Intercultural pragmatics at work: (Self-)perceptions of intercultural behavior of Chinese and English speakers and interpreters in healthcare interactions

Abstract: Interpreters are expected to have an advanced command of not only the vocabulary and grammar of their working languages, but also the pragmatic norms that speakers of their working languages employ in communicative interactions. The aim of this paper is to explore the perceptions and practices of interpreters in relation to intercultural pragmatics at work in healthcare interactions. The paper employs two theoretical frameworks: the first is based on interpretations of behavior according to speakers’ discourse-pragmatic features as representative of “high” or “low” context cultures (cf. Hall 1976); the second applies Celce-Murcia’s (2007) more refined notion of “communicative competence.” The data sample of this paper focuses on cultural-pragmatic features of two linguistic and cultural groups – 25 Chinese speakers and 24 English speakers – and contrasts their selected responses to five features of Chinese-English interpreted healthcare interactions. Responses from 33 Chinese-English interpreters are matched against those from speakers of the two groups to examine the degree of congruence that interpreters have with the self-reported (para-)linguistic behavior of the two groups of speakers, for whom they interpret. This study shows that the self-reported (para-)linguistic behavior of both groups is determined by their adoption of a particular approach (doctor- vs. patient-centered approach) and other micro-level features (perceived time constraints, different notions of “small talk”) that limit elaborate pragmatic enactments. Over-arching cultural-pragmatic models based on “high” (or “low”) context communication, or “vertical” (vs. “horizontal”) hierarchical perceptions of role and status appear to have limited application to the data. Instead, local features specific to the healthcare situation co-determine both English and Chinese speakers’ responses to questions about their use of pragmatics. Findings indicate that interpreters attend to each group’s enactment of pragmatic features and, as expert language users, are

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able to recognize features and components of interactions and their functions to a greater degree than the Chinese and English speakers.

**Keywords:** intercultural communication, Chinese speakers, English speakers, interpreters, paralinguistic features, healthcare interactions

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1 Introduction

Research in intercultural communication focuses usually on “encounters between human beings who have different first languages, communicate in a common language, and, usually represent different cultures” (Kecskes 2011a: 372). Commonly, such communication usually involves a *lingua franca*. Many studies focus on English as a lingua franca for intercultural communication (e.g., Grundy 2007; Kirkpatrick 2010; Seidlhofer 2011; Xu and Dinh 2013). The work of Blommaert (2010) and Garrett (2010) on language and globalization serves to remind us further that communication across cultural borders is now a widespread and commonplace phenomenon. Intercultural communication, according to Kecskes’s (2011a) definition above, is conceived of as a situation in which interlocutors negotiate a common language. This need not be a necessary attribute: Recent studies on *lingua receptiva* (or “receptive bi- or multilingualism” or “mutual comprehension”) a well-known phenomenon that is now attracting scholarly attention (e.g., Rehbein et al. 2012) are exploring not only the linguistic choices that allophone speakers make when communicating in their first languages, but also their pragmatic choices, where these serve to compensate for linguistic gaps. This paper applies familiar attributes of intercultural pragmatics, namely interlocutors with different first languages and cultures, but with the following characteristic: Interlocutors communicate not through a common language, but through a common, inter-lingual mediator, an interpreter. The informants of this study who report on their behavior are a mixture of bilinguals and monolinguals employing two *linguae francae*: there are those who speak Chinese, i.e., the “Chinese speakers,” whose L1s include Mandarin, Cantonese, Hakka, and Hokkien; and there are those who use English, the “English speakers,” whose L1s include Australian English, British English, Croatian, Hindi, Italian, Macedonian, Malay, Punjabi, Tamil, and Vietnamese.

This paper employs two theoretical frameworks in analysis and discussion of the data sample. The first theoretical framework is Hall’s (1976) distinction between low-context and high-context communication and the implicational
consequences that such a contrast has on speakers’ use of indirect vs. direct verbal strategies. Hall’s notions of “high-context” and “low context” cultures (hereafter, Hall’s context notions) have been adopted widely by researchers who examine macro-level features of inter-group communication, e.g., Gudykunst, Ting-Toomey, and Chua (1988), Chen and Starosta (1996), and Hofstede (2001). For example, in Ting-Toomey and Chung’s (2005) application of this model, they describe Chinese culture as a high-context one, in which interactions feature “preprogrammed information that is in the receiver and in the setting” (Ting-Toomey and Chung 2005: 368), with minimal information needed in utterance exchanges. “Indirect verbal negotiation, subtle nonverbal nuances and response intention inference” are examples of the strategies that speakers in high-context cultures engage in, according to Ting-Toomey and Chung (2005: 368). Hall’s “high” and “low” culture distinction offers some explanatory power as an “over-arching” feature for quantitatively based studies on the reported behavior of interlocutors when they engage with speakers with different cultural affiliations. This paper adopts Hall’s model due to its continuing influence in discussions and analyses of intercultural interactions, but the authors seek not to unquestionably accept its validity but to match the expectations that such a model proposes in relation to English and Chinese speakers and to see if these are similarly reported by protagonists and interpreters themselves. This is undertaken in the light of other studies on cross- and inter-cultural pragmatics in which the descriptive amenability of Hall’s notions have been questioned. For example, Kim et al. (1998) and Richardson and Smith (2007) record findings that diverge from Hall’s expectations. Gudykunst et al. (1996) conclude that independent (i.e., micro-level, speaker-based) and interdependent (i.e., ideographic and nomothetic constructions) self-construals are closer descriptors of inter-group behavior than Hall’s contexting notions. This paper therefore draws on responses from informants about their self-perceived behavior and self-reported actions and contextualizes these in the situations that they relate to, and not only in relation to Hall’s notions of context.

The second theoretical framework referred to in this paper, based on Hymes’ (1972) notion of “communicative competence,” is Celce-Murcia’s (2007) fine-grained representation of six types of “communicative competence.” Celce-Murcia’s (2007) model is adopted due to its local and “bottom-up” focus on speakers’ moves and the notion of “interactional competence” as a prominent, but often over-looked sub-set of communicative competence. This paper applies two theoretical models to the same data sample and provides a descriptive and comparative discussion of both approaches. Discussion is evaluative and includes the relative explanatory power of both approaches – over-arching vs. local – to the data.
This paper adopts both frameworks to investigate the following: (1) To what degree responses from two groups of informants about their own behavior correlate with perceptions of Chinese speakers as belonging to a high-context communication culture and English speakers as belonging to a low-context communication culture and whether similar responses are also reported by Chinese-English interpreters about both groups; (2) the presence of quantitative differences in responses between the two groups – Chinese speakers and English speakers – and between these and the Chinese-English interpreters in relation to the five (para-)linguistic features. The paper therefore presents itself as a fieldwork-based contribution to intercultural communication that includes, among its sample informants, a group of interpreters who have more expertise in intercultural communication than two groups of Chinese and English speakers. The paper’s data sample is on informants’ selections to responses.

