

Sociolinguistic Study of Emotion Framing in Selected Doctor-Patient Encounters in Ilorin Metropolis

Oyinkan C. Medubi

Professor, University of Ilorin, Nigeria

Kifayat Gambari-Olufadi

Lecturer, University of Ilorin, Nigeria

Keywords

- Emotion framing
- Social Interaction
- Communicative Strategies
- Convergence
- Divergence

Abstract

Divergence patient encounters necessitates this research. This study examines how interlocutors use communicative strategies to construct and convey their emotions in doctor-patient encounters. The data were collected from hospitals in Ilorin metropolis, Nigeria and analysed using the tenets of Communication Accommodation Theory, Convergence and Divergence. The study found that interlocutors frame their emotions to converge using acknowledgement, intensifiers, hedges, honorifics and adjectives, adverbs and verbs but they diverge using interjection and conditional statements to frame positive and negative emotions. The study concludes that the second language does not significantly impact on how interlocutors frame their emotions. Also, conformity with social norms is not constant based on the influence of cognitive factors.

1. Introduction

Sociolinguistics is a linguistic approach which examines the relationship between language and society, including aspects of the people's culture reflected through the peoples' way of using language. It investigates the interrelationship between language and culture, social variations in language, as well as language use in different social contexts (van Dijk, 2009; Wardhaugh, 2010). From this definition of sociolinguistics, it could be inferred that sociolinguistics studies language variation across different social contexts as well as diverse linguistic categories, such as medical discourse.

The interactional value of medical discourse is mostly affected by certain contextual and anthropological issues. These issues often emanate from the sociolinguistic diversity of interlocutors. Apart from these, contextual factors such as the social variables of age, gender, occupation, etc. are important factors that impact on the interactional value of medical discourse. This also justifies the choice of sociolinguistics as the conceptual basis for this study. Additionally, the choice of the doctor-patient interaction as the data for this research is based on the peculiarity of the medical discourse, its professional attributes, as well as the contextual dictates which might reshape and affect the professional undertone of this discourse genre. Apart from this, due to the importance of doctor-patient encounter towards addressing the health challenges of patients, this study investigates selected doctor-patient interactions from a sociolinguistic perspective, to examine how the context of social interaction between the doctor and patient affects the way they frame their emotions.

Emotion is an expression of human feeling which is aimed at communicating one thing or the other in different social situations. It is a non-verbal category of language use which involves dramatic performance in face-to-face interaction (Pettinelli, 2016). As an expression of human feelings, emotion has been described as a social construct (D'Ambrosio, 2022). This is due to the fact that the peculiarity of social encounters often shapes the way human emotions are framed. For instance, people laugh together to celebrate while a frown can indicate dissatisfaction over an act.

However, in interactions between doctors and patients, the professional dictates of medicine constituting first impression and mannerism often shape the pattern of conversation, including emotional expression. Studies on emotion framing in doctor-patient interaction are limited in existing literature. Previous studies on doctor-Patient interaction include those carried out by Odebunmi and Adegbite (2006), Afzaal, Khan, Bhatti and Shahzadi (2019) and Odebunmi (2021). Odebunmi and Adegbite (2006) examined discourse tact in doctor-patient interaction in English using the pragmatic tools of speech act, MCB and politeness. Afzaal, Khan, Bhatti and Shahzadi (2019) investigated doctor-patient interaction using the discourse approach of Sinclair and Coulthard (1975)— IRF, Initiation Response and Feedback as well as Van Dijk (2001) critical approach to discourse analysis. This study therefore contends that framing in doctor-patient interaction, in hospital consulting rooms is different from an unofficial day-to-day social engagement. Therefore, the study hopes to investigate the way doctors and patients frame their emotion in hospital consulting room interactions in Nigeria.

1.1. Aim and Objectives of the Study

Going by the impact of social contexts such as the doctor-patient encounter on human emotions, the aim of this study is to evaluate emotion framing in doctor-patient interactions using the sociolinguistic approach and the tenets of Dragojevic, Gasiorek and Giles' (2016), Convergence and divergence. The objectives of the study are to:

- i) Identify the linguistic strategies of convergence and divergence for framing emotion in selected doctor-patient interactions in Ilorin Metropolis;
- ii) Examine how these strategies are used to frame emotion in selected doctor-patient interactions in Ilorin Metropolis; and
- iii) Evaluate the significances of the strategies towards the achievement of the communicative essence of doctor-patients' interactions.

1.2. Research Questions

The study sets out to answer the following research questions:

- i) What are the linguistic strategies of convergence and divergence for framing emotion in selected doctor-patient interactions in Ilorin Metropolis?
- ii) How are the linguistic strategies of convergence and divergence used to frame emotion in selected doctor-patient interactions in Ilorin Metropolis?
- iii) What are the significances of the use of the convergence and divergence strategies towards the achievement of the communicative essence of doctor-patients' interactions.

2. Literature Review

The sociolinguistic background for this study is Ilorin, the capital of Kwara state. Kwara state is one of the north-central states in Nigeria, where the inhabitants include the Fulanis, Hausas, Barubas, Yorubas and Nupes. The doctors and patients that constitute the studied participants are from diverse ethnic orientations in Kwara state. The Yorubas are members of the major ethnic groups in Nigeria, dominant in the south-western states— Oyo, Ekiti, Osun, Ogun, Ondo and Lagos states with the minority in Kwara, Kogi and Edo states (Agboola, 2004). Kwara state is characterised by a confluence of diverse tribes and cultures, therefore, multilingualism is a major sociolinguistic phenomenon in the state.

Sociolinguistics is an umbrella concept in this study. Sociolinguistics studies the relationship between language and society. According to Holmes (2008), sociolinguistics is concerned with the relationship between language and the context in which it is used. Chambers (2003, p. 6) remarks that:

Sociolinguistics is the study of the social uses of language, and the most productive studies in the four decades of sociolinguistic research have emanated from determining the social

evaluation of linguistic variants. These are also areas most susceptible to scientific methods such as hypothesis formation, logical inference, and statistical testing.

