

Discourse Analysis of Encouragement in Healthcare Manga

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This article examines how healthcare professionals use encouragement. Focusing on GAMBARU ['to try hard'], forty-one scenes were collected from healthcare manga. Each scene of encouragement was analyzed from three perspectives; the contextual background of the communication, the relationship with the patients and the patients' response to the encouragement, and the evaluation of the imposition of face-threatening acts, social distance, and relative power (Politeness Theory). Further analysis was conducted using Leech's (2009) Grand Strategy of Politeness, and each chosen communication event was categorized among ten types of speech acts. The findings suggest some implications to enhance the quality of healthcare communication that offers patients encouragement.

Key Words: encouragement, healthcare communication, politeness theory, grand strategy of politeness, face-threatening act.

1 Introduction

In healthcare communication, showing empathy and listening carefully to patients are regarded as important (Riley, 2000). However, the behavior of showing empathy or listening carefully is not explicitly projected in verbal communication. With regard to nursing communication, Henderson (1960, 1997) points out that the patients' needs for communication are satisfied if they can communicate their feelings, desires, fears or whatever exists in their minds. Following this principle, she states that nurses should adequately facilitate their patients' expression of their feelings, desires and so on. Therefore, from the first 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 them.

Gambatte, the request form of *Gambaru*, is frequently used among Japanese speakers. The focus of this study is an examination of its effects in healthcare communication, which would help to clarify the in-depth interaction between healthcare professionals and patients. In actual healthcare

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communication, though vigorous encouragement is not always recommended, healthcare professionals such as nurses often need to encourage their patients. In such situations, the Japanese often say *Gambatte*, as *Gambatte* functions in a versatile way (Miura, 2006). At the same time, however, *Gambatte* sometimes fails to generate politeness effects. For instance, when we are already making efforts and someone says *Gambatte*, we may feel forced to make even more efforts, as is indicated in Okamoto, Sugimura, and Kamakura (2001), one of the few previous studies on *Gambaru*. Consequently, such communication cannot provide patients with appropriate quality care and comfort.

Although apparently sensitive encouragement such as *Gambaru* seems worthy of careful examination in healthcare settings, the research on communication of encouragement is limited for the present. Therefore, in this study, the authors have examined how verbal encouragement such as *Gambatte* is used and discussed whether or not *Gambaru* and its inflected forms like *Gambatte* are adequate encouragement speech acts, using the data from healthcare comic books, called manga in Japanese, because gaining data from real healthcare settings has become difficult for ethical reasons. Japanese healthcare manga, which have been frequently written or supervised by healthcare professionals (Yomiuri, 2007), seem to reflect real healthcare settings, though their episodes are generally fictional. In addition, the authors have investigated what kinds of encouragement speech acts are available that might enhance patients' comfort and confidence, in order for the quality of healthcare communication to be improved.

Accordingly, the research questions for this study are:

- a. In what way do healthcare professionals use verbal encouragement with their patients?
- b. What kind of politeness strategy seems available for each verbal encouragement?
- c. How different are *Gambaru* and its inflected forms from other forms of verbal encouragement in terms of politeness strategy?

2 Definition of Terms

2.1 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 in healthcare settings such as in hospitals.

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2.2 Encouragement

Based on the belief that both verbal and non-verbal communication for encouragement should be included in the mental and physical recovery of patients dealing with ill-health and misfortune, encouragement behavior is defined as verbal and non-verbal behavior to facilitate the mental and physical recovery of patients (Kurokawa, 2001). In this study, however, mainly verbal encouragement behavior is examined.

2.3 Face

Face is a self-image that has been established in the person's life history. According to Goffman (1967), face means social value, or how importantly an individual is regarded by other people and by the outside society.

2.4 Face-threatening act

A face-threatening act is defined as an act negatively affecting the individual's face, that is, his or her self-image. The degree of this act is determined as high or low according to the imposition on the hearer, the social distance between the interlocutors, and their power relations.