This paper looks specifically at five (para-)linguistic features enacted by Chinese-speaking and English-speaking interlocutors in relation to intercultural pragmatics for communication. These (para-)linguistic features include the following (reference to one or more of Celce-Murcia’s (2007) six sub-categories of communicative competence is given in square brackets after each feature): (self)-introductions [socio-cultural, interactional]; physical proximity [interactional], small talk [formulaic, socio-cultural, strategic]; elicitation of specific information [socio-cultural, linguistic, strategic, discourse, formulaic, interactional]; and leave taking [sociocultural, formulaic, interactional]. These five (para-)linguistic features were selected on the basis of their occurrence as interactional events ascertainable across a variety of studies of doctor-patient behavior, e.g., Sarangi and Roberts (1999) for all five features, Angelelli (2004) for self-introductions and leave-taking, Cordella (2004) for proximity, and elicitation of specific information.

These five (para-)linguistic features are presented in more detail in sections 5.1 to 5.5, in which there is discussion of how these features are enacted by Chinese and English speakers, particular in healthcare situations.

The paper employs units of analysis within the tradition of cross-cultural pragmatics, namely speech-act based forms such as (self-)introductions and leave-taking conventions, and in part, data analysis follows a cross-cultural pragmatics approach through the elicitation and discussion of data about informants’ perceptions of themselves vis-à-vis members of the other group (cf. Spencer-Oatey and Xing’s (2004) comparative approach of business interactions). At the same time, this paper falls within the intercultural pragmatics approach to behavior analysis through the inclusion of data relating to actual situational experiences and the reported enactment of socio-cultural norms of not only oneself, but of oneself through another (as “relayed constructions”).
Further, although the textbook view of interpreting suggests that both interlocutors may use their L1s and communicate directly with each other through an inter-lingual conduit (leaving the interpreter the task of bridging cross-cultural distance and rendering others’ speech in a cultural-pragmatically appropriate way), analysis of interpreted interactions reveals that interpreters are not only animators (in Goffman’s terms) of other’s speech, but also authors (as the speakers who compose the lines that are uttered) and in fact quite often principals to the speech they relate to others (e.g., Leung and Gibbons, 2008). Thus, interpreted situations are situations in which all interlocutors bring prior experiences and knowledge of societal traits, and communication is not only co-constructed on the spot, but also “relay-constructed” and “re-constructed.” Interlocutors may exhibit and seek to locate “collective salience” in their own and others’ behavior through features shared by members of the same speech community, but they are also attuned to the “emergent salience” of the interpreted situation in which communication occurs through allophone source discourse and pragmatics, and mediated discourse and pragmatics mediated through the interpreter. Kecskes (2010: 2890) proposes that, “communication is characterized by the interplay of two traits that are inseparable, mutually supportive and interactive,” with salience being both an individual trait and relevance a social trait. He categorizes “salience” into three types from the perspective of interlocutors, including “inherent salience,” characterized as a natural built-in preference in the general conceptual and linguistic knowledge of the speaker, “collective salience” as being shared with the members of a speech community, and “emergent situational salience” as the salience of specific objects or linguistic elements in the context of language production and comprehension (Kecskes 2013: 71; 2011b: 93). This paper thus seeks to broaden discussion on intercultural pragmatics to interactions in which different cultures are represented, in which inter-lingual (and inter-cultural) communication is performed through a linguistic professional. This paper seeks to extend the application of intercultural pragmatics analysis to a communicative setting that has so far received little attention and which appears as a gap in the research on intercultural (and indeed cross-cultural) pragmatics, namely the interpreted interaction.

Reference to the interpreter as a linguistic professional suggests that he or she has not only high-level linguistic proficiency in two languages and the ability to optimally transfer verbal messages from one language into the other but also high-level familiarity with pragmatic features of communication employed by speakers of both languages and the ability to recognize and transfer these into the other language. An accomplished interpreter is able to capture the same illocutionary force of source language speech in his or her target-language interpretations and has a sufficiently high-level command of
the linguistic and pragmatic features of both languages to employ these to such effect.

2 Intercultural pragmatics and Chinese and English speakers in interpreted interactions

In intercultural communication involving people from different linguistic and cultural backgrounds with different values, beliefs, schemas, and traditions, the exploration of what is unsaid but communicated in intercultural interactions is of critical importance, because, essentially, intercultural communication is about “how people understand one another when they do not share a common cultural experience” (Kecskes 2004: 2). Unlike other pragmatic theories, intercultural pragmatics supports “a less idealized, more down-to-earth approach to communication than current pragmatic theories usually do” (Kecskes 2011a: 372).

This research relates to two groups of Chinese and English speakers and a group of Chinese-English interpreters. The term “Chinese speakers” encompasses a vast number of Mandarin Chinese and Chinese dialect speakers from China and the Chinese diaspora. “Chinese speakers” in our research are adult Chinese migrants, who speak Chinese as their dominant language on a daily basis. Likewise, the hypernym “English speakers” also encompasses a vast number of speakers of heterogeneous varieties of English, e.g., the “inner-,” “outer-,” and “expanding-circle” countries (Kachru 1982). In the context of this research, conducted in Melbourne, English speakers here refer to both native speakers of English, and non-native but highly proficient speakers of a particular variety of English. These English speakers communicate in English via an interpreter with Chinese speakers with whom they have contact. The Chinese-English interpreters are ethnic Chinese with Chinese as their L1, tertiary educated, and holders of formal interpreter accreditation from the relevant Australian credentialing authority, i.e., the National Accreditation Authority for Translators and Interpreters. The interpreters, therefore, are background Chinese speakers and fully conversant with Chinese cultural-pragmatic norms. Their acquisition of English is likely to have commenced before emigration, while higher proficiency in Australian English cultural pragmatics has been acquired after immigration to Australia.

