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## **Communicating and Cooperating with Cancer Patients -- Where Cognitive Science Meets Narrative Medicine**

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In healthcare services, one of the widely acknowledged challenges faced by practitioners is the achievement of a successful clinical relationship with healthcare clients. A successful clinical relationship essentially requires the practitioner's capacity to attribute a series of intricate mental states to a patient, and to use this knowledge to construct effective ways to work with the patient toward the best outcome.

This paper intends to investigate how practitioners -- when working with cancer patients -- observe, understand and evaluate the patients' mental states, and how such perceptions help the practitioners as well as the patients to build mutually beneficial clinical relationships.

The linguistic data examined in this paper is a collection of self-reflective narratives written by nurse practitioners in an oncology clinic. Each narrative has recorded a practitioner's clinical encounter with a patient (and the patient's carers / families where appropriate) during his / her treatment. All narratives -- although different in details -- have documented the developmental process of clinical relationships between patients and practitioners.

The analysis of the data is guided by theoretical frameworks in two academic traditions -- one in social cognitive science (Moskowitz 2005) and the other in narrative medicine (Charon 2006). Cognitive science argues for a neuropsychological basis for the construction of mental states, which are built upon an embodied and grounded cognition (Barsalou 2010). The understanding of one and other's mental states can facilitate social interactions between participants (e.g. the development of clinical relationships between patients and practitioners in this study). The other theoretical framework adopted in this paper -- narrative medicine -- maintains that medical professionals need to have narrative competence, i.e. the ability to acknowledge, absorb, interpret and act upon patients' stories and experiences (Charon 2006), which is another essential element for patient-practitioner relationships.

Taking into account these two frameworks, this paper presents an analysis of 19 aforementioned narratives by nurse practitioners. Particular attention is paid to the examination of how the practitioners employed a series of embodied, multi-modal, and social-cognitive strategies (Barresi and Moore 1996) to encourage, invite and support cancer patients to participate in a number of joint-actions. These joint-actions, e.g. better patient adherence to clinical treatment and a greater engagement in conversation about patients' plights and illness, helped to achieve certain joint-goals, e.g. better health outcome, and ways to live with cancer. The analytical results suggest that when a practitioner is able to understand and act upon a patient's mental states, and when such action is considered reciprocal by the patient, a mutually beneficial patient-practitioner relationship is likely to be established. Another finding of the paper is that the practitioner's narrative competence (as argued in narrative medicine) can facilitate a more embodied and holistic understanding of the patient's mental states, hence contributing to the achievement of a more successful clinical relationship.

**Keywords:** embodiment; mental states; social cognition; cooperation; narrative medicine

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