WHEN HEALTH MATTERS: THE DISPLAY OF EMOTIONS AS RELATIONAL PRACTICE IN GENRE-BASED CROSS-CULTURAL CONTEXTS

Mariola Hernández López
Universidad Pablo de Olavide de Sevilla

Abstract

Drawing upon pragmatics and communication studies and based on 80 audio-recorded interactions, this paper examines the expression of emotions by English and Spanish patients in their discussions with general practitioners about minor health ailments. Considering earlier culturally-based studies that have detected a greater degree of emotional expressiveness among Spanish, rather than English, interlocutors, and that have concluded that English speakers tend to orient themselves towards implicitness and deference, the present study also aims to determine the following: whether the display of emotions is a culture or genre-based activity; the types of emotions that are most common in this context; and the extent to which these emotions vary in intensity. Consequently, the findings problematize the concept of culture as a relevant, but by no means singular, factor influencing a patient's linguistic choices.

Resumen

Basándonos en estudios de pragmática y de comunicación en general, este artículo examina la expresión de emociones en 80 pacientes mientras discuten sobre sus problemas de salud en Inglaterra y España. Teniendo en cuenta estudios culturales previos que demuestran mayor expresividad emocional entre los españoles mientras que los interlocutores ingleses suelen ser más implícitos y deferentes en el trato, este estudio se centra en los siguientes objetivos: analizar si la expresión verbal de emociones es un aspecto cultural o más bien basado en el contexto o género situacional en el que se encuentran los interlocutores, conocer qué tipos de emociones son más frecuentes o típicas en el contexto medico y hasta qué punto esas emociones varían en intensidad. Como consecuencia, los resultados de este trabajo empírico problematizan el concepto de cultura como un factor relevante pero no único a la hora de determinar las elecciones comunicativas del paciente.

Submission: 30/11/2011- Acceptance: 02/05/2012 *ES* 33 (2012): 115-141

Keywords: emotions, doctor-patient communication, culture, genre, expressiveness, implicitness, English, Spanish.

Palabras clave: emociones, comunicación medico-paciente, cultura, género, expresividad, mensajes implícitos, inglés, español.

1. INTRODUCTION

Current research in the fields of communication and health care has shown that the quality of the physician-patient relationship may directly influence not only the diagnosis given, but also the patient's trust in the treatment proposed. A smooth interaction between doctor and patient may lead to positive encounters and the successful resolution of health-related issues. Similarly, inadequate communication may result in the patient's refusal to follow a proposed treatment regime or return for follow-up sessions. Given these possible consequences, a vast amount of linguistic studies on interpersonal communication in doctor-patient interactions has been published over the past decade (Cordella 1999; Cordella 2004a; Iedema 2005; Brown et al. 2006; Sarangi 2006; Hernández-López 2008; Brown and Crawford 2009; Graham 2009; Hernández-López 2011). In these studies, different aspects of communication including politeness, negotiation strategies, phatic communication, power relations and the study of a variety of speech acts have been addressed in order to understand how doctor-patient rapport is managed during an encounter. However, while certain studies have considered doctor empathy (Cordella 2004a; Wynn and Wynn 2006) and other studies offer information about the emotive nature of patients (Cordella 1999; 2004b), the expression of feelings and emotions by patients to doctors has, thus far, gone largely unexplored in communication studies. It is the purpose of the present paper to present an in-depth study of the patients' expression of emotions in their situational and cultural context and, therefore, to attempt to contribute to the current literature on emotions and culture in genre-based contexts.

In terms of formal organisation, this paper first presents a brief account of the state of the art on doctor-patient communication, culture and emotions (sections 3 and 4); after this, following a brief account of the research questions and study objectives in section 5, section 6 details the data collection method. Section 7 presents the main results of this study, with relevant findings in terms of display of emotions found. Finally, section 8 closes the paper with a discussion of the findings, the answers to the research questions proposed above, other general conclusions reached and the main limitations to consider in future research.

2. EMOTIONS AND LANGUAGE

If there is something that all people share when communicating, that is the awareness of the intimate link between emotions and speech. Nevertheless, emotions can be expressed in such varied ways that they are sometimes difficult to grasp. That is why, for instance, individuals usually remember how a person or an event made them feel in the past while, at the same time, they are unable to recall the exact words expressed to make them feel that way. The complexity of this relationship is compounded by the fact that individuals not only can choose to express what they feel (i.e. the emotive capacity), but also can choose to either express emotions they do not truly feel or not express emotions that they do truly feel (Caffi and Janney 1994:326). The decision of individuals about whether it is appropriate to express an emotion felt is due to a variety of factors, such as context, culture, gender, participants' history and status. Thus, this paper addresses the display of emotions as interpersonal aspects of communication. Drawing upon related literature, a difference must be made between *emotive capacity, emotional capacity, emotions* and *affect.*

Emotive capacity is defined as,

> […] certain basic, conventional, learned, affective-relational communicative skills that help (interlocutors) interact smoothly, negotiate potential interpersonal conflicts, and reach different ends in speech. These skills […] can be interpreted as 'signs of affect', or as indices of speakers' feelings, attitudes, or relational orientations toward their topics, their partners, and/or their own acts of communication in different situations. (Caffi and Janney 1994:327)

In other words, while emotive capacity is inherent in all people, emotional capacity refers to the ability of individuals to clearly express their emotions in a variety of ways, usually triggered by the communities to which those individuals belong to or the situational contexts in which the emotions are expressed.

Emotions can be understood as a set of inner experiences that are relatively transitory, of varying intensity and related to objects, ideas, events or other people (Caffi and Janney 1994:327). While psychologists differentiate between *emotions* (i.e. inner state) and *affect* (i.e. related to the relationship with others), this distinction is often blurred from a linguistic perspective, as one is generally prevented from verifying the difference between the two without having access to the meta-perception of the speaker.

One of the reasons why the expression of emotions is relevant in communication studies is the fact that an individual's specific expectations of what should be done, said or even thought in a given interaction are oftentimes

generated in response to the personal, linguistic and situational contexts in which the individual finds himself. In other words, since people live in a rule-bound society, individuals constantly face prescribed norms of behaviour (Spencer-Oatey 2000) that dictate the types of emotions that may be expressed, as well as both the degree and manner of that expression. Such expectations are also governed by the so-called *anticipatory schemata*[1] (Caffi and Janney 1994:351). While linguistic anticipatory schemata are necessary to build a common way of communicating, *contextual* anticipatory schemata are linked to specific expectations about different types of communicative behaviour expressed in specific discourse situations. Some of these schemata are negotiable while others are not (Caffi and Janney 1994:351) as supported by Fraser (1990) and later by Spencer-Oatey (2000, 2008a, 2008b, 2009) This study focuses on the contextual anticipatory schemata of interlocutors, given that the variables at stake are mainly culture and genre, rather than previous or subsequent rhetorical devices or any other linguistic factors that may influence speech.

Given that there seems to be continuity between the different gradations of emotions, Caffi and Janney (1994) classify them as evaluation, proximity, specificity, evidential, volitionality or quantity devices. Of these different conceptualisations of emotions, that of evaluation (i.e. whether the emotions are positive or negative) is of particular interest for the present study. Furthermore, Shaver et al. (1987) and Spencer Oatey (2011) offer a more detailed classification of emotions, on which this study is based. This categorization is summarized below in Figure 1.

[1] Linguistic anticipatory schemata refer to the preconceived guidelines that are expected in language behaviour. For example, if we assume that a syntactic structure requires a rising intonation, a question with falling intonation may have implications with emotive meaning. Contextual anticipatory schemata are related to global and situational assumptions. For instance, if parents usually call their children by their first names, when a parent does not, this will have emotive implications.

