Impoliteness strategies at a Jordanian hospital Emergency Room

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Impoliteness as a natural phenomenon is observed in many face-to-face encounters. It is employed to cause offense and attack the face of the hearer and sometimes over-hearers. One of the researchers who was working at the University of Jordan Hospital noticed that patients and/or their relatives use verbal and nonverbal impolite behaviour when addressing the hospital staff and doctors. In order to investigate the various strategies utilised by Arabic speaking patients and/or their relatives to express impoliteness towards the Emergency Room (ER) staff at a Jordanian hospital, observation and note-taking were used to collect the impolite instances for a period of 30 days during April 2014. A total of 100 face-to-face interactions, which included impolite expressions were collected. The results of the study showed that the patients and their relatives used 208 impoliteness instances while interacting with the admin staff, nurses and doctors. The most used strategy of impoliteness was 'bald on record impoliteness' followed by 'negative impoliteness,' 'positive impoliteness,' 'sarcasm or mock politeness' and 'withhold politeness.' The study concludes that the various types and strategies of impoliteness used by the patients and/or their relatives were aiming at offending and threatening the face of the hospital staff and doctors, and this behaviour, as observed in the various interactions that took place, could be attributed to their dissatisfaction of the health care services provided.

1. Introduction

Politeness, which can be observed in most of our daily conversations, has been the main concern of pragmatic studies during the last few decades. However, researchers have paid little attention to everyday communicative realities, such as rudeness, disrespect, and impoliteness. It is believed that the study of impoliteness is necessary because it is an important social phenomenon, and "it is highly salient in public life" (Culpeper 2013: 2). According to Culpeper (2011: 254), "Situated behaviors are viewed negatively – considered 'impolite' – when they conflict with how one expects them to be, how one wants them to be and/or how one thinks they ought to be." Such behaviours will have some

emotional and psychological impacts on at least one participant (i.e., they cause offence). These aspects of language use are directed towards attacking face, an emotionally sensitive concept of the self (Brown and Levinson 1987). Therefore, our current study is primarily an attempt to examine this neglected aspect of language, and it aims to investigate the impoliteness strategies used by patients and/or their relatives, and which are directed towards the Emergency Room (ER) staff (i.e., admin staff, nurses and doctors) at a Jordanian hospital.

Emergency rooms face daily challenges that other departments do not usually encounter. According to the Medical Insurance Exchange of California (2010: 1), such challenges include "emergency conditions that may be unpredictable, uncomfortable, and/or life-threatening; patients who present in an intoxicated state; patients who exhibit psychotic characteristics or other evidence of mental or behavioural issues; those who present as victims or perpetrators of violence; suicidal patients, pre- and post-attempt; and those who come to the emergency department frequently seeking drugs for non-therapeutic use." ER environment increases stress factors for some individuals, which may cause the person to be irritated and anxious, which may cause an aggressive behaviour. Patients may also feel that their autonomy has been challenged because doctors do not always know everything about the patients, or the patients do not know about the ER staff's procedures and their priorities. This, in turn, may cause the patients to be violent or verbally impolite.

Pho (2011) in his article "Violence is symptom of health care dysfunction" reported that "Nurses are the most frequent targets. According to a survey conducted by the Emergency Nurses Association, more than half of emergency room nurses were victims of physical violence, including being spit on, shoved, or kicked, and one in four reported being assaulted more than 20 times over the past three years." Pho added that the deterioration of the doctor-patient relationship results from "physicians are pressured to see more patients in shorter amounts of time. Patients are rightly frustrated, and some are lashing out." In Jordan, Al Emam (Feb 4, 2014) reported that "The Jordan Medical Association (JMA) seeks to put an end to assaults against doctors." She added that according to JMA President Hashem Abu Hassan, "A total of 25 cases of violence against doctors on duty were reported in 2013, most of them were in public hospitals." Although violence against doctors, and nurses has been recorded in many health institutions worldwide, and in some hospitals in Jordan, which might be due to health dysfunction, to the best of the researchers' knowledge, no studies have investigated impoliteness in a hospital setting. The researchers of the present study believe that the recorded cases of violence against doctors necessitate investigating this phenomenon to present some implications. The researchers of the present study, therefore, chose a rich resource of data represented by observing

communicative interactions in the Emergency Room of a Jordanian hospital to examine the strategies of impoliteness used by patients or their relatives towards doctors, nurses and hospital staff.

The notion of impoliteness is very often contrasted with politeness. Brown and Levinson (1987: 1) refer to politeness as minimizing the imposition on the addressee arising from a verbal act and the consequent possibility of committing a face threatening act. In contrast, impoliteness causes face threatening to the addressee. Culpeper *et al.* (2003: 1546) consider impoliteness as "communicative strategies designed to attack face, and thereby cause social conflict and disharmony." Culpeper (2005: 38) explains that "Impoliteness comes about when: (1) the speaker communicates face-attack intentionally, or (2) the hearer perceives and/or constructs behavior as intentionally face-attacking, or a combination of (1) and (2)." Bousfield states that impoliteness is the "evil twin" of politeness, and that "impoliteness constitutes the communication of intentionally gratuitous and conflictive verbal face-threatening acts (FTAs) which are purposefully delivered" (Bousfield 2008: 72). Lakoff (1989), on the other hand, considers rude behaviour as impoliteness. She confirms that "rude behavior does not utilize politeness strategies where they would be expected, in such a way that the utterance can only almost plausibly be interpreted as intentionally and negatively confrontational" (1989: 103). In support, Rabab'ah *et al.* (2019: 26) remark that most researchers agree that the most distinguishing feature to differentiate politeness from impoliteness is 'face threat.' Additionally, Rabab'ah and Al-Qarni (2012: 738) state that "people refer to such functions (bodily functions) euphemistically since any violation of such a matter is considered to be a sign of impoliteness."

