Strategic manouevrving in the Gusii medical consultation: the place of culture in negotiating between traditional medicine and conventional medicine

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1. Introduction

- Medical consultation as a communicative activity type where doctor and patient address health related issues

- Occurrence of difference of opinion on diagnosis, treatment option or medical advice

- Conflict of interests in the medical consultation (Mishler, 1984 etc)

- Doctor uses argumentation and strategic manoeuvres to make suggestions acceptable to the patient

- Formal (informed consent, evidence-based medicine) and informal institutional preconditions regulate argumentation in the medical consultation.
Argumentation in the Gusii medical consultation

- Medical consultations involving chronic illnesses encourage shared decision-making (SDM)
- Choice of argumentation espouses SDM i.e accommodation and integration of the diverse preferences and institutional commitments (Kaldjian, 2017: 85–86)
- Gusii doctor obligation to professional and/or formal constraints of the institution of contemporary western medicine
  - Informed consent, being patient-centred and offering evidence-based medicine, in the doctor’s strategic manoeuvring
  - As discussion leader obligation to defend rule in the SDM process.
- Gusii Patient and Gusii doctor bound by the informal institutional preconditions of the Gusii sociocultural belief system.
Sociocultural context of argumentation in the Gusii medical consultation

Culture takes precedence in attempting to unravel the discourse of medical consultations (Roberts & Sarangi, 2005; Pan, 2017; Pan et al., 2018 and Basweti, 2018)

Medical domain has minimal research in argumentation in the African healthcare setting/context (Basweti, 2018)

The importance of traditional medicine in the African (e.g. Gusii) society’s cultural fabric (Antwi-Baffour et al., 2014)

Role of culture in argumentation studies majority of which are limited to political argumentative discourse/domain in African context (Nyanda, 2017; Sijadu 2018; Mwombeki 2018)

Formal and informal institutional preconditions regulate argumentation in the medical consultation.
2. Method


- Qualitative analysis: Integrating Communication attunement and appraisal resources in the Pragmatic dialectical method - entailed the systematic analysis and evaluation of argumentative discourse in different communicative domains (van Eemeren, 2010, 2015).

- Relevant argumentative data from transcripts of audio recorded data from consultations simulations between 2 Gusii doctors and 4 Gusii diabetic and 3 cancer patients (SPs).

- Identify overt or implied differences of opinions and the resultant strategic manoeuvres (argumentative moves).

- Evaluate *argumentation schemes* and *patterns* to resolve the differences of opinion on merits using a theoretical *model of critical discussion*.
3. Theoretical framework Pragma-dialectical theory of argumentation

- Integrated pragma-dialectical theory of argumentation (van Eemeren & Houtlosser, 1999a, 1999b)
- Theoretical model of evaluating, interpreting and analysing argumentative discourse in context.
- Strategic design - extended pragma-dialectical theory (van Eemeren, 2010; van Eemeren & Grootendorst, 2002a; 2002b; van Eemeren & Garssen, 2020)
- Discussants dialectical goal of maintaining reasonableness while simultaneously aiming for rhetorical effectiveness in resolving their difference of opinion(s) on merits
- three components of strategic manoeuvring: the \textit{topic potential}; the \textit{audience demand} and choice \textit{presentational devices}
Extended pragma-dialectical theory of argumentation

- Established the crucial role of strategic design (van Eemeren, 2010; van Eemeren & Grootendorst, 2002a; 2002b)
- Accounting for Strategic manoeuvring
- Balancing the dialectical goal of maintaining reasonableness while aiming for rhetorical effectiveness in resolving their difference of opinion(s) on merits
- Marks a theoretical stage of evaluating, interpreting and analysing argumentative discourse in context in development of pragma-dialectics.
4. Argumentation in context

- Cross cultural/linguistic insights into argumentation in different empirical contexts: Legal/political/academic/medical domains
- Examining strategic manoeuvring in different institutions within the institutional exigencies/constraints/preconditions
- Legal/political/academic/medical domains
- Examining and identifying argumentation patterns
- Prototypical patterns of argumentation empirically
Strategic manoeuvring triangle

- Topic potential
- Audience demand
- Presentational devices
Ideal model of critical discussion

1st Stage
- Confrontation

2nd Stage
- Opening

3rd Stage
- Argumentation

4th Stage
- Conclusion
Institutional context for strategic manoeuvring

- Relevant to argumentation study in empirical reality of communicative activity type(s)

- Doctor and patient from same cultural background
  - Doctor qualified in modern medicine but understands the local traditional Gusii sociocultural belief system
  - Familiar with indigenous knowledge system relating to health illness and medicine

- Rich context to study strategic manoeuvring in the medical domain

- Interaction between these two institutions
5. Conventionalization of Gusii medical consultation
Cont’d

- Gusii doctor and the Gusii patient use communication accommodation and speech acts to negotiate their intersubjective standpoints with their interlocutors in the intertwined institutional point.

