



SAPIENZA  
UNIVERSITÀ DI ROMA



DIPARTIMENTO DI PSICOLOGIA  
DEI PROCESSI DI SVILUPPO  
E SOCIALIZZAZIONE

SAPIENZA  
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MIGRATION DIVERSITY AND INCLUSIVE STRATEGIES



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from social, developmental and educational perspective***  
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## ***Crossing identity borders: marked identities in intercultural medical encounters in oncology***

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## **Marked identities in intercultural medical interactions**

How participants use identity categories to describe themselves and others, to define membership in ways that are relevant to the accountability of actions, perform and manage various kinds of interactionally sensitive business.



## Theories of social identity

**Social identities reflect the ways participants use in interaction to describe and categorise themselves and others**

(Bucholtz & Hall, 2005; Crisp & Hewston, 2007)

- *Tajfel's theory of social identity* (1981): individual social identity driven by processes of social categorisation of “others” as different-from-me;
- *Turner's theory of self-categorisation* (Turner et al., 1987): individuals define themselves as members of social categories in accounting for their social–psychological behaviour



## Socio-constructivist approaches

- Identity as a product of culturally-shaped and situated discursive practices (Benwell & Stokoe, 2011)
- Speakers select those aspects of their own social identity that they intend to present as relevant, even by minimal lexical choices (Drew & Heritage, 1992; Hester & Eglin, 1997)

## Sacks (1992): *Membership Categorisation Device*

“how speakers come to use the words they do, in the narrower domain of selecting words for referring to and describing persons” (Schegloff, 2007)





## Pronouns as discursive markers of identity categories

- Pronouns work as **discursive categorisation devices** (Drew & Heritage, 1992; Hester & Eglin, 1997), presenting and “making to exist” (Silverstein, 1976) relevant aspects of speakers’ identity, casting light on the types of social relations (Sacks, 1992).



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## Pronouns as discursive markers of identity categories

- **Collective pronouns** work for identity categorisation in organisational settings (Zucchermaglio, 2005)
  - how ingroup-outgroup categorisations in emerged by means of the collective pronoun “we”

Extract 1. Greta (G), 5 y.o.; M (Mum);

1. G lui ha preso (.) Quel pupazzo è: il nostro::
2. M è il vostro (.) di questa classe?
3. G = si: è il nostro della classe



## Pronouns as discursive markers of identity categories

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.....  
(0.5) ↑ il fischiello non ce l'abbiamo noi  
noi andiamo in campo e giochiamo (0.2)  
il fallo è a discrezione (0.2)  
di chi purtroppo (.)  
ha in bocca il fischiello.

we don't have the whistle we  
we go on the field and play.  
unfortunately a foul is  
at the discretion of whoever  
has the whistle in his mouth.

---

From: Zucchermaglio, C. (2005). **Who wins and who loses: the rhetorical manipulation of social identities in a soccer team.** *Group Dynamics: Theory, Research, and Practice*, 9, 219-238



Our study:

**Marked identities in intercultural  
medical encounters in oncology**



## Aims

*Look for evidence of differences between interactions with native vs. non-native patients on:*

1. How a variety of identities arise and are made relevant in and to the interaction;
2. How participants orient to social identity categories invoked, and what are the "interactional consequences" of each category in use;



## Data collection

- Data corpus: 36 visits with 8 different oncologists (3 females) and 36 oncological patients, of which 18 native (12 females,  $M_{age}= 55,3$  years) and 18 non-native (16 females,  $M_{age}= 51,8$  years)
- Setting: Oncology department of three Italian public hospitals—two medium-size hospitals and one teaching hospital in Rome
- Types of visits: *first-time visits* (30 in total, 15 with non-native patients) and *follow up visits* (6 in total, three with non-native patients).