The most characterizing feature of the previously mentioned definitions is intentionality. Classifying a behaviour as impolite mainly depends on the speaker's intention and the hearer's interpretation. A speech act is qualified as an impolite behaviour if the speaker intends purposefully to threaten the hearer's face, and the hearer understands such a behaviour as impolite. A behaviour is also impolite if the addressee or hearer understands it so, regardless of the speaker's intentions to threaten his/her face or not. The last characterizing feature is that impoliteness is rudeness, which is intentional and quarrelsome.

The aim of the present paper is to examine verbal and nonverbal impolite behaviours in the hospital interactions taking place at a Jordanian Hospital Emergency Room using Culpeper's (1996) impoliteness framework, which was based on Brown and Levinson's framework of politeness. It is expected that the findings of the present research will give us insights about how patients and/or their relatives behave when they are dissatisfied with the service provided by the hospital admin staff, nurses and doctors.

2. Literature review

Research on impoliteness and responses to impolite behaviour covers a wide range of areas in this field, such as impoliteness and responses used by bilingual children (Cashman, 2006), impoliteness and gender (Mills 2005), impoliteness in TV programs (Culpeper 2005; Kanatara 2010; Dynel 2012), impoliteness across cultures (Haigh and Bousfield 2012), and impoliteness behaviour and responses in a school setting (Fania, Abdul Sattar, Mei 2014).

Since the introduction of the term impoliteness, many studies have been conducted to explore this phenomenon. Some researchers focused on the use of impoliteness strategies and how the addressees respond to such an FTA. For instance, in exploring the impoliteness strategies and the verbal resources that the Spanish/English speakers use and their responses to impoliteness, Cashman (2006) found that the model suggested by Culpeper (1996, 2005) is beneficial to identify and classify the impolite behaviour used to attack hearers' face. The study also revealed that the speakers employed a variety of impolite response strategies. The relationship between impoliteness and gender has also attracted the attention of some scholars (e.g. Mills 2005). Such studies revealed that women are always nicer and more polite. Impoliteness and response to impoliteness in TV programs have been examined, and such research has indicated that presenters use a wide range of impoliteness strategies which are in line with Culpeper's framework (1996), and that the impolite behaviour used does not only affect the addressee, but it also impacts the overhearers or third parties, who are not intended to be attacked (Culpeper 2005, Rabab'ah and Alali 2019).

Some other researchers were interested in examining impoliteness in medical contexts. For example, Kanatara (2010) analysed strategies of impoliteness used by Dr. House, the main character in the TV series - House, M.D. and the other characters' responses to them, as well as the reason(s) behind their use. The findings showed that although sarcasm is a persistent characteristic of Dr. House's talk style, he does not overtly conflict the Politeness Principle. Furthermore, in the hospital context, "although he has the legitimate power and the expert power to be direct, he opts for indirectness" (Kanatara 2010: 305). The analysis also demonstrated that most of Dr. House's interlocutors responded by using impoliteness themselves, and challenged him trying to reverse this power relationship. He also tries somehow to preserve agreement by not causing great damage to his addressees' face, but by allowing them to get the offending point of his remarks through implicature. In a study that explored impoliteness among nurses and patients, Ojwang, Ogutu and Matu (2010) found that the nurses' impolite utterances do not only indicate "rudeness," but also a violation of patients' dignity, which hinders "broader human rights such as the right to autonomy, free expression, self-determination, information, personalized attention, and non-discrimination" (Ojwang, Ogutu and Matu 2010: 110). In

a similar study based on "House," Dynel (2012) discussed impoliteness and argued that "intentionally produced impoliteness is meant to be perceived differently by distinct hearer types" (Dynel 2012: 186) and concluded that "the speaker means impoliteness to be recognised by ratified hearers (the addressee and/or the third party), while it may be threatening to the face of any individual from among: nonparticipants, ratified hearers, or unratified hearers" (Dynel 2012: 186).

Studies have shown that people use impoliteness in different cultures, and that impoliteness is a universal phenomenon. Haugh and Bousfield (2012), for example, analysed male-only interpersonal interactions in (North West) Britain and Australia, and compared the topics of such mockery and abuse. The study indicated that jocular mockery and jocular abuse were recurrent interactional practices across both the Australian and (North West) English data sets. In a similar study, Badarneh, Al-Momani & Migdadi (2017) studied how English is used in naturally occurring interactions in colloquial Jordanian Arabic to perform acts of impoliteness. Through code-switching to English, attack on face, specifically quality face, social identity face, and association rights were identified in the data. The study also revealed that positive impoliteness and negative impoliteness strategies were used through English, and sometimes in conjunction with Arabic impoliteness resources. In the same vein, Rahardi (2017) examined linguistic impoliteness in natural utterances from a sociopragmatic perspective. The data revealed five pragmatic impoliteness categories, namely deliberate ignorance, face-playing impoliteness, face-aggravating linguistic impoliteness, face-threatening linguistic impoliteness, and face-loss linguistic impoliteness, each of which was has impoliteness subcategories. In examining assertion and affiliation in terms of disagreement and impoliteness in a WhatsApp communication within a Spanish family, Fernández-Amaya (2019) concluded that disagreement within the family domain should not essentially be construed as face threatening.

