Humanities and Educational Sciences Journal
ISSN: 2617-5908 (print)
مجلـــة العلـــوم التربـــوية والدراســـات الإنســـانيـــة
ISSN: 2709-0302 (online)

Pragmatic Functions of Emotive Language in Saudi Doctor-Patient Discourse: A Study of Co-Act Proposals and Self-Realization Acts(*)

Dr. Faten Abdullrahman Alqahtani
Assistant Professor
Applied linguistics, English Language
Faculty of Languages and Translation
King Khalid University, Saudi Arabia

*) Received: 1/7/2025 Accepted: 23/7/2025
*) Journal Website: http://hesj.org/ojs/index.php/hesj/index

Pragmatic Functions of Emotive Language in Saudi Doctor-Patient Discourse: A Study of Co-Act Proposals and Self-Realization Acts

Dr. Faten Abdullrahman Alqahtani
Assistant Professor
Applied linguistics, English Language
Faculty of Languages and Translation
King Khalid University, Saudi Arabia

Abstract

Much research suggest how patients express their emotions in medical settings is crucial for improving doctor-patient communication. In Saudi Arabia, this discourse contains numerous emotive nuances that affect meaningful patient-doctor interactions. Hence, this study investigated the pragmatics of the use of emotive language during medical consultations in Saudi Arabia. Using a qualitative exploratory approach, a discourse analysis of 40 audio-recorded consultations was conducted with 46 participants. Reich's (2011) Model of Communication Acts (RMCA) was used to examine patients' communicative acts using the co-act proposals (CAPs) and the self-realizing communicative act (SCA) to classify the relationships. Pragmatic analysis of the contextual factors was used to interpret language use, including the social dynamics and situational constraints that influence communication. The findings found that Saudi patients primarily used emotive SCAs rather than emotive CAPs, indicating a preference for expressing personal insights. The findings contribute to improving doctors' communication and social skills, developing an emotion-annotated corpus.

Keywords: Arabic discourse, Doctor-patient discourse, Emotive language, Emotive utterances, Reich Model of Communicative Acts.

Introduction:

Emotive language in doctor-patient discourse is sometimes interwoven with the patient's medical complaints as well as their positive and negative emotions. Stankiewicz (1964) defined emotive language as the language that is imbued with emotion or sentiment, allowing individuals to express their feelings, attitudes, and emotional states through verbal and nonverbal communication. While this exchange of information, emotions, and expectations can influence the diagnostic and therapeutic processes (Del Piccolo et al., 2014), the role of emotive language in the doctor-patient discourse (DPD) goes beyond mere communication. Emotive language is a vital tool for patients to articulate their symptoms, concerns, and expectations, thereby facilitating the diagnostic process and shaping the overall healthcare experience (Lindquist, 2017). Moreover, emotive language fosters a sense of empathy and rapport between patients and healthcare providers, laying the foundation for trust, collaboration, and patient-centered care (Choudhary et al., 2022). By attending to the emotional cues embedded within patients' language, healthcare providers can tailor their approach to communication, offering reassurance, support, and empathy where needed (McColl-Kennedy et al., 2017). A patient's ability to convey their emotions effectively to healthcare providers enables doctors to gain deeper insights into their medical conditions, emotional state, and treatment preferences.

This study delves into the utilization of emotive language within the context of DPD in Saudi Arabia. Patients may express feelings of fear and frustration, articulating statements such as, /ʔaxa:f ʔilmoʃkilah ma: tro:ħ ʔabadan/ (I'm terrified this issue will never go away) or / mahu: mantˁqi: haða: ʔilkala:m/ (This is not acceptable), thereby demonstrating how emotions are conveyed to evoke medical attention. Thus, the study aims to comprehend the multifaceted dynamics underlying the use of emotive language in doctor-patient interactions. By delving into the nuances of how emotive language is employed, the research seeks to uncover its role and significance in shaping communication dynamics and fostering meaningful patient-doctor interactions.

Although there is a substantial body of research dedicated to the study of emotive language in various contexts (Macagno & Walton, 2014; Koschut,

2018; Fadhil, 2021; Absattar et al., 2022), a noticeable gap exists in our understanding of how emotions are expressed and managed within doctor-patient interactions, particularly in the Saudi Arabian context. Most existing studies on emotive language tend to focus on general pragmatic and sociolinguistic phenomena, often within Western cultural frameworks, leaving a significant knowledge gap regarding non-Western settings such as Saudi Arabia. Specifically, there is limited insight into how Saudi patients convey their emotions during medical consultations, a context where cultural norms, gender expectations, and societal transformations play a pivotal role.

Problem of the study:

In the Saudi Arabian context, DPD presents a rich area for scholarly investigations and practical interventions (Alyahya et al., 2019). The area contains distinct socio-cultural norms that can be unearthed by examining the nuances of emotive language in the Saudi DPD. Hence, this study adopts an exploratory qualitative approach to delve into the nuances of how emotive language is employed in meaningful patient-doctor interactions. The study aims to contribute to the existing literature by offering theoretical, practical, and pedagogical implications derived from its findings and is embedded within the social constructivist and interpretivism paradigm. These frameworks are considered appropriate to examine how language and communication construct and interpret social realities, allowing for an in-depth exploration of the dynamic and context-dependent nature of these processes (Berger & Luckmann, 1966).

Research Questions:

The research questions to guide this novel inquiry are:

RQ1: How do Saudi patients in Saudi doctor-patient discourse employ emotive language to evoke medical help?

RQ2: Do Saudi patients employ emotive language more frequently in their CAPs compared to SRAs?

RQ3: To what extent does the use of emotive language vary between male and female patients in Saudi doctor-patient consultations?

Objectives of the Study:

This study aims to

1- Explore the potential influence of Saudi culture on the production and interpretation of emotive language within healthcare settings.

2- Investigate how socio-cultural norms and values in Saudi society shape the expression and of emotive language during medical consultations.
3- Provide insights into culturally sensitive communication strategies that can enhance understanding, empathy, and rapport between doctors and patients in Saudi healthcare settings.

Significance of the Study:

This study holds profound implications for both scholarly inquiry and practical healthcare contexts. By shedding light on the complex interplay of emotions, culture, and language within DPD in the Saudi context, this study contributes to the growing literature on DPD and underscores the importance of recognizing gender differences in the Saudi context. Furthermore, the study's findings have the potential to inform healthcare policy and practitioner training initiatives, fostering greater awareness and sensitivity to the socio-cultural considerations within the Saudi context, ultimately enhancing the quality and efficacy of healthcare delivery.

Positionality Statement:

The researcher is a linguist and an insider from the Saudi community, particularly from the Aseer region, thus bringing a unique and invaluable perspective to this study. Growing up within the cultural uniqueness of the Saudi gendered society, the researcher has firsthand knowledge and understanding of the intricacies of language use, communication norms, and societal expectations within formal interactions. The distinction between regions is pivotal, as some emotive expressions can be primarily attributed to the Aseer dialect of Saudi Arabia. For instance, expressions such as /mɑːʃ/ and /maːhu: ʕoːdˀ willaði:/ "it is not good at all" for dissatisfaction or /aħlaːʃ/ "the best" for satisfaction are specific to this dialect. These regional linguistic nuances underscore the importance of the researcher being familiar with the general language and also the specific dialect and cultural expressions of the community being studied.