Love	Joy	Anger	Sadness	Fear
Adoration	Amusement	Aggravation	Suffering	Alarm
Affection	Cheerfulness	Irritation	Hurt	Shock
Love	Joy	Annoyance	Depression	Fear
Fondness	Delight	Exasperation	Despair	Fright
Attraction	Enjoyment	Frustration	Gloom	Horror
Caring	Gladness	Anger	Sadness	Anxiety
Desire	Happiness	Rage	Unhappiness	Nervousness
Lust	Satisfaction	Bitterness	Grief	Uneasiness
Passion	Enthusiasm	Scorn	Sorry	Worry
Longing	Excitement	Resentment	Dismay	Distress
	Pleasure	Disgust	Disappointment	Dread
	Optimism, etc.	Envy, etc.	Loneliness, etc.	

Figure 1: Classification of emotions from Shaver et al. (1987).

This classification is in line with Damasio (1994), who suggests five major emotions –happiness, sadness, anger, fear and disgust. Goleman (1995), in turn, proposes a classification of eight –anger, sadness, fear, enjoyment, love, surprise, disgust and shame. However, these general types of emotions include other subtypes or variations of the major types. To give an example, euphoria would be subsumed by happiness, of which it would be a more specific and subtler differentiated subtype, whereas melancholy would be included under sadness. Be that as it may be, these classifications, among many others, may bring about the idea that individuals somehow categorise the emotions, feelings and attitudes by means of general (pro-)concepts like the ones linked to the types of emotions these authors suggest. For the purpose of this research, however, the main general concepts suggested by Shaver et al. (1987) will be used as the basis of this research.

In order to obtain a deeper understanding of emotions, an exploration of their orientation or *loci* can help illuminate how these are used in a given situation and whether this use is similar or different from one individual to the next. Based on the taxonomy by Buhler (1934) and Caffi and Janney (1994), emotions may be oriented towards the speaker (i.e. a focus on the speaker's personal feelings in the interaction), the addressee (i.e. subject to the speaker's evaluation or proximity strategies, among others) or the content of the message (i.e. constraining the conversational events and linguistic choices made). Whereas speaker and addressee-centred discourses are linked to relational aspects of individuals, content-centred communication is generally transactional with emotions being expressed in more indirect and implicit ways. Additionally, and from the vantage point of the field of pragmatics, House (2000, 2005) argues that different cultures hold different orientations. In a comparative study of German and English-speakers, emotions expressed by the former group were found to be predominantly content and self-

oriented, while those expressed by the latter were found to be more addressee-oriented. Thus, there seems to be cultural preferences in terms of orientations.

Despite the clarity of the classificatory systems described above, it is nevertheless important to remember that the way interlocutors express emotions is, in fact, much more complex than these. In an attempt to respond to this complexity, what follows in the present study is not only an exploration of the types of emotions expressed, but also of their degree of expressive intensity.

3. EMOTIONS IN GENRE-BASED INTERPERSONAL COMMUNICATION

Over the past few years, there has been an increased interest in relational concerns viewed from different angles (Locher and Watts 2005; Spencer-Oatey 2005; Holmes and Schnurr 2005; Culpeper et al. 2010; Arundale 2010; Chang and Haugh 2011). While interpersonal and intercultural studies have often been closely bound to diverse frameworks of politeness, an implicit interest in the psychological aspects of communication including, for example, the expression of emotions at different levels, can nonetheless be found in many of these studies (Spencer-Oatey 2011). While important, this observation is also not entirely new. In fact, politeness theories have traditionally acknowledged (although sometimes implicitly) the existence of a specific emotional state in interlocutors which, though not necessarily verbalized, must be protected. Brown and Levinson (1987[1978]:1), for instance, refer to the need to avoid hurting an interlocutor's feelings. Lakoff (1989:102) writes about the minimisation of confrontation. Ide (1989:225) supports the idea of smooth communication, while Leech (1983:82) discusses social equilibrium and friendly relations. In Goffman (1967:6-8), as well, *feelings* is referred to as something implicit in face and connected to feeling good, bad, hurt, ashamed, embarrassed and chagrined. Despite this acceptance, however, the explicit disclosure of emotions in interpersonal communication has largely been overlooked in the more recent literature on pragmatics (Culpeper 2011; Ruhi 2009), and it has been either assumed as forming part of the communicative nature of interlocutors or relegated to the field of psychology.

At the centre of the few works representing the exception to this general observation is Arndt and Janney's (1985) study. The authors argue that successful interaction is dependent upon the production and interpretation of emotive cues without which interpersonal balance cannot be maintained. With this in mind, the

authors propose different emotive dimensions to speech, one of which being positive-negative affect. Kopytko (1995) supported this dual perspective of affect and its influence in verbal communication. Similarly, Kienpointner (2008) explores the impact of emotions on (im)polite behaviour, while Spencer-Oatey and Franklin (2009) support the idea that the expression of emotions, varying widely from one culture to another, must therefore be regulated in intercultural encounters. More recently, Spencer-Oatey (2011) explores emotions and (im)politeness judgements recounted by individuals in metapragmatic comments.

The diversity of studies discussed in this and previous sections of the present paper point to a particularly important difficulty in the study of emotions in interpersonal communication; to wit, the surveyed research encompasses not only different approaches and methodologies in pragmatics, but also different contexts and genres. Explaining this latter point in a different way, the terms *emotions* and *feelings* have been used to refer to contextually and co-textually different notions, obfuscating the path for present and future research on these matters. Another difficulty to consider is that emotions are speaker and situation-bound. As a consequence, further research is still required in order to understand whether the use of emotions varies across cultures and/or situational contexts (among others).

Recent studies have demonstrated that variation in what an individual decides to express to an interlocutor is not only due to cultural specificities, but also to role-related expectations. In medical consultations, for example, speaker roles tend to be well defined and implicitly understood by the interlocutors -at least when they are members of the same geographical community. While evidence exists to support the idea that psychological and social factors such as power asymmetries may vary slightly from culture to culture (Hernández-López 2010), it is also possible that the specific communicative context (i.e. situational constraints) might also be determinant over what is or is not expressed.

With these contextual concerns in mind, the notion of *genre* has been widely used throughout communication studies. Swales defines *genre* as "a class of communicative events, the members of which share some set of communicative purposes" (1990:58). According to the author, interlocutors who are aware of the constraints imposed by the interactional genre in which they find themselves tend to share expectations regarding communication structure, style, content and audience type. Accordingly, in medical consultations doctors and patients from a shared community will, in turn, share certain social expectations.

Following studies by Swales (1990) and Fairclough (2003), Garcés-Conejos Blitvich (2010) offers the first proposal of a genre-based approach to politeness, a topic that is usually linked to an interlocutor's emotional state. Following from this, this paper aims to examine two distinct data sets from not only a cultural

perspective, but also a genre-based perspective in order to understand which of the two perspectives determines the expression of emotions.

One of the advantages of adopting genre as a unit of analysis is its ability to help clarify whether communicative variation is culturally-based or whether it owes to more local factors. Additionally, the use of genre can allow researchers to observe whether a common pattern exists within the same genre across cultures. In this way, overgeneralizations about how cultures are characterized may be largely avoided.