Impoliteness in political discourse has also gained some researchers' attention. Alemi and Latifa, for example, (2019) examined the linguistic features of impoliteness in the debates between the Republicans and Democrats in 2013 US government shutdown issue. The analysis indicated that the two parties similarly used all the strategies suggested by Culpeper (1996). Among the most employed impoliteness strategies were challenges, dissociating from the other, sarcasm/mock politeness, and seeking disagreement/avoid agreement.

As observed, the literature that examined impoliteness in a medical context, and more specifically in Arabic is rare; therefore, the overarching goal of the present study is to shed light on impoliteness in real life interactions taking place at a Jordanian Hospital Emergency Room to find out the impoliteness strategies that Arabic-speaking patients and/or their relatives use while interacting with

their doctors, nurses, and administrative staff. The findings of the present research will add to the growing body of impoliteness research in the health sector.

3. Methodology

3.1. Data collection procedures

To achieve the aims of the current study, the impolite behaviour at the Emergency Room of the selected Jordanian hospital was observed. During April, 2016, one of the researchers, who was an employee at ER of the selected hospital, in collaboration with two more colleagues, directly collected field notes of a total of 100 face to face interactions which included impolite behaviour between the patients and/or their relatives with the ER staff (e.g. doctors, nurses, receptionists, and accountants). These interactions were recorded either while interactions were taking place or immediately after they happened. It is worth mentioning that one of the limitations of this method is that neither the researcher nor her colleagues could write down a lot of details related to the interactions or even remember all the impolite utterances said. The patients and their relatives, who were observed to behave impolitely, were asked sign a consent form, before leaving the hospital, for using the communication that took place at the ER for research purposes. They signed the consent forms in which they gave the approval to the researchers of the current study to use their interactions and behaviour for research purposes only and that their names will not be disclosed.

3.2. Data analysis

The present study is both quantitative and qualitative. The recorded data were quantitatively analysed to find out the frequencies and percentages of the impoliteness strategies used either by the patients and their relatives. Impoliteness instances were categorized using Culpeper's (1996) categorization: *bald on record impoliteness, positive impoliteness, negative impoliteness, sarcasm or mock politeness* and *withhold politeness.* These impoliteness strategies were also analysed qualitatively by illustrating each one with examples from the data. The Arabic scripts which included impoliteness were first written using the IPA alphabet and then translated into English (for abbreviations used see appendix).

3.3. Data Analysis Framework

Goffman (1967) notes that there are three types of impoliteness: insults, disagreeing and 'unwitting' offences. Culpeper *et al.* (2003) state that Goffman's (1967) categorization of impoliteness may be

helpful, but is not all encompassing. Therefore, Culpeper (1996) proposes a framework of impoliteness, which is opposite to Brown and Levinson's (1987) politeness theory. He considers impoliteness as "the parasite of politeness" (Culpeper 1996: 355). While politeness strategies are employed to save the face of the addressee, impoliteness strategies are utilised to threaten/attack face, which cause social dissonance. For this, Culpeper (1996: 355) presents five super strategies that language users employ to produce impolite expressions, namely bald on record impoliteness, positive impoliteness, negative impoliteness, sarcasm or mock politeness, and withhold politeness. In our present research, Culpeper's (1996) framework is used because it is one of the most appropriate framework for such a research context for two reasons. Firstly, this framework was based on Brown and Levinson's theory of politeness (1987). Secondly, the researchers' daily observation at the hospital make them feel that most of the strategies suggested by Culpeper (1996) were found in the various impolite utterances or interactions that took place at the hospital before conducting the experiment. The definition of each super strategy will be presented in the results section.

4. Findings

The Emergency Room at the selected Jordanian hospital proved to be an extremely rich source of data for impoliteness behaviour. A total of 100 communicative interactions, which included different forms of utterances displaying impoliteness, were reported. As an observer, one of the researchers, who works at the hospital, noticed that three of these interactions included physical violence as well as verbal abuse. Physical violence was not an aim in the present study; therefore, it was not mentioned in our analysis. The purpose of this study is specifically to describe the patients and/or their relatives' use of impoliteness strategies in face-to-face interactions with the ER staff (doctors, nurses, and administrative staff). In section 4.1. we will present the frequencies and percentages of impoliteness strategies used in the university hospital ER. In section 4.2., we will discuss the impoliteness strategies as they occur in context.

4.1. Impoliteness strategies used in the oral discourse in the ER

The results presented in Table 1 show the frequencies and percentages of impoliteness strategies used in the face-to-face interactions between the patients and/or their relatives and ER staff at the selected Jordanian hospital. The results show that the patients and their relatives employed various impoliteness strategies in order to attack the face of the ER staff.

Strategy	Sub-Strategy	Frequency	Total	Percentage
Bald on Record	—	69	69	33.2%
Positive Impoliteness	- Being unconcerned	6	43	20.7%
	- Using inappropriate identity markers	17		
	- Using taboo words	7		
	- Ignoring	5		
	- Using obscure or secretive language	6		
Negative Impoliteness	- Associate the other with a negative aspect	14	52	25%
	- Frightening and threatening	13		
	- Scorning, condescending	20		
	- Invading the other's space	5		
Sarcasm or mock politeness	—	28	28	13.4%
Withhold politeness	—	16	16	7.7%
Total		208	208	100%

Table 1. Frequencies and percentages of impoliteness strategies used by patients and/or their relatives at the Jordanian hospital

Table 1. reveals that bald on record was the most used impoliteness strategy (69 instances), accounting for 33.2%. The second most employed strategy was negative impoliteness (52 instances, accounting for 25%) with its sub-strategies: 'associate the other with a negative aspect,' 'frightening and threatening,' 'scorning, condescending,' and 'invading the other's space.' It is also noticed that scorning and condescending (20 instances) recorded the most used negative impoliteness strategy, followed by associate the other with a negative aspect (14 instances), frightening and threatening (13 instances), while the least used one was invading the other's space (5 instances). The third most used category was positive impoliteness, which recorded 43 instances, accounting for 20.7%. Using inappropriate identity markers registered the highest frequencies (17), while all the other strategies recorded fewer instances. It is also obvious that withhold politeness was the least used category of impoliteness (16 instances),

accounting for 7.7%. In the following sections, we will discuss the types of impoliteness strategies and its subcategories, and illustrate with examples from the data.

