Book Review

Between Clinic and Classroom: A TESOL Reading of *Pragmatics in the Health Sciences*

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Pragmatics *in the Health Sciences* by Maria Garraffa (University of East Anglia) and Greta Mazzaggio (University of Florence) is a short Cambridge Element published in 2025. In about sixty pages, the authors review research from clinical pragmatics, experimental pragmatics, neuropragmatics, and developmental studies. The settings they examine are clinical and developmental: for example, a school-aged child interpreting verbal irony, a bilingual child moving between two pragmatic systems, an autistic child reading an indirect speech act, and a clinician using metaphor to explain a diagnosis across cultural and linguistic difference. The authors describe their intended readers as "researchers, linguists, psychologists, or pathologists, interested in applying theoretical tools of pragmatics to anticipate global trends, such as migration and an ageing population" (p. 9). This review is written from the perspective of a K-12 TESOL educator, asking what teachers of multilingual learners can responsibly take from a text written for clinicians, what they need to adapt, and where they should be careful.

The book is organized into five sections: Why Pragmatics in Health Sciences, Pragmatic Development, Pragmatics across the Lifespan, Pragmatics in the Clinic, and Pragmatics in the Healthcare Practice. The sections move from theoretical foundations to child development, then to aging, clinical populations, and finally healthcare practice. The authors flag migration as one of the global trends that pragmatics research must address, but they do not develop what this means for schools. This review groups the book's content around three areas most relevant to K–12 TESOL teachers: identifying multilingual learners whose communication patterns need closer attention, recognizing the pragmatic resources bilingual learners already bring, and understanding how clinical communication parallels the cross-cultural communication that shapes school life for multilingual families.

RECOGNIZING PRAGMATIC DIFFERENCE IN THE CLASSROOM

Section 4, Pragmatics in the Clinic, examines pragmatic profiles in autism spectrum disorder, attention deficit hyperactivity disorder (ADHD), multiple sclerosis, and addiction. The clinical focus might seem distant from a K–12 classroom, but the relevance is

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substantial, and it extends beyond students who already hold Individualized Education Programs (IEPs). In public schools, particularly those serving newly arrived multilingual students, teachers are often the first adults to observe sustained communication patterns over time. Without a framework for what they are seeing, teachers may fall back on familiar interpretations that the student is shy, unmotivated, unprepared, or simply lacking language proficiency (Panofsky & Bogad, 2011). Garraffa and Mazzaggio's discussion makes room for a third reading, that pragmatic processing, attention, or social cognition may be operating differently. A student who avoids eye contact in group work, takes utterances literally, or interprets a teacher's indirect request as optional may be displaying any one of them.

Holding this third possibility in mind does not require teachers to diagnose, but it does call for some deliberate shifts in practice: noting which conversational contexts produce breakdown rather than treating breakdowns as global, consulting with a speech-language pathologist before assuming a referral is unwarranted, and resisting the temptation to read silence as deficit. Together, these moves help a teacher observe more carefully and know when expert consultation is worth pursuing. The book makes a parallel case in the clinical context, where careful, context-sensitive observation helps clinicians avoid misreading a patient, as when ADHD goes under-diagnosed in someone assessed in a non-dominant language. The same attentiveness lets a teacher avoid mislabeling a student's pragmatic difference as a deficit, so that the student is supported and able to participate more fully rather than written off.

The most directly useful finding for K–12 TESOL teachers appears in Section 5, where the authors cite recent research suggesting that people with an immigration background are at worldwide risk of being underdiagnosed for ADHD. They describe how diagnostic interviews conducted in a person's second or third language can mask the very communicative symptoms (e.g., interruption, over-talking, difficulty staying on topic) that would be more visible in their first language. A multilingual student whose pragmatic profile looks unremarkable in classroom English may present quite differently in their home language, and the opposite is also possible: a student whose English looks impulsive or off-topic may simply be carrying the extra effort of working in a second language rather than showing an attention-related difficulty. The book gives teachers reason to slow down before drawing conclusions in either direction and to advocate for assessments that take a student's full linguistic repertoire into account.

MULTILINGUAL LEARNERS AS PRAGMATIC ACTORS

In Section 2, Pragmatic Development, the authors review research on how bilingual and multilingual children develop pragmatic competence. They report that while earlier work emphasized possible disadvantages of bilingualism such as reduced vocabulary, more recent studies show advantages moderated by variables including age of acquisition, second-language proficiency, and language immersion. The authors introduce Theory of Mind, the ability to infer others' mental states, early in the book and explain it clearly enough for educators to recognize it in their classrooms. They note that bilingual children sometimes outperform monolingual peers on Theory of Mind tasks, and that higher irony comprehension in bilingual children has been linked to it. At the same time, results are mixed. The authors also report that unbalanced bilinguals (speakers much stronger in one language than the other) can take longer to process irony in their second language, and that some studies they cite find consecutive bilinguals (those who learn their second language after early childhood, rather than alongside the first) less likely to draw scalar

implicatures (inferences such as taking "some" to mean "not all"). The authors see this as a matter of mental load, not ability: handling the inference and the second language at the same time leaves fewer resources for each.