2.5 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 should be carefully provided for in successful communication events. Instead of taking into account the distinction of positive and negative politeness following the notion of positive and negative face as proposed by Brown and Levinson (1983), a different scale for politeness is used for this study (Leech, 2005).

2.6 Absolute politeness scale

This scale is out of context and the level of politeness is gauged only by the superficially visible or audible linguistic features. Linguistic politeness is alternatively used.

2.7 Relative politeness scale

This scale is relative to norms in a given context. Different from the absolute politeness scale, linguistically similar forms may be interpreted in a different

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manner, depending on a given situation. The strategy in Japanese of 慥慥無礼 [ingin-burei], or “politely rude,” may be a good example of a linguistic form relevant to this scale.

2.8 Grand strategy of politeness (GSP)

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

3 Method

3.1 Data collection

3.1.1 Manga (Comic books) in Japan

“Manga” is included in the Oxford Dictionary of English (2003) as an English 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, in regard to both form and function. For this reason the indigenous label, manga, is often used in order to distinguish them 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.

3.1.2 Healthcare manga in Japan

Some manga address healthcare and their main characters are usually doctors or nurses. Such manga have been popular in Japan and the genre of *iryō manga*, or “healthcare manga,” is well established, even though Japanese National Diet Library has not yet recognized it as an official category of literature (Japan's National Diet Library, personal communication, December 13th, 2008). 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 manga in the 1970s. Other manga have also been supervised by healthcare professionals (Yomiuri-shinbun, 2007). One manga series used for the present study (Sasaki, 2000, 2001) was based on original stories written by Kobayashi Mitsue, an experienced nurse, for instance.

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3.1.3 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 speech through text in speech-balloons and 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 behavior. 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 et al., 2007).

3.1.4 Data for this study

Fifty-six titles of comic book series addressing healthcare-related subjects were listed (see Appendix) as appropriate data via Internet search engines, and these books were checked at Japan’s National Diet Library, in March 2007. Among them, five titles were not found, even though Japan’s National Diet Library should store all the writings, including comic books, published in this country. The publishers of the missing five titles (7, 52, 53, 55, & 56 in the list) may have failed to give a copy to Japan’s National Diet Library.

Japan’s National Diet Library has 35,933 manga published from 1993 to March 2007, and approximately one percent of these books are recognized as so-called healthcare manga, though Japan’s National Diet Library has not established the genre of ‘healthcare manga’ yet (Japan’s National Diet Library, personal communication, Dec. 13th, 2008). As some manga series have numerous volumes, there are roughly one hundred titles of manga series involving healthcare-related matters.

After examining the fifty-five series of manga stored at Japan’s National Diet Library, six manga series, a) to f) listed below, were chosen for this study, based on the criterion of whether or not they included verbal encouragement from healthcare professionals.

An additional series, g) *Hanagoyomi-byoin no hitobito* (56th in the list), was included because the third author of this paper owns copies of it, although

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the Japan National Diet Library does not have it.

The seven series used for the present study amount to sixty-five volumes, which range from 132 pages (N's Aoi 11, 2006) to 362 pages (Nurse Station 6, 1999). They are as follows;

- a) Uehara, K. (1994 - 2006). *Inochi No Utsuwa* [A Vessel of Life] 9 volumes. Tokyo: Akita-shoten
- b) Kurita, R. (2003). *Puchi-Nurse* [Petite Nurse]. Tokyo: Kodansha.
- c) Koshino, R. (2004 - 2007). *Ns' Aoi* [Nurse Aoi] 13 volumes. Tokyo: Kodansha.
- d) Sasaki, M. (2000 - 2001). *Otanko Nurse* [Stupid Nurse], from an original story written and documented by Kobayshi, M, 6 volumes. Tokyo: Shogakukan.
- e) Shimatsu, K. (1997 - 2002). *Nurse Station*, 20 volumes. Tokyo: Shueisha.
- f) Yoshizaki, S. (2004). *Open Mind 1*. Kodansha: Tokyo.
- g) Aimoto, M. (1993, 1994). *Hanagoyomi byouinn no hitobito*. [People in Hanagoyomi Hospital] 2 volumes. Tokyo: Kodansha.

