

The use of politeness strategies in Japanese healthcare settings: Analysis of manga discourse between healthcare providers and a “difficult” patient

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【Abstract】 This paper examines the politeness strategies employed by healthcare professionals, using data from a Japanese manga (comic book) series entitled “*Otanko nāsu*” (Stupid Nurse). This manga series is based on stories originally written by Kobayashi Mitsue, an author with an extensive career as a nurse. First, from the complete series of thirty-five episodes, one story involving an elderly female patient with diabetes was chosen for analysis of politeness strategies. Secondly, five scenes involving a communication event using politeness strategy were extracted for analysis. Thirdly, three perspectives were applied: the contextual background of the communication, the relationship with the patient, and the degree of face threatening act. The degree of face threatening act was evaluated by the imposition of face-threatening acts, social distance, and relative power according to Politeness Theory (Brown & Levinson, 1987). Based on these three perspectives, further analysis for each communication event was conducted using the Grand Strategy of Politeness (GSP) framework, developed by Leech (2009). GSP is composed of five main constraints/maxims: generosity/tact, approbation/modesty, obligation, opinion, and feeling. Each chosen communication event was categorized according to Leech’s GSP, in which there are ten types of speech acts as communicative functions. The findings from the data indicated that the novice healthcare professionals struggled to interact with the patient because of a lack of sufficient politeness strategies. This suggests that employing more effective politeness strategies could enhance the quality of healthcare communication.

【Keywords】 healthcare communication 医療コミュニケーション, Grand Strategy of Politeness (GSP) ポライトネス・ストラテジー総括論, Politeness theory ポライトネス理論, Japanese healthcare manga 医療漫画, face-threatening act フェイスを脅かす行為

Introduction

In nursing communication, which is a considerable portion of healthcare communication, Henderson (1960, 1997) points out that the patients' need for communication is satisfied if they can adequately convey their feelings through the expression of their wants, desires, and fears. Accordingly, one role of nurses is to adequately facilitate their patients' expression of feelings. Therefore, from the initial stage of interaction with their patients, nurses are required to attempt bilateral communication. They need to acquire communication skills that should lead to mutual trust and a therapeutic and supportive relationship between themselves and their patients.

Riley (2000) also comments on nurse-patient communication, using the notion of “face” and politeness theory to explain nursing communication, considering how both patients and

nurses use strategies to “save face” or help their interlocutor to “save face.” She argues that “saving face” is a strategy intended to preserve dignity so that each party is able to continue to invest in the interaction without experiencing threat or other negative feelings. More specifically, she elaborates that in the complex nature of problem-solving with a patient to promote health, many factors can present barriers, including perceptions and negotiations about healthcare rules, norms, expectations, and boundaries. In fact, nurses must “negotiate a mutually acceptable and satisfying level of distance or intimacy, self-disclosure, privacy, and information exchange within a context of power differences, a need for help, and a right to act” (Spiers, 1998: p.25).

Within a framework of both Politeness Theory (Brown & Levinson, 1987) and the Grand Strategy of Politeness (Leech, 2003, 2009), this study examines the interaction between

healthcare providers and their patient on a micro-level, analyzing data from a Japanese comic book series in an effort to discover what communicative factors may lead to problematic relationships. With the purpose of improving healthcare communication, the authors have investigated the different types of politeness strategies used in “actual” communication scenes. Accordingly, the research questions for this study include:

- a In what way do healthcare professionals use politeness strategies with their patient?
- b Which factors construct the politeness strategies in an integrative manner?
- c What politeness strategies seem to be successful in establishing good communication and relationship?

Definition of terms

Communication

The notion of communication has been discussed since the 1940s (Northouse & Northouse, 1998) in a variety of ways. For this study, communication is defined as the transactional and affective process of sharing information, feelings and attitude through the use of symbolic behavior such as language (Northouse & Northouse, 1998). Healthcare communication is the communication conducted between patients and healthcare professionals in healthcare settings such as in hospitals.