4.2. Impoliteness and impolite behaviour in context

4.2.1. Bald on record impoliteness

Impoliteness works when the speaker threatens the face of the hearer by directly asking for a service or by insulting the hearer because of his/her dissatisfaction. The speaker's intention in this strategy is to attack the hearer's face where the hearer does not have the power to be impolite in his/her reply (Culpeper 1996). Impolite speakers perform a face threatening act explicitly, directly and unambiguously (Culpeper 2005). This strategy was used in several situations where the patients and their relatives didn't try to soften their words, and save the hearer's face by asking the ER staff directly and impolitely to do something. The use of expressions in the situations discussed below (1-4) like *ʔinti ma btifhami "You don't' understand!"* (Situation 1), *ʔaʕti:ni ʔiʒa:zeh joːmeːn "Give me a sick leave for two days!," ʔaʕti:ni ka:set maj* (Situation 2), and *baddiːʃ ʔatfadˤdˤal w baddiːʃ ʔagʕud baddi: ʔiʒazeh "I don't want to have a seat! Give me a leave!"* are all examples of bald-on record strategy, whose aim is to directly attack the hearer's face.

Situation 1

When a triage nurse refused to accept a patient sister's case in the ER because it was not an emergency, and she transferred her to the Family Medicine Department, the patient's brother disrespectfully looked the nurse up and down, and said

ʔint-i	*ma*	*b-tifham-i*	*b-aħki:=l-ik*	*ʔil-bint*
you-SG.F	NEG.1	IMPF=understand.3SG.F	IMPF=tell.IMPF.1S=to-you.SG	DEF-girl
taʕba:n-eh	*w*	*muʃ*	*ga:dr-eh*	*teħk-i*
sick-F	and	NEG\NEG	capable-F	speak-IMPF.3SG.F

"You don't understand! The girl is very sick, and she cannot speak!"

Situation 2

One female patient asked a doctor to give her a two-day sick leave before being examined by the ER doctor. She said, *dakto:r ʔana taʕba:neh ʔaʕti:ni ʔiʒa:zeh joːmeːn* "Doctor, I am sick. Give me a sick leave for

two days." The use of the imperative form when addressing the doctor is a bald on record impoliteness strategy.

Situation 3

When a doctor refused to give a male patient a sick leave, one of the clerks tried to calm him down:

Clerk:	*haddi:*	*ʔaʕsˤab-ak*	*w*	*tfadˤdˤal*	*ʔugʕud*
	calm\IPV.2SG.M	nerve\PL-your.SG.M	and	be_so_kind_to.IPV.M	sit.IPV.M

"Calm down and have a seat!"

Patient (shouting):	*badd-i=ʃ*	*ʔatfadˤdˤal*		*w*
	want-1SG=NEG	IMPF.be_seated.IPFV.1SG		and
	badd-i=ʃ	*ʔugʕud /*	*badd-i*	*ʔiʒa:zeh*
	want-1SG=NEG	sit\IPFV.1SG	want-1SG	leave

"I don't want to calm down. I don't want to sit down. I want a sick leave"

Shouting at the clerk, who is not even to be blamed, is a bald on record impoliteness strategy whose aim is to threaten and damage the face of the interlocutor.

4.2.2. Positive impoliteness strategies

Positive impoliteness strategies are designed to damage the addressee's positive face wants. According to Culpeper (1996) this super strategy includes several strategies, such as 'frighten,' 'condescend, scorn or ridicule,' 'ignore, snub the other,' 'invade the other's space,' 'explicitly associate the other with a negative aspect,' and 'put the other's indebtedness on record,' 'exclude the other from an activity, disassociate from the other,' 'be disinterested, unconcerned, and unsympathetic,' 'use inappropriate identity markers,' 'use obscure or secretive language,' 'seek disagreement,' 'make the other feel uncomfortable,' 'use taboo words,' and 'call the other names – use derogatory nominations' (Culpeper 1996: 357-358).

The results of the current research showed that positive impoliteness was manifested in a number of strategies used by the patients and their relatives, such as *being unconcerned, using inappropriate identity markers, using taboo words, ignoring, using obscure or secretive language,* and *using a code known to others in the group. Using inappropriate identity marker* was the mostly used strategy in the data. Some patients and their relatives used the hospital staff's first name or nickname. The use of the words like

'ɣaza:leh' (female deer), and 'ħaʒʒeh' (Pilgrimage performer or old woman) are inappropriate discourse markers, which are not favoured by young females or the educated in Jordan.

Situation 4

One male patient asked a female nurse:

ʔimtˤwwel	dor-i	ja=ɣaza:l-e
last_long\IPFV.1SG	turn-my	VOC=gazelle-F

"Do I have to wait so long, doe?!"

Although ɣaza:leh 'doe/female deer' is a positive one, it is used in this context to denote a negative meaning. In such contexts and when said by non-intimates, such an expression is considered impolite as he is flirting with the addressee.