3.2 Procedure

3.2.1 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 behavior *in situ*, in accordance with a relative politeness scale (Leech, 2005: p. 7), rather than removing and treating it as a decontextualized utterance following an absolute politeness scale (Leech, 2005: p. 7). In order to answer the first research question concerning the ways in which healthcare professionals use verbal encouragement towards their patients, forty-one scenes chosen from the seven series 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 patients. The last perspective was based on the Politeness Theory of Brown and Levinson (1987). Specifically, taking the first and second perspectives into account, the patients' responses were analyzed with regard to 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 patients; and the power relations between them in the given context, based on Politeness Theory.

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3.2.2 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 example of communication behavior was selected out of five constraints/maxims based on the projected type of 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 polysemy explicated in Tannen (1986), spoken discourse may generate a plurality of functions and speech acts, which are frequently 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 unconscious knowledge stored in the mind. Therefore, it seems inappropriate to label speech acts with one politeness strategy. Accordingly, both the degree of the face-threatening act and the politeness strategy that labels it need 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	Commissives (e.g. offers).
		-Generosity	Refusing, not yielding
+Tact		Directives (e.g. requests)	
-Tact		Ordering, demanding	
(B) place a low/high value on S's wants/ goals			
(C) place a high/ low value on O's wants/ goals	<i>Approbation/ Modesty</i>	+Approbation	Compliments
		-Approbation	Insults, criticism, telling off
+Modesty		Self-devaluation	
-Modesty		Boasting, being smug/ complacent	
(D) place a low/ high value on S's wants/ goals			
(E) place a high/ low value on O's wants/ goals	<i>Obligation</i>	+Obligation (of S to O)	Apology, thanks
		-Obligation (of S to O)	Not thanking, not apologizing

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(F) place a low/ high value on S's wants/ goals		+Obligation (of O to S)	Responses to thanks, and apologies
		-Obligation (of O to S)	Demanding thanks, and apologies
(G) place a high/ low value on O's wants/ goals\	<i>Opinion</i>	+Agreement	Agreeing
		-Agreement	Disagreeing, contradicting
+Opinion-reticent		Politely disagreeing, opining	
-Opinion-reticent		Being opinionated	
(I) place a high/ low value on O's wants/ goals	<i>Feeling</i>	+Sympathy	Congratulating comforting
		-Sympathy	Expressing antipathy
+Feeling reticence		Non-complaint	
-Feeling reticence		Grumbling, whining, complaining	
(J) place a low/ low value on O's wants/ goals			

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

4 Findings and Discussion

In order to answer the research questions a) and b), discourse analysis has been conducted to analyze and discuss the data of the forty-one scenes elicited from sixty-five volumes of seven manga series. The forty-one scenes consist of thirty-one scenes with nurses, seven scenes with doctors, two scenes with both doctors and nurses, and one scene with a physiotherapist. The seven excerpts given below indicate discourse analysis from three perspectives. Among the seven, five are conducted by nurses, one is conducted by a doctor, and the other one conducted by a physiotherapist. The scene with a physiotherapist has two forms of verbal encouragement; as a result, there are forty-two cases from forty-one scenes. Among the forty-two cases, seventeen are *Gambaru* expressions and twenty-five are other expressions. Three excerpts with *Gambaru* expressions and two with other expressions are presented below. The numbers at the left of each line indicate the sequential numbers of all forty-one scenes.

Excerpt 1 [Ns' AOI Vol.2 P. 12]

43 Nurse: *Kyoomo riharibi Gambarimasho*. [Try your best at today's rehabilitation again.]

44 Patient: (His face becomes stiff.)

a) Situation and context: The patient has stayed in hospital and he fell over when his nurse did not pay him sufficient attention. In spite of this mishap, the nurse gathered all her courage and went to see and talk to him.

