

# Face Threats in Conversational Interactions in Orthodox and Traditional Medicines among the Yoruba in Southwestern Nigeria

by

Wale Adegbite, PhD  
Department of English  
Obafemi Awolowo University,  
Ile-Ife, Nigeria

and

Akin Odegunmi, PhD  
Department of English,  
University of Ibadan,  
Ibadan, Nigeria.

## Abstract

This study describes face-threatening acts (FTA) in conversational interactions between medical practitioners and patients in orthodox and traditional medical practice among the Yoruba in Southwestern Nigeria. It utilizes as data base tape recorded conversations collected from doctors and patients in selected hospitals in the area, on the one hand, and conversations between practitioners (herbalists and divination priests) and patients in their consulting places, on the other hand. The findings reveal that language use in interactions between practitioners and clients in both Yoruba traditional medicine (YTM) and orthodox medicine (OM) features instances of FTA with redress (positive politeness) and FTA without redress (bald-on-record). YTM has more of the former features while OM has more of the latter features. Also, while the data do not show any instances of FTA with redress (negative politeness) and non-performance of FTA,

there are however 'off record' strategies utilized in divination as an indirect means of diagnosing illnesses in YTM, while instances of non performance of FTA are observed in situations where doctors take notes, without making verbal responses to clients, while the latter are making complaints. It is further observed that expectations of indirectness in communication and social familiarity are carried into the consultative context of YTM and that clients are sometimes disappointed by the social distance and scary bluntness of communication in orthodox medicine.

**Key Words:** face threat, acts, conversational interactions, orthodox medicine, Yoruba traditional medicine

### **Introduction**

Communication in orthodox / Western medicine (henceforth OM) has been elaborately studied, especially from the perspective of discourse and conversation analysis (Coulthard and Ashby 1976, Labov and Fanshel 1977, Mishler 1984, Coleman and Burton 1985, van Naerssen 1985, Myerscough 1992, Wodak 1997, Chimombo and Roseberry 1998 and Valero-Garces 2002). In Nigeria, studies on medical communication are relatively few, exceptions being the description within register studies of communication needs of medical personnel by Ogunbode (1991), Oloruntoba-Oju (1996) and Alabi (1996) as well as the pragmatic analysis of conversational interaction between doctors and patients by Odebunmi (2003) and Adegbite and Odebunmi (2003). On Yoruba Traditional Medicine (henceforth YTM), with the exception of Adegbite's (1991 and 1995) linguistic description of language use in this field, other scholars have been more interested in sociological and medical aspects than linguistic investigation (Fadipe 1970, Maclean 1971, Idowu 1973 and Sofowora 1982). A comparative study of face-threatening acts in doctor-patient interactions in both OM and YTM, apart from complementing the scanty literature in YTM, will be useful in illuminating the linguistic and pragmatic activities performed through language in the two cross-linguistic practices of medicine, and simultaneously delve into cross-cultural issues pertaining to the field as reflected in language use.

The use of language in both OM and YTM is sociologically and contextually based (Adegbite 1991, Odebunmi 2003). The experiences of both the patient and the doctor are carried into the institutional context of medical interaction in an attempt to sort out the medical problem of the patient. Differences may however occur in the approaches adopted in eliciting information, which may, to a greater or lesser degree, affect the interaction.

This paper is interested in studying, in comparative terms, the face-threatening acts (FTA5) performed in both OM and YTM in Southwestern Nigeria. It will identify the strategies of face threatening acts predominant in the two medicines, and make generalizations on the practice of the medicines. In both contexts, the study focuses on interactions between medical practitioners and clients. In OTM, it is 'doctor-patient/client' interaction, while in YTM it is 'herbalist/priest-patient/client' interaction.

### **Data Base of Study**

Data regarding OM were collected from doctors and patients in selected hospitals owned respectively by the federal and state governments as well as those owned by private individuals in Southwestern Nigeria, while those on YTM were collected from practitioners and clients in the consulting places of the former. Personal observations and tape recordings of the interactions between practitioners and patients/clients were made. Selected members of practitioners from the two groups were also interviewed regarding the role language plays in the practice of medicine. The YTM data is recorded and transcribed in Yoruba and the illustrations presented in this study are accompanied by a free translation into English. In contrast, the OM data reflect interactions in both Yoruba and English; only the Yoruba illustrations are accompanied by translations in the discussion.

1. In YTM practitioners generally belong to two groups. Herbalists refer to those practitioners who specialize only in the art of diagnosing and recommending medication based on the symptoms of diseases. In contrast, the 'babalawo' (the priest or diviner) may combine the roles herbalist with

occur if speakers neglect their addressees' face needs" (Mullany 2002:3).

To select the appropriate strategy, the speaker should assess the size of the FTA, and should calculate it on the basis of the parameters of power (P), distance (D) and rating of imposition (Thomas 1995). Five strategies are available: (a) performing the FTA on record without redressive action (bald-on-record acts), (b) performing the FTA on record using positive politeness, (c) performing the FTA using negative politeness, (d) performing the FTA using off-record politeness, and (e) not performing the FTA. Performing the FTA without redress, also described as bald-on-record acts, occurs when external factors constrain a person to speak directly. Generally speaking, bald-on-record acts use imperatives, which may be followed by mitigating devices that soften the imposition. In Yule's (1996) view, bald-on-record expressions go in with speech situations which give S an assumption of power over Other, and which make him/her tendentious to want to control the behaviour of Other through words. An FTA is performed with redress when S attempts to orient him/herself towards an individual's positive face' (Thomas 1995:171). The politeness expressed here equals Leech's (1983) principles of politeness such as "seek agreement", "avoid disagreement", "be optimistic" and give sympathy". These features, extremely positive in nature, go a long way in saving H's face in interaction.