Chamber's description of sociolinguistics is historically inclined. He traces the trend of sociolinguistic studies from the scientific perspective through hypothesis formulation and verification in the early twenty-first century. These methods, according to him, were employed in studying language use in social contexts.

Trudgill (2000), Meyerhoff (2006), van Dijk (2009), Spolsky (2010) and Wardhaugh (2010) share an anthropological view in their definitions of sociolinguistics. To these scholars, sociolinguistics is an approach to language study which interacts with a variety of factors; since speech is a social behaviour that cannot be studied without reference to society and language has a close connection with the society, language should be studied from the cultural perspective. Furthermore, since the users of language are from distinct social classes, their language, which could be verbal or non-verbal, including emotion framing, is influenced by the social norms and cultural patterns.

2.1. Emotion Framing

Emotion is a psychological-physiological phenomenon which has sociological accompaniment. Brody (1999), Denzin (2009), Hockenbury and Hockenbury (2007), McCarthy (1989), Turner and Stets (2005) hold related view on the description of the concept of emotion. According to these scholars, emotion has three components: a subjective experience, a physiological response and a behavioral or expressive response. Subjective experience denotes the feeling that an individual has or conceives is the psychological aspect of emotion. This feeling is conveyed through the physical/non-verbal cues such as frowning of face to express annoyance, hence, the physiological aspect of emotion. Lastly, emotion may be influenced by beliefs and other factors such as social and behavioural reinforcements. This explains the sociological/sociolinguistic component of emotion.

In cognitive linguistics, the concept of framing has been psycholinguistically perceived as a cognitive presentation of the real world (Barsalou, 1992). Frames are image schemas, which are fundamental and universal across existing human languages; which largely deal with physical relations, motion and perceptions due to their importance in the brain for the understanding of more complex ideas (Chang & Schneider, 2007). According to Kogl (2019), framing means using the best resources to achieve the desired outcome.

Emotion framing is the dramatic performance in face-to-face interaction (Pettinelli, 2016), it involves using emotion to manipulate and deceive (Goffman, 1967, 19677) and using emotion to gain sympathy in social exchange (Clark, 1997), all of which explore the individual and the social differences of language, such as regional or occupational variation, which provide information about the speakers of a language. Salovey and Mayers (1990), Zukav and Francis (2001) state that emotion framing is of two types; positive and negative emotion framing. They aver that negative emotion framing is triggered by the body's response to physical discomforts such as pains while the positive emotion framing is triggered by the body's response to pleasant physical sensations. Many theories, such as Sapir-Whorf Hypothesis (1921) of Linguistic Determinism and Relativity, Hymes (1962) Ethnography of Communication, Bernstein's (1970) Deficit Hypothesis, Giles' (1973)

Communication Accommodation Theory (CAT), Labov's (1972) Variationist Sociolinguistics and Lakoff and Johnson (1980) Metaphor Theory, have explained these notions of sociolinguistics. However, CAT will form the theoretical basis for this study.

3. Research Methodology

The data for the study constitutes three randomly selected doctor-patient interactions from a total of six conversations, collected from three (3) hospitals, a teaching hospital, state hospital and a private hospital in Ilorin Metropolis. The data samples are analysed using Dragojevic, Gasiorek and Giles' (2016) approach of CAT. Using this theory, the data extracts are analysed through the identification, description and interpretation of the marked accommodation strategies, that is, the strategies of convergence and divergence, in the doctor-patient interactions.

Due to the confidential nature of the participants' (doctor and patients) and hospitals' information, and the sensitivity of the ethical issues associated with the medical profession, the researcher designed a letter of introduction and a consent form, which were administered to seek the hospital's management's approval as well as the patients' consents. Also, the data samples were collected from the hospitals that granted the researcher permission to collect data. Apart from this, only the doctor and patients, who consented to the researcher's request helped with the recording of the doctor-patient exchanges.

The theoretical framework for this study, Communication Accommodation Theory CAT, is an approach to language style, which according to Giles (1973), was developed to explain and account for how interlocutors modify their speeches in complex situations of interpersonal encounters. It is a framework that was developed out of the desire to explain the potential of social psychological thought and processes for understanding the concept of speech diversity in social settings. It therefore aimed to explain the motivations underlying speech (Giles & Coupland, 1991, p. 6). Speech accommodation theory, according to Giles (1973), is narrowed to just speech. In the late 1970s, he re-conceptualised the theory to include the nonverbal behaviour and speaking patterns of interlocutors. The adjustment made by Giles is to encompass wider aspects of interaction under the label of CAT.

According to Giles (1973), when people interact, they modify their speech patterns to their fellow speakers' speech style. This modification is in most cases unconsciously derived but can be easily recognised. He re-counts that in a conversation with a toddler, the language user simplifies explanations, in interacting with a teenager, the speaker uses the teenage form of language, in a discussion with an eighty-year-old, the speaker tends to slow his speech pace, and use more facial expressions or tend to talk louder when conversing with someone who has difficulty in hearing. He describes this form of communication style or variation as the 'Communication Accommodation' approach.

According to Abrams, O'Connor and Giles (2003), 'accommodation is fundamental to identity construction' (p.221). Communication, both verbal and nonverbal, is informed by social identity (Tajfel & Turner 1986). Giles (1979) submits that people are influenced by a number of behaviours. He argues that an individual's speech style (accent, pitch, rate, interruption patterns) can affect the impressions that others have over that individual

(Giles, 1973). In addition to this, Giles and Smith (1979) assert that the nature of the setting, the conversation topic and type of person with whom one converses, all intersect to determine the speech manner one adopts in a given situation. This implies that context of communication determines or controls the way or manner in which interlocutors use language. Dragojevic, Gasiorek and Giles' (2016) identify convergence and divergence as the two major tenets of the CAT. These concepts are discussed in the sub-sections.