Literature Review:

Within the domain of healthcare, emotive language is often employed by patients as a strategic tool to influence doctor-patient interactions (Macagno & Walton, 2014). Emotive language, known for its persuasive power, enables speakers to influence others' perceptions and responses effectively (Ouayed, 1990). The acknowledgment of emotions' significance in

interpersonal and intercultural communication has driven the development of "Research in Emotions," a distinct field within linguistic studies. It embodies a complex interplay of emotions, cultural norms, and linguistic expressions. Beyond simply conveying feelings, patients use emotional expressions to manipulate the course of conversation, aiming to gain empathy and prompt specific actions from healthcare providers. This deliberate use of emotive expressions can shift the focus of the interaction, encouraging doctors to prioritize the patient's concerns or adjust their approach. As such, emotive language becomes a powerful means through which patients seek to guide medical decisions and secure the care they desire.

Analyzing DPD is crucial for understanding how communication influences patient care, particularly in the exchange of medical information and decision-making (MacArtney et al., 2020). Power dynamics significantly affect these interactions, as doctors often have more authority and clinical expertise, shaping how information is conveyed and interpreted. Afzaal et al. (2019) suggest that examining these power dynamics reveals how language use impacts interlocutors' involvement and decision-making. Further, DPD helps ensure patients understand medical jargon, diagnoses, and treatment plans. DA clarifies issues around clarity and patient engagement, highlighting the importance of shared decision-making in patient-centered care (MacArtney et al., 2020).

Arabic's linguistic characteristics, such as politeness strategies, honorifics, and specialized medical vocabulary, significantly impact doctor-patient interactions. In medical settings, bilingual physicians in countries like Jordan often code-switch between Arabic and English to accommodate gaps in medical terminology and better suit the communication style of their interlocutors (Alkhlaifat et al., 2020). The use of formal or colloquial registers, particularly in the context of Arabic diglossia, influences how physicians and patients establish rapport, convey respect, and manage communication (Crezee et al., 2016).

Moreover, interactional sociolinguistics (IS) delves into the social and cultural aspects inherent in DPD. It meticulously examines how language usage both reflects and molds social identities, relationships, and societal norms (Bailey, 2008). IS scrutinizes how medical professionals and patients employ language to establish connections, convey empathy, and navigate

their social roles and expectations. This approach pays careful attention to linguistic and functional elements, such as politeness strategies, specialized terminology, and patient narratives, thereby shedding light on the intricate interplay.

Arabic Pragmatics of Doctor-Patient Interactions:

The pragmatics of Arabic explores how meaning is constructed and communicated within Arabic-speaking contexts, where sociocultural factors such as politeness and respect play a significant role (El-Dakhs, 2021). In Arabic doctor-patient interactions, deferential language and honorifics reflect the hierarchical relationship between patients and doctors, shaping how patients express their needs and how doctors respond to them.

In diglossic contexts, such as those in the Arab world, different varieties of Arabic (Modern Standard Arabic and local dialects) are used depending on formality and intimacy. In doctor-patient interactions, this language choice can affect rapport and trust (Al Kayed & Al-Ghoweri, 2019). Storytelling, idiomatic expressions, and metaphors are also important linguistic features in Arabic communication. Patients often use these to describe symptoms or experiences, reflecting shared cultural values (Qassem & Vijayasarathi, 2015).

Non-verbal communication, including gestures and facial expressions, plays a critical role in Arabic discourse. Pragmatic analysis explores how these non-verbal cues contribute to meaning and influence the doctor-patient relationship (Almathkuri, 2021). Turn-taking and overlapping speech are also central to Arabic communication, with power dynamics influencing how these conversational strategies unfold (Almathkuri, 2021).

Theoretical Framework

Numerous studies have explored theoretical frameworks used for analyzing emotive language in different contexts, particularly political contexts (Babiuk, 2020; Fadhil, 2021; Koschut, 2018; Koschut, 2020; Macagno & Walton, 2014; Osnabrügge et al., 2021). However, within the realm of healthcare communication, a limited number of studies have adhered to clear and comprehensive theoretical frameworks that are specifically tailored for the analysis of emotive language. Thus, identifying a theoretical framework that effectively captures the nuances of emotive language in the doctor-patient interaction presented a unique challenge,

requiring careful consideration and synthesis of existing theories. In the end, Reich's (2011) Model of Communicative Acts (RMCA) was employed as it provides a foundation for interpreting the emotional nuances embedded in this discourse.

RMCA highlights the dynamics of interpersonal communication with communicative acts often being understood as an Over Influence Attempt (OIA). Here, the speaker attempts to influence the addressee, possibly by offering temporary cooperation. The model distinguishes between two key concepts: the self-realization communicative act (24) and the co-act proposal (CAP). A CAP is defined as a proposal made by the speaker, encouraging the addressee to perform a voluntary action as intended by the speaker. Conversely, an SCA operates through the automatic comprehension of the addressee, bypassing any need for explicit agreement or cooperation. SCAs do not rely on the voluntary agency of the addressee but achieve their outcomes by circumventing their consent. Reich suggests that SCAs are evolutionarily and empirically derived from CAPs, emphasizing the interconnectedness of these communicative strategies. Reich's model has been applied in a variety of contexts, illustrating its broad relevance in understanding communication strategies across different fields such as in law (Minto et al., 2024), linguistic (Tantucci & Wang, 2022), and education (Elkommos, 2018). In cross-cultural pragmatic research, Reich's model has been used to analyze how communicative acts shift based on sociocultural factors like social distance and (in)directness. This supports the CAP-SCA framework, which also examines how communicative strategies are adjusted based on relational dynamics.

Methodology:

Research Design:

This study adopts an exploratory qualitative research approach using audio recordings of doctor-patient communication. This study is rooted in the researcher's epistemological stance as a social constructivist and interpretivist, who recognizes that language and meaning are constructed through social interactions and are context-dependent (Gergen, 1985).

Settings of the Study and Research Participants:

The study site is the outpatient clinics at King Khalid University Medical City, Alfara'a campus. This medical city is an integral part of King Khalid

University institution (located in Abha, Saudi Arabia), which offers medical services to a diverse population comprising university students, faculty staff, employees, and their families. Participants comprised a sample of six doctors (Male/Female=3) and 40 patients (Male/Female=20) who were selected using a combined approach of convenience and purposive sampling. Participation was limited to Saudis from the Aseer tribes to generalize the findings to the culture of this particular tribe. Particular care was taken to ensure an equal distribution of male and female patients. Participants outside these requirements were not considered eligible for this study.