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b) Relationship between the healthcare professional and her patient: Though an accident happened to the patient, his relationship with the nurse does not seem bad.

c) Patient's reaction toward the utterance by the healthcare professional: The act of forcing the continued rehabilitation may provide the patient with some imposition or burden. The social distance between them is not close, since the nurse uses the polite form of *-masho* as explained below. In the power relationship the patient seems to have a little less power judging from the fact that he became stiff-faced instead of showing direct anger. Taking all these factors into account, the degree of the face-threatening act is considered high.

d) GPS (see Table 1) *Gambarimasho*, used here instead of *Gambatte*, can mitigate the degree of the face-threatening act, as the inflection of 'masho' here functions as both a mitigated request and an offering (Niwa, 2005). Regarding the Grand Politeness Strategy, this *Gambarimasho* is a speech act of requesting, which is plus tact' of the constraint in Leech's framework shown in Table 1. This means *Gambarimasho* here is deliberately delivered using the politeness strategy of plus tact; however, the nurse seems to fail to provide her patient with effective encouragement, judging from the reaction of this patient. The nurse at this scene may need to use an even more polite or mitigated form of request by adding something like '*Moshi yoroshikereba* [if you feel alright]', or using a softer expression than *Gambaru*, such as '*Daijobu desuka?* [Are you alright]?'

Excerpt 2 [Open Mind 1 P. 115]

52 Patient: *Ore wa shinumda*..... [I am going to die...]

53 Doctor: *Daijobuyo, shinanaiwa*. [No, you will be fine, and won't die.]

a) Situation and context: The patient is a detective and is also described as a perfectionist. But when he has to make an important decision, he has a stroke. In this scene, he has just been listening to his boss in connection with his work, and has suddenly suffered the stroke. The doctor who happened to be near him came to help him out.

b) Relationship between the healthcare professional and her patient: They do not have any close relationship because they have met for the first time. It is difficult to decide how much they trust each other, judging from only the scene described above.

c) Patient's reaction toward the utterance by the healthcare professional: As there is no specific description of the patient, the patient's reaction is unknown. Therefore, it is difficult to judge how much of the face-threatening act this communication has brought about. However, the doctor, who is female, tries to calm him down in a professional way; so it is likely the degree of the face-threatening act is reduced for the patient, which means a certain amount of politeness.

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d) GPS (see Table 1): The doctor's utterance in line 53 has two maxims of 'Opinion' and 'Feeling'. The phrase *Daijobuyo* [you will be fine] is plus-sympathy with a superficial speech act of comforting in the maxim of 'Feeling'. This also implies minus-agreement with a speech act of disagreement in the maxim of 'Opinion', which may lead to encouragement because the patient's utterance '*Ore wa shinumda*. [I am going to die]' seems to be a desperate utterance where he denies his own life. In other words, by deliberately disagreeing with this patient's desperate utterance, the doctor seems to be successful in providing effective encouragement by using the politeness strategies.

Excerpt 3 [Otanko Nurse Vol. 5, P. 164]

78 Patient: ..*Mada watashiga naoruyoona kigashiteirukane?*
[You still feel I will recover, don't you?]

79 Nurse: ... *Soo kakushin shiteimasu*. [I am sure of it.]

80 Patient:*Arigatoo*. [thank you].....

a) Situation and context: The nurse in charge of this alcohol-dependent patient has discovered a place where her patient is storing some liquor, and she has rushed to see him

b) Relationship between the healthcare professional and her patient: A favorable relationship with the patient had not been established for long; however, their relationship seems to improve and deepen after it is decided the patient will move to a different hospital. This scene of communication is from the day when the patient is to move; therefore, their relationship is regarded as good.

c) Patient's reaction toward the utterance by the healthcare professional: This patient's having to quit drinking seems to constitute a great imposition on him, judging from his act of concealing his drinking from his nurse. Their social distance seems to be moderate, which means neither close nor particularly remote. Regarding power, the patient is weaker as the nurse is more knowledgeable about health-related matters and is in a position to control the patient's lifestyle. This is especially because he is an alcoholic and despite the fact that the nurse is a female novice and the patient is an older male in what is generally a male-dominated society. Considering these three factors, the degree of the face-threatening act towards this patient seems to be quite high.