3.1. Convergence

Convergence according to Coupland, Coupland and Giles (1991) is a strategy whereby interlocutors adapt to each other's communicative behaviours in terms of wide range of linguistic-prosodic-nonverbal features including speech rate, pausal phenomena and utterance length, phonological variants, smiling, gaze and so on (p.7). Convergence is based on attraction (Giles, 2008). When communicators are attracted to one another, they will converge in their conversations (Dragojevic, Gasiorek & Giles, 2016). Attraction is a broad term that encompasses a number of other characteristics, such as liking, charisma, and credibility. Giles and Smiths (1979) posit that a number of factors that affects attraction for others in communication: having similar belief, having a similar personality, or behaving in similar ways prompt convergence. Convergence which is attraction for others in communication is illustrated by: people having similar belief, having a similar personality, or behaving in similar ways (Smiths, 1979). Convergence is illustrated as follows:

Lucky Johnson: Hey, Mabel, na wa o, so it is now today that you remembered you have a brother in this town.

Mabel: Kai! Broda, I know I should be coming here often, I mean now that your kids are all grown. (Gambari-Olufadi, 2018)

In the extract above, the second speaker converges with the first using Pidgin English and name calling.

3.2. Divergence

Divergence refers to the art of dissociating selves in an interaction process. Giles (1980) describes divergence as a tactic of intergroup distinctiveness, by which individuals or groups differentiate themselves from other individuals or group. Dragojevic, Gasiorek and Giles' (2016) state that interlocutors accentuate the verbal and nonverbal differences between themselves and others through the use of interpersonal control strategies, such as the use of interruptions or honorifics to remind the partner of their relative status or role are used when speakers are focused on role relationships in an interaction. Divergence differs from convergence in that it is a dissociation process. Instead of showing how two speakers are alike in speech rate, gestures, or posture, divergence emphasises distinctiveness from one's interlocutor as a means to positively reinforce one's own social identity. This speech style is exemplified as follows:

Jenifer: Goodluck welcome, Ha! Ha! what is all these? (holding his pair of shoes)
Goodluck: (yawning) What is what?

(Gambari-Olufadi, 2018)

From the above excerpt, there is an instance of divergence using the question and answer strategy.

Corroborating Giles' (1973) description of the strategies of accommodation theory, Dragojevic, Gasiorek and Giles (2016) state that the linguistic elements of convergence and divergence are interpretability strategies, diversity of vocabulary, simplifying syntax or vocal intensity for increasing clarity; and non-verbal features (such as silence and specific sounds), etc. which enable an interlocutor to attend to his partner's ability to comprehend what is being said or otherwise. Interpretability strategies include strategies such as question and answer, acknowledgement, humour, analogy and name calling. Dragojevic, Gasiorek & Giles, (2016) state further that to enhance diversity of vocabulary, the use of specific word classes, honorific terms and registers are used. Likewise, simplifying syntax such as conditional statements and hedges are also strategies of convergence and divergence in social interactions. These strategies according to Salovey and Mayers (1990), Zukav and Francis (2001), are means of expressing positive and negative emotions; and these accommodation strategies are used by speakers to converge and diverge by accentuating differences in communication (Coupland, Coupland, Giles & Henwood, 1988, p. 6).

In this study, the tools adopted for the evaluation of the selected doctor-patient interactions are: acknowledgement, question and answer, word class, honourific terms, registers, humour, analogy, conditional statements, hedges and nonverbal features. Acknowledgement refers to the act of recognising something received or an action which indicates a show of kindness, e.g., acknowledging a visit by saying 'thank you'. It is a widely used language of expressing gratitude towards an act of assistance (Kuhi & Razeal, 2014). While questioning refers to the act of making inquiry about something, the act of answering is meant to provide a response to an inquiry. Word class also refers parts of speech, the categories of words used in grammar. The major word classes are noun, verb, adjective and adverb. Honorific term refers to a title or word, implying or expressing respect, esteem and courtesy for position or rank when addressing a person. Brown (2020) describes honorifics as linguistic forms used for expressing regard towards an entity worthy of respect.

Analogy is a figure of comparison which refers to comparison between one thing and another, typically for the purpose of explanation and clarification. In making analogy, the information concerning one element is likened to another element through observed similarities (Fischer, 2019). Hedges in applied linguistics and pragmatics is a word or phrase used in utterances to express probability, caution and politeness. By using hedging language, certainty or uncertainty, which indicates caution is used (Liu, 2020). Registers in linguistics according Biber et al. (2021) are linguistic features commonly found in texts. They are a variety of language used for particular purpose or particular communicative situation. Hadiati (2018) describes humour as the kind of language use that invites laughter. It refers to the characteristic of being amusing in speech, the quality of being funny. Lastly, non-verbal features are features of language which convey information without using words. These include silence and gesture.

4. Data Analysis and Discussion

The data constitute three selected doctor-patient conversations. The first datum is a conversation that takes place between a patient, a young lady and a female doctor. From the conversation flow, it could be inferred that the doctor-patient encounter is not the first as the doctor demonstrates awareness of the patients' medical history. This exposition is an indication of common-ground between the patient and the doctor. Conversely, datum two is an interaction between a middle-aged male doctor and an aged female patient who could be estimated to be in her 80s. The flow of the conversation reveals that the doctor-patient encounter is the first; there has been no prior encounter between the doctor and the patient. Datum three is an encounter between a male doctor and a young male patient. The strategies include acknowledgement, question and answer, the use of specific word classes such as adverbials, adjectives and verbs; honorific term and registers, humour and analogy, conditional statements, hedges, name calling and non-verbal features such as tone, gesture, sigh, silence, etc.

3.1 Acknowledgement

At the opening of the two of the selected conversations, datum one and two respectively, the doctors and patients adopt greeting as a means of expressing positive feeling towards one another, an indication of convergence. An instance of acknowledgement is presented in the extract below:

Patient: Good morning ma.

Doctor: Good morning, how are you doing today?

Patient: Fine, thank you ma.

Doctor: So, what brings you to my office today?

In the extract above, the second turn of the patient, 'fine, thank you ma' illustrates convergence. Contrarily, the doctor's response is not indicative of positive feeling. This is deducible from the second turn of the doctor, which illustrates divergence; 'So, what brings you to my office today?'. Here, the doctor employs the interjection- 'so', to frame her emotion towards divergence. Unlike in the extract above, the doctor initiates the conversation with acknowledgement to express positive emotion towards the patient in the extract below.