## Analytical method

- Quantitative and qualitative analyses of **collective pronouns** occurrences
- EMCA approach: focus on **sequential and categorizational** aspects of social interaction
  - **Conversation Analyses**: normative *structuring* and *logics* of discourses and their *organization* into *systems* through which participants manage turn-taking, repair, and other *systemic* dimensions of interaction (Heritage, 2005)
  - **Membership Categorisation Analysis (MCA)**: ‘members’ methodical practices in describing, *and* displaying their understanding of, *the world* and of the *commonsense* routine workings of *society*’ (Fitzgerald et al., 2009)

## Data analyses – Part I

Social identity categories invoked: whose and by whom?



A word cloud of social identity categories, rotated 45 degrees clockwise. The words are: Cultural Community (red), Interculture (teal), Scientific Community (teal), Doctors (teal), We (teal), Interactions (teal), Immigrants (teal), Patients (teal), Hospital (teal), Oncology (red), Tumor Board (teal), and Patients' Hospital (teal).

## 1. Frequencies of social identities invoked by speakers

Table 2: Descriptive data on frequencies of "we" pronoun by speaker

Speaker	Frequencies*	<i>M</i>	<i>SD</i>	
<u>Oncologists</u>				
With native patients	399.1	66.5	52.4	*
With non-native patients	294.7	49.1	32.7	*
<u>Patients</u>				
Native	75.6	18.9	31.2	*
Non-native	35.1	9.7	13.5	

\* Total of adjusted frequencies by speaker within the full data corpus

- **Oncologists employed WE > than patients\*\*** (Mann–Whitney *U* test on total frequency of oncologists vs. total frequency of patients:  $W= 3190$ ,  $p= 0.001$ )

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- **Oncologists employed WE > than patients\*\*** (Mann–Whitney *U* test on total frequency of oncologists vs. total frequency of patients:  $W= 3190, p= 0.001$ )
- **No significant differences between oncologists with native vs. non-native patients**



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- **Significant difference between native and non-native patients** (Mann–Whitney  $U$  test on total frequency of native vs. non-native patients:  $W=6381$ ,  $p=0.003$ ).



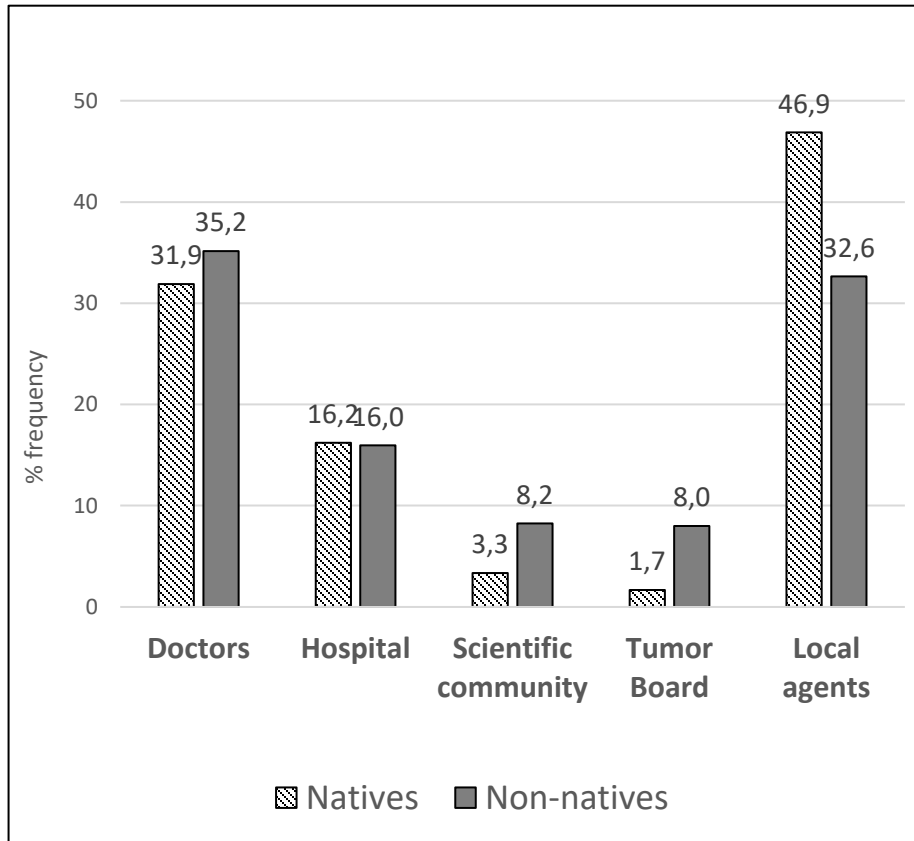
## 2. Social identity categories invoked by participants by means of WE