K–12 TESOL teachers can use this research to support treating multilingual learners' languages as resources, while keeping the same caution the authors do about overstating bilingual advantages. In practice, this means designing tasks that invite students to compare how meaning, politeness, indirectness, or implicature work across their languages, not as a curiosity but as the content of a pragmatic lesson. It also means treating translanguaging as pragmatic competence in operation: when a student switches languages to soften a refusal or to mark a shift in stance, that is a strategy, not interference.

FROM HEALTHCARE COMMUNICATION TO HOME-SCHOOL COMMUNICATION

Section 5, Pragmatics in the Healthcare Practice, examines doctor–patient interaction, the use of metaphor in clinical communication, and intercultural pragmatics in healthcare settings. This is the section furthest from a TESOL classroom, but on closer reading it may be one of the most useful. Multilingual learners and their families navigate healthcare and school systems in which the same kinds of communicative imbalances the authors describe show up routinely. The authors note that intercultural medical consultations often involve more misunderstandings and lower patient satisfaction than intra-cultural ones, that ethnic minority patients tend to be less expressive in consultations, and that providers find these encounters more difficult. A teacher who has thought carefully about how indirectness, cultural framing, and power shape a clinical encounter is better positioned to recognize those same dynamics in a parent–teacher conference across languages, in the wording of a school health form, or in a referral to counseling services. What the book offers here is not a technique but a way of reading these encounters.

STRENGTHS AND CAUTIONS

The book's main strength for a non-clinical reader is its clarity. The authors compress a large body of interdisciplinary research into a short, accessible Element without heavy jargon, and the glossary provided as online supplementary material helps readers from different fields. Grounding the discussion in real clinical material rather than abstract examples keeps the cognitive and social sides of communication concrete.

One section, Pragmatics across the Lifespan, is the least applicable to K–12 contexts. It addresses healthy aging, dementia detection, neurological events such as stroke and ALS, and the social and clinical functions of swearing. The research is well summarized, but it is unlikely to inform day-to-day decisions for teachers of school-aged learners, who can reasonably skim it.

Two cautions are worth flagging for K–12 TESOL teachers. The first is the book's clinical framing, in which pragmatic difference is most often described as impairment, disorder, or deficit. This framing fits the book's purpose, and Garraffa and Mazzaggio end the volume by addressing health inequalities, warning against diagnostic overshadowing in linguistically and culturally diverse populations, and referencing current discussions about decolonizing healthcare curricula. The risk is not that the authors fail to flag the issue but that classroom readers may absorb the deficit vocabulary of the clinical chapters without carrying forward the cultural caution that arrives only in the final pages. A multilingual student who interprets a teacher's "would you like to share?" as a genuine question rather

than a directive is not necessarily showing a pragmatic impairment. The student might be applying a different convention. Teachers reading this book should read Section 5 alongside the clinical chapters, not after them.

The second is that the empirical material is drawn predominantly from Western clinical contexts, with Italian, English-language, and other European studies dominating the evidence base. For TESOL educators in linguistically and culturally heterogeneous settings, New York City classrooms being a clear example, this limitation matters. Pragmatic patterns documented in studies of monolingual or majority-language populations cannot be assumed to generalize to students whose home languages, cultures, and migration histories shape their pragmatic norms. Teachers should expect to translate the book's clinical findings into their own classroom and cultural contexts, rather than to apply them directly.

CONCLUSION

Pragmatics in the Health Sciences is a short, clearly written introduction to clinical pragmatics. For K–12 TESOL teachers, its value is indirect: it offers a more precise vocabulary for what teachers see in multilingual learners' communication, and a warning about how easily second-language assessment can miss or misread that communication. The book will be most useful to teachers working with multilingual students and students with IEPs, to teacher educators, and to bilingual and ESL specialists who work alongside speech-language pathologists. Readers willing to do the translation work will find it worth the short time it takes to read.

Yijing Jiang recently completed her M.A. in TESOL at Teachers College, Columbia University, and will begin her Ph.D. in Applied Linguistics at Nanjing University in fall 2026. Working within pragmatics, her current research interests include second language teaching, medical pragmatics, and social media discourse.

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