

Discursive and ethical challenges in healthcare communication. Introduction to the issue on “Rhetoric and Health”

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Whereas the rhetoric of health and medicine (or medical rhetoric) is a lively and well established academic field, the relevance of rhetoric in healthcare communication is not to be taken for granted. If we look at rhetoric as both a philosophy of persuasion and a method of analysis examining the perlocutionary effects of rhetorical structures, we can say rhetoric is still located at the margins of healthcare communication and has little to no impact on healthcare education and practice. It is therefore crucial not only to actually understand the reasons for this situation but also to strengthen theoretical tenets and empirical findings which could help us to specify – through the adoption of a rhetorical perspective – which is the persuasive power of language and words in obtaining mutual understanding and fostering health behaviour change. With that objective in mind, this special issue looks at the relationship between rhetoric and health, ideally continuing the discussion started in this journal by Roberta Zagarella with the volume on *Argumentation and Medicine* (2018, vol. 12/1).

All contributions have taken up the challenge of thinking about the impact of rhetorical categories and tools, to better specify what is meant by quality and effective healthcare communication. That words can act as a *pharmakon*, becoming a remedy or a poison is indeed a noncontroversial statement. What is far from obvious, and rather obscure, are the conditions that define persuasive communication as a quality-based and effective one. Even if rhetoricians investigated heavily on this issue, a consensual framework to define what counts as communication of quality and how to achieve it is still missing.

By way of example, just think about what happened during the COVID-19 pandemic: the quality of public health communication has become an urgent issue and everyone has begun to notice that public health has a communicative problem. To make matters even more difficult, successful communication is not necessarily also desirable from an ethical perspective. Obtaining persuasion – to be able to change attitudes and/or behaviours – is not necessarily equivalent to do it ethically. That is why implicit persuasion strategies are often portrayed as manipulative, being unethical attempts to change people’s beliefs and habits.

The papers contained in this volume address these issues by looking at and reflecting on patient-professional interactions (to examine the impact of communication on patients) or public health communication (to examine the impact of communication on citizens). While considering specific problems and different angles of these issues, all consider communication as a common ethical responsibility for institutions, healthcare providers, and citizens, and all offer conceptual and/or practical tools to improve it.

A philosophical analysis of the word *pharmakon* is offered in the contributions authored by Mauro Serra and Alice Orrù. Mauro Serra offers a theoretical reconstruction of the analogy between *logoi* and *pharmaka* which culminates in a careful examination and innovative reading of Gorgias' *Encomium of Helen*. Analysing the historical and cultural context of Classical Greece from the second half of 5th century BC, Serra aims at showing the novelty and current relevance of Gorgias's analogy and framework. Just like the use of *pharmaka*, also certain uses of discourses (*logoi*) can have powerful ambivalent effects. Namely, they are discourses «in grado di stregare l'anima (ed il verbo adoperato è *pharmakeuo*) ricorrendo ad una persuasione malvagia». Helen's case is emblematic in this regard, and it is used to both reflect on the relationship between violence and language, and to show how this relationship has consequences for the contemporary challenges related to the proper exercising of our citizenship. In the second article, Alice Orrù proposes a reflection on Plato's conception of myth as a *pharmakon*, with particular attention to the relationship between rhetoric and medicine. In describing the function of myth in Plato's philosophy, and putting it in connection with Plato's concern for the health of the *polis*, Orrù also discusses the ideal model of *Kallipolis* defending it by recent interpretations and accuses of «unmitigated authoritarianism» formulated by authors such as Popper.

The interweaving of the discursive and ethical dimension is at the core of Medical Humanities and Narrative Medicine as Isabel Fernandes' contribution makes very clear. The paper focuses on the contaminations (and interdependence) between literature and health, and insists on the role played by discursive and rhetorical devices for promoting and improving «therapeutic practices that are ethically aware». Discussing the three pillars of Narrative Medicine (i.e., attention, representation, affiliation), Fernandes looks at close reading not just as a reading practice but as a method with its own epistemological validity. It indeed helps to develop critical and self-reflexive attitudes, including the attitude of attentive listening that is of so much importance to give space to the singularity and the differences of individual experience.