Performing an FTA with redress (negative politeness) manifests itself in the use of conventional politeness markers, deference markers and minimizing imposition (Brown and Levinson 1987, Thomas 1995). Brown and Levinson (1987) give fifteen strategies for performing off-record politeness; these include "giving hints," "using metaphors" and "being ambiguous or vague". Non-performance of FTA happens when S does not say something because it looks too potentially face threatening. Tanaka (1993, [see Thomas 1995]) discusses two types of saying nothing, or 'opting out choice' (OOC) which can be 'genuine' or 'strategic'. Thomas (1995:175) adds a third type: saying nothing where there is a strong expectation that something will be said, which is itself a massive FTA.

### **Communication in OM and YTM**

Communication in OM and YTM are closely linked up with institutional peculiarities and ethical leanings. These, to a greater degree, constrain the face-threatening strategies selected in each of the two medicines. Language use in OM plays more transactional than interactional roles (Odebummi 2003). This appears to be the opposite of the practice in YTM, where elaborate greetings and other forms of intimacy are dominant (Adegbite 1991). Harlen (1977) submits that the orthodox doctor should be careful, simple and culturally sensitive in his/her interaction with his/her patient. In the same vein, Olorunloba-Oju (1996) advises that the physician should avoid using medical jargon while communicating with his/her patients so as not confuse or scare them. Undertones of euphemistic usage and other forms of indirectness may ring from these submissions. Yet, medical ethics in OM seems largely to indicate otherwise: the doctor needs to say in direct terms the actual medical problems of the patients. Odebummi (2003), however, submits that in practical conversational interactions in hospitals in Southwestern Nigeria, medical practitioners have adopted a context-sensitive rather a rigidly ethics-bound approach in their interaction with patients.

YTM is largely peculiarly marked by indirectness, perhaps arising from the nature of the Yoruba culture (Adegbite 1991). This indirectness also has to do with African perception of disease, its causes and its diagnosis (Apata 1979, Lambo 1979)<sup>2</sup>. The indirectness in African culture accounts for why people, despite the influence of civilization, still patronize traditional medicine which itself, of late, has been greatly modernized, courtesy of practitioners like Akintunde Ayeni (YEMKEM International Centre for Alternative Therapy - [www.doctorayeni.com](http://www.doctorayeni.com) or [yemkem@doctorayeni.com](mailto:yemkem@doctorayeni.com)). Members of the host culture, who largely are disappointed at OM's scary bluntness, carry the expectations of such indirectness into the consultative context of OM. Also, YTM, unlike OTM, takes diagnosis beyond the physical and psychological. It recognizes other aspects of disease such as spiritual and esoteric (Lambo 1979) which naturally necessitate indirect use of language. For the non-literate and literate members of the community, YTM provides at best an alternative to Western or modern medicine and at worst a

supplement. Despite heavy enlightenment programmes in support of OM and the apparent lack of official recognition of YTM, majority of the people still patronize YTM. It is common knowledge that some senior government officials and highly literate members patronize YTM, even if it requires them doing so secretly. A crucial factor that stands in favour of YTM is the level of familiarity and cordiality between practitioners and their clients during conversations, which makes clients feel at ease.

2. The way the Yoruba and English people relate with, influence and control their environment is reflected in the following expressions from Yoruba and English:

Yoruba      English

a.      Otutu n mu mi. I have (caught) cold.

Cold is catching me.

b.      On n fo mi. I have (got) a headache.

Head is breaking me.

c.      Ebi n pa mi. I am hungry.

Hunger is killing me.

### **Analysis and Findings**

Our findings reveal that language use in interactions between practitioners and clients in YTM features more instances of FTA with redress (positive politeness) than FTA without redress (bald-on record). While the data do not show any instance of FTA with redress (negative politeness) and non-performance of FTA, there are, however, off record strategies utilized in divination and as an indirect means of diagnosing illnesses in YTM. As in YTM, only FTA without redress and FTA with redress (positive politeness) are found, while instances of negative politeness are few. But, unlike in YTM, OM data reveal instances of non-performance of FTA in situations when doctors are listening to and writing, in silence, prescription notes while clients are still making their complaints.

### **FTA Without Redress in OM and YTM**

Many reasons account for the larger number of bald-on-record acts in OM than in YTM. Most of these are culturally and professionally based, as shall be shown below.