d) GPS (see Table 1): The nurse's utterance in line 79 has two maxims of 'Opinion' and 'Feeling' in a similar manner to line 54 of excerpt 2. The phrase of *Soo kakushin shiteimasu*. [I am sure of it.] is plus-agreement with a speech act of agreeing visibly with the maxim of 'Opinion'. In addition, like line 54, it implies plus-sympathy of comforting for the patient, going by the patient's utterance in line 78 asking the nurse about her expectations. An interesting interaction in this communication scene is that the nurse uses the decisive verb of '*kakushin shiteiru*' [be sure of], though the patient uses '*kigashiteiru*' [feel].

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In response to her utterance, the patient, who is older and male, expresses gratitude. Therefore, the nurse here succeeds in providing an insecure patient with an effective politeness strategy and in reducing the degree of the face-threatening act.

Excerpt 4 [Petit Nurse, P. 163]

88 Nurse: *Adriamycin owari desune.*[We have done with Adriamycin.]

Tsugi Taxol hairimasu.[Now you are getting Taxol].

89 Patient: *Ano..ato...donokurai kakarimasuka?*

[Well, how much... more time will it take?]

90 Nurse: *Sodesune, ato ichijikan desu.*[Let's see... another hour]

Gambarimasho.[Let us try hard.]

Nanika attara, okoe wo kaketekudasai.

[If something should happen, please call me.]

91 Patient: ('*Ato ichijikan ka' to omou.*

[speaking mentally to herself that it will take another hour...])

a) Situation and context of communication: The patient is now receiving chemotherapy for her breast cancer.

b) Relationship between the healthcare professional and her patient: The patient and the nurse, both being female, know each other, and their communication goes smoothly. Therefore, they seem to have a good relationship.

c) Patient's reaction toward the utterance by the healthcare professional: The imposition on the patient seems to be high as she has to continue her chemotherapy treatment; the social distance between the patient and the nurse remains appropriate. Regarding the power relationship, in the same way as the preceding excerpt, the nurse is more knowledgeable about healthcare-related matters such as the length of time for taking the medicine. Therefore, the nurse may have control over the patient, and it can be interpreted that the nurse has more power than the patient. Taking these three factors into account, the degree of the face-threatening act towards the patient seems high. The patient does not say anything (91) in response to her nurse's utterance (90), and she just looks up at the ceiling absent-mindedly in the manga graphic and repeats the line in her mind.

d) GSP (see Table 1): *Gambarimasho* [Let us try hard] uttered by the nurse in charge here can be seen as plus-tact with a speech act of request in the maxim of generosity/tact. The -masho, which also appears in utterance (43), is the polite form of volition and may function as a mitigated form of request (Niwa, 2005). In this scene, though the nurse will not have to take part directly in the act of anticancer treatment, she may want to show solidarity or an intention to work together with the patient by using the polite volitional form. However, despite her possible efforts, the patient seems to find no comfort or solidarity in this utterance, going by the fact that she just absent-mindedly looks at the ceiling,

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thinking that she will have to have the given treatment for another hour, which is a burden for her. Therefore, the nurse in this communication scene does not seem to be successful in reducing the degree of the face-threatening act for her patient by saying *Gambarimasho* [Let us try hard], or her attempt at encouragement by using the *Gambaru* expression does not function effectively. In other words, her politeness strategy does not work here.