This paper seeks to bring cultural-pragmatic features to the foreground and to study Chinese and English speakers’ self-reported perceptions of their linguistic and paralinguistic behavior, and to match these against a group of profes-
sional interpreters who service both groups. In addition to Hall’s context notions and to Celce-Murcia’s (2007) distinction of “communicational competences,” this paper also draws on a number of relevant notions from other theoretical frameworks. These include politeness (Brown and Levinson 1987; Gu 1990), the cooperative principle (Grice 1975), cultural pragmatic schemas (Sharifian 2011; Sharifian and Jamarani 2011), the dialogue features of interpreted interactions (Mason 2006) and the dynamic roles of interpreters (Setton and Guo 2009) with a focus on Chinese and English speakers.

3 Interpreters and the interpreted interaction

In multilingual and multicultural societies with significant migrant populations (e.g., one third of the residents of the city in which this research was conducted were born overseas), interpreting services are readily called upon in many social domains, such as the legal and healthcare sectors. The role of interpreter, which bilinguals have assumed in various contexts throughout history, has been closely linked with intermediary functions such as those of a messenger, guide and negotiator. Accompanying the professionalization of interpreting in the 20th century, the role of the interpreter became codified in specific terms that emphasized primarily the “neutral” and “conduit” position of an interpreter as a provider of accurate, complete, and faithful renditions into another language (Pöchhacker 2004: 147). Some researchers were even more graphic in the “mechanical” description that they awarded to interpreters: “... the interpreter’s function in general is comparable to that of a machine, giving a more or less literal translation of what is said in language A into language B” (Knapp-Potthoff and Knapp 1986: 152).

The conduit view suggests that interpreting is some form of “verbatim translation.” However, the notion of cross-linguistic “literalism” is an unworkable standard, and it has now given way to perceptions and self-descriptions of interpreters as “communication facilitators,” whose primary role is interlingual transfer but with greater visibility to other parties (Angelelli 2004; Roy 2002). Further to this, in some fields of interpreting (usually healthcare), interpreters take on the role of “cultural brokers” between different-language interlocutors, and some also support activism on behalf of one party to redress power imbalances in intercultural clinical encounters (Drennan and Swartz 1999). These last two (self-)perceptions of the interpreter’s role are controversial and not congruent to the codes of ethics (e.g., AUSIT 2012) by which accredited or qualified interpreters from this study are bound. These require that interpreters exercise “impartiality” and “clarity of role boundaries.” Activism and advocacy remain
relatively peripheral practices, and counter to modern Western notions of “independence,” “neutrality,” “privacy,” and “personal autonomy” that are upheld by both codes of practice and interpreter teaching institutions.

To return to the issue of interlingual transfer, interpreters are required to provide renditions that are optimal and complete, without distortion or omission and that preserve the content and intent of the source message. Perceptions of meaning and intent from source messages are conveyed not only in the semantic content of them, but also through context, role, situation, and other paralinguistic features enacted by interlocutors. The following section discusses the relative importance of these attributes in the interface between Chinese-English intercultural pragmatics and interpreter training, testing and research.

3.1 Interpreters as mediators of intercultural pragmatics as well as interlingual transfer

In a stereotypical sense, interpreting is seen as requiring two skills only: high proficiency in two languages and the ability to render speech in one language into the other. The first of these levels is the typical prerequisite for admission into interpreter training courses and tests (cf. Timarová and Ungoed-Thomas 2008). These skills, as well as memory exercises and resilience (Moser-Mercer 2002) have traditionally been attributes that trainers and testers have used as yardsticks of good performance. However, after interpreters have gained experience in the field, they recognize that their linguistic and interlingual skills enable them to adequately perform their work, but their attention is often drawn to other, perhaps underrepresented areas in training and testing that they find difficult to deal with: discourse management and occasional “crowd control,” vicarious stress and trauma from others, others’ misunderstanding of their role, and individuals’ speech styles that may bear idiosyncratic but also culturally specific features whose rendition into the other language should neither understate nor overstate these peculiarities.

This last point is an important one. In a large-scale survey of experienced interpreters, Chesher et al. (2003) report that detailed knowledge of each language groups’ sociocultural features is listed as the second most important particular skill that interpreters believe they should possess. Knowledge of the cultural-pragmatic norms of speech communities is strongly recommended by Niska (2005), while Rudvin and Tomassini (2011) now argue that intercultural competence (as distinct from the role of the “activist” cultural broker) is a prerequisite for professional interpreting practice. What has always been a feature of
accomplished interpreting performance – knowledge of the pragmatic features used by speakers of both languages and their faithful rendition in interpretations – is only now becoming a recognized sub-discipline in training and testing. There is a research gap in the literature on the practice and pedagogy of interpreting in regard to intercultural practices, and this paper seeks to bring cultural-pragmatic features to the foreground in research on linguistically mediated situations. In particular, these features are examined in the context of healthcare interactions, in which felicity of message transfer can assume life-saving importance.

3.2 Healthcare interactions, interlocutors, and interpreting

In Anglophone New World countries such as Australia, which have witnessed large-scale immigration of speakers of languages other than English (LOTE), healthcare was one of the first areas of public life in which the need for interpreting services became apparent. Growing LOTE-speaking populations and the risk of misinterpretation and misdiagnosis due to reliance on non-professional interpreters hastened the need to provide professional interpreting services in the healthcare sector. This sector, in North America and in many other countries, is now the primary sector in which interpreters gain employment (Kelly and Stewart 2010: 15–17). The growth in healthcare interpreting is also reflective of “ideological” changes in the provision of healthcare and to doctor-patient relations in which the needs (including the cultural-linguistic ones) of the patient play an important role. It is no accident that the provision of professional interpreting services in the healthcare sector has happened in concert with the development of a “patient-centered” approach to healthcare, in which healthcare workers (initially) adopt open-ended discussions with patients, inform patients about their options and choices, and guide them rather than present them with a diagnosis (see below 4.4). Such a relationship with an allophone patient is achievable only through the use of professional interpreting services.

