Communication Accommodation Theory and its Application to Health Communication

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History of Communication Accommodation Theory

According to Gallois, Ogay and Giles, not only do theories “aim to capture the complexity of life in formalized conceptions” but they also “have their own lives” (2005, p. 121). The life of communication accommodation theory (CAT) can be traced back to the development of speech accommodation theory (SAT) devised in the early 1970s by social psychologist Howard Giles (Gallois et al., 2005). SAT sought to explain the effects linguistics had on interactions between individuals (Gallois et al., 2005). Its creation can also be attributed to social psychologists’ Taylor and Bourhis, whom along with Giles were unsatisfied with the assertion that individuals change their linguistic styles in different scenarios. This assertion did not settle well with these researchers, as it lacked explanation and support (Giles & Ogay, 2007). Giles explained the motivating factor that drove his research on sociolinguistic behaviors when he said his motivation “evolved in response to observing behaviors in my own and others’ speech styles, together with the consequent effects of these changes” (Giles, 2008, p. 121).

Specifically, he wanted to pinpoint what motivated individuals to make changes in their speech styles, such as accent or bilingual shifts, when communicating with others (Giles & Ogay, 2007).

To address these concerns, Giles developed SAT, a socio-psychological model that proposed “speakers use linguistic strategies to gain approval or to show distinctiveness in their interaction with others” (Gudykunst, Lee, Nishida, & Ogawa, 2005, p. 14). It is with this claim that the dominant accommodation strategies of convergence and divergence, prevalent in CAT today, developed. Discussed later in further detail, convergence and divergence were the original accommodation tactics recognized by the theory (Gudykunst et al., 2005). According to Giles et al. (1987), in its early form, convergence was an act to achieve closeness in an interaction through linguistic tactics such alterations in one’s “speech rate, pauses, pronunciation,
and vocabulary” (as cited in Nussbaum, Pitts, Huber, Krieger, & Ohs, 2005, p. 290). Conversely, strategies of divergence could deploy these same tactics, but they were used to establish distance (Nussbaum et al., 2005). As these concepts were explored throughout the 1970s, Street and Giles finally proposed them in the early 1980s within the context of SAT (Gallois et al., 2005). Shortly thereafter, Thakerar and colleagues advanced the original claims to expand beyond an individual’s desire to achieve intimacy or establish distance (Gallois et al., 2005).

Thakerar and colleagues acknowledged that these accommodation strategies also served a cognitive purpose extending beyond a speaker’s own intention. This extension brought attention to the receiver in an interaction, specifically in regard to the speaker’s interpretation of the receiver’s needs and comprehension (Gallois et al., 2005). Accordingly, during an interaction, a speaker may converge their speech styles to meet the interpreted requirements of the listener. For example, if communicators speak different languages, one, or both, interactant may alter his/her speech style by slowing their speech to allow their partner time to interpret the message (Gallois et al., 2005). Thakerar and his colleagues achieved this extension for convergence but not for divergence (Gallois et al., 2005).

Shortly thereafter, Giles and Street considered divergence from a broader scope as well (Gallois et al., 2005). Added to the theory was the claim that divergence can not only be used to establish differences, but like Thakerar proposed for convergence, can also be used to achieve comprehension (Gallois et al., 2005). For example, if a foreign language speaking individual wants their communicative partner to understand they need more time to interpret their messages, he/she may diverge by emphasizing their accent and language differences.

As researchers developed the theory and altered its propositions, the scope of SAT
continued to expand. Not only were strategies of convergence and divergence used during an interaction, but researchers also added the notion that communicators may shift back and forth between the two in any given interaction (Davis, Spencer, & Ferguson, 2011). Coinciding with interactants’ ability to shift accommodation strategies is the notion that communicators “continuously re-evaluate their decisions” to do so (Davis et al., 2011, p. 1049).