Another advantage of adopting genre as the unit of analysis in the study is that it can address a common relational practice in two different cultures. By *relational practice*, one may understand an activity that directly addresses the importance of knowing and understanding not only what to say, but how to say it (Schnurr et al. 2007). In other words, "relational practice is a way of working that reflects a relational logic of effectiveness and requires a number of relational skills such as empathy, mutuality, reciprocity, and sensitivity to emotional contexts" (Fletcher 1999:84). Accordingly, each individual intuitively understands the type of relational skills to develop in a certain context and/or genre. These studies, then, are of paramount importance, given that one of the aims of this research, as will be explained later, is to determine whether the genre under study here, doctor-patient communication, delimits or determines the use of emotions somehow.

4. CULTURAL VARIATION IN THE EXPRESSION OF EMOTIONS

Besides the presence of genre as a potential determinant of emotions display, the present study also aims to determine whether variation in terms of emotional expression can be expected in different cultural settings.

It has been argued that individuals of different cultures demonstrate varying degrees of expressiveness or affiliation and that this fact may explain cross-cultural differences in how and to what extent emotions are expressed. Thus, the English language and, in particular, British English is often described as an avoidance-based linguistic culture with a clear orientation towards deference and negative politeness (Brown and Levinson 1987[1978]). In relation to this paper, this might be translated into reluctance to express emotions.

Not only does this appear to be a general characteristic of communication in British English, but also contrastive studies show that it also appears to enjoy much

greater weight and importance in British English than in other linguistic cultures. As House (2000, 2005) demonstrates in a comparison between British English and German, the former tends to be more indirect, implicit and addressee-oriented while the latter seems to be more direct, explicit and self- and content-oriented. In a comparison between British English and Japanese, two negative politeness-oriented cultures,[2] Fukushima (2000) asserts that the British tend to avoid bald-on-record communication even when no potential face threat exists. García Gómez (2000, 2008), comparing corpora of British and American English speakers, also concludes that the former tend to be more reluctant to express their emotions publicly –as this may be perceived as a sign of weakness– in contrast to the latter, who legitimate their position through the disclosure of feelings and emotions.

This greater degree of indirectness and restraint in British English, which seems to characterize an idea of *Britishness*, has also been demonstrated in comparative studies with Spanish speakers including, for example, Ecuadorian Spanish (Placencia 1998), Uruguayan Spanish (Marquez-Reiter 2000) and Peninsular Spanish in service-request interactions (Hernández-López and Placencia 2004).

In the context of medical consultations, Cordella (1999) characterizes the dialectical nature of Central American Spanish as based on the concept of *simpatía* (Triandis et al. 1984) (i.e. the desire to be liked and the willingness to show friendship and camaraderie), in contrast to English speakers. In Hernández-López (2008), it was postulated that Peninsular Spanish patients' self-affirmation may lead to more direct and informal messages in their interactions with doctors, in contrast to English patients' greater formality and restraint in the same context owing to their constant search for consensus.

In contrast to what is understood by *Britishness*, characterizations used in studies of Spanish speakers –despite the many differences observable between members of different cultures in the Spanish-speaking world– include terms such as *affiliation* (Bravo 2005), *confianza* (Bravo 2005), *involvement* (Scollon and Scollon 2001), *simpatía* (Triandis 1984; Cordella 1999) and *personalness* (Placencia 2004). Even though these terms refer to a variety of aspects in spontaneous or institutional interactions within Hispanic cultures, they all nevertheless share connotations of directness, connectedness, friendliness and psychological closeness between interlocutors. Thus, the present study is based on the assumption that such features

[2] Although there are still studies in which the "positive/negative politeness" duality is used for the sake of convenience or as a way to grasp cultural features that would otherwise difficult to explain, it is also generally acknowledged that classifications like this one are something highly contingent on context and not only culture.

of communicative styles and attitudes may have an impact on the way emotions are displayed.

Besides general characterisations of the Spanish and British cultures, some authors discuss the idea that there are certain accepted socio-cultural principles or values that indicate that the degree, type and predictability of emotions expressed vary across cultures and contexts, and that this variation in practice responds cultural metarepresentations (Sperber 2000), or information implicitly known by interlocutors. From a psychosocial perspective, different cultures implicitly incorporate interactive constraints (Kim 1994), sociopragmatic interactional principles (Spencer-Oatey and Jiang 2003) or dimensions of cultural differences (House 2000, 2005) which constrain communicative expectations and implicitly guide speaker behaviour and communication in society. Said principles are not absolute, but scalar and are also subject to situational and individual variation and interpretation. While speakers in certain cultures may orient speech towards cordiality, others may orient towards restraint (Spencer-Oatey and Jiang 2003). While some place a higher value on directness and explicitness, others prize indirectness and implicitness. Some cultures orient speech towards the addressee, while others orient towards the task and the self (House 2000, 2005). This cultural variation suggests that emotions might be displayed in different ways and to varying degrees in different cultures.

5. RESEARCH QUESTIONS AND AIMS

Taking into account the theoretical approach presented, the aims of the study may be crystallised into the following questions to be addressed in the remaining sections below:

1. Is the expression of emotions constrained by the genre in which the interaction unfolds?

2. Do English and Spanish patients express their emotions similarly in the medical consultations examined for this study?

3. Are emotions displayed with the same intensity in each of the data sets analysed?

Thus, the aims of this study are based on two different variables in communication: genre, on the one hand, and culture, on the other. In terms of genre, we may hypothesize that, if similar types of emotions are to be found in the two

data sets examined (British and Spanish medical consultations), it may be due to the situational context or genre, i.e. constraints given by the institutional situation found in doctor-patient encounters.

Besides the presence of genre as a potential determinant of emotions display, potential variation of emotional display may be related to different cultural settings. Such a determination represents a first step toward the identification of common patterns of emotional expression in different cultures which, in turn, may eventually allow for the development of skills ensuring success in cross-cultural communicative contexts. In this sense, if variation between the two data sets examined (British and Spanish interactions) exists, it might be due to cultural specifications and expectations.[3]

All in all, this study examines the genre of dyadic face-to-face interactions in medical consultations between English doctors and patients and then Spanish doctors and patients. Thus, it is the hope of this paper that the study of the different types of emotions expressed in English and Spanish medical consultations may enable researchers to know both what to expect culturally or situationally in the said interactions, as well as how a practitioner may react in order to convey empathy and a sensitivity to a patient's emotions and concerns.

In order to reach these aims, not only the patients' overt expressions of feelings and emotions during Spanish and English medical consultations are analysed, but also the types of emotions typically expressed, ranging from anxiety to worry. Also, given that some cultures might be more expressive than others, the intensity of emotions will also be examined. In this way, this paper will attempt to determine (i) whether this genre (i.e. communication in medical consultations) delimits the expression of emotions to certain types and (i.e. British English and Peninsular Spanish) that constrain the expression of emotions, or (ii) whether the display and intensity of emotions is also tied to cultural expectations.[4]

[3] However, and given that a representative sample would constitute a huge –and difficult to handle– number of interactions, this study by no means aims at drawing generalizations about whole national cultures. Instead, the study of the two data sets chosen may shed light for future studies which will help reach more consistent and definite conclusions.

[4] While the impact of "genre" on emotions disclosure may be seen in the recurrence of certain types of emotions and not others in both data sets, the influence of 'culture' may be seen if differences between the corpora analyses are found. Nonetheless, it is practically impossible to disassociate these two components of language, given their abstract and intangible nature.

6. DATA AND METHOD

The data analysed in this paper comes from 80 recorded interactions –half of which were recorded in England and the other half in Spain –between general practitioners and patients suffering from minor ailments. Given that a much greater diversity exists in the manner in which emotions are expressed at an early age, interactions included in the present study were limited to those with adult patients. To further limit unwanted peripheral variation, interactions were limited to those with doctors practising within the public health system of the respective countries.

