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EDITORIAL

The 'Plaice' of Language

Terminologies and titles have been widely debated in what most of us currently recognise as complementary and alternative medicine (CAM) research. Indeed, the relative merits of the words such as complementary, alternative, unorthodox, non-traditional, holistic, unconventional, integrative and others are widely debated, both in terms of what they might variously include and exclude, their possible overlaps, and in terms of which should be adopted or replaced.[1–5] This is perhaps understandable in a diverse empirically based discipline—CAM research—finding its feet and distinguishing itself. However, here we argue that the issue of language runs far deeper than current discussions on labelling.

Using *Fawlty Towers* as a light-hearted entry point, we briefly discuss how language is a much broader matter of geographical specificity and interpretation. Although there are specific lessons for CAM research, the underlying messages are relevant for any field of international research that spans countries and continents.

The mere twelve episodes of *Fawlty Towers*, first televised during the years 1975 and 1979, are widely considered to be one of the finest examples, if not *the* finest example, of British situation comedy. One memorable episode, *Waldorf Salad*, teems with painfully funny scenes of miscommunication, misunderstanding, and mischief. Witness the following dinner table exchange between a guest staying in Fawlty Towers—a small hotel located in Torquay, on the 'English Riviera'—and the snobbish, misanthropic, repressed, and incompetent hotel owner Basil Fawlty, played by John Cleese:

> *Guest* (choking): Urrggh! Excuse me, there's sugar in the salt cellar.
> *Basil Fawlty*: Anything else?
> *Guest*: I put it all over the plaice.
> *Basil Fawlty*: All over the place? What were you doing with it?
> *Guest*: All over the plaice!

Much of the popularity of *Fawlty Towers* has been attributed to the consistently beautifully crafted and brilliantly delivered scripts. For example, Basil's irascible and insulting diatribes towards his guests; the crushing one-liner put downs directed at Basil by his wife Sybil—his 'little nest of vipers'; the hopelessly scrambled English sentences achingly uttered by the well-intentioned Spanish waiter Manuel; and the senile and drunken babblings of veteran soldier turned permanent hotel resident Major Gowen.

The episode, *Waldorf Salad*, takes its name from a pivotal scene where we encounter Basil's ignorance of how to make a Waldorf salad (a salad originally created in New York's Waldorf-Astoria Hotel in 1896 that consists of apples, celery, walnuts, grapes and a mayonnaise sauce) and his ensuing pathetic attempts to cover up the limitations of his culinary vocabulary. Basil, having been unable to persuade his chef to do overtime and cook for two American late-arrivals (the Hamiltons), tries to avoid making the Waldorf salad himself by declaring 'we're just out of Waldorfs'. When this strategy fails to work, Basil resorts to tempting his guests with an 'Olde English thing'—a '*Ritz Salad*', consisting of apples, grapefruit, and potatoes in a mayonnaise sauce. Similarly, when the Hamiltons order screwdrivers, Basil has in mind long metallic tools, rather than glasses of vodka and orange juice. In short, the hilarity of *Fawlty Towers*, like any other comedy for that matter, is intimately bound to the serious question of how to make language come alive, that is, how to tickle humour from characters and elicit laughs in the audience.

Similarly, in health care, the questions about language and its uses are far from trivial. On the one hand, as health geographers have highlighted in their research, language helps make and characterise clinical settings. Indeed, whilst controversy, debate and inter-professional conflict have

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often arisen over the naming of sites, services and facilities,[6] the specific language used by specific health professional groups is a vehicle for professional power struggles that (re)create clinical settings as complex social and cultural phenomenon.[7] On the other hand, health professional researchers have highlighted that, at a micro-level, the terminologies and titles clinicians use everyday to describe activities and objects within practice environments can be problematic. For example, whilst specialist medical language certainly underpins clinical practice, whenever a lack of understanding exists or deliberate negative labelling occurs, if heard, descriptions of patients being 'attention seeking', 'uncooperative' or 'difficult' can cause upset. Taking a slightly different perspective on clinical language, this viewpoint briefly considers, via the *Waldorf Episode*, some problems and issues associated with the interpretation of research.

It is argued that both researchers and practitioners have to read critically and be aware of the geographical specificity of the language that they are reading. Put differently, we can learn a lot from *Fawlty Towers* by acknowledging 'plaice', that is the instable meanings that infuse language. In so doing, practitioners can avoid the often debilitating and always unnecessary mix-ups that result from underestimating the geographic specificity of language. For us, the ineluctable geographical specificity in terminologies and titles holds the potential to compromise a practitioner's ability to find good evidence and its suitability for their needs. Let us step into to the lobby of Fawlty Towers and consider how these geographic specificities revolve around three main themes: context, interrelationships, and partiality:

> *Mr. Hamilton*: What a drive, huh? Everything on the wrong side of the road, the weather—what do you get for living in a climate like this, green stamps? It's terrible!
> *Basil Fawlty*: Sorry about this.
> *Mr. Hamilton*: Took five hours from London. Couldn't find the freeway. Had to take a little back street called the M5.
> *Basil Fawlty*: Oh, I'm sorry if it wasn't wide enough for you. A lot of the English cars have steering wheels.
> *Mr. Hamilton*: They do, do they? You wouldn't think there was enough room for them inside.