In interpreted healthcare interactions, doctors (and interpreters) are mindful that undistorted renditions of all parties’ speech are vital for symptom description, diagnosis, and treatment. But further to the “word-for-word” or verbatim interpretations that doctors sometimes expect from interpreters, in a recent qualitative study on 12 healthcare interpreters’ practices, the importance of the information transfer that effectively conveys the cultural-pragmatic information of all interlocutors is also acknowledged as the second most important feature of healthcare interpreters’ work (Bischoff et al. 2012). In the words of one healthcare interpreter:
I want to explain things at the patient’s level. [...] The doctors too expect not simply word-for-word but intercultural translation. Sometimes doctors have said to me, “We don’t want word-for-word translation. The patient has to have intercultural understanding. You need to explain the cultural things a bit: how it is in our culture and how it is in your culture.” (Bischoff et al. 2012: 11)

The above quote underlines the role of interpreters’ intercultural skills in attaining successful communicative outcomes between allophone speakers.

4 Methodology and sample

The data on which this paper is based are drawn from a sample of questionnaire responses from informants. All informants were residents in Melbourne at the time of data collection (June–August 2012).1 The informants consist of three groups: 25 Chinese speakers whose proficiency in English necessitates their use of Chinese-English interpreters; 24 English speakers who communicate with Chinese speakers, both in English and through Chinese-English interpreters; 33 Chinese-English interpreters who have experience in healthcare interpreting. Chinese speakers were drawn from social Chinese-speaking associations situated close to a major metropolitan hospital and all Chinese-speaking informants had experience in using the services of Chinese-English interpreters at this or other hospitals. All English speakers are employees of the major metropolitan hospital in Melbourne. The Chinese-English interpreters were contacted through online directories of the professional association for interpreters (AUSIT) and the accrediting authority for interpreters, i.e., NAATI in Australia as well as through the Chinese Interpreters and Translators Association of Australia. As stated, the healthcare sector is the major provider of interpreting work not only in the United States, but also in Australia (Chesher et al. 2003: 278), and all Chinese-English interpreters reported having worked in this field.

The Chinese speakers completed an 18-question survey in Chinese, which elicited quantitative and qualitative responses. English speakers completed a similar, 18-question survey completed online and distributed to staff through a hospital-internal source; the Chinese-English interpreters completed a 17-question survey that was supplied to them in both Chinese and English through an online survey portal. Informants were invited to provide further comments and to report on events in Chinese-English interpreted healthcare situations.

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1 Approval to contact potential informants and collect data was granted by the Monash University Human Research Ethics Committee (MUHREC), Project No. CF12/1269 – 2012000658.
Through data collection and through feedback and questions from informants, we can report that the vast majority, if not all informants have the following profiles: Chinese speakers who migrated to Australia as adults and who are linguistically dominant in Chinese; English speakers made of three groups – monolingual Anglo-Australians, English-dominant bilinguals born and/or raised in Australia, and L2-speakers with high proficiency in English; and Chinese-English interpreters who are tertiary educated ethnic Chinese with Chinese as their L1 and holders of an Australian interpreting accreditation. The interpreters, therefore, are background Chinese speakers and fully conversant with Chinese cultural-pragmatic norms.

Responses from informants were sought on the group of five pragmatic features outlined in section 5 below. The perspectives that were sought from informants are the following: Chinese and English speakers about themselves when communicating with speakers of the other language through an interpreter in healthcare settings: interpreters about both Chinese speakers and English speakers in general and in healthcare settings in particular. A shortcoming of the data sample is that it is, as reported, a primarily quantitatively based corpus of informants’ recollections of general features of healthcare interactions and selections to provided responses, with added comments and observations from some informants who responded to the invitation to provide further information or examples. The data sample is therefore indicative of informants’ “summative” (self-reported) experiences, without the capacity to describe in detail informants’ actual behavior in particular interactions. In many cases, and for some features (e.g., small talk, leave-taking), informants’ reported enactments of these features are dependent on or reactive to the behavior of the other interlocutor and the same informant may vary greatly in his/her performance of these features from interaction to interaction. The responses provided by informants are therefore to be regarded as reflective of their recollections of events, rather than as systematically studied events, documented by an observer-researcher. The strength of the sample lies in the elicitation of five pragmatic features from average language users and from an expert bilingual and bicultural interpreter group that is seldom the focus of studies on intercultural pragmatics. The five features are described as clearly identifiable ones in the healthcare setting (cf. Sarangi and Roberts 1999; Angelelli 2004; Cordella 2004). This paper seeks to explore the salience of reported communicative competences drawn on by speakers and mediators and the discourse, sociocultural, actional, and/or strategic features practiced by them. Figure 1 below shows the self-reflective and perceptional views that are elicited.

The questions that informants selected responses to were based on healthcare interactions, in which their role was specified as Chinese-speaking patient,
5 Data and discussion

This section presents informants’ selections of possible responses to five features of cultural-pragmatic norms that are enacted through (para-)linguistic means. Data are presented quantitatively in percentages for each group of informants. All three groups of informants provide data for the five features of cultural-pragmatic norms, except for the first feature – self-introduction. In the tables below, data are presented as percentages. Selected comments and observations are provided from informants that augment the statistical data Chinese and English speakers are identified only as Ch.Inf or En.Inf together with the informant number, while comments from the Chinese-English interpreters are identified with Ch.En.Int with their informant number following. A collation of the data is provided in Section 6, where implications for interpreter training are also discussed.

5.1 Introducing oneself to others

Introductions, or rather self-introductions, are the formal means of stating or confirming one’s identity. Introducing oneself in dyad or multi-party interactions is axiomatic for some speakers, while for others, invitations to self-introduce, introduction through others, or no formal introduction are the norm. In China, (self-)introductions mark a context as one in which interlocutors believe that there may be future and on-going contact between them and where interlocutors display some personal “investment” in the other. Gu (1990) outlines a number of variables that determine if and how a speaker may introduce him or herself. Among these are the status of the interlocutor as “professionally prestigious,”
“old or young,” and “on a formal occasion” or not, and these variables, subject also to the “self-denigration maxim,” can result in a speaker introducing him or herself in the following way, for example: Jiànxìng Zhāng ‘My worthless surname is Zhang’ (Gu 1990: 246, 248). In Anglophone Western culture, (self-)introductions are a common feature of interactions, regardless of interlocutors’ beliefs of the longevity of future contact, and such introductions do not signal a personal “investment” in the other.