The Spanish data recordings were made with minidisk in different areas of Spain (i.e. various areas in Seville, Huelva, Badajoz and Madrid) between January and April of 2008. To ensure the highest ethical standards, a written report clearly stating the purposes of the recording was given to each prospective participant. The patients who agreed to participate in this study were then recorded during subsequent visits. Naturalness of the recorded doctor-patient encounters was ensured by the fact that, during those subsequent visits, some patients had not remembered having previously agreed to being recorded. Nevertheless, all patients were reminded of the recordings at the end of their visit in case they preferred to delete the recorded interaction. Participant identities were then anonymised during the transcription process and substituted by the letters *D* (i.e. doctor) and *P* (i.e. patient).

The data for the English-speakers was selected from Oxford University Press' *British National Corpus* (BNC), a monolingual, synchronic and demographically and geographically representative corpus recorded in the late 20th century. The medical consultation dialogues used here represent only an infinitely small part of this corpus' 100 million-word interactions, taken from a wide variety of contexts.

Even though the data collection procedure was different for both data sets, both corpora included recorded conversations between GPs and patients with minor ailments. Interactions in specialised medical consultations were not included. The age range of the patients was between 20 and 75 years old in both cases. Children were excluded because, as the literature shows, the way doctors may address children greatly vary, whereas the pattern with adults is much more homogeneous. Also, all the interactions correspond to follow-up-interactions, which ensures that there are not first time encounters in the corpora. Gender was not a variable considered in this study, but in both data sets the number of male and female participants corresponds to 50% of the interactions each. As for the social class of the participants, there was no way to obtain this information. Patients with psychological problems, instead of physical ailments, were also excluded from the

sample. This data selection procedure might ensure comparability in a number of ways, even when considering that the data have not been recorded during the same years, given that this study is by no means an attempt of reaching general conclusions about two cultures. Instead, the purpose of the present study is to explore whether commonalities in terms of emotions disclosure exist across different contexts, and not whether the expression of certain emotions is characteristic of a given culture as a whole. In this sense, the data sources used were judged to be suitable.

With respect to the identification and analysis of emotions present in the data, all instances (i.e. episodes or parts of the interaction in which a word or expression was used by a patient to convey an emotion felt were marked as part of this analysis From this episodic annotation, both the number of interactions per data set including at least one emotional disclosure episode (i.e. a total of 40 for each data set), as well as the total number of episodes per data set were calculated and examined. Following that, each annotated episode was labelled according to the classification of Shaver et al. (1987) and Spencer-Oatey (2011 presented in Figure 1 of the present paper. In this way, not only the number of emotional episodes, but also the types of emotions expressed could be known. As discussed above, this latter classification is necessary to determine whether, in this case, different cultures expressed different types of emotions or if the display of emotions was entirely genre-based. Finally, the types of emotions identified were graded according to intensity and orientation, and analysed for variation. Given that the expression of emotions is a very fuzzy concept, the grading of emotional intensity was developed with the help of 20 participants who had previously assessed the different types of emotions found from the least intense to the most intense emotion.

As one final note, while it is clear that patients in medical consultations (and individuals in general) may express their emotions through means which are not explicitly verbal (e.g. through intonation, body language or an explanation implying an emotional reaction), the present study focuses squarely on verbal expressions in order to determine the degree of patient explicitness and expressivity. As a result, all other means of emotional communication fall beyond the scope of the present research.

7. RESULTS

7.1. EMOTIONS EXPRESSED BY PATIENTS

As illustrated in Figure 2 below, the study findings show variation across the data sets in terms of both the number of interactions with emotional disclosure(s), as well as the number of episodes of emotional disclosure.

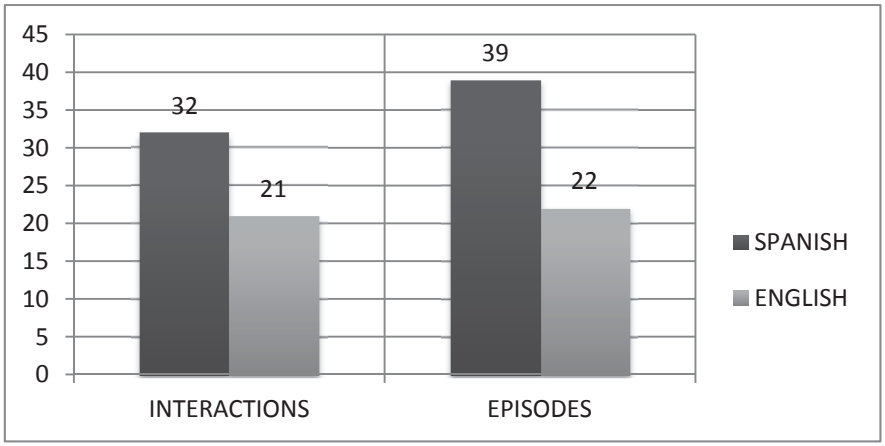

Figure 2: Interactions and episodes with patient emotional disclosure.

As an initial point of departure, it is important to recognize that since both the Spanish and English data sets contain a significant number of explicit emotions, it therefore seems legitimate to assume that emotional expressions may be expected in patients, generally speaking. As the data shows, 80% of Spanish patients recorded expressed emotions at some point, as did 52% of the British patients. Despite the differences recorded between the two data sets, however, both figures are greater than 50%. Thus, it is possible to assert that the display of emotions in this genre is expected. At the same time, it is important to note the greater number of Spanish patients having expressed an emotion or emotions in the medical consultation relative to British patients. Despite this possible presence of cross-cultural variation, however, the findings suggest that it may be the genre itself that is responsible for this emotional disclosure in the two linguistic cultures surveyed. The question then becomes whether this disclosure is a general feature in medical consultations for all Western cultures.

7.2. TYPES OF EMOTIONS

The types of emotions found and included in this study were those expressed by patients when making reference to their feelings or thoughts about their personal state *in situ.* The classification of these emotions –adapted from Shaver et al. (1987) and Spencer-Oatey (2011) (see Figure 1)– groups a wide variety of positive and negative feelings into five categories:

1. Love. Among the emotions classified under this category, the only type observed in the two data sets was *fondness* -though it could be understood as adoration in this context as well. In the data sets, fondness generally indicated admiration or gratitude for the doctor's help. In particular, *fondness* appears in 10% of Spanish and 2.5% of British interactions. Despite the presence of fondness, however, it is not possible to conclude from the data whether its expression reflects the inner emotions of the patient or politeness strategies of involvement. Interaction 1 below illustrates an example of this category, occurred in the Spanish data:

   INTERACTION 1:

   D: bueno pues a mí me parece bien las dos cosas que has hecho (…)
   P: **ay, es que es usted de agradable doctora**
   D: pues nada / tranquila
   P: **me gusta mucho venir porque me anima usted**
   D: bueno:: pues cuando quieras aquí estamos / ¿vale?
   P: **vale muchas gracias**
   D: de nada
   P: hasta luego
   D: Adiós

2. Joy. While this category was not the most-frequently represented in the two corpora, particular sub-categories of joy were nevertheless observed in 10% of Spanish interactions and 12.5% of English interactions. Among these sub-categories represented, the most common were *satisfaction* and/or *optimism* (see figure 1), which refer to positive evaluations according to what patients expected in relation to the ailment diagnosis, recovery progress and future expectations. Interaction 2 below is an example of *joy* and, in particular, satisfaction, in the English corpus:

   INTERACTION 2:

   D: How about that?/ I don't know what he's been up to, [...]
   P: No.
   D: […] Where are we at the moment? /How are you in yourself?

