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FOSTERING SECOND LANGUAGE ACQUISITION OF CANADIAN
PRIMARY SCHOOL CHILDREN: A CRITICAL EVALUATION OF
VYGOTSKY'S LEARNING THEORY IN THE FRENCH IMMERSION
PROGRAMME

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Fostering Second Language Acquisition of Canadian Primary School Children: A Critical Evaluation of Vygotsky's Learning Theory in the French Immersion Programme

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Abstract. According to Vygotsky (1978), language originally emerges as a means for children to communicate with others in their surroundings. This perspective of Vygotsky emphasises the significance of the social interaction between children and their environment, which functions as a driving force for children's language development and learning process. To demonstrate the practices of Vygotsky's theory in second language acquisition, this paper aims to investigate how Canadian primary school children acquire French oracy through interaction with teachers and peers during immersion programmes. Firstly, the two fundamental aspects of Vygotsky's learning theory and their theoretical application in the analysis of the pedagogy of the French immersion programme were highlighted. The importance of social interaction and the limited application of Vygotsky's theory in the construction of children's linguistic skills were reflected through examples of second language learning in the classroom setting. Then, the paper examined the methodology of Vygotsky and discussed its limitations in terms of current education. Additionally, it analysed the nature-nurture dispute concerning Vygotsky's underestimation of the innate factor and the development of his learning theory. Lastly, the paper concluded by arguing that Vygotsky's learning theory had both advantages and disadvantages, which provided a reminder for pedagogic curricula to be more concerned about the interplay between learners, educators, and the learning environment.

Plain English Abstract. In the realm of second language learning, Vygotsky (1978) believed that language originally emerged as a means for children to communicate with people around them. This perspective emphasised the importance of social interaction between children and their environment for language learning. Based on the idea of Vygotsky's learning theory, the present paper aims to investigate how Canadian primary school children acquire French speaking skills through interaction with teachers and peers during a second language learning programme (called French immersion). Starting from the discussion of two main aspects of Vygotsky's learning theory, their theoretical application in the analysis of the teaching methods of French immersion programmes was highlighted. Through examples of French language learning in the classroom setting, the importance of social interaction and the limited application of Vygotsky's learning theory were highlighted concerning children's language development. Additionally, the paper delved into Vygotsky's methodology and discusses its limitations in today's education. Then, the ongoing debate on nature (i.e., what children are born with) and nurture (i.e., what children learn) was examined by focusing on how Vygotsky might underestimate the role of nature in his learning theory. Lastly, the paper concluded that Vygotsky's learning theory had both advantages and disadvantages, therefore, school curricula need to be more concerned about the relationship between learners, educators, and the learning environment.

Keywords: French immersion programme; Vygotsky's learning theory; second language acquisition

1 Introduction: Two main concepts of Vygotsky's learning theory

The zone of proximal development (from now on, ZPD) is one of the central concepts in Vygotsky's learning theory, which includes the actual developmental level and the level of potential development of the learner. In accordance with Vygotsky (1934), the ZPD is defined as the gap between children's

mental age, and the gap between children's real development level and the level of performance they accomplish in partnership with adults. Mental ages are determined based on children's ability to solve tasks that are associated with different difficulty levels and certain ages (Vygotsky, 1934). Similarly, Vygotsky (1978) further defined the ZPD as the difference between children's actual level of cognitive development measured through tackling problems alone and the potential developmental level determined by tackling problems with adults' guidance or cooperation with more knowledgeable peers. Thus, the notion of the ZPD regards learning via guidance or assistance as a regular yet significant component of development, which can be attributed to a child's inter-mental skill eventually transforming into an intra-mental skill through proper interaction (Slater & Bremner, 2017). The importance of guided learning is highlighted to demonstrate how a child may gain a skill with the help of others (inter-mental) and subsequently transform the skill into something they can do independently (intra-mental).

Another main concept derived from Vygotsky is *scaffolding*, which is a process of assisted learning that supports every student to progress to their ZPD or next level of understanding with the assistance of teachers, classmates, or other adults (Kalina & Powell, 2009). In order to accomplish tasks that are beyond the actual developmental level of children, the scaffolding process involves a more capable other providing a less capable one with support and guidance (Vygotsky, 1934). Moreover, Aubrey and Riley (2019) suggested that scaffolding is an engaging practice between children and adults, as the kind and amount of instruction provided to children will likely lead to positive learning outcomes. Therefore, the concept of the ZPD and scaffolding can be used as a theoretical tool to analyse the proposal of French language learning for primary school-aged students through immersion programmes in Canada.

2 The overview of the French immersion programme

With the application of Vygotsky's theory, the immersion programme was first designed to provide the majority group of English-speaking Canadian students with an effective means of achieving proficiency in French, the other official language of Canada (Genesee, 1994). The French immersion programme is now accessible to all students, which means there are various students joining from different cultural backgrounds, heritage languages, and learning styles (Kippan, 2010). These students are then taught together to acquire French as their second language by being immersed in a diverse classroom environment where French is predominantly spoken. In light of the overview of the French immersion programme, it is important to explore how Vygotsky's theory can be theoretically applied to analysing this context of classroom interaction between students and teachers.

3 The application of Vygotsky's theory in the analysis of French immersion programme

The first application of the ZPD and scaffolding can be seen through the interaction between primary school students and their teachers in the immersion class. Despite the majority of students being fluent bilingual English speakers, immersion teachers exclusively communicate with students in French, which is a strategy to encourage and require students to learn to utilise the language (Genesee, 1985). There are various strategies that immersion teachers use to develop students' oracy, such as questioning

and paraphrasing (Ewart & Straw, 2001). During this student-teacher interaction, the role of teachers in giving appropriate scaffolding within students' ZPD is manifested, as they encourage students to speak and answer questions in French. With the help of teachers' guidance, students in French immersion programmes have more opportunities to use their second language to accomplish tasks assigned by teachers, which may effectively help develop their speaking skills.

However, Aubrey and Riley (2019) point out that it is complex and challenging to assess the extent of the difference between what children can achieve on their own and what they can do with adults' assistance. Due to the variety of students and the class size, teachers may have difficulties recognising students' individual differences, thus, failing to provide them with proper scaffolding. For instance, teachers may underestimate students' ability to use French, thus, they need to be cautious during the scaffolding process not to "overcorrect students' usage of French for fear of inhibiting communication" (Genesee, 1985, p. 543). This form of teachers' overcorrection may result in students' lack of confidence and competence in French and further leads to students' fear of communicating with others in French.

Another application of the ZPD and scaffolding can be reflected in students' interaction with their peers during the French immersion classroom. As there is no prerequisite for entering immersion programmes with prior French speaking skills, students with various abilities in French, from struggling readers to outstanding learners, can be found in every immersion class (Kippan, 2010). Therefore, teachers can design group activities to pair up students with different levels of language competency, so that more outstanding learners have the opportunity to share their French knowledge with less advanced learners. In this circumstance, the ZPD occurs as more knowledgeable others assist their peers who struggle with speaking French by completing the group activity together. However, the ZPD may also have some limitations, as it cannot be a continuous process throughout the learning process when learners are placed with peers that have the same language proficiency. If students with the same level of French are grouped together during the activities, there will be no more knowledgeable others to trigger the ZPD and the process of scaffolding. Without the scaffolding process, students who struggle to speak French may find it challenging to complete activities independently and improve their French speaking skills.

4 Theoretical position statement

From the perspective of social constructivism, the important role of social interaction in children's language learning is likely to be emphasised. As a social constructivist, Vygotsky (1978) believes that learning activates a number of processes for internal development that can only function when children interact with others in their environments and collaborate with their peers. Likewise, many other social constructivists believe that learners get enculturated into the learning community and acquire the relevant knowledge by interacting with current learning surroundings, depending on their previous knowledge (Liu & Matthews, 2005). In this view of the social constructivists, Canadian primary school students tend to gradually become enculturated into the French-speaking environment and achieve higher levels of French oracy, by interacting with teachers and peers in immersion classes. Moreover, there is a great emphasis on using French all the time due to the influence and adoption of Vygotsky's sociocultural theory, so that immersion teachers encourage students to speak French even during their free playtime (Ewart & Straw, 2001). During the free playtime, the interaction between students and their peers is likely to occur frequently. This form of social interaction between students during playtime can improve their French speaking, as they voluntarily practice communicating in French with each other while playing.