Face

Face is the self-image that has been established during a person's life history. According to Goffman (1967), face has social value dependent on how importantly an individual is regarded by other people and by the outside society. Goffman adopted the word “face” from the Chinese *mentsu* [面子].

Though there arguably exists an important distinction between positive and negative face, this difference is not considered in this study, partly because we believe that this dichotomy may limit somewhat Brown and Levinson's (1987) intention of developing a politeness theory that is applicable universally, especially since their theory focuses on individual's wants or needs, as Leech (2005) points out. That being said, it is of course somewhat controversial to incorporate the Chinese concept of “face” in an otherwise western linguistic theory, not least because of the differing concepts of self.

Face-threatening act

A face-threatening act is defined as an act negatively affecting an individual's face. The degree of this act is determined as

either “high” or “low” depending on the imposition given to the hearer, the social distance between the interlocutors, and their power relations.

Politeness

In this study, politeness is defined as the strategy for mitigating such face-threatening acts. In cases where the face-threatening degree is high, comfort levels in communication are generally low. On such occasions, politeness is necessarily provided for in successful communication events. Instead of taking into account the distinction of positive and negative politenesses following the notion of positive and negative face as proposed by Brown and Levinson (1987), a different scale for politeness is used for this study (Leech, 2005).

Absolute politeness scale

In this scale the level of politeness is gauged by the superficially visible or audible linguistic features irrespective of context. Linguistic politeness is alternatively used.

Relative politeness scale

This scale is relative to norms in a given context. Different from the absolute politeness scale, linguistically same forms may be interpreted in a different manner, depending on a given situation. The strategy in Japanese of *ingin-burei* [慇懃無礼], or “politely rude,” is one example of a linguistic form relevant to this scale.

Grand Strategy of Politeness

This is Leech's (2005) revised framework based on his principles of pragmatics composed of six maxims: tact, generosity, approbation, modesty, agreement, and sympathy (Leech, 1983). In Leech's new framework, the five constraints for politeness are: generosity/tact, approbation/modesty, obligation, agreement, and feelings. Each constraint may be projected as a different communicative function of a speech act depending on the individual values of the hearers or speakers (See Table 1).

Method

Data collection

Manga (Comic books) in Japan

“Manga” is included in the Oxford Dictionary of English (2003) as a Japanese loanword defined as “a Japanese genre of cartoons, comic books, and animated films...” As pointed out in Matsuoka, Smith, and Uchimura (2008), manga in Japan should be treated as a different genre from that of comic books in western countries with regard to both form and function. For this

reason the indigenous label, manga, is often used in order to distinguish this genre from the more general category of “comic books.” Manga may well be regarded as “graphic novels”. In fact, Natsume (2004), the grandson of the literary figure Natsume Soseki, established *manga-gaku* (literally “the study of manga”) as an academic field.

Healthcare manga in Japan

Some manga address healthcare and their main characters are usually doctors or nurses. Such comics have been popular in Japan and the genre of *iryō manga*, or “healthcare comics” is well established even though the National Diet Library has not yet recognized it as an official category of literature (Japan National Diet Library, personal communication, December 13, 2008). For example, Tezuka Osamu, widely regarded as an important figure in *manga*, was a medical doctor and wrote “Black Jack,” the first officially recognized medical or healthcare comic story in the 1970s. Other comic books have also been supervised by healthcare professionals (Yomiuri-shimbun, 2007). The comic series used for the present study (Sasaki, 2000, 2001) was based on original stories written by Kobayashi Mitsue, an experienced nurse.

Rationale for using manga

In a milieu where a strict code of ethics exists to protect the rights of patients, obtaining data from healthcare sites such as hospitals has become increasingly difficult. Considering the focus in *manga* on spoken language through text in speech-balloons accompanied by pictures, it might be argued that this literature can be used as “spoken” data, of sorts. Compared with foreign comics, manga have fewer words or lines, emphasizing instead the unspoken forms of communication that are a ubiquitous feature of all speech, including spoken language in Japan, a society that has been referred to as “high-context” (Hall, 1977). To compensate for a lack of “speech,” abundant graphic images in manga describe non-verbal and paralinguistic communication behaviors. Though manga authors in general attempt to present a reasonable reflection of the real world, their writing may be exaggerated in order to seize the readers’ attention. Even so, Maynard (2004, 2008) lists comic books as a legitimate genre for data in discourse analysis. In prior studies of discourse analysis in Japanese, in fact, manga have been used as effective source material for analyzing feelings and emotivity (Maynard, 2005). In healthcare studies, attitudes towards smoking have been analyzed and discussed using manga as data (Kawane, Watanabe, & Takeshita, 2007).

Data for this study

The manga series entitled *Otanko nāsu* was chosen from an Internet search that yielded fifty-six titles addressing healthcare-related subjects. The National Diet Library has 35,933 comic books published from 1993 to March 2007, and approximately one percent of these books are recognized as so-called healthcare *manga*. The series of *Otanko nāsu* has 1,100 pages in total, based on the research conducted by the original writer of the stories, Kobayashi Mitsue, who gained cooperation from 20 institutions, conducted interviews with 77 people, and employed five photographers (Sasaki, 2001). From 35 episodes, one episode consisting of two parts (70 pages) was selected because of the quality and quantity of communication behaviors. More specifically, in this episode the novice nurse Nitatori, in particular, has had a challenging time communicating with an elderly patient, a woman, and the chosen scenes project the importance of utilizing politeness strategies for successful interaction. The episode is entitled *Tekizai-Tekisho* [“the right person in the right place”] and consists of two parts. In this episode, the main character of this series, the novice nurse Nitatori struggled in her communication with Oe Sumi, an older woman with diabetes. The characters included in the data are nurse Nitatori, a head nurse, other nurses, doctors, a patient named Oe Sumi, and her husband.

Procedure

Discourse analysis

Based on the belief that all utterances can be face-threatening acts depending on the context, as Usami (2006) posits, it is preferable to analyze communication behaviors *in situ*, in accordance with a relative politeness scale (Leech, 2005: p. 7), rather than being removed and treated as a decontextualized utterance following an absolute politeness scale (Leech, 2005: p. 7). In order to answer the research questions concerning the ways in which verbal communications are conducted between healthcare professionals and their patient, five scenes were subjected to discourse analysis using three perspectives.

The first perspective was the context of communication, or the situation where the given speech event took place. The second perspective was the relationship of mutual trust between the healthcare professionals, mainly nurses, and their patient. The last perspective was based on the Politeness Theory of Brown and Levinson (1987). Specifically, taking the first and the second perspectives into account, the patient’s responses were analyzed with regard to the third perspective, the degree of the face-threatening acts involved. The degree of the face-

threatening acts was evaluated as high or low with respect to three factors: the imposition of the given act; the social distance between the healthcare professionals, such as nurses and their patient; and the power relations between them in the given context, based on Politeness Theory.

Grand Strategy of Politeness

Based on the above analysis, using the framework of Leech's Grand Strategy of Politeness (GSP) (see Table 1), the core politeness strategy in each communication behavior was selected out of five constraints/maxims based on the projected type of the speech act. The relative success of these politeness strategies was then examined, along with an examination of the factors

leading to the given results of the communication event.

Like the polysemy explicated by Tannen (1986), spoken discourse may effect a plurality of functions and speech acts, often even deceptive in nature. Verbal utterances, therefore, cannot always be taken at surface value. For instance, "thank you," superficially the speech act of gratitude, could in a certain context mean "stop here," the speech act of request. Furthermore, it has been argued that humans possess a tacit knowledge (Polanyi, 1958, 1997), an underlying, subsidiary awareness. Therefore, it seems inappropriate to label utterances with one politeness strategy. Accordingly, the labeled politeness strategy needs to be considered not as absolutely but as relatively appropriate.

Table 1: Grand Strategy of Politeness

Source: Leech (2009)

Constraints (Maxim) S* will express/imply meanings that:	Related pair of constraints	Label for the constraints	Typical speech act type(s)
(A) place a high/ low value on O's* wants/ goals	<i>Generosity/ Tact</i>	+Generosity -Generosity	Commissives (e.g. offers) Refusing, not yielding
(B) place a low/high value on S's wants/ goals		+Tact -Tact	Directives (e.g. requests) Ordering, demanding
(C) place a high/ low value on O's wants/ goals	<i>Approbation/ Modesty</i>	+Approbation -Approbation	Compliments Insults, criticism, telling off
(D) place a low/ high value on S's wants/ goals		+Modesty -Modesty	Self-devaluation Boasting, being smug/ complacent
(E) place a high/ low value on O's wants/ goals	<i>Obligation</i>	+Obligation (of S to O) -Obligation (of S to O)	Apology, thanks Not thanking, not apologizing
(F) place a low/ high value on S's wants/ goals		+Obligation (of O to S) -Obligation (of O to S)	Responses to thanks, and apologies Demanding thanks, and apologies
(G) place a high/ low value on O's wants/ goals\	<i>Opinion</i>	+Agreement -Agreement	Agreeing Disagreeing, contradicting
(H) place a low/ high value on S's wants/ goals		+Opinion-reticent -Opinion-reticent	Politely disagreeing, opining Being opinionated
(I) place a high/ low value on O's wants/ goals	<i>Feeling</i>	+Sympathy -Sympathy	Congratulating comforting Expressing antipathy
(J) place a low/ low value on O's wants/ goals		+Feeling reticence -Feeling reticence	Non-complaint Grumbling, whining, complaining

Notes: S* is the speaker. O** is the other person.

Each of the five scenes that were analyzed contextually using discourse analysis covered the given five constraints/maxims of politeness strategies proposed by Leech (2003, 2009). The success of each politeness strategy was examined, and the relationship between the successful and the unsuccessful strategies was discussed. The focus in this analysis of communication events was on the success or the failure of the healthcare providers' use of politeness strategies rather than the patient's, even though the speech behavior by definition involved both interlocutors. This follows the research question that asks how such an analysis of healthcare communication may improve the quality and provision of healthcare service.

Findings and Discussion

In order to answer the research questions, discourse analysis was conducted to analyze and discuss the data from an episode of *Tekizai-Tekisho* ["The right person in the right place"] in the manga series "Otanko nāsu." Five scenes were selected as examples of communication behaviors employing politeness strategies, each of which illustrated one constraint/maxim from the framework of Leech's Grand Strategy of Politeness (see Table 1).

The episode starts with the history taking for Oe Sumi, who suffers from diabetes, by the novice nurse, Nurse Nitatori, in the patient's room at Tokyo K Hospital.

Scene 1 (constraint/maxim: generosity/tact)

- 1 Nurse Nitatori (N hereafter):*Imamadewa gairaini tsūin saretetan desune.* [You have been an outpatient so far, haven't you?]
- 2 *Soshite insulin-chūsha o gojibun de nasatte iru... to.* [And I heard you have given yourself an insulin injection.]
- 3 Patient Oe Sumi (OS hereafter): *Hai.* [Yes. (written in *katakana*, not *hiragana*, which has the function of implying an disinterested response in a mechanical-sounding voice)]
Oe Sumi san rokujū-san sai. [The patient is Oe Sumi, and sixty-three years old.]
Jikokanri o shite tōnyō-byō no kontorōru o dekiryūni surutame "kyōiku mokuteki" de konohi no nyūin to narimashita. [She was hospitalized on this day for an educational purpose of training her in better habits of self-control with regard to her diabetes.]
- 4 Nurse N: *Hokani higorokara nonde irassharu kusuriwa arimasuka?* [Do you have any other medication you take on the daily base?]

- Goso-goso* [without speaking the patient rummages in her bag]
- 5 Nurse N: *A, ima omochi deshitaru misete kudasai.* [Um, please show it to me now if you have any.]
[The patient OS reaches a snack in her bag.]
 - 6 Nurse N: *Haa...?* [What?]
(*Mogu mogu.* [The patient OS starts to nibble the snack.])
 - 7 Nurse N: *A.. Ano!* [Um, hey!]
(She continues to eat)
 - 8 Nurse N: **Dame desu, Oe-san.** [No you must not, Mrs. Oe.]
(interruption)
 - 9 Patient OS: *Ara, daijina ohanashi no toki ni teiketto o okoshite guai waruku nattara shitsurei desho.* [Well, it would be rude if I began to feel hypoglycemic while you were explaining such important things.]
Onaka mo suitashi. [Besides, I'm hungry.]

Analysis

- a. Situation and context: This scene is the starting point of their relationship. The novice nurse Nitatori attempts to take a history of an older patient, Mrs. Oe Sumi, who is suffering from diabetes and labeled as uncooperative and in need of "education." The conversation is conducted in a treatment room at a hospital in Tokyo.
- b. Relationship between the healthcare professional and her patient: The nurse Nitatori and her patient Mrs. Oe Sumi meet here for the first time. Initially, therefore, their relationship is neutral or blank. But through the communication involved in taking the patient's history, their relationship begins to take form, though not necessarily in a favorable way.
- c. Degree of face-threatening act(s): During the history-taking session, the nurse's act of prohibiting the patient from eating snacks other than those prescribed by a diabetic diet (line 8) is an imposition or burden on the patient. The social distance between them is not close. Since it is the first encounter the nurse uses the polite form of *-masu* (Niwa, 2005), which indicates politeness if one uses the absolute politeness scale. However, in terms of power in the relationship, the patient seems to be in a slightly inferior position since, judging from the utterance in line 8, even the young nurse seems to demonstrate some control over her patient, though in line 9 Mrs. Oe attempts to regain her powerful footing by rationalizing the eating of her snack during the history-taking session. Taking all these factors into account, the degree of the face-threatening act is considerably high in this scene.
- d. Grand Strategy of Politeness: Using Leech's GSP framework, the constraint/maxim called for in this communication scene (focusing on line 8) is that of generosity/tact. Nurse Nitatori's

verbal reaction to her patient eating snacks, which is projected in the line 8, however, seems to lack in generosity/tact, in spite of her use of a polite register. Nurse Nitatori uses the direct function of request, and even the direct order, in her communication with the older patient Oe Sumi. Therefore, it seems possible to argue that nurse Nitatori's communication behavior in this given context ends up as a failure of politeness strategy.

Scene 2 (constraint/maxim: approbation/modesty)

- 10 Nurse N: *Ohayō gozaimasu.*
[Good morning (said with smiling face; her patient Sumi ignores her morning greeting, and is sitting on the bed, looking down while injecting herself with insulin.)]
- 11 Nurse N: (*to herself*) *Kāten gurai shimete sureba ii noni.*
[She should at least close the curtain while injecting herself.]
- 12 Nurse N: *Oe-san, utsumae ni kanarazu memori o kakunin nasatte kudasai.*
[Mrs. Oe, please check the amount before you inject yourself.]
- 13 Patient OS: *Iino yo.* [Don't worry.]
Nareteiru shi, sakki kakunin shitan dakara.
[I am used to it, and besides I already checked it.]
- 14 Nurse N: **Hajime kara misete itadaitemashitaga, chanto kakunin nasatte imasen.**
[I observed you from the beginning, and I did not see you check it at all.]
Nareteiru karakoso, chokuzen no kakunin o kuseni shinaito naranain desu.
[All the more because you are used to it, you must double check the amount immediately before the injection.]
- 15 Patient OS: **Ichiiichi urusai wane!**
[You are constantly meddling in everything!]
Anata, ima, watashiwa jigokuno jikan nanoyo.
[You listen here. This is my "time in hell."]
Konna tokini komakaku sekkyō shinaide.
[Don't preach to me about details during my "time in hell."]
- 16 Nurse N: *He?* [(in big letters without balloon) What?]
Jigoku?
[Hell?]

Analysis

a. Situation and context: It is the morning rounds, and the Nurse Nitatori was ignored by her patient, Oe Sumi. This novice nurse notices her patient injecting the insulin without checking the amount.

b. Relationship between the healthcare professional and her patient: Their relationship has not progressed in a favorable direction. The nurse seems to feel that her diabetic patient does not follow her advice; on the other hand, the patient, who is much older than this nurse, seems to feel that this young nurse is a nuisance.

c. Degree of face-threatening act(s): The weight of the imposition of the nurse's directions to properly measure the insulin is a burden to the patient. Their social distance appears to be still great, though the showing of negative emotion by the patient may indicate that she feels close to her nurse. The power relation is hard to judge as the novice nurse uses her knowledge to accuse the patient of not properly measuring the insulin; on the other hand, the patient alternately ignores the nurse or reacts in anger to the admonishment. Despite the different quality, their position of power may be equal. Taking these factors into account, the degree of face-threatening act is significantly high.

d. Grand Strategy of Politeness: Using Leech's framework, the core of politeness strategy focused on in this excerpt is the constraint/maxim of approbation/modesty. First, the utterance of line 14 by Nurse Nitatori may be thought of as the projection of a speech act of anti-appraisal or criticism, with detailed directives, after which the patient utters more criticism in line 15. The patient Oe Sumi then continues with a speech act of self-evaluation, which is projected as the opposite of modesty. These verbal, impolite tugs of war may lead to a deteriorating quality of healthcare communication. Nurse Nitatori fails in her politeness strategy again.

Scene 3 (constraint/maxim: obligation)

- 17 Nurse N: *Chōshoku mae no kūfuku toiu jigoku*
[to herself: The hell of hunger before breakfast]
Aa..Soka [Hmm, is that so..]
- 18 Nurse N: *Oe-san, otsurai deshokedo tadashii setsumei o surunowa watashi no yakuwari desukara....*
[Mrs. Oe, I imagine this is hard for you, but it is my job to give you proper directions, so...]
- 19 Nurse N: *Aa...*
[Oh, my... (The nurse notices Mrs. Oe is eating pound cake.)]
- 20 Nurse N: *Oe-san! Kasutera wa taberare masenyo!*
[Mrs. Oe! You can not eat pound cake!]
- 21 Patient OS: **Iinoyo. [Yes, I can.]**
Taberu tameni, ima, chūsha shitan dakara.
[I just injected myself so I could have some.]

Analysis

a. Situation and context of communication: The nurse starts to feel sorry for her patient Oe Sumi knowing that she suffers from such pain of hunger that she describes it as hell. The nurse, however, notices her patient eating pound cake.

b. Relationship between the healthcare professional and her patient: They have gotten to know each other little by little, but mostly through negative interactions. Consequently their relationship does not appear to be a favorable one at all.

c. Degree of face-threatening act(s): The imposition of not being allowed to eat sweets seems to be great for the patient Oe Sumi, as it appears she did not deprive herself of sugary foods before being hospitalized. Though the social distance between the patient and the nurse is getting closer through repeated interaction, the interpersonal relationship that is developing is not a favorable one. Regarding the power relationship, even though the nurse has been trying to exercise her power by controlling her patient's life, it has only made it harder to manage her patient. The patient has been a difficult one for the nurse, and their power relationship does not seem to have changed much from scene 2. On a surface level, the polite or honorific registers of language have been used by the nurse; on the other hand, the patient has continued using a familiar, plain register. Taking these three factors into account, the degree of the face-threatening act towards the patient is quite high.

d. Grand Strategy of Politeness: The focused constraint/maxim in this scene is obligation. The bold and underlined line 21 uttered by the patient is the projected part of obligation though there seems to exist other functions as well. Her utterance “*ii no yo*” consists of “*ii*,” “*no*,” and “*yo*,” -- “*ii*” is permission, “*no*” is an auxiliary of assertion, and “*yo*” is a particle for calling attention (Niwa, 2005). By saying this, she posits herself denying apology, which is the speech act of anti-obligation. She also adds a reason to justify her act of eating, which functions to strengthen her position.

Scene 4 (constraint/maxim: opinion)

- 22 Nurse N: **Tonikaku kasutera wa dame desu!**
[At any rate, you must not eat pound cake!]
Karori no keisan ni haitte imasen!
[It (the pound cake) is not included in your daily calories!]
- 23 Patient OS: **Kasutera ga dame nante kiite nai wa yo!**
[I did not hear the pound cake is not allowed at all!]
- 24 Nurse N: **Imashita!**
[I told you that!]
(Both look angry and do not see each other.)

Analysis

a. Situation and context of communication: Noticing the patient Oe Sumi eating the pound cake, the nurse becomes emotional and gets angry with her patient. However, her patient does not understand the nurse and continues to justify her action of eating.

b. Relationship between the healthcare professional and her patient: Their relationship in this scene has become even worse than the previous one, and they have almost started to quarrel. However, the fact of battling or fighting may not be totally negative as they have certain amount of meaningful communication, which is much better than no communications.

c. Degree of face-threatening act(s): The imposition of the act of accepting the fact that no other food is allowed except hospital meals seems quite high for the patient Oe Sumi, who has enjoyed eating a favorite food. The social distance between the novice nurse and this difficult patient may be getting closer as they can express themselves freely. The power relations may be almost equal, considering various facts and factors such as the linguistic forms they use; the nurse uses the polite form, while the patient uses the plain form. Therefore, the degree of the face-threatening act on both parties in this scene may be heavy.

d. Grand Strategy of Politeness: All the lines from 22 to 24 in this excerpt may illustrate the constraint/maxim of “opinion” and all the lines project the disagreement, which may reduce the politeness level. The interaction here consists of all their opinions disagreeing with each other, which leads to their worsened relationship. In the actual setting, there should be a speech act type of opinion-reticence in a similar context.

Scene 5 (constraint/maxim: feelings)

- 27 Doctor: *Oe-san no tōnyō-byō wa “insurin hi-izongata” toiu taipu deshite..*
[Your diabetes is not the insulin-dependent type, and...]
- 28 Doctor: *Dakaratoitte insurin o mattaku shiyōshinai taipu toiunodewa naku*
[even so, it does not mean the type which does not use insulin at all..]
(The patient Sumi looks down without saying anything.)
- 29 Doctor: *Betsumei wa 'seijingata tōnyō-byō' 'ni-gata tōnyō-byō' de zen tōnyō-byō kanja no 90 paasento o shimete imasu...* [The other names are 'adult-type diabetes' or 'type two diabetes' and ninety percent of diabetes are this type...]
- 30 Doctor: *Oe-san?* [Mrs. Oe?]
(The patient Oe Sumi falls asleep and starts to snore.)
- 31 Doctor: *Konna hito hajimete da...* [..I have never seen such

a patient...]

32 Nurse N: (*Shinjirarenai*. [I cannot believe it.] *Jibun no koto nanoni* [though it is about herself.]

a. Situation and context of communication: The patient Oe Sumi is having a conference session with her doctor, who is a male. He explains about what kind of diabetes she suffers from in a calm way. Nurse Nitatori stands behind him.

b. Relationship between the healthcare professionals and their patient: The relationship between the patient Sumi and her doctor has not been described in the *manga* story, so it is difficult to judge. However, the patient's behavior of falling asleep may suggest she does not care about her diabetes and does not respect her doctor highly either. Her relationship with Nurse Nitatori, which does not seem favorable, may affect negatively her attitude toward her doctor.

c. Degree of face threatening act(s): The imposition of the act of listening to the doctor seems low, and the social distance between the patient and the doctor seems to be neutral. Regarding power, the doctor should be in the position of instructing the patient though she does not pay sufficient attention. Taking these three factors into account, the degree of face-threatening act towards the patient is low.

d. Grand Strategy of Politeness: The constraint/maxim in this scene is feeling, which is projected as the speech act type of antipathy. It is interpreted that the patient's behavior of falling asleep and snoring illustrates her feelings of antipathy, which functions against maintenance of the politeness strategy. She may even challenge the healthcare professionals by paying no attention, or shows her power in a sense.

