CFP: Edited Volume on Dialogue and Medicine

Mishler (1984) writes of two disparate voices in every medical encounter– the "voice of the lifeworld" and "the voice of medicine" –which he sees as inherently asymmetrical and prohibitive of dialogue. Forty years later, the notion of dialogue in medicine is institutionalized as an ideal, effective, and skillful interaction between provider and patient. Dialogue is in vogue in health professions education (e.g., medical humanities, narrative medicine, communication skills training, etc.) and incorporated into medical licensing, as well. The institutionalization of dialogue in medicine reflects commitments to industrialization and capitalism with the construction of the need for medical services being entangled with social and financial gain. This anthology is born out of our empirical work in clinical settings, personal illness experiences, and the pursuit of a livable philosophy of dialogue.

We do not confine our definition of dialogue to discussions of it as "skillful technique," but a tensional struggle to grapple with– entangling theoretical, affective, empirical, and ethical elements. For instance, Buber (1965) theorizes dialogue as a narrow ridge that one walks with another; difficult to discern from the outside, but for those encountering it (i.e., those traversing the narrow ridge together), it is distinctly recognizable. Moment and feeling imbue Katz and Shotter's (1996) dialogue, which is regarded as social poetics where "'arresting', 'moving,' 'living,' or 'poetic moments'" (p. 81) enable patient and provider to reveal themselves to one another and create new possibilities and solutions they could not come to in theory or alone. Likewise, Cissna and Anderson (1992) refer to ephemera and accidental "moments of meeting." We invite work that builds upon such notions of dialogue, introduces empirical evidence of where and how dialogue emerges, and proposes nuanced definitions of the concept.

In light of this, we ask: Is dialogue a state to be achieved or a goal to be obtained? Can dialogue be planned for? Are there certain positionalities one might foster to encourage an organic unfolding of dialogue? Or must dialogue be entirely spontaneous? What does it mean to know it is happening?

As we see it, dialogue in everyday communicative practice extends beyond oral exchanges to encompass multimodal and multigeneric practices. The medicalization of society extends dialogue to contexts beyond the conventional clinic, including technology, therapy, education, and more. We hope to include work that examines medical encounters, discourses of medicalization, philosophical inquiries of dialogue, and medicine more broadly conceived, including allopathic and alternative medicine, veterinary medicine, mental health counseling, speech language pathology, etc.

Details:
We are seeking chapter abstracts of 800-1000 words, including brief analyses of data and working definitions of dialogue. Submission deadline for abstracts is October 15, 2024. If accepted, final chapters will be approximately 6,500-8,500 words and are expected in early 2024. Please include name, email, and proposed chapter title in addition to abstracts and data analysis. For any queries, feel free to contact Mariaelena Bartesaghi mbartesaghi@usf.edu