Discourse Analysis of Encouragement in Japanese Healthcare Comic Books

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【Abstract】 In this paper, the ways in which healthcare professionals, nurses in particular, use encouragement are examined, in order to explore how encouragement should be communicated effectively toward patients. Focusing on *GAMBARU* ['to try hard'] as the typical expression of encouragement in Japanese, forty-one scenes have been collected from comic books that use healthcare as their subject, though not comic books that focus on doctors. Firstly, each scene of encouragement is analysed and discussed as a discourse from three perspectives；（a）the contextual background of the communication,（b）the relationship with the patients and（c）the patients' response to the encouragement. The patients' response is evaluated by the imposition of face-threatening acts, social distance, and relative power according to Politeness Theory（Brown & Levinson, 1987）, and by the degree of 'politeness effect' according to Discourse Politeness Theory（Usami, 2006）. Secondly, the elicited encouragement utterances from discourse analysis are categorised into ten types based on their functions, such as 'cheering up' and 'relieving from anxiety', and the functions that succeeded in having politeness effects on the patients are examined. Thirdly, *GAMBARU* and its inflected forms, and other verbal encouragements, are compared in terms of the relationship between their functions and their politeness effects. Lastly, based on the results, some implications to enhance the quality of healthcare communication are suggested.

Introduction

In healthcare communication, showing empathy and listening carefully to patients are regarded as important（Riley, 2000）. However, the behaviour of showing empathy or listening carefully is not explicitly projected in verbal communication.

With regard to nursing communication, Henderson（1960, 1997）points out that the patients' needs for communication are satisfied if they can communicate their feelings, desires, fears or whatever exists in their minds. Following this principle, she states that nurses should adequately facilitate their patients' expression of their feelings, desires and so on. Therefore, from the first stage of interaction with their patients, nurses are required to attempt bilateral communication. They need to acquire communication skills that should lead to mutual trust and a therapeutic and supportive relationship between them.

Gambatte, the request form of *Gambaru*, is frequently used among Japanese speakers. The focus of this study is an examination of its effects in healthcare communication, which would help to clarify the in-depth interaction between healthcare professionals and patients. In the actual healthcare communication, though vigorous encouragement is not always recommended in nursing communication, healthcare professionals such as nurses often need to encourage their patients. In such situations, the Japanese often say *Gambatte*, as *Gambatte* functions in a versatile way（Miura, 2006）. At the same time, however, *Gambatte* sometimes fails to generate politeness effects. For instance, when we are already making efforts and someone says *Gambatte*, we may feel forced to make even more efforts, as is indicated in Okamoto, Sugimura, and Kamakura（2001）, one of the few previous studies on *Gambaru*. Consequently, such communication cannot provide patients with appropriate quality care and comfort.

Although apparently sensitive encouragement such as *Gambaru* seems worthy of careful examination in healthcare settings, the research on communication of encouragement is limited for the present. Therefore, in this study, the authors have examined how verbal encouragement such as *Gambatte* was used and discussed whether or not *Gambaru* and its inflected forms like *Gambatte* are adequate encouragement speech acts. In addition, the authors have investigated what kinds of encouragement speech acts are available that might enhance

patients' comfort and confidence, in order for the quality of healthcare communication to be improved.

Accordingly, the research questions for this study are;

a. In what way do healthcare professionals use verbal encouragement with their patients?

b. What kinds of function and politeness effect does verbal encouragement have towards patients?

c. How different are *Gambaru* and its inflected forms from other verbal encouragement in terms of their functions and politeness effects?

Definition of terms

Communication

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

Encouragement

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

Face

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

Face-threatening act

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

Politeness

In this study, politeness is defined as the strategy for mitigating such face-threatening acts. In cases where the face-threatening degree is high, comfort levels in communication are generally low. On such occasions, politeness should be carefully provided.

Politeness effect

This is the effect of politeness, that is, the strategy for reducing the impact of fact-threatening acts. In cases where the politeness is successful in reducing the impact of face-threatening acts, the effect is positive. In cases where the politeness causes no reduction but also causes no increase in impact, the effect is neutral. In case of failure, where the impact of face-threatening acts is increased, the politeness effect is negative.

Method

Data collection

Comic books in Japan

Comic books in Japan should be treated as a different genre from the genre of comic books in western countries, in regard to both their forms and functions. They have been labeled as *Manga* in order to distinguish them from the general category of comic books. Japanese comic books, or *Manga*, may well be regarded as 'graphic novels'. Natsume（2004）, the grandson of Soseki Natsume, established *Manga-gaku* as an academic field.