Bald-on-record acts are used in announcing diagnoses, stating prognoses and giving instructions in treatments in OTM. Except when the doctor is being contextually tactful, diagnoses are announced directly. Prognoses are also so stated. These actions have a basis in medical ethics, which stipulates that the patient should be told the whole truth concerning his/her ailment, as said earlier. Cases where indirectness has been used have threatened the competence of certain medical practitioners. The incidents have been reported of a 60-year old Nigerian male whose case of cancer of the prostate was presented as “a difficult untreatable disease”. The case got complicated two years later and the man had to be flown to the UK where he eventually died. On returning the corpse to Nigeria, the family complained, according to (Femi-Pe 1982:68): “that cancer of the prostate was never diagnosed in Nigeria. On hearing this complaint, the Chief Matron of the Lagos Hospital had a quick look at the case-notes and found that cancer of prostate was diagnosed three years earlier and appropriate therapy given”. This means that what the doctor wrote down in the case-notes was different from what he told the client. It is in the bid to avoid the inexactitude of this nature that practitioners of OM, as supported by Chimonbo and Roseberry (1998) have opted for directness in diagnosis and prognosis. Chimonbo and Roseberry (1998:258) have argued that euphemisms such as “government disease” or “slim” for “AIDS” are an avoidance strategy, which prevents the patient from “confronting the facts of the matter”.

Some examples of bald-on-record acts can be cited from our data:

Ex. 1 (The doctor has just finished examination of a baby)

Mother: What exactly is the problem with my baby?

Doctor: She has acute respiratory infections.

Mother: (Broke down in tears: she did not say a word).

Ex. 2:

Doctor: Tell me, what happened?

Patient: I'm still single. I got pregnant and because I am not working yet and my partner too is yet to get a job, we decided to abort the pregnancy.

Doctor: How and where did you go for the termination?

Patient: I was taken to doctor's place and he used some instruments...

Doctor: After that, what did he do to you again?

Patient: He gave me some drugs and injections

Doctor: Do you have them here? Any way, you have made the mistake of getting pregnant at first and for you to still go for the termination in a wrong place...

### Ex.3

Doctor: You see, this problem is not curable. We can only control it.

Patient: Ah!

In Ex.1, S demands that H diagnose his baby. H, in turn, responds, performing a bald-on-record act, which causes S to break into tears. H's intention is to get S informed about the actual problem so as to brace up for the necessary expenses that the condition requires. In Ex.2, S interviews H about her condition X. The following instances of bald-on-record acts are noticed:

(i) How and when did you go the termination?

(ii) After that, what did he do to you again?

(iii) He gave me some drugs and injections. I'm still using the drugs because they are many.

(iv) You have made the mistake of getting pregnant at first...

The doctor's indirectness is due to the need to be unambiguous so as to get the most accurate information needed for diagnosis. H does not mitigate her response move, given the fact that it is exigent that she obeys the maxims of quantity and relation in order to get the required medical attention. In Ex. 2, S condemns H's action with the intention of showing her the social unacceptability of premarital sex and the medical implication of her action. This point becomes clearer in S's next utterance to the one given in the illustration: "You see, I only pray that the man has not caused you any serious injury to your womb, because with this fresh blood oozing out continuously..." In Ex.3, to state the prognosis of tuberculosis to H, S does not mitigate his utterances. The



reason of course is to present H with the reality of the situation so as to get him prepared for a life - long distress, and perhaps, a short life span.

A relatively less prominent occurrence is recorded of bald-on-record acts in YTM. Details of the reasons for this shall be discussed under "FTA with Redress" below. Meanwhile, it is essential to state that YTM practitioners generally avoid the kind of directness that characterizes OM, except on occasions when they have the intention to scare the client to gain the latter's co-operation in treatment, when they intend to warn clients concerning the need to be strict in observing the procedure of a treatment, and when there is the need to discourage or correct clients about a wrong notion made or a step taken. Some examples can be cited from the data:

Ex. 4

Onisegun: Ona meta ni ki o daa si. Koo lona kan lale yii. To ba tun dotunla, koo tun lo kan. To ba tun dotunla mu, koo lo kan.

Iya Omo: Eleyi ni yoo maa mu?

Onisegun: En-en. Mimu lasan ni, won o n fi we o. Yoo maa mu gege bi omi ni gbogbo igba (si omo) soo ti gbo? Yelo fifa lo wa lara e o koo ya maa lo daadaa o. O maa n kooyan loyi. Ko ma tan ara e o.

(Herbalists: You will divide it into three places. Use one part tonight. When it is the day after tomorrow, use another part. When it is yet another two days after, use one part,

Mother: Is this the one she will be drinking?

Herbalist: Yes, drinking only, they don't bathe with it. She will drink it like water every time. (To daughter). Do you hear? Yellow fever is what you are suffering from. So you had better use it well. It sometimes causes dizziness, so don't deceive yourself.)

Bald-on-record acts are evident in the following utterances

of the herbalist:

(i) Yelo fifa lo wa lara e o. Koo ya maa lo daadaa o. (Yellow fever is what you are suffering from. So, you had better use it well.)

(ii) O maa n kooyan looyi O. Koo ma tan ara e o. (It sometimes causes dizziness, so don't deceive yourself.)

In 'i' above, S engages the bald-on-record acts to inform H of the deadly condition she is experiencing and the need to observe the prescription to the letter. S's utterance implicitly warns that H's non-compliance or carelessness may be dangerous to her health. In I, S informs H of the side effects of the medicine given. His utterance is a warning for H to exercise caution after taking the medicine lest she develops complications.

The speech act in the following interaction is interesting:

Ex.5:

Iya omo: O kan maa n sun kale ni.

Onisegun: En-en. O woo lara ni.