Doctor: Good morning ma, welcome ma.

Patient: Thank you.

Doctor: Mama, be careful, come inside gently. I am here at your service ma.

In the illustration above, the second turn of the doctor also indicates convergence through acknowledgement used to express positive emotion by display of kindness towards the elderly patient. This shows the doctor's understanding of the cultural norm of opening a conversation with greetings. Out of the three selected conversations, acknowledgement at the opening of the discourse abound in the two conversations except in the extract below.

Doctor: What's your name?

Patient: Salako Onyechi

Doctor: How are you doing today, are you my patient or your mum?

Patient: Fine, my mum and I.

Doctor: Let me start with you, what is your complaint?

In the extract, the doctor opens the conversation with a question rather than acknowledgement. This goes against the cultural norm of the larger context of the social interaction. This does not indicate an expression of positive or negative emotion, rather, the doctor's initial negligence is possibly as a result of the remarkable age difference between the doctor and the patient. The subsequent turn of the doctor, a combination of greeting and interrogation reflects convergence and positive emotion as the doctor displays interest in who the patient is.

3.2 Question and Answer

In the selected exchanges, the emotion conveyed through the use of question and answer varies. In the first conversation, while the tone of the doctor in the second turn indicates divergence, however, the patient's response to the doctor's question indicates an exposition on her purpose of consultation.

Doctor: So, what brings you to my office today?

Patient: I started developing new pains and today is my check-up day.

From the exchange above, the patient frames her emotion to evoke the doctor's pity by converging to the doctor. While the patient evokes empathy on one hand, she became affirmative subsequently. The patient displays dual emotion. The first is empathy while second illustrates confrontation rather than evocation of empathy. This pattern of emotion framing illustrates the convergence-divergence pattern. Another illustration of the question-and-answer form of achieving divergence by the interlocutors is illustrated as follows:

Doctor: Did you have anything before coming to my office?

Patient: I had custard.

Doctor: Custard...wow! Okay, you need to like be eating more because this might like add to what's wrong with you. Do you understand me? And you know your blood is sickle cell? And asides that, do you drink enough water daily?

In the second turn of the doctor, instances of divergence abound through the use of questioning as an indirect act of reprimanding. Here, the doctor has diverged emotionally from her official role.

The manner of conveying emotion by the doctor and patient in the second conversation by virtue of converging and diverging varies from the foregoing. The first turn in the extract below indicates that the doctor is excited, hence his display of convergence towards the patient in an interrogative form. The patient's response however, is filled with both verbal and non-verbal forms of emotion expression. The patient uses interjection— 'haa', declaration— 'that is a big question but there is no problem' and structural hedge— 'look at me and estimate with my grey hair', all of which indicate divergence. The doctor also

converges in the second turn by asking another question and displaying positive emotion but the patient hedges again by stating that 'the young man with me is my fourth generation'. Even though the doctor's questions are meant to cross-examine the patient for diagnosis, as revealed in the doctor's last turn, the patient's responses are indicative of divergence through the use of hedges to display negative emotion.

Doctor: Sorry, please do not be offended, how old are you ma?

Patient: Ha! That is a big question, but there is no problem. Look at me and estimate with my grey hair.

Doctor: It is alright, how many children do you have? I hope you are not offended.

Patient: There is no problem, it is your duty, the young man with me is my fourth generation.

Doctor: Haa, it's been a long time, what complaint do you have?

Patient: Doctor, it is my leg.

Doctor: That is the reason for all my questions mama. Anything else? Patient: Nothing else.

Question and answer in the third conversation as illustrated in the excerpt below indicate the interlocutors' mechanisms of convergence and divergence. While the doctor converges throughout, the patient diverges in most cases as a result of his limited ability to express himself in words. This also makes the patient to resort to the use of negative emotion in his response to the doctor's enquiry in the second and third turns 'I don't know how to describe it, see it'; 'early this month I guess but not here'. In the last turn, the patient resorts to using silence as a response to the doctor's question, 'not here?'.

Doctor: Let me start with you, what is your complaint?

Patient: It is my hand.

Doctor: What about it?

Patient: I don't know how to describe it, see it, it comes every now and then like rashes.

Doctor: When was the last time you had it?

Patient: Early this month I guess but not here.

Doctor: Not here?

3.3 Specific Word Classes

Observed in the selected doctor-patient exchanges under consideration is the use of specific word classes, including adverbs, adjectives and verbs by the interlocutors to frame their emotion. Adverbial expressions, such as those that indicate place and degree are used in the selected exchanges under consideration as means of emotion framing by the interlocutors. For instance, the doctor's third turn in the first conversation illustrates the use of the adverbials; 'today', 'so' and 'indeed', to express a negative emotion towards the patient's initial submission. The exchange is presented as follows:

Doctor: Good morning, how are you doing today?

Patient: Fine, thank you ma.

Doctor: So, what brings you to my office today?

Patient: I started developing new pains and today is my check-up day.

Doctor: Okay, let me check your file and see, today is indeed your check-up day. So, are you here to report any new pains or it's just the usual check-up you want to go through?

Patient: I discovered new pains that can be really frustrating and annoying.

In the illustration above, the doctor employs the adverb, 'so' as a metaphorical extension to tease the patient whose last statement is— 'fine, thank you ma'. This conveys a positive emotion towards the patient as the doctor converges to lift the patient's spirit. In the last turn, the doctor also adopts the adverb of degree, 'indeed' as a means of converging to the patient's claim. The patient also employs its synonym, 'really', to frame her emotion illustrative of annoyance. The choice and repetition of the adverbial, 'today' by the doctor and patient in the second turn are to diverge and to express negative emotion but in the last turn, the doctor's choice of the word indicate affirmation and convergence towards expressing a positive emotion. In the second conversation, adverbials indicative of manner and degree are used. While the doctor uses the adverb of manner, 'gently' to frame his emotion positively towards indicating convergence in the first turn, the patient employs the adverb of degree, 'indeed' to frame positive emotion and express appreciation towards the doctor in the second turn.