Although social constructivism regards social interaction as a primary means of the construction of knowledge, some students may prefer to learn independently rather than collaborating and interacting with classmates or teachers during language learning. In Ewart and Straw's (2001) observation of a grade one French immersion class, 11 out of the 13 students were independent readers. The 11 independent learners preferred to read individually rather than discussing the reading content with their teachers or peers. These independent second language learners cultivate their autonomy by being responsible for their own learning, which includes selecting and applying learning methods that align with their language-related tasks and objectives (Oxford, 2008). Consequently, students who learn a second language independently are likely to become more self-directed and less reliant on interaction with others in their language-learning journey. In this case, the view of social constructivism cannot be applied to all students' learning processes because of the different learning styles for dependent and independent learners.

5 Methodology statement

As a social psychological scholar, Vygotsky (1978) developed his theory of the ZPD mainly through observations towards children working with more knowledgeable others. A series of assessments or a range of tasks of varied degrees of complexity is provided to children, and their mental development based on how well they complete them and at what difficulty level is assessed (Vygotsky, 1978). Then, he observed the difference between what children can solve independently during the task, and what they can achieve beyond their abilities under the guidance of or collaboration with more capable others. Consequently, Vygotsky (1978) found that children, by using imitation, were able to accomplish significantly more in group activities or under the adults' guidance. This finding about the ZPD may further prove that the group activities with more capable peers and the teachers' proper guidance in immersion classrooms are effective methods to facilitate students' acquisition of French oracy.

Although the finding of the tests for studying different stages of children's development was described in detail by using careful observation (Vygotsky, 1978), there are some disadvantages and limitations of Vygotsky's methodology. Cordes (1994) suggested that the trustworthiness of data obtained through observations may be consistently problematic due to the inevitable variance among human observers. However, Vygotsky raised his simple observation to a theoretical generalisation of the ZPD (Gindis, 1999), which tends to decrease the reliability of his theory. Additionally, Vygotsky (1934, 1978) observed the development of children through the instruction of school, and later investigated only two ten-year-old children upon their entry into school. Thus, despite Vygotsky's observations, the generalisability of them may still be restricted, as the observations were conducted on a relatively small sample size of children. These limitations of Vygotsky's observational method had better be considered when demonstrating and adopting his theory of the ZPD and scaffolding concerning French language learning.

6 Psychological debate statement

When it comes to the psychological debate against Vygotsky's theory, the dispute concerning nurture versus nature is perhaps the oldest in consideration of human development (Eun, 2018). Vygotsky (1934) highlighted that a wide range of processes for internal development is triggered by learning, while they can only function when the children interact with others in their surroundings and work

cooperatively with their peers. This emphasis on the role of social interaction in shaping the developmental process aligns with the nurture debate argument. Besides that, Vygotsky preferred to regard biological elements as “raw materials” that were subsequently altered by sociocultural influences, while he rarely ever discussed anything relating to how changes in biological factors can impact the sociocultural ones (Lindblom & Ziemke, 2002). Through this lens of Vygotsky, he seemed to overemphasise the role of social and cultural factors in influencing children’s language learning and cognitive development, which might make him neglect the impact of innate factors such as genetics while developing his theory.

Conversely, “the ability to learn the language is the result of innate, language-specific learning mechanisms” (Stromswold, 2000, p. 915). Additionally, based on the most extreme nativist viewpoint, knowledge of some characteristics of language and information processing abilities unique to language development are proposed to be passed down through genes from one generation to the next (Slater & Bremner, 2017). The impact of genetic factors on language development is further emphasised by Chomsky (2011), as he believes that genetic inheritance can be broken down into a distinct segment dedicated to human language and other components that are related to language development, including cognitive processes and neurophysiological frameworks. According to these biologically based views, the acquisition of language is innate rather than learned through the social interaction suggested by Vygotsky in his learning theory. Therefore, the French immersion programme in Canada had better pay attention to the two opposing perspectives from the debate to avoid underestimating either the nature or nurture factors in the learning of primary school-aged students. Besides social and cultural factors suggested by the nurture viewpoint, teachers may also need to recognise students’ varying degrees of innate language learning mechanisms and tailor teaching methods to accommodate students’ different learning paces.

7 Conclusion

In conclusion, Vygotsky’s theory has significantly influenced the methods and perceptions of learning and teaching among educators in the field of education (Aubrey & Riley, 2019). His theory of the ZPD and scaffolding has played a vital role in shaping the learning structure and teaching strategies for primary school students and educators, who participate in French immersion programmes in Canada. The adoption of Vygotsky’s concept of ZPD and scaffolding has contributed to students’ second language acquisition of French through their interaction with surrounding people, thus, helping to promote students’ ongoing learning and developmental processes. Nevertheless, there are some drawbacks and psychological debates about Vygotsky’s learning theory based solely on an innatist perspective, which prevent his theory from being applied worldwide to students with different sociocultural backgrounds and innate language learning skills. Hence, the paper provides a reminder for pedagogic curriculum involving effective instruction that understands the complex interrelations between learners’ prior knowledge, experiences, motives, interests, language, and cognitive abilities; and teachers’ own experiences, and cultural influences; and the sociocultural, cognitive, and emotional aspects of the learning environment (NASEM, 2018).

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Expertise, Credibility, Trust and Advice in Veterinarian-Client-Pet Health Communication on Reality Television

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Abstract. Veterinarian health communication differs from human medical communication in that the patient cannot speak for themselves but instead the owner – and the veterinarian have to ask questions and answer them. Since previous research has shown the relative social precariousness of medical discourse, where the patient is clearly marked as a layperson and the veterinarian as the expert, strategies have to be employed to gain the client’s trust. These strategies as well as advice-giving and uptake are studied in three different veterinarian reality television shows with a focus on how the pet patient’s needs is negotiated through the client-veterinarian communication.

Plain English Abstract. Veterinarians communicate differently with their patients than doctors who treat humans. In veterinary care, animals cannot express themselves, so the owner serves as the spokesperson. Previous studies indicate that medical conversations can be socially tricky, with the patient seen as someone who does not know much, and the veterinarian as the expert. To build trust, specific strategies are needed. This research examines these strategies, along with how advice is given and received, by analysing three reality TV shows about veterinarians. The focus is on understanding how the needs of the animal patient are discussed through communication between the owner and the veterinarian. The analysis of the data showed that veterinarians used the pronoun ‘we’ a lot to express collaboration with the client, talked to them in a directive manner as well used humour to appear credible and trustworthy. Results also revealed that clients never asked for advice and veterinarians gave advice unprompted.

Keywords: discourse analysis; health communication; veterinarian communication; advice; relational work; reality television; expertise; credibility; trust management

1 Introduction

Interactions in health are not limited to human medicine and healthcare — rather, they can also pertain to animals and their needs and welfare. In veterinarian settings, already complex communication strategies not only concern the usual two parties (namely patient and health expert) but primarily involve a health expert in dialogue with a client (most commonly the owner or caretaker of the pet), while the discourse revolves around the patient at the centre of attention: the pet. While most animals are able to express their ailments in some form or another, it is the task of both the client and the veterinarian to vocalise the medical condition of the pet at the time, and to discuss the medical procedures which are to follow as a next step.

Since this type of situation not only involves a discourse between client and veterinarian, but also a discourse *around* the pet patient, I argue that there is a role triangle between pet–owner–veterinarian which is continuously performed and negotiated — ideally with the pet’s best interest in mind. In any case, the discourse during the veterinarian treatment is not only limited to the assessment and counsel of the veterinarian party, but the pet’s previous behaviour and medical history which has to be interpreted and (accurately) conveyed by the client. In this context, the veterinarian is clearly expected

to perform an expert role and to appear credible and establish trust primarily for the human client, but also for the pet. On the other hand, clients are assumed to be lay people in the medical field. This classification can be amended, however, since especially long-time pet owners may themselves be ‘experts’ on their pets. Therefore, I expect that each participant (in this veterinarian–owner(–pet) constellation) carefully chooses their communication strategies in the discourse to ensure correct care while maintaining a rapport with the other party.

Medical counsel is not only given but can also be requested from the lay party. While advice is not usually offered deliberately in human medical contexts, the distribution and negotiation of medical counsel in veterinarian settings is another object of interest. This article stems from my Master’s thesis which is in general concerned with veterinarian–client communication around their respective pets, of which expertise, trust, and credibility strategies and advice-giving have been selected as a focal point for this article.

The data for the following analysis has been compiled from studies of three reality TV shows revolving around pet health and veterinarians who encounter multiple patients a day. The chosen medium adds yet another angle to the veterinarian health discourse: not only is the portrayed discourse a real(istic) health consultation, but it also contains an added dimension of entertainment and education for an unseen audience. Given that the shown content is produced with a TV audience in mind, the dialogues are typically expected to contain a degree of stylisation for dramatic and even (in the context of medical reality television) educational purposes. Nevertheless, the discourse is still expected to be spontaneous and natural(istic) (to a certain degree) since the consultations, and most of the interactions, cannot be rehearsed and repeated due to limits on time, resources and money (on the client’s as well as the veterinarian’s side). Treatments are expensive and sometimes urgent, and pets are usually likely to be resistant to any kind of rehearsal or having to spend more time than necessary in a veterinarian’s care.