Arguably the most significant development to the theory came with its name change to CAT, when the communicative behaviors studied expanded beyond speech styles and encompassed the entire communication process, including nonverbals (Gallois et al., 2005). According to Gasiorek and Giles (2012), “the theory proposes that individuals make adjustments to their communicative behavior as a function of their assessment of their conversational partners’ communicative characteristics, as well as their desire to establish and maintain a positive personal and social identity” (p. 310). As the theory’s application expanded, strategies such as interpretability, discourse management, interpersonal control and emotional expression strategies (Park & Watson, 2007; Murray-Johnson & McGrew, 2004) were integrated as “attuning strategies” that are often used when one wishes to accommodate (Gallois, et al., 2005, p. 134; Jones, Woodhouse, & Rowe, 2007).

According to Jones et al. (2007), interpretability strategies can be defined as tactics used by an individual to either make their communication more understandable to their partner or not. Discourse management is a strategy that may be utilized by interactants to manage the conversation and needs of their communicative partner (Lee & Giles, 2008). Interpersonal control strategies take into account “role relations” and may be utilized by communicators to “direct and control an interaction” (Park & Watson, 2007, p. 8; Murray-Johnson & McGrew, 2004). Finally, emotional expression strategies are tactics that may be used during an interaction
to attend or not attend to the relational needs of one’s communicative other (Park & Watson, 2007; Jones et al., 2007).

With the expansion of behaviors that can be analyzed according to CAT, the theory has been applied to a variety of disciplines and contexts. Although most commonly studied and applied within intercultural studies (Gallois et al., 2005), the theory has been applied to a wide range of phenomena (Giles & Ogay, 2007). Areas of application include inter- and intra-generational encounters (Lin & Zhang, 2008), police-civilian encounters (Giles et al., 2005), health provider-patient/client encounters (D’Agostino, & Bylund, 2010), supervisor-subordinate encounters (McCroskey & Richmond, 2000), and more. As CAT is wide in scope, this review seeks to explain its key components, major developments and criticisms. Finally, this review will conclude with CAT’s application to health communication (particularly regarding interactions between health professionals and patients/clients), and it will end with suggestions for future research of CAT’s applicability to the health communication context.

**Components of Communication Accommodation Theory**

According to Giles and Ogay, communication accommodation theory (CAT) “explores the different ways in which we accommodate our communication, our motivations for doing so, and the consequences” (2007, p. 16). The first component to the theory is the socio-historical context of an interaction (Gallois et al., 2005). Before an interaction occurs between two parties, there are pre-established relations between the individuals and the groups to which they belong (Gudykunst et al., 2005). Specifically, communicators’ social belonging is made up of societal and cultural norms and values (Gallois et al., 2005). The socio-historical context influences communicators’ orientation to the upcoming interaction, as the larger social groups to which they are members influence how they will approach the interaction (Gallois et al., 2005).
The second component of CAT involves the stance each communicator assumes regarding whether or not they are likely to perceive the encounter as inter-personal or inter-group (Gudykunst et al., 2005). One may approach the interaction as inter-personal (based on one’s uniqueness as an individual), or one may approach the interaction as inter-group (based on one’s membership in a social group) (Gudykunst et al., 2005). According to Gudykunst et al., there are three factors that influence an individual’s decision to approach the interaction as inter-personal or inter-group. The decision is dependent on intrapersonal factors, intergroup factors or a combination of the two (2005).

Intrapersonal factors involve one’s own social and personal identity (Gudykunst et al., 2005). Intergroup factors involve one’s own tendency to view encounters in intergroup terms (Watson & Gallois, 1998). Intergroup considerations also involve one’s perception of conflict potential and “long-term accommodative motivation toward out-groups” (Gudykunst et al., 2005, p. 15). Watson and Gallois also note that the interpersonal history between the two communicators also influences their initial orientation stance (1998). Whether an individual approaches an interaction as inter-personal or inter-group is an important distinction, as each approach affects one’s accommodation choices and evaluations (Watson & Gallois, 1998).