- Composite institutional point - two aims for both communicative activity types,
  1) aiming to persuade either party based on their belief systems
  2) aiming to carry out a medical consultation (Wierda, 2015: 32)
Strategic manoeuvring in the Gusii medical consultation

- Strategic manoeuvring of the doctors and patients in the (Eke)Gusii medical consultations influenced by the nature of the differences of opinion.

- Differences of opinions can be classified in two:
  1) Those which bring the institution of contemporary western medicine, and the traditional Gusii sociocultural belief institutional system on illness into cross purposes, and as such, mixed,
  2) Those which arise from the medical meso context of the illness and as such are nonmixed.

- Argumentation mitigates the choice of presentational devices doctor’s advice and reasons for the advice and the actual effect on the patient (Rubinelli & Schulz, 2006: 357) in the foregoing macro contextual circumstances.
<table>
<thead>
<tr>
<th>Mixed difference of opinion</th>
<th>Non mixed difference of opinion</th>
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<tr>
<td>Result of interplay institutional preconditions of the contemporary western medicine &amp; traditional Gusii sociocultural belief regarding treatment of illness</td>
<td>Strategic manoeuvres of Gusii doctor and Gusii patient with chronic illnesses are influenced by the institutional preconditions of contemporary western medicine</td>
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<td>Strategic manoeuvres of Gusii doctor and Gusii patient motivated by affiliation to these respective institutions</td>
<td>Strategic manoeuvres of Gusii doctor and Gusii patient with chronic illnesses are influenced by the institutional preconditions of contemporary western medicine</td>
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<td>Macro context of communicative activity of Gusii medical consultation affects the manoeuvring</td>
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<td>Doctor and patient establish starting points in the critical discussion agreeing on the interaction of institutional preconditions and the joint institutional point(s) (van Eemeren, 2017b: 23) (Rhetorical and dialectical commitments)</td>
<td>Authority argumentation, a subtype of symptomatic argumentation by the doctor forms the main argument of the doctor in his strategic manoeuvring</td>
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Accommodation in strategic manoeuvring

Example 1 Diabetic

[1] Pat: *Ee tindimanyeti rakini rende nkoigwa ng’a amariogo naroo y’ekegusii okonyu.*

   Yes, I don’t know it but then I hear that there are *indigenous Gusii medicine* one takes.


   Mm.

[3] Pat: *Yaani rikogwenia oborwaire bw’esukari pi?*

   So it cures the sugar condition completely?
Doc: Rakini omaete oborware bw’esukari igo bore ime ase omobere. Production ya insulin kero kende igo yagenda ekabanse. Gete omobere igo ogoproduce insulin rakini teri goisana. Bono kero ogotumeka amariogo aya aito a nyagitari nigo agoboost production ya insulin. Onye yarenge teisaini ase omobere amariogo aya anyebeka yaba effective. Ah amatuko aya a rero bado ngaotumeka tore amariogo ekienyeji bori?

But you know diabetes is inside the body. The production of insulin sometimes is not enough... It is the body that produces insulin, but it is not enough. Now when you use our medicine here at hospital, they assist to boost the production of insulin. If it wasn’t enough in the body, then the medicine makes it to be effective. Ah these days, do we still use indigenous medicine really?
Example 2 (Diabetic patient)


Mm. You should ask that person who tells you that whether he or she has done proper research on this diabetes.


Yes, towards that end I don’t know if he did.


Mm.

[4] Pat.: *Tatiga igi tokoigwa ng’a...*

Only that we hear that...


Mm.
Example 2 Cont’d

[6] Pat.: *Amariogo nare aroro y’ekegusii…*
   There are indigenous Gusii medicines...

   Mm.

   You can take and get cured.