The age range of the 40 patients spanned from 18 to 67 years (M = 39.6). The participants consisted of young adults (ages 18–39 years; *n* = 20), middle-aged adults (ages 40–59 years, n = 13), and older adults (> 60 years, *n* = 7). The majority of the participants were young adults (50%), followed by middle-aged adults (32.5%) and older adults (17.5%). Three patients (7.5%) were uneducated; a minority (2%) had a PhD, while most (47.5%) had an undergraduate degree, with (10%) having a master's. Some (27.5%) had completed secondary school. The doctors' demographics are in Table (1).

Table (1) Demographic Characteristics of Doctors

Doctors	Gender	Age	Position	Specialty	Number of Patients
MD1	Male	48	Consultant	Internal Medicine	4 male 4 female
MD2	Male	38	Specialist	Internal Medicine	3 male 2 female
MD3	Male	28	Resident	Internal Medicine	3 male 4 female
FD1	Female	52	Specialist	Family Medicine	4 female 3 male
FD2	Female	50	Specialist	General Medicine	3 female 3 male
FD3	Female	41	Specialist	General Medicine	3 female 4 male

Ethical Considerations:

The Research Ethics Committee at King Khalid University Medical City approved the study. Informed consent was provided by each participant before the study commenced.

Data Collection and Analysis:

The primary qualitative methods of data collection involved a DA of audio recordings of authentic patient-doctor interactions in authentic medical consultations. These were collected from October (15) to December (10, 2023). The audio recordings served as a rich source of linguistic data, capturing the pragmatics and semantics of emotive language use. The corpus size was (38,721) words, with recording lengths of 8 hours and (53) minutes for all six doctors and (40) patients.

The data analysis phase was divided into two key sections. The first section began with a DA of the audio recordings, focusing on the coding and the analysis of linguistic patterns and the use of emotive language within the doctor-patient interactions. This method helped reveal the subjective experiences and interpretive processes of patients, providing a comprehensive understanding of the sociolinguistic and pragmatic dimensions of their use of emotive language in a formal discourse (Creswell & Poth, 2016).

Analytical Processes:

Labov's Observer's Paradox was maintained by ensuring that the researcher did not attend the medical consultations directly. Instead, the researcher spoke to the doctor beforehand about a certain procedure and requested participants' approval by having them sign and submit the consent form to the doctor within the clinic. Receipt of the signed consent form indicated the patient's agreement to participate without the study being discussed with the doctor in the clinic. After the researcher reviewed the recordings to ensure they contained valuable input from the patients and met the minimum duration of 10 minutes, in line with Labov's (1972) recommendation for mitigating the observer's paradox. This daily check was crucial for confirming the authenticity and richness of the interactions. A total of 63 recordings were initially collected; however, only 40 met the eligibility criteria and were selected for DA, ensuring a robust and focused dataset. The inclusion criteria required a minimum of 10 minutes of verbal input (excluding pauses) from patients attending their first medical visit (not a follow-up).

Throughout the recruitment process and data collection phase, no participants withdrew from participation, however, a limited number of

individuals declined to participate. Despite efforts to engage potential doctor-participants and patient-participants and ensure a balanced representation, some female doctor-participants and patient-participants expressed reservations or declined participation for various reasons. This reluctance highlights the challenges of active participation with specific demographic groups in socio-cultural research to ensure the inclusivity and representativeness of study samples.

Discourse Analysis of the Recordings:

The analysis explored how these elements were used to convey meaning, intention, and emotion within the conversations. By examining the pragmatic aspects, such as communicative acts, CAPs, and SRAs, alongside the semantic content, the analysis showcased how to identify emotive language functions to elicit medical help and manage the flow of the interaction.

Data Coding. The hybrid coding approach integrated both deductive and inductive coding methods (Swain, 2018). This approach began with a predetermined framework grounded in established theories and concepts from the literature (deductive approach) and was followed by the identification of emerging themes directly from the data (inductive approach). The deductive phase involved coding communicative acts into CAPs and SCAs, as outlined by RMCA. Specifically, the analysis focused on CAPs that contained emotional content, examining the linguistic nuances to determine whether the expressions directly label emotions or evoke emotional associations.

The MAXQDA (24) software facilitated a systematic and efficient analysis of the textual data. In the deductive phase, the software was used to establish a coding structure based on the classification of communicative acts and emotional categories derived from existing theoretical frameworks. Simultaneously, MAXQDA's capabilities were leveraged to support the inductive coding aspect of the study by systematically reviewing the textual data, identifying emerging themes, and creating new codes for previously unrecognized emotions or expressions.

Coding Scheme of Emotive Functions: Pragmatic Analysis according to RMCA. This coding scheme guided the exploration of the nuanced aspects of patients' communicative acts. This framework introduced CAPs and SRAs, each with distinct attributes of intentionality, reciprocity, and

contextuality. The analytical process comprised a methodical two-step approach. Initially, all communicative acts encapsulating emotional content manifested by patients were comprehensively explored. CAPs referred to instances where patients proposed a specific course of action, actively anticipating and seeking a response from the attending doctor. In contrast, SRAs encompassed expressions that stood alone, not inherently expecting a predetermined response, serving as self-contained reflections of the patients' thoughts or feelings (see Table 2).

Table (2) Communicative Acts Classification

Communicative Acts	Definition	Sample from the Data	Justification
Overt Influence Attempts (OIA)	**An act where individuals consciously try to influence the behavior or perceptions of others.**	***/madɾi: walla:h lakin ka:nat ilʔumu:r maʃjah maʕi: wibaʕdi:n ʔista xdamt nu:ʕ ʔaʕtˁo:ni: ʔijah wiza:rat ʔisˁsˁiħah jugulu:n haða: badi:l lah wa lakin lilʔasaf ma: ʔaħiss ʔinnah sa:ʕad /*** **"I don't know, but things were going well for me, and then I used a type they gave me from the Ministry of Health. They say this is an alternative for it, but unfortunately, I don't feel it helped.**	**Demonstrates a patient's conscious attempt to influence the doctor's perception of the treatment's effectiveness. The speaker mentions that the Ministry of Health provided an alternative medication, but emphasizes that it hasn't helped, aiming to elicit a response or reconsideration from the doctor. This act seeks to shift the doctor's understanding of the patient's experience and advocate for a change in treatment, fulfilling the criteria of an OIA.**
Co-Act Proposal (CAP)	**A proposal made by individuals during**	***/ʔilʕila:ʒ ðˁanni jisabbibli: ʕadam nu:m wa ʔasri: illi:l kollah widdi: tʃu:f li***	**Here, the patient cooperatively engages with the doctor by proposing a solution.**

Communicative Acts	Definition	Sample from the Data	Justification
	cooperative acts aimed at achieving a shared goal.	*ħal/* "I think the medication is causing me insomnia, and I spend the whole night awake. I want you to find a solution for me."	The patient identifies the issue (medication causing insomnia) and directly requests the doctor's intervention to resolve it.
Self-realizing communicative Act (SCA)	An act where individuals express insights or realizations about themselves or their situation.	*/Wallla:h sit sa:ʕa:t jaʕni: malxbaṭʿah/* "Seriously, six hours of sleep, but it isn't all at once."	The patient expresses a personal insight regarding his sleep patterns, recognizing that while he sleeps for six hours, the sleep is fragmented. This statement reflects a realization about his condition without explicitly seeking to influence the doctor's actions, making it a typical example of an SCA, where the speaker shares a self-reflective observation.