P: Eh, **I'm not bad** but **I'm pleased I I've I've improved** all while I mean I have got, you know
D: Aha.
P: I can get about a bit, I'm not er hobbling as much, as l as long as I take my time I'm not too bad.
I'm getting, you know I'm getting there.
D: Yeah /Good.
P: Without a doubt.
D: Good /When they last saw you they they were actually quite pleased, weren't they?
P: Yeah, right.

3. Anger. No examples of this category were observed in either data set.

4. Sadness. From this category, the most frequently encountered emotions in the data sources were *sadness* (i.e. some pessimism about the situation or unhappiness) and *depression (*i.e. severe sadness), which refer to negative evaluations about the ailment diagnosis, recovery progress and/or future expectations. This category was noted in 7.5% of the Spanish interactions and in 5% of the English data. Other, more intense feelings such as *sorrow, humiliation an*d *despair we*re not characteristic of the patients' speech in either data set, and likely owing to the extremely low degree of severity of the ailments suffered. Nevertheless, these more extreme emotions might be expected in other, more dramatic medical situations. Interaction 3 illustrates en example of depression in the English data:

INTERACTION 3:

D: Hello! [...] stranger, what can we do for you today? ...
P: Help me. [laugh]
D: What's happened? [...]
P: I've put on nearly two and a half stone
D: Mhm.
P: in weight in the last
D: So I see.
P: five months.
D: What've you been doing in the last five months that's put on the weight?
P: Mhm /**And I'm permanently crying [**...] Help. [...]
D: What's happened, has your appetite changed?
P: No.

5. Fear. Similarly to the previous categories, the emotions under the general class, *fear*, observed in the corpora were relatively few; to wit, *anxiety* (i.e. excessive fear or nervousness), *fear* and *worry* (i.e. concern). As was the case with the category, *sadness*, this lack of diversity of emotional sub-categories is likely due to the fact that the ailments described were minor. Nevertheless, Spanish

patients expressed fear in 40% of their interactions, while English patients did so in 32.5% of their interactions. Interaction 4, taken from the English corpus, is an example of *worry,* which is the most common type in both data sets:

INTERACTION 4:

D: […] Breathe a bit more gently then if you wish./ That's fine, your chest actually sounds absolutely clear.
P: So what can it, what can it be cos **it's worrying me**.
D: Don't know/ something, somewhere is irritating either the lungs or the airway or the back of the throat /Well in fact the back of the throat looks fine.
P: Yeah.

Interaction 5, instead, illustrates how fear is expressed by a Spanish patient:

INTERACTION 5:

D: Dígame usted, ¿qué le pasa?
P: Que me están doliendo los pies muchísimo de una temporada pacá /El puente, lo que es el puente me duele muchísimo /y como tengo antecedentes de mis padres ya con problemas de azúcar, de circulación, de-
D: Sí
P: No sé, **tengo miedo que yo vaya a tener algo** porque a veces incluso después de la ducha cuando [salgo al secarme veo como por debajo del tobillo como si tuviera morado.

The distribution of emotion labels across core prototypes analysed in the 80 interactions is shown in Figure 3 below:

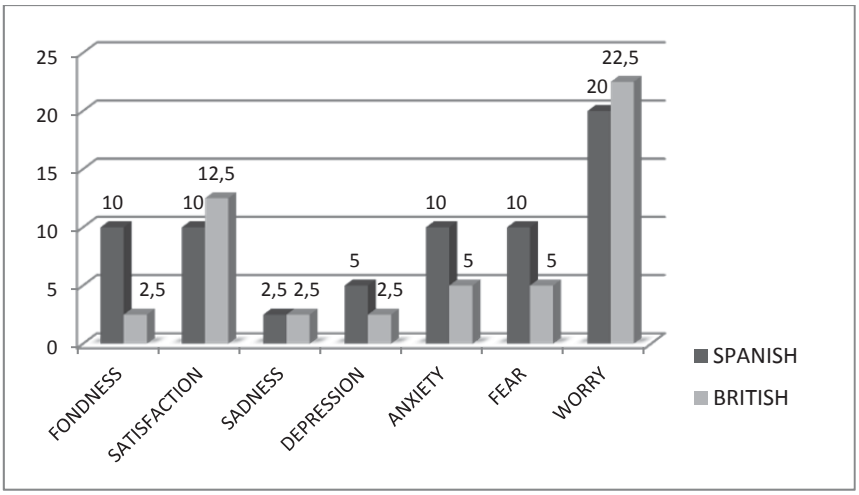

Figure 3: Types of emotions expressed by English and Spanish patients in the corpora.

Upon analysis of the two data sets, two basic generalisations can be made. Firstly, there are certain common emotions, such as *worry* and *fear*, expressed by patients in both linguistic cultures. Secondly, it appears that the display of emotions by both Spanish and English patients in medical consultations is limited to only a few different categories. It is nevertheless important to acknowledge that particular outlier emotions –such as *embarrassment*, expressed in the British corpus on one occasion– have not been included in the present section given that their infrequency makes it impossible to determine whether their appearance in the corpora represents an isolated case or something intrinsic to medical consultations. Such a determination would require further research. The principle difference of note between the Spanish and English data sets, then, lies in the greater number of interactions per emotion expressed –with the exception of *worry* and *satisfaction*– observed among patients from the former corpus. The implications of this difference are explained in sub-section 7.3 below.

While the majority of emotions disclosed by patients in both data sets is negative, there are also certain positive emotions that seem intrinsic to interactions during medical consultations. However, while the data shows both British and Spanish patients to express *joy*, only the Spanish patients commonly express *fondness* for their doctor, as well, as a way of showing their gratitude for the help received. From this difference in the number of interactions observed for these emotions, a contrast in the emotional orientations of the Spanish and English patients –that is, towards the self or the other– can also be observed. This point, addressed in earlier studies (House 2000), is illustrated in Figure 4 below.

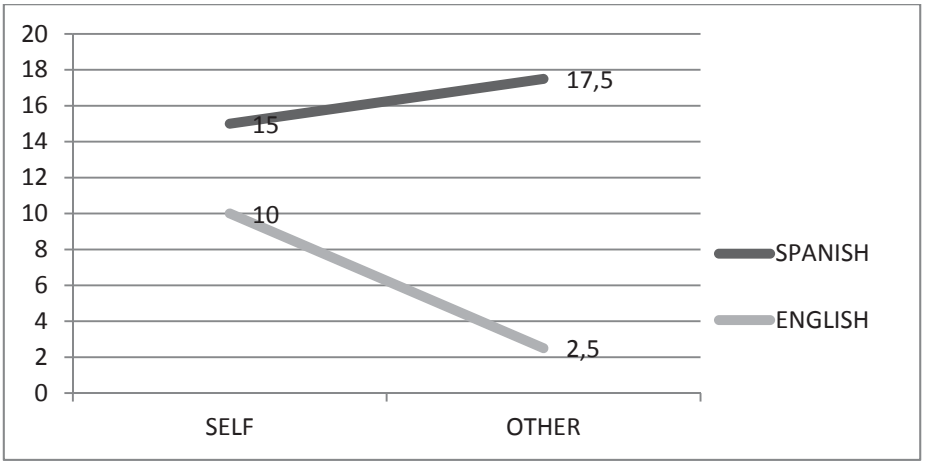

Figure 4: Orientations towards the self and the other in Spanish and English data sets.