Excerpt 5 [Petit Nurse, p. 172]

- 134 Physiotherapist: *Hora, Gambare, ato moo sukoshi.* [Hey, keep it up. Just a bit more]
135 Patient (Child): *Yatta-, sensei, boku aruketayo.* [Wow, doctor. I made it!]
136 Physiotherapist: *Sugge-, Gambattana* [GREAT! you DID great!]
Sono chooshi dazo.[Hang in there.]
137 Patient (Child): *Unn.*[Sure!]

a) Situation and context of communication: The rehabilitation aimed at making this patient walk again has just finished.

b) Relationship between the healthcare professional and his patient: The relationship between the patient and the physiotherapist has not been described in the manga story, so it is difficult to judge. However, the elicited communication above suggests there exists a good relationship between them.

c) Patient's reaction toward the utterance by the healthcare professional: *Gambare* in line 134, followed by the successful effort by the patient, may work effectively as an encouragement. On the other hand, the imposition of the act (trying hard) on the patient in line 136 seems low, as he has received a compliment, and the social distance between the patient and the physiotherapist seems to be appropriate. Regarding power, the physiotherapist is in the position of instructing the patient, and has more power than his young patient who calls the physiotherapist 'sensei', an honorific form of address. Therefore, the physiotherapist exercises more power over this young patient. Taking these three factors into account, however, the impact of the face-threatening act on the patient is low. Also, judging from the situation where the patient nodded and smiled at the utterance of (137), the communication succeeds in reducing the degree of the face-threatening act in both cases.

d) GSP (see Table 1): There are two locutions of encouragement in this communication scene. The first one found in line 134, *Gambare*, is classified as minus-tact with a speech act of 'ordering or demanding' in the maxim of generosity/tact. Though the healthcare professional, the physiotherapist here, uses a plain form of ordering, this utterance obviously does not raise the degree of the face-threatening act on the boy patient; rather this phrase of encouragement successfully encourages the boy to conquer his hardship. This shows that the healthcare professionals sometimes need to use strong encouragement to enhance the motivation of the patient. At least, the politeness

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strategy of minus-tact seems to function successfully.

The second one found in the line 136, *Gambattana*, is categorized as a maxim of approbation/modesty, with a plus-approbation of a speech act of compliment. This example indicates that *Gambaru*-expressions with different modes may function in varied manners; *Gambatte*, which is heard frequently in daily life, may raise the degree of the face-threatening acts. The particle ‘na’ in *Gambattana* is for affirming the statement (Niwa, 2005), and enhancing the level of compliment in this communication scene.

In sum, the politeness strategies employed in the utterances of encouragement here seem to function effectively.

4.1. *Gambaru* expressions vs. other verbal encouragements

The third research question concerns the differences between *Gambaru* expressions and other verbal encouragement.

Among the six cases of encouragement in the previous section, there are four *Gambaru* expressions and two non-*Gambaru* expressions. The first two *Gambaru* expressions in excerpts 1 and 3 are *Gambarimasho*, which is a polite volitional form. The polite volitional form of encouragement seems to work in the healthcare setting in terms of reducing or at least maintaining the degree of the face threatening acts, without raising it; however, in both excerpts, *Gambarimasho* does not seem to function as an effective politeness strategy. On the other hand, in excerpt 5, both *Gambare* and *Gambattana* work well as effective politeness strategies and also seem to enhance motivation, that is, encouragement. These findings suggest that *Gambaru* expressions may function in varied manners depending on the modes, such as request-forms, or in the past tense, and in given contexts such as ones relating to the relationship between the persons involved. On the other hand, other expressions such as *Daijobu* may work as an effective politeness strategy for reducing the degree of the face-threatening acts, as is suggested in excerpt 2, and it may function as more than an encouragement. Excerpt 4 provides us with a more contextualised phrase of assertion, which successfully serves to encourage the patient as well as being a politeness strategy.

5 Concluding Remarks

The present study was conducted in order to answer three research questions. The findings are as follows;

- a) The ways in which healthcare professionals use verbal encouragement with their patients: Discourse analysis using the data from healthcare manga revealed that the impact of face-threatening acts on patients in healthcare settings is generally high with regard to three important factors affecting their impact; that is, the imposition on the patients is high, the

social distance between the patients and healthcare professionals is wide, and the relative power of the healthcare professionals over their patients is large. Under such tense circumstances, communication of encouragement should be provided in order to reduce the impact of these face threatening acts, and to provide the politeness effect.

