners mostly address and arrange service users' needs with families, guardians, or carers?
- How are sociodemographic factors such as age, socioeconomic and cultural backgrounds addressed in relation to health literacy? Which actions are taken to promote health literacy among under-represented and vulnerable populations? How does research in healthcare and health communication account for the voices of under-represented groups?
- How can health communication campaigns contribute to breaking taboos and developing counter-narratives to conspiracy theories and ideologies which impede equitable healthcare provision and patients' understanding of their treatment?
- How can first-person narratives give voice to those affected by physical and mental health conditions? Which perils can be associated to the use of first-person accounts (e.g., co-option of narratives), and how can these be avoided?
- What role can linguistic reassurance or validation play in the communication between patient-reported outcomes and clinical outcome assessments?

Keywords

Healthcare communication, health literacy, exclusive and inclusive discourse, communication disorders, patient voices

References

- Charteris-Black, J. & Seale, C. (2010). *Gender and the Language of Illness*. Basingstoke: Palgrave-Macmillan.
- Demjén, Zsófia (ed.). (2020). *Applying Linguistics in Illness and Healthcare Contexts*. London: Bloomsbury.
- Gygax, F., & Locher, M. A. (Eds.). (2015). *Narrative matters in medical contexts across disciplines (Vol. 20)*. Amsterdam: John Benjamins.
- Hamilton, H., & Chou, W. Y. S. (Eds.). (2014). *The Routledge handbook of language and health communication*. London: Routledge.
- Koteyko, N. & Hunt, D. (Eds.) (2016). Special issue of *Discourse, Context & Media: Discourse analysis perspectives on online health communication: examining the practices of information and support provision, self-presentation, and patient advocacy*.
- Martin, L. R., & DiMatteo, M. R. (Eds.). (2014). *The Oxford handbook of health communication, behavior change, and treatment adherence*. Oxford: Oxford University Press.
- Ordóñez-López, P., & Edo-Marzá, N. (Eds.). (2016). *Medical discourse in professional, academic and popular settings (Vol. 1)*. Bristol: Multilingual Matters.
- Sarangji, S. & Roberts, C. (eds.) (1999). *Talk, Work and Institutional Order: Discourse in Medical Mediation and Management Settings*. Berlin: Mouton de Gruyter.
- Staples, S. (2015). *The Discourse of Nurse-Patient Interactions: Contrasting the communicative styles of U.S. and international nurses*. Amsterdam: John Benjamins.
- Thompson, T. L. & Harrington, N. G. (Eds.) (2021). *The Routledge Handbook of Health Communication (3rd ed.)*. London: Routledge.
- Tsuchiya, K., Coffey, F. & Nakamura, K. (Eds.) (2023). *Multimodal Approaches to Healthcare Communication Research: Visualising Interactions for Resilient Healthcare in the UK and Japan*. London: Bloomsbury.