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Doctor-patient advice on Taiwanese consultation websites: a study of gender disparity

<https://doi.org/10.1515/psicl-2024-0077>

Received September 30, 2024; accepted August 18, 2025

Abstract: This study examines online advice-giving behaviors among health professionals of varying genders and investigates how patient gender influences their communication styles. It analyzes 100 advice messages authored by psychiatrists in response to patient inquiries on two medical consultation websites in Taiwan. The analysis focuses on the pragmatic aspects of advice and referral expressions and the mechanisms employed to modify these suggestive comments. The findings reveal that despite their inclination towards direct advice, male and female psychiatrists employ distinct advising and referring strategies, tailoring their approaches to enhance receptivity among advice-seekers based on gender. Specifically, female medical experts tend to adopt patient-centered communication styles, showing heightened sensitivity to the emotional needs of their patients. In contrast, male professionals are more inclined to emphasize the significance and immediacy of their recommendations, displaying a greater degree of confidence in asserting their expertise.

Keywords: doctor-patient communication; medical consultation; online discourse; advice; gender; Taiwan

1 Introduction

The increasing emphasis on gender equality in patriarchal societies, such as Taiwan, has contributed to a marked rise in women's participation in the workforce and their attainment of influential positions characterized by expertise, authority and responsibility (Son Hing et al. 2023). Consequently, scholarly attention has expanded beyond analyzing gendered communication in informal social contexts to examining language use between men and women in professional environments (e.g. Bertakis

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2009; Holmes 2008; McKinstry 2008; Pfafman and McEwan 2014; Tang 2023, 2025; Tench et al. 2017; van Dulmen and Bensing 2000).

One area of sustained scholarly interest is the linguistic practices of medical professionals in healthcare settings. Given the ongoing feminization of the traditionally male-dominated medical profession, researchers have increasingly investigated how practitioners' gender influences their linguistic choices in therapeutic discourse (e.g. Graf et al. 2017; Hall et al. 1994; Hølge-Hazelton and Malterud 2009; Jefferson et al. 2013; Khan et al. 2024; Mast and Kadji 2018; Meeuwesen et al. 1991; Pagano 2017; Roter and Hall 1998, 2006; van Dulmen and Bensing 2000). The frequent focus on doctors' communicative behavior during medical consultations is justified by the significance of such interactions to diagnostic assessments and treatment decisions which are critical determinants of patient satisfaction and healthcare efficacy (Bigi 2018; Mast and Kadji 2018). Moreover, high-quality medical consultations are associated with reduced risks of misdiagnosis, enhanced patient satisfaction, and greater adherence to prescribed treatment regimens. These factors collectively contribute to improved therapeutic outcomes, faster recovery rates, and increased perceptions of safety and trust (Bonvicini et al. 2009; Caldwell 2019; Cuffy et al. 2020; Ding et al. 2020; Hojat et al. 2001; Jefferson et al. 2013; Khan et al. 2024; Löffler-Stastka et al. 2016; Meeuwesen et al. 1991; Piasecki 2003; Pounds 2010).

Gender-focused studies in medical consultations have predominantly investigated consultation agendas elicited from patients by male and female practitioners, the types of linguistic acts employed during interviews, the enactment of hierarchical power dynamics through language, the duration of consultations, approaches to patient-centered care and the kinds of inquiries used to extract patient information. In addition, some researchers have examined the effects of doctor–patient gender concordance or discordance on consultation outcomes (e.g. de Vaan and Stuart 2022; Jefferson et al. 2015a, 2015b; Lim et al. 2023; Pounds 2010; Roter and Aoki 2002; Sandhu et al. 2009; Schieber et al. 2014). More recent work has examined how the gender of both doctors and patients influences prescription behavior, patient perceptions of doctors' competence, preferred address terms, and the impact of doctors' physical attractiveness on patient preferences (e.g., Gupta and Jordan 2024; Lopez-Ruiz et al. 2025; Naaman et al. 2022; Wei et al. 2024).

Despite these important contributions, there remains a lack of pragmatic analyses that examine gender-based disparities in doctor-to-patient advice, a communicative act central to the medical consultation. In medical discourse, advice-giving refers to healthcare professionals' "potentially directive utterances that present a stance on treatment, lifestyle change or another course of action to be implemented by the patient" (Hesson 2014: 9). As a directive speech act, advice-giving entails a delicate balancing of epistemic authority and deontic control, often

requiring face-sensitive strategies to align with institutional expectations and patient-centered care (Heritage and Sefi 1992; Locher and Watts 2005). This study situates advice within the framework of institutional discourse (Drew and Heritage 1992), where advice functions as an illocutionary act that simultaneously realizes medical authority and negotiates interpersonal rapport.

To address the current research gap in medical advice-giving and to contribute to the discourse on language and healthcare, this study investigates how gender shapes the pragmatic construction of professional advice in digital medical consultations. Specifically, this study explores the interplay between the gender of doctors and patients in configuring advice-giving practices by examining psychiatrists' written advice messages to patients' inquiries on two Taiwanese online medical consultation platforms: *Taiwan E Institute* and *KingNet*. The written advice in Taiwanese digital consultations represents a novel corpus that has implications for asynchronous, culturally embedded communication, allowing for a nuanced analysis of how gender and power are encoded in medical advice messages. The following research questions guide the investigation:

1. How do male and female doctors construct pragmatic advice messages for male and female patients in online consultations?
2. What pragmatic modifiers do male and female doctors employ to calibrate the intensity of their advice when addressing patients of different genders?

2 Literature review

2.1 The speech act of advice in the medical setting¹

In the medical context, advice-giving typically involves healthcare professionals offering recommendations about future actions (Heritage and Sefi 1992). Despite the experts' good intentions, their advising behavior may challenge the advisee's autonomy by restricting future actions and threatening their negative face, the desire to avoid imposition (Alden et al. 2015; Brown and Levinson 1987; Chłopicki 2019; Martínez-Flor 2010; Robins and Wolf 1998; Vásquez 2004). Given the face-threatening nature of advice-giving, several factors are crucial for formulating socially appropriate advice while minimizing the threat to the recipient. Context, urgency, the advisee's identity and cultural background, as well as the issue's severity, need to be considered (Alden et al. 2015; Bonnefon et al. 2011; Chłopicki 2019; DeCapua and Huber 1995; Limberg and Locher 2012). The scholarly investigation of

¹ In the present article, the speech acts of giving advice, making suggestion, and offering recommendation are utilized interchangeably without differentiation for specific purposes.

the speech act of advice-giving has garnered attention since the 1970s. Despite its pivotal role in healthcare communication, academic inquiry into advising practices within therapeutic contexts remains relatively limited. This review aims to examine and discuss relevant literature situated within medical settings.