Coding Scheme of Emotive Expressions: Semantic Analysis. The coding scheme was designed to be meaning-based, focusing on the identification and interpretation of emotion-label words and emotion-laden words within the patient's previously identified communicative acts. This approach involved a nuanced exploration of the language used in the discourse, aiming to capture the intricate interplay between linguistic expressions and underlying emotional states (see Table 3).

Table (3) Emotive Expressions Classification

Emotional Expressions	Definition	Sample from the Data	Justification
Emotion-Label words	**Words explicitly denote specific emotions or states of mind.**	***/ʔaxa:f tʔaθθir ʕala: ilmaʕidah/*** **"I'm afraid it affects the stomach."**	**The phrase *ʔaxa:f tʔaθθir ʕala: ilmaʕidah*/ explicitly expresses the patient's fear regarding the potential impact on their stomach, indicating a state of worry and concern about their health, using an emotion-label word which is *ʔaxa:f*/.**
Emotion-Laden words	**Words that carry emotional connotations or implications without explicitly stating an emotion.**	***/Mumta:z bajjaðˁ ʔalla:h waʤhik/*** **May God bless your face.**	**The expression *Mumta:z bajjaðˁ ʔalla:h waʤhik*/ conveys gratitude and satisfaction, laden with a positive emotional tone, potentially indicating a sense of satisfaction and appreciation.**

Researcher Training. Two independent interraters were appointed to assess the reliability of the analysis process. One interrater possessed expertise as an applied linguist with interests in pragmatics, while the other specialized in Arabic linguistics, with research interests in Arabic semantics. Coder training was provided, with each interrater being provided with a detailed codebook that offered explicit guidance on the data analysis procedures, code definitions, and criteria for code application. This ensured that both interraters had a clear and consistent framework for analyzing the data, laying the foundation for consistent coding practices.

A pilot coding initiative was then implemented. This phase involved coding a subset of the dataset independently by each coder using the predefined categories. The purpose of the pilot coding was twofold: to apply the coding framework and to identify any discrepancies or areas for improvement.

Interrater reliability was then quantitatively assessed using Cohen's Kappa. The asymptotic standard error was .044 with an approximate significance of (<.001). Interrater reliability assessment served as a guide for refining the coding guidelines and addressing any discrepancies among coders. A Zoom meeting was organized with the interraters to explore the findings and address any disparities.

Findings:

Finding of the Pragmatic Analysis of the Patients' Use of Emotive Language

Pragmatic analysis was employed as a methodological approach to explore how patients utilize emotive language within Saudi doctor-patient discourse, addressing RQs 1and (2). The primary objective was to examine the communicative acts performed by patients and how their use of language functions within the interaction to achieve specific pragmatic goals, such as seeking assistance or expressing concerns.

The analysis focused on identifying and categorizing the types of communicative acts used by patients, distinguishing between CAPs-where the patient's language implicitly or explicitly seeks a cooperative response from the doctor-and SCAs, where the patient's language primarily serves to express personal feelings or thoughts without necessarily seeking an immediate response or action from the doctor. The pragmatic analysis process entailed a detailed examination of the recorded doctor-patient interactions. Each verbal utterance by the patient was analyzed in terms of its pragmatic function within the interaction. The analysis concentrated on understanding the pragmatic functions of these communicative acts, particularly how patients' emotive language serves to influence the doctor's behavior, convey their medical needs, or reflect their psychological state.

RQ 1: How do Saudi patients in Saudi doctor-patient discourse employ emotive language to evoke medical help?

To address this inquiry, a pragmatic analysis of patients' communicative acts is essential to interpret the underlying functions of emotive language. It

provided a foundational framework for understanding how patients employed emotive language within their communicative acts during doctor-patient interactions. RMCA offers a systematic approach for analyzing and categorizing the types of communicative acts patients used in medical consultations. Through the application of this model, all instances of patients' OIAs containing emotional content were identified, and their underlying functions were explored. Specifically, a distinction was made between CAPs, where patients expressed emotions to solicit a cooperative action or response from the doctor, and SRAs, where patients articulated emotions for self-expression without expecting a specific response from the interlocutor (Reich, 2011). This analytical approach helped to discern the pragmatic intentions behind patients' use of emotive language, unraveling the nuances of their communicative strategies within the doctor-patient interaction.

RQ2: Do Saudi patients employ emotive language more frequently in their CAPs compared to SRAs?

To address this query, the study accurately examines all communicative acts employed by patients that hold emotional content, whether overtly expressed or subtly implied. These communicative acts are meticulously categorized based on their pragmatic functions, distinguishing between CAPs and SRAs.

Qualitative Findings of the Pragmatic Analysis of Communicative Acts:

In conducting the qualitative analysis of this study, DA stands as a pivotal methodological approach. In analyzing the use of emotive language from pragmatic, semantic, and sociolinguistic perspectives, the selection of the following excerpts aligns with Waring's (2017) recommendations of doing DA research. Waring highlights that the essence of excerpt selection is not solely based on quantity but rather on the representation of issues pertinent to the investigation.

First Script: *(A male patient [MP] with a male doctor [MD]).*

1- **MP1:** */ʔana: ʔaxa:f ja: dokto:r ʔin ʔil ʒorʕah za:jidah ʕalajjah ʕaʃa:n kɪð:a jiʒi: ʔilhobu:tˁ fi:sˁsˁabaħ/* ***(CAP)***

Doctor, I’m afraid that the dose is too much for me; that’s why I get low blood sugar in the morning.

2- **MD1:** */laːʔah huːah ʔilgurʕah munaːsbah laːkin waʔt ʔilħaqin laːzim niragʕuh/*

No, the dose is appropriate, but we need to review the timing of the injection.

3- **MP1:** */huː sˁaraħatan ʔinniː ʔadog fiːlʔakil gabl ʔanaːm wa ʔðˁtˁar ʔaːxuðhaː*

liʔannah jikuːn mirtafiʕ/ ***(SCA)***

Honestly, I tend to eat a lot before I sleep and have to take the injection because my sugar levels are high.

4- ***MD1:*** /maːhuah ʔinta laːzim tiɣajjar ʕaːdaːtak ʕaʃaːn jintizim ʔissukkar/

Well, you need to change your habits to regulate your blood sugar.

5- **MP1:** /ʔiː wallaːh ʔinnak sˁaːdig jaː dokto:r/ **(SCA)**

Yes, you're right, doctor.

Context:

The conversation takes place in a medical consultation setting, with both participants being male-the patient and the doctor-engaged in discussing the patient's blood sugar concerns. The patient expresses worry about his medication dosage and its impact on his blood sugar levels, specifically experiencing hypoglycemia in the morning. The doctor, holding a position of authority and expertise, responds with reassurance and practical advice. The patient's use of emotive language reflects his fear and concern, while the doctor's responses are aimed at clarifying and addressing these concerns. This is likely a follow-up consultation, indicating ongoing management of the patient's health and treatment plan.

