



Available online at www.sciencedirect.com

ScienceDirect

Lingua xxx (2017) xxx–xxx

Lingua

www.elsevier.com/locate/lingua

Negotiating knowledge and creating solidarity: Humour in antenatal counselling sessions at a rural hospital in Malawi

Rachel Chimbwete-Phiri, Stephanie Schnurr*

University of Warwick, UK

Received 13 January 2017; received in revised form 13 March 2017; accepted 13 March 2017

Abstract

This paper explores the role of humour in the largely under-researched context of HIV/AIDS consultations in Malawi. Drawing on audio-recordings of seven antenatal HIV/AIDS counselling sessions conducted in Chichewa (Malawi's national language) in a rural hospital, we illustrate how the counsellors skilfully utilise the multiple and often contradictory functions of humour (Schnurr and Plester, 2017) to engage the pregnant women in the negotiation of knowledge and to ensure they have understood vital information about preventing HIV/AIDS from spreading to their unborn child. The counsellors in these sessions use humour to reinforce solidarity, create a friendly atmosphere, and facilitate the discussion of sensitive or taboo topics, as well as to criticise and rebuke the pregnant women for their lack of knowledge of HIV/AIDS, their lifestyle, and their lack of engagement with the counselling. Due to its capacity to realise these highly ambiguous functions – sometimes simultaneously – humour is an excellent means to assist the counsellors in achieving their objectives.

© 2017 Elsevier B.V. All rights reserved.

Keywords: Humour; Teasing; Self-denigrating humour; Laughter; HIV/AIDS discourse; Negotiating knowledge; Solidarity

1. Introduction

Although humour is widely acknowledged to perform multiple beneficial functions in medical settings, most of what has been written about humour in this context comes from medical researchers and practitioners (e.g. Berger et al., 2004; Houston et al., 1998; Granek-Catarivas et al., 2005) and from researchers within psychology (e.g. Sala et al., 2002; Martin, 2001) and sociology (e.g. Sanders, 2004). Many of these studies have identified and described some of the benefits of humour on well-being and (perceived) health of the patients (e.g. Bennett, 2003; Bennett and Lengacher, 2006; Boyle and Joss-Reid, 2004; Granek-Catarivas et al., 2005). For example, humour has been repeatedly found to help patients manage stress and pain, and to increase their pain tolerance (e.g. Stuber et al., 2009). Moreover, “the propensity to laugh may contribute to cardioprotection” (Clark et al., 2001: 87). Further positive effects of using humour towards patients are described in Adams (2002), who advocates the so-called ‘clown-therapy’, where health care professionals or volunteers dress up as clowns and visit patients – especially in paediatric wards in hospitals (see also Koller and Gryski, 2008). However, in a critical review of previous studies, Martin (2001) finds inconclusive empirical evidence for the beneficial effects of humour and laughter, and calls for more research on this topic.

* Corresponding author at: Centre for Applied Linguistics, The University of Warwick, Gibbet Hill Road, CV4 7AL Coventry, UK.
E-mail address: s.schnurr@warwick.ac.uk (S. Schnurr).

Studies that have focused on the effects of humour on healthcare providers, rather than patients, have also identified a wide range of benefits, such as assisting these professionals in dealing with the stress associated with their job (Bennett, 2003; Coser, 1960; McCreadie and Wiggins, 2008; Scott, 2007), facilitating the management of their own emotions and those of others (Francis et al., 1999), and “subverting or challenging existing professional hierarchies” (Griffiths, 1998: 874).

However, in spite of the considerable attention that humour and laughter have received by these scholars and practitioners, discourse analysts have largely overlooked these discursive strategies in their investigations of language use in medical settings. A few exceptions are Pizzini (1991) who analyses the occurrence of humour in obstetrical and gynaecological settings, du Pré and Beck (1997), who look at the use of self-disparaging humour in consultations with a family physician, and Haakana (2001, 2002), Zayts and Schnurr (2011, 2017) and Rees and Monrouxe (2010) who investigate the use of laughter by nurses and patients. Pizzini (1991) observes that physicians tend to use most humour before and after the critical phases of childbirth thus enabling them to relieve some stress and tension, while du Pré and Beck (1997) find that patients who claim disproportionate responsibility for actions with potentially negative consequences – sometimes accompanied by humour and/or laughter – often receive emphatic compliments and reassurance from their family doctor, rather than criticism. Haakana (2001, 2002) argues that laughter is often used to mitigate embarrassing, sensitive or painful aspects and to create alignment between participants, and Zayts and Schnurr (2011) show that nurses frequently employ laughter to facilitate their clients’ decision making and to assist them in making autonomous choices. In their most recent work, Zayts and Schnurr (2017) describe some of the ways in which laughter is a valuable resource for the healthcare providers and the patients when managing risk talk and negotiating deontic authority. In a study of laughter in bedside teaching encounters, Rees and Monrouxe (2010: 3384) observe that teasing and laughter are used by the medical students, patients and doctors involved in the learning triad as a means to “maintain or subvert existing power asymmetries, to construct identities [. . .] and to construct gender by performing masculinity or femininity.” These studies illustrate that humour and laughter in medical contexts may contribute to constructing affiliation between interlocutors (and hence build rapport), or may result in disaffiliation – especially in those cases where the patients challenge the nurses’ institutional authority.

While most of these studies focus on laughter in medical encounters, the discursive strategy of humour remains noticeably under-researched in this context. This paper aims to address this dearth of discourse analytic studies on humour in medical encounters by exploring the role of this multi-faceted discursive strategy in the largely neglected context of HIV/AIDS consultations in Malawi.

1.1. HIV/AIDS consultations in Malawi

Malawi is a developing country with a population of 13,066,320 (National Statistical Office, 2008). Like in many of its neighbouring countries HIV/AIDS is the most common disease in Malawi (Bowie and Mwase, 2011), and the public healthcare system is suffering under funding problems leading to drug shortages and limited health personnel (Ministry of health (MOH), 2011; McCoy et al. 2004; Bowie and Mwase, 2011).

In order to address these issues, Malawi has developed a model which incorporates HIV treatment, prevention of mother to child transmission, and primary care of other health problems in one clinic. This integrated approach includes, among others, a family-care programme model, family planning, and anti-retroviral therapy for all HIV infected patients (PEPFAR, 2013). The data that we look at in this paper is taken from antenatal HIV/AIDS counselling and educational talks which are part of the prevention of mother to child transmission programme.

Compliance with these HIV/AIDS programmes is relatively low, with only 40% of qualifying mothers following the full recommendations of the programme (MOH, 2012), and many others dropping out – largely due to cultural, religious and educational factors (MOH, 2011, 2012). In the Zomba district, where our study was conducted, only 18% of HIV infected mothers adhered to the programme’s recommendations (Van Lettow et al., 2011). This is particularly noteworthy since the lack of adherence to HIV/AIDS treatment is one of the big issues that public health services in Malawi are struggling with. In this study, we argue that a better understanding of the ways in which healthcare professionals and clients participate in these consultations, and how they negotiate their (sometimes different) knowledge about HIV/AIDS in these encounters, is crucial for improving these services, which can ultimately lead to increased patient participation and enhanced adherence to treatment.

1.2. Negotiating knowledge in these HIV/AIDS consultations

In Malawi there are numerous HIV/AIDS campaigns, which compete for people’s attention. However, this multitude of campaigns has backfired and resulted in an ‘AIDS fatigue’ which has witnessed a general decreasing interest in information about HIV/AIDS (Mitchell and Smith, 2003; Mitchell et al., 2010). Healthcare practitioners play a particularly

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات