ISSN 1799-2591
Theory and Practice in Language Studies, Vol. 14, No. 11, pp. 3332-3346, November 2024
DOI: https://doi.org/10.17507/tpls.1411.02

Uncovering Linguistic Strategies in Kuwaiti Doctor's Patient-Directed Communication

Nushour Alduaij
Department of English Language and Literature, Kuwait University, Kuwait

Anwar Almuoseb
Department of English Language and Literature, Kuwait University, Kuwait

Bashayer Alotaibi*
Department of Arabic Language and Literature, Kuwait University, Kuwait

***Abstract*—The current study explores linguistic strategies used by Kuwaiti Doctors in their interactions with patients. By examining the language used in standard doctor-patient interactions, it provides preliminary insights into the communication practices of Kuwaiti healthcare professionals. Due to practical and ethical considerations, twenty-six family doctors participated in a Discourse Completion Task featuring six different scenarios to identify preferred linguistic strategies. The findings reveal a tendency towards indirect requests and questions indicating obligation or possibility when advising patients. Doctors frequently offered help using inclusive first-person plural 'we' inflections, especially with apprehensive patients. In supportive contexts, multiple communicative functions were often utilized simultaneously. These insights are valuable for linguists and healthcare providers, contributing to cross-cultural and inter-language communication research. The findings also inform subsequent investigations into patient preferences, enriching the understanding of effective communication in healthcare settings in Kuwait.**

***Index Terms*—doctor-patient interactions, communication strategies, Kuwaiti Arabic, linguistic practices, Discourse Completion Test**

I. Introduction

A. Speech Acts and Communicative Functions

Speech acts (henceforth SA)—using language to instruct, advise, comfort, offer help, and explain — are widely discussed in pragmatics literature (Félix-Brasdefer, 2010; Wijana, 2021). Searle (1976) proposes a threefold classification of SA into locutionary, illocutionary, and perlocution acts. Locution involves the linguistic strategies of saying something, illocution conveys the speaker's intention, and perlocution concerns the effect on the hearer (see Sadock, 2006). This study focuses on locution and illocution, examining how linguistic strategies express specific communicative functions.

Searle (1976) classifies illocutionary acts into five categories based on semantic and functional properties: a) representatives are speech acts that express a speaker's commitment to the truth of an expressed proposition (e.g., explaining, stating); b) directives are acts that direct the hearer toward a certain action (e.g., instructing, requesting); c) commissives are acts that show a speaker's commitment to do something (e.g., promising, offering); d) expressives are acts that express the speaker's psychological or emotional attitude or state (e.g., apologising, condoling); e) declarations are acts used by the speaker to change the status of some entity (Huang, 2014; Leech, 2014; Levinson, 2009; Wijana, 2021). These categories rely on the relationship between propositional content (P) and illocutionary force (F), which indicates the act's direction of fit. In this sense, if F indicates that P matches the world, the speech act in question belongs to the category 'representatives'. If F indicates that the hearer must change the world such that it matches P, the speech act in question belongs to the category 'directives'. If F indicates that the speaker will change the world such that it matches P, the speech act in question belongs to the category 'commissives'. However, this word-world relation is not always present throughout all SA, as F may not have a relation to the world in the first place; the speaker could associate an emotion with P and presuppose that P is true (Borchmann, 2020).

Most research on speech acts utilises Discourse completion tasks (DCTs) as a foundational data collection tool. However, critics of speech act theory argue that it often neglects the complex, emergent nature of social interaction by relying on predefined, context-independent speech acts. Recent approaches within pragmatics, especially discursive perspectives, focus on the dynamic nature of communication, which is usually context-dependent (Couper-Kuhlen & Selting, 2018). These perspectives prefer conversational data analysis that takes into account context, participant roles and sequential organisation in addition to defining speech acts. Although the analysis of conversational data is highly valuable, its collection may be impractical in certain contexts. Consequently, while DCTs are not without limitations,

* Corresponding Author. Email: Bashayer.alotaibi@ku.edu.kw

they provide a necessary and appropriate foundation for initial research, particularly in underexplored areas such as doctor-patient communication in Kuwait (see sections I.C. and II).

Research on Arabic SA covers various dialects and illocutions, but none address doctor-patient communication. Studies include 'requests' in Kuwaiti Arabic (Alduaij, 2014), 'congratulating' in Kabyle and Jordanian Arabic (Alghazo et al., 2021), 'complementing' in Yemeni Arabic and American English (Al-Mansoob et al., 2019), 'promising' in Jordanian Arabic (Al-Omari & Abu-Melhim, 2013), 'thanking' in Egyptian Arabic (Morsi, 2010), 'apologising' in Iraqi Arabic versus English (Ahmed, 2017), 'criticising' in Jordanian Arabic (Al Kayed & Al-Ghoweri, 2019), 'greeting' in Saudi Arabic versus American English (Almegren, 2017), to name a few. Studies on standard Arabic usually focus on classical texts such as the Holy Quran (as in Al-Saaidi et al., 2013, and Amin et al., 2017). However, the context of doctor-patient communication remains unexplored.

B. The Context of Doctor–Patient Communication

Matusitz and Spear (2015, p. 872) define doctor–patient communication as 'the exchange of messages in a medical or health care context, between a doctor and a patient whereby communication processes are performed'. The purpose of such exchanges is mainly to gather information, provide explanations, and make decisions regarding the treatment plan.

Effective communication is crucial for patient receptiveness to treatment (Kurtz, 2002). In fact, it is considered a basic clinical skill that is not only attained by experience but must be taught to medical students and practising doctors. It requires systematic observation, corrective feedback and targeted training (Kurtz, 2002).

Studies focusing on SA in doctor–patient context are underrepresented. Ahmed and Ahmed (2019) applied the Politeness theory to examine and compare 'advice' in two culturally diverse televised healthcare programs (one in the Middle East and the other in the U.S.). Poel and Brunfaut (2010) compared syntactic modifiers used by Swedish and Belgian doctors. The present study aims to perform a systematic linguistic analysis of recurrent communicative functions in patient-directed discourse, such as instructing, advising, offering help, explaining, and sympathising. The goal is to establish linguistic conventions in Kuwaiti Arabic (henceforth KA) that can be integrated with training programs to enhance the communicative potential of prospective doctors.

C. Kuwaiti Arabic and Doctor–Patient Linguistic Interactions in Kuwait

KA is the first language of Kuwaiti-born individuals and shares the core linguistic system of Modern Standard Arabic (henceforth MSA) – the official written language in the Arab World (Khalifa et al., 2016) – but differs slightly at various linguistic aspects (see for example: Al-Bahri, 2014, and Al-Qenaie, 2011). KA is used in informal communication, including doctor-patient interactions, while MSA is reserved for formal functions.

Doctor-patient communication in Kuwait is linguistically diverse. The current study focuses on the family medicine sector because it has the highest number of specialised Kuwaiti doctors. Nevertheless, more than 50% of doctors in the family medicine public sector in Kuwait are non-Kuwaitis, whether from other Arab countries (such as Egypt, Jordan, Syria, Palestine, Lebanon, etc.) or non-Arab countries, such as Pakistan and India. Furthermore, approximately 50% of the patients are non-Kuwaitis, especially domestic helpers (Al-Duwaisan, 2023). Doctors in Kuwait are expected to master both English and Arabic to successfully communicate with patients.[1]

This study examines the linguistic strategies employed by native Kuwaiti doctors in interactions with KA-speaking patients, with the aim of establishing a reference for KA language conventions that can assist non-Kuwaiti doctors. The anticipated outcome is to improve doctor-patient communication and, consequently, patient responsiveness to treatment. Additionally, these conventions may inform the development of training materials for medical staff at various levels. According to Al-Duwaisan (2023), communication-oriented training materials in Family Medicine in Kuwait are continually updated, and practising doctors are required to complete regular questionnaires to assess their communication skills for practice management and quality assurance.[2] Al-Duwaisan indicates that collecting natural conversational faces bureaucratic hurdles due to the necessity of obtaining multiple levels of ministry approvals, making it a complex and time-consuming process. Additionally, doctors are generally reluctant to participate in recorded interactions due to time constraints, social discomfort, or concerns about potential ethical breaches. In contract, using DCTs and questionnaires is typically more accepted and less intrusive.

This current study does not conduct a systematic review of existing training materials but focuses on identify the preferred linguistic strategies used by KA doctors. It marks the first phase of an ongoing research project undertaken by the authors. The findings will be validated in a subsequent paper that will integrate patient's perspective and preferences in doctor-patient communication. The primary objective of this research project is to define effective communication strategies within Kuwaiti doctor-patient interactions. The current paper addresses the following research questions:

1. What are the linguistic strategies used by doctors to express the elicited communicative functions illustrated by each of Searle's SA categories—directives, commissives, representatives and expressives—in patient-directed

[1] In fact, being substantially competent in English is a prerequisite to admission to College of Medicine in Kuwait since the medium of instruction is English.

[2] The Head of Kuwaiti Association of Family and General Practitioners testifies to the difficulty in obtaining written data from MD/GP doctors (Al-Duwaisan, Dec. 11th, 2023). In a private interview with the authors (recorded via TEAMS), on the language setting in healthcare clinics and communication-skills training for GP doctors in Kuwait, Dr. Al-Duwaisan explains that doctors are regularly required to complete multiple-choice questionnaires (mostly electronic) as part of their practice management.

speech in KA?
2. What are the conventionalised, language-specific features for expressing the elicited communicative functions in KA?

II. Methodology

This study examines two communicative goals in doctor-patient communication: providing information (in e.g., instructing or explaining) and decision-making (in e.g., proposing treatment plans). Data were collected from Arabic-speaking Kuwaiti doctors in the family medicine sector using Discourse Completion Tasks (henceforth DCT), which elicited single-turn responses focusing on the doctor's perspective.

In the context of Kuwaiti Arabic doctor-patient interactions, collecting naturalistic data poses significant challenges. These include obtaining multiple consent forms, securing approvals from various authorities, and dealing with the reluctance of doctors to participate in recorded interactions. Given these constraints, the Discourse Completion Task (DCT) method offers a practical and effective alternative for gathering linguistic data. Open questionnaires, like DCTs, provide situational prompts for participants to respond, effectively capturing their pragma-linguistic and socio-pragmatic knowledge (Félix-Brasdefer, 2010). While DCTs have limitations, such as the lack of real-time interactional data, they allow for the elicitation of specific speech acts and linguistic conventions, providing valuable insights that are otherwise inaccessible. This study employs DCTs as a starting point for understanding the communication strategies used by doctors in Kuwaiti Arabic, with the aim of complementing this data with naturalistic studies in future research as circumstances allow.

Based on Poel and Brunfaut's (2010) study, the DCT included 16 scenarios targeting common communicative functions in clinical visits, such as advising, apologising, explaining, reassuring, and requesting. The DCT was adapted and modified in two stages: the pilot study and the mail research.

A. Pilot Study DCT

The pilot questionnaire comprised 10 scenarios from the 16 in Poel and Brunfaut's (2010) DCT. Prior All scenarios were validated by a family medicine doctor (with five years of experience in the diabetic clinic of a state primary care centre in Kuwait City) and then administered to 20 Kuwaiti family medicine doctors in October 2022. Participants, mainly women with 5-7 years of practice, found the questionnaire lengthy and often responded in English or described their actions instead of their words. This was a setback since the aim was to collect responses in KA.

B. Instrument: The Modified DCT

To improve responses, the phrase 'What do you say…'? was added to each situational prompt, and participants were clearly instructed to respond in KA, using English only for medical terms (see Appendix).

The modified DCT was reduced to six scenarios: three eliciting directives (instruction, advice, referral) as seen in Scenarios 1, 2 and 5, and three covering the remaining speech act categories (examining a reluctant patient, revealing bad news, comforting a patient) as seen in Scenarios 3,4 and 6. Table 1 summarises each scenario's target communicative function and exact wording.

Table 1
Target Communicative Function of Each Scenario in the Modified DCT

Situational prompt	Communicative function elicited (illocutionary act)
Scenario-1	Instructing the patient
DCT Q1: 'What do you say when directing a patient to undress for an examination?'	
Scenario-2	Advising the patient
DCT Q2: 'What do say as advice to a follow-up patient to ensure they start a particular diet due to some concerning test results?'	
Scenario-3	Examining the reluctant patient
DCT Q3: 'You are replacing a patient's regular doctor who has been called away to an emergency. The patient is very apprehensive about having been referred to you. What do you say to put them at ease at the beginning of an examination?'	
Scenario-4	Delivering news of a bad test result to the patient
DCT Q4: 'What do you say to support a follow-up patient who has received a bad test result?'	
Scenario-5	Referring the patient for a future visit
DCT Q5: 'You have spent a considerable amount of time on a new patient and are running very late. What do you say when the patient reveals a significant symptom or asks a critical question towards the end of the consultation?'	
Scenario-6	Supporting the apprehensive patient
DCT Q6: 'What do you say to a hypochondriac expressing the fear of having serious illness such as cancer, hypertension, or diabetes?'	

C. Coding Scheme

The research team designed their own coding scheme based on Searle's classification of illocutionary acts, by focusing on syntactic and pragmatic properties. While a manual for analysing Arabic doctor–patient communication exists (Al-Mashhadani, 2019), it was adapted for audio-recorded conversation. Al-Mashhadani's manual includes categories similar

to this study: statements, directives, expressives, and commissives, and adds category fillers common in natural speech.[3] For this study's controlled DCT data, lacking hearer feedback, Searle's categories suffice for utterance-level analysis.

The coding was done manually by the authors – since they represent native speakers and linguists from three domains: pragmatics, semantics, and syntax – dividing utterances by syntactic form (locution) and function (illocution). Interrogatives ask, declaratives state or confirm, and imperatives instruct or request (Levinson, 2009). However, most language-use instances do not abide by such direct form-function relation. In fact, the utterances in our data mostly illustrated conventionally indirect strategies where the linguistic form bears another communicative function than the one assigned by its sentence type. Thus, utterances were coded based on the perceived illocution considering syntactic form and linguistic context. For example, in Scenario-2, responses ranged from the more obligatory form '*You must do X*' to the less compelling suggestory form '*What do you think of doing X*?'. Passive statements were coded as directives if they implicitly aimed to advise.

Searle's SA theory helps outline possible illocutions that can fit under the five categories directives, commissives, representatives, expressives, and declarations, based on their effect on the world. The six communicative functions in the current study fall under the first four categories. This study aims to set structural criteria for pairing illocutions with their SA categories, considering syntactic properties and native speaker conventions. This process was challenging as illocutions often overlap. Functional strategies were identified based on the most dominant illocutions for discussing results (see figures in section III). The coding scheme, with ample examples, can aid other researchers in analysing SA data across languages and contexts.

Directives in the coding manual include imperatives, performative statements like '*I request/advice/suggest*', conventionally indirect strategies like inquiries about the hearer's ability or permission, and statements of the hearer's needs or wants. Conventional phrases for suggestions or advice and passive statements leading to the proposed action were also coded as directives. Commissives include declaratives indicating future actions, indirect offers to help, and conditional imperatives. Representatives cover statements explaining or confirming states-of-affairs. Expressives include statements showing empathy or support. The table below summarises examples for each speech act category in the data.

TABLE 2
EXAMPLES OF SENTENCE TYPES REPRESENTING EACH SPEECH ACT CATEGORY IN THE DATA

Speech Act Category	Sentence Type		Examples
Directives	Interrogatives	Possibility/Ability questions	'Can I/You/We do X?'
		Opinion-seeking questions	'What do you think of doing X?'
	Declaratives	Obligation statements: Hearer-oriented or inclusive 'we'	'You/We must do X'
Commissives	Declaratives	Future-action statements	'I will do X'
	Interrogatives	Speaker-oriented questions offering to help	'What can I do to help?'
	Imperatives	Offering to help	'Let me know if there's anything I can do for you'
Representatives	Declaratives	Statements that explain or confirm	
Expressives	Declaratives	Statements that express empathy towards the patient	

D. Participants

The DCT was completed by 26 doctors in KA, 8 were completed by male and 18 by female doctors. Regarding years of experience, 1 doctor reported 0–2 years, 4 doctors 2–5 years, 4 doctors 5–7 years, and 17 doctors reported 7+ years.

Participants were also asked to select the age range of patients they often encountered in their practice from 20–40 years, 40–60 years and 60+ years. 16 doctors (61.5% of the participants) specified that their patients mostly fell into the age group (20–40 years).

III. RESULTS

This section presents a general descriptive account of the linguistic strategies used in KA to address patients in public healthcare clinics. Data (i.e. participants' written responses to the DCT situational prompts) were manually coded into strategies. Each strategy included utterances or locutions that share prominent syntactic and pragma-semantic features, including sentence mood and primary illocution in context. Each utterance bearing the linguistic characteristics of a particular strategy was counted as a single token, and the percentage of use was calculated accordingly. Thus, a single response could bear more than one strategy simultaneously.

It should be noted that the coded strategies represent the core speech act that carries the target illocution and not pragmatic modifiers whose omission does not cancel out the successful performance of the core speech act. Modifiers are optional lexical and syntactic elements that are added to enhance the illocutionary function, making speech acts more socioculturally appropriate (Salgado, 2011; Poel & Brunfaut, 2010). A classic example of a pragmatic modifier in English is the politeness marker *please*, a lexical item that can be added before, after, or within a request or instruction (for a detailed account of external vs. internal modification in requests (see Sifianou, 1999).

[3] Al-Mashhadani (2019) detaches questions from directives into a separate category that includes three types of questions: yes/no, information, and confirmation.

In our data for example, the modifier *lilasaf* 'sadly' was occasionally used to preface the speech act of explaining as a means to intensify the doctor's solidarity with the patient. This modifier does not compromise the positioning of the speech act under the category, 'representatives'.

The results are presented below in order of the scenarios, and within each scenario the main linguistic strategies for performing each speech act type are discussed and explained with some representative examples.

A. Scenario [1]:

In Scenario [1], exemplifying directive SA whereby the doctor instructs the patient, most doctors used the conventionally epistemic modality via indirect permission or possibility questions, starting with *mumkin* 'is it possible'. Such constructs occurred in 75% of the responses. Examples include speaker-oriented (2) and hearer-oriented (1) indirect requests:

(1)
ممكن تفصخ ملابسك بافحصك
mumkin tifsˤax mala:bs-ik baʃħisˤ-ik
'**Could** you remove your clothes? I want to examine you.'

(2)
ممكن أفحصك ورا الستارة
mumkin ʔaʃħisˤ-ik wara: s-sita:rah
'**Could** I examine you behind the curtain?'

The second-most used strategy in Scenario [1] was the speaker-oriented need statement using first-person volition modal verbs such as *ʔaħta:dʒ* 'I need' or *ʔabi:* 'I want':

(3)
أبي/أحتاج أفحصك
ʔabi:/ ʔaħta:dʒ ʔaʃħisˤ-ik
'I **want/need** to examine you…'

This percentage contrasts with the findings of Olorunsogo (2020), who observed a dominance of direct bald-on-record strategies (i.e. imperative) when giving instructions to patients in a private hospital setting. Figure 1 shows the percentages of each strategy in Scenario [1].

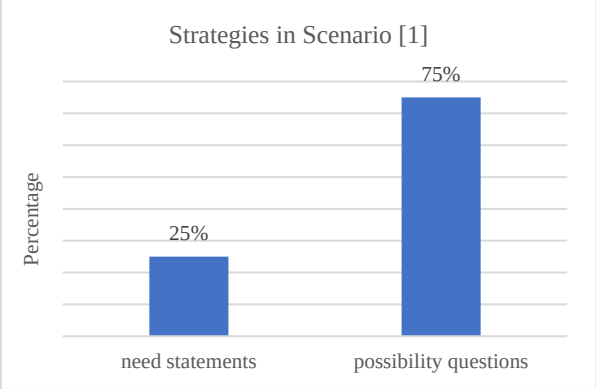

Figure 1. Most Used Strategies in Scenario [1]

B. Scenario [2]:

In Scenario [2], exemplifying another directive speech act whereby the doctor advises the patient to do something, three linguistic strategies were observed: (a) obligation statements, (b) suggestory questions, and (c) passive. Strategies (a) and (b) clearly fall under directive SA, as the speaker explicitly directs the hearer to follow their advice. In strategy (c), however, the speaker merely explains the predicament, and advice is inferred implicitly using a passive voice construction. Figure 2 shows the percentage of use of each strategy in Scenario [2]. Evident from graph, the obligation statements strategy appeared in more than half of the answers, followed by the passive and suggestory questions.

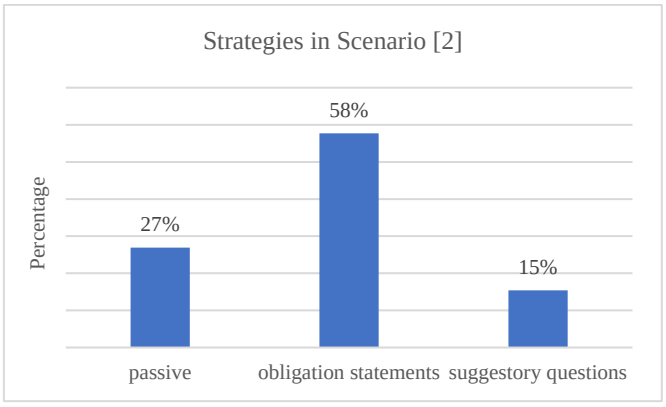

Figure 2. Strategies in Scenario [2]

(a). Obligation Statements:

Compelling the hearer to perform the target action was conveyed in KA using three different linguistic constructions. The first and predominantly used construction was the second person modal auxiliary *tiħta:dʒ* 'you.need' as in example (5) or by using the first plural person modal verb *niħta:dʒ* 'we.need' to include both speaker and hearer as in example (4).

(4)

نحتاج نبتدي حمية نبتعد فيها عن السكريات والحلويات...

niħta:dʒ nibtidi: ħimja: nibtiʕid fi:ha: ʕan s-sukkarijja:t wi-l-ħalawijja:t

'**We need** to start a diet where we avoid sugars and desserts.'

(5)

تحتاج إلى ممارسة الرياضة والأكل الصحي...

tiħta:dʒ ʔila: muma:rasat r-rijadˁah w-l-ʔakil sˁ- sˁiħħi:

'**You need** to exercise and eat healthily.'

Interestingly, out of the total obligation statements counted in our data, 67% were formulated using the inclusive 'we' as opposed to 33% using hearer-oriented declaratives (as shown in Figure 3). The inclusion of both doctor and patient in the proposed activity is commonly used among doctors (Ahmed & Ahmed, 2019; Skelton et al., 2002).

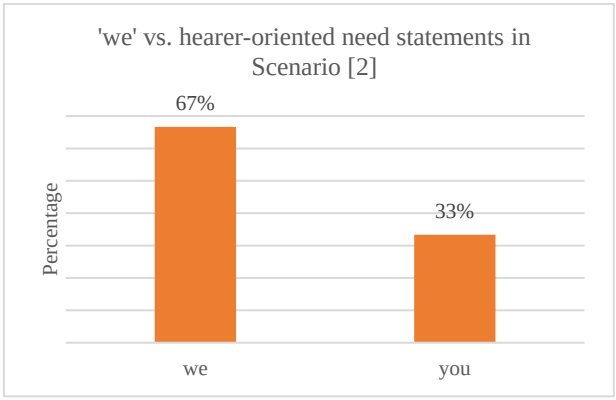

Figure 3. Percentage of 'We' Versus 'You' Hearer-Oriented Need Statements

The second-most used construction in obligation statements was the deontic modal participle *la:zim* 'it is obligatory', especially in KA, which is the equivalent to modal verb *jadʒib* 'you must' in MSA. *la:zim* indicates some sort of external authority that must be obliged, which shifts the power from the doctor's authority to a larger external power that implies its necessity or urgency. The following statement is an example from our data.

(6)

لازم تلتزم بالحمية

la:zim tiltizim b-il-ħimjah

'**It is obligatory** that you follow the diet'.

The third construction used to make the hearer oblige in Scenario [2] comprised inclusive-we commissives that left little room for negotiation or refusal. Commissives here were expressed using motion verb *ra:ħ* 'gone' which is grammaticalised into a future marker in most Arabic dialects (Khalifa et al., 2016) and has a volitional modal sense equivalent to 'will' or 'shall' auxiliary in English (Alotaibi, 2019).

(7)

راح نبتدي بالحمية

ra:ħ nibtidi: b-il-ħimjah

‘**We will** start the diet’.

(b). Suggestory Questions

Projecting advice as a suggestion that the hearer can choose to follow is common in doctor–patient interactions. Ostermann (2023) surveyed the distribution of recommendations in doctor–patient interactions in the U.K. and U.S., finding that the use of suggestions was the second-most common strategy in her audio-recorded data. Examples from our data include the use of question marker *ʃra:j-ik* ‘what do you think’, used customarily to propose a suggestion or solicit the hearer’s opinion in KA.

(8)

اشرايك نبدي نظام غذائي عشان يساعدنا؟

ʃra:j-ik nibtidi: niðˤa:m ɣiða:ʔi: ʕaʃa:n ijsa:ʕid-na?

‘**What do you think** about starting a new diet to help us?’

The doctor suggests a diet to help the patient, formulating his advice as a question headed by the interrogative phrase *ʃra:j-ik* ‘what do you think’.

(c). Passive Voice

Projecting advice as a general rule is a common practice (Leech, 2014) that serves to minimise the imposition of the directive on the speaker’s personal space (Sadock, 2006). In example (9), the doctor uses a need statement but in a passive construction to create a general rule.

(9)

العلاج **يحتاج** إلى تعديل النظام الغذائي

ʔil-ʕla:dʒ **jiħta:dʒ** ʔila: taʕdi:l n-niðˤa:m il-ɣiða:ʔi:

‘The treatment **needs** a modification of the diet’.

The verb *jiħta:dʒ* ‘need’ is neither expressing obligation from the doctor himself nor the patient; rather, it indicates that modification of the diet is needed without compelling the hearer.

C. Scenario [3]:

In Scenario [3], wherein the doctor receives a reluctant patient who is referred to them because their regular doctor is on leave, three linguistic strategies were observed: (a) expressing sympathy, (b) offering help, and (c) seeking patient consent. While strategy (a) clearly illustrates an expressive speech act (as the speaker is expressing empathy regarding the hearer’s concerns), sub-strategies (b) and (c) are representative of the commissive speech act type. The doctor minimises the patient’s apprehension by committing themselves to helping the patient in the present or near future. It should be noted that many responses featured a combination of more than one strategy; for instance, doctors expressed sympathy as they offered help. The deployment of different linguistic strategies in a single turn reflects a feature of natural communication. Figure 4 shows the three strategies frequently used in Scenario [3], clearly illustrating that offering help is the most preferred by our sample of doctors, occurring in more than half of the responses, followed by seeking patient consent; the least used was expressing empathy.

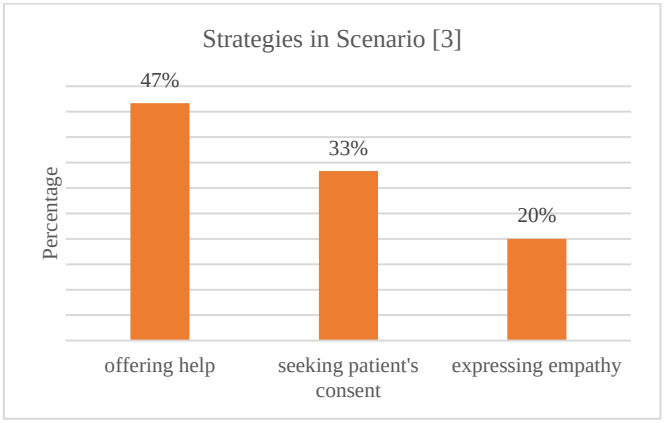

Figure 4. Strategies in Scenario [3]

(a). Expressing Empathy

The doctor expresses their understanding of the inconvenience that the patient is experiencing (10) and, in some cases, apologises for it (11).

(10)

ماعليه أذيناك

ma: ʕali:h ʔaðði:-na-k

‘It’s okay, pardon us for troubling you.’

(11)
شكلك متضايق من اللي حصل **وأنا مالومك**. أي تغيير أو تأخير فعلا يضايق.
ʃakl-ik mitðˤa:yig min illi ħasˤal **w-ʔa:na ma-lu:m-ik**. ʔaj taɣji:r ʔaw taʔxi:r fiʕlan jðˤajig
'You seem upset about what happened, **and I do not blame you**. Any change or delay is indeed upsetting'.

(b). Offering Help

Offering help was most frequently used in this scenario, expressed using motion verb *ra:ħ* 'will', as seen in example (12) followed by the lexical verb *ʔasa:ʕd-ik* 'I.help-you'.

(12)
وراح اساعدك وأكون بخدمتك
ew-**ra:ħ ʔasa:ʕd-ik** wa-ku:n ib-xidmit-ik
'And **(I) will help** you and be at your service'.[4]

Commissives in Scenario [3] were also expressed in the present tense, as in the following example, wherein the doctor indicates that they are here to 'serve' their patient *xidmit-ik.*

(13)
انا موجودة عشان **خدمتك**.
ʔa:na: mawdʒu:da ʕaʃa:n **xidmit-ik**
'I am here to be **at your service'**.

(c). Seeking Patient's Consent

To ease the apprehension of the patients toward having a new doctor follow up on their case, the doctors sought the consent of the patient using declarative conditionals such as *ʔiða: ħa:b* 'if you like' or (14) or permission questions like 'would you mind if?' as in (15).

(14)
إذا حاب أقدر أشوفك هذي المرة بداله.
ʔiða: ħa:b ʔagdar ʔaʃu:f-ik haði l-marrah bida:l-ah
'**If you would like**, I can see you this time instead of him (your doctor)'.

(15)
هل عندك مانع إني أفحصك بداله؟
hal ʕind-ik ma:niʕ ʔinni ʔafħisˤ-ik bida:l-ah
'**Would you mind if** I examined you instead of him?'

Using the declarative sentence mood, the yes/no questions commit the doctor to the patient's preferred course of action. The doctor expresses their willingness to act according to the patient's response to the question (interrogative). Therefore, this strategy is also grouped under commissive SA. However, syntactically speaking, polarity questions (particularly in 15) have the surface structure of a conditional declarative but rely heavily on the speaker's intonation to be interpreted as questions (see Sadock, 2006).

D. Scenario [4]:

In Scenario [4], wherein the doctor is delivering some bad news to the patient, the most prominent speech act types detected were expressives, commissives, and representatives. The doctors expressed their understanding of the patients' concerns, explained the procedure in such cases and what to expect, offered help in any possible way and positively reassured the patient. Such responses are similar to those from Scenarios [3] and [6] due to the nature of the situational prompts. Figure 5 shows the three strategies most used in Scenario [4].

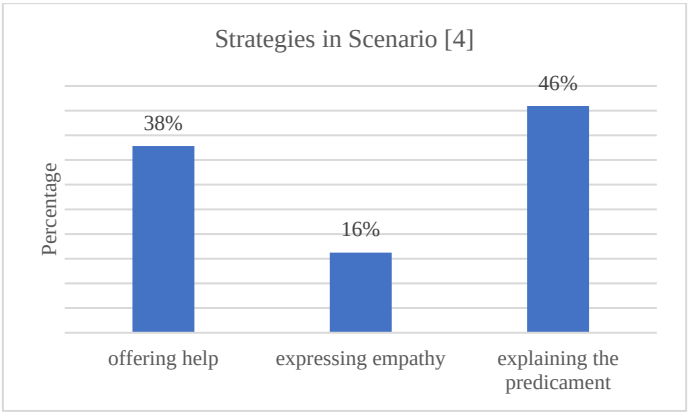

Figure 5. Strategies in Scenario [4]

[4] The first person singular pronoun in the subject position can be omitted before auxiliary *ra:ħ* 'will' in this sentence, because the main verb after the auxiliary carries the subject inflection. This is a property of PRO-drop languages including Arabic and KA.