- a) *Patients*. Identifies the local group of patients and companion(s) present in the room.  
Ex: “*Shall we book this exam, or will you do it?*”
- b) *Doctors*. Identifies the institutional/professional category marked by ONC to describe themselves as part of the local team of doctors. Ex: “*We will look after you now*”.
- c) *Local participants “in the room”*. Identifies doctors and patients as a group of local participants present “in the room”. Ex: “*We have to prioritise your lungs now, everything else can wait*” (ONC talking to PAZ), and “*So we have to wait for this exam in order to decide?*” (PAZ talking to ONC).

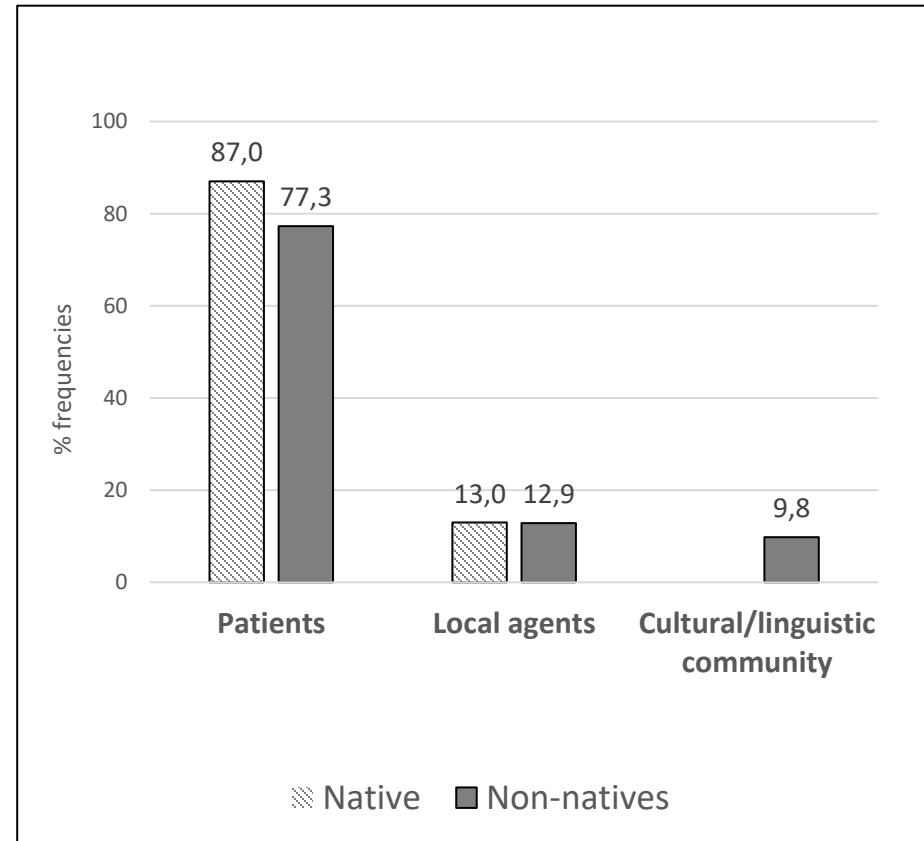
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- d) *Hospital*. Pronoun “we” plus a locative element (e.g., a place indexical, such as “here” or “with us”). Ex: “*You can do this test here with us*”.
- e) *Tumour board*. Refs to local community of oncology-related professionals (explicitly named). Ex: “*We will discuss this treatment possibility tomorrow, in the Tumour Board*”.
- f) *Scientific Community*. Invoked by oncologists, refs to scientifically-established guidelines or standards (not explicitly named). Ex: “*We have scientific evidence that this treatment works better in this tumour*”
- g) *Cultural community*. Refs to aspects related to participants’ cultural or linguistic background. Ex: ONC: “how do you spell it?”, PAZ: “*We say Ukràina*”.

