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NARRATIVE UNRELIABILITY IN DOCTOR-PATIENT COMMUNICATION

The paradigm of modern medical care involves the implementation of humanistic, "patient-centric" principles [1]. These principles postulate the obligatory cooperation between the doctor and patient in the process of treatment. The exchange of veracious and exact information between doctor and patient is therefore regarded as an indispensible prerequisite. However, this is not always the case. Unreliability may be manifested within patient-doctor interactions in different ways. Doctors are ethically bound to withhold some data in certain situations; conversely, patients do not always provide consistent, truthful and authentic information as to their illnesses. Since a patient may be an unreliable source of anamnestic data, it is sometimes quite difficult to elucidate the mechanisms of pathogenesis and hold control over the process of the disease.

In case when patient's account cannot be relied on, doctors must enhance their interpretative abilities in order to discern and detect the signs of narrative unreliability. In other words, it is necessary to foster the physician's "narrative proficiency". Therefore, while analyzing the patient's account of illness, it seems relevant to apply the methods of literary studies, namely, the techniques of narrative analysis. In particular, we propose to investigate the concept of narrative unreliability in patients' accounts of illness in greater detail. The term "unreliable narrator" was introduced in early 1960s by the American theorist William Booth [3]. By using this term, the researcher describes a situation where moral standards of the narrator and implicit author do not coincide. In case of "unreliable narration", there is a violation of tacit agreement between the author and the audience, according to which the events are described as they are.

Thus, in the context of medical discourse, narrator is regarded as unreliable if his/her veracity is seriously discredited. As Johanna Shapiro states, the "formal and social conventions" inevitably obscure a reliable retelling of patient's experience [11, p. 70]. Moreover, there is always a "bias of personal motivation", that is, "a desire to present oneself in a more positive light" [11, p. 70]. Greta Olson suggests two

subcategories: “fallible” unreliable narrators whose accounts are inconsistent due to lack of awareness, and “untrustworthy” unreliable narrators who deliberately distort the account of events for particular reasons [9, p. 94]. James Phelan identifies six types of unreliability which form two larger categories (“mis-” and “under-”): misreporting, misinterpreting (misreading) and misevaluating (misregarding); underreporting, underinterpreting (underreading), and underevaluating (underregarding) [10, p. 90]. The figure of unreliable narrator complicates the story and stimulates the recipient’s interpretative activity.

According to Tom Kindt, each narrative can be regarded as communicative cooperation, and therefore the unreliable narrator may be interpreted as a cancellation of this communicative agreement [7, p. 133]. That is why the researcher refers to Paul Grice’s principle of cooperation which states: “Make your contribution such as it is required, at the stage at which it occurs, by the accepted purpose or direction of the talk exchange in which you are engaged” [8, p. 86]. In order to perform a successful and effective communication process, the participants of the communicative situation should follow four basic conversational maxims. Tom Kindt contends that textual signs of deviant narration can be found when the teller violates the maxim of quality (the narrator contradicts himself/herself), the maxim of quantity (the narrator provides excessive information or, on the contrary, omits something), the maxim of manner (the order of narration is disrupted, or it contains ambiguity) or the maxim of relation (the narrator provides irrelevant information) [7, p. 130-134]. Thus, the narrator’s fallible or biased perspective can be deciphered via the application of Gricean conversation maxims.

Hence, the study of patients’ accounts in terms of narrative unreliability is a productive linguistic trend which can significantly promote the process of establishing diagnosis and therefore it is worth paying attention to this concept within the anamnestic data in greater detail. In particular, the application of Gricean conversation maxims is potentially effective in the context of doctor-patient communication: case histories and illness narratives can be considered in terms of complying with maxims of quality, quantity, manner and relation.

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