(a). Expressing Empathy

Expressing empathy is usually achieved in sentences which start with a form of evidential modality, such as 'I see' *ʃa:jif*, 'I understand' *fa:him,* or ' I know' *ʔadri:,* acknowledging the patients concerns.

(16)
انا **شايف** إنك تحاتي قلقك **وفاهم**
ʔa:na**: ʃa:jif** inn-ik tħa:ti ew-**fa:him** qalaq-ik
'I **see** (that) you are worried, and I **understand** your concern'.

(17)
أدري إن هذا الشي وايد صعب.
ʔadri: ʔinna haða ʃ-ʃajj wa:jid sˁaʕib
'I **know** this is very difficult'.

Expressions of empathy for the patient were often combined with the doctor's offer to help and/or some explanation of the predicament (see Scenario [3] for a similar pattern).

(b). Explaining the Predicament

Given that Scenario [4] involves delivering bad news (abnormal test results), most doctors' responses employed a statement that either explained the current situation or the protocoled course of action to be followed next (see Figure 5 above). The doctors used declaratives to reassure the patients that their condition is manageable with a proper treatment plan and modified lifestyle, and that there is always a solution. Furthermore, almost all declaratives used in response to Scenario [4] employed inclusive '*we',* suggesting a relationship between the use of this form and maximising solidarity.

(18)
الحمدلله **انا** اكتشفنا هالشي اللحين عشان **نقدر** نعالجه
il-ħamdillah ʔin-na iktiʃaf-na ha-ʃ-ʃaj il-ħi:n ʕaʃa:n nigdar nʕa:ldʒa-h
'Thank God, **we** have discovered it now so **we** can treat it immediately'.

(19)
عندك نتيجة هالتحليل مرتفع لكن ممكن إحنا نسيطر عليه بالأدوية والعلاج.
ʕind-ik nati:dʒat ha-t-taħli:l mirtifiʕ la:kin mumkin iħna nsajtˁir ʕali:h b-il-adwijah wi-l-iʕla:dʒ
'You have a test result which is high, but **we** can control it with medication and treatment.'

(c). Offering Help

Help offers were usually formulated as interrogatives, as in (20), or conditionals, as in (21).

(20)
شلون حاب أساعدك؟
ʃloun ħa:b ʔasa:ʕd-ik?
'How would you like me to help you?'

(21)
إذا في شي أقدر أسويه عشان اساعدك بلغني.
ʔiða: fi: ʃajj ʔagdar ʔasawwi:-h ʕaʃa:n ʔasa:ʕd-ik balliɣ-ni:
'If there is something I can do to help you, let me know'.

E. Scenario [5]:

In Scenario 5, wherein the patient reveals significant symptoms or asks crucial questions at the end of the consultation after spending a considerable amount of time with the doctor, the doctors seemed to prioritise the patient's interest and showed a willingness to help, despite the high imposition involved in this situation. However, some explicitly expressed their perception of such a high imposition in their responses by blaming the patient for not highlighting this important detail sooner in the allocated consultation period, as in the following example:

(22)
كان المفروض تقولي هذا العرض من البداية.
Ka:n il-mafru:ðˁ tgu:l-li haða el-ʕaraðˁ min il-bida:jah
'You should have mentioned this symptom to me at the beginning [of the consultation]'.

Overall, the doctors' responses indicated what must be done next or suggested what could be done in the future. The responses were grouped into two strategies depending on the sentence mood. The responses collected showed doctors used strategy (a) commitment statements much more than strategy (b) suggestory questions as indicated in Figure 6.

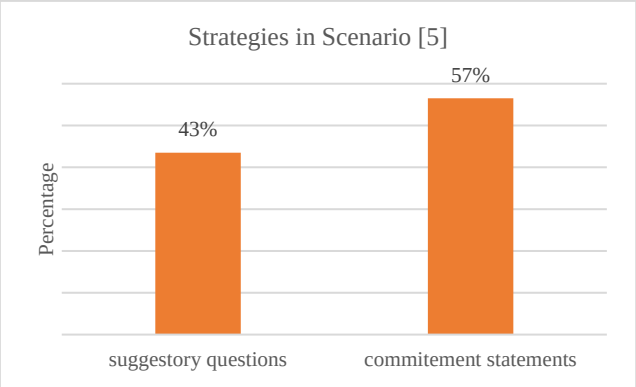

Figure 6. Strategies in Scenario [5]

(a). Suggestory Questions

The doctor suggests an upcoming consultation visit using the conventional suggestion marker in KA *ʃ-ra:j-ik* 'what do you think' as in (23), or possibility questions headed by *mumkin* 'is it possible/Could' as in (24). Such questions fulfil the criteria for directives SA and vary in form from hearer-oriented to those that include both speaker and hearer through the inflectional verb prefix *na-* indicative of 'us'.

(23)

شرايك تأخذ أقرب موعد معاي عشان نتناقش أكثر بالموضوع؟

ʃ-ra:j-ik ta:xið ʔagrab mawʕid maʕa:j ʕaʃa:n nitna:qaʃ ʔakθar bi-l-mawðˁu:ʕ

'**What do you think** about taking another appointment with me so we can discuss it further?'

(24)

ممكن نقعد في وقت ثاني ونجاوب باجي الأسئلة؟

mumkin nigʕad fi wagt θa:ni wi-ndʒawib ba:dʒi l-asʔilah

'**Could** we sit together at another time and address the remaining questions?'

(b). Commitment Statements

Expressing the doctor's willingness to continue the consultation either in the present progressive tense (25), or using future modal verb *ra:ħ* 'will'(26):

(25)

ممكن نتابع الاستشارة على الرغم من ضيق الوقت

mumkin nta:biʕ l-istiʃa:rah ʕala r-raɣm min ðˁi:g il-wagt

'We **could resume** the consultation despite lack of time.'

(26)

راح احتاج أقعد معاك زياده.

ra:ħ ʔaħta:dʒ ʔagʕad maʕa:k izja:dah

'I **will need** to stay with you for some more time.'