I aim to look at participant interaction in veterinarian–owner–pet settings that occur during examination scenes in veterinary (documentary) reality TV shows. For this, a corpus has been compiled of three such shows, namely *Bondi Vet*, *Dr Jeff Rocky Mountain Vet*, and *The Vet Life*. The language varieties represented in this corpus are American English (*Dr Jeff Rocky Mountain Vet*; *The Vet Life*) and Australian English (*Bondi Vet*). However, the differences between these two language varieties are not focused on specifically but only respected in the transcription. The selection criteria for the corpus are listed below in the Data section (Section 3). The collected material from each series to analyse ranges from 5 to 8 transcribed ‘pet patient stories’ each, achieving around 20–25 minutes of screen time per series for the analysis.

This article will focus on the participants’ interactions with each other and the management of their respective roles. The analysis focuses on the main aspects of a) strategies employed by the veterinarian expert to warrant expertise, create credibility and trust, and b) advice management. Thus, I will address the material using the following research questions:

- (i) How are the roles of the veterinary expert and the owner negotiated in terms of the differentiation ‘expert’ and ‘lay person’ (since – as I argue – the owner can to some extent be considered the ‘expert’ on their pet), and what strategies does the expert use to warrant expertise, credibility and trust?
- (ii) Is any advice given? How are advice-giver and advice-receiver positioned towards each other?

The unnamed party in this construct, the audience, will not explicitly be taken into account as a participant in this analysis. However, in the qualitative part this will be kept in mind as a segment of the negotiation of owner–veterinarian–pet communication, since the content is specifically produced with an audience in mind.

In order to address the research questions, a literary review on previous research discourse analysis in health contexts is first in order, before touching on what has been studied on the topic of relational work in health contexts, and moving on to communication between veterinarians and clients. Afterwards, I will present a review on research on expertise, trust, and credibility in health contexts, and on advice (specifically in health contexts), and finally offer a brief overview on what has been done on the specific topic of reality television featuring veterinarian shows.

Next, Sections 3 and 4 will present the data and my methodology, afterwards moving on to the data analysis. First, I will quantify the results by means of the labels introduced in the methodology section, before doing a qualitative analysis on the three aspects listed above (distribution of discursive moves, strategies of relational work displayed between interactants, how direct pet communication is managed, strategies to ensure expertise, credibility and trust, and advice-rendering) in a second step. After the discussion of my results, the conclusion will provide an overall summary.

2 Literature Review

2.1 Research on Veterinarian Communication

Following Cipolla et al. (2015), who sought to draw similarities between human medicine and veterinarian medicine communication as a form of ‘One Health’, I will attempt to consider the present research as an extension of previous studies on human medicine communication. The ‘One Health’ concept “links human, animal and environmental health” globally (Cipolla et al., 2015, p. 136). This concept encompasses all possible “aspects of health, including mental health via the human-animal-bond phenomenon” (Cipolla et al., 2015, p. 140). Considering this aspect, ‘One Health’ not only focuses on zoonoses but is also concerned with owner–pet relationship(s) (Cipolla et al., 2015, p. 141).

Thus, communication in a veterinarian–pet context is as important as in human health contexts. The importance of communication in the latter has long since been researched, and more recently also in veterinary medicine. In both cases, successful communication helped “increas[e] client satisfaction and compliance” and reduce general malpractice (Cipolla et al., 2015, p. 141). In the case of veterinary–client communication, research has shown that clients not only view their pet as a kind of family member (instead of, e.g., livestock) but this relationship has also been shown to affect the owner’s reactions and attitudes towards the veterinarian consultant concerning their pets (Cipolla et al., 2015, p. 141). Therefore, successful communication not only enhances the chance of successful treatment but also promotes the “owner’s comfort, satisfaction and well-being” (and thus, increases the chance of them returning to the consulted veterinary practice) (Cipolla et al., 2015, p. 141). Consequently, communication skills are now increasingly integrated into veterinarian education curricula to enable veterinarian health professionals to not only successfully handle client communication but to also integrate “conflict resolution, organization, the human–animal bond, and grief associated with pet death” (Adams et al., 2004, p. 67). One of the first models to be integrated into veterinary communication education was the ‘four habits approach’ which defined habits as “an organized way of thinking and acting during the clinical encounter” (Adams et al., 2004, p. 21). The four habits approach encompasses the following: “invest in the beginning”, “elicit the patient’s perspective”, “demonstrate

empathy”, and “invest in the end”, which aim at establishing rapport and building trust with the client, promoting the exchange of information, showing empathy and ultimately ensure a positive outcome in health of the animal and client satisfaction (Adams et al., 2004, p. 21).

Adams and Frankel (2004) focused on relationships between veterinarians and clients specifically: according to a survey by the College of Veterinarians of Ontario from 2002–2004, it was revealed that in over 60% of complaints about veterinarian professionals by clients, communication issues were named as the reason (Adams & Frankel, 2004, p. 1). The most frequent of these complaints included not asking for the name of the pet, not returning phone calls, failure to get consent and give postoperative instructions, or absence of empathy shown when a pet was dying (Adams & Frankel, 2004, pp. 1–2). When comparing this with failed communication in human medicine, research has shown that this leads to increased rates of medical errors, dissatisfied patients, noncompliance with treatment, less favourable outcomes (biomedical and psychological), and a propensity to sue for malpractice (Silverman et al., 2005, pp. 884–885). Therefore, an understanding of where veterinarian-patient communication issues could arise is vital for an effective treatment of the clients’ pets.

In a small-scale qualitative study, Coe et al. (2008) examined veterinarians’ and pet owners’ perceptions of their communication with a content analysis of their discourse. They identified five themes associated to veterinarian–client communication: “educating clients, providing choices, using 2-way communication, breakdowns in communication that affected the client’s experience, and challenges veterinarians encountered when communicating with clients” (Coe et al., 2008, p. 1072). Pet owners not only expected information to be explained up front, but also wanted veterinarians to provide information “within the context of the health and well-being of their pets” (Coe et al., 2008, p. 1073). Regarding this theme, veterinarians acknowledged how important it is to educate clients, and felt that they were doing this. However, they also believed that clients could not always necessarily follow the depth of medical information. Further, they mentioned that they felt clients would benefit more from an explanation in layman’s terms and from a description of how the outcome of suggested treatments was to be expected (Coe et al., 2008, pp. 1073–1074).

Regarding the use of terminology, clients expected the communication with the veterinarian to go both ways and for the medical professional to select language they were able to understand, allowing the client to thus also ask “the right questions” (Coe et al., 2008, p. 1075). Further, clients expected veterinarians to present them with a range of options with regards to the treatment (especially considering the material costs). Veterinarians on the other hand replied that they only sometimes offered pet owners a range of treatments, since in their eyes most often there was only one sensible option (and that they only added a potential second one when clients specifically asked for one) (Coe et al., 2008, p. 1074). When looking at the reasons for breakdowns in communication, Coe et al. (2008) focused only on the clients’ perception, but were able to report that issues seemed to arise primarily when they felt misinformed about either treatment, costs, or potential outcomes (Coe et al., 2008, p. 1076).

Since more effort is being made in veterinarian communication education, Armitage-Chan et al. (2016, p. 3) reported that when veterinarians were asked about how they view their (communicational) professionalism, “there was a spectrum in views of the paternalistic/maternalistic nature of the professional–client relationship”, wherein some participants viewed their own role in offering the best treatment option in a directive manner. Other participants, on the other hand, opted for “a more maternalistic professional role” and aimed to provide “different treatment options for the client” while steering clear of offering their own opinion or any advice in a directive manner (Armitage-Chan et al., 2016, p. 3). This “paternalistic” communication style has also been found in Shaw et al.’s (2006) study on communication patterns in veterinarian–client interactions. The study used the Roter Interaction Analysis System and looked for three communication patterns: biomedical, biopsychosocial-

psychosocial and consumerist (Shaw et al., 2006, p. 715). Here, the biomedical pattern reflected the so-called paternalistic approach, in which clients or patients contributed little to the discourse itself. The second pattern was defined as a shared collaborative exchange between the two parties, while the consumerist model reflected a higher contribution from the client/patient, with less input from the healthcare professional (Shaw et al., 2006, p. 715). Ultimately, their study found that the first two models were highly reflected in their veterinarian–client data, the biomedical pattern being the most frequent in use (Shaw et al., 2006, p. 719).