What I know is that the medicine in hospital here are products of research. People have tried and through research they have experimented and have known that they are effective in your body. These indigenous Gusii ones even though they are being used, there is no proof that shows how effective the that herbal medicine can be used to control diabetes.
1. One can take indigenous medicine and get cured of diabetes

1.1. We hear that there is indigenous Gusii medicine one can take and get cured

1.2. I don’t know if those traditional herbalists have carried out their research

1.2’. It does not bother me if they do the research or not but I know people get cured
1. If you use the medicine at the hospital you will be able to manage the diabetic condition

1.1a. The medicine in the hospital helps your body by boosting the production of insulin

1.1a.1 Your body is unable to produce enough insulin because of the diabetes

1.1b. The medicine in the hospital here are products of research

1.1b.1 People have tried and through research they have experimented and have known that they are effective in your body

1.2 Even though indigenous Gusii medicine is being used, there is no proof that shows how effective the herbal medicine can be used to control diabetes
Strategic manoeuvring with accommodation

Informed consent (1):

- **Doctor responds to the informational need of the patient**: argument from expert opinion,
- **Symptomatic argumentation** - uses the authority of professional and scientific knowledge to make the patient understand how the human body reacts with the production of insulin and how the insulin deficiency is supported in using the hospital medication (turn 4) - Convergence accommodation

Evidence-based medicine (2):

- **Doctor’s final rebuttal of the patients’ argument**, he uses argument from authority to question the kind of research the person who proposed that traditional Gusii medicine would cure diabetes (turn 1) - divergence accommodation.
- The Gusii doctor exhibits convergence accommodation to strategically manoeuvre in his use of argument from authority in his critical evaluation of the use of traditional Gusii medicine (turn 9). Pragmatic argument
6. Pragmatic argumentation in the medical consultation

- Subtype of causal argumentation
- Standpoint proposing a specific action to be carried out is defended by noting the desirability of its aftermath.

van Eemeren (2016b:17) defines the positive variant of pragmatic argumentation as follows:

- 1 Action X will be carried out because
  1.1 Action X will lead to a positive result Y, and
- 1.1’ if action of type X [such as X] leads to a positive result type Y [such as Y], then that action should be carried out.
Pragmatic argumentation

• Negative variant of the subtype of causal argumentation which defends a negative standpoint is represented as ("Action X should not be carried out").

• In evaluating argumentation with both variants of the sub-scheme of pragmatic argumentation, van Eemeren (2016b: 17) has proposed a set of critical questions which can be relevant to the specification of the causal argumentation argument scheme.

• Depending on the nature and complexity of the argumentation more critical questions can be anticipated:

   a) Do actions of type X lead to results of type Y?
   b) Is result Y really positive (i.e., desirable)/negative (i.e., undesirable)?
   c) Does action X not have any major negative (i.e., undesirable)/positive (i.e., desirable) died effects?
Example of pragmatic argumentation structure

- *Cancer patient’s proposal and argumentation as protagonist*

1. There is a church elder who tells me that it might be witchcraft,

1.1a He says he can pray for me and my cancer will be healed.

1.1b To begin with, we don’t get along at all with my neighbour.

1.1b’ There is likelihood that my neighbour must be the one bewitching me.
Doctor's refutation- positive version of pragmatic argumentation

• 2 Witchcraft does not cause cancer

• 2.1a The way you told me about the herbs and I wanted to know more, what is the objective for that church elder’s advice? (example)

• 2.1a’ Praying for the witchcraft will not heal the cancer.

• 2.1b Cancer has its own causes. There are many causes of cancer, which research has shown.

• 2.1b.1a They say that if you started having sexual intercourse at a very early age, like now you say you got married at an early age of twelve years, eh? So, if you started engaging in sexual activities as a young person;
• **2.1b.1b** If you have given birth to many children [you may risk a cervical cancer infection]

• **2.1b.1c** If your husband is not circumcised [you may risk a cervical cancer infection]

• **2.1c** Witchcraft in the first place is not known what it really is.

• **2.1c.1a** I know here in Gusii where we stay we have lots of believe in witchcraft.

• **2.1c.1b** Now that will confuse you and when you have that believe, it will bring you confusing thoughts to an extent of abandoning the uptake of medicine.
• 2.1c.1b.1a Similarly, when you will start to use medicine or undergo an operation the cancer will have advanced a lot, and we will look at you and tell you mummy we are not able to save you.