Situation 5

Another example of impoliteness displayed through identity markers happened when a relative called the female nurse, who was handling his patient, and said ħaʒʒeh 'old woman.' The word ħaʒʒeh is used to call uneducated old women who performed pilgrimage to Mecca in most cases. However, when this word is said to address young people in Jordan, it is a sign of disrespect and impoliteness. Moreover, to call someone ħaʒʒi or ħaʒʒeh is inappropriate and it is a sign of ignoring the addressee if not calling him/her by name or giving his/her identity a socially-respected title, such as, Mr., Ms. or Mrs.

The second positive impoliteness strategy employed is *ignoring and snubbing others* as failing to acknowledge other's presence. The husband in situation 6 shouted as if the intern doctor was not a doctor.

Situation 6

While a resident was examining a female patient, the patient's husband asked the nurse:

wajn	ʔid-dakto:r
where	DET-doctor

"Where is the doctor?"

The patient ignored the presence of the resident because he thinks that residents are inexperienced. Those residents are usually on their third year of practice after graduating from the School of Medicine.

Being unconcerned, as a positive impoliteness strategy, was used when patient and their relative showed disinterest in what the speaker was saying. Using the expressions as *wajn ʔid-dakto:r* and *jaʕni xalasˤ ʔinrawweħ* as shown in situation 7 and 8 indicate that the speakers are unconcerned and disinterested.

Situation 7

A nurse was trying to calm down the patients' family when informing them that their daughter is fine. However, the patient's mother was not concerned with what the resident doctor as saying. Ignoring the presence of the resident doctor, she said:

badd-i:	ʔasmaʕ	min	ʔid-dakto:r /	wajn	ʔid-dakto:r
want-1SG	hear\IPFV.1SG	from	DET-doctor /	where	DET-doctor

"I want to hear from the doctor. Where is the doctor?"

Situation 8

While a doctor was giving instructions and advice to the patient's relatives about what to do after discharge, they interrupted him:

jaʕni	χala:sˤ	ʔin-rawweħ
mean\IPFV.3SG.M	enough	go_home\ipfv.1PL

"Does this mean that we can leave now?"

Their interruption and not allowing him to complete his advice indicates their unwillingness to hear and his presence ignorance.

Some patients and their relatives used *obscure or secretive language* when they did not like the doctor's behaviour or the service provided. The data revealed that some patients' relatives used a very unpopular language in the ER like Russian and French as a secretive language, which they supposed it could not be understood by the audience, especially the doctors. This impolite behaviour threatens the face of the hearers.

Use of tabooed terms associated with religion was observed in the data. Tabooed words used included damnation and use of words like 'fuck you.' Situations 9. and 10. illustrate this strategy, which is very offensive when used in public, and more specifically in a Muslim community.

Situation 9

The father of a child patient was nervous and angry because his son refused to obey the nurse, who wanted to give him an injection. He cursed the nurse saying:

> *jilʕan*   *sama:-k*
>
> damn\IPFV.3M   heaven-your
>
> "Damn you to hell!"

The speaker here wished that the nurse had gone to hell because of the pain his son had.

Situation 10

A psychiatric male patient came to the ER; he refused the treatment and started shouting in the doctor's face:

> *ʔutruk-ni*   *ma*   *tilmis-ni*
>
> leave\IPV.M-me   NEG   touch\IPFV.2SG-me
>
> "Leave me! Don't touch me!"
>
> *walla*   *laʔalʕan*   *sama:-k*
>
> God\oath   damn\IPFV.1SG   heaven-your
>
> "Leave me! Don't touch me!"

In this context, it is a curse and threatening. The same patient also cursed using tabooed words related to sex as 'fuck you!' and the like. This was a very difficult patient, who tried to attack the doctor even physically.

Some other patients resorted to *using a code known to others in the group* as a positive imploiteness strategy. For example, they used proverbs or popular sayings. To illustrate, see Situation 11 below:

Situation 11

One female patient's sister was angry because she felt that the health care was not equally provided. She claimed that their care was rushed and without empathy; she expressed her anger saying:

ʔil=ħa:jah	kull=ha	sˤa:ra-t	faggu:s	w=xja:r /
DET=life	all=3SG.F	become-PFV.3SG.F	Armenian_cucumber\PL	and=cucumber\PL

maʕ=ak	wasˤtˤa	b=eħtirmu:=k /		ma	maʕ=ak
with=2SG.M	connection	IPFV=respect\IPFV.3PL=2SG.M		NEG	with=2SG.M

wasˤtˤa	ra:ħa-t	ʕalaj=k
Connection	lose-PFV.3SG.F	upon=2SG.M

"Life has become cucumber and Armenian cucumber. If you have connections, they will respect you. If not, they won't."

The patient's sister used the Arabic proverb 'life has become cucumber and Armenian cucumber,' meaning that people are unequally treated. By using the above expression the girl attacked the face of the ER staff by *using a code known to the group.* In Jordanian Arabic, *xja:r* 'cucumber' refers to underprivileged people, and *faggu:s* 'Armenian cucumber' to the elite. The proverb derives from the fact that the Armenian cucumber is always more expensive than cucumber.

4.2.3. Negative Impoliteness

Negative impoliteness happens when the speaker aims to damage the hearer's negative face. Culpeper divided this major strategy into: 'frighten,' 'condescend, scorn or ridicule,' 'invade the other's space,' 'explicitly associate the other with a negative aspect,' 'put the other's indebtedness on record,' and 'Violate the structure of conversation; i.e. *interrupt'* (Culpeper 1996: 357). A number of negative impoliteness strategies were observed in the data. For example, the data have shown that Frightening and threatening strategy was used to damage the addressee's face as shown in Situation 12.