The third component of CAT involves the actual interaction. According to Gudykunst et al. there are five aspects of “the immediate situation,” all of which are interrelated (2005, p. 15). The first aspect is the socio-psychological states of the communicators, which involve the individuals’ decision to approach the interaction from an inter-personal or inter-group stance based on the socio-historical context previously reviewed (Ota, Giles, & Somera, 2007). The second aspect is the “goals and addressee focus,” which addresses individuals’ motivations, conversational and relational needs (Gudykunst et al., 2005, p. 15).
The third aspect of the interaction is the accommodation strategies adopted by the communicators (Gudykunst et al., 2005). Accommodation is the process by which individuals use communication to signify their attitudes of their communicative other, thereby establishing levels of social distance (Giles & Ogay, 2007). Individuals have their own expectations and approach for accommodation dependent on stereotypes and norms (Giles & Ogay, 2007). The different accommodation styles of CAT follow.

Convergence is an accommodation strategy that can be traced back to the establishment of the theory (Giles & Ogay, 2007) and is the most studied strategy within CAT’s history (Hajeck, Villagran, & Wittenberg-Lyles, 2007). Convergence can be defined as when a communicator alters his/her communication style to be more similar to whom they are communicating with (Buller & Aune, 1992). Conversely, divergence is defined as “an accentuation of speech and nonverbal differences between self and other” (Giles & Ogay, 2007), a strategy whereby dissimilarities are maximized (Buller & Aune, 1992). Another strategy, maintenance, can be defined as when a person “persists in his or her original style” (Gasiorek & Giles, 2012). Maintenance is often analyzed closely to divergence, as an individual does not make an effort to converge to their communicator. However, it is different from divergence in that the individual does not place an emphasis on differences (Giles & Ogay, 2007).

According to Giles, accommodation includes strategies of non-accommodation such as counter-accommodation, under-accommodation and over-accommodation (Gallois et al., 2005). Non-accommodation strategies may produce neutral, positive or negative outcomes depending on the context and the individuals interacting (Giles, 2008). Counter-accommodation can be seen as an extension of divergence, in which an individual’s aim is to maximize differences between his/herself and their communicative partner. This is often perceived negatively and
involves harsher behaviors (Gallois et al., 2005). Over-accommodation can be seen as an extension of convergence when a communicator “over-shoots the level of adjustment felt to be appropriate in a given situation” (Gasiorek & Giles, 2012, p. 311). Often times, over-accommodation is the result of positive intentions rather than negative (Giles, 2008). Conversely, under-accommodation can be seen as an extension of maintenance, when a communicator fails to accommodate to their communicative partner (Jones et al., 2007). Gasiorek and Giles make the important note that both over- and under-accommodation are “subjective phenomena” as they rely on the recipient’s interpretation (2012, p. 311).

The fourth aspect of the interaction involves the behaviors and tactics actually taking place by communicators. These behaviors are influenced by one another’s behaviors, changing motives and identities (Gallois et al., 2005). As previously mentioned, communicators may change their strategies throughout an interaction. The fifth and final aspect involves “labeling and attributions,” which are made throughout the interaction based on individuals’ perceptions (Gudykunst et al., 2005, p. 15). The final component of CAT involves “evaluations and future intentions” (Gudykunst et al., 2005, p. 15). Within this component, CAT addresses how the communicators evaluate their communicative counterpart and whether or not they are likely to seek interactions with the individual in the future (Gudykunst et al., 2005).

**Major Developments and Influences**

As many factors influence an interaction from communicators’ motivations, identities, perceptions and evaluations, communication accommodation theory (CAT) tackled these influences by expanding upon other communication theories such as social identity theory (SIT), similarity attraction theory and attribution theory (Gallois et al., 2005). In its early form, CAT expanded on ethnolinguistic identity theory (ELIT), as it approached these factors within
communicators’ speech styles (Gudykunst et al., 2005). As the theory proceeded to consider all behaviors, so did its expansion upon other existent theories.

Attribution theory is based on the concept that during a communicative interaction, individuals are working with incomplete information. Specifically, an individual lacks information regarding their communicative others’ intentions and motives (Gallois et al., 2005). This finding is prevalent in CAT as the theory proposes that communicators make attributions of their communicative other’s intentions and motives by evaluating them (Gasiorek & Giles, 2012). In general, if an individual attributes positive motives and intentions to their communicative partner, they are likely to evaluate them more positively than if they attribute their motives and intentions as negative (Gallois et al., 2005; Gasiorek & Giles, 2012). However, according to Gasiorek and Giles, how this process is conducted has not been addressed within CAT to the extent needed (2012).