Bard et al. (2017, p. 3) also comment on a “predominant approach [...] of paternalism, where the veterinarian sets the consultation agenda, takes on the role of the guardian and assumes the client’s values match their own”, which often leads to a very one-sided communication where the clients are taking part rather passively while the veterinarian does most of the talking. Further, in their study that was based on role-play interactions they found that “veterinarians dominated the agenda, typically placed minimal value on eliciting the client’s own motivations and ideas [...], kept strictly to the topic of disease management at the expense of rapport building” and in general preferred a directive manner (Bard et al., 2017, p. 12). In this vein of an apparently common paternalistic approach, they also found that when considering further treatments on farm animals, veterinarians often employed the use of a collaborative pronoun ‘we’; however, they could not determine “whether veterinarians were or were not fostering partnership” (Bard et al., 2017, p. 13). Further, it was also left unclear what the reception on the client’s side of this approach was (Bard et al., 2017, p.13). Shaw et al. (2016), in their study on outcome assessments of veterinarian–client interactions, claim that not only has today’s view of this interaction changed, in that the relationship with companion animals is more respected, but also that client communication itself changed in that some conducted their extensive (web-based) research before their appointments (Shaw et al., 2016, p. 420). Their study revealed however that foremost, clients expected information from their veterinarian, with “clear and complete explanations, [...] in various formats” tailored to the client’s understanding, and that they wanted the veterinarian to ask appropriate questions and listen to them (Shaw et al., 2016, p. 428). They also found that a better outcome for the patients and the veterinarian practice was achieved when the veterinarian acknowledged the client’s human–animal bond, i.e. by asking lifestyle- and socially-oriented questions (Shaw et al., 2016, p. 429). Further, it was revealed that clients want to be respected in their decisions, and wish to be involved in the discussion of their animal’s care and to be able to make informed decisions (Shaw et al., 2016, p. 429).

2.2 Expertise, Credibility, and Trust in Health Professionals

In order to successfully propose treatment options, whether in a directive style or not, veterinarian professionals must appear credible and trustworthy to the client. Trust and belief in medical experts is not always easily achieved. Research has shown that expertise, credibility, and trust between medical professionals and patients/owners all have to be carefully negotiated. Birkhäuser et al. (2017) found in their critical review that not only was trust in healthcare providers significantly connected to health outcome, but also that patients who reported “more beneficial health behaviours, higher satisfaction and health-related quality of life” also had “better symptom-oriented subjective outcomes” when trusting their health expert more (Birkhäuser et al., 2017, p. 9).

Mikles et al. (2021) emphasise the importance of trust in health contexts of child development. They found that trust is necessary between interactants to encourage continued communication and further defined it as “the voluntary expectation of a ‘trustor’ that another entity, deemed a ‘trustee’ will

fulfil an obligation on the trustor and where failure to fulfil the obligation brings a level of risk” (Mikles et al., 2021, p. 840). Mayer et al. (1995) found that trustors will trust an opponent if they exhibit the following assets as a strategy: *competence*, *benevolence*, and *integrity* (Mayers et al., 1995, pp. 709–734). Robb and Greenhalgh deem trust not only essential for effective communication but also “particularly critical to healthcare outcomes in those who are vulnerable by virtue of being seriously ill, displaced, uneducated, marginalised in society and dependent on an interpreter to communicate” (Robb & Greenhalgh, 2006, p. 435). Considering models of how trust can have an effect on outcomes in specifically health-centred contexts, Lee and Lin (2008, p. 69) suggest that “patient disclosure, the placebo effect, compliance, and the physician’s caring behaviour” have an influence on patients’ trust as well as the general health outcome.

Grand et al.’s (2013) study on measured trust in veterinarians in training aimed to “develop a measure of trust specific to the context of veterinary medicine” since they argued that building trust in human health care is a primary base for building positive rapport and generating positive outcomes (Grand et al., 2013, p. 330). When questioning the clients, they primarily named “professionalism and technical candor” as the main factors for helping to establish trust (Grand et al., 2013, p. 330). Professionalism in this context was defined as appearing competent as a figure of authority that incorporated a neutral position towards medical treatments and prognosis, with no apparent personal motives in their recommendations. Further, they let clients articulate their concerns and questions (Grand et al., 2013, p. 330). Regarding the factor of ‘technical candour’, the questioned participants defined this as a competent attitude when dealing with clients such as “providing full disclosure about one’s interpretations of diagnostic tests, results, and personal recommendations”, therefore clients are more trusting with veterinarian professionals if they appear competent in completing a given task (Grand et al., 2013, p. 330). Further, they linked their findings back to veterinarian education, with the goal of increasing client satisfaction in general but more importantly garnering more adherence from clients to ensure better continuous care for their pets (Grand et al., 2013, pp. 331–332).

2.3 Advice in Health Contexts

De Capua and Dunham (1994, p. 519) consider advice as “opinions or counsel given by people who perceive themselves as knowledgeable, and/or who the advice seeker may think are credibly trustworthy and reliable”. Advice in health contexts is a delicate matter as research suggests: Sarangi and Clark (2002) have found that often it is stated in the hospital policy to not explicitly advise patients but to rather inform them and leave it up to them to make the decision themselves how to proceed (Sarangi & Clark, 2002, pp. 145–148). Locher and Schnurr (2017, p. 698) emphasise that advice-rendering “is a complex interplay of relational work strategies on different levels”. Therefore, if advice is given in health contexts, it has been shown to display “sensitivity to face concerns by formulating advice in the form of declarative sentences and questions” (Locher & Schnurr, 2017, p. 699). There can also be cases of imperative formulated advice (which are however embedded within an entire response and therefore somewhat mitigated as Locher shows (2006, pp. 98–101)). Since advice-seeking is face-sensitive for both parties, advice-seekers often refer to certain strategies. Principal among them De Capua and Dunham (1994, p. 524) identified “*explanation*, *elaboration*, and *narration*”. On the other hand, they emphasise that if the issue could not be clarified during the previous communication, three steps have to be taken in order to give advice successfully: “determining what the problem is, what the options are for solving the problem, and what action, if any, should be taken in the future” (De Capua & Dunham, 1994, p.526).

In turn, Suggs et al. (2008) found that if advice was solicited in health contexts, this was a strong indicator for behavioural change, and that when communication between patient and professional was contributed to heavily by the patient, it led to better results in their health (Suggs et al, 2008, p. 4). Concerning how medical professionals solicit advice in offline and online health contexts, Pudlinski (1998) as well as Locher (2006) have found that (apart from the directive approach) there are three indirect methods on how to offer advice: “incorporating a solution within a query; sharing one’s own problem and solution; and merely giving information about a solution” (Locher 2006, pp. 260–261, cf. Harrison & Barlow, 2009; Pudlinski, 1998).

Bard et al. (2017) found in their qualitative research on veterinarian–client interaction that the communication in general featured a directive approach, “whilst advisory interactions on-farm are often restricted to fit around other practical tasks” and found this comparable to communication in small animal practices (Bard et al., 2017, p. 13).

2.4 Health in Reality Television

Today, health concerns in all facets are portrayed in every broadcast format on television. It is no longer only news broadcasts that bring the audience’s attention to health content; entertainment shows in all forms communicate health content as well (Christenson & Ivancin, 2006, p. 3). Christenson and Ivancin (2006, p. 4) pinpoint three main reasons why reality television sends health messages to the audience: firstly, “contrivance aside, viewers often perceive RTV [reality television] as being ‘real’ or ‘authentic’ on some level, certainly more real than scripted drama”, secondly, participants in these shows are designed as a person the audience can identify with and therefore their experiences are made “more relevant to the viewer”. Thirdly, both of these previously mentioned reasons “are known to increase the likelihood that viewers’ knowledge, attitudes, values and behavior will be influenced by the show” (Christenson & Ivancin, 2006, p. 4). Further, they found that healthcare practitioners, along with doctors, are usually positively portrayed. Medical professionals are shown as “intelligent, courageous, decisive, principled, sensitive to the feelings of their patients, and successful in their treatments”. (Christenson & Ivancin, 2006, p. 9). Medical practitioners in reality television seemingly have (almost) no bad outcomes, even though they must experience as many failings as other practitioners do. However, the show simply chooses not to show this (Christenson & Ivancin, 2006, pp. 9–10). These findings are also corroborated by Holtz (2007, p. 60): events in medical reality television shows happen as in actual medical reality, however, “which stories and elements to focus on and which to omit, is what separates TV from reality”. Further, he elaborates that the general outcomes of the stories are not only of importance for them to make the cut, but also how the whole narrative of the medical cases fits into the series’ frame. Some shows also choose to show narratives with bad outcomes, but they do not appear in the same frequency as would be medically accurate, since too many bad outcomes in an episode or series would be negatively evaluated (Holtz, 2007, pp. 62–63).