Situation 12

One male patient was shouting at the clerk who was busy registering other patients, and refused to wait:

Patient:	ʔismaʕ	ʕala=j	b=agull=ak	badd-ak

listen.IPV.M	upon=1SG	IPFV=say\IPFV.1SG=2SG.M	want-2SG.M

tsaʒʒil=ni /   *badd-ak*   *tsaʒʒil=ni*

register\IPFV.2SG.M=1SG /   want-2SG.M   register\IPFV.2SG.M=1SG

"Listen! I tell you: "You must register me. You must register me.""

Clerk: *ʔiltazim*   *el-dor*   *w=haddi*   *ʔaʕsˤab-ak*

respect\IPV.2SG.M   DET=turn   and=calm\IPV.2SG.M   nerve\PL-your.SG.M

"Calm down and wait for your turn!"

In this context, using commands as in *ʔismaʕ ʕalaj'* (Listen!) and repeating the utterance '*bagullak baddak tsaʒʒilni baddak tsaʒʒilni'* (I am telling you that you have to register me!) is a face-threatening act. Insisting that the clerk has to register her by using command statements indicates that he is threatening the clerk.

Another negative impoliteness strategy, which included imposition, was invading the other's space. Some patients positioned themselves closer to the staff than the relationship permits as in the following interaction (Situation 13), which took place at the ER reception.

Situation 13

Male patient: *maːl-ek*   *zaʕlaːn-eh*

why-you.F.SG   angry-F

"Why are you angry?"

Nurse: *tfadˤdˤal /*   *kiːf*   *b-agdar*   *ʔaχdum-ak*

please   how   IPFV=can\IPFV.1SG   serve\IPFV.1SG-you

"Yes. How can I help you?"

Male patient: *bas*   *ʔiħkiː-l-i*   *miːn*   *mzaʕl-ek*

just   tell\IPV.F=to-me   who   upset-PFV.3SG.M=you.SG.F

"Just tell me who has made you angry?"

Asking personal questions like '*maːlek zaʕlaːneh?'* 'Why are you angry?' and repeating the same question in the second turn shows the speaker's impoliteness as he was invading the nurse's space. Other patients used the strategy of condescend, scorn or ridicule, as observed in interactions 14 and 15.

Situation 14

A male patient was dissatisfied with the doctor's treatment. While the doctor was leaving the room, he asked the nurse:

billa:hi	ʕalaj-ki	m-ahu	χiri:ʒ...
God\oath	by-you.SG.F	INT-he	graduate

"Isn't he a graduate of...?"

This is said to scorn the doctor and state indirectly that they are unqualified because Jordanians know that most students who go to study in the mentioned country are high school low achievers (High School score= 50%-70%).

Situation 15

A patient was very angry because the clerk was not in his office. The clerk was praying and when he returned to his desk, the following conversation took place:

Patient:	la:zem	ʔatʔaxxar	ʕaʃa:n	ʔinta	ta:rek
	Necessary	be_late\IPFV.1SG	because	you.SG.M	leave\PTCL
	ʃuɣla-k	w	tˤa:leʕ		
	work-your.SG.M	and	leave\PTCL		

"Should I be served late because you are leaving your work?!"

Clerk:	ʔinta	ma	ʔila-k	daxal	ʔatˤlaʕ	min	maka:n-i:
	you.SG.M	NEG	for-you.SG.M	business	leave\IPFV.1SG	from	place-my
	willa	la					
	or	no					

"This is none of your business if I leave my place or not!"

As noticed in the turn of the clerk, his response is an attack to the patient's face. The patient got angry and upset. Therefore, he tried to emphasise his power over the clerk and to belittle him by being contemptuous. In fact, the hospital which we collected the data from is a givernmental hospital, which means that patients don't pay and charges; it is the givernment which pays because they are covered.

Claiming that they pay the hospital staff's salary, which aims to belittle them, is impolite and incorrect. Besides, the way the utterance was said indicated how angry and how impolite he was.

ʔinta	*hon*	*b=tiʃtaɣil*	*bi=flu:s=i*	*w-flu:s*
you.SG.M	here	IPFV=work\IPFV.2SG.M	with=money=1SG	and=money

ʔil=mardˤa	*ʔil=θanj-i:n /*	*ɣasˤbin*	*ʕann=ak*	*badd-ak*
ART=patient/PL	ART=other-PL /	against_will	from=2SG.M	want-2SG.M

tdˤal	*gaʕid*	*ʕa =maktab=ak*
remain\IPFV.2SG.M	seat\PTCL	upon=desk=2SG.M

"You are employed here by my money and other patients' money. You must stay at your desk and register patients."

4.2.4. Sarcasm or mock politeness

The FTA is performed with the use of "politeness strategies that are obviously insincere, and thus remain surface realizations." Culpeper *et al.* (2003) states that tonal and other phonological properties can be used to make some utterances intensely impolite, which on the surface, seem to be polite. Sarcasm can be as saying "You are too smart!" to someone who answers your question stupidly. The data revealed that some patients and their relatives employed sarcasm in order to attack the addressee's face as in the following interaction as shown in Situation 16.

Situation 16

A male patient was angry for waiting too long in the ER; he came to the clerk's office complaining:

Patient:	*ʔiħna*	*wara:=na*	*maʃa:ɣel /*	*xalsˤu:=na /*
	we	behind=1PL	work\PL	let\IPV.2PL=1PL

	badd=i:	*ʔadˤal*	*yom*	*k:amil*	*fi:*	*ʔitˤ-tˤawa:re?*
	want-1SG	stay\IPFV.1SG	day	whole	in	DET=emergency\PL

"We are very busy. Just let's finish. Do I have to stay all day long at the emergency room?"