In relation to doctor-patient interactions in China, neither interlocutor typically introduces him or herself. Instead, doctors usually verify the patient’s name, based on written records supplied to the doctor, and the patient responds to this request (Zhang and Shang 2002: 338). Tsai (2005) identifies time-constraints as a reason for the absence for self-introductions, and reports from 30 observed consultations in Taiwan that personal rapport, where sought, typically occurs at a later point in the interaction. Patients do not typically ask for the doctor’s name, and when addressing the doctor directly, may use respectful terms that emphasize the seniority or expertise of the doctor; e.g., “Big Brother” (Zhang and Shang 2002: 350). In English, self-introductions from both the doctor and the patient at their first meeting are common (Cordella 2004: 56), and a doctor’s verifications of a patient’s name is typical more for psychiatric consultations than for general health interactions (Ribeiro and Souza Pinto 2006: 662).

Table 1 below contains responses from the two groups of Chinese and English speakers only. Informants were asked whether they introduce themselves when meeting a person for the first in a healthcare setting, with the presence of an interpreter.

Table 1: Informants’ reported frequency of self-introduction to an unfamiliar interlocutor in a healthcare setting.

<table>
<thead>
<tr>
<th></th>
<th>Chinese-speakers</th>
<th>English-speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>44</td>
<td>58</td>
</tr>
<tr>
<td>Sometimes</td>
<td>52</td>
<td>21</td>
</tr>
<tr>
<td>Not usually</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>No answer</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 1 above shows that roughly equal percentages of Chinese speakers almost always introduce themselves by name. Over half of the English speakers always do this, 21% do this sometimes, and a further 21% do not usually do this. Self-introductions are considered obligatory for roughly half of the Chinese- and English-speaking informants. For some other Chinese-speaking informants, a
self-introduction is optional, while for smaller numbers of English speakers, it is either optional or left out, probably due to perceived time constraints. The absence of patient name verification (cf. Zhang and Shang 2002) by the doctor appears to motivate Chinese speakers to provide names. Time constraints and possible signage informing patients of the doctor’s name (cf. Robinson 1998) account for the variation in English speakers’ variation of responses. It is hard to contextualize the responses of Chinese speakers with Zhang and Shang’s (2002) and Tsai’s (2005) data that showed that self-introduction is expected to be uncommon. The converse implication from Hall’s (1976) “low” vs. “high” culture framework is that English speakers would be much more likely to establish their role (through explication of their identity). But no more than 58% do this. One interpreter remarks on the openers of healthcare interactions:

*Chinese speakers sometimes provide a greeting and introduce themselves. English speakers always do this, and sometimes the whole greeting lasts a long time. (Ch.En,Int.34)*

### 5.2 Positioning oneself vis-à-vis other group

Notions of personal space vary interculturally. Broadly analogous with, but not synonymous to, Hall’s context notions, studies of personal space from a comparative perspective have grouped language speakers according to space and distinguished two contrasting groups: “low-contact cultures” (that are characteristic of “wider body space areas”), to which both East Asians and white Anglophone Americans belonged, and “high-contact cultures” (Watson 1970). In another intercultural study, Jones (1971) also reports that Chinese speakers in the United States interacted with others at greater distances than other minority ethnic groups in that country. Ethnicity as the main variable in different group’s personal space habits has been criticized by some (e.g., Mazur 1977), and culture is perhaps but one of a number of variables that predict distance. Others may include social identity, status, and emotional disposition. Furnham and Bocher (1986) extends the number of relevant factors to include time span of contact, purpose of the meeting, type of involvement, frequency of contact, numerical balance, visible characteristics such as race and sex, and on whose “territory” the interaction occurs.

The doctor-patient situation is one that is marked by stark contrasts in body space conventions: The power-hierarchical difference obliges the patient to maintain “polite” distance from the doctor; the conditions that patients may suffer from can necessitate a doctor’s intervention in their intimate zone. Gadit (2010) argues that such interventions, in some cultures, need to be negotiated very
carefully not only to respect patients’ personal space, but also to protect a professional’s reputation. The question below put to informants does not use measurements of distance but specifies the situation and context.

Table 2: Informants’ reported self-positioning vis-à-vis an unfamiliar interlocutor in a healthcare setting

<table>
<thead>
<tr>
<th></th>
<th>Chinese speakers</th>
<th>English speakers</th>
<th>Interpreters about Chinese speakers</th>
<th>Interpreters about English speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closely</td>
<td>24</td>
<td>4</td>
<td>48</td>
<td>21</td>
</tr>
<tr>
<td>Neither closely nor distantly</td>
<td>64</td>
<td>96</td>
<td>48</td>
<td>75</td>
</tr>
<tr>
<td>Distantly</td>
<td>12</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 2 above shows that nearly two-thirds of Chinese speakers believe they occupy a “neutral” physical space in relation to English speakers, while nearly a quarter believe that they sit closely to them. Closeness may be motivated by the desire to hear English speakers more clearly. The English-speaking healthcare staff overwhelmingly select the “neither closely nor distantly” response. This is unsurprising where healthcare workers position themselves as both engaged with patient care and mindful of patients’ autonomy. The selected responses from interpreters show variation from those of these two groups. Interpreters perceive that Chinese speakers occupy a more proximate position than Chinese speakers themselves, while they also report that a quarter of English speakers position themselves closely to Chinese-speaking patients. While the first comment from an interpreter below is congruent to this former view, the remaining two views reflect a less clear-cut perception of cross-cultural proxemics:

It depends on the circumstances. I do think that Chinese speakers position themselves a bit too closely to others, in particular, elder Chinese speakers. (Ch-En,Int.30)
I agree that Chinese speakers position themselves neither closely nor distantly in healthcare interactions. (Ch.En.Int.35)
There are different notions of personal space. This may also be related to insider versus outsider perspectives. (Ch.En.Int.37)

The last comment above underlines the fact that self-reported estimations of proximity to others are, of course, imprecise indicators of actual (measured) space between interlocutors due to the different subjective notions of space. Despite this, the responses are in line with Jones’s (1971) and Beaulieu’s (2004) findings in regard to Chinese and English speakers: The interpreters (as co-participants in but also expert observers of intercultural interactions) report
“neutral” rather than “proximal” positions about both groups, with a slightly higher number of Chinese speakers reported to position themselves in a proximal position than English speakers. Multiple causations are at work, some of which function in concert with, some in opposition to each other. Chinese notions of politeness are based on interlocutors’ desire to minimize instead of display distance to others where a degree of personal investment has been established. “Distance” in this sense is not physical, but at the same time displays of politeness may include a reduction in physical distance. The presence of an interpreter can also have mixed consequences: The presence of another in a confined space may alter speakers’ self-perceptions of closeness and distance; the presence of an interpreter can sometimes cause either or both allophone interlocutors to “withdraw” from the other and engage only through the interpreter. This last course of action is one that trainee interpreters are taught to avoid through the adoption of a proactive approach in the seating and eye-contact arrangements from the outset of the interpreted interaction. Notwithstanding such an approach, interlocutors can adopt their own postures toward others.