Healthcare comic books in Japan

Some comic books address healthcare issues and their main characters are doctors or nurses. Such comics have been popular in Japan and the genre of healthcare comic books, or *Iryo Manga*, is well established. Osamu Tezuka, who is regarded as an important figure in *Manga*, was a medical doctor and wrote 'Black Jack', the first officially recognised medical or healthcare comic story in the 1970s. Some other comic books have been supervised by healthcare professionals（Yomiuri shimbun, 2007）, or based on factual accounts of healthcare settings, as has one of the comic books used for the present study（Sasaki, 2000, 2001, based on the account by Kobayashi）.

Rationale for using comic books

Due to the strict code of ethics for protecting the rights of patients, raw data from clinical sites have become difficult to access.

Japanese comic books contain words or lines in speech-balloons in each picture, as do comic books in other countries; but they have fewer words or lines, which seems to reflect the communication style among Japanese people, who live in what has occasionally been referred to as a high-context society（Hall,

1977). Because of the abundant graphic images contained in comic books, they attract vast amounts of readers. In such circumstances, the authors of comic books in general attempt to be sensitive towards the needs of their readers and consumers, and their content, for the most part, is a reasonable reflection of the real world. Though they are fictional and some parts are overly exaggerated in order to seize the readers' attentions and to create dramatic impact that could generate sales, they would fail to get a sympathetic and empathetic reaction from their audience if they lost the reality of everyday life. Maynard (2004) lists comic books as a legitimate genre for data in discourse analysis. In prior studies of discourse analysis in Japanese, in fact, comic books have been used as effective source material for analyzing feelings and emotivity to use Maynard's term or emotionality (Maynard, 2005). In the healthcare studies, attitudes towards smoking in the healthcare comic books have been analysed and discussed (Kawane, Watanabe, & Takeshita, 2007).

Data for this study

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

The Japan's National Diet Library has 35,933 comic books published from 1993 to March 2007, and approximately one percent of these books are recognised as so-called healthcare comic books, though the Japan National Diet Library has not established the genre of 'healthcare comic books' yet (the Japan National Diet Library, personal commucation, December 6, 2008). As some comic series have numerous volumes, there are roughly one hundred titles of comic book series involving the healthcare related matters.

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

An additional series, g) *Hanagoyomi-byoin no hitobito* (56th in the list), was included because the last author owns copies, although the Japan National Diet Library does not have it.

The seven series used for the present study amount to sixty-five volumes, which range from 132 pages (Ns' Aoi 11, 2006)

to 362 pages (Nurse Station 6, 1999). They are as follows;

a) Uehara, K. (1994-2006). *Inochi No Utsuwa* [A Vessel of Life] 9 volumes. Tokyo: Akita-shoten

b) Kurita, R. (2003). *Puchi Nurse* [Petite Nurse]. Tokyo: Kodansha.

c) Koshino, R. (2004-2007). *Ns' Aoi* [Nurse Aoi] 13 volumes. Tokyo: Kodansha.

d) Sasaki, M. (2000-2001). *Otankonaasu* [Stupid Nurse], from an original story written and documented by Kobayshi, M, 19 volumes. Tokyo: Shogakukan.

e) Shimazu, K. (1997-2002). *Nurse Station*, 20 volumes. Tokyo: Shueisha.

f) Yoshizaki, S. (2004). *Open Mind 1*. Kodansha: Tokyo.

g) Aimoto, M. (1993, 1994). *Hanagoyomi byouinn no hitobito* [People in Hanagoyomi Hospital] 2 volumes. Tokyo: Kodansha.

Procedure

Discourse analysis

Based on the belief that all utterances can be face-threatening acts depending on their contexts, as Usami (2006) posits, verbal encouragement should be analysed in context instead of being removed and treated as a decontextualised utterance. Usami (2006) gives as an example the utterance 'Today is Saturday', which seems not to be a face-threatening act. However, if this is said to a person whose deadline for a submission was Friday, it will be a face-threatening act. In another interpretation, based on the assumption that people are off work during the weekend, the same utterance could also be face-threatening because it could function as a refusal in a context where someone has asked the interlocutor to do something.

Accordingly, in order to answer the first research question concerning the ways in which healthcare professionals use verbal encouragement towards their patients, the forty-one chosen scenes were subjected to discourse analysis using three perspectives.

The first perspective was the context of communication, or the situation where the given communication took place. The second perspective was the relationship or mutual trust between the healthcare professionals, mainly nurses, and their patients. The last perspective was based on the Politeness Theory of Brown and Levinson (1987) and the Discourse Politeness Theory of Usami (2006) who modified Brown and Levinson's Politeness Theory according to the Japanese context.