While Fernandes's article adopts the broad framework of Narrative Medicine to reflect on the role played by humanities in the healthcare domain, the two following contributions discuss rhetorics with reference to more specific issues and/or projects inherent to the therapeutic alliance and caring relationship. Gabriele Vissio and Roberta Clara Zanini give emphasis to the implicit assumptions in nurses' professional self-representation through the discussion of the SALINTER project. The paper presents some examples from a corpus of semi-structured interviews collected to investigate possible differences in cultural representations about care relationships. Narratives of nursing staff and nursing students are analysed to explore underlying rhetorical approaches concerning the health and care processes. Vissio and Zanini's discussion offers interesting insights to fruitfully integrate these findings with more in-field studies and to further deepen different caring professions' roles and needs.

Improper and not aware use of language can lead to negative effects such as discrimination and microaggressions. Konstantinos Argyriou's contribution sheds light on various linguistic and contextual parameters that characterize discrimination, marginalisation, and stigma faced by trans and gender nonconforming people. Focusing on misgendering and deadnaming as two of the most damaging linguistic microaggressive practices of exclusion, Argyriou argues on the importance of negotiating meanings and values to both address gender diversity correctly and foster counselling alliances that can claim to be culturally competent and person centred.

Looking at cultural and contextual differences in Italy, Spain, and Greece, Argyriou convincingly shows how language can contribute to building a safe (and ethical) alliance or, on the contrary, can lead to exclusion and marginalisation.

Rhetorical framework and tools can be particularly useful to look at the public discourse and interpret current health and societal challenges. Bruno Capaci's article focuses on such a difficult endeavor and uses rhetoric and argumentation categories as tools to analyse some of the most interesting narratives that have characterized public communication during the COVID-19 outbreak. Taking into consideration both messages used to justify health policies and decisions, and advertisements that symbolically marked the crucial moments of the healthcare crisis, the paper stresses the importance of promoting messages to enhance social inclusion.

The contribution authored by Carmelo Calí and Roberta Martina Zagarella reflects on the transdisciplinary and interdisciplinary nature behind the healthcare communication enterprise by paradoxically shifting attention away from communication and focusing on the so-called elements of rhetorical situations (i.e. time, space, environment). The paper provides a very detailed overview of the space syntax theory to show how patient-professional communication is influenced by the structure of healthcare environments. Calí and Zagarella talk about their experience as coordinators of the Medical Humanities Lab (based at the University of Palermo and in partnership with the Italian National Research Council) to make a broader claim in favour of the «radical interdisciplinary approach». Namely, their emphasis on the relevance of space and environment in the care process is used as a concrete example to explain why we need to integrate biological and physiological aspects within social and humanities approaches, and how we can successfully do it.

The special issue ends with two conversations aiming at discussing the relevance of rhetorics and rhetorical tools in two different contexts. Alice Giuliani's conversation with Annamaria Contini and Iride Sassi reports the conceptual underpinning and practical relevance of the study titled *Il linguaggio della pandemia nei contesti educativi*. The study was conducted with school teachers and educators in the province of Reggio Emilia (Italy). Looking at metaphors as meaning-making tools useful to interpret the difficult times of the COVID-19 pandemic, this project shows that language can become a creative tool to foster the student-teacher/educator relationship. Moreover, it provides data on how language and metaphors can help students to start imagining new possibilities as a means of building a better future. Finally, in interviewing Srikant Sarangi, I aimed at capturing the contribution of disciplines in the area of humanities, with a focus on rhetoric, pragmatics, and discourse analysis, in the field of healthcare communication. In his answers, Sarangi speaks at length about a paradigm shift that is still to be accomplished: he explains why the psychological framework of communication as a skill set or behaviour is still dominant in healthcare communication, and why there is still little space for contributions that look at interactions as ethical actions based on meaning-making practices. Looking at both patient-provider interactions and public health communication, Sarangi discusses his communication ethics framework to describe current problems and challenges. What he says can be interpreted as a call to action to which we are all asked to contribute in order to bridge the gap between humanities and healthcare education and practice.