5.3 The role of “small talk”

Phatic language typically performs the function of a “social lubricant” in (re-)forming social relations between interlocutors, where these relations are considered to pertain. Small talk, although thematically considered unimportant, is an aspect of conversation that provides a means of “easing things along” (Schneider 1988: 17). It has been widely taken to be a “conventionalized and peripheral mode of talk” (Coupland 2000: 1) that has been found on boundaries of conversation such as openings and closings but also in free and “aimless” social intercourse. Small talk is viewed derogatorily by some due to folk-linguistic perceptions that it is merely frivolous. Nor does it fit easily into some linguistic analyses of talk that posit that the maxims of efficiency, expedience, and truth must always pertain (cf. Grice 1975). However, small talk can be used as a pragmatic device in conversation, and it is closely associated with “cultural pragmatic schemas” (Sharifian and Jamarani 2011: 230), i.e., shared cultural conceptual structures that “enable members of a cultural group to make sense of their cultural experiences” (Sharifian 2011: 101). Differences in the use of small talk according to relationship to interlocutor and setting are ascertainable between Chinese and English speakers. In informal settings between mainland Chinese interlocutors familiar to each other, telephone small talk “may accomplish propitiatory, initiatory and exploratory functions simultaneously” (Sun 2004: 1461). Its functions in English-speaking, including English lingua franca conversation, appear to be
broader: Small talk is used as an “ice-breaker” among unfamiliar interlocutors (in business or some commercial or service transactions), as a means of social cohesion at the workplace amongst people who are familiar but not close to each other (cf. Clyne 1994: 84), and as a “reestablishment of ties” device between friends, similar to Sun’s (2004) example above. From research on the occurrence of small talk in interpreted health interactions, Penn and Watermeyer (2012) report that patients can direct such phatic speech at interpreters personally, while interpreted small talk from healthcare professionals performs an important function in framing comfort levels and offering guidance to patients.

Table 3 below presents informants’ selected responses in regard to the occurrence of “small talk,” rendered as “闲聊” in the version supplied to Chinese speakers. It is worth noting that “small talk” can be rendered in Chinese as either “闲聊” or “寒暄,” both of which bear the meaning of “small talk,” or light informal conversation for social occasions. However, the former rendition “闲聊” implies sustained conversation with successive turns or exchanges, while the latter “寒暄” implies a short exchange of utterances for politeness or warm-up purposes before transactional social interaction. Table 3 below presents informants’ responses to the question, “How important is ‘small talk’ with speakers of the other group before you come to the point of your interaction with them?”

<table>
<thead>
<tr>
<th></th>
<th>Chinese-speakers</th>
<th>English-speakers</th>
<th>Interpreters about Chinese speakers</th>
<th>Interpreters about English speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quite important</td>
<td>52</td>
<td>21</td>
<td>52</td>
<td>39</td>
</tr>
<tr>
<td>Somewhat important</td>
<td>40</td>
<td>62</td>
<td>36</td>
<td>42</td>
</tr>
<tr>
<td>Not very important</td>
<td>8</td>
<td>17</td>
<td>12</td>
<td>18</td>
</tr>
</tbody>
</table>

There is strong similarity between the responses provided by Chinese speakers and interpreters about Chinese speakers, 52% from both groups state that “small talk” is “quite important,” while similar percentages are reported from both groups in relation to a “neutral response.” Most English speakers claim that “small talk” is “somewhat important,” while Chinese interpreters evenly select responses to indicate that they believe that English speakers consider that “small talk” is either “quite important” or “somewhat important.” The higher number of responses from Chinese speakers with regard to the importance of “small talk” can be partially accounted for by the relative greater salience that Chinese speakers attribute to the Chinese translation 闲聊 in comparison to the salience that English speakers attach to “small talk.” Notions of the role and
importance of phatic speech for Chinese speakers are almost identical among Chinese speakers and Chinese-English interpreters. The importance that half of the Chinese speakers attach to it is of note. This is contrary to the data from Smith et al. (1999), which identified Chinese speakers’ preference for a doctor-centered approach that usually does away with small talk and it is contrary to the high context expectations that require little or no establishing of roles that is often performed by small talk. English speakers believe that small talk is less important, perhaps restricted to its instrumental function as an icebreaker, after which a clear juncture follows to usher in problem reporting/elicititation. Chinese-English interpreters perceive its importance to be greater for English speakers than this group itself considers it. The following comment from an interpreter relates this to the specific context of the healthcare situation, and it is clear that the interpreter is referring to a conversational feature typical of the patient-centered approach:

Small talk engaged in by the English-speaking health professional can actually play a very important role that acts not only as a warm-up, but it helps the whole communication to run more smoothly later on. (Ch-En.Inf.30)

To return to the “high” vs. “low” context framework, the overall figures suggest that Chinese speakers are more likely to attach greater importance to talk that is instrumental in relationship-building only. This correlates with expectations from Hall’s model in relation to the two language groups. But this correlation may be, on the basis of the aforementioned, circumstantial and accidental, and it is perhaps tenuous to suggest that the figures in Table 3 conform to the expectations of the “high” vs. “low” framework.

5.4 Eliciting specific information

Information exchange and elicitation rests greatly on speakers’ and hearers’ notions of whether a communicative situation is “free conversation” (and usually “social”) or a more formal and focused one (e.g., “occupational” or “transactional”). In regard to eliciting specific information, comparative data on Chinese and Western (usually Anglophone) doctor-patient interactions reveal the following. Direct questions, e.g., Zenme bu hao a? ‘What’s the matter with you?’, is a default opener in Chinese doctor-patient interactions (Gu 1996: 164), and the type of discourse that Chinese and Hong Kong patients prefer from their doctors (where they are presented with a choice between “doctor centered” and “patient centered” approaches) are “doctor centered” directives in which doctors ask for symptom descriptions, explain what is happening, adopt a didactic approach,
and do most of the talking through specific questioning (Smith et al. 1999). In Anglophone countries, contemporary models for the doctor-patient consultation, influenced by the development of “patient-centered” approaches, advocate open-ended questions followed by yes-no questions, elicitation on patients’ knowledge of illnesses, social and family circumstances, and the availability of multiple options to the patient, so that decision-making is entrusted also to the patient in a collaborative relationship (Street and Millay 2001). Such egalitarian doctor-patient relationships are stereotypical examples of “low-context,” horizontally-organized social relations, mentioned above.