Specifically, taking the first and second perspectives into account, the patients' responses were analysed with regard to the degree of the face-threatening acts involved and the politeness

effects. The degree of the face-threatening acts was evaluated as high or low by three factors: the imposition of the given act; the social distance between the healthcare professionals, such as nurses and their patients; and the power or power relations between them in the given context, on the basis of the Politeness Theory. The politeness effect was evaluated using the framework of the Discourse Politeness Theory and was labeled as positive, neutral or negative. The criterion for the politeness effect was mainly based on the patient's response in each scene. Where the patient responded to the verbal encouragement offered by the healthcare professional in a preferable way, the politeness effect was labeled as positive; it was labeled as the neutral when no substantial differences were found before and after the verbal encouragement by the healthcare professionals; where the patient responded negatively or the relationship between the healthcare professional and the patient seemed to become worse, the politeness effect was labeled as negative.

By the same token of polysemy (e.g., Tannen, 1986), our discourses may carry plural implications and functions and may sometimes even be deceptive, which means that the audible verbal utterance cannot be taken at surface value. For instance, 'thank you', superficially the speech act of gratitude, could in a certain context mean 'stop here', the speech act of request. Furthermore, humans are equipped with a tacit knowledge (c.f., Polanyi, 1958, 1997), the underlying knowledge in our subconscious level. Therefore, labeling one function for each utterance of encouragement seems illegitimate. Accordingly, the labeled functions need to be considered not as absolute but as relatively appropriate.

Taxonomy

In order to find out what kind of function the verbal encouragement had towards the patients, the functions that were elicited by discourse analysis in this study were categorised into ten types; a) cheering up, b) relieving from anxiety, c) voicing one's thoughts, d) formulaic expression of greetings, e) offering assistance, f) giving advice, g) praising the patients' good points, h) relaying the offer of assistance from the patient's family, i) empathising and j) joking, referring to the prior study (Kurokawa, 2001). Since Kurokawa (2001) deals with the discourse of daily life discourse instead of one related to the healthcare related one, there exist some differences. Seven types of functions out of ten types of functions that were taken from Kurosawa's taxonomy (2001) for this study were a) cheering up, c) voicing one's thoughts, e) offering assistance, f) giving advice, g) praising the patients' good points, i) empathising, and j) joking (the letters have been kept the same as above). Therefore, three more functions, which are b) relieving from anxiety, d) formulaic expression of greetings, and h) relaying the offer of assistance from the patient's family, were made especially for this study after scrutinising the data. Table 1 indicates the functions with examples of taxonomy in the present

Table 1 Taxonomy of encouragement in the present study

Functions	Examples	
	Gambaru expressions	Other expressions
Cheering up	"If you try your best, you will be able to take pictures again."	"You will be fine another 10 years."
Relieving from anxiety	None	"You will be fine. You won't die."
Voicing one's thought	"I think you need to be patient. You should try your best."	"Yes, I am sure of it."
Formulaic expression of greetings	"Please try your best."	None
Offering assistance	"It will be a long hospitalisation, but let us try our best."	None
Giving advice	None	"Yes, take time and we will try it little by little."
Praising patient's good points	"You are doing great. Yes, you have done so well."	None
Relaying the offer of assistance from patient's family	"Your husband said he will study about your disease and treatment (and will try his best helping you) so he would like you also to try your best."	"He says he will come here to help you, Grandma, even a little."
Empathising	None	"It's all right to be afraid of your illness. You do not have to feel ashamed."
Joking	None	"Sorry, it's a joke. I know Ken will pay any attention to me. Right?"

study.

Each of the forty-one scenes that were analysed contextually using discourse analysis covered the given ten categorised types of functions. Whether or not positive effects in politeness were achieved was also examined, and the relationship between the functions and politeness effects was discussed.

Lastly, in order to find out how different *Gambaru* and its inflected forms were from other verbal encouragement, *Gambaru* and its inflected forms, and the other forms of verbal encouragement, were arranged out separately and were compared in their functions and effects.

Findings and discussion

In order to answer the research questions a） and b）, discourse analysis was conducted to analyse and discuss the data. The data was collected from seven titles of healthcare comic book series chosen from among fifty-six series listed in the appendix. The seven series consisting of sixty-five volumes were examined in order to extract the scenes containing verbal encouragement given by healthcare professionals to their patients; as a result, forty-one scenes were elicited.

The forty-one scenes consisted of thirty-one scenes with nurses, seven scenes with doctors, two scenes with both doctors and nurses, and one scene with a physiotherapist. The seven exemplars given below indicate discourse analysis from three perspectives. Their functions are the top seven types among the ten categories identified in the section about taxonomy. Among the seven exemplars, five are conducted by nurses, one is conducted by a doctor, and the other one is conducted by a physiotherapist. The scene with a physiotherapist has two forms of verbal encouragement; as a result, there are forty-two cases from forty-one scenes. The numbers at the left of each line indicate the sequential numbers of all forty-one scenes.