In studies of advising behavior in therapeutic encounters, scholars have observed that when recipients disagree with treatment recommendations and perceive a threat to their autonomy, healthcare providers often adjust their communicative strategies accordingly. Such adaptations may involve reframing, offering choices, exerting subtle pressure, coaxing, providing explanations, or accommodating patients' concerns and apprehensions (e.g., Couture and Sutherland 2006; Sarangi and Clarke 2002; Schnurr and Zayts 2013; Stivers and Timmermans 2020; Wang and Feng 2020; Zayts and Schnurr 2012). Additionally, medical experts may adopt an alternative identity position prior to delivering personally relevant health advice to reduce message defensiveness (Blondé et al. 2022). Acknowledging the limitations of medical expertise has also been identified as an effective strategy for mitigating perceived threats to patients' autonomy (Brown 2024). The linguistic modifications made by medical professionals aim to mitigate face threat while maintaining professional authority in therapeutic environments.

However, the perception of medical advice as potentially face-threatening is conditioned by the sociocultural norms shaping therapeutic discourse. In Western medical settings, physicians' advice is typically conveyed in a relatively indirect manner, compared to Chinese clinical contexts, to mitigate the face-destructive nature of advisory messages and preserve patients' sense of autonomy throughout the therapeutic process (Alden et al. 2015; Gilbar and Miola 2015; Napier et al. 2014; Naramore and Marquez 2024). In contrast, studies of Chinese therapeutic settings have shown that direct communication of practitioners is common and generally does not evoke perceptions of face threat among patients during consultations (Burleson et al. 2006; Ding et al. 2020; Gu 1996; Pan et al. 2018; Yip 2020; Zhao 1999). Consequently, disagreement with direct medical advice provided by health professionals has not been prominently observed in previous studies of Chinese doctor–patient communication.

In addition to these cross-cultural disparities, a growing body of research has examined the interaction between doctor gender and medical advice, particularly in light of the increasing number of women entering the medical profession in recent decades. Earlier studies have found that, compared to their male counterparts, female medical professionals more often adopt patient-centered approaches to communication, demonstrate a stronger inclination to build rapport with patients, and allocate more time to medical interviews (e.g., Bertakis 2009; Roter and Aoki 2002; Sandhu et al. 2009; Tabenkin et al. 2004; van Dulmen and Bensing 2000). These

communicative and interactional styles have frequently been associated with enhanced patient satisfaction and better compliance with medical instructions.

In a recent study, Gupta and Jordan (2024) analyzed online review comments to compare public perceptions of male and female physicians. Although their analysis did not uncover significant linguistic differences, the results indicated that patients were more likely to provide positive evaluations of female doctors, particularly regarding interpersonal skills and personal attributes. The results implied the presence of underlying gender stereotypes and differential perceptions of male and female professionals within therapeutic environments.

Noteworthy patterns have also emerged in medical interactions involving different doctor–patient gender combinations. For example, Schieber et al. (2014) investigated how gender concordance and discordance between doctors and patients contribute to disagreements over medical advice. Their findings showed that in female-concordant dyads, disagreements regarding nutritional advice occurred less frequently than in male-concordant dyads. However, when the advice concerned exercise, disagreements were more commonly observed in consultations involving female patients and male doctors. In a more recent study, Merchant et al. (2023) reported that gender discordance between physicians and patients, in combination with sociocultural differences and language barriers, posed significant challenges to effective medical communication.

While female doctors tend to adopt more patient-centered communication styles, contributing to more favorable therapeutic outcomes than their male counterparts, they may encounter additional obstacles in collaborative medical decision-making. For instance, Helzer et al. (2020) found that when anesthesiologists collaborated with less experienced physicians of different genders, they relied more heavily on treatment advice provided by male experts. Moreover, reliance on advice from female physicians was influenced by the latter's level of experience, whereas dependence on male physicians' advice did not follow this pattern. These findings suggested that female medical professionals, compared to their male peers, may face greater challenges in fulfilling their professional responsibilities, particularly during the early stages of their careers.

The studies reviewed above highlight that doctors' advising styles may vary depending on the situational and cultural contexts in which advice is delivered. Furthermore, the gender of healthcare providers may influence their speech patterns when issuing advice in therapeutic interactions. However, the existing literature on professional advice in medical discourse lacks a comprehensive analysis of the pragmatic features characterizing male and female doctors' advisory strategies. Thus, a focused pragmatic investigation into gendered variation in medical advice-giving is warranted.

Although the pragmatics of gendered advice-giving in medical settings remains significantly underexplored, scholars have examined gender differences in advising behavior across various communicative contexts. The following subsection reviews this body of research, with particular attention to the nuances of gendered advice-giving acts across diverse settings, aiming to shed light on their pragmatic realizations in different speech environments.

2.2 The pragmatic manifestation of gendered advice

Despite the dearth of empirical investigations into the pragmatics of gendered advice within therapeutic contexts, scholars have explored the nuances of gender variation in advice-giving across other situational environments. For instance, Thonus (1999) investigated advising interactions between tutors and tutees in an American university setting. Surprisingly, the results indicated that contextual factors significantly outweighed gender influences in shaping advising patterns in academic discourse. While minor variations were observed, gender did not emerge as a predominant factor shaping advising styles among tutors in this particular context.

Moving beyond studies based on English, researchers have also explored gender disparities in advice-giving in Mandarin Chinese, shedding light on the interplay of linguistic and sociocultural factors. For example, Kuo's (1995) investigation into advice talks among university students suggested that individuals preferred advising those of their own gender, and that females were more likely than males to give advice. Kuo also found that the advising strategies employed by men and women differed. In the female sub-corpus, imperatives, sentences containing auxiliary modals or hedges, and justification with advice forms were recorded. However, the advisory utterances in the male sub-corpus were all framed as imperatives.

Chen (2002) further enriched Chinese advice research by examining advice expressions in group counseling. Her results showed that females were more willing than males to offer advice. Moreover, while both genders tended to frame their advice as interrogatives, their frequency of incorporating modifiers into their messages was incongruent. Women were more likely than men to redress their advisory comments during consultations. Interestingly, Fang's (2005) study among Mandarin-speaking college students in Mainland China revealed minimal gender impact on advice expressions, except for humor, which was more prevalent in male participants' advice comments.