Therefore, Gasiorek and Giles conducted two studies of college students and found that when an individual perceived their communicative partner’s non-accommodation as intentional and negatively motivated, they were evaluated more negatively than if their non-accommodation was perceived as positively motivated (whether intentional or not). This finding supported previous findings regarding evaluation, motivation and intent, and Gasiorek and Giles have proposed modification of CAT’s propositions to reflect these commonalities (2012).

Social identity theory (SIT) principles are also prevalent within CAT. CAT draws upon a key assumption of SIT that states “individuals desire a positive social identity” (Lee & Giles, 2008, p. 25). According to Gallois et al. (2005), CAT proposes that individuals “adjust their speech styles in order to create and maintain positive personal and social identities” (as cited in Lee & Giles, 2008 p. 9).
Similarity attraction theory, developed by Byrne (1971), proposes that an increase in perceived interpersonal similarity results in increased interpersonal attraction (Lee & Giles, 2008). Extended upon within CAT, accommodation strategies can help parties converge to their communicator, thereby making oneself more similar to their communicative other (Street, Brady, & Putman, 1983). According to Ota et al. (2007), CAT makes a general proposition that a communicator whose accommodative strategies are perceived to increase similarity will be evaluated more positively regarding their “personal traits of competence and social attractiveness” (as cited in Myers, Giles, Reid, & Nabi, 2008, p. 292).

**Addressing Criticisms**

Since communication accommodation theory’s (CAT) extension from other theories and application to a variety of contexts, the amount of propositions has been raised from six to seventeen (Gallois et al., 2005). CAT has reached a stage where these propositions have raised a number of concerns. In particular, a current critique of the theory is in regard to its parsimony (Gallois et al., 2005). The inconsistent terminologies used to refer to its principles and assumptions are criticized, as they often deviate from and complicate the original propositions (Gallois et al., 2005). Gallois et al. claim that more recently, research approaches to the theory have been broad, and lack a certain truth to the theory’s propositions (Gallois et al., 2005).

To return to the core propositions of the theory, Gallois et al. have taken the initiative to combat this issue and propose a reduction in the number of propositions from 17 to seven (Gallois et al., 2005). Their hope in doing so is to restore parsimony to the theory. Although CAT’s propositions make general assumptions, the theory acknowledges that “accommodation and non-accommodation can be viewed negatively and positively, respectively” (Myers et al., 2008), depending on the context and the communicators (Williams, Giles, Coupland, Dalby, &
Manassee, 1990). A criticism regarding this flexibility according to Myers et al. (2008) is that CAT’s framework could stand to “be refined” (p. 300). Myers et al. believe “precise contextual conditions” regarding when accommodation and non-accommodation is evaluated positively or negatively “would be an important theoretical advance” (2008, p. 300). However, to fulfill this need Giles encourages such researchers to create their own extensions of CAT if need be, in order to relate it to their context of study while maintaining truth to the theory (Gallois et al., 2005).

**Application to Health Communication**

Now that the components of communication accommodation theory (CAT) have been reviewed and its roots, major developments and current criticisms have been covered, this review will hone in on the theory’s application within the context of health communication. Further review and research findings will relate to how CAT’s components are applicable and relevant to health communications between health care professionals and their patients/clients.