Discussion and Evaluation:

In this script, several communicative acts were identified that contain emotional content. These acts were then categorized according to RCMA into CAPs and SRAs. In Line 1, the patient is not just expressing fear but is also implicitly requesting the doctor's intervention or reassurance. The emotive content /*ʔanaː ʔaxaːf* / (I'm afraid) indicates the patient's fear regarding the treatment. By suggesting that the dose might be too high and linking it to the occurrence of hypoglycemia in the morning, the patient is indirectly proposing a review or adjustment of the treatment plan. This makes the statement a co-act proposal because it involves the patient's emotional state as a basis for seeking a cooperative action from the doctor, namely, reconsidering the dosage.

In Line (3), the patient is confessing to a specific behavior-overeating before bed-that he knows affects his blood sugar levels by stating */huː sˤarаħatan ʔinniː ʔadog fiːlʔakil gabl ʔanaːm wa ʔðˤtˤar ʔʔa*:xuðha:*liʔannah jikuːn mirtafiʕ/* (Honestly, I tend to eat a lot before I sleep and have to take the injection because my sugar levels are high). The use of */sˤarаħatan/* (honestly) emphasizes the sincerity and introspection in the statement, suggesting a degree of guilt or worry. However, the patient does not directly ask the doctor to address this issue. Instead, he is sharing this information as a way of explaining his actions and the resulting need for the injection. This introspective acknowledgment of behavior, without an explicit request for intervention, classifies the statement as an SCA. The patient is expressing his feelings and thoughts openly, but the primary function is self-expression rather than seeking a cooperative response from the doctor.

In Line (3), this statement */ʔiː wallaːh ʔinnak sˤaːdig jaː dokto*ːr/ **(you are right, doctor)** is a direct acknowledgment of the doctor's advice. The patient agrees with the doctor's suggestion to change his habits to better manage his blood sugar levels. The phrase */ʔiː wallaːh/* (yes, by God) adds an emotional weight to the agreement, signaling both sincerity and a recognition of the truth in the doctor's words. However, this is still an SCA because the patient is not proposing any specific action to be taken; rather, he is expressing his acceptance of the doctor's advice and reflecting on his situation. The emotive content is centered on acknowledgment and internal realization rather than an expectation of further action from the doctor.

Second Script: *(A female patient [FP] with a female doctor [FD]).*

1- **FP1:** */ʔana: maːʕaːd ʔabɣaː haða: innuːʕ ʔabadan ħatta: law tnawwmoːniː ijaʕtˤuːniː ʔijaːha warɪːd/* ***(CAP)***
I don't want this type at all anymore, even if you hospitalize me and give it to me through an IV.

2- **FD1:** */howah niħna: maːʕındana: tanwiːm wiː ʒurʕah basiːtˤah zai haði: ma: niddiha: ʕan tˤariːg ʔalwarIːd/*
We don't offer hospitalization here, and usually a simple dose is given orally, not through an IV.

3- **FP1:** */jaː dikto*ːrah *ʔana: ʔabadan ma: ʔistasˤayt tˤaʕmaha: waʕala: tˤoːl ʔasstafriɣ akramk allaːh/* **(CAP)**
Doctor, I really can't stand its taste, and I immediately throw it up.

4- **FD1:** */tˤajjib bitaxodi:ha: ʕala: miʕidah fa:diyah ʔaw baʕd ʔalʔakil/*
Okay, do you take it on an empty stomach or after eating?
5- **FP1:** */baʕd ʔalʔakil la lawallah ʔawga:t kiða: waaʔawga:t kıða:/* ***(SCA)***
After eating... well, sometimes like this, sometimes like that."
6- **FD1:** */nafs ʔilmuʃkilah bitsi:r?/*
Does the same problem happen?
7- **FP1:** */ʔijwah ʔabadan ma: taqabaltaha:/* ***(SCA)***
Yes, I just couldn't tolerate it at all.
8- **FD1:** */tama:m ʔaʃu:flik nu:ʕ tani: tˤaʕmoh wi: ħadʒmoh muxtalif/*
Alright, I'll find you another type with a different taste and size.
9- **FP1:** */ʔijwah tikfi:n ja: dıkto:rah* ***(CAP)***
Yes, please, doctor.

Context:

This conversation takes place in a medical consultation setting between an FP and an FD. This is a follow-up consultation in which the patient expresses strong dissatisfaction and disgust with a specific type of medication. The patient explicitly states that she no longer wants to take the medication unless it is administered through an IV during hospitalization. The emotion of disgust, in this context, is directed towards the medication itself, possibly due to taste or negative experiences associated with it. The patient's strong aversion highlights her discomfort and the intensity of her negative feelings toward continuing the treatment in its current form. The doctor responds by clarifying that hospitalization is not an option at their facility and that the medication in question is typically given orally, not intravenously. The patient further explains that she cannot tolerate the taste of the medication and that it makes her vomit immediately after taking it. The doctor then asks whether the patient takes the medication on an empty stomach or after eating, trying to pinpoint the cause of the issue. The patient indicates that the problem occurs regardless of the timing, prompting the doctor to suggest finding an alternative medication with a different taste and size. The patient agrees, pleading with the doctor to make the change.

Discussion and Evaluation:

In this conversation, the communicative acts that contain emotional content were identified and categorized according to Reich's classification. In Line 1, */ʔana: ma:ʕa:d ʔabya: haða: innu:ʕ ʔabadan ħatta: law*

tnawwmo:ni: ijaʕtˁu:ni: ʔija:ha wari:d/ **(**I don't want this type at all anymore, even if you hospitalize me and give it to me through an IV), the patient is expressing a strong emotional dissatisfaction with the current treatment, indicating the patient's refusal to continue with it under any circumstances. The use of the phrase "even if you hospitalize me" underscores the intensity of the patient's feelings. Although the statement could initially seem like a self-realization act due to its emotive content, it functions as a co-act proposal because the patient explicitly requests a change in treatment using */ʔana: ma:ʕa:d ʔabɣa:/* (I don't want). The patient is not merely expressing dissatisfaction; she is prompting the doctor to consider alternative options, thus seeking a cooperative response.

In Line (3), */ja: dikto:rah ʔana: ʔabadan ma: ʔistasˁayt tˁaʕmaha: waʕala: tˁo:l ʔasstafriɣ akramk alla:h/* (Doctor, I really can't stand its taste, and I immediately throw it up), here, the patient is sharing her personal experience and physical reaction to the medication, emphasizing how the taste causes her to feel disgusted and results in an immediate vomiting response. This is a CAP because the patient is primarily expressing her dissatisfaction and physical response, and implicitly asking the doctor to take action. The act is centered on a CAP, conveying the patient's emotional and physical state, and explicitly suggesting a need for change.