Concluding remarks

The present study was conducted in order to a) examine the ways in which healthcare professionals, especially nurses, use politeness strategies with their patient in communication, b) find out what kind of factors or constraints/maxims each politeness strategy contains, and c) find out what kind of politeness strategies seem to be successful in establishing good communication and a positive relationship.

The findings are as follows;

1) The novice nurse Nitatori has not been successful in using the politeness strategy toward her patient Oe Sumi, who is much older. She continues to use polite forms, which could function as a politeness strategy if the absolute politeness scale is an accurate predictor of real world politeness; however superficial and linguistic politeness does not seem to be effective in the

communication.

2) Nurse Nitatori has tried to control her patient using her power of knowledge; however, her patient Sumi has been successful in exercising her power which may be generated by her long experience of being "a diabetic patient".

3) Each of the five scenes includes dialogue that predicts the constraint/maxim in Leech's GSP framework, which suggests his model should function universally.

4) Analyzing the communication using Brown and Levinson's Politeness Theory and Leech's framework of Grand Strategy of Politeness suggests the ways in which the politeness strategies may function successfully. In other words, different or opposite strategies in each scene with unsuccessful politeness strategies may suggest the alternatives. For instance, in scene one where the patient Oe Sumi started to eat snacks in the middle of a history-taking session, the nurse Nitatori could ask her if she was hungry and explain clearly that eating snacks may damage her health condition in a polite way in order to save this 63 year old woman, instead of scolding her by saying "*Dame desu* [You must not]" in a straight way.

5) Although the data from Japanese comic books provide us with cases that may be extreme, with inexperienced healthcare professionals and a difficult patient in order to grab the attention of the reader the features projected here may well reflect real world difficulties. Therefore, in order to enhance the quality of healthcare communication, the strategies generated from unsuccessful politeness strategies found in this study may be used.

For future study, should the raw data from the real healthcare settings be available, the findings from the present study would gain transferability and should be effective for enhancing the quality of healthcare services.

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漫画における医療コミュニケーションのポライトネス・ストラテジー
～医療従事者と気難しい患者との談話の分析～

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【要旨】 本稿では、看護師経験の豊富な小林光恵が原作の「おたんこナース」という日本の漫画をデータとして用いながら、医療従事者によるポライトネス・ストラテジーについて検討する。まず、35話からなる全シリーズの中から糖尿病を患った年配の女性患者についてのエピソードを分析対象と選択した。次にポライトネス・ストラテジーに焦点をあてたコミュニケーションとして5場面を抜粋した。そして、それぞれの場面について、コミュニケーションの背景、患者との関係、フェイスを脅かす行為の程度という3つの視点を用いて分析した。フェイスを脅かす行為の程度については、ポライトネス理論（ブラウン、レビンソン、1987）に従い、フェイスを脅かす行為の負荷量、社会的距離、相対的力関係という3点から評価した。さらに、これら3つの視点に基づき、それぞれのコミュニケーション場面について、リーチ（2009）に構築されたポライトネス総括論を用いた分析を行った。ポライトネス総括論は、寛大さ・機転、賞賛・謙遜、恩義、意見、感情という5つの主要な制約・原則で構成されている。それぞれ選択したコミュニケーション場面をこのリーチのポライトネス総括論にしたがい、コミュニケーション機能としての10タイプの発話行為に場面を分類した。本研究から、新人の医療従事者は十分なポライトネス・ストラテジーを持ち合わせていないため、患者とのやりとりで困難をきたしていることが明らかとなった。本研究は、ポライトネス・ストラテジーを効果的に用いることが医療コミュニケーションの質を向上させることを示唆している。

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