As can be seen above, the Spanish patients of the data set display a slight orientation towards the other, although their orientation towards the self is also high. In contrast, the English patients appear to limit themselves to the patient-centred emotional expressions that may be most expected in such a situation. Although the findings summarized in Figure 4 contradict previous studies (House 2000), it is important to note that only the expression of emotions, as opposed to other aspects of the interaction, has been taken into account here. The findings, therefore, cannot be interpreted as fully characterising the patients in each culture or data set, but rather only the emotions they regularly express in this context.

7.3. INTENSITY OF EMOTIONS

One of the problems found in the literature is that *emotions* is such a fuzzy term and notion that clear-cut categories very rarely reflect reality in all its richness. Additionally, the characterisation of certain linguistic cultures as expressive or restrained may not refer to the occurrence or non-occurrence of certain linguistic elements, but rather to the intensity, emphasis or expressiveness of specific communicative patterns. In order to address this possibility, all seven emotions observed in the two data sets were ranked by intensity, with 1 being the least intense and 7 the most intense emotion. This ranking was conducted by 20 individuals including 10 experts familiar with the contents of the research and 10 additional participants representing diverse educational backgrounds and age groups. Ranking results demonstrate certain homogeneity. The least intense emotion was worry, in contrast to anxiety, which was ranked as the most intense emotion. Given the fact that it is very difficult to know whether *fondness* corresponds to real emotions or rather to politeness strategies of affiliation, and that the intensity of positive emotions may not be comparable to that of negative emotions, both *satisfaction* and *fondness* were ultimately left out of this ranking. This was decided after realizing the lack of consensus between the 20 participants ranking the emotions given, in contrast with their general agreement in terms of the negative emotions presented:

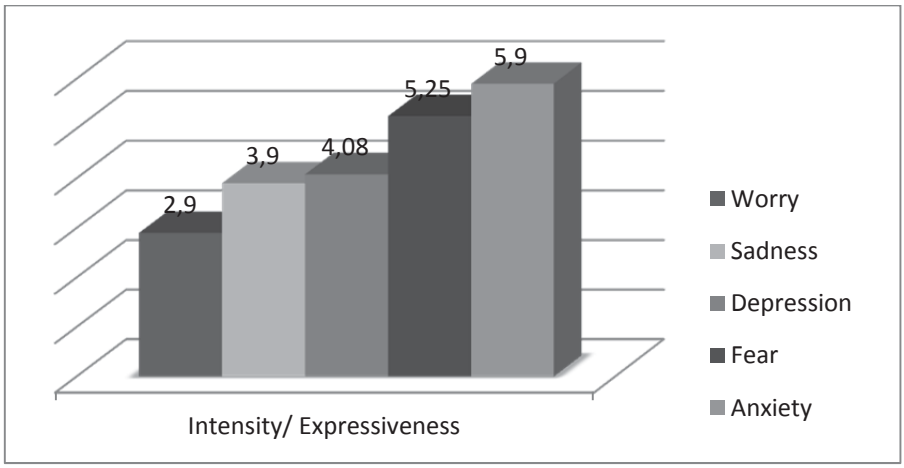

Figure 5: Degree of intensity of negative emotions identified.

By calculating the frequency of occurrence of each emotion in relation to this ranking, it is possible to ascertain whether the emotions expressed by Spanish and English patients are oriented towards one side (low intensity) or the other (high intensity) of the scale. The findings are depicted in Figure 6:

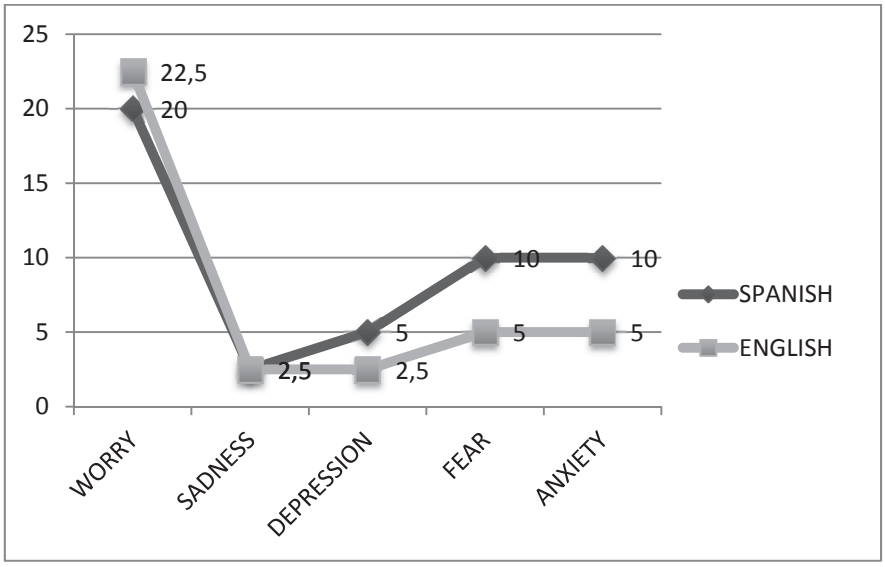

Figure 6: Intensity of negative emotions found in data.

As can be seen, even though neither data set presents significant differences in the types of emotions expressed by recorded patients, particular cultural variation may be discernible when the data is analysed through the lens of emotional intensity. For instance, while the English patients indeed surpass the Spanish patients in the number of recorded interactions in which worry was expressed, the grading process nevertheless ranked *worry* as the least intense of the five negative emotions considered. In contrast, the Spanish patients expressed nearly every other more intense emotion in a greater number of interactions than the English patients, particularly with the two highest intensity emotions, *fear* and *anxiety*, which they expressed twice as frequently. These differences may be related to the characteristics of affiliation, closeness and assertiveness traditionally attributed to the Spanish linguistic culture, as well as the more moderate, restrained nature expected of British English-speakers. However intriguing and suggestive these latter findings may be, for the moment only preliminary conclusions may be made. Nevertheless, the results and their analysis seem to make a strong case for the idea that differences in the expression of emotions by speakers of different cultures can be revealed not only by an analysis of the frequency with which particular emotions are expressed, but also of the intensity of the emotions expressed.

8. DISCUSSION OF FINDINGS AND CONCLUSIONS

The results from the present study suggest that emotions are expressed in medical encounters, regardless the culture observed. Therefore, while the importance of culture on communication cannot be ignored, the presence of patient emotional disclosure in the data examined might be linked to factors such as age, gender, social status, individual traits or, as studied here, the genre itself. In fact, genre seems to delimit the types of emotions displayed by patients in both data sets. Furthermore, the emotions observed (e.g. worry, fear, depression, sadness, anxiety, satisfaction and fondness) were generally the same from one data set to the other and comprise an extremely narrow subset of all possible emotions listed in Figure 1. It is quite apparent that emotional expression in medical consultations is limited to that related with the patients' physical health and how they feel as a result.

Researchers in cross-cultural studies may do well to consider these findings when carrying out their own work. In general, a tendency seems to exist in the field according to which data sets representing different cultures are contrasted in order to identify or corroborate the identification of unique cultural characteristics. The researcher must always proceed with caution in such endeavours, however, given the relativity of the data examined not only with respect to its potentially limited

representativeness, but also to the possibility that context-based aspects have influenced the data. In the present study, for instance, even though the English, as opposed to Spanish, linguistic culture has traditionally been characterised as restrained and implicit, culturally-based hypotheses that English patients would express their emotions in medical consultations less frequently than Spanish patients would have been clearly incorrect. Indeed, the quantity of emotional disclosures made by an individual or group cannot be taken as an infallible indicator of cultural character, or vice versa, inasmuch as the former may be motivated by what has been said directly before or will be said immediately afterwards -in other words, the implicit negotiation of meaning that is the basis of all interactional dynamics (Fraser 1990).