2.5 Veterinarian Reality Television Shows

Research concerning veterinarian-focused reality television is quite scarce. Hill (2005, p. 153), in her extensive research on reality television and its audience, also includes a scope on audiences of veterinary reality television shows. She found that regarding the content, it is mostly framed by a narrative. These “narrative arcs” are important as Hill argues, since the main subject in focus, the animal, cannot speak (in contrast to patients in hospital reality television shows) (Hill, 2005, p. 153).

Like human patients, the animals' medical problems, and thus to a certain extent, their suffering, is shown but they themselves cannot share "their anxieties regarding their illness and hopes for recovery" (Hill, 2005, p. 153). Further, they argue that a narrative format in such shows serves to increase tension, and "to emphasise the commonalities of existence between humans and companion animals", thus representing a parallel between human and animal patient stories which in turn can be addressed the same way to show the audience (Hill, 2005, p. 153).

3 Data

At first, the corpus for this study was collected via a broad web search with the keywords 'veterinary (TV) show', 'veterinary reality show', and 'veterinary documentary show'. This search for veterinarian-focused (documentary) reality shows yielded 27 results. These 27 results were catalogued according to content (how much of the material actually showed veterinarian-owner-patient interactions), number of seasons and episodes, and availability to watch or download. From these original 27, 12 were selected according to their availability (i.e. some were no longer available or only with a subscription to British cable providers). Of the 12, six were deemed suitable in terms of the content they provided (e.g. they contained enough screen time that showed veterinarian-owner-pet interactions such as taking history, doing examinations, and consultations). The overall selection criteria for the corpus were therefore the following:

- (a) The material had to be easily accessible for legal watching (i.e. via YouTube).
- (b) The material had to portray a direct owner/pet caregiver-vet interaction, excluding material that merely cut between interviews of people speaking directly to the camera, and/or only included the portrayal of pet examinations with an explanatory voice-over.
- (c) Material solely focussing on domesticated pets with owners, not on wildlife animals, since it needed to include owners that have a direct relationship with their animals.
- (d) All material had to be focused on the owner-pet-veterinarian relationship, excluding anything such as outside consultations with other veterinarians. Here, some exceptions were made if the dialogue was presented as an interview but framed as a direct treatment explanation to both owner and audience. This also counts for narrative sequences.

Thus, with the help of the requirements listed above, from the original corpus of 27 shows and the temporary selection of 12 and 6 shows, a final 3 veterinary reality TV shows were picked at random for the analysis. The first series, *Bondi Vet*, consists of seven seasons (151 episodes), the second one (*Dr Jeff Rocky Mountain Vet*) also of seven seasons (81 episodes in total), and the third (*The Vet Life*) of six seasons (51 episodes) up to date (as indicated by *IMDb* on the 15/08/21). From this corpus, between 5 and 8 veterinarian-owner-pet interaction scenarios were selected to be analysed for each series, so that in total around 20 to 25 minutes of screen time per series were compiled. These scenarios could be selected from full-length episodes of an entire series or from single stories posted on the official YouTube channel of the series itself.

These scenarios were then transcribed (for the conventions, see Appendix One). The transcripts included the timestamps and the speaker-identification of each person as well as a brief description of the visual content whenever important for context. Since the veterinarians are public figures and part of

the brand name of the series, their names were kept in the transcripts when they were named by someone, however in the speaker column they were only denoted as ‘Vet’. The owner’s names were consistently redacted even though they most often appear in the series with their full name. However, since their conduct in the clinic concerning their pets, that are also often in bad health, is of a rather sensitive nature, I chose to ensure their anonymity. They were subsequently tagged as Owner1, Owner2 etc. The pet’s name was kept in full in the transcripts.

The first of the selected series, *Bondi Vet*, produced by CBS, plays in the eastern suburbs of Sydney, Australia, mainly at the Bondi Junction Veterinary Hospital led by Dr Chris Brown, originally in partnership exclusively with Dr Lisa Chimes, but since the beginning of the series the team has been expanded to include the staff at the satellite clinic SASH (Small Animal Specialist Hospital). They mainly see small house pets, such as cats, dogs, and rodents. However, they also include a section on wildlife animals in parks and visit more exotic patients such as Tasmanian devils or kangaroos. Most of the footage plays in the clinic itself, but sometimes house calls and visits to wildlife parks are included. The show in its original form ran from 2009 to 2016, with seven seasons and 151 episodes in total; it has since been relaunched in a slightly adapted form.

The second selected series, *Dr Jeff Rocky Mountain Vet*, portrays the Planned Pethood Plus Clinic led by Jeff Young and his staff in Denver, Colorado. They treat all kinds of smaller pets with a special focus on spaying and neutering pets (especially for lower-income owners). The ongoing show produced by Animal Planet started in 2015, and has counted five seasons (60 episodes) up to today (February 2022).

The third series is *The Vet Life* which focuses on three veterinarians (Dr Diarra Blue, Dr Michael Lavigne and Dr Aubrey J. Ross) who work together in their animal hospital Cy-Fair with an accompanying animal shelter in Cypress, Texas. The ongoing show has a strong focus on shelter and pet adoption, is produced by Animal Planet as well and has been on-air since 2016 with six seasons (51 episodes) so far (February 2022).

4 Methodology

As mentioned in the previous section, from the selected corpus five to eight ‘pet patient stories’ or vet-owner-pet interaction scenarios for each series were selected for each series to be analysed. Afterwards, these scenarios were transcribed according to the defined conventions (see Appendix One). Since the veterinarians are public figures and are arguably a part of the series’ brand name, their names were spelled out in the transcribed dialogue and only abbreviated as ‘Vet’ in the designated speaker column. The owner’s names were redacted to Owner1 etc. so as to keep their personal integrity intact, since they agreed to have their name portrayed in the respective episode but could not be asked for this study. The pet’s names were kept in full.

In order to answer the research questions stated in the introduction, this work stems from a larger project for which the analysis was structured in the following way: at first, the distribution of so-called ‘discursive moves’ (concerning the pet) exchanged between veterinarian and client will be examined using Locher’s (2006) discursive moves for an online advice column (*ibid.*, 2006, pp. 35–36; p. 51; pp. 60–62). They were modulated after a pilot-study to fit the purpose of this analysis. The labels (see Table 1) were designed to examine the overall distribution of discursive moves between the participants.

The discursive moves are at first categorized as either belonging to a ‘socioemotional’ or ‘task-focused category’. These labels are of a mixed approach since the primary basis for the labelling system

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is derived from RIAS as presented in Whaley (2014, p. 150) and from Locher (2006, p. 62). Then, they are categorized into one of the subcategories that can be seen in the tables below.

Table 1a: *Exchange categories (socioemotional and task-focused) labels for the discursive moves (ordered alphabetically).*

Codes: Exchange Categories	Description
Socioemotional Exchange Categories	discursive moves of personal and socioemotional nature
Back-Channel Response	interjections or short answers (such as ‘okay’, ‘mhm’) signifying acknowledgment/understanding of the previous turn
Encouraging	encouragement (often for pets)
Open Category - socioemotional	any discursive move of socioemotional nature that does not fit into any of the other categories
Question - socioemotional	personal question
Reassuring	reassuring or soothing a client or pet
Social Conversation: - Personal Remarks - Greeting - Farewell - Giving Thanks	discursive moves around small talk or other social conversation: - sub tag: speaking of personal feelings or experience - sub tag: greeting (and introduction by name) - sub tag: goodbye, farewell - sub tag: thanking the opponent

Table 1b: *Exchange categories (socioemotional and task-focused) labels for the discursive moves (ordered alphabetically).*

Task-Focused Exchange Categories	discursive moves concerned with tasks, actions (non-socioemotional discourse)
Advice - Asks for Advice - Gives Advice	discursive move describing counsel - sub tag: person is specifically asking for counsel - sub tag: counsel is given (solicited or unsolicited)
Agreement	discursive move showing agreement of a previous point
Assessment	assessment or an evaluation of the pet's condition/situation
Bid for Repetition	request to repeat a point or utterance
Disagreement	discursive move showing disagreement or negation of a point
Explanation	explanation of the discursive move made just before (such as an assessment, information)
Gives Instruction	instructs or directs behaviour
Information	general (medical) information (e.g. on an illness or treatment)
Orders Therapeutic/ Medical Regimen	directs or orders a medical treatment, such as announcing the next step in treatment (e.g. "let's do some x-rays"). This also includes bringing in other medical personnel.
Open Category - task-focused	moves that are of task-focused rather than socioemotional nature that do not fit in any other category
Question - task-focused	discursive move asking about anything action-based

The differentiation between task-focused and socio-emotional data is based on the grouping in Roter's framework; however, for this purpose, these two categories remain theoretical as headers for the codes and will not play a role for the eventual analysis of each participant's share of the discourse (cf. Roter & Larson, 2002, pp. 243–255). For the task of labelling the data, the transcriptions were annotated in MAXQDA2020, with the findings of the label distribution afterwards being exported. Coding agreement was achieved by labelling each coding set (exchange category labels and relational work labels) separately, and repeating the labelling two days later. Double labelling was not allowed. Any diversions and all discursive moves were attributed to the 'Open Category' and then evaluated more closely during the second labelling. Anything that still would not fit into the categories was then separately examined in the qualitative analysis. Afterwards, the results of the analysis were analysed in detail while comparing them to the findings of what had been previously described in the literature on veterinarian health interactions (in general and in Reality TV settings) as described in the literature review of Section 2.