Iya omo: Mo de ti gbe lo si hospitu ti mo ti bere abere ti won ti koogun fuu un.

Onisegun : Abere o ran 'baa. Agbo laa ka fun e, ati agunmu.

(Mother: She just sleeps on the ground all the time.

Herbalist: Yes. It deadens her nerves

Mother: And I've taken her to the hospital and she has started getting injections and they have prescribed medicines for her.

Herbalist: Injection cannot cure fever. It is herbs we shall prescribe for you, and herbal powder.)

When S says, "Injection cannot cure fever", he threatens H's face. His intention is to discourage H from patronizing OM for fever. In a way, he condemns OM as lacking in equal efficiency with YTM in respect of treating fever. This type of

bald-on-record act sometimes features in interaction in OM also; for example:

Ex. 6

Doctor: Any problem today?

Patient: Yes, I had severe headache. I then took the initiative to do a widal test, and here is the...

Doctor: (cuts in ) I don't use it. That is one of the ways they cheat people in 'O'(name of city) here.

The expressions, "I don't use it" and "that is one of the ways they cheat people in 'O' here .. ." are bald-on-record acts that show that S is largely unfriendly with H in the interaction, and by extension, private laboratories in the place mentioned.

Both OM and YTM employ directives in prescription and treatment. It is extremely difficult to achieve either without being instructionally direct. Examples can be drawn from the two medicines:

Ex. 7 (OM)

Doctor: Take the drug three times daily for five days; then see me.

Patient: Thank you, doctor.

Ex. 8 (YTM)

Babalawo ... Ee bu epo pupa sinu awo to gun rebete

Obirin: Awo amo?

Babalawo: Awo amo. Ee fii nu e. Ee fepo pupa sii. A a bu u bayii, aa la gbogboe...

(Priest: You will put palm oil inside a fine plate...

Client: A mud plate?

Priest: A mud plate. You will put it inside it. You will add palm oil to

it. He will take it like this and lick everything.)

In both examples above, instructions are given directly by S to H. In 7, the instruction relates to dosage, duration and

follow-up. In 8, it relates to self-preparation of medicine, dosage and method of ingestion.

### **FTA with Redress (Positive Politeness)**

The data show that YTM features more instances of FTA with redress (positive politeness) than does OM. As hinted at earlier, much of this hinges on the indirectness in African culture, as against the directness in Western culture, the seeming inseparability of religion and culture from medicine in Africa, and psycho-spiritual emphasis made in medicine in Africa. Details of these shall emerge presently as we attempt a comparative consideration of positive politeness in YTM and OM.

In the first instance, YTM is suffused with culturally motivated intimacy. In all interactions, except where a case of emergency is involved, practitioners and clients share elaborate greetings and other pleasantries:

Ex. 9 (YTM)

Obirin: E n le baba o.

Babalawo: Iwo ta ni o?

Obirin: Emi iya Osogbo ni o

Babalawo: Aa, e ma kaabo o.

Obirin: E kuu se o.

Babalawo: E pele o.

Obirin: E kuu se o.

Babalawo: Ooo, kaabo o.

(Client (a woman): Good day father.

Priest: Who's that person?

Client: It's me the woman from Osogbo

Priest: Ah, you are welcome please.

Client: Thank you.

Priest: Mind your step.

Client: I salute to you at work.

Priest: Good day to you.

Priest: I salute you at work.

Priest: Thanks, you're welcome.)

In this interaction, language is made to behave interactionally, as typical of Yoruba culture. First, the priest seeks to locate the identity of the client to determine the

degree to which intimacy can be extended. While a regular client needs no introduction, a first time caller either comes with a known face or claims to have been sent to the priest by someone close to the latter. Having established the caller's identity, other pleasantries follow which are laden with Leech's (1983) generosity maxim and Pollyanna principle. Intimacy of this nature is not common in OM. Interactions here are predominantly business-like, (and ultimately) transactional in nature. Sometimes, however, some phatic communion creeps into the interaction. But in about 95% of cases, these interactional cues are either used for transactional ends or psychological therapy. Some examples can be considered:

Ex.10 (OM)

Doctor: My name is Dr X; what is your name, Madam?

Patient: I am Mrs Y.

Ex.11 (OM)

Doctor: How do you feel with this hospital environment?

Patient: Fine.

Doctor: Do your relatives visit you?

Patient: My daughter left a while ago.

In Ex.10, S's initiating move in the interaction is to relax the tension noticed on H's countenance, given the actual physical context. In Ex.11, S intends to call H out of her boredom having been on admission for about four weeks. S's move is therefore a psychological venture to get H relaxed so as to gain her co-operation for further treatment.

Ex. 12 (OM)

(An old woman went for consultation with a doctor in Hospital X.)

Doctor: Mama, e rora o. E pele. Se ko si pupo?

Client (An old woman): Dokta, On n fo mi gidigidi gan an ni.

In YTM, formal barriers between practitioners and clients are broken as the two discuss uninhibited and negotiate treatment, appointment and charges, a practice which is completely absent in OM, where impositions are largely made

on the patient. Evidence from YTM shows that in the interactions between practitioners and clients, power is neutralized and affective involvement is heightened, thus allowing for freedom and better interactive bargaining. Intrusive moves are sometimes made by clients to no exasperation of practitioners. Prayers and blessings are also lavished on either party, lending credence to the healthy rapport between YTM, its culture and its religion. Some examples can be cited:

Ex.13 (YTM)

(A divination priest interacts with a husband, his wife and the woman's friend, after having performed a divination exercise.)