Specific to the healthcare system, CAT provides the field with an opportunity to “expand upon its theoretical base” (Jones et al., 2007, p. 207). According to Beck et al. (2004), “over 75% of health communication studies did not include a theoretical framework, although this is changing” (as cited in Jones et al., 2007, p. 207). The importance of theoretical application to health communication, and specifically the field’s utility of CAT, lies largely in the perceived power differences among inter-group and inter-personal encounters in the medical field (Jones et al., 2007). Furthermore, the communication process has the potential to affect an individuals’ health status (Williams et al., 1990). Health professionals, patients and clients can benefit from understanding the communication process within this context to better enhance the communicative interactions that take place (Jones et al., 2007).
According to Park and Watson, most researchers of CAT perceive interactions between physicians and patients “as a predominately inter-group experience that occurs at the inter-personal level” (2007, p. 5). Hajek et al. (2007) discuss the inter-group aspect of CAT in patient-physician interactions, as patients often perceive physicians within their role in a societal group rather than as an individual, and the same approach holds true vice-versa. Therefore, patients’ expectations of interactions with physicians, and conversely, physicians’ expectations of interactions with patients, are largely based on norms and stereotypes established from inter-group relations in the past (Watson & Gallois, 1998; Hajeck et al., 2007). To demonstrate, Ivey et al. (2000) found that health professionals responsible for the treatment of elder patients’ mental health claimed they have “little capacity for change” because they are “so mentally deteriorated” (as cited in Nussbaum et al., 2005 p. 296). Such stereotypes may have negative consequences, and “may explain some of the problems resulting from miscommunication between physicians and patients” (Nussbaum et al., 2005 p. 295). For example, a common outcome in the medical field resulting from stereotypes attributed to elder patients is over-accommodation on behalf of health professionals (Williams et al., 1990).

Aside from norms and stereotypes existent between groups, assuming an inter-group or inter-personal approach also has the potential to change the effectiveness of an interaction as deemed by either communicator in an interaction (Gallois et al., 2005). A study of interactions between nurses and parents of infant patients in the neonatal intensive care unit (NICU) found that approaches might conflict between the communicators (Jones et al., 2007). The study found mothers of infant patients more likely to approach an encounter with the infants’ nurse as inter-personal, where mother and nurse work together. However, consistent with other studies, nurses were more likely to approach the interaction as inter-group, where it is their role as the caretaker
to educate mothers and serve as a protector of the infant (Jones et al., 2007).

Regardless of one’s intention to approach the interaction from an inter-group or inter-personal stance, how their communicator evaluates their stance also affects medical interactions. The study within the NICU environment found that when inter-personal and/or inter-group differences were perceived to be minimized and similarities maximized, parents evaluated the interaction as more effective and positive (Jones et al., 2007). Another study found that when attending to patients’ emotional needs, physicians who were evaluated as inter-personal were rated more positively on their accommodation strategies (Watson & Gallois, 1998). Similarly, inter-personally rated physicians were perceived to use more accommodating strategies and were seen as more nurturing (Watson & Gallois, 1998). Consistent with the findings of Jones et al. (2007), Watson and Gallois study also found physicians to be evaluated more positively the less they emphasized power or group differences (1998). The results of these studies suggest that health professionals can benefit from approaching a communication interaction from an inter-personal approach and minimizing differences between themselves and their patients and/or clients (Jones et al., 2007).

However, adapting one’s orientations may not be so easy to alter in a potentially high stakes environment (Jones et al., 2007). In a health communication setting, physicians and patients may have conflicting motives and intentions for their communication in an interaction. According to Ong et al., while health professionals may be motivated to seek relevant information toward making a diagnosis, patients or clients are often more motivated to ensure that they are being understood and in turn, understand the information given to them (as cited in Jones et al., 2007).

Williams et al. also acknowledge conflicts regarding patients’ motivation to seek
support within a healthcare environment. Patients may or may not be motivated to seek support depending upon perceptions of their own identity and sense of control (Williams et al., 1990). Though concerned with their own sense of identity, patients are less concerned with physicians’ identity when it comes to accommodation. Hajeck et al. found that patients expect physicians to accommodate regardless if they perceive them to be an out-group member or not (2007). Important to this expectation of physician accommodation, Hajeck et al. also found that physicians’ accommodation styles effect patients’ compliance regarding medical suggestions (2007). Williams et al. (1990) elaborate on this notion stating that patients who evaluate health providers’ accommodation as positive are more likely to trust and comply with their medical advice. Conversely, if patients perceive physicians’ accommodation strategies negatively, they are more likely to avoid interactions in the future and quality care may be at stake (Williams et al., 1990).