## Oncologists



## Patients



Standardised scores

## Data analyses – part II

*“We will take care of you”*: rhetorical functions of social identity categories in D-P interactions





## *We local group of participants: teambuilding in the room*

Extract 2. VLM1V. Participants: ONC (oncologist), PAZ (patient; female, Indian, 66 years old)

1. ONC >allora noi dobbiamo fare< un discorso lunghi:ssimo  
**So we have to do a very long discussion**  
*((moves gaze up towards the patient's eyes))*
2. PAZ Ok
3. (.)

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4. ONC hhh io, sostanzialmente (.) sarei d'accordo con quella terapia che gli hanno assegnato i colleghi.

**I'd essentially agree with the therapy that my colleagues assigned you to.**

5. PAZ

m=h:mm

6. ONC

.hh perché, il problema è questo.

**Because, the issue is this.**

**lei, le ormonoterapie le ha fatte tutte**

**you have already tried all types of hormone therapy**

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## *Institutional identities : Doctors category*

Extract 5. 14 AMR. Participants: ONC (oncologist), PAZ (patient; male, Peruvian, 65)

1. PAZ e:=m una: me sa ho visto **che siamo ne: al** polmone, che ce l'ho  
al polmone, perché: qualcosa:  
**Hem, one: I saw we are on the lung, what do I have in the  
lung, because: something:**
2. ONC al polmone sinceramente sono: q=-ci sono questi due piccoli  
nodulini  
**honestly in the lung there are t: there are these two small  
nodules**
3. **sui quali loro** non hanno dato: grande peso  
**on which they haven't given much consideration**

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**on which they haven't given much consideration**

ai quali noi non abbiamo dato grande peso

→ **to which we haven't given much consideration**

e che allo stato attuale sono un po' troppo piccoli per poter  
e: esprimere=e: ulteriori valutazioni

**and at the moment are too small for expressing additional  
evaluations**



## *“We say big mother” : cultural membership made relevant*

Extract 7. Participants: ONC (Oncologist), PAZ (patient; Female, Indian, 66 years old)

1. ONC Nu:urani, si dice vero?  
you say Nu:urani, right?
2. PAZ si dice Nu:urani[sì ((nodding head))  
Nu:urani [yes
3. ONC [Nu:urani  
[Nu:urani
4. PAZ Nu[rani.  
Nu[urani



## “We say big mother”: cultural membership made relevant

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**Nu[urani**
5. ONC [.h ma, Rani, è donna anche?  
**[well, is Rani woman too?**
6. PAZ sì, (.) sì. donna.  
**yes. yes. woman**

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**[well, is Rani woman too?**
6. PAZ sì, (.) sì. donna.  
**yes. yes. woman**
7. ONC maharani,  
**Maharani**
8. PAZ mahar[ani, è la piccola::: maharani è la=  
**Mahar[ani is the little::: maharani is the=**
9. ONC [è una grande donna.  
**[it's a big woman**
10. PAZ =noi:: diciamo : grande mad::re:  
**=we:: say:: big mot:::her:**



## Discussion

1. Patients and oncologists presented similarities in the type of identity categories displayed
2. Moments of closer engagement alternated with moments in which participants take discursive distances from each other, remarking their out-group positions by invoking social identities that are "out of the room".
3. Cultural identity membership emerged in situations where non-native patients provided personal information, e.g., correctly spelling their name, as battleground on which participants negotiated their epistemic authority (Heritage, 2012) and cultural/linguistic membership.



## Thank you

Original article: Fantasia, V., Zucchermaglio, C., Fatigante, M. & Alby, F. (under review). Crossing identity borders: marked identities in intercultural medical encounters in oncology. *Discourse Studies*

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