- b) Politeness strategy available for each verbal encouragement; In each selected communication scene, the encouragement expressions were examined and discussed in terms of politeness strategies using the framework of Grand Politeness Strategies. It was found that each case includes a possible politeness strategy from Leech's framework, and that some cases where the encouragement is provided effectively include the politeness strategy. Therefore, in order to enhance the quality of communication, the GPS framework will be helpful in exploring the appropriate politeness strategy when the face-threatening acts are expected, such as in situations where encouragement should be provided.
- c) The differences between Gambaru expressions and other verbal encouragement in terms of politeness strategy; The present study suggests that Gambaru expressions may not offer an effective politeness strategy and may sometimes raise the degree of the face threatening acts, although they sometimes function well depending on the modes and contexts. Therefore, Gambaru expressions must be carefully provided by healthcare professionals. When appropriate, other phrases of encouragement may be selected in healthcare settings. In principle, healthcare professionals should choose the phrases that are associated with 'empathy' and 'careful listening', and can generate the politeness that reduces the degree of the face-threatening acts. In doing so, high-quality communication that meets the patients' needs will be realized.

The present study may have two limitations. First, the authors chose seven manga series titles and 41 scenes of encouragement were examined. Therefore, for future studies, the data from the healthcare manga series titles that were not available or were not chosen for this present study should be included, so that the analysis can make a thorough and in-depth examination of healthcare encouragement communication for more rigorous transferability. Data from doctor-centered manga series or other media such as TV dramas or movies would also enhance the research into communication. The second limitation concerns the validity of the categorization of politeness strategies. As mentioned in the section about discourse analysis, discourse or communication may carry multiple meanings and functions, affected by individual experiences and knowledge. Even though the authors checked the validity of the politeness strategies carefully, different interpretations are possible. For future studies, the scenes of encouragement should be analyzed and interpreted by researchers from various areas, including healthcare professionals, using peer debriefing in order to gain more rigorous validity.

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Appendix: Healthcare related comic books (* shows chosen for the study)

	<u>Title of Series</u>	<u>Author</u>	<u>Publisher</u>
1*	Vessel of Life [<i>Inochi no utsuwa</i>]	Uehara, Kimiko	Akita Shoten
2	With Light [Hirari to tomoni]	Tobe, Keko	Akita Shoten
3	Urologist Ippongi Mamoru! [Hinyokai Ippongi Mamoru]	Takakura, Atsuko	Akita Shoten
4	Black Jack [Black Jack]	Tezuka, Ozamu	Akita Shoten
5	Diagnoses of Surgeon Higashimori Rei [Gekai Higashimori Rei no Shoken]	Ikedo, Satomi	Asahi Sonaroma
6	Doctor Chichibu-yama [Doctor Chichibu-yama]	Tanaka, Keiichi	Aspect
7	I am not an Angel [Tenshi ja nainoyo]	Fujita, Shoko	Kiri Shobo
8	Say hello to B J [BJ ni yoroshiku]	Sato, Hideki	Kodansha
9	Dr. Kumahige [D r . KUMAhige]	Shimura, Sho	Kodansha
10	Dr. Haley [D r . Harley]	Uda, Manabu	Kodansha
11*	Nurse Aoi [N s Aoi]	Koshino, Ryo	Kodansha
12*	Open Mind [Open mind]	Hozaki, Seimu	Kodansha
13	Blue Sky Clinic [Aozora Clinic]	Karube, Junko	Kodansha
14	Glittering [Kirakira Hikaru]	Goda, Mamora	Kodansha
15	Doctor Kumano [Kumano Sensei]	Yatsuki, Hiroshi	Kodansha
16	Psycho Doctor [Psycho Doctor]	Aki, Nao	Kodansha
17	Psycho Doctor, Dan Kyosuke [Psycho Doctor, Dan Kyosuke]	Aki, Nao	Kodansha
18	Super Doctor, K [Super doctor K]	Mabune, Kazuo	Kodansha
19	Letter to the Sky [Sora eno Tegami]	Fukuda, Motoko	Kodansha
20*	Petit nurse {Puchi Nurse}	Kurita, Ryo	Kodansha
21	Booking life [Booking Life]	Takada, Yuzo	Kodansha
22	I live in a Doctorless Village [Ware muison ni ikiru]	Kawai, Hidenori	Kodansha
23	Nine-nine-nine Doctor (Kyu-kyu-kyu doctor)	Barmie Soroku	Jitsuyo-no-ni shonsha
24	The Sun in Downtown [Shita-machi no taiyo]	Yashima, Masao	Jitsuyo-no-ni shonsha
25	Jin: Hitoshi [Jin—Hitoshi—]	Murakami, Motoka	Shueisha
26	Dr. Blue beard is Coming [Aohge wa iku]	Takayamaji, Jun	Shueisha
27	Operation [Operation]	Kagami, Joji	Shueisha
28	Resident Dr. Kenichi Furutani [Kenshu-I Furuya Kenichi]	Nagai, Akira	Shueisha
29	Here is OB Doctor Tsubaki [Kochira Tsubaji Sanfujin-ka]	Amane, Kazumi	Shueisha
30	The Resident [The Resident]	Takayamaji, Jun	Shueisha