Clerk:	*b=iʕi:n=ak*	*ʔalla:h /*	*badd=ak*	*titħammal*
	IPFV=help\IPFV.3G.M=2SG.M	God /	want=2SG.M	tolerate\IPFV.2SG.M

	ʃwaj /	*niðˤa:m*	*ʔid-dor*	*ʕin=na*	*mabni*	*ʕala*	*mabdaʔ*
	a_little /	system	DET=turn	by=1PL	build\PTCL	upon	principle

| ʔit-taqji:m | el=mabdaʔi: | li=wadeʕ | ʔil=mari:dˤ-ah |
| DET=evaluation | DET=preliminary | for=condition | DET=patient-F |

| w=ʔitˤ=tˤawa:reʔ | fi:-ha | ħal-a:t | ħariʒ-eh | kθi:r-eh | ʔil=jom |
| and=DET=emergency\PL | in=3SG.F | case-PL | critical-F | many-F | DET=day |

"God help you! You have to wait for some time. Your turn is based on the initial medical diagnosis of the patient and emergency. There are so many critical cases today."

The patient interrupted her, and said at a high pitch and sarcastically:

| ʃukran | kti:r | ʕil=ik |
| thank | much | upon=you.SG.F |

"Thank you very much!"

4.2.5. Withhold politeness

Withhold impoliteness can be realized through "…the absence of politeness work where it would be expected" (Culpeper 1996: 357). For instance, failing to congratulate a friend on his university graduation may be considered as intentional impoliteness (Culpeper 2005: 42). Some patients failed to be polite where it would be expected, such as failing to thank the doctor after their treatment by just turning around without even saying 'thank you.' This strategy is illustrated in Situation 17.

Situation 17

After the nurse put the IV fluid to a male patient, his wife said:

| χala:sˤ | ʔirħamu-h / | ʕaððabtu | el-walad |
| enough | pity\IPV.P-him / | torture\PFV.2PL | DEF-boy |

"That is enough! Have mercy on him. You are torturing the child!"

Instead of thanking the nurse, she mistreated her by asking her not to hurry and to give the patient her full attention and care. Again instead of saying 'thank you,' the mother blamed the nurse and accused her of torturing the child.

4.2.6. Other impoliteness categories

The researchers were able to classify the majority of the impolite utterances registered at the hospital ER according to Culpeper's framework (1996). However, some utterances were difficult to classify under any of Culpeper's (1996) super-strategies. The data included some religious expressions that intend to replace other impolite expressions. Several patients and/or their relatives were not satisfied with the medical care and service provided at the hospital, so they produced some religious utterances to express their dissatisfaction, and upset to calm themselves down. Some expressions found in the data are:

1. *ʔastaɣfiru*   *alla:h*
   ask_forgiveness\IPFV.1SG   God
   "May Allah forgive me!"

2. *ja=alla:h*
   VOC=God
   "O Allah!"

3. *ħasb-ij-a*   *alla:h*   *wa*   *niʕm-a*   *al-waki:l*
   sufficient-(to)-me-ACC   God   and   excellent-ACC   DEF=trustee
   "Allah is sufficient for me, and how fine a trustee He is"

4. *la*   *ħawl-a*   *wa*   *la*   *quwwat-a*   *ʔilla*   *bi-lla:h*
   NEG   power-ACC   and   NEG   strength-ACC   except   in-God
   "There is no power and no strength except in God"

5. *la*   *ʔila:h-a*   *ʔilla*   *alla:h*
   NEG   divinity-ACC   except   God
   "There is no god but Allah"

All of the above expressions are religious phrases, which Muslims use to show complaint, and dissatisfaction. Because they admit they are powerless, they either ask Allah for forgiveness (1.) or ask God to revenge for them from the intended person (3.).

Thomas (2006) suggests that, in most daily interactions, there is a non-ratified hearer (bystander or an overhearer) to whom the speaker does not wish to communicate meanings. The third party is "a participant entitled to listen (and does listen) to the speaker and to draw inferences according to the speaker's communicative intention, even though he/she is not the party addressed" (Dynel 2012: 169). Culpeper's (1996) framework of impoliteness could not account for all impolite instances registered in the data of the present research. Such impolite utterances involved a number of individuals, other than addressees, whether or not they are the parties verbally attacked. The researchers of the present study found such instances difficult to classify according to Culpeper's framework (1996) because the third party (overhearers) were offended although they were not targetted or they were not verbally attacked. In one of the registered impolite situations, a patient was talking to the hospital staff politely, but he turned to his wife and told her off during the clinical examination. He did not show any respect to the doctors, the nurses, or even the other patients who are waiting by saying "It is all because of you and your children. You are going to kill me!" Then the patient verbalised his anger to God and entrusts justice to God. This utterance did not only attack his wife's face, but also all the audience at the ER.

4.2.7. Paralanguage and non-verbal features

According to Culpeper (1996: 363), "A number of paralinguistic and non-verbal aspects contribute to the creation of a threatening atmosphere." Paralinguistic features were employed to signal impoliteness in many of the interactions that took place between the ER staff, doctors and nurses on one hand, and the patients and their relatives on the other hand. Paralanguage features included facial expressions, pitch, and voice quality.