Babalawo: Arabirin!

Obirin: En en.

Babalawo: Fowo bale o fi kan ya e nigba meta, koo keleda re ku oriire.

Obirin: Mo keleda mi ku oriire o.

Babalawo: Ngbo o fi de bi, oro re ju baun lo.

Obirin: Mo ki o ku oriire o. Mo ki o ku oriire eleda mi o.

Babalawo: An-in o. O wa daa o. Asasi ni

Obinin: Mo wi, won on je n wi.

Babalawo: Se akobi e ni abi boo lo ti je?

Obirin: Mo wi, baba Molabi. Mo wi, o je n wi? Baba...

Babalawo: Mo n bere nkan lowo e ni. S'akobi e ni abi

Obirin: Eejere baba.

Ore Obirin: Won ni s'akobi e ni?

Obirin: Akobi ni.

Babalawo: Okunnin si ni?

Obirin: Okunrin nio.

Babalawo: Aa! O ma se o.

Obirin: Akobi ni, akobi ni...

Babalawo: En en, asasi ni o. Sugbon asasi yii, nkan mu ni lomo, eeyan to wa nidi re.

Obirin: Baba Molabi, o n gbo. E mo kan mi leyin ookan. E ba mi so fun won, won

nsekaana leyin orun mi. Temi n mo wa Se, e ma pa mi lapa aye.

Oko: Ngbo baba, nbo lasasi oun ti wa?

Babalawo: Asasi mu le ni. Oro mu lie ni...

(Priest: Woman!

Woman: Yes.

Priest: Place your hand on the ground and on your chest three times. Thank your star for your good luck.

Woman: I thank my star for being lucky.

Priest: The time you came here, your case was more than that.

Woman: I thank you for your luck. I thank you for your luck, my star.

Priest: Yes, okay now, It is a magical affliction.

Woman: I said so, but they didn't allow us to talk.

Priest: Is he your first born, or how come?

Woman: I talked, the father of Molabi. I complained ... did you allow me to complain? Father...

Priest: I'm asking you a question. Is he your first born, or...

Woman: May you prosper, father.

Woman's Friend: He says, is he your first-born?

Woman: He is the first-born.

Priest: And he is a male.

Woman: He is a male.

Priest: Oh, what a pity!

Woman: He is the first-born? He is the first-born.

Priest.' Yes, it is a magical affliction. But this affliction, something afflicts one's child, there is a person at the root of it.

Woman: 'Molabi's father, are you listening? Do not break my front tooth. Help me to tell them they're pinching my neck. I've come to live my own life. Don't make me a living dead person.

Man: Listen father, where does the affliction come from?

Priest: It's an affliction from within the house. It is a home affair.)

In Ex.13, some socio-cultural issues are immanent:

- (i) polygamy (The man in the interaction has two wives) and rivalry from co-wives in a polygamous home;
- (ii) belief in supernatural forces and spiritual affliction;
- (iii) the value of children, especially the first-born child.

The three issues constitute the background for the woman's emotionalization and bald-on-record acts directed at the husband, but not the priest. Contrary to what obtains in OM, mutual diagnosing occurs here. Participants enter into interactive bargaining, which culminates in unravelling the mystery, with the priest playing the lead and moderator, using, in a large number, positive politeness to explain the source of the problem. His seeming directness is not per se, and in most cases, face-threatening (except possibly in the utterances: "It is a magical affliction", "Oh, What a pity," etc) but objective and contextually putting check to the woman's extreme tempers. Indirectness is employed with respect to the actual culprit, as no name is mentioned of the assailant contrary to the woman's expectation. By the priest's role, social disharmony is not encouraged, but caution is preached so that possible spiritual attacks are avoided. The woman's utterance of "May you prosper" is a positive politeness act to express the woman's respect for the priest's skills and powers.

The data shows that face threatening act (positive politeness) in the two medicines appear as euphemisms or other forms of indirectness, polite expressions and mitigated threats. More instances of these are however present in YTM. Their presence in OM is to mitigate the inherent institutional directness. Below are a few examples from orthodox medicine:

Ex. 14 (OM)

Doctor: Do you cough?

Patient: Yes. I do, but not so much.

Doctor: Do you have any skin rash at the onset of this illness?

Patient: Yes, but it has disappeared.

Doctor: Any fever?

Patient: Occasionally, I used to feel like I'm having malaria fever.

Doctor: I'm sending you to the laboratory first before any treatment. (Doctor to the orderly). Take this card to the laboratory head. I have written some lab investigations that are to be carried out on the patient including '333' screening.

The phrase '333' screening is a euphemism selected by S to



prevent H from understanding that he is to be screened for HIV/AIDS.

Ex. 15 (OM)

Doctor: Please, take your drugs as prescribed

Patient: Okay.

Ex. 16

Patient: Doctor, I can't really understand the problem I'm having.

Doctor: You are very sick, but there is hope.

“Please” in Ex. 15 is a polite expression, showing regard for H's personality and imploring him to comply with the medical directives given to recuperate fast. In Ex. 16, H's utterance “... but there is hope” mitigates the threat in the preceding, “You are very sick”.