The patient's response in Line (5), */baʕd ʔalʔakil la lawallah ʔawga:t kiða: waaʔawga:t kıða:/* (After eating... well, sometimes like this, sometimes like that.), reflects uncertainty and variability in her behavior regarding when she takes the medication. This is an SCA because the patient informs the doctor of her inconsistent behavior, which may contribute to the issue, but it does not carry an expectation of immediate action from the doctor.

In Line (7), the patient is acknowledging that she was unable to tolerate the medication, both physically and emotionally, by saying */ʔijwah ʔabadan ma: taqabaltaha:/* **(**Yes, I just couldn't tolerate it at all). This is an SCA because the patient is reflecting on their experience and confirming the persistence of the issue. The emotional content is evident, but the primary function is to communicate the patient's internal state rather than to request a specific action from the doctor**.**

The patient's response in Line (9), */ʔijwah tikfi:n ja: dıkto:rah/* **(**Yes, please, doctor.), is a CAP because it follows the doctor's offer to find an alternative medication. The patient expresses satisfaction and gratitude, which serves to reinforce her acceptance of the doctor's suggestion. This act is not just an acknowledgment; it actively supports the cooperative action proposed by the doctor, showing the patient's eagerness for the change.

To address RQs1 and 2, the analysis started with the identification of all patients' emotive OIAs within the DPD. Following this initial step, a thorough categorization of the identified communicative acts into CAPs and SRAs was conducted. Descriptive statistics were employed to analyze the frequency and range of these communicative acts and are presented in Table 4.

Table (4) Descriptive Statistics of Communicative Acts in Saudi Doctor-Patient Discourse

Variable	%	M	SD	Min.	Max.
SRAs	**57.3**	**12.92**	**7.66**	**2**	**39**
CAPs	**42.7**	**9.67**	**6.9**	**1**	**31**

***M = mean SD = Standard Deviation**

Table (4) suggests that Saudi patients, in general, tend to utilize SCAs more frequently (M = 12.92, SD = 7.66) than CAPs (M = 9.67, SD = 6.90) in their discourse with physicians within the context of Saudi doctor-patient interactions.

RQ3: To what extent does the use of emotive language vary between male and female patients in Saudi doctor-patient consultations?

To identify gender differences regarding the use of emotive language, a chi square was conducted, see table (5).

Table (5) Chi-Square Test of Independence Between Patient Gender and Type of Communicative Act in Saudi Doctor-Patient Discourse

Test Statistic	χ^2	DF	N
Pearson Chi-Square	**463.67**	**4**	**929**
Likelihood Ratio	**123.39**	**4**	

Table (5) shows that a chi-square test of independence was conducted to examine the relationship between gender and communicative act type in Saudi doctor-patient discourse. The association was statistically significant, $\chi^2(4, N = 929) = 463.67$, $p < .001$. This suggests that the distribution of communicative act types varies significantly by gender.

Discussion:

This study explored the role of emotive language in doctor-patient discourse among Saudi Arabian patients. The following discussion addresses the two research questions, which explored how Saudi patients employ emotive language to evoke medical help and whether they use this language more frequently in CAPs compared to SCAs.

In the initial stage of analysis, pragmatic analysis was conducted through the emotive OIAs made by patients. Through the application of Reich's model (2011), the study explored how patients strategically employed different emotive OIAs to narrate their health issues, negotiate treatment options, seek clarification, and establish rapport with healthcare professionals. These attempts, often laden with emotional cues, revealed the underlying sentiments and intentions driving patients' moves. Following this, the analysis extended to identifying CAPs and SCAs within the discourse, aiming to decipher the patients' collaborative initiatives and moments of self-awareness.

According to the DA findings, patients in the analyzed interactions frequently employed emotive language to seek medical assistance, particularly in their CAPs. These proposals were often marked with emotional cues designed to elicit a response from the doctor that went beyond mere clinical advice. Emotive language functioned pragmatically to frame the urgency of the patient’s condition, indirectly emphasizing their vulnerability (Pritzker, 2020). Research supported this notion, showing that the use of emotive language can communicate urgency and vulnerability, prompting a more empathetic response from healthcare providers. For instance, Nissen and Meuter (2023) found that when patients express emotions like fear or worry, they often signal a need for reassurance or more personalized care. This aligned with the idea that emotive language served as a pragmatic tool to shift the interaction towards a more patient-centered approach, encouraging doctors to respond with empathy and tailored advice

(Wharton & De Saussure, 2020). Furthermore, Mazzocco et al. (2019) suggest that patients who articulate their emotional states are more likely to influence their treatment outcomes, as emotional disclosure shapes the doctor's perception of the patient's needs. Similarly, Huang et al. (2024) found that emotive language in clinical settings prompts healthcare providers to adjust their communication style, leading to deeper engagement with the patient's emotional and medical concerns.

The study's findings align with prior research on the pragmatic function of emotive language in various discourses (Jensen, 2014; Park et al., 2021). CAPs, where patients explicitly request medical assistance or intervention, were frequently observed in doctor-patient interactions. These communicative acts serve an instrumental function, signaling urgency and prompting immediate medical attention (Elkommos, 2018). Conversely, SCAs, where patients express their emotional states or internal experiences, contribute to emotional disclosure and rapport-building within the medical encounter (Horton et al., 2023). These findings support the study's hypothesis that patients tend to use emotive language in CAPs to evoke a more immediate, empathetic response from the doctor. By expressing emotions like worry, patients employed a pragmatic tactic that subtly shifts the interaction towards gaining personalized care or adjusting their treatment. This strategic use of emotion aligns with the broader discursive norm where patients move beyond passive recipient roles and actively shape their care by signaling emotional distress (Baker et al., 2021; Zong et al., 2022; Dudley et al., 2024).

The findings of the study offer valuable insights, particularly regarding the predominance of SRAs over CAPs, as shown in Table (4). This suggests that patients frequently engage in self-reflection and share personal insights during medical consultations.

The finding that patients tend to produce more on SRAs, rather than CAPs, aligns with research suggesting that patients often prioritize the expression of their concerns and emotions during medical consultations (Napoli & Tantucci, 2022; Yang et al., 2023). This trend can be understood in the context of self-expression being a key aspect of DPD (Zhang et al, 2024), especially when patients are seeking to convey their subjective experiences and emotional states. Studies have shown that patients

frequently engage in self-disclosure as a way to build rapport and create a deeper understanding with their healthcare providers (Farber, 2003). By sharing personal insights, patients can convey the psychosocial dimensions of their illness, which might not be captured through more objective forms of communication. This focus on self-expression over collaboration, however, may come at the expense of engaging in CAPs that could foster shared decision-making citation. Collaborative communication, where patients and doctors work together to negotiate treatment options, has been linked to better health outcomes and patient satisfaction (Morgan et al., 2020).