Another aspect that would need further examination in future research is the study of other data sets recorded in medical consultations. The data utilized have a potential shortcoming, namely that while the Spanish data were recorded in the 2000s, the English data were collected at the end of the 20th century. Such a temporal span might have an impact on the evolution of social behaviour diachronically, although this has not been confirmed in the literature considered for this study. Be that as it may, this study has succeeded in demonstrating that the types of emotions displayed in this context belong to a closed group of categories and therefore that genre plays a key role in communicative styles, what to express and how to express emotions. It is then relegated to future studies to unravel whether the differences highlighted between both data sets are definitely due to cultural expectations and assumptions.

The expression of emotions was found to be an integral part of communication in both of the data sets studied here. Culture, it may therefore be concluded, played no role in the decision of patients to express or repress emotions. That said, culture might play a role in determining the frequency and intensity with which certain emotions are expressed and may also explain the types and orientations of emotions expressed. To give one example, the affiliative nature attributed to the Spanish linguistic culture may explain why Spanish patients expressed emotions more often and in a more personal (not only role-related) fashion than their English counterparts. Nevertheless, more research is required in order to achieve greater conclusiveness in this regard.

The previous observation may be related to conclusions found in the literature mentioned in this paper, namely the fact that some cultures tend to stick to the institutional roles attached to the genre itself (i.e. in this case doctor-patient). Other cultures oriented towards involvement, however, may adopt a more personal, individual management of rapport, leading to less clearly marked power roles (Hernández-López 2010). In any case, the findings clearly suggest that cultural

labels traditionally attributed to the Spanish and British cultures should be used with caution and, to the extent they are still used, taking into account other factors such as the genre in which the interaction unfolds.

The findings from this study have a number of implications worth considering. First, the English patients' display of the emotions examined tended to be oriented toward the self. This is by no means surprising, considering that (1) the role of a patient is to speak about himself rather than others and (2) these emotions may be constrained by the communicative task itself (i.e. to help the doctor understand the origin and seriousness of a particular ailment). These findings from the English data set contrast with certain cases observed in the Spanish data in which patients expressed fondness for the doctor as a way of thanking him/her for the results obtained (i.e. either health-related or relationship-oriented). Thus, English patients do not tend to express personal emotions for the other and rather stick to task-oriented emotions. On the other hand, despite being self-oriented on most occasions, Spanish patients do not hold back their opinions about the doctor's performance. Nevertheless and given the study's access to only linguistic data, it is difficult to ascertain the extent to which the emotions expressed were part of the Spanish patients' inner states or whether they were instead polite formulae for the display of affiliation.

It is clear that further investigation is needed in order to determine whether the findings and conclusions reported here can be reproduced with other data sets and genres. To the extent that future studies can identify different professional contexts in which emotion disclosure plays an integral role in communication, it would be informative if such studies noted not only the frequency with which the emotions are disclosed, but also the types and orientations of these emotions. Further research is also needed in order to account for demographical factors such as gender and age, as well as to study the impact of doctor intervention on the interaction itself. Despite the need for additional work, however, the present study has shown that *Englishness* should not be interpreted as a lack of emotional episodes. Quite to the contrary, the English patients observed demonstrated similar emotional attitudes to those of the Spanish patients.

In sum, demographic and situational factors other than culture must be explored in order to understand variation in communication. Indeed, cultural characterisations should in no way be used to suggest that particular communities always behave in a particular way. In the particular case of institutional or professional encounters, it is clear that genre exerts a greater weight on emotion disclosure than generally accepted cultural characteristics. The examination of whether emotion disclosure should be expected at all, the types of emotions found, the orientations of those emotions and whether genre is key for such disclosure is

important in order to understand the interactive dynamics of patients in this particular context. The results obtained may help guide doctors working with patients from other linguistic cultures, as well as patients being treated outside of their own native countries or cultures.

REFERENCES

Arndt, Horst and Richard W. Janney. "Politeness Revisited: Cross-modal Supportive Strategies." *IRAL* 23.4 (1985): 281–300.

Arundale, Robert B. "Constituting Face in Conversation: Face, Facework, and Interactional Achievement." *Journal of Pragmatics* 42 (2010): 2078–2105.

Bravo, Diana, ed. *Estudios de la (Des)cortesía en español: Categorías Conceptuales y Aplicaciones a Corpora Orales*. Buenos Aires: Editorial Dunken, Programa EDICE, 2005.

Brown, Brian, Paul Crawford and Ronald Carter. *Evidence-based Health Communication*. Buckingham: Open University Press, 2006.

Brown, Brian and Paul Crawford. "Politeness Strategies in Question Formulation in a UK Telephone Advisory Service." *Journal of Politeness Research* 5.1 (2009): 73–91.

Brown, Penelope and Stephen C. Levinson. *Politeness. Some Universals in Language Usage*. Cambridge: Cambridge University Press, 1987 (1978).

Büthler, Karl. *Sprachtheorie. Die Darstellungsfunktion der Sprache*. Jena: Fischer, 1934.

Caffi, Claudia and Richard W. Janney. "Toward a Pragmatics of Emotive Communication." *Journal of Pragmatics* 22 (1994): 325-373.

Chang, Wei-Lin Melody, and Michael Haugh. "Strategic Embarrassment and Face Threatening in Business Interactions." *Journal of Pragmatics* 43.12 (2011): 2948– 2963.

Cordella, Marisa. "Medical Discourse in a Hispanic Environment: Power and *Simpatia* under Examination." *Australian Review of Applied Linguistics* 22.2 (1999): 35-50.

——. *The Dynamic Consultation. A Discourse Analytical Study of Doctor-Patient Communication.* Philadelphia: John Benjamins Publishing, 2004a.

——. "'You Know Doctor, I Need to Tell you Something:' A Discourse Analytical Study of Patients' Voices in the Medical Consultation." *Australian Review of Applied Linguistics* 27.2 (2004b): 92-132.

Culpeper, Jonathan, Leyla Marti, Meilian Mei, Minna Nevala and Gila Schauer. "Cross-cultural Variation in the Perception of Impoliteness: A Study of Impoliteness Events Reported by Students in England, China, Finland, Germany and Turkey." *Intercultural Pragmatics* 7.4 (2010): 597–624.

Culpeper, Jonathan. *Impoliteness. Using Language to Cause Offence*. Cambridge: Cambridge University Press, 2011.

Damasio, Antonio. *Descartes' Error: Emotions, Reason and the Human Brain.* London: Pan MacMillan, 1994.

Fairclough, Norman. *Analysing Discourse: Textual Analysis for Social Researc*h. London: Routledge, 2003.

Fletcher, Joyce K. *Disappearing Acts. Gender, Power, and Relational Practice at Work*. Cambridge, Mass: MIT Press, 1999.

Fraser, Bruce. "Perspectives on Politeness." *Journal of Pragmatics* 14.2 (1990): 219–236.

Fukushima, Saeko. *Requests and Culture: Politeness in British English and Japanese*. Bern: Peter Lang, 2000.

Garcés-Conejos Blitvich, Pilar. "A Genre Approach to the Study of Im-politeness." *International Review of Pragmatics* 2 (2010): 46–94.

García Gómez, Antonio. "Discourse, Politeness and Gender Roles: An Exploratory Investigation into British and Spanish Talkshow Verbal Conflict." *Estudios ingleses de la Universidad Complutense* 8 (2000): 97-126.