5 Results and Discussion

5.1 Expertise, Credibility and Trust

For this section, a scope of the material is done in the shape of four focuses found in the literature that add to and warrant expertise, credibility and trust. For this, the already labelled discursive moves (for both exchange category and relational work codes) were analysed in light of the phenomena described in the literature review under ‘Expertise, Credibility and Trust’. These are the kinds of approaches taken in counselling or prescribing treatments (directive vs non-directive), the use of a ‘collaborative pronoun “we”’, the use of humour (by the veterinarian) to garner trust from the client, and the relating of personal experiences as a form of establishing trust and provide expertise from a personal point of view rather than a professional one. The discursive move in question is highlighted in bold in the following examples.

5.1.1 Directive vs Non-Directive Approaches in Counselling

As described in the literature review, there are different approaches to how veterinarians talk about treatment for the pet. The two major distinctions that emerged are the directive and the non-directive approach. Since the style of proposing a therapeutic or medical procedure chosen by the veterinarian has been linked to how a veterinarian was seen as an expert by the clients (Armitage-Chan et al., 2016, p.3; Shaw et al., 2006, p. 715), the following section examines the aforementioned two labels regarding how the discursive moves were delivered. When examining the list of discursive moves labelled as ‘gives instruction’ and ‘ordering therapeutic/medical regimen’ for the speech acts uttered by a veterinarian (or veterinarian assistant), most of the discursive moves are phrased in a directive way, as illustrated in the following:

Ex.1: The Vet Life, Story 6		
01.21	Vet:	uh we’re gonna start off with doing some x-rays. but the x-rays will let us know uhm in totality what’s going on. [with the limb.]

In this case, a client presented their pet with a deformed limb. After examining the limb by hand, the next step is presented in this directive manner. Since this is part of the examination of a pet’s limb, not many options can be expected; however, it is also apparent that the client is not being asked for their opinion. This is also the case for this next example:

Ex.2: Dr Jeff: Rocky Mountain Vet, Story 8		
01.56	Vet:	you know we’re gonna revaccinate him today.

Here, the clients presented their cat which was attacked by coyotes in the area. Upon inquiry, the clients reveal that the cat’s vaccines (against rabies) are not up to date. This speech act here being directly ordered can be justified by the emergency situation, however the treatment was fixed without presenting any other options or inviting the client’s opinion on it. A similar case is presented when a client comes in with a cat which requires surgery for its broken elbow. This the client already knows because of x-rays previously made at another clinic. Upon arriving at the clinic to have the surgery done, the veterinarian makes it clear early on:

Ex.3: Dr Jeff: Rocky Mountain Vet, Story 7		
00.53	Vet:	but we'll repeat a set of x-rays to make sure there isn't anything else going on.

Although the client presented with monetary issues, the veterinarian ordered a repetition of the x-rays to ensure proper care in preparation of the surgery which had to be done. The veterinarian however explains why this treatment was ordered. This directive approach of ordering a treatment and being able to support this with an explanation is in line with what Mayer et al. (1995) described as a strategy for competence which according to them ensures trust (Mayer et al, 1995, pp. 709–734). Grand et al. (2013, p. 330) also noted that this kind of treatment corresponds to their notion of “technical candor” which warrants a veterinarian’s position as an expert.

The veterinarians can also use a mixed approach as this next example shows:

Ex.4: Dr Jeff: Rocky Mountain Vet, Story 4		
06.11	Vet:	so we're gonna send him home a:n antibiotic and some Tramadol. (.) it's not a- it's not a good pain med. but it'll drug him up a little bit you know I'll be honest I can give him enough Tramadol where he can't walk but then @@ he can't walk. @@
06.25	Client2:	right
06.26	Vet:	so as I said (.) catch twentytwo. (.) especially at higher doses so it's becomes more and more painful. I think the CBD oil works just as good as any

In the first part, the veterinarian directly prescribes medication for a dog’s cancer treatment. After the description, however, an evaluation of this prescribed medication immediately follows. This is in line with the previously described strategy of competence. The client takes this recommendation and negative evaluation of the prescribed drug briefly into account. The veterinarian then changes approach with another option that is (quite suddenly) presented. Since the first drug is not ideal according to the veterinarian, he recommends using CBD oil instead, which corresponds to a more non-directive approach of counselling clients.

5.1.2 Use of Collaborative ‘We’

In the entire material, 37 instances of a collaborative ‘we’ were counted overall. Bard et al. (2017) in their study on veterinarian interactions with farmers didn’t determine whether the use of a collective ‘we’ was meant to be a form of bonding or not (Bard et al., 2017, p. 13). In my analysis, I found three distinct uses of the collaborative pronoun ‘we’ in client–veterinarian interactions: two different uses by the veterinarian and one by the client (singular) themselves.

The first use I found is the pronoun being used to reference the entirety of the veterinarian collective, so this use can be considered the ‘collective-collaborative use’ of the pronoun. Here, it is utilised to reference any staff (potentially) involved in any kind of following procedure. This form was found 11 times, and was seen to be used in different assessments, such as announcing a treatment that is being ordered:

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Ex.5: Dr Jeff: Rocky Mountain Vet, Story 8		
01.56	Vet:	you know we're gonna revaccinate him today.

In this first example, the veterinarian orders a simple procedure that seems unlikely to involve other staff. However, some assistance might be needed, and the treatment of the cat in question was ordered as part of a more extensive procedure, such as stitching, which might very well require the attention from other veterinarian staff. The use of this collaborative pronoun was also used in information provided by the veterinarian, as this example illustrates:

Ex. 6: The Vet Life, Story 1		
01.40	Vet:	one thing we worry about when chinchillas stop eating (.) are the- their teeth. because dental disease dental abscesses can exhibit a large amount of pain and with that they won't eat. (.) like they normally will.

The veterinarian informs the client about what the symptoms their chinchilla displays could point to. The use in 'we' in this case references other veterinarians and serves to illustrate that this view is shared by veterinarians unanimously, which adds to his credibility concerning this piece of information. So, when referencing other veterinarian health experts, they are either referencing other veterinarian professionals as a backup for their credibility or to point at other medical staff potentially involved in coming procedures.

Veterinarians were also observed to use the pronoun in the 'collaborative' sense, Bard et al. (2013) described. This use was by far the most represented (24 times), namely formulating the veterinarian themselves and the client as a unity:

Ex. 7: Dr Jeff: Rocky Mountain Vet, Story 1		
00.59	Vet:	[...] let me take some x-rays (hh) a:nd we'll see: (.) see if we can see something in there

Here the veterinarian arranged for the X-rays in a singular form but the assessment discursive move "we'll see [...] if we can see something in there" is formulated so as to include the client, giving them the feeling of being integrated in the diagnostics and therefore enhancing their trust. The collaborative use of the pronoun was also used in assessments regarding the client's feelings:

Ex. 8: Bondi Vet, Story 4		
11.04	Vet:	so:. (.) it's not the news (.) we want

After giving the clients a negative diagnosis, the veterinarian reports back to the client, including them in his evaluation. This corresponds to the strategy of the four-habit approaches for establishing rapport and building trust by 'eliciting the patient's perspective' which Adams et al. described and 'demonstrating empathy' (2004: 21).