While this study suggests that emotive language in Saudi DPD can be attributed to the patients' cultural background, some research challenges this idea (Bhatti et al., 2022; Luppicini & Walabe, 2021). Cultural norms play a substantial role in shaping emotive language use. In their study on cultural variations in doctor-patient communication, Green et al. (2005) found that patients from collectivist cultures, such as those in Asia and the Middle East, tend to employ indirect communication styles and use euphemistic language to express emotions. This finding is particularly relevant to Saudi Arabia, where cultural norms emphasize politeness, respect, and avoidance of direct confrontation (Alharbi, 2017). Consequently, Saudi patients may use emotive language to convey emotions, relying on implicit cues and contextual clues to communicate effectively with healthcare providers.

Theoretical Implications:

This study emphasizes the importance of a theoretical framework to effectively interpret and analyze the discursive pragmatics of emotive language within the complex interactions of DPD. Second, the emotive analysis conducted here highlights the importance of establishing a comprehensive classification system derived from the field of semantics tailored to categorize various types of emotions.

Practical Implications:

The study’s findings present several practical implications for healthcare practitioners, policymakers, and educators within the Saudi Arabian healthcare system. First, recognizing the functions of emotive language in DPD highlights the need for incorporating training programs and communication skills workshops for healthcare providers. By equipping physicians with the necessary skills to identify, interpret, and respond to

emotive cues from patients, healthcare professionals can foster stronger therapeutic alliances, enhance patient satisfaction, and ultimately improve health outcomes (Larson & Yao, 2005).

Limitations:

Not unexpectedly, the study has several notable limitations that influenced the scope and generalizability of its findings. One considerable limitation arose from the contextual factors surrounding the study's location. The findings may not be fully generalizable to other cultural and linguistic contexts within Saudi Arabia, as variations in sociocultural norms and gender expectations could influence emotive language use in DPD differently. Therefore, while the findings offer valuable insights into doctor-patient emotive dynamics in the Aseer region in the southwest of Saudi Arabia, caution must be exercised when generalizing these findings to other regions with distinct sociocultural contexts. The findings may not apply to Western societies.

The study's design focused primarily on verbal utterances and audio recordings, overlooking non-verbal cues that could have enriched the analysis. Non-verbal communication, including gestures, facial expressions, and body language, plays a substantial role in conveying emotions and interpersonal dynamics. Additionally, the study and its analysis predominantly centered on patients' utterances, neglecting the role of doctors in these interactions. This narrow focus on patients' perspectives may limit the understanding of the full communicative context and the interactive dynamics between patients and doctors. Lastly, the study's duration and resource constraints limited the depth of analysis and the exploration of potential mediating variables. For example, factors such as the severity of patients' medical conditions and the duration of doctor-patient relationships could influence communication patterns and emotions.

Recommendations for Future Research:

Future research endeavors should strive to bridge this knowledge gap by conducting comparative studies across various discourse types and communicative contexts. This would enrich our theoretical frameworks and methodological toolkits in applied linguistics.

Conclusion:

This study holds considerable implications for both scholarly linguistic inquiry and practical healthcare contexts. By shedding light on the complex interplay of emotions, culture, and language within doctor-patient interactions in Saudi Arabia, this study contributes to the growing literature on DPD in the Saudi context. Furthermore, the study's findings have the potential to inform healthcare policy and practitioner training initiatives, fostering greater awareness and sensitivity to the socio-cultural nuances inherent in DPD within the Saudi context, ultimately enhancing the quality and efficacy of healthcare delivery.

The role of emotive language in DPD goes beyond mere communication; it becomes a powerful instrument through which patients express their physical discomforts, emotional distress, and psychological well-being. By offering practical insights and recommendations, the study aims to equip healthcare practitioners with culturally sensitive communication strategies, thereby fostering improved patient-doctor relationships. This study significantly enriches the existing body of knowledge on emotive language by focusing specifically on its use in Saudi DPD, a context largely underexplored in general studies on pragmatics and sociolinguistics. While previous research often addresses emotive language from broad theoretical perspectives or within Western cultural frameworks, this study delves into the intricate interplay of language, culture, and emotion unique to Saudi Arabia.

References:

Absattar, A., Mambetova, M., & Zhubay, O. (2022). The potential of emotive language to influence the understanding of textual information in media coverage. *Humanities and Social Sciences Communications*, 9(1), 1-7. http://dx.doi.org/10.1057/s41599-022-01232-2

Afzaal, M., Khan, M., Ghaffar Bhatti, A., & Shahzadi, A. (2019). Discourse and corpus based analysis of doctor-patient conversation in the context of Pakistani hospitals. *European Online Journal of Natural and Social Sciences*, 8(4), 716-732.

Al Kayed, M., & Al-Ghoweri, H. (2019). A sociopragmatic study of speech act of criticism in Jordanian Arabic. *European Journal of Scientific Research*, 153(1), 105-117. https://doi.org/10.31686/ijier.vol8.iss3.2202

Alharbi, R. (2017). *Responses of female non-native speakers to English compliments: A cross-generational study of Saudi Arabian University*

students and lecturers (Doctoral dissertation, Auckland University of Technology).

Alkhlaifat, E., Yang, P., & Moustakim, M. (2020). Code-switching between Arabic and English in Jordanian GP consultations. *Crossroads: A Journal of English Studies*, 30(3), 4-22.

Almathkuri, J. (2021). Influence of social power and distance on request strategies in Saudi Arabia. *International Journal of Linguistics*, 13(3), 95-109.

Alyahya, G., Almohanna, H., Alyahya, A., Aldosari, M., Mathkour, L., Aldhibaib, A., & Al-Mously, N. (2019). Does physicians' gender have any influence on patients' choice of their treating physicians? *Journal of Nature and Science of Medicine*, 2(1), 29-34.

Babiuk, V. (2020). Emotive meaning in political language. *Ukrainian Policymaker*, 7(7), 4-12.

Bailey, B. (2008). *Interactional sociolinguistics*. International encyclopedia of communication, 59.

Baker, A. L., Kim, M., & Hoffman, J. E. (2021). Searching for emotional salience. *Cognition*, 214, 104730.

Berger, P., & Luckmann, T. (1966). The reality of everyday life. *The social construction of reality: A treatise in the sociology of knowledge*, 33-42.

Bhatti, M. A., Alyahya, M., & Alshiha, A. A. (2022). Research culture among higher education institutions of Saudi Arabia and its impact on faculty performance: assessing the role of instrumentality, research infrastructure, and knowledge production. *Educational Sciences: Theory & Practice*, 22(2), 15-28.

Choudhary, R. R., Meena, G., & Mohbey, K. K. (2022, March). Speech emotion-based sentiment recognition using deep neural networks. In *Journal of Physics: Conference Series* (Vol. 2236, No. 1, p. 012003). IOP Publishing.

Crezee, I., Gailani, N., & Gailani, A. N. (2016). *Introduction to healthcare for Arabic-speaking interpreters and translators* (pp. 23-25). Amsterdam: John Benjamins Publishing Company.

Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage.

De Saussure, L., & Wharton, T. (2020). Relevance, effects and affect. *International Review of Pragmatics*, 12(2), 183-205.

Del Piccolo, L., Danzi, O., Fattori, N., Mazzi, M. A., & Goss, C. (2014). How psychiatrist's communication skills and patient's diagnosis affect emotions disclosure during first diagnostic consultations. *Patient Education and Counseling*, 96(2), 151-158.