YTM is permeated with honorifics to mark politeness, usually from client to practitioner. This tendency shows respect for both the practitioner and the institution of YTM. The order is that while the client talks using honorifics, the latter usually responds in direct, non-honorific expressions. The vocative “father” also plays honorific roles in the interactions. These points are exemplified below:

Ex. 17(YTM)

Obirin: E nle onile o.

Babalawo: (Ko daun. On kifa)

Obirin: E kaasan baba o.

Babalawo: Pele omo ni. Kaabo o. Fidi le le.

(Client: Salute to the owner of this house.

Priest: (Not answering, paying homage to Ifa god)

Client: Good afternoon, father.

Priest: How're you my child?)

The client selects the honorific “e” and the vocative “father” as symbols of respect for the priest's age and traditional status. The priest opts for directness to display authority and superiority. The choice of “please” in OM is equivalent to the

In the interaction above, the lexical item 'mother' used by the doctor has an extended meaning in the culture, i.e. "a woman old enough to be a mother". The honorific "e" is selected by the institutionally superior S and the non-Honorific o" by the socially superior H. However, H sometimes chooses "e" to acknowledge the competence of S. Note that the prefatory greetings that take place are brief and institutionally relevant. The curt reply of the woman indicates her awareness of the fact that OM is primarily transactional in nature, as it is doubtful if she would be so blunt in a YTM setting.

### **Off - record FTA in YTM**

A clear illustration of indirectness in YTM communication is shown by divination exercises sometimes performed in order to diagnose an ailment. The divinatory process refers to the special (divine) means of finding out the sources, causes and almost always the remedy for illnesses that are believed to have preternatural causation (Bascom 1969, Adegbite 1991 and 1995). The demonstration of off-record strategies comes about as the client is temporarily cut off while the priest renders the entire divinatory text and 'communicates with the gods'. At the end of the divination, the interaction resumes as the priest interprets the text to the client. Here is a typical Yoruba divinatory text in Ife dialect:

Ex. 19 (YTM)

Babalawo: (0 n dafa.): Daadaa ni 'fa e i. Oyeku lo I. Oyeku Papenose...

O ii "agbagba a bewe gbaa"

Ii "opurupuru bale polu yeye"

Ii on kunle weji leti omi Oora"

On I oro oon dibaje.

ii ka rodo Orisa 5

I kon laa tonri se

On dodo Orisa

Orisa I oun ii tonrise

Ii odo Duedu ni kon on gba Si.

On dodo Orunmila 10

On ii ko gba on

honorific “e” in YTM in its marking respect, but not necessarily in showing age difference. Generally speaking, the absence of grammatical honorifics in English and, to some extent, the lack of flexibility in English, which is a second language to participants, may account for the relatively lower degree of positive politeness in OM. Participants only make do with deference makers such as “doctor”, “sir”, etc. but, some honorifics are employed in bilingual or Yoruba interaction between a doctor and a patient, where age differences are obvious or where the initiating practitioner is naturally more polite in approach. See Example 18 below.

Ex. 18 (OM)

(An old woman (a “mother” in the Yoruba culture) consults with a doctor in Yoruba.)

Dokita: Mama, e rora o. E pele. Se ko si pupo?

lya: Dokita, on n fo mi gidigidi gan an ni.

Dokita: (O fi owo kan oju ati orun iya. O ye mimi ati ifunpa iya wo, ati akosile

ninu iwe.) O dara, Mama. Ko si problem. Se e gbo Mama. Ko Si nkankan rara. (O n ko nkan sinu iwe.)

lya: Dokta, joo, ba mi ko oogun to daa. See ri, loruloru fifo ni o!

Dokita: (O rerin.) Mama, e ma won rara. Won a fun yin labere ati oogun laipe. Sugbon ee ni lati sinmi o.

(Doctor: Mama (Mother), you ‘re welcome. Take care. Hope there’s no serious problem?

Woman: Doctor, I have a serious headache.

Doctor: (He felt the woman on the face and neck, checked her pulse and looked at the case notes.) Okay, Mama, there’s no problem. Do you hear ma?

There’s no cause for alarm. (Writes prescriptions.)

Woman: Doctor, please write drugs that will be effective. You see, the headache comes every midnight.

Doctor: (Laughs). Mama, don’t worry at all. You will soon have proper medication and injection. But you need to have some rest.

Woman: Thank you very much, my son.

In the interaction above, the lexical item 'mother' used by the doctor has an extended meaning in the culture, i.e. "a woman old enough to be a mother". The honorific "e" is selected by the institutionally superior S and the non-Honorific o" by the socially superior H. However, H sometimes chooses "e" to acknowledge the competence of S. Note that the prefatory greetings that take place are brief and institutionally relevant. The curt reply of the woman indicates her awareness of the fact that OM is primarily transactional in nature, as it is doubtful if she would be so blunt in a YTM setting.