Doctor: Mama, take your time, come inside gently. I am here at your service ma.

Patient: hmm doctor it is my leg o.

Doctor: I have observed it mama. Sorry, you can have your seat.

Patient: Thank you so much I am indeed grateful.

Word classes that are used to convey emotion by the interlocutors in the third conversation include adverb, negative and performative verbs. Like the doctor in conversation one, the doctor in conversation three also uses the adverb, 'today' to express positive emotion (friendliness) towards the patient. Contrarily, the patient uses the negative verb, 'don't' and the performative verb, 'see' to convey his emotion illustrative of confusion towards the doctor. This is as a result of the patient's inability to describe the phenomenon.

Doctor: How are you doing today, are you my patient or your mum?

Patient: Fine, my mum and I.

Doctor: Let me start with you, what is your complaint?

Patient: It is my hand.

Doctor: What about it?

Patient: I don't know how to describe it, see it, it comes every now and then like rashes.

Apart from the use of adverbs and verbs by interlocutors to convey their emotion as illustrated in the forgoing, it has been observed that in the first conversation, the patient

employs adjectives to frame her emotion which is indicative of negative emotions in the fourth turn.

Patient: I discovered new pains that can be really ‘frustrating’ and ‘annoying’.

The patient’s choice of ‘frustrating’ and ‘annoying’ indicates an expression of negative emotion but such response is in convergence towards the doctor’s question.

3.4 Honorific Terms and Registers

Aside the use of word classes, the patient in in the extract below diverges through the use of the honorific term, ‘ma’. The choice of this term repeatedly at certain points in time in the exchange indicates the patient’s awareness of the social distance that obtains between her and the doctor. This also reflects the patient’s understanding of the cultural norm of respect Illustration abounds as follows:

Patient: I discovered new pains that can be really frustrating and annoying.

Doctor: In what area of your body?

Patient: My lower back, my phalanges my knee ma.

Doctor: When did this pain start?

Patient: It started sometimes last week, ma.

Doctor: Sometimes last week?

Patient: Yes ma.

In the illustration above, it has been noted that apart from the use of the honorific concept, the patient also diverges and indicate social distance through her choice of the medical registers for body parts; ‘lower back’, ‘phalanges’ and ‘knee’ in the description of her ailment. This further establishes that a formal relationship exists between the interlocutors. The patient uses the concept to express positive emotion. While the patient uses the honorific term “ma” in the extract above, the doctor uses it in conversations two and three.

Doctor: Good morning ma, welcome ma.

Patient: Thank you.

Doctor: Mama, take your time, come inside gently. I am here at your service ma. Patient: Hmm doctor it is my leg o.

Doctor: I have observed it mama. Sorry, you can have your seat.

Patient: Thank you so much I am indeed grateful.

Doctor: Sorry, please do not be offended, how old are you ma?

Patient: This young man is my fourth generation.

Doctor: Does anybody have asthma in your family?

Patient: No

Doctor: No allergic rhinitis nothing nothing

Patient's Mum: That's what I want to check, probably if he has because he's always eating.

Doctor: It doesn't look like allergy. Has he changed soap or cream?

Patient's Mum: We use dove.

Doctor: What of your cream?

Patient: Vaseline.

In the extracts above, it could be observed that the doctor uses 'ma' while asking the patient questions. In conversation two, the patient who is younger also uses the honorific. However, in the third conversation omits the honorific. Going by the consistency in the use of honorific in conversations one and two by the younger interlocutors and its omission in datum three, it could be concluded that the interlocutor's awareness of the difference in age or their lack of awareness (like in conversation 3) is a determining factor. The use of honorific is therefore a signal of convergence. Its omission if not an indication of divergence, rather, the patient's low level of understanding of the social norm and values.

3.4 Humour and Analogy

The doctor employs humor and analogy in the extract below as a convergence technique for framing her positive emotion.

Patient: Yes ma, I will increase my water intake ma.

Doctor: Yes, it can be a factor to what's wrong with you as at now, so let me write something for you to take to the pharmacy, so just get those drugs and you should be good to go, up and running in no time.

The analogies, 'good to go' and 'up and running', are used by the doctor to converge and express positive emotion by the doctor. The doctor's use of humour and analogy is aimed at stirring the patients' emotion after scolding her. This is a correction mechanism adopted by the doctor to cover-up her slip in the initial turn exemplified thus:

Doctor: Did you have anything before coming to my office here?

Patient: I had custard.

Doctor: Custard...wow okay you need to like be eating more because this might like add to what's wrong with you. Do you understand me? And you know your blood is sickle cell? And asides that, do you drink enough water daily?

In the conversation two, the patient adopts analogy.

Patient: Haa there is no problem— that is a big question, look at me and estimate with my grey hair.

Doctor: It is alright how many children do you have? I hope you are not offended.

Patient: There is no problem, it is your duty, the young man with me is my fourth generation.

In the extract above, the patient creates analogy using the expressions: 'grey hair' and 'my fourth generation'. The patient's use of analogy is to diverge and express negative emotion towards the question asked by the doctor.

3.6 Conditional Statements

In the selected conversations under consideration, important indicators of convergence and divergence employed by the interlocutors to frame their emotion are the conditional terms, 'okay' and 'yes'. In datum one, while the patient uses these terms to frame her emotion positively towards convergence, the doctor employs the term, 'okay', occasionally to illustrate divergence. In most cases, the patient and doctor use the term to signify agreement.

Patient: I started developing new pains and today is my check-up day.

Doctor: Okay, let me check your file and see.

Doctor: This is the prescription. Make sure you use the drug twice daily. Don't miss it, and drink enough water

Patient: Yes ma.

Doctor: I understand why I'm expatiating on that fact. Drink enough water.

Patient: Yes ma.

Doctor: Okay, when you go outside, call the next person in.

Patient: Okay

In the doctor's first turn, 'okay' is used to indicate an emotional divergence from the patient, which is indicative of an expression of doubt. However, the patient's turns indicate convergence to the doctor's position. In conversation two, the conditional terms are not used by the interlocutors, this is because the patient hedges instead of giving direct response like the patient in conversation one. This is illustrated as follows:

Doctor: Sorry, please do not be offended, how old are you ma?