F. Scenario [6]:

In response to Scenario [6], wherein a hypochondriac patient expresses fear of having a serious illness such as cancer, hypertension, or diabetes, doctors used at least one of the three linguistic strategies. They responded by enquiring about the source of the patient's fear, advising the patient on how to handle that fear, and showing support to the fearful patient by ruling out negative outcomes given the present medical data. In fact, distinguishing between linguistic strategies in this scenario was particularly difficult because the nature of the scenario called for increased effort to put the patient at ease. Furthermore, reference to religious grounding while supporting the patient was more prominent in this scenario than in others. Examples of such pragmatic modifiers in our data include phrases such as *ʔinshalla* 'if God wills' and *bi-ʔiðn-alla:h* 'God willing', synonymously used to confirm the happening of a future event.

(27)

لا تحاتي، الله بيشافيك **ان شاء الله** واحنا معاك.

la: tħa:ti:, Allah b-jaʃfi-ik **inʃa:llah** wi-ħna maʕa:k

'Do not worry, God will heal you [**Inshallah] if God wills** and we are with you'.

Figure 7 illustrates the three strategies identified in the doctors' responses to Scenario [6]. Statements of reassurance were clearly the most utilised strategy, followed by advice and questions.

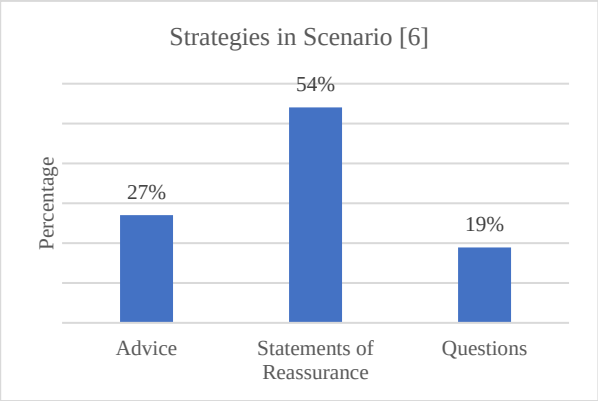

Figure 7. Strategies in Scenario [6]

(a). Questions: Asking for Specification

The doctor's questions were used to either guide the patient in a certain perceptual direction or enquire about the trigger for their fear, thus illustrating the speech act 'directives'. Such questions are often used to preface another strategy, such as advice or statements of reassurance:

(28)

ممكن اعرف بالضبط انت خايف من شنو؟ هل انت خايف من مرض السرطان مثلا؟ لأن التفكير بالشيء ممكن يزيد من الأعراض وتدخل بدوامه بسبب القلق والخوف.

mumkin ʔaʕarf b-ðˁ-ðˁabtˁ ʔint xa:jif min ʃinu**?** Hall ʔinta xa:jif min marðˁ isˁ-sˁaratˁa:n maθalan? laʔanna t-tafki:r b-ʃ-ʃajj mumkin jzi:d min il-ʔaʕra:ðˁ w tidxal b-dawwa:mah b-sabab il-qalaq w-il-xouf

'May I know what exactly you are afraid of**?** Are you afraid it is cancer for example**?** Because overthinking could increase the symptoms and drag you into an endless cycle of fear and anxiety'.

(b). Advice

The doctors mostly formulated their advice using declaratives:

(29)

اللي تفكر فيه خطأ ومافي إلا العافية وهذا القلق مضر لك أكثر من نفعه.

ʔilli tfakkir fi:-h xatˁaʔ w-ma-fi ʔilla l-ʕafjah w haða muðˁirr lik ʔakθar min nafʕa-h

'What do you think is wrong? Everything is alright, and this fear is doing more harm to you'.

Furthermore, many doctors suggested psychological factors, as opposed to physical, and some proposed a referral to a psychiatric clinic:

(30)

وأيضا اقترح إنك **تزور عيادة الصحه النفسية** عندنا، شرايك؟

ew ʔajðˁan ʔaqtiriħ ʔinn-ik tzu:r ʕija:dat is-ˁsˁiħħa n-nafsijjah ʕindina, ʃra:jik?

'I also advise you to visit our **psychiatric clinic**, what do you think?'

(c). Statements of Reassurance

The doctors used facts from the patient's medical history to dismiss any feared negative outcomes or reassure the patient about the effectiveness of the treatment plan.

(31)

انا حاب أطمنك ان أنت ماعندك أي مرض خطير وكل الفحوصات تثبت ذلك فلا تخاف ولا تفكر زيادة.

ʔa:na ħa:b ʔatˁamn-ik ʔinna int ma:-ʕind-ik ʔaj marðˁ xatˁi:r w kill il-fuħu:sˁa:t taθbit ða:lik fa-la: tfakkir izja:dah

'I would like to assure you that you do not have any serious illness, and all the tests confirm that, so do not worry or overthink it'.

IV. Discussion

This study investigates how common patient-directed communicative functions – such as instructing, advising, reassuring, comforting, and offering help – are expressed in KA during visits to state healthcare clinics. Using Searle's SA theory, we identified linguistic strategies illustrating for directives, commissives, expressives, and representatives. Doctors' responses to the six scenarios in the DCT were classified based on their pragma-semantic and syntactic features, including sentence type and illocution force. Complex scenarios often saw overlapping illocutions, such as empathising while advising. In this section, the results are discussed according to the four SA categories.

Directives: when instructing patients, doctors preferred conventional indirect strategies, dominated by possibility questions headed by the epistemic modal marker *mumkin* 'Can you/I do X?*'*. Imperatives were nearly absent – despite being the standard form for giving instructions, both verbally and in writing[5] – suggesting a negative-politeness strategy to minimize imposition (Olorunsogo, 2020). It is likely that the written format of DCT responses influenced the preference for indirect strategies, as non-verbal cues were missing.

When advising patients, another directive illocution, doctors often employed obligation statements with the auxiliary *la:zim* 'it is obligatory', akin to 'must' in English. These statements were softened by the '*we-'* verb inflection, reflecting Arab positive-politeness and collectivistic communication (see Olorunsogo, 2020; Schouten et al., 2006). Another common advice indicator *ʃra:j-ik* 'what do you think?' is used to frame advice as an opinion-seeking question.

Commissives: These functions included offering help or reassuring the patient about future actions, predominantly appeared using the future modal *ra:ħ* '*I/We will do X*'. The doctors often included both speaker and hearer in the action using '*we-'* verb prefixes to emphasise solidarity and collectivistic communication preferred in Arab societies.