### **Off - record FTA in YTM**

A clear illustration of indirectness in YTM communication is shown by divination exercises sometimes performed in order to diagnose an ailment. The divinatory process refers to the special (divine) means of finding out the sources, causes and almost always the remedy for illnesses that are believed to have preternatural causation (Bascom 1969, Adegbite 1991 and 1995). The demonstration of off- record strategies comes about as the client is temporarily cut off while the priest renders the entire divinatory text and 'communicates with the gods'. At the end of the divination, the interaction resumes as the priest interprets the text to the client. Here is a typical Yoruba divinatory text in Ife dialect:

Ex. 19 (YTM)

Babalawo: (O n dafa.): Daadaa ni 'fa e i. Oyeku lo I. Oyeku Pape nose...

O ii "agbagba a bewe gbaa"

Ii "opurupuru bale polu yeye"

Ii on kunle weji leti omi Oora"

On I oro oon dibaje.

ii ka rodo Orisa 5

I kon laa tonri se

On dodo Orisa

Orisa I oun ii tonrise

Ii odo Duedu ni kon on gba Si.

On dodo Orunmila 10

On ii ko gba on

On ii ko ba on tori awon se.  
O see gbe pepe re kale  
O ru U, O So O  
Wamu! 15  
Oyeku Papenose  
Aa!  
Ii oun a Si tun Se.  
Lo ba kofajo  
Orubo fun on 20

At a typical divination event, a client meets the divination priest. The priest tells the client to take a specific (usually minimal) amount of money and speak silently to it, stating his/her problems and expressing his/her wishes. The client whispers his/her wishes to the money and then drops the money on the divination paraphernalia. The priest performs the divination by locating, via prediction, and chanting the text(s) that match(es) the client's problem from the repository of texts he has memorized. After the chanting, the priest interprets the esoteric content of the text to the client and later gives the appropriate medication:

o sesisi fun won On ba n di daadaa. Gbogbo on ku die Orunmila to mi tun un Se.  
o se "Tonrise 000 25  
Tonrise maa sin o  
'Ba atonrise  
Efufulelee, Tonrise maa sin  
'Ba atonrise.  
Orunmila atonri eni se...

(Diviner: (Performing divination) it's good news that Ifa has for you

It's Oyeku that has shown on the board, Oyeku Papenose

He says "agbagba a bewe gba"

He says "opurupuru got to the ground and cried aloud to God

He says "they knelt down in despair beside the Oora river"

They said they were in serious predicament.

And should go to Orisa 5

They should go and change their own (destinies)

They got to Onisa.

Orisa said he doesn't repair destinies  
He said they should go to Duedu's (Orunmilá's) place.  
They got to Orunmila 10  
They asked him to save them  
They said he should help make their destinies better.  
He brought out his divination instruments  
He performed the divination  
Waam! 15  
Oyeku Papenose  
Aah  
He said he would repair their ill luck.  
So he put his divination materials together  
He performed sacrifices for them 20  
He made the essential appeasement  
And their destinies began to turn better  
All cases of ill luck  
It was Orunmila who used to repair them.  
He sang "Tonrise 000 25  
It's tonrise I'll worship  
Praise the god who repairs destinies."  
Efufulelee it's Tonrise I'll worship;  
Praise the god Orunmila who repairs destinies.)...

The patient listens to the narration and later learns from the priest how the protagonist in the narrative resolves his/her problems and in the process listens to ways of solving his/her problems.

### **Non- performance of FTA in OM**

Another major distinction between YTM and OM is the occurrence of non-performance of FTA in the latter. An example of this phenomenon is presented below (translation is italicized):

Ex. 20 (OM)

(A couple took their one-year old baby to a hospital for medical attention)

Doctor: *Arabinrin kenkele (Little girl), any small problem (plays with the baby's right hand. The baby smiles and later croaks in excitement) There is no problem with my beautiful girl. Ah, ore wa (my friend), Mummy is a liar.*

Mother: She is coughing.

Doctor: Okay (He carries the baby on his laps and listens to her heartbeat.

He returns the baby to the mother and begins to write his prescriptions).

Father: (Observing gestures from the mother) She also experiences constipation, doctor. Can we give her some oranges?

Doctor: (Does not respond, but continues writing. After some time, he hands the case note to the mother) Take this to Nurse.

Mother: Okay (Looks at her husband, obviously dissatisfied. She then whispers to the husband): Igbe taa so nko? (What about the stooling we told him about?)

Father: Doctor, the other matter sir, I mean...

Doctor: (cuts in) Oh! No problem, taken together. Let her see me on Thursday.

Father: Thank you doctor.

Non-performance of FTA is evident in the interaction above. Ordinarily, one expects that questions asked, if not rhetorical will be answered. The mother in this interaction enters the conversation with the normal question-response expectation. But the doctor's non-response, while writing, creates a gap in the communication and leaves the woman at sea regarding the complaint made. The mother feels neglected. She also has a feeling of danger concerning the health of the baby, which she feels the doctor is insensitive to, hence, she gestures to her husband to make her feelings known. There is no doubt that many clients will see the kind of detachment exhibited by the doctor here as a bane of OM.

### **Conclusion**

This study has shown that medical communication among the Yoruba is characterized by both positive politeness and bald-on-record acts. However, the predominance of the former in Yoruba traditional medicine and the latter in orthodox medicine is attributed to cultural differences and divergence in medical professional ethics and practice. It is also observed that while YTM is characterized by social familiarity between

participants and indirectness in communication, clients are sometimes scared by the social distance and bluntness in communication in OM.