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31	Sports Doctor [Sports-i]	Terajima, Yu	Shueisha
32*	Nurse Station [Nurse Station]	Shimazu, Kyoko	Shueisha
33	Popping in a White Robe [Hakui de pon]	Takasaki, Momoko	Shueisha
34	Scalpel, Glitter! [Mesuyo, kagayake!!]	Takayamaji, Jun	Shueisha
35*	A Stupid Nurse [Otankonaasu]	Sasaki, Michiko	Shogakkan
36	Love of Kobayakawa Nobuki [Kobayakawa Nobuki no koi]	Shimon, Fumi	Shogakkan
37	Living, Dying, and Life [Sei-shi-mei]	Inamoto, Masayuki	Shogakkan
38	Very much clinic [Tottemo-iin]	Hanai, Hiroshi	Shogakkan
39	Doctor's Office is Closed Today Again [Honjitsu mo kyuushin]	Miyama, Taizan	Shogakkan
40	Whisper of Quack [Yabuisha no tsubuyaki]	Morita, Isao	Shogakkan
41	Advanced Lifesaving Medical Center [Kodokyuume kyukyu center]	Higuchi, Masakazu	Hakusensha
42	Budding Angel [Tenshi no tamago]	Kishi, Kaori	Seishun shuppansha
43	A Doctor Living off Another Person [Isoro]	Tsuchiya, Shigeru	Nihon Bungeisha
44	Hear Sward Doctor: Earnest Doctor [Shinken]	Kaminishi, Kazunori	Nihon Bungeisha
45	Artless and Flawless Doctor [Tenimuhō]	Izumi, Keigo	Nihon Bungeisha
46	Doctor Defiant [Doctor Hankotsui]	Kagami, Joji	Nihon Bungeisha
47	Entrust a Doc. [Doc ni makasero]	Mizutani, Ryuji	Nihon Bungeisha
48	Fugitive Doctor in Dark [Yami no toboi]	Takayama, Noriyoshi	Nihon Bungeisha
49	In the Glittering Season [Kagayaku kisetsu no nakade]	Okada, Megumi	Fuji TV shuppan
50	Nurses' Jobs [Nurse no oshigoko]	Egashira, Mic hiru	Fuji TV shuppan
51	Wiping Tears [Namid wo fuite]	Tsurugina Mai	Bungeishunj usha
52	Tomorrow is a Good Day [Asu wa iihida]	Maeda, Kazuo	Michi shuppan
53	Only Lives are Equal [Seimei dakewa byododa]	Maeda, Kazuo	Michi shuppan
54	Female Doctor Reika [Joi Reika]	Tsurugina, Mai	Riidosha
55	Great to have Met You [Anata ni aete yokatta]	Moritsu, Junko	Koike Shoten
56*	People in Hanagoyomi Hospital [Hanagoyomigyoinno hitobito]	Aimoto, Mizuki	Kodansha