Dudley, M., Olson, R. E., Mescouto, K., & Setchell, J. (2024). The good pain patient: a critical evaluation of patients' self-presentations in specialist pain clinics. *Health Sociology Review*, 1-19.

El-Dakhs, D. A. S. (2021). Compliments and compliment responses in Egyptian and Saudi Arabic: A variational pragmatic comparison. *Pragmatics and Society*, 12(4), 537-566.

Elkommos, O. (2018). Reading and teaching poetry as communicative discourse: A pragma-linguistic approach. *International Journal of Cognitive and Language Sciences*, 12(8), 1025-1030.

Fadhil, Z. A. (2021). Emotive language in political discourse: A linguistic study. *Multicultural Education*, 7(10), 599-608.

Farber, B. A. (2003). Patient self-disclosure: A review of the research. *Journal of Clinical Psychology*, 59(5), 589-600.

Gergen, K. J. (1985). The social construction of the person: How is it possible? *The social construction of the person.* New York: Springer-Verlag.

Green, E. G., Deschamps, J. C., & Paez, D. (2005). Variation of individualism and collectivism within and between 20 countries: A typological analysis. *Journal of Cross-cultural Psychology*, 36(3), 321-339.

Horton, A. M., Hebson, G., & Holman, D. (2023). A qualitative study on patients' use of emotion regulation strategies during therapeutic relationships. *British Journal of Occupational Therapy*, 86(1), 53-61.

Huang, L., Zhu, Q., & Zhou, D. (2024). Self-identity construction and pragmatic compensation in a Chinese DAT elder's discourse. *Applied Linguistics Review*, 15(1), 83-117.

Jensen, U. (2014). Across different cultures? Emotions in science during the early twentieth century. *Science and Emotions after 1945*, 263.

Koschut, S. (2018). The power of (emotion) words: On the importance of emotions for social constructivist discourse analysis in IR. *Journal of International Relations and Development*, 21, 495-522.

Koschut, S. (2020). Emotion, discourse, and power in world politics. *The Power of Emotions in World Politics*, 3-27.

Labov, W. (1972). *Language in the inner city: Studies in the Black English vernacular* (No. 3). University of Pennsylvania Press.

Larson, E. B., & Yao, X. (2005). Clinical empathy as emotional labor in the patient-physician relationship. *Jama*, 293(9), 1100-1106.

Lindquist, K. A. (2017). The role of language in emotion: existing evidence and future directions. *Current Opinion in Psychology*, 17, 135-139.

Luppicini, R., & Walabe, E. (2021). Exploring the socio-cultural aspects of e-learning delivery in Saudi Arabia. *Journal of Information, Communication and Ethics in Society*, 19(4), 560-579.

Lupton, D. (1992). Discourse analysis: A new methodology for understanding the ideologies of health and illness. *Australian Journal of Public Health*, 16(2), 145-150.

Macagno, F., & Walton, D. (2014). *Emotive language in argumentation*. Cambridge University Press.

MacArtney, J. I., Andersen, R. S., Malmström, M., Rasmussen, B., & Ziebland, S. (2020). The convivial and the pastoral in patient–doctor relationships: A multi-country study of patient stories of care, choice and medical authority in cancer diagnostic processes. *Sociology of Health & Illness*, 42(4), 844-861.

Mazzocco, K., Masiero, M., Carriero, M. C., & Pravettoni, G. (2019). The role of emotions in cancer patients' decision-making. *Ecancermedicalscience*, 13.

McColl-Kennedy, J. R., Danaher, T. S., Gallan, A. S., Orsingher, C., Lervik-Olsen, L., & Verma, R. (2017). How do you feel today? Managing patient emotions during health care experiences to enhance well-being. *Journal of Business Research*, 79, 247-259.

Minto, D. W., Anshori, D. S., Damaianti, V. S., Sastromiharjo, A., & Putriani, A. (2024). Analysis of advocates' speaking strategies in criminal case defense: Its implementation and challenges. *JOALL (Journal of Applied Linguistics and Literature)*, 9(2), 279-304.

Morgan, T. L., Semenchuk, B. N., Ceccarelli, L., Kullman, S. M., Neilson, C. J., Kehler, D. S., ... & Strachan, S. M. (2020). Self-compassion, adaptive reactions and health behaviours among adults with prediabetes and type 1, type 2 and gestational diabetes: A scoping review. *Canadian Journal of Diabetes*, 44(6), 555-565.

Nissen, V., & Meuter, R. F. (2023). The impact of bilinguality and language context on the understanding of epistemic adverbs in health communication: The case of English and Russian. *Frontiers in Psychology*, 14, 1179341.

Osnabrügge, M., Hobolt, S. B., & Rodon, T. (2021). Playing to the gallery: Emotive rhetoric in parliaments. *American Political Science Review*, 115(3), 885-899.

Oster, U. (2010). Using corpus methodology for semantic and pragmatic analyses: What can corpora tell us about the linguistic expression of emotions? *Cognitive Linguistics*, 21(4), 727-763. https://doi.org/10.1515/cogl.2010.023

Ouayed, A. J. (1990). *Manipulation of semantics and syntax: the use of emotive language in English and Arabic news reports and editorials with reference to translation* (Doctoral dissertation, University of Glasgow).

Park, J., Kim, B., & Park, S. (2021). Understanding the behavioral consequences of upward social comparison on social networking sites: The mediating role of emotions. *Sustainability*, 13(11), 5781.

Pritzker, S. E. (2020). Language, emotion, and the politics of vulnerability. *Annual Review of Anthropology*, *49*(1), 241-256.

Qassem, M. A., & Vijayasarathi, G. (2015). Problematicity of translating cultural idiomatic expressions from English into Arabic. *Asia Pacific Translation and Intercultural Studies*, 2(1), 57-73.

Reich, W. (2011). The cooperative nature of communicative acts. *Journal of Pragmatics*, 43(5), 1349-1365. https://doi.org/10.1016/j.pragma.2010.10.024

Stankiewicz, E. (1964). *Problems of emotive language* (pp. 239-264). Mouton.

Swain, J. (2018). A hybrid approach to thematic analysis in qualitative research: Using a practical example. *Sage research methods*.

Tantucci, V., & Wang, A. (2022). Resonance as an applied predictor of cross-cultural interaction: Constructional priming in Mandarin and American English interaction. *Applied Linguistics*, 43(1), 115-146.

Waring, H. Z. (2017). *Discourse analysis: The questions discourse analysts ask and how they answer them*. Routledge.

Zhang, J., Wu, C., Yuan, Z., & Meng, Y. (2019). Differentiating emotion-label words and emotion-laden words in emotion conflict: An ERP study. *Experimental Brain Research*, 237(9), 2423-2430.

Zong, Y., Lian, H., Chang, H., Lu, C., & Tang, C. (2022). Adapting multiple distributions for bridging emotions from different speech corpora. *Entropy*, 24(9), 1250.