• 2.1c.1b.1b So, that only wastes your time because if you delay a lot, it will be challenging to be cured because maybe you are just at stage one. You just need an operation and you will get well, you go to take care of your kids.

• 2.1c.1b.1c But, now you are wasting time going to that pastor, and the following day you are told that there is a friend of the pastor in Mombasa look for the fare to travel there.

• 2.1c.1b.1d Then another day you are told oh there is a Loliondo in Tanzania get a ticket of ten thousand to travel to Loliondo. That is time wasting, this cancer is progressing. You see now.
Basic pattern of the Gusii cancer patient’s argumentation

- pragmatic argument as the main argument

1. A church elder says that witchcraft is the cause of the cancer.

1.1a He says a religious remedial prayer X will have beneficial effect Y on the cancer patient.

1.1a' If a religious remedial prayer X will have beneficial effect of type Y on the cancer patient’s health then the patient should go for the religious remedial prayer.

1.1b There is likelihood that my neighbour must be the one bewitching the patient
Doctor's argumentation structure with pragmatic argument as main argument

2. Remedial prayers X will not cure cancer patients because it is not caused by witchcraft.
   • 2.1a’ Accepting remedial prayers X will lead to undesirable effects Y on the cancer patient’s health.
   • 2.1a If accepting remedial prayers X will have undesirable effects Y on the cancer patient’s health then the patient should not accept remedial prayers X
   • 2.1b Cancer has its own known causes which can be treated but not through remedial prayers X

(Argument from expert opinion)
• **2.1b.1a** If one starts having sexual intercourse at an early age she risks infection of cervical cancer.

• **2.1b.1b** If one gives birth to many children may be at risk of having cervical cancer.

• **2.1b.1c** If one’s husband is not circumcised she may be at risk of cervical cancer infection.

• **2.1c** Remedial prayers X prescribed by the church elder because of witchcraft are unfounded because cancer has it known causes. *(Argument from expert opinion)*

• **2.1c.1a** There is substantive belief in witchcraft among the (Aba)Gusii *(Argument from public opinion deriving authority from traditional Gusii sociocultural belief system)*
2.1c.1b Patient’s belief in witchcraft and remedial prayers X will bring confusion on how to manage the cancer problem *(Pragmatic argument)*

2.1c.1b.1 The confusion may affect a patient’s adherence to medication

2.1c.1b.1a Delay to take medication because of remedial prayers X will make the cancer to advance too fast to save the patient. *(Argument from expert opinion)*

2.1c.1b.1b Remedial prayers X will be a waste of time.

2.1c.1b.1 An operation may just cure the cancer if it is detected and done in good time.

2.1c.1b.1c The likelihood to be lured by a friend about another pastor healer in a neighbouring city is high *(Argument from example)*
• **2.1c.1b.1d** At a different time a friend convinces the patient to pay so much to travel to Loliondo for some healing potion in Loliondo in Tanzania - a time wasting venture as cancer advances. *(Argument from analogy).*

• Possible extensions: support arguments to respond to critical questions emanating from pragmatic argument

• Support for premise 2.1

• **2.1.1a** To get the undesirable effect Y on the cancer patient will mean deterioration of the health of the cancer patient *(Pragmatic argument)*

• And/or

• **2.1.1b** Remedial prayers X by a church elder purporting to link cancer to supernational causes (witchcraft [W]) will only make the patient’s condition worse *(Causal sociocultural belief argument)*

• Or

• **2.1.1b** Remedial prayers will X will not medically cure a cancer patient *(Science based argument)*
7. Conclusion

- Two institutional systems characterise argumentation in Gusii medical consultation
- Pragmatic argumentation by doctor and patient (main argumentation) and positive/negative versions of symptomatic argumentation (support argumentation) bridge the intersubjective pragma-dialectical negotiation in there strategic manoeuvres
- Informal and formal institutional constraints and argumentative manoeuvres by doctor and patient call for a hybrid of persuasion and medical consultation to realise the composite institutional point
- Cultural sensitivity through communication accommodation paramount in the choice of presentational devices for intercultural and intracultural complementarity in the Gusii medical consultation.
- Implications for medical training curriculum and health literacy campaign programs in local languages Kenya to reach the Kenyan people at the grassroots.
8. Key References


Key references


Thank you

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