First, it is important not to forget that in both conventional and complementary medicine, things that are essentially similar between places are often referred to differently in different places. In short, language and the language of any medicine is always context dependant. Note in the above quotation how the refusal of context fuels the tension between Basil and his American guest, Mr. Hamilton. Similarly, in healthcare and health research, universal diseases, services and practices are often referred to differently because they are produced and consumed in different contexts. Consider the classic example of emergency rooms, or 'ER's, in the US and Canada, and Accident and Emergency Departments, or 'A&E's in the UK. Similarly, non-conventional medicine is more often termed 'Alternative medicine' in US, and Complementary medicine in the UK. Beyond these popular examples, many others exist. The more subtle the distinctions, the more these distinctions have the potential to complicate research and its applications. As practitioners sift through journal articles, they certainly need to be aware of and reflect on these disparities in labelling. What they might be searching for, might be far closer than they had imagined.

> *Mr. Hamilton*: Could you make me a Waldorf salad?
> *Basil Fawlty*: A, w, wa-wal?
> *Mr. Hamilton*: Waldorf salad.
> *Basil Fawlty*: Oh, I think we're just out of Waldorfs.

Second, it is important to recognise that in all medicine, some things are only specific to, and found, in only one place (or very few places) and, moreover, that certain things are not just contextual they are enacted through interrelationships. The importance and fragility of the interrelationships between hosts and guests is frequently the stuff of mealtime discourse at Fawlty Towers.

In health research, when phenomena are large-scale, 'important' or well publicised, our interrelationships with other places, people, and objects are often brought to the fore, such as in the cases of recognising what Primary Care Trusts (UK) or Health Maintenance Organisations (US) are. Other times however, our dependence on the relationships with things in other parts of the world may be far less obvious. For example, when learning about a particular form of therapy, that can only be found in China. When searching for evidence then, practitioners need to recognise that the uniqueness of places and things is borne out through their interrelationships with other unique places and things.

> *Mr. Hamilton*: What I'm suggesting is that this place is the crummiest, shoddiest, worst-run hotel in the whole of Western Europe.

Major Gowen: No! No! I won't have that. There's a place in Eastbourne…What's it's name?

Third, seemingly universal labels might actually refer to different things in different places. When reading research, it is important to recognise the limitations—the partiality—of language. Why? There is no such thing as a language, what some theorists call a 'meta-language' that can convey everything there is to convey. Speaking the whole truth and nothing but the truth is materially impossible. Some customers at Fawlty Towers evidently find it hard to adequately categorise the characteristics of the legendary and emotionally incendiary establishment in terms of a 'hotel'.

In conventional and non-conventional medicine, this issue also occurs both for the names of services and clinical procedures, as well as clinical concepts. Take, for example, a Nursing Home. In the UK, this might be recognised as a medium sized, perhaps Edwardian building, perhaps owned and operated by a small private company, or even a husband and wife partnership. In contrast, in the US or Canada, a nursing home might be recognised as a large condominium sized building, perhaps operated by a public or private hospital. A nursing home, then, cannot be captured by a single language.

Alternatively, consider the example of a group complementary practice. In the UK, might be recognised as three or four financially independent practitioners sharing space. In contrast, in the US or Canada, it might more typically be 20–30 practitioners working for a large company. Similarly then, a group practice cannot be captured by a single language. Again, the linguistic construct bears witness to a highly variable international context for practice and research, which weakens the potential for universal international academic debate.

There are many other possible examples, and practitioners need to be wary about differences between their understandings and the understandings of the authors they are reading. To be sure, seemingly universal subjects and debates might be more different than the written word conveys or accounts for.

In sum, geographical contexts, interrelationships, and partiality clearly affect the creation, interpretation, and our expectations about words[8–10] whilst words help create geographical contexts/places.[6,7,11] In terms of understanding research, three issues are important. First, similar materials and practices can be referred to differently in different places. Second, some things are unique to, and found in, one or very few places. Third, seemingly universal labels actually refer to different things in different places. Because languages are deeply embedded in the histories of places, there are no easy solutions to these ostensible problems. There is, however, a need for a greater awareness when reading research about the nature and extent of these geographical disparities and specificities in terminologies and titles. Recognising subtle, but often neglected, language issues—such as the ones outlined above—helps avoid the Waldorf salads in all research. If you are not familiar with Waldorfs or *Fawlty Towers*, well, our point exactly!

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