The most recent study on Chinese advice compared how male and female judges on television talent competitions offered suggestions to contestants of both genders. Tang (2025) reported that female judges employed fewer politeness devices to

mitigate their advisory comments, thereby challenging the stereotypical perception that women are linguistically more indirect than men. Moreover, the psychological needs and face concerns of male and female advice recipients significantly influenced the judges' choice of discursive strategies. These findings diverged from the gendered stylistic patterns frequently documented in earlier studies. Tang concluded that the context in which speech events occur had a greater influence than the speaker's gender. Both men and women strategically used language to perform idealized gender identities within specific communicative contexts, aiming to achieve culturally appropriate effects and construct socially desirable images.

Although infrequent, research has also been dedicated to examining gendered advice in digital contexts. For example, Eisenclas (2012) explored Spanish advice in online forums, revealing intriguing patterns in advice behaviors. Specifically, the gender of the advice-givers and receivers had no significant impact on the linguistic manifestations of online advice. Both genders preferred bold directives when expressing opinions on the Internet. In her subsequent study, Eisenclas (2013) delved deeper into the gendered nuances of online advice content, uncovering specific patterns in which men tended to advise action, while women leaned toward suggesting speech as a problem-solving strategy.

In a similar exploration of advice on social media platforms, Hampel (2015) scrutinized interactions on a Facebook fan page to examine the interplay between gender and advice use. Surprisingly, the gender of advice-givers did not markedly influence their linguistic realizations. Instead, the gender of advice-seekers emerged as a critical factor shaping the pragmatics of online recommendations. Female users tended to receive more cooperative suggestions, including recommendations for action and introspection, whereas male users were more likely to encounter sarcastic remarks or be encouraged to devise solutions independently.

Another study on gender variation in online advice examined how students of different genders offered anonymous advice to their peers via an online learning platform. Tang (2023) observed that both the advice-givers and the recipients had a significant impact on the formulation of advisory messages. The institutional role of advice-givers within the peer evaluation context contributed to the linguistic implicitness of their advice. However, gender-based differences emerged in the politeness strategies employed by male and female students. The variations in redressive behavior were argued to stem from gender-based differences in value prioritization and socio-emotional orientations toward their addressees.

Exploring gender disparities in advice-giving behaviors across languages, contexts, and communication platforms has provided invaluable insights into the complexities of human interaction. These studies reflect an indexical approach to gender, where linguistic features indirectly signal gendered identities depending on discourse context and role expectations (Ochs 1992). A pragmatic investigation

specifically focused on gendered advice-giving behavior in therapeutic contexts is therefore needed to elucidate how male and female medical professionals' advisory practices are shaped by the dynamics of the therapeutic environment.

3 Methodology

3.1 Source of the data

The study collected data from two websites, including *Taiwan E Institute* and *KingNet*, to investigate gender disparities in doctor-patient advice. These platforms provide free online advice from medical experts, including doctors, nurses, nutritionists, and pharmacists. *Taiwan E Institute*, established in 1994 by Taiwan's Ministry of Health and Welfare, includes around 300 medical experts from 32 supervised hospitals. *KingNet*, founded in 1996, features a pool of over 1,500 qualified medical experts who voluntarily share their expertise without compensation. To receive advice from these platforms, online users must create an account and specify their gender and age. Users can remain anonymous when submitting inquiries, which relevant volunteer experts may answer. While follow-up interactions with the experts are possible, they are not mandatory. The exchanges between medical professionals and advice-seekers are not confidential and are publicly archived, with patient inquiries labeled as 'questions' and expert responses as 'answers.'

This study examined responses provided by psychiatrists during online medical consultations, utilizing a corpus of archived messages collected between 2004 and 2021. The decision to focus exclusively on advice provided by psychiatrists was motivated by the intention to minimize bias associated with variation in physicians' specialties. Previous research has demonstrated that medical professionals from different disciplines may adopt distinct communicative styles, particularly concerning empathetic expression and interpersonal engagement during consultations (Barnsley et al. 1999; Roter and Hall 2004). Accordingly, this investigation limited its scope to psychiatrist-authored advice messages to control for potential variability stemming from cross-specialty differences in communication style. This methodological choice was further informed by the assumption that, owing to their psychological training, psychiatrists may exhibit heightened sensitivity to patients' emotional needs, thereby enabling more patient-centered and affectively responsive communication.

Previous investigations have also suggested that the content of inquiries can influence doctors' advisory comments (Locher 2006), which prompted the current investigation to focus on depression-related questions to mitigate potential biases. Pounds (2018) further contended that doctors' interpersonal communication skills

are crucial in addressing patients' psychological concerns, thus providing additional justification for selecting advice messages responding to depression-related inquiries for analysis.

To investigate the impact of patients' gender on doctors' advice patterns, the study exclusively focused on messages concerning advice-seekers themselves, excluding inquiries concerning family members, partners, or friends. Inquiries unrelated to the advice-seekers were deliberately omitted from the dataset, as the online experts typically do not directly engage with individuals referenced in third-party inquiries.

Once the criteria for data selection were established, one hundred doctor responses were systematically sampled from *Taiwan E Institute* and *KingNet*. These responses were evenly distributed across four distinct gender combinations, encompassing interactions between male doctors and male advice-seekers (MM dyad), male doctors and female advice-seekers (MF dyad), female doctors and female advice-seekers (FF dyad), and female doctors and male advice-seekers (FM dyad). The corpus of online advice responses from psychiatrists under examination revealed a nature that goes beyond simplistic, formulaic expressions. Advice responses in the current database often include one or more discursive moves, also referred to as components (DeCapua and Huber 1995) or content categories (DeCapua and Dunham 2007). The discursive moves in the doctors' responses encompass advice, assessment, disclaimer, inquiry, provision of general information, psychological support, and referral (Locher 2006; Tseng and Zhang 2018). The present study draws particular attention to advice and referral discursive moves. These two moves, characterized by their suggestive linguistic expressions, constitute the central focus of inquiry in this study, which aims to examine the pragmatics of doctors' advice expressions. Accordingly, advice and referral discursive moves in the doctors' responses were elicited from the current database. Definitions and illustrative examples of the advice and referral moves are presented in excerpts (1) and (2), respectively.

(1) Advice

Explanation: an opinion about what could or should be done about a situation or problem addressed by the advice-seeker.

Example: *Jiànyì nín kěyǐ cóng xiǎi de shìqíng zhōng màn màn jiànlì zìxìn.*

'I suggest you build up your confidence by doing things you enjoy.'