There is however only one instance where a collaborative pronoun was used in reference to the veterinarian and a pet (instead of a client):

Ex. 9: The Vet Life, Story 7		
05.44	Vet2:	okay so you can tell we're still kind of sniffing like that we're a lot better than what we were: . but. (.) we're not out of the woods yet

In this case, the veterinarian presents in front of the client with an interim report on the dog, presenting the current symptoms and status of the pet by use of the ‘we’-pronoun.

Regarding the client’s use of the pronoun, only 2 instances appeared (and those were within the same sentence):

Ex. 10: The Vet Life, Story 1		
04.58	Client:	uhm we’re going to go ahead and (1) (hh) I guess. (hh) do the sedation. uhm (1) do the bloodwork? (.) and we’ll go ahead and get the knots done.

The client announces to the veterinarian assistant that they were going through with the proposed treatment. However, this form does not seem to be part of the same collaborative pronoun the veterinarians used, but rather in reference to themselves and their pet together.

5.1.3 Use of humour from the veterinarian side

Phrases or words that were labelled as ‘use of humour’ can be a strategy to bond with the recipient (Locher, 2006, p. 123). Veterinarians used humour 26 times in regards to a client. The following situation serves as an example for this strategy, where a veterinarian comments on a pet bunny which presents with white fur that does not match its name (Blackie) and a skin problem:

Ex. 11: Bondi Vet, Story 2		
00.58	Vet:	you’re lucky Blackie isn’t black otherwise Blackie would have pretty obvious dandruff for its size

When used within a discourse with a patient or client, especially at the beginning or ending of a session, this corresponds with the strategies of ‘investing in the beginning’ and ‘investing in the ending’ to generate trust between a veterinarian and a client (Adams, 2004, p. 21). This behaviour is also clear in this next example, where a veterinarian assistant greets the dog in front of the owner and talks to them (before drawing blood on the dog for a potential cancer diagnosis):

Ex. 12: Dr Jeff: Rocky Mountain Vet, Story 4		
02.53	Vet Assistant:	hi: Weimy-mymer. (.) my Weimaraner she gives what she wants. when she wants. (.) like oh you want to get on the counter and look up your [big fat do:g?]

The veterinarian assistant not only recognizes the dog as a personality on its own (and therefore also the relationship the owners have with him), she also proceeds to tell a personal anecdote that is humorous and bonding in strategy. Both acts serve to establish rapport with the dog’s owners and build trust with them.

5.2 Advice

Health discourse is not only about diagnostics and information. Some health experts stick to these devices and let any therapeutic decisions that may arise be made entirely by the patients rather than giving actual counsel (Sarangi & Clark, 2002, pp. 145–148). Since the communication constellations in my data are professional health expert opposite a layperson, these advice situations are potentially face-threatening and have to be carefully managed, as was described in the literature section (Locher, 2006, pp. 98–101; Locher & Schnurr, 2017, pp. 698–699). Therefore, only a few discursive moves contain advice, and within them an intricate interchange of relational work strategies on potentially multiple levels can be expected.

5.2.1 Asking for Advice

In the 17 instances advice was given, it was unsolicited, and the clients did not ask for advice anywhere else. The only instance where clients came close to asking for advice was the following example. In this story, two clients presented with their dog which was already diagnosed with leukaemia (for which chemotherapy is available for dogs, however, in contrast to human patients, dogs cannot be cured using this approach as of yet). The veterinarian confirms the diagnosis and reiterates the option of chemotherapy for them. Since a concern of the owners is the monetary aspect, one client states:

Ex.13: Dr Jeff: Rocky Mountain Vet, Story 6		
02.29	Client1:	I definitely wanna see what our options are.

Since the treatment plan for chemotherapy is already set, the phrasing above is labelled as assessment (what the clients want). The veterinarian then offers to research possible, cheaper chemotherapy options within a clinical study. This was marked as advice and will be analysed in the next section.

The absence of ‘asks for counsel’ are not only inherent with previous research but could also be due to the fact that their share of the discourse with the veterinarian is comparatively smaller. This in turn could stem from two reasons: a) the already rather directive communication style the veterinarians assume which has also been found in this data, and b) another possibility would be that this is portrayed through the format of reality television. No research on medical advice within reality television has been done so far. Interestingly, the clients are indeed portrayed as less knowledgeable than the veterinarian professional or often even completely ignorant of their pet’s symptoms, which would be inherently face-threatening, but the format does not add to that or mediate it by letting the clients ask for advice. Instead, medical professionals have been described as being portrayed as not only intelligent and decisive but successful in choosing treatments (Christenson & Ivancin, 2006, p. 9). Adding to this, they are not portrayed as having as many bad outcomes as they would in real life. Therefore, another reason for the missing asks for advice is potentially the aim of streamlining a pet treatment story in a way that the clients arrive, present a problem, the veterinarian hands them the solution, it turns out to be correct and helpful, and everyone is happy, thus providing the narrative arc that producers aim for (Hill, 2005, p. 153).

5.2.2 *Giving Advice*

Regardless of being unprompted, advice-giving can be found in 17 instances within the material. In general, this matches the described reluctance of health professionals to give advice as described by Sarangi and Clark (2002, pp. 145–148), and the fact that previous research had found that most often veterinarians use a directive communicational style where usually only one option is presented rather than having several choices, and the personal opinion of the health expert is not included (Armitage-Chan et al., 2016, p. 3; Shaw et al., 2006, p. 715).

Since this section on advice is intended to be a small-scope overview of advice-giving within veterinarian reality television, the 17 instances of advice are presented and analysed concerning the manner and context in which the advice is given, and the client’s uptake of it.

Within the show *Bondi Vet*, advice is given twice, both in the same patient story involving a litter of malnourished kittens. In order to ameliorate this, the veterinarian suggests:

Ex. 14: Bondi Vet, Story 5		
05.53	Vet:	the best possible thing we could do for them is probably putting them on a drip. (.) the other thing is that they all are looking pale and it probably would be a good idea (.) to take a little blood sample and just check uhm how anemic they are.
06.06	Client:	yeah

The first counsel the veterinarian gives is to arrange for an infusion. This is followed by an assessment of the kitten’s pallor which triggers her to give another counsel which is to take a blood sample. The directness of the counsel is mitigated by use of the hedges “probably”, “just (check)” while at the same time boosting the phrase with “the best possible thing”. The client takes this up with brief confirmation that they had understood. This approach here is rather directive though and since the veterinarian does not provide any other options, it is clear that moving forward, this is the only option to treat the kittens.

In the next series, *Dr Jeff Rocky Mountain Vet*, the veterinarian gives recommendation on what they think is the best for the cat to avoid attacks that brought it into the clinic in the first place:

Ex. 15: Dr. Jeff: Rocky Mountain Vet, Story 8		
06.47	Vet:	[...] so I would recommend if you can keep him inside. (it will definitely help with his overall health and life expectancy too. (3) I wish you guys the best. (.) all right Max. (.) you’ll be good now okay.)

This is another instance of directive advice and accompanied with an explanation on why this is recommended as the best option. The veterinarian is emphatic to the clients in that they emphasize the client’s wish for a healthy cat. The vet bonds with the clients by wishing them well, as well as bonding with the cat, by saying goodbye to it. This last utterance from the veterinarian is accompanied by them leaving and it is not shown in the filmed material that the clients respond to it. Since the uptake of them is missing, this directive advice as portrayed here seems to mainly serve as a kind of narrative device providing closure to this pet story arc.

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Another use of a directive advice in the same series is provided after the veterinarian has to give the clients a malignant cancer diagnosis. After delivering the news, the clients appear quite devastated. Upon this, the veterinarian proposes:

Ex. 16: Dr. Jeff: Rocky Mountain Vet, Story 4		
05.17	Vet:	if you really think seriously and you- you go on for chemo
05.19	Client2:	no I would never want him to suffer. (.) happy just still having him. (.) be able to uh just spoil him and love him.

The advice in here is formulated as an interrogative and the veterinarian does not finish the sentence. The counsel is however, immediately rejected by the client who then voices their own opinion on what is best for their pet. This remains the only instance within the material where a client directly refuses the veterinarian’s advice, which promptly resulted in the veterinarian changing his course of treatment and adhering to the client’s wishes, which is congruent with Shaw et al.’s (2016) findings that clients want to be involved and respected in decisions regarding their pet (Shaw et al., 2016, p. 429).

Several times, directive advice is introduced by the phase “I recommend”:

Ex. 17: The Vet Life, Story 7		
02.44	Vet:	my recommendation is that we’re gonna hospitalize him in our isolation ward. u:(h) treatin him for pneumonia (and hopefully we can get Max feeling a little bit better here. (1) I don’t like to see him like this.)