Patient: Haa, there is no problem— that is a big question, look at me and estimate with my grey hair.

In conversation three, the doctor uses 'okay' like in conversation one while the patient use the negative conditional concept 'no' instead of 'yes'.

Doctor: Not here? Ma when was the last one?

Patient's Mum: I was not around so they took him somewhere.

Doctor: Okay, so you have not taken anything.

Patient's Mum: erm show him. I was thinking probably it's allergy or something.

Doctor: Let me see oya.

Patient: It's usually here.

Doctor: okay!

Patient: Not really on this part but usually there.

Doctor: And it only comes out of the right hand, any fever?

Patient: No.

Doctor: Does it itch?

Patient: Hmm no.

In the extract above, the doctor uses 'okay' to converge and express positive emotion. Likewise, the patient uses 'not really', 'no' and 'hmm no' to converge towards the doctor's enquiry, but the patient expresses negative emotion.

3.7 Hedges

The discourse participants in the data under evaluation adopt hedging, specifically verbal and adverbial hedges as well as vague language such as like, apparently, etc. The use of hedges in conversation one is illustrated as follows:

Doctor: When did this pain start?

Patient: It started sometimes last week, ma.

Doctor: Have you been doing any extreme sport lately? Like or maybe anything that has been stressing you lately than usual?

Patient: Err, I've been...it's exam period, so I am stressed like... I am very stressed...err... I do extra reading and all, I feel like it's part of what is causing the pain.

In the extracts above, hedges as used by the patient include 'sometimes', 'it's exam period' 'like', 'I feel like', etc. while the doctor uses 'Like', 'or', 'maybe', 'lately', 'than usual', etc. These lexical and structural hedges are used by the doctor and patient to converge towards the conversational pattern. Both the doctor and patient do not use hedges to express negative emotion, rather the doctor uses it to extract information while the patient uses to express pity.

Doctor: Sorry, please do not be offended, how old are you ma?

Patient: Haa, there is no problem— that is a big question, look at me and estimate with my grey hair.

Doctor: It is alright. How many children do you have? I hope you are not offended.

Patient: There is no problem, it is your duty, the young man with me is my fourth generation.

The extract above contains illustrations of hedges as used by the doctor and patient in datum two. The doctor uses adjectival hedge and a sentential hedge: 'sorry' and 'please do not be offended' to converge towards the patient and express positive emotion. This is as a result of the norm of showing respect to an elderly person. Unlike the doctor, the patient uses non-verbal hedge and structural hedges: 'haa', 'there is no problem— that is a big question, look at me and estimate with my grey hair', 'There is no problem, it is your duty, the young man with me is my fourth generation' to diverge and express negative emotion.

Patient: It is my hand.

Doctor: What about it?

Patient's Mum: Show him your hand.

Patient: I don't know how to describe it, see it, it comes every now and then like rashes.

Doctor: When was the last time you had it.

Patient: Early this month I guess but not here.

Illustrations of hedges as used in conversation three are presented in the extract above. The patient uses hedges while the doctor does not. The hedges used by the patient are 'see it', 'every now and then', 'like rashes' and 'I guess'. The patient uses these hedges to express both positive and negative emotions.

3.8 Name Calling

Name calling abound in two of the three conversations selected for this study, that is, conversations two and three. Illustrations of name calling in the two conversations are presented as follows:

Doctor: Mama, take your time, come inside gently. I am here at your service ma.

Patient: Hmm doctor it is my leg o.

Doctor: How are you doing today, are you my patient or your mum?

Patient: Fine, my mum and I.

Name calling in the illustrations above include 'mama', 'doctor', 'patient' and 'mum'. Name calling is a means of expressing the social distance that exists between the interlocutors. Not only this, the name, "Mama", as used by the doctor reflect the doctor's understanding of the cultural norm of respect.

3.9 Non-Verbal Features

In conversation one, it is observed that the patient frames her emotion using the non-verbal mode. The patient uses sound to signal negative emotion, an expression of pain, while the doctor was examining the patient. The patient uses the sounds 'oww' and 'umm' to express her emotion.

Patient: It sometimes makes me cry and it can be really frustrating and annoying

Doctor: okay, can you stand over there close to the wall? Let me examine you and I could check so I can diagnose some drugs. Okay how about here?

Patient: Oww...Umm it's painful.

Doctor: It's painful around this area?

Patient: Yes.

Likewise, in conversation two, the patient also uses the non-verbal mode, the sound, 'hmm', to express pain and negative emotion.

Doctor: Mama, take your time, come inside gently. I am here at your service ma.

Patient: Hmm doctor it is my leg o.

The implication for the use of non-verbal cues by the patient is not merely to express negative emotion and to evoke empathy but also to signal or caution the doctor.

5. Conclusion

This study has examined how emotions are framed in doctor-patient interactions from a sociolinguistic perspective. The data samples, which constitute three doctor-patient exchanges, were analysed using the theoretical tenets of Dragojevic, Gasiorek and Giles' (2016) Accommodation theory; Convergence and Divergence. From the analysis of the data samples, it has been established that the studied interlocutors adopt strategies including acknowledgement to express positive emotion and display convergence towards the co-interlocutor; they neglect acknowledgement to express negative emotion and diverge. Specifically, acknowledgement is used in the data to display kindness towards interlocutors.

Question and answer are used by the interlocutors to converge or diverge. They adopt questioning to express positive emotion or negative emotion towards their interlocutors, they respond to questions to arouse empathy and to affirm. They adopt both words and non-verbal language as response to questions to converge or diverge towards expressing negative or positive emotion. Specific word classes such as adverb of place and degree are used to convey negative emotion such as annoyance, while other kinds of adverbials are used as metaphorical extension to express positive emotion and to converge. Negative and performative verbs are used to convey emotion, which illustrate confusion. This kind of emotion framing by interlocutors indicates divergence. Also, adjectives are used to convey negative emotion, but they are used to converge.