(2) Referral

Explanation: a special kind of advice that refers the advice-seeker to professional, personal help, phone numbers, addresses, books, and the like.

Example: *Ruò yǒu zàochéng kùnrǎo jiànyì jùjìn zhì shuìmián yīxué méngzhěn pínggū.*

'If it already causes problems, I suggest you visit the nearest sleep disorder clinic to evaluate your situation.'

Table 1: The distribution of advice/referral moves in four gender dyads.

Gender dyad	Male doctor to male patient	Male doctor to female patient	Female doctor to female patient	Female doctor to male patient	Total
Advice	25	39	22	38	124
Referral	30	34	33	34	131
Total	55	73	55	72	255

The analysis of advice responses in the current dataset yielded 255 suggestive discursive moves, comprising 124 instances of advice moves and 131 instances of referral moves, as shown in Table 1. Following the elicitation of advice and referral moves, the next analytical step involved examining the pragmatic strategies employed in expressing suggestion. It is important to note that, despite content differences, advice and referral moves both convey a suggestive illocutionary force. Consequently, they were not treated as distinct categories in the present pragmatic analysis of advice. Section 3.2 outlines the frameworks used for the pragmatic analysis in this study.

3.2 Data coding and analysis

3.2.1 Pragmatic realization of advising/referral acts

After identifying advice and referral moves from doctors' responses, the pragmatic realizations of these discursive moves were analyzed. The experts' advice expressions may involve sequential activities serving various functions, such as issuing directives for future action or offering justifications to encourage or discourage particular behaviors (Bigi 2018). Therefore, each advice/referral move was thus treated as a speech act set, comprising one or more advising head acts and, optionally, one or more supportive acts. Individual components with distinct functions within the advice/referral moves were separately coded for their pragmatic realizations, indicating that the analysis did not assume a unitary strategy per discursive move. The pragmatic analyses began with the identification and categorization of advising head acts. Li's (2010) coding scheme was employed for this analysis. The advising head acts were classified into seven distinct categories, as presented in Table 2, which includes examples drawn from the present dataset.

Table 2: The pragmatic realizations of advising/referral acts.

Strategy	Definition and example
<i>Mood derivable</i>	Definition: The strategy directly marks the illocutionary force of the speech as an advising act by the grammatical mood of the verb. Advice messages in this category are typically expressed in an imperative mood. Example: <i>Búyào ràng tā biàncéng nǐ de yǎlǐ láiyuán.</i> 'Do not let it become the source of your stress.'
<i>Explicit performative</i>	Definition: The strategy manifests itself in declarative with a performative verb <i>jiànyì</i> 'advise'. Example: <i>jiànyì nín kǎolù jiùyī, jiēshòu yīshī jiào quánmiàn de huítán yǔ pínggū, cáinéng gěi nín héyí de xiézhù.</i> 'I suggest you see a doctor and have a more comprehensive consultation and assessment to have appropriate support.'
<i>Pure statement</i>	Definition: The strategy that denotes the sentence with no modality but purely positive or negative polarity. Example: <i>Dào shēnxīn kē lái zuò xīnlǐcèyàn shì zuì hǎo de fāngshì.</i> 'The best way is to come to the psychosomatic clinic to take a psychological test.'
<i>Obligation statement</i>	Definition: The strategy that denotes the advice-receiver's obligation to perform the act depicted in the proposition. Example: <i>Xiàndài wǒmen kàndài zìjǐ de nǎobù yě bù gāi qīnglū yú qítā de qìguān.</i> 'Nowadays, we should take care of our brains as much as other organs.'
<i>Inclination statement</i>	Definition: The strategy that indicates the advice-giver's expectations concerning how the advice-receiver does the advised action. Example: <i>Xīwàng néng jìnzǎo jiēshòu zhuānyè de zhiliáo cáinéng zǎorì kāngfù.</i> 'I hope you can receive professional treatments so that you can recover earlier.'
<i>Option offering</i>	Definition: The strategy that specifies a possible direction with a modal auxiliary verb <i>kě</i> or <i>kěyǐ</i> 'can' for the advice-receiver to perform the act depicted in the proposition. Example: <i>Xiànzài shēnxīnkē jīngshénkē de zhěnsuǒ hěn pǔbiàn, zhěnsuǒ de guàhào jiùzhěn fèiyòng xiāngduì yīyuán bǐjiào shǎo, yě kěyǐ kǎolù.</i> 'Nowadays, the psychosomatic and psychiatric clinics are very popular. Their registration and examination fees are relatively low compared to hospitals. You can consider going there for medical treatments.'
<i>Hint</i>	Definition: The strategy that contains locution that has no elements directly related to the intended illocution or proposition. Example: <i>Bù zhīdào fǎnzhěnhé shíhòu, yǒu méiyǒu jīhuì nénggòu gēn yīshī tāolùn zhèxiē xīnlǐ de gǎnshòu ne, yīqǐ zhǎozhǎo rúhé tiáozhěng de kěnéng fāngfǎ ne?</i> 'I do not know if there is a chance to discuss these psychological feelings with the doctor after the back diagnosis and to find possible ways to adjust together?'

3.2.2 Internal and external modifiers of advising/referral acts

The pragmatic examination of the head acts in the advising/referring moves was followed by an investigation into the modifiers used to modulate the impact of the suggestive illocutions. Modifying actions, termed internal and external modifiers,

Table 3: Internal modifiers in advising/referral acts.