However, during a physician-patient/client interaction, perceptions of positive versus negative accommodation may vary. For example, studies show physicians may be perceived as over-accommodating by “over-simplifying” their speech when discussing medical care, even if the physicians have positive intentions and believe they are converging appropriately (Jones et al., 2007). According to Gallois et al., conflicts between a communicator’s intent and their partner’s perception are common within interactions that are defined by role and status differences, such as the patient-physician interaction (2005). Accommodation tactics can be evaluated negatively regardless of positive or negative intentions; therefore, consideration of patients’ perceptions is important (Giles, 2008).

The study conducted by Jones et al. (2007) sought to address such issues related to patients’ evaluations by exploring what CAT strategies and accommodation practices are
associated with evaluating a communicative encounter as successful versus unsuccessful (Jones et al., 2007). Results showed that mothers and fathers of infant patients perceived nurses’ accommodative strategies of discourse management and emotional expression (asking questions, encouraging participation, showing warmth and empathy) as effective (Jones et al., 2007). Conversely, when non-accommodating strategies were deployed, such as under-accommodation on nurses’ behalf in regard to interpretability (failing to check if the parents’ were comprehending the information), parents deemed the interaction as ineffective (Jones et al., 2007).

Similar findings regarding negative evaluations of physicians’ non-accommodation prevailed in a study where over 60% of elder patients within a care facility felt “patronized” by caregivers’ over-accommodation in regard to their use of “infantile patterns of communication” (Lagacé, Tanguay, Lavallée, Laplante, & Robichaud, 2012, p. 338). Results suggested that recipients evaluated the caretakers’ over-accommodating behaviors negatively, as there was a significant association between recipients of over-accommodation and reports of high dissatisfaction with quality of life within the facility (Lagacé et al., 2012).

**Future Research in Health Communication**

These studies have major implications for the medical field as health professionals can benefit from “an increased awareness of adapting their communication style” to the preferences of their clients and/or patients (Jones et al., 2007, p. 211). However, as previously mentioned, health providers’ initial orientation to the interaction may not be so simple. Further research studying communicative interactions from the health professionals’ perspective may shed light on the importance of maintaining an inter-group approach, as social structures and rules may constrict their communicative mobility (Williams et al., 1990).
In relation, the above referenced studies of communication accommodation theory’s (CAT) propositions within medical interactions analyzed effective versus ineffective health interactions from the client/patient perspective. Future research would benefit from further exploration of effective versus ineffective interactions and accommodation strategies as perceived by health providers (Jones et al., 2007).

To further expand CAT’s application and research to medical interactions, future studies should also explore intentions, motives, expectations, and factors that affect evaluation of ineffective versus effective accommodation strategies within various specific health communication interactions. Researchers should consider the extent to which patients’ demographics, previous experiences with the medical arena and frequency of medical interactions influence physicians’ accommodation strategies during a health interaction (Hajeck et al., 2007).

Additionally, past research findings, even if not directly related to medical interaction, have the potential to be expanded upon within the health communication context. For example, Gasiorek and Giles’ (2012) previously mentioned findings, (that when an individual perceived their partner’s non-accommodation as intentional and negatively motivated they were more likely to be evaluated negatively), may prove applicable to health interactions.

Because their study’s participants were college students and predominantly female (Gasiorek & Giles, 2012), future research regarding patients’ perceptions of health providers’ intent and motive and how it affects evaluations has the potential to expand their sample and support their findings within the medical field. This study would be beneficial to medical interactions, as the link has already been established regarding patients’ evaluations and their willingness to comply with medical advice (Williams et al., 1990; Hajeck et al., 2007).
As the opportunities for future research have been addressed, it is clear there is much room for development regarding CAT and the medical field. To quote the man behind the theory, Giles said, “as an evolving and adaptive species, we naturally have to adjust to our surrounds; this means accommodating as we as non-accommodating each other” (Giles, 2008, p. 125). Furthermore, he acknowledges how “accommodation strategies have been discussed in a range of life- and death-involving situations” (Giles, 2008, p. 125). In the healthcare field, both life and death situations are surely at the forefront. It is with this notion that future researchers and professionals in the communication and healthcare arenas are wise to continue to consider and expand upon communication accommodation theory by both creating their own extensions and remaining true to the heart of the theory.
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