Representatives and Expressives: These often prefaced other speech acts, like commissives or directives, indicating overlapping illocution. Doctors provided explanations for the current unfavoured situation while expressing empathy and understanding of the patient's discontent. Doctors then provided solutions by offering help (commissive) or advice (directive) to the patient.

Religious expressions, though not the focus of this study, frequently appeared in representatives and expressives to provide comfort and assurance. Phrases like *ʔinʃa:lla* 'if Allah may' and *bi-iðni-llah* 'Allah permits' – equivalent to English 'God willing' – emphasised desired future actions, while *al-ħamdillah* 'praise to God' expressed a range of emotions from gratitude to acceptance of an unfavourable situation. Future research could explore the pragmatic functions of religious expressions in more detail.

V. Conclusion

This study provides a preliminary analysis of the linguistic strategies used by native KA doctors in patient-directed communicative functions. Using Searle's Speech Act (SA) we categorised and analysed these linguistic strategies, revealing that directives, commissives, expressives, and representatives are all utilised in doctor-patient interactions, each with preferred linguistic strategies. Indirect requests via possibility questions dominated when giving instructions. Advice was modified by the deontic modality marker *la:zim* 'must' (indicating necessity) or projected as an opinion-seeking question with *ʃ-ra:j-ik* 'what do you think'. Commissives were often expressed in the first-person plural 'we', indicating maximised solidarity. Representatives and expressives overlapped with other SA, including explanations, advice, and offers of help, often coupled with religious expressions for reassurance and positivity.

These findings indicate KA doctors' preferences in doctor–patient interactions, likely influenced by their training or experience as native speakers interacting with native Kuwaiti patients. The use of Speech Act theory proved effective in uncovering and categorizing these linguistic conventions, allowing for the analysis of most preferred strategies that enhance patient responsiveness. These results can inform training programs for general practitioners, both native and non-native speakers of KA. Future research – currently conducted by Authors - will validate these findings by examining KA patient's preferred communication strategies to achieve maximum cooperation and improve treatment-related outcomes in healthcare.

Appendix (The Modified DCT)

Dear doctor,

The following is a questionnaire adapted from a study on doctors' medical communication in European countries. Please complete the questionnaire in **Kuwaiti Arabic**. You are free to express medical terms in English. For each scenario depicted below, your response should reflect the exact words you would use when encountering a similar situation in your practice. You need not concern yourself with grammatical/structural correctness, for we are mainly seeking the communicative (pragmatic and semantic) elements.

I hereby consent to participate in the study conducted by the below mentioned researchers.

Signed: _____ Date: _____

(Authors)

Before completing the questionnaire, kindly provide the following information:

1. Years of experience in the practice:

( ) 0 – 2 yrs. ( ) 2 – 5 yrs. ( ) 5 – 7 yrs. ( ) 7+ yrs.

2. Gender:

( ) Male ( ) Female

3. What is the age group of the <u>patients</u> you often receive?

[5] The imperative '*Do X*' was used only once in Scenario [1]. On the other hand, negated imperatives such as '*Do not worry*' occurred a few times and were treated as the most explicit form of advice.

( ) 20 – 40 yrs. ( ) 50 – 60 yrs. ( ) 60+ yrs.

4. Do patients prefer to receive the bad news of an unfavourable diagnosis themselves or have a relative present?

( ) Patient themselves ( ) Patient's Relative

الرجاء الإجابة باللهجة العامية (الكويتية) التي تستخدمها كطبيب لمخاطبة مرضاك:

Scenario-1: What do you say when directing a patient to undress for an examination?

الطبيب:

Scenario-2: What do you say as advise to a follow-up patient to encourage them to start a specific diet due to some concerning test results?

الطبيب:

Scenario-3: You are replacing a patient's regular doctor who has been called away to an emergency. The patient is very apprehensive having been referred to you, what do you say to put them at ease at the beginning of an examination?

الطبيب:

Scenario-4: What do you say to support a follow-up patient who has received a bad test result?

الطبيب:

Scenario-5: You have spent a considerable amount of time on a new patient and are running very late. What do you say when the patient reveals a significant symptom or asks a critical question towards the end of the consultation?

الطبيب:

Scenario-6: What do you say to a hypochondriac expressing the fear of having serious illness such as cancer, hypertension, or diabetes?

الطبيب:

Thank you very much for your time and cooperation.

ACKNOWLEDGEMENTS

We are especially grateful to Dr Saad Almuoseb for his tremendous help in reviewing and administering the pilot questionnaire. We are also tremendously grateful to Dr Huda Al-Duwaisan, the head of Kuwaiti association of family and general medicine for providing valuable information in our interview (recorded via TEAMS, December 11th 2023).

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Nushour Alduaij is an Assistant professor of Linguistics in the Department of English language and literature, Kuwait University. She obtained her master's degree in linguistic studies, and her PhD in linguistics in 2014 from Essex University, UK, focusing on interlanguage and cross-cultural pragmatics. Her teaching and research interests include pragmatics, semantics, discourse analysis, and Applied linguistics. She conducted research on speech acts theory and politeness theory in Kuwaiti Arabic, and explored topics in

discourse analysis, corpus linguistics and developmental pragmatics. https://orcid.org/0000-0001-8303-0720.

Anwar Almuoseb is an Assistant professor of Linguistics in the Department of English language and literature, Kuwait University. She earned her master's degree in linguistics from University College London UCL, and her PhD in linguistics from the School of Oriental and African Studies (SOAS), UK, in 2016. She is interested in lexical and cognitive semantics and comparative cross-cultural linguistics, specifically focusing on spatial prepositions in English compared to Arabic, Japanese and Spanish. She is also interested in lexical semantic analysis of interjections in Kuwaiti dialect and is currently engaged in research on the semantics of emojis and euphemism and metaphor. She published a chapter in the yearbook of the German Cognitive Linguistics Association. https://orcid.org/0009-0000-2168-2387.

Bashayer Alotaibi is an Assistant professor in the Department of Arabic language and literature, Kuwait University. She earned her Master's degree from Kuwait University in Arabic Language, then her PhD in linguistics from Newcastle University, UK in 2019. She is Interested in Arabic syntax, morphology, and semantics, with focus on variation and change in Arabic dialects, especially Kuwaiti Arabic. She Published work on the development of natural language processing tools for Kuwaiti Arabic in partnership with Dr Eiman Alsharhan. She is a member of the Arabic Mental Lexicon Project and is a member of the European Linguistic Society. https://orcid.org/0000-0001-9756-3325.