Strategy	Definition and example
<i>Negation</i>	Definition: Response with the advising illocutionary force encoded with a negation construction. Example: Yàowù yào tiáozhèng jiliàng qián, yíding yào xiān wènguò nǐ de yīshī, qiǎnwàn búyào zìxíng tiáozhèng. ‘Before adjusting the dosage of the drug, you must consult your doctor first and never adjust the dosage yourself.’
<i>Conditional</i>	Definition: Response with the advising illocutionary force encoded with a conditional construction. Example: Rúguǒ dānxīn bèi jiārén zhīdào, shìshíhàng nǐ kěyǐ yāoqiú yīshī bǎomì. ‘If you are worried about being known by family members, you can actually ask the doctor to keep it confidential.’
<i>Downtoner</i>	Definition: A lexical modifier used by an advice-giver to modulate or minimize the impact his/her advice is likely to have on the advice-receiver. Example: Jinliàng wéichí guīlù de zuòxí, shìdù de yùndòng, jūnhéng de yíngyǎng, dūhuì duì shēnxīn jiànkāng yǒuyì. ‘Try to maintain a regular schedule, moderate exercise, and balanced nutrition, which are beneficial to your physical and mental health.’
<i>Hedge</i>	Definition: An element by means of which the advice-giver avoids specification in making a commitment to the illocutionary point of the response. Example: Mùqiánkànlái, nǐ de qíngkuàng yěxǔ hái bù xūyào zhǎo yīshī. ‘At present, it seems that your situation may not require seeing a doctor.’
<i>Politeness marker</i>	Definition: An optional element added to an advice message to bid for cooperation behavior. Example: Ruò dānxīn fùzuòyòng yǐngxiǎng shēnghuó, yě qǐng yǔ yīshī tāolùn. ‘If you are worried about side effects affecting your life, please discuss it with your doctor.’
<i>Intensifier</i>	Definition: An element through which the advice-giver intensifies the force of the illocution stated in the proposition. Example: Yàowù yào tiáozhèng jiliàng qián, yíding yào xiān wènguò nǐ de yīshī, qiǎnwàn búyào zìxíng tiáozhèng. ‘Before adjusting the dosage of the drug, you must consult your doctor first and never adjust the dosage yourself.’

Note: The internal modifiers in the examples are in boldface.

occur either within or outside the advising/referring acts (Blum-Kulka et al. 1989). The modifying devices in the doctors' advice responses constitute an additional focal point in this analysis.

Internal redressive actions in advising/referring acts involve syntactic and lexical modifiers. Syntactic modifications, such as *negation* and *conditional* constructions, and lexical modifiers, including *downtoners*, *hedges*, and *politeness markers*, can mitigate the assertive nature of advising/referring illocutions. Conversely, *intensifiers*, another category of lexical modifiers, enhance the assertiveness of the advising illocutionary force. The coding schemes developed by Blum-Kulka et al. (1989) were employed in the present analysis. Table 3 provides illustrative examples of internal modifiers in this corpus.

In addition to internal modifiers, psychiatrists may employ additional supportive speech acts to adjust the pragmatic force of their advice. In contrast to internal modifiers, which directly impact the illocutionary force of the advising act, external modifiers operate within the discourse context in which the advising act is situated, exerting an indirect influence on the illocutionary force of the advising illocution. The analysis of external modifiers in this study drew upon frameworks suggested by Blum-Kulka et al. (1989), Chen (2002), Edmondson (1981), and Li (2010). The coding scheme for external modifiers in this corpus is shown in Table 4, featuring examples from the current corpus.

3.2.3 Statistical analyses

After conducting qualitative analyses, one-way ANOVA analyses were employed to compare the frequencies of advising/referring strategies and the distributions of internal and external modifiers within the advice/referral moves. Comparisons were made across the four gender combinations: MM dyads, MF dyads, FF dyads, and FM dyads. Positive results from the variance analyses prompted the use of Scheffé post hoc tests for pairwise comparisons between the four subgroups. The objective was to ascertain whether the gender of the psychiatrists or the advice-seekers influenced the pragmatic configuration of the advice communications. The specific null hypothesis posited that the gender of the psychiatrists and the patients has no impact on the pragmatic configuration of the advice expressions. A significance level of 0.05 alpha was chosen as the cutoff point to test the null hypothesis.

Table 4: External modifiers in the advising/referral acts.

Strategy	Definition and example
Sweetener	Definition: The advice-giver reduces the imposition of his/her advice by attending to the advisee's psychological wants, such as showing approval, encouragement, commiseration, and the like. Example: <i>Dāngrán nǐ shuō de méicuò, cānjiā shètuán huò yìxiē huódòng quèshí shì yǒuxiào de shūjiě qíngxù de fāngshì</i>, dànshì bìng bù xūyào yīncǐ ér miǎnqiáng zìjǐ, zhèyàng fǎnér dàilái gèng duō de yǎlì. ‘Of course, you are right. Participating in clubs or some activities is indeed an effective way to relieve emotions, but there is no need to force yourself because of this, which will bring more pressure.’
Showing benefit	Definition: The advice-giver reduces the imposition of his/her suggestion by stating the benefit the advisee may get after performing the advised act. Example: <i>Zúgòu de yíngyǎng hěn zhòngyào, rúguǒ bùnéng chī 1 rén fèn de, jiù chī yībàn yě wúfǎng, yāoqiú zìjǐ yǒu yíngyǎng, shēntǐ xīnlǐ nǎozǐ cái huì jiànkāng.</i> ‘Sufficient nutrition is very important. If you cannot eat one serving, it’s okay to eat half of it. Only when you have nutrition will your body, mind, and brain be healthy.’
Reasoning	Definition: The advice-giver gives reasons, explanations, or justifications for his/her suggestive comments. Example: <i>Měigerén duì yàowù zhōnglèi jí yǒuxiào jiliàng jūn kěnéng bùtóng, qiě yì yǒu fēi yàowù de zhiliáo rú rènzhī xíngwéi zhiliáo kě xuǎnzé</i>, jiànyì kě yǔ nín de yīshēng zuò tǎolùn. ‘The types of drugs and effective doses may be different for each person, and non-drug treatments such as cognitive behavioural therapy are also available. It is recommended to discuss with your doctor.’
Warning	Definition: The advice-giver warns his/her hearer of potential consequences arising out of non-compliance with the advice. Example: <i>Wǒ jiànyì rúguǒ qíngkuàng yǔnxǔ, kě hé gōngsī shāngliáng duǎnqī qǐngjià zhùyuan zhiliáo, bìng yǔ tàitài tǎolùn dédào jiārén zhīchí, děng bìng yǎng hǎo zài chūfā, fǒuzé kàn nín mùqián de zhuàngtài, gōngzuò nénglì hé jīngjì yǎlì fǎnér gèng jiāzhòng nín zhèngzhuàng de èhuà.</i> ‘I suggest that if circumstances permit, you can discuss with your company about a short-term leave for hospitalization, and discuss with your wife to get support from your family, and wait until you recover before starting. Otherwise, your current status, workability, and financial pressure will worsen the symptoms of your condition.’
Rhetorical question	Definition: The speaker asks a question not to elicit an actual answer, but to assert or emphasize a viewpoint embedded in the advice. Example: <i>Zài nǐ 15 nián de shēnghuó zhōng, bìjīng bú kuàilè shì qízhōng de liǎng nián, qíyú de 13 nián nándào dōu méiyǒu kuàilè de shìqíng ma?</i> Xīwàng búyào bǎ zhè liǎng nián de qíngxù jìxù wéichí xiàqù. ‘During your 15 years of life, after all, you are unhappy for two years. Isn’t there any happiness in the other thirteen years? I hope that the emotions of the past two years will not continue.’