——. "Conflicting to be Polite or being Polite not to Conflict: A Social Constructivist Approach to the Notion of Face for the British and the American Culture." *Actas del XXIV Congreso Internacional de AESLA* (2008): 1341-1347.

Goffman, Erving. *Interaction Ritual. Essays on Face-to-Face Behaviour*. New York: Pantheon, 1967.

Goleman, Daniel. *Emotional Intelligence: Why It Can Matter More than IQ*. New York: Bantan Books, 1995.

Graham, Sage L. "Hospitalk: Politeness and Hierarchical Structures in Interdisciplinary Discharge Rounds." *Journal of Politeness Research* 5.1 (2009): 11–31.

Hernández-López, María de la O. "Rapport Management under Examination in the Context of Medical Consultations in Spain and Britain." *Revista Alicantina de Estudios Ingleses* 21 (2008): 57-86.

——. "Principios sociopragmáticos de la interacción y dinamismo de las relaciones de poder entre médico y paciente." *La Descortesía en Español: Ámbitos Teóricos y Metodológicos de Estudio*. Eds. Laura Mariottini and Franca Orletti**.** Stockholm: University of Stockholm, 2010: 655-678.

——. "Negotiation Strategies and Patient Empowerment in Spanish and British Medical Consultations." *Communication and Medicine* 8.2 (2011): 171-182.

Hernández-López, Mariola and María Elena Placencia. "Modos de conducir las relaciones interpersonales en interacciones de atención al público: el caso de las farmacias en Sevilla y Londres." *Estudios de Lingüística de la Universidad de Alicante* 18 (2004): 129-150.

Holmes, Janet and Stephanie Schnurr. "Politeness, Humor and Gender in the Workplace: Negotiating Norms and Identifying Contestation." *Journal of Politeness Research* 1.1 (2005): 121–149.

House, Juliane. "Understanding Misunderstanding: A Pragmatic-discourse Approach to Analysing Mismanaged Rapport in Talk across Cultures." *Culturally Speaking. Managing Rapport through Talk Aacross Cultures.* Ed. Helen Spencer-Oatey. London: Continuum, 2000.

——. "Politeness in Germany-Politeness in Germany?" *Politeness in Europe*. Eds. Leo Hickey and Miranda Stewart. Clevedon: Multilingual Matters, 2005: 13-28.

Ide, Sachiko. "Formal Forms and Discernment: Two Neglected Aspects of Universals of Linguistic Politeness." *Multilingua* 8.2-3 (1989): 223–248.

Iedema, Rick. "The Tension between Professional and Institutional Discourse: An Applied Linguistic Analysis of Hospital Communications." *Journal of Applied Linguistics* 2.3 (2005): 243-252.

Kienpointner, Manfred. "Impoliteness and Emotional Arguments." *Journal of Politeness Research* 4.2 (2008): 243–265.

Kim, Min Sun. "Cross-cultural Comparisons of the Perceived Importance of Conversational Constraints." *Human Communication Research* 21.1 (1994): 128-151.

Kopytko, Roman. "Linguistic Politeness Strategies in Shakespeare's Plays." *Historical Pragmatics. Developments in the History of English*. Ed. Andreas H. Jucker. Amsterdam and Philadelphia: John Benjamins, 1995: 515-541.

Lakoff, Robin. "The Limits of Politeness: Therapeutic and Courtroom Discourse." *Multilingua* 8.2-3 (1989): 101–129.

Leech, Geoffrey. *Principles of Pragmatics*. London: Longman, 1983.

Locher, Miriam A. and Richard J. Watts. "Politeness Theory and Relational Work." *Journal of Politeness Research* 1.1 (2005): 9–33.

Márquez Reiter, Rosina. *Linguistic Politeness in Britain and Uruguay: A Contrastive Study of Requests and Apologies.* Amsterdam and Philadelphia: John Benjamins Publishing Company, 2000.

Placencia, María Elena. "Pragmatic Variation: Peninsular vs. Ecuadorian Spanish." *Spanish Applied Linguistics* 2 (1998): 71–106.

——. "Rapport-building Activities in Corner Shop Interactions." *Journal of Sociolinguistics* 8.2 (2004): 215-245.

Ruhi, Sukriye. "Evoking Face in Self and Other-presentation in Turkish." *Face, Communication and Social Interaction*. Eds. Francesca Bargiela-Chiappini and Michael Haugh. London: Equinox, 2009: 155–174.

Sarangi, Srikant. "The Conditions and Consequences of Professional Discourse Studies." *Language, Culture and Identity in Applied Linguistics.* Eds. Richard Kiely, Pauline Rea-Dickens, Helen Woodfield and Gerald Clibbon. London: Equinox, 2006: 199-220.

Schnurr, Stephanie, Meredith Marra, and Janet Holmes. "Being (im)Polite in New Zealand Workplaces: Maori and Pakeha leaders." *Journal of Pragmatics* 39.4 (2007): 712-729.

Scollon, Ron and Suzanne Scollon. *Intercultural Communication.* 2nd ed. London: Blackwell Publishing, 2001.

Shaver, Phillip, Judith Schwartz, Donald Kirson and Cary O'Connor, eds. "Emotion Knowledge: Further Exploration of a Prototype Approach." *Journal of Personality and Social Psychology* 52.6 (1987): 1061-1086.

Spencer-Oatey, Helen. *Culturally Speaking. Managing Rapport through Talk across Cultures.* London: Continuum, 2000.

——. "(Im)Politeness, Face and Perceptions of Rapport: Unpackaging their Bases and Interrelationships." *Journal of Politeness Research* 1.1 (2005): 95–119.

——.*Culturally Speaking: Culture, Communication and Politeness Theory*. London: Continuum, 2008a.

——. "Face, (im)Politeness and Rapport." *Culturally Speaking. Culture, Communication and Politeness Theory*. 2nd ed. Ed. Helen Spencer-Oatey. London: Continuum, 2008b: 11–47.

——. "Conceptualising 'the Relational' in Pragmatics: Insights from Metapragmatic Emotion and (im)Politeness Comments." *Journal of Pragmatics* 43 (2011): 3565–3578.

Spencer-Oatey, Helen and Wenying Jiang. "Explaining Cross-cultural Pragmatic Findings: Moving from Politeness Maxims to Sociopragmatic Interactional Principles (SIPs)." *Journal of Pragmatics* 35 (2003): 1633–1650.

Spencer-Oatey, Helen and Peter Franklin. *Intercultural Interaction. A Multidisciplinary Approach to Intercultural Communication.* Basingstoke: Palgrave Macmillan, 2009.

Sperber, Dan. *Metarepresentations: A Multidisciplinary Perspective.* New York: Oxford University Press, 2000.

Swales, John. *Genre Analysis. English in Academic and Research Settings*. Cambridge: Cambridge University Press, 1990.

Triandis, Harry, Gerardo Marín, Judith Lisansky and Hector Betancourt. "Simpatía as a Culture Script of Hispanics." *Journal of Personality and Social Psychology* 47.6 (1984): 1363-1375.

Wynn, Rolf and Michael Wynn. "Empathy as an Interactionally Achieved Phenomeno in Psychotherapy. Characteristics of Some Conversational Resources." *Journal of Pragmatics* 38 (2006): 1385-1397.

How to cite this article:

Hernández López, Mariola. "When Health Matters: The Display of Emotions as Relational Practice in Genre-based Cross-cultural Contexts." *ES. Revista de Filología Inglesa* 33 (2012): 115-141.

Author's contact: mariolahl@upo.es