Lastly, although one may notice the potential weakness of a predominantly oral medium of communication in YTM, the substitution of literacy acts of taking notes and writing prescriptions for verbal (oral) acts of diagnosing and prescribing may seem to constitute a threat to face in orthodox medicine. It is, nevertheless, encouraging to note that this perceived threat can be minimized, taking into cognizance the fact that both oral and literacy practices can complement each other. Current efforts by practitioners of indigenous medicine in Yorubaland to modernize YTM practice by utilizing both acts therefore seem to be a step in the right direction.

### References

- Adegbite, A. B. (1991) "Some Features of Language Use in Yoruba Traditional Medicine" Unpublished PhD thesis. Ibadan. University of Ibadan, Ibadan, Nigeria.
- \_\_\_\_\_ (1995/ " The Structure of Texts from Herbalist — Client Encounters in Yoruba Traditional Medicine" *TEXT: An Interdisciplinary Journal for the Study of Discourse* 15(2), 271-297.
- \_\_\_\_\_ and Odebunmi, A. (2003) "Discourse Tact in Doctor-patient Interaction in English: an Analysis of Diagnosis in Medical Communication in Nigeria" (Mimeo)..
- Alabi, V.A. 1996. Parts of Speech as Communicative Tools in Medical Texts. In Adegbija, E (ed) *English Language Language and Communication Skills*. Ilorin, The English Language outer-circle, University of Ilorin, 202-212.
- Apata, L. (1979) "The Practice of Hebalism in Nigeria" In Sofowora, A. (ed.) *Africa Medicinal Plants Ile-Ife: University of Ife Pçess*, 1319.
- Bascom, W. 1969. *Ifa Divination; Communication between gods and Men in West Africa*. Bloomination India University Press.
- Brown, O. and Levinson, S. (1987) *Politeness. Some Universals in Language Usage*. Cam Cambridge University Press
- Chimombo, M. and Roseberry, R.L. 1998 *The Power of Discourse and Introduction to Discourse Analysis*.



- Mahwah, New Jersey, London. Lawrence Erlbaum Associates.
- Coleman, H. and Buton, J. 1985 "Aspects of Control in Dentist-Patient Relationship" *International Journal of Sociology of Language* (51,75-104)
- Coulthard, R. and Ashby, M: (1976) "A Lir description of Doctor-Patient Interviews" In Wadsworth, M. and Robinson, D, (eds) *Studies in Everyday Medical Life*. London: Martin Rob
- Fadipe, N. (1970) *The Sociology of the Yoruba*. Ibadan: Ibadan University Press.
- Femi-Pearse, D. 1982 "General Ethical Consideration and Dilemma in Nigeria" In *Medical Ethics*. Lagos University Press. 1-12.
- Fisher, S. and Groce (1990). *Accounting practice in Medical interviews* Cambridge: Cambridge University Press, 225-250.
- Goffman, E. (1967) *Interaction Ritual: Essays on Face-to Face Behavior*. New York: Garden City. -
- Harlen, O.K. 1977. *Communication in Medicine*. Switzerland.
- Idowu, E. (1973) *Africa Traditional Religion*. London: SCM.
- Labov, W. and Fanshel, D. 1977. *Therapeutic Discourse Pschotherapy as Conversion* New York Academic Press.
- Lambo, J. (1979)' "The Healih Powers of Herbs with Special Reference to Obstetrics and Gynaecology" In Sofowora A. (ed.) *Africa Medical Plants*. Ile Ife: University of Ife Press, 23-30 .
- Leech, G.N 1983 *Principle of Pragmatics*. London, Longman.
- Maclean, U. (1971) *Magical Medicine: A Nigeria Case Study*. Penguin.
- Mey, J. (2001) *Pragmatics: An Introduction*. Massachusetts and Oxford: Blackwell.
- Mishler, E. (1984) *The Discourse of Medicine Dialectics in Medical Interviews* Norwood, NJ: Ablex.
- Myerscough, P. (1992) *Talking with Patients*. Oxford: Oxford University Press.
- Mullany, L. (2002) "I don't think you want one to get a word in edgeways do you John? Re-assessing (Im)politeness, Language and Gender in Political Broadcast Interviews" In Sheffield Hallam (ed.) *Working Papers on the Web.*' *Linguistic Politeness and Context*. www.sha . ness/rn ul

any. htm

- Odebunmi, A. S. (2003) "Pragmatic Features of English Usage in Hospital Interactions Amongst Medical Practitioners and Patients in Southwestern Nigeria" Unpublished Ph.D thesis: Obafemi Awolowo University, Ile-Ife.
- Ogunbode, O. (1991). "Effective Communication in the Medical Science" In Adegbija, E.(ed.) *Effective Communication in Teaching and Learning: Basic Principles* Ilorin: University of Ilorin, GNS Division, 20-33.
- Scollon, R and Scollon, S (1995) *Intercultural Communication* Oxford Blackwell
- Tanner, B. (1976) *Language and Communication in General Practice*. London: Hodder Stoughton.
- Thomas, J. (1995) *Meaning in Interaction: An Introduction to Pragmatics*. London and New York: Longman
- Van Naerssen, M. (1995) "Medical Records: One Variation of Physicians' Language" *International Journal of the Sociology* 51,43-73.,
- Yule, G (1996) *Pragmatics*. Oxford University Press