In healthcare interactions, “the usual way a Chinese physician greets a patient when he/she comes into the office is: ‘So, which part of your body bothers you today?’” (Li 1999: 396). Li (1999) suggests that this direct and specific opener from a doctor conveys the message that s/he is sincerely concerned with the patient’s health. In healthcare interactions in English-speaking countries, a variety of open-ended questions precede focused and “yes-no” ones, and elicited information is often responded to with devices such as back-channeling (“Uh-huh,” “Really?”) and/or echo-questions (“You’re feeling pain where?”). Table 4 below shows informants’ selections of four scenarios of information being elicited from an allophone speaker.

Table 4: Informants’ selections of responses in regard to elicitation of specific information.

<table>
<thead>
<tr>
<th></th>
<th>Chinese-speakers</th>
<th>English-speakers</th>
<th>Interpreters about Chinese speakers</th>
<th>Interpreters about English speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wait for them to provide it</td>
<td>28</td>
<td>0</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>I make some general comments in the hope that they will provide it.</td>
<td>4</td>
<td>0</td>
<td>36</td>
<td>11</td>
</tr>
<tr>
<td>I ask open-ended questions to elicit this information</td>
<td>4</td>
<td>48</td>
<td>22</td>
<td>34</td>
</tr>
<tr>
<td>I ask specific, yes-no questions to obtain this information</td>
<td>64</td>
<td>52</td>
<td>26</td>
<td>52</td>
</tr>
</tbody>
</table>

Table 4 above shows great contrasts in responses. Over a quarter of the Chinese speakers but only 16% of the interpreters report that Chinese speakers wait for and do not elicit information. But nearly two-thirds of Chinese speakers report that they ask specific, “yes-no” questions to secure specific information, while only a quarter of interpreters are of the view that Chinese speakers do this. Three Chinese speakers gave the following comments:
Chinese people ask for information very directly. (Ch.Inf.2)

In Chinese, when you want to find out something, you state it in a specific and simple manner. (Ch.Inf.3)

Asking for information, one should be optimistic and humorous. (Ch.Inf.6)

The estimations of English speakers about themselves and the attitudes of the interpreters toward the English speakers are generally congruent: Over half of both groups regard “yes-no” questioning as the typical means for this kind of information to be elicited. Two English speakers made the following comments:

In regard to eliciting information, if I have built up a rapport with them from previous interactions, then they usually tell me exactly what they feel without hesitation. Otherwise, they tend to withhold information and not be as direct. (En.Inf.1)

Sometimes I use a direct question or request, but other times less directly. In the healthcare sector, it usually depends on their English-speaking confidence and in some cases how comfortable they are in the setting they find themselves in. (En.Inf.6)

Information elicitation strategies vary according to the perspectives that each group typically adopts in healthcare interactions. Chinese speakers mostly ask specific yes-no questions or ask no questions and wait for this information to be supplied to them. The latter strategy is typical of the initial stages of an interaction conducted according to a doctor-centered approach in which the doctors supply information in an unsolicited way and the former strategy above occurs when patients have received a diagnosis and wish to know further information about medication dosage, side effects, after-effects etc. The responses of the English speakers are characteristic of a patient-centered approach in which information elicitation consists initially of open-ended questions, followed by closed questions to verify, check, and exclude information. Interpreters have the same perception about English speakers’ information-elicitation strategies as English speakers, but vary somewhat from what Chinese speakers report about themselves. There is a conflict of expectations from a “high-context” interpretation of Chinese pragmatic norms that predicts that specific questions are less frequent and more marked and the role that a patient can adopt in many stages of the “doctor-centered” approach that Chinese speakers are believed to be more comfortable with. Responses from Chinese interpreters appear to be more reflective of the “general” cultural norms that shape speakers’ behavior than those that may be adopted in the specific healthcare context.

My experience is that older Chinese speakers from mainland China tend to speak more obliquely about some things or where etiquette might dictate that they do not speak directly. (Ch.En.Int.31)

I think that English speakers speak more directly in general. (Ch.En.Int.35)
5.5 Concluding an interaction and taking leave

The last communicative activity pertaining to intercultural pragmatics that this paper examines is leave-taking. Hartford and Bardovi-Harlig (1992) report that leave-takings or closings are cultural-specific, both in their obligatoriness and structure. They contrast Nepalese and Thai that have minimal “one-part” closings to English and Hungarian that typically have three- or multiple-part closures. They report that in semi-formal mono-topical interactions and consultations, speakers of American English typically show a resolution of the topic, a preclosing (e.g., “Well, that’s your referral organized for you”), opening up the closing (e.g., “I’m sure that the specialist will be able to provide you with a better idea of what your condition is”), shutting down the topic (e.g., “You’re all done”), farewell salutation (e.g., “All the best. Good bye”). Multiple-part closures ensure no loss of face for either interlocutor where sudden or abrupt leave-taking is perceived as face-threatening. Such elaborate closures are perhaps more typical of “low-context” cultures in which the “horizontal” conceptualization of social relations requires speakers to verbalize what their intentions are, where this cannot be left to context. Brick (2004: 84) reports that Chinese leave-takings can range from being rather abrupt to overly elaborate, depending on the relative status of those involved. She observes that it is senior persons who generally initiate leave-taking, whose lead is then followed by others. Table 5 below contains informants’ selections in response to three different means of concluding a healthcare interaction, from single-turn to multiple-turn closings.

Table 5: Manner of concluding a healthcare interaction and taking leave with a speaker of the other language.