Apart from the use of specific word classes, honorific terms are used to indicate social distance, they are used by interlocutors to either converge or diverge depending on the context of situation. Contrarily, medical registers are used by interlocutors to express positive emotion and to converge towards the speech styles of co-interlocutors. Omission of honorific terms are indicators of interlocutors' low level of understanding of the social norms and values. Humour and analogy are deployed by interlocutors to frame positive emotion and converge, with the aim of stirring the emotion of co-interlocutors. In reverse situations, analogy is used to express negative emotion and to diverge by interlocutors, depending on the emotional disposition of the interlocutors.

Conditional terms are used occasionally and interchangeably to express positive emotion, converge and signify agreement towards co-interlocutors. Also, the conditional terms are used to express negative emotion, for the expressing doubt and diverging, depending on the context of situation. Verbal and adverbial hedges as well as lexical and structural hedges, are used by interlocutors to converge. This is especially used by the doctors to extract information from the patient while the patients use hedges to arouse pity or express negative emotion and diverge. By name calling, interlocutors express social distance and both positive and negative emotions depending on the speech context. Non-verbal linguistic modes such as sounds are used by the interlocutors, in most cases, the patients, to express pain and negative emotion. However, these are means of converging towards the doctors.

Even though the interaction is a medical discourse which is supposed to be guided by the ethics and norms of the medical profession, factors of social orientation such as age disparity and social stratification between interlocutors supersedes the institution. This has remarkable impact on how the interlocutors frame of their emotions. The one at the receiving end is the one with the less power and the one with the lower social standing.

Having examined how interlocutors frame their emotions in selected doctor-patient encounters from a sociolinguistic perspective, it has been established that emotion framing is the manifestation of the interlocutors that is dictated by the context of the interaction. Also, because an interaction can take multiple directions, interlocutors tend to frame their emotion in multiple ways depending on the dimension of the discourse as well as how their co-interlocutors frame their emotions too. Going by the reality established in the doctors and patients' interactions under consideration in this study, the study concludes that social norm as well as other socio-cultural variables impact on how interlocutors frame their emotions. However, there is no strict compliance to the social norm as well as the discourse tenor as a result of the instability of the emotional state of interlocutors which could trigger unconscious deviation from the norms. This study has identified specific areas of needs such as the need for training of medical professionals in emotion-sensitive communication strategies. Additionally, the study recommends that future research should explore cross-cultural comparisons of emotion framing in doctor-patient interactions.

References

- Abrams, J., O' Connor, J. & Giles H. (2003). Identity and Intergroup Communication. In W. B. Gudykunst (Ed.), *Cross-cultural and Intercultural Communication*. Sage. <https://doi.org/10.1017/CBO9781316226537.007>.
- Adegbite, W & Odeunmi, A (2006). Discourse Tact in Doctor-Patient Interactions in English: An Analysis of Diagnosis in Medical Communication in Nigeria. In *NORDIC Journal of African Studies*. 12-31 <https://doi.org/10.53228njas.v15i4.40>
- Afzaal, M., Khan, M., Bhatti, A. & Shahzadi, A. (2019). Discourse and Corpus based Analysis of Doctor-Patient Conversation in the Context of Pakistani Hospital. Pakistan :RMIT University Australia.
- Barsalou, L.W. (1992). *Cognitive psychology: An overview for cognitive scientist*. Lawrence Erlbaum Associates, Inc. <https://doi.org/10.4324/9781315807485>.
- Agboola, C. O. O. (2004). The Jihad and Islamisation idea: A reconsideration of the case of Ilorin Emirate. C.1823-1900. *Global Journal of Humanities*, 6 (1-2), 46-49. <https://doi.org/10.4314/gjh.v6i1.29381>.
- Bell, A. (2006). *Speech accommodation theory*. Elsevier.
- Bernstein, B. (1970). *Education cannot compensate for society*. New Society.
- Brody L.R. (1999). *Gender, emotion and family*. Harvard University Press. <https://doi.org/10.2307/j.ctvjsf5n8>.
- Browner H.N., Preloran, H.M, Casado, M.C., Bass, H.N., & Walker, A.P. (2003). Genetic counselling gone awry: Miscommunication between prenatal genetic service providers and Mexican-origin client. *Social Science & Medicine*, 56 (9). [https://doi.org/10.1016/S0277-9536\(02\)00214-9](https://doi.org/10.1016/S0277-9536(02)00214-9).
- Chambers, J. K. (2003). *Sociolinguistic theory: Linguistic variation and its social significance*. Blackwell.
- Chang, W. & Schneider, N. (nd). Cognitive linguistics: Categories, frames, image schemas, and beyond. Accessed: 12/6/2021, retrieved from: <https://www.ello.uos.de/field.php/cognitiveApproaches/FrameSemantics>.
- Coleman, J. S. (1990). *Foundations of social theory*, Cambridge. Belknap. <https://doi.org/10.2307/1962898>.
- Coupland, N., Coupland, J., Giles, H., & Henwood, K. (1988). Accommodating the elderly: Invoking and extending a theory. *Language in Society*, 17, 1-41. <https://doi.org/10.1017/S0047404500012574>.
- Coupland, N. Coupland, J., & Giles, H. (1991) Accommodation theory communication, context and consequence. In Coupland, N. Coupland, J. & Giles, H. (Eds.), *Contexts of accommodation: Developments in applied sociolinguistics*. Cambridge Press. <https://doi.org/10.1017/CBO9780511663673.001>.