Note: The external modifiers in the examples are in boldface.

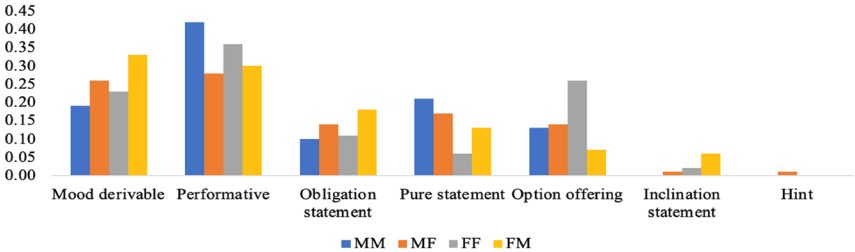


Figure 1: Advising/referring strategies across four gender dyads.

4 Results

4.1 Pragmatic realization of the advising/referring acts

Among the 255 instances of advising and referring discursive moves elicited, our analysis identified 323 occurrences of advising/referring acts. Figure 1 illustrates that most of these acts fell under the category of *Performatives*, constituting 94 tokens (29 %) within the dataset. This indicates the psychiatrists’ frequent employment of the verb *jiànyì* ‘advise’ to contextualize their recommendations (see Excerpt 3). Another strategy frequently employed by the experts to encode their suggestions is *Mood Derivable*, accounting for 87 tokens (27 %) of the overall data (see Excerpt 4). Nonetheless, a notable gender discrepancy emerged in the distribution of *Option Offering* (see Excerpt 5). Notably, female doctors exhibited a higher frequency of utilizing *Option Offering* when formulating advice messages directed towards female advice-seekers, as opposed to male advice-seekers [$F(3,240) = 2.95, p = 0.03^*$] (FF dyads: *Mean* = 0.26, *SD* = 0.45; FM dyads: *Mean* = 0.07, *SD* = 0.27).

- (3) Performative
Jiànyì nín kǎolù jiùyī, jiěshòu yīshī jiào quánmiàn de huìtán yǔ pínggū, cáinéng gěi nín héyí de xiézhù.
‘I suggest you see a doctor and have a more comprehensive consultation and assessment for appropriate support.’
- (4) Mood Derivable
Qù zhǎo yīshī tán tán, ràng nǐ wèilái de liǎng nián, shí nián, èrshí nián kěyǐ huó de gèng yǒu huólì yǔ zìxìn!
‘Try talking to a doctor so you can live more vividly and confidently in the next two, ten, or twenty years!’

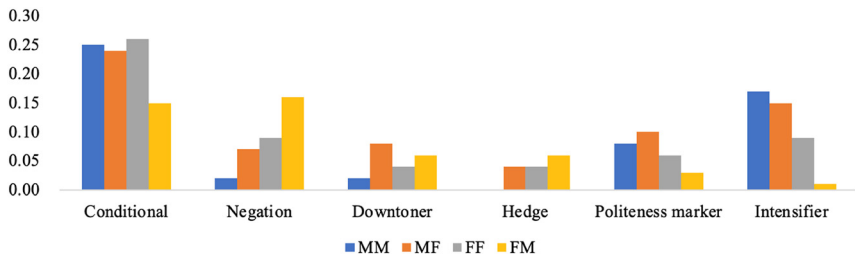


Figure 2: Internal modifiers in advising/referring acts across four gender dyads.

(5) Option Offering

Duìyú guòdù de jiāolù yǐjī dānxīn, kě jiè yóu píngcháng de yùndòng jí shìhào zhuǎnyí zhùyìlì.

‘For excessive anxiety and worry, you can divert your attention through daily exercise and hobbies.’

4.2 Internal modifiers in the advising/referring acts

Within the existing database, 140 occurrences of internal modifiers were identified. Statistical analyses unveiled a significant trend wherein male doctors utilized a higher number of *Intensifiers* (see Excerpt 6) to accentuate their suggestive expressions when providing advice to male recipients, compared to their female counterparts [$F(3,240) = 3.43, p = 0.02^*$]. (MM dyads: *Mean* = 0.17, *SD* = 0.38; FM dyads: *Mean* = 0.01, *SD* = 0.12). Analyses of variance conducted on other internal modifiers did not reveal remarkable gender disparities (Figure 2).

(6) Intensifier

Jiànyì jìnsù jiùyī, jīngguò zhiliáo dàduō néng yǒu suǒ gǎishàn.

‘It is recommended that you seek medical treatment as soon as possible. Most of the cases will improve after treatment.’

4.3 External modifiers in the advising/referring acts

In the domain of external modifiers, ANOVA results revealed noteworthy variations in the prevalence of two modifiers, including *Showing Benefit* (see Excerpts 7) [$F(3,240) = 3.82, p = 0.01^*$] and *Reasoning* (see Excerpt 8) [$F(3,240) = 3.47, p = 0.02^*$]. Specifically, while encoding advice responses directed towards male recipients, male

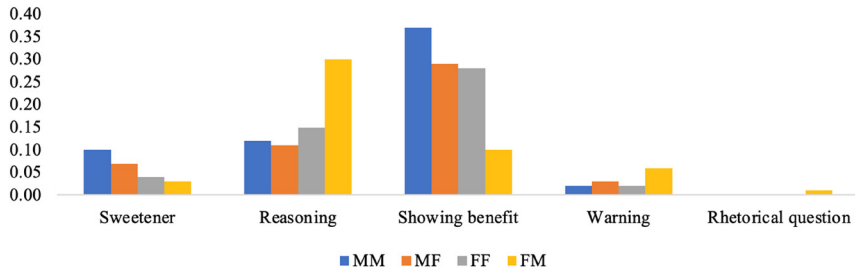


Figure 3: External modifiers in advising/referring acts across four gender dyads.

psychiatrists demonstrated a higher frequency of utilizing the strategy of *Showing Benefit* ($Mean = 0.37$, $SD = 0.52$) compared to the female psychiatrists ($Mean = 0.10$, $SD = 0.35$). Regarding *Reasoning*, the employment of this strategy exhibited a significantly broader distribution in mixed-gender interactions with female doctors ($Mean = 0.30$, $SD = 0.49$), compared to those with male doctors ($Mean = 0.12$, $SD = 0.32$). Other external modifiers showed no statistically significant gender disparity (Figure 3).