Eyes are often called 'the windows of the soul' as they can send many different non-verbal signals. As a normal part of communication, eyes can be used to send many non-verbal signals; impolite signals are included. Through observation, the researchers noticed that many ER patients and/or their relatives tended to use their eyes to express dissatisfaction by looking up and down the ER staff when they were not happy with what is being said or with the service they are offered. This can be quite impolite and insulting, and hence indicate a position of presumed dominance, because the person effectively says "I am more powerful than you, you are unimportant and you will submit to my gaze." Staring at another's eyes is another type of eye contact usually used to send impolite messages. Some of ER patients and/or their relatives expressed their anger through staring at the hospital staff, doctors, and nurses' eyes. The staff, however, responded by looking away and ignoring such gazes because they were used to experiencing such behaviours and they were prepared to behave like that in such situations.

Intonation can also be recruited in the pursuit of impoliteness. Intonation is the variation of spoken pitch; it indicates the speaker's attitude, satisfaction and the emotions. In most conversations, the voice is normal at the beginning of the speech, rises at the information focus word (or syllable), and then falls back to normal, and drops to low at the end of the sentence. The researchers noticed that many ER patients and/or their relatives tended to use a very high pitch to express their anger and dissatisfaction with the ER department services. Through observation, it was found that women's voices were pitched higher than men's when they were angry.

5. Discussion and implications

The first aim was to investigate impoliteness strategies utilized by patients and/or their relatives. The study revealed that the patients and/or their relatives used five major categories of impoliteness strategies to attack the face of their interlocutors (i.e., doctors, nurses and administrative staff). This finding lends support to previous politeness research (e.g., Culpeper 1996; Culpeper *et al.* 2003; Culpeper 2005). The findings also support Bousfield (2008), Culpeper *et al.* (2003), and Culpeper (2005) that impoliteness is a strategy used to intentionally attack face and intensify the face damage, cause social conflict and disharmony, and show dissatisfaction and rudeness.

One of the most significant findings of the present research is that bald on record was the mostly used impoliteness strategy (33.2%). The patients and/or their relatives used bald on record impoliteness to express clear insult to their interlocutors, viz., admin staff, nurses and doctors. This strategy registered most of the impoliteness instances found in the data. They did not soften their words to save the face of their interlocutors. The patients and their relatives also resorted to a number of positive politeness strategies (25%), viz., being unconcerned, using inappropriate identity markers, ignoring the other, and using obscure or secretive language. Being unconcerned was manifested clearly in some utterances like *baddi asmaʕ min eldaktoːr / wajn ʔid=daktoːr* "I want to hear from the doctor! Where is the doctor?" By saying so, the patient's relative did not consider the resident, a doctor. Ignoring and snubbing others to show their failure to acknowledge the presence of the other was another impoliteness strategy used to insult the resident by saying *wajn ʔid-daktoːr?* "Where is the doctor?" The addresser did not consider the resident a doctor. Sometimes, patients and their relatives used nicknames to address the ER staff like *ja ɣazaːleh!* "female deer" and *ħaʒʒeh* "a woman who performs Hajj to Mecca," which are considered inappropriate in a formal situation. Another positive impoliteness strategy employed was using tabooed terms or obscure/secretive language. Most of the tabooed terms were related to religion, such as damnation.

Negative impoliteness was also noticeable in the data collected. The main types found in the data were frightening and threatening, scorning and condescending and invading the other's space. Some patients tried to frighten their interlocutors by showing their power. Other patients ridiculed the doctors by emphasising the fact that they are graduates of X country. Jordanians have less trust and confidence in graduates of non-Jordanian universities, such as non-western universities. The last positive strategy employed was invading the other's space, where the addressers position themselves closer to the hearers than the relationship permits as asking the hospital clerks "Why are you angry?"

Some patients and their relatives employed sarcasm or mock politeness in order to attack the addressee's face, in Culpeper's (1996) terms, as an impoliteness strategy. When a patient's relative said, "They are graduates of Harvard," he sarcastically implied that they are not graduates of Harvard and they are unqualified. In Partington's words (2007), they use mock politeness to be interesting and memorable. Finally, withhold politeness was used to attack the Jordanian hospital staff, doctors and nurses. It refers to the absence of politeness where is required. Not thanking a doctor after finishing the treatment is an example of such a strategy.

One of the most important contributions of this research to impoliteness research, is that the analysis showed that there are some expressions some cultural and religious expressions, to express complaint, and dissatisfaction with the services provided, were difficult to classify under any of the categories suggested by Culpeper (1996), such as *ʔastaɣfiru alla:h* 'May Allah forgive me!' or *ħasbija alla:h wa niʕma alwaki:l* 'Allah is sufficient for me, and how fine a trustee he is.' Another important result is that the patients and their relatives used a number of paralanguage features to signal impoliteness in many interactions that took place at the ER of the Jordanian hospital. Such paralinguistic features include staring and high pitch of voice to indicate anger and dissatisfaction.

Based on the findings of the study, the researchers present some implications for the participant Jordanian hospital. Since patients who come to the ER are always critical cases and their relatives are always nervous, angry, and impatient because they want to feel that the admin staff, nurses and doctors are perfectly doing their job, they are advised to take these circumstances into consideration when receiving patients in the ER. This will increase the patients' level of satisfaction, and decrease their complaints, and impolite behaviour. However, one of the limitations of this research is that the impolite behaviour, whether it was verbal or nonverbal was not audio or video-recorded, made it difficult to capture all impoliteness strategies used by the patients or their relatives.

Glosses

By and large, glosses follow the Leipzig Glossing rules:

ACC	Accusative		PL	Plural
DEF	Definite article		PTCL	Participle
F	Feminine		SG	Singular
IPFV	Imperfective		VOC	Vocative particle
IPV	Imperative		-	morpheme border
INT	Interrogative particle		=	clitic border
M	Masculine		\	nonconcatenative morphology
NEG	Negative		/	intonational boundary
PFV	Perfective			

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