<table>
<thead>
<tr>
<th></th>
<th>Chinese-speakers</th>
<th>English-speakers</th>
<th>Interpreters about Chinese speakers</th>
<th>Interpreters about English speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simply and directly</td>
<td>64</td>
<td>50</td>
<td>21</td>
<td>52</td>
</tr>
<tr>
<td>There are some signals that I give to show that I am ready to conclude the interaction</td>
<td>20</td>
<td>46</td>
<td>48</td>
<td>32</td>
</tr>
<tr>
<td>There are many signals and some formulaic expressions that I give to show that I am ready to conclude an interaction</td>
<td>16</td>
<td>0</td>
<td>33</td>
<td>17</td>
</tr>
<tr>
<td>No answer</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
While most Chinese and half of the English speakers consider that they conclude healthcare interactions simply and directly, nearly half of the English speakers state that they engage in multiple-part closings as well. The interpreters select responses that are very similar to these for English speakers. However, there is a contrast in the view of the interpreters with regard to Chinese speakers and what this group claims: The interpreters select responses to show that they believe that Chinese speakers employ longer closings. The last feature examined, that of leave-taking, also reveals interesting similarities that may be motivated by different causes. Most Chinese speakers report that they take leave in a simple and direct way; half of the English speakers also report doing this. A desire not to take up any more of the doctor’s time motivates Chinese speakers, while a desire to directly and efficiently disengage with patients is likely to account for English speakers’ brevity.

*English speakers give signals too before concluding an interaction. But a Chinese is more likely to draw to a close more slowly than an English-speaking person.* (Ch.En.Int.31)

At the same time, some Chinese speakers report a number of signals that they provide and a smaller number claim that they employ elaborate leave-taking strategies. No English speakers select the elaborate leave-taking option. Chinese-English interpreters generally believe that Chinese speakers employ some signals or elaborate ones, rather than taking leave simply and directly. The “mixed” responses of all groups of informants can be accounted for through potentially conflicting influences. In terms of Chinese cultural pragmatics, the following influences may pertain: A “high context” interpretation predicts brief doctor-patient leave-takings; the hierarchical asymmetry suggests elaborate recognition of the doctor’s expertise and gratitude from the patient; politeness is not so much a face-saving strategy but an expression of closeness that has already been enacted in openers and in the body of an interaction and that does not need to be restated in an elaborate leave-taking.

In terms of English speakers’ cultural pragmatics, the following influences may pertain: A “low context” interpretation suggests more rather than fewer signals because the leave-taking could be face-threatening if it is enacted too abruptly; time pressures may motivate speakers to restrict themselves to economical farewells; the patient-centered approach advocates an “emancipated” status of the patient to whom formal and sympathetic, rather than brief farewells should be accorded.
6 Conclusion

The comparison of varying and potentially conflicting cultural-pragmatic features in relation to the last-mentioned situation of leave-taking underscores the dynamic and multiplex factors that shape interactions. A stated aim of this paper was to investigate correlations between two groups of monolingual or asymmetrically bilingual informants and responses that relate to specific healthcare situations in which groups have contact with each other, through the mediation and reconstruction of communication performed by the third group, the Chinese-English interpreters. As the discussion and interpretation of responses in sections 5.1 to 5.5 have shown, there is a broad and, in places, quite mixed distribution of informants’ responses in comparison to the types of responses that could be expected if the “high” vs. “low” context framework were to be applied to this sample. The healthcare-themed but non-specific nature of the questions meant that informants could associate these elicited scenarios with their perceptions of either singly occurring or habitually occurring events in healthcare interactions.

There are, indeed, specific features that pertain to the healthcare interaction: understanding of one’s own role and the other’s role, time constraints, preferences for particular approaches. These features appear to override pragmatic features predicted on the basis of membership in “high” vs. “low” context groups or membership in “vertically” vs. “horizontally” organized groups. The saliency of situation-based and local-level features in this sample reminds us of the limitations of macro-level approaches in accounting for individuals’ overall views about their behavior.

Another aim of this paper was to match the overall responses of the interpreters. These do not contrast greatly from those from both groups and the differences are in places minor to relatively substantial. Interpreters perceive that speakers of both groups maintain less distance from others than these speakers report themselves: Chinese speakers maintain a closer position than English speakers. Interpreters’ responses show that they consider that phatic function of language is more important to Chinese speakers than English speakers. Interpreters see both groups as more indirect in their elicitation of information from speakers of the other group. The interpreters also report lengthier leave-takings for both groups than both groups report for themselves: Macro-feature pragmatics knowledge such as elaborate farewells as a sign of patients’ respect and the multi-part closings characteristic of Anglophones appear to account for this.

One difference that patterns throughout the responses relates to interpreters’ perceptions that both groups engage in speech acts to a greater degree than both groups themselves believe. This is expected as “expert language users” interpreters are able to recognize features and components of interactions and their
function. Other users may have a lesser awareness of these features and appear to under-report them. One of the contributions that interpreters make to this analysis is their ability to identify and report features that may otherwise be lower represented in speakers’ descriptions about themselves.

Yet another aim of this paper has been the comparison of these responses from the Chinese-language and the English-language groups and the interpreters, employing Celce-Murcia’s (2007) different types of communicational competence. We can make the following conclusions about the alignment of interpreters’ perceptions with the two other groups. (Comparative data are available for four of the five (para-)linguistic features as data were not collected from interpreters on self-introductions.) Interpreters show statistical alignment with both groups for some types of interactional competence (physical proximity, leave-taking), some types of formulaic competence (small-talk, leave-taking), and some types of sociocultural competence (small talk, leave-taking). At the same time, differences emerge between interpreters and the groups of Chinese and English speakers in regard to perceptions of the elicitation of specific information.

It is incumbent on interpreters that they possess knowledge of the general cultural-pragmatic features of speech communities to recognize and understand their linguistic behavior patterns. Further, trainee interpreters need to be made aware that the features of specific interactions can override macro-level features, so as those predicted by Hall’s context notions and lead to speakers enacting linguistic and paralinguistic behavior that may appear different to such expectations. Speakers themselves appear not to perceive or report these as “breaches” of cultural-pragmatic norms – interpreters need to be able to recognize this as well.

This paper has documented three groups’ perceptions of the same pragmatic features in intercultural interactions and their responses provide comparative data in a language combination; that is, despite some recent attention, still underrepresented in descriptions of interlocutors’ behaviors commensurate to today’s volume of Chinese-English contact. The perspective of interpreters is an insightful one as they are a professional group who are required to recognize and understand pragmatic features in intercultural interactions and to transfer these cross-linguistically through linguistic or paralinguistic means.

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**Bionotes**

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