(7) Showing benefit

Jiànyì jìnsù jiùyī, jīngguò zhiliáo dàduō néng yǒu suǒ gǎishàn.

‘It is recommended that you seek medical treatment as soon as possible. Most of the cases will improve after treatment.’

(8) Reasoning

Kǒnghuāngzhèng yǔ yōuyùzhèng shì bùtóng de bìngzhèng, yǐ mǎi bǎoxiǎn lái shuō, kǒnghuāng zhèng bìng bú huì zàochéng bèi jù bǎo de yīnsù, suǒyǐ bù xū dānxīn dào yīyuàn kàn zhěn huì yǒu yǐngxiǎng.

‘Panic disorder and depression are different conditions. When buying insurance, panic disorder will not be a factor in being denied insurance, so there is no need to worry about the impact of going to the hospital for treatment.’

5 Discussion

5.1 Pragmatic realization of advising/referral acts

In the examination of the pragmatics of the advising and referring acts, a clear trend surfaced; namely, both male and female psychiatrists frequently employed direct

strategies, including performative constructions (see Excerpt 3) and mood-derivable forms (see Excerpt 4), to convey their suggestive illocutions. Excerpt (3) is characterized by a declarative structure containing a performative verb *jiànyì* ‘advise’. In Excerpt (4), the psychiatrist employed the imperative mood to articulate a stated viewpoint, thereby explicitly signaling the illocutionary force of the speech as an advisory act within the therapeutic context. Both Excerpts (3) and (4) exemplify relatively straightforward expressions of recommendations.

The wide distribution of direct advisory expressions in our dataset echoes findings from previous research, which suggested that in Chinese cultural contexts, medical professionals tend to adopt more straightforward advice-giving styles compared to their counterparts in Western societies (Burleson et al. 2006; Feng and Feng 2018; Xu and Burleson 2001; Yip 2020; Zhao 1999). In Western countries, such as the United States and many European countries, values, such as personal autonomy and individual independence, are strongly emphasized (Helwig 2006; Humphrey and Bliuc 2021). Within this cultural framework, medical advice is more likely to be perceived as a potential intrusion upon individual autonomy (Alden et al. 2015; Gilbar and Miola 2015; Napier et al. 2014; Naramore and Marquez 2024). Consequently, the negotiation of medical advice is more culturally permissible in Western therapeutic contexts. Physicians are more inclined to adopt mitigated language strategies, such as jocular expressions and conditional constructions, to emphasize collaborative decision-making, and utilize consent-oriented communication during clinical consultations. These linguistic strategies function as socio-pragmatic mechanisms to attenuate asymmetrical power relations, foster patient trust, and establish a more egalitarian communicative environment in healthcare encounters (Charles et al. 1997; Chłopicki 2019; Connabeer 2021; Corbeau and Thiberge 2024; Gilbar and Miola 2015).

In contrast, doctor-patient relationships in Chinese cultural settings, such as Taiwan, are typically characterized by higher power distance and a stronger emphasis on medical authority. The act of doctors recommending specific actions is often interpreted as a demonstration of solidarity and concern, rather than as a challenge to patient autonomy or a threat to face (Feng and Feng 2018; Fraser 1990; Hinkel 1997; Kasper and Zhang 1995; Lin 2015; Tang 2023; Wang and Feng 2020; Wu 2008). In this context, advice-giving serves as a mechanism through which medical professionals signal attentiveness and enact relational solidarity within the clinical environment. Moreover, the advisory messages delivered via online consultation platforms are frequently tailored to the specific concerns raised by advice-seekers. This personalized approach reinforces the professionals’ epistemic authority and

enables them to articulate their perspectives more directly (Carli 1999; Farrell et al. 2021; Jasim 2023; Loyd et al. 2010). In other words, due to their elevated institutional legitimacy and perceived expertise, psychiatrists engaged in online consultations are afforded the discursive latitude to express advice in a direct manner, without the need to overtly mitigate potential threats to the advisees' self-esteem. This, in turn, contributes to the prevalence of direct advisory expressions observed in the dataset under study.

Despite the prevalence of direct advice across the responses of the male and female psychiatrists in the present corpus, the statistical results revealed a significant gender disparity in the distribution of *Option Offering*. This relatively indirect strategy for giving advice specifies a possible course of action with a modal verb for the advisee to consider performing the suggested act. Specifically, the female experts demonstrated a markedly higher frequency of employing *Option Offering* when advising female patients than male experts. Excerpt (5) is an example of an advice message coded as *Option Offering*. In this instance, the female expert used the modal auxiliary verb *kě* 'can' to suggest specific activities to redirect the attention of the female recipient. Incorporating the modal auxiliary verb to encode advice attenuates the assertiveness inherent in the speech, thereby restoring agency to the advisee and reflecting a deliberate attempt to enhance the receptivity of the suggestion provided.

A plausible explanation for the varying distribution of advice expressions encoded as *Option Offering* in the male and female subcorpora may be attributed to variations in men's and women's responsiveness to others' advice. Earlier persuasion studies have suggested that women's inclination to accept advice is notably influenced by their proximity to the advice-giver, reflecting women's heightened emphasis on intimate interpersonal relationships compared to men (Braithwaite and Schrodt 2021; Brannon 2008; Hampanda et al. 2021; Yang and Girgus 2018; Yip 2020). It is conceivable that the female experts, attuned to the psychological needs of female advice-seekers, often opted for the indirect strategy of *Option Offering* to encode their suggestions. By engaging in exchanges resembling interactions with friends and proffering possible solutions to address concerns, the female experts provided a platform for the female advisees to reassess their interpersonal connections. This reconstructed social dynamic appears to diminish the prominent hierarchical barrier between medical experts and patients, thereby facilitating the receptivity of the given advice. In short, this redefined social relationship between female doctors and female patients increases the likelihood of the advisees accepting and acting upon the provided recommendations (Brannon 2008; Carli 2002; Feng and MacGeorge 2006;).

In contrast, men are less likely to rely on social proximity to advice-givers as a determinant of their receptivity to given suggestions (Gage and Kirk 2002; Guadagno

and Cialdini 2002; Robertson et al. 2013, 2018). Consequently, when advising male patients, female psychiatrists exhibited a reduced frequency of utilizing *Option Offering* to optimize the likelihood of the advisees' responsiveness to their suggestions as presented.