- D'Ambrosio, M. (2022). Emotions in political discourses and social narratives: Sociological, *Society Register*, 6(4):101-116.
<https://doi.org/10.14746/sr.2022.6.4.06>.
- Denzin, N. K. (2009). *On understanding emotion*. Routledge Taylor and Francis Group.
<https://doi.org/10.4324/9781315125718>.
- Dragojevic, M., Gasiorek, J., & Giles, H. (2016). Communication accommodation theory. In Berger, R, Charles, & Rolof, E. Micheal (Ed.) *The International Encyclopedia of International Communication*, Wiley & Sons Publisher.
- Ellickson, R. (1991). *Order without law: How neighbors settle disputes*. Harvard University Press. <https://doi.org/10.2307/j.ctvk12rdz>.
- Gambari-Olufadi, K. (2018) Communication styles and speech accommodation in conversation in *The Johnsons*. *Journal of the English Scholars Association of Nigeria (JESAN)*, 20, 340-355.
- Geertz, C. (1973). Thick Description: Toward an Interpretive Theory of Culture, in *The Interpretation of Cultures: Selected Essays*. Basic Books.
- Goffman, E. (1967). *Interaction Ritual: Essays on Face- to- Face Behavior*. Anchor Books.
- Goffman, E. (1977). *Interaction Ritual*. Harmondsworth. Penguin.
- Giles, H. (1973). Accent mobility: A model and some data. *Anthropological Linguistics*, 15, 87–105.
- Giles, H. & Smith, P. M. (1979). Accommodation theory: Optimal levels of convergence. In Giles, H. & St. Clair, R.N. (Eds.) *Language and Social Psychology*. Oxford.
- Halliday, M.A.K and Hasan, R. (1985). EFL function: Construing systemic functional linguistics for EFL classes. Retrieved from: <https://eflfunc.wordpress.com/2013/04/10/tenor-of-discourse/>. Accessed 7/10/2023.
- Giles, H. & Coupland, N. (1991). *Language: Context and consequences*. Pacific Grove, CA: Brooks/ Cole.
- Hockenbury, D.H. & Hockenbury, S.E. (2007). *Discovering psychology*. Worth Publishers
- Holmes, J. (2008). *An introduction to sociolinguistics*. Edinburgh: Pearson Ltd.
<https://doi.org/10.4324/9781315833057>.
- Hudson, R. A. (1996). *Sociolinguistics*. Cambridge University Press.
<https://doi.org/10.1017/CBO9781139166843>.
- Irvine, J. T. (1995). A sociolinguistic approach to emotional concepts in a Senegalese community. *Everyday Conceptions of Emotion*, 81, 251-265.
<https://doi.org/10.1007/978-94-015-8484-514>.

- Kogl, K. (2019). What are frames in English Linguistics? Accessed 10/6/21, retrieved from: <https://www.quora.com/what-is-framing-in-linguistics>.
- Labov, W. (1972). *Sociolinguistic patterns*. Basil Blackwell. <https://doi.org/10.1017/S0047404500004528>.
- Lakoff, G. & Johnson, M. (1980). *Metaphors we live by*. University of Chicago Press. <https://doi.org/10.2307/414069>.
- Little, T. (2014). Sociolinguistic factors affecting patterns of emotional language use among multilingual speakers in the Western Cape. A Published dissertation submitted to the Department of General Linguistics, Stellenbosch University, South Africa. Retrieved from: <https://scholar.sun.ac.za/server/api/core/bitstreams/816d573f-bd88-4a7f-b23c-72326317389d/content>. Accessed 7/10/2023.
- McCarthy, J. (1989). Two Puzzles involving Knowledge, Formalising common sense. Ablex
- Meyerhoff, M. (2006). *Introducing Sociolinguistics*. Routledge.
- Odeunmi, A. (2021). Discursive Repetition and Voices in Nigerian Clinical Meetings In *Ghana Journal of Linguistics*: 10 (1).27-72. <https://doi/10.4314/gjl.v10i1.367>.
- Pettinelli, M. (2016). *Emotions ideas and logic* North Carolina: Lulu enterprises incorporated.
- Reddy, W. M. (1999). Emotional liberty: Politics and history in the Anthropology of emotions. *Journal: Cultural Anthropology*, 14 (2), 256-262.
- Salovey, P. & Mayer, J. D. (1990). Emotional Intelligence. *Imagination, Cognition and Personality*, 9, 185-211. <https://doi.org/10.2190/DUGG-P24E-52WK-6CDG>.
- Sapir, E. (1921). *Language: An Introduction to the study of speech*. Harcourt, Brace & co.
- Schweinberger, M. (2019). A sociolinguistic analysis of emotives. *Corpus Linguistics*, 3, 327-361.
- Spolky, B. (2010) *Sociolinguistics*. Oxford University Press.
- Tajfel, H. Turner, J.C. (1986) The social identity theory of intergroup behavior. In S. Worchel & W. G. Austin (Eds.), *Psychology of intergroup relations*. Nelson- Hall. <https://psycnet.apa.org/doi/10.4324/9780203505984-16>.
- Trudgill, P. (2000). *Sociolinguistics: An introduction to language and society*. England: Penguin.
- Turner, J.H. & Stets, J.E. (2005). *The sociology of emotions*. Cambridge University Press. <https://psycnet.apa.org/doi/10.1017/CBO9780511819612>.
- Holmes, J. (2008). *An introduction to sociolinguistics*. Edinburgh: Pearson Ltd. <https://doi.org/10.4324/9781315833057>.

- Van Dijk, T. (2009). Critical discourse analysis. In Schiffrin, D., Tannen, D. & Hamilton, H. (eds). *The handbook of discourse analysis*. Blackwell. <https://doi.org/10.1002/9780470753460.ch19>.
- Wilce, J.M. (2009). Medical discourse. *Annual review of anthropology*. 38, 199-215. <https://doi.org/10.1146/annurev-anthro-091908-164450>.
- Waitzkin, H. (1989). A critical theory of medical discourse: Ideology, social control, and processing in social context in medical encounters. *Journal of Health and social behaviour*, 30(2), 220-239. <https://doi.org/10.2307/2137015>.
- Wardhaugh, R. (2010). *An Introduction to sociolinguistics*. Blackwell Publishers.
- Zukav, G. & Francis, L. (2001). *The heart of the soul: Emotional awareness*. Simon & Schuster.

Citation of this paper

Medubi, O. C. & Gambari-Olufadi, K. (2025). Sociolinguistic Study of Emotion Framing in Selected Doctor-Patient Encounters in Ilorin Metropolis. *Erevna: Journal of Linguistics and Literature*, 9(1), 1-22.