This directive advice is clearly formulated as such, however no other options are provided, and the clients proceed with this plan. The veterinarian is empathic to the clients by emphasizing the dog’s well-being and his own feelings about it.

Another possibility to advise clients is by sharing their own solution:

Ex. 18: Dr Jeff Rocky Mountain Vet, Story 6		
06.16	Vet:	[...] I like putting vitamin e on there.
06.25	Client2:	vitamin e.
06.25	Vet:	get yourself some vitamin e. otherwise he looks really good.

The clients complained about the dry nose of their dog, to which the veterinarian responds by giving them their own solution phrased as an own preference. The clients repeat the recommended treatment to which the veterinarian now changes his counsel into an instruction to use the proposed ointment. This directive phrasing is then mitigated by an assessment of the veterinarian that the dog’s condition is fine otherwise, which is a praising strategy implying that the clients care for him well.

Rather than sharing one’s own problem and solution, advice can also be phrased interrogatively:

Ex. 19: Dr Jeff Rocky Mountain Vet, Story 6		
02.31	Vet:	I mean I guess what I'd offer you right now is give me some time and let us do some calling around.
02.34	Client1:	yeah

This example is the take-up from the example already discussed in the previous section, when the clients stated that they wanted to know what options were being provided for their dog's chemotherapeutic treatment. The veterinarian replies with an offer phrased as a query whether he should research treatment options (within a clinical study since that would relieve the client's monetary issues). The advice here is mitigated not only by being phrased as a question but by also including hedging in the beginning with "I mean I guess". This is surprising since the clients came to this appointment with the intent on gathering information on treatment options so the advice here would not have been expected to be mitigated like other potentially more face-threatening instances of advice would be.

Another example of advice formulated as a question is the veterinarian talking a client through a treatment plan for her chinchilla. The first few instances of treatment were formulated as advice, however the last agenda item is phrased like this:

Ex. 20: The Vet Life, Story 1		
03.02	Vet:	[...] another thing I would do while he's under anesthesia is doing a good oral exam?
03.12	Client:	mhm

The client's uptake on all three instances of advice (the two directive ones before and this example seen above) was consistently the same. The veterinarian possibly chose this last instance of advice so as not to use too many aggravating face-strategies since the discussion of treatment options is rather delicate in this instance, and the client did not take the advice very readily.

Mitigating advice can also be done by phrasing them as only giving the clients information about a solution (Barlow, 2009, p. 97). This approach has been found twice in the data, both in the same dataset. When explaining the aftercare of a cat with a complex splint after surgery, the veterinarian instructs the client that no jumping is allowed, and in order to ensure this, the following environment should be prepared:

Ex. 21: Dr Jeff Rocky Mountain Vet, Story 7		
06.23	Vet:	[...] so the ideal scenario is that they're in a small room with no furniture in it [which-]
06.31	Client:	[yeah] got it
06.32	Vet:	if you guys can do that that's great.

The client makes it clear that he understood the information and advice upon which the veterinarian praises the client. Informational delivery of advice can also be provided regarding elective procedures:

Ex. 22: Dr Jeff Rocky Mountain Vet, Story 2:		
01.55	Vet:	he's not neutered so we can throw that in for free.
01.56	Client:	thank you.

The client's puppy presented with a leg that had to be treated with infection. After explaining and ordering the treatment for this, the veterinarian also offers neutering the pet at the same time. This information about treatments that would be accessible for the client is gratefully accepted by her. In this case, the information given as a solution also serves as advertisement for the veterinarian's clinic, which has a strong focus on providing spaying and neutering options for animals (often free of charge).

This scope-like analysis of advice-giving and receiving within the dataset showed that not only was it consistently unsolicited, but also illustrated all four possibilities represented on how to deliver advice (directive-declarative, interrogative, personal problem and solution shared, and informational). The first possibility (directive) was in this case the one counted most often. In many cases, the advice was mitigated in some form, or transmitted adjacent to praise of the client, which is not surprising since advice-giving has been described as potentially face-threatening, even more so whenever it was not asked for. The use of advice was shown to sometimes be used as a vehicle for mitigating instructions, in order to fit into the narrative arc of the reality television mediated pet story, or if the advice-giving veterinarian showed themselves to be empathetic and personally invested as an advertisement for their clinic. The distribution over the dataset was uneven, however, given that the analysed dataset of *Bondi Vet* featured only two instances of advice can probably be attributed to the fact that fewer but longer pet stories were portrayed.

6 Conclusion

In this work, three different reality TV series that revolve around veterinarians were analysed. The analysis of the work was divided into four steps: In the first part, the transcribed data were analysed using an interactional analysis framework based on discursive movements. This interactional analysis codebook was based on Locher's (2006) health counselling codebook and Roter's interactional analysis system (Roter & Larson, 2002), which was developed specifically for analysing spoken data in health discourse. In a second step, direct interactions with the pet were examined, with a focus on four strategies aiming at warranting expertise, credibility and trust to be found in the dataset. Finally, the discursive moves labelled 'advice-giving' were analysed qualitatively in a scope-like section.

The next section on expertise offered a scope on the previously analysed discursive moves in the focus of four strategies supposed to warrant expertise, credibility and trust — ('directive approach', 'collaborative 'we'', and 'use of humour'). Veterinarians have been found to voice a large share of their speech acts directed at the clients in a directive way, and by using strategies of competence and technical candour. The material most of the time did not depict the clients discussing several treatment options, which adds to the streamlined narratological arc the reality TV shows appear to be following. Veterinarians have been found to use a collaborative form of the personal pronoun 'we' on the one hand towards the staff involved in any procedures, which was found to function as a source for expertise and credibility. The second use of the collaborative pronoun was when referring to themselves and the client, aiming at making the client feel involved and collaborating in the treatment of their pet which helps to establish trust. Further, uses of humour were found as a special tool of veterinarians to build trust in clients.

The second section did a scope-analysis of the instances of advice found in the dataset. In general, clients (and veterinarians as well) did not ask for advice, which could be explained by the narrative arc designing the story in as streamlined a way as possible, causing the client's share of discourse to be smaller than the veterinarians, or that it simply did not occur in the scope of 20 pet stories that were analysed, meaning more material would be needed to reach a definite conclusion. Advice was in most cases found to be phrased directive which fits into the previous described tendency to a directive discourse style adapted by veterinarians. Giving advice by sharing their own problem and solution, in an interrogative or by giving information were also found. Advice was finally also shown to be used as a form of mitigating instructions in order to adapt these in the narrative arc of the show.

Since the data was derived from YouTube, an evaluation of the comments under each video would be worthwhile, in order to receive a perspective from the intended and actual audience, and their evaluation of the communication between veterinarians and clients. Further, a study on peer-to-peer communication around pet health and needs would be interesting to compare to the findings of communication between veterinarian health experts and clients.

For further studies, a larger scale analysis of veterinarian–owner interaction would be possible which also includes not only small pets but owners of large animals such as livestock or horses. It could be of relevance to see whether there are any differences to be found in the communication with owners of small pets vs. those of large domestic animals. This study could also be repeated with data from non-reality-TV interactions in animal hospitals in the US and Australia, in order to compare and contrast the communication to whether it is similar to the one portrayed via reality TV shows. Additionally, communication around highly face-threatening topics, such as investigating and educating on animal abuse, as well as highly emotional responses such as managing grief regarding pet deaths would be of special interest.

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8 Appendices

8.1 Appendix One: Transcription Conventions

The following transcription conventions were based on Whaley (2014: 125) and slightly adapted for the purpose of this research:

Vet: Client:	Speaker identifications are for veterinarian (Vet) and clients (Client). If several appear they are numbered as follows: Client1, Client2 etc.
[word]	Square brackets indicate onset and offset of overlapping talk.
wor-	Hyphens indicate a preceding sound is cut off or self-interrupted.
°word°	Degree signs indicate decreased volume relative to surrounding talk.
(1)	Numbers in parentheses measure silences in seconds
(.)	Parenthesis with period indicates a “micropause”, less than a second.
wo:rd	Colons represent prolongation or stretching of the preceding sound.
word.	Periods represent falling or turn-final intonation contours.
word?	Question marks represent rising intonation contours.
word	Underlining represents emphasis relative to surrounding talk.
hh	H’s alone indicate audible breaths or laughter; the more h’s, the longer the ex- or inhalation.
wo(h)rd	Single parenthesis filled with h’s indicate breathy delivery of talk.
(word)	Single parenthesis filled indicates transcriptionist doubt.
((word))	Double parenthesis filled indicates transcriber’s description or characterization of some event.
@	Laughter. Very brief laughter is represented by @, longer the laughter the more instances of @ are printed.
(z)	Clicking tongue.

About the Author

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