5.2 Internal and external modifiers in the advising/referring acts

Regarding internal and external modifiers, male doctors incorporated more *Intensifiers* and *Showing Benefit* than their female colleagues in their advice comments. This trend is particularly evident when advising male recipients. In contrast, female doctors preferred using *Reasoning* to frame their advice communications. This disposition is also more apparent when suggesting actions to male recipients rather than female recipients.

Excerpt (6) illustrates advice messages modified with *Intensifier* and *Showing Benefit*. In this example, the doctor incorporated a temporal adverbial *intensifier* *jìnsù* 'as quickly as possible' to encourage the recipient to seek prompt psychiatric intervention and medical treatment. The subsequent explanation, encoded as *Showing Benefit*, highlighted the positive outcomes of following the recommended treatments.

The gender differences in the employment of *Intensifiers* and *Showing Benefit*, especially when male psychiatrists advise male recipients, can be explained by research suggesting that men tend to adopt a more rational stance in response to persuasive communication. Specifically, men are more inclined than women to base their decisions on the logical arguments presented by advice-givers (Feng and MacGeorge 2006; Guadagno and Cialdini 2002; Guadagno and Cialdini 2007; Pavco-Giaccia et al. 2019). Moreover, research has shown that men exhibit greater receptivity than women to advice, characterized by directness and intensification (MacGeorge et al. 2002). In other words, male advisees are less prone than their female counterparts to perceive direct expressions as threatening behaviors, particularly in interactions with men. Therefore, consistent with prior research suggesting that male recipients may respond more favorably to rational appeals and direct, intensified language, doctors in the present study employed a higher frequency of *Intensifiers* and *Showing Benefit* strategies in their advisory communications directed at male patients compared to those addressed to female patients.

In contrast to males, females typically exhibit increased vigilance and heightened sensitivity to potential threats (Arrais et al. 2010; Cowden Hindash et al. 2019; Gustafsod 1998; Robinson et al. 2021). Furthermore, women's responsiveness to persuasive messages is related to their interpersonal connection with their

advice-givers rather than the rationality of the arguments presented in the given suggestions (Carli 2002; Feng and MacGeorge 2006; Guadagno and Cialdini 2002, 2007). Possibly due to the psychological predisposition among female recipients, male doctors tended to avoid using intensifiers when addressing their female patients. This strategic approach possibly aims to prevent unintended harm to the female advisees and reduce the likelihood of their rejection of the given recommendations. In short, the heightened rationality and enhanced receptivity to linguistic directness among men elucidate the greater prevalence of *Intensifiers* and *Showing Benefit* in the advice comments directed towards the male recipients, compared to advice messages directed towards the female recipients in the medical communications.

Despite fewer instances of employing *Intensifier* and *Showing Benefit*, female doctors demonstrated a stronger tendency to incorporate *Reasoning* as a supportive move in their advice communications than their male counterparts, especially in cross-gender interactions. While both *Showing Benefit* and *Reasoning* supportive acts enhance communication persuasiveness, *Showing Benefit* is more robust in conveying doctors' confidence in their opinions. This is because *Showing Benefit* explicitly outlines the rewards that addressees may gain by adhering to the advice provided. In contrast, with the *Reasoning* strategy, doctors present factual implications without overemphasizing their confidence in their advisory expressions. For instance, in Excerpt (8), the female psychiatrist elucidated the distinction between panic disorder and depression, reassuring the advisee about concerns regarding insurance coverage.

The observed gender disparities in the utilization of *Showing Benefit* and *Reasoning* strategies among the male and female psychiatrists when advising male recipients may be attributed to the inherent legitimate power vested in both genders within the professional context. Previous research has shown a tendency for men to be more receptive to the influence of competent individuals, particularly when those individuals are male (Carli 1989, 1999, 2002; Rudman 1998; Tradenta et al. 2017; Vial et al. 2016). This inclination is rooted in the general perception that men possess greater legitimate power than women, enabling them to demonstrate competence without facing significant self-promotion costs. Conversely, when female professionals attempt to exert influence over men through assertive and confident speech, they may encounter resistance due to the perception of weaker legitimate power despite their high level of expertise (Carli 1990, 1995, 1999; Eagly et al. 1992; Gervais and Hillard 2014; Priebe and Van Tongeren 2021; Shackelford et al. 1996). Accordingly, if female psychiatrists assertively advocate for behavioral changes, their male advisees may experience a psychological sense of status threat or perceive a status demotion, leading to resistance in adhering to the advice and implementing recommended changes (Butler and Geis 1990; Giacalone and Riordan 2012; Wosinska

et al. 1996). Consequently, it is plausible that the female doctors, aiming to strike a balance between conveying professional knowledge without appearing excessively self-assured and enhancing the credibility of their opinions, more frequently opted for the *Reasoning* strategy than the *Showing Benefit* strategy when advising their male recipients.

In brief, the findings of this study revealed that both male and female health professionals preferred direct speech over indirect speech while encoding their advice messages online. However, gender variations emerged in their selection of pragmatic strategies when expressing their advisory opinions. Despite similar professional qualifications and knowledge, the female psychiatrists were inclined to downplay their authority while showing heightened awareness of the advisees' psychological needs. In contrast, the male experts often accentuated the urgency and importance of their advice and emphasized its benefits. The gendered patterns of advice communication observed in the present dataset are consistent with prior research suggesting that female speakers are more likely to be attuned to interpersonal sensitivity and to employ strategies that address recipients' psychological or emotional needs. In contrast, male speakers have been found to use assertive or confidence-marking expressions more frequently, particularly in same-gender interactions.

6 Conclusions

This study investigates disparities in the advising styles of psychiatrists across two online consultation platforms. It specifically examines how the gender of psychiatrists and patients shapes the pragmatic configurations of doctor advice in response to patient inquiries. The findings revealed that despite a shared preference for direct speech, male and female professionals employed distinct approaches to enhance the receptivity of their advice, adapting their strategies based on the gender of their advisees to persuade them to adhere to medical recommendations. Female experts employed more patient-centered communication approaches and were more reserved in demonstrating their expertise within the healthcare profession. In contrast, male doctors were more inclined to express their expertise directly, particularly when interacting with male patients.

While this investigation offers some insights into gendered advice in medical discourse, further research is needed to better understand the intricacies of doctor-patient communication. Future studies could explore whether online linguistic patterns reflect doctors' medical advice styles in face-to-face consultations.

Additionally, it is recommended that future research examine the potential influence of doctors' specialties, cultural backgrounds, and the severity of patients' conditions on doctors' advising styles.

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