Ns' Aoi Vol.2, p. 12

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

44 Patient:（His face becomes stiff.）

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

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

c. Patient's reaction toward the utterance by the healthcare

professional: The act of forcing the continued rehabilitation may provide the patient with some imposition or burden. The social distance between them is not close, since the nurse uses the polite form of –*masho* as explained below. In the power relationship the patient seems to have a little less power judging from the fact that he became stiff-faced instead of showing direct anger. Taking all these factors into account, the degree of the face-threatening act is considered high. As line 44 shows, the patient did not answer. From this, the politeness effect may be interpreted as negative. In addition, the nurse in charge admits her fault, and may think it is important for her patient to continue his rehabilitation. She encourages him to do so by cheering him up and saying *Gambarimasho*. Thus, this encouragement is categorised as a type of 'cheering up'. It needs to be noted that *Gambarimasho*, used here instead of *Gambatte*, can mitigate the degree of the face-threatening act, as the inflection of 'masho' here functions as both a mitigated request and an offering（Niwa, 2005）.

Open Mind 1, p. 115

52 Patient: I am going to die...

53 Doctor: No, you aren't. *Daijobuyo* [You will be fine.]

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

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

c. Patient's reaction toward the utterance by the healthcare professional: As there is no specific description of the patient, the patient's reaction is unknown. Therefore, it is difficult to judge how much of the face-threatening act this communication has brought about and how much politeness effect this communication has generated. However, the doctor, who is female, tries to calm him down in a professional way; so he should receive a certain amount of the politeness effect. Going by the fact that this doctor said to the patient *Daijobuyo* [You will be fine], this communication may well be categorised as the 'relieving from anxiety' type.

Otankonaasu Vol. 5, p. 164

78 Patient: ..You still feel I will recover, don't you?

79 Nurse; ...Yes, **I am sure of it.**

80 Patient: ...thank you...

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

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

c. Patient's reaction toward the utterance by the healthcare professional: This patient's having to quit drinking seems to constitute a great imposition on him, judging from his act of concealing his drinking from his nurse. Their social distance seems to be moderate, which means neither close nor particularly remote. Regarding power, the patient is weaker as the nurse is more knowledgeable about health-related matters and is in a position to control the patient's lifestyle.

Considering these three factors, the degree of the face-threatening act towards this patient seems to be high. This patient has continued to drink while being hospitalised, is worried and wonders if he will recover; then he says line (78). Even in such circumstances, he says thank you in response to his nurse's utterance (79). Therefore, this communication succeeds in providing him with a 'positive' politeness effect, creating such feelings as relief and courage. Regarding the type of function, this one can be put into 'voicing one's thoughts'.

Puchi Nurse, p. 163

88 Nurse: We have done with Adriamycin. Now you are getting Taxol.

89 Patient: Well, how much... more time will it take?

90 Nurse: Let's see... another hour. **Gambarimasho.**[Let us try hard.] If something should happen, please call me.

91 Patient: (speaking mentally to herself) it will take another hour...

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

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

c. Patient's reaction toward the utterance by the healthcare professional: The imposition towards the patient seems to be high as she has to continue her chemotherapy treatment; the social distance between the patient and the nurse remains appropriate. Regarding the power relationship, in the same way as the preceding example, the nurse is more knowledgeable about healthcare-related matters such as the length of time for taking the medicine.

Therefore, the nurse may have control over the patient, and it can be interpreted that the nurse has more power than the patient. Taking these three factors into account, the degree of the face-threatening act towards the patient seems high. The patient does not say anything (91) in response to her nurse's utterance (90), and she just looks up at the ceiling absent-mindedly (repeating the line mentally). Therefore, the degree of the politeness effect may be 'neutral', neither positive nor negative.

Gambarimasho [Let us try hard] uttered by the nurse in charge here, as a result, can be placed in the 'formulaic expression of greetings' category, because she apparently does not seem to intend to imply any message. The –*masho*, which also appears in the utterance (43), is the polite form of volition and may function as a mitigated form of request (Niwa, 2005). In this scene, though the nurse will not have to take part directly in the act of anticancer treatment, she may want to show solidarity or the intention to work together with the patient by using the polite volitional form.

Hanagoyomi-byoin no Hitobito Vol. 1 Part 3

105 Doctor: (letting his patient listen to his heart beating with a stethoscope)

106 Patient: (...)

107 Doctor: I do NOT want to treat any person who does not want to live. (Your heart) wants to die? It surely beats, doesn't it, NOW.

108 Patient: .... I do not want to die......

109 Nurse: Together.... Together **Gambaro**[let us try our best] ... **Gambaro**[try our best].

110 Patient: (weeping) Yeah...........

a. Situation and context of communication: The patient had found out the name of his disease (cancer) from TV. After that, he desperately removed his intravenous drip as he was sure he would soon be dead. The communication scene above takes place during the next day's round.

b. Relationship between the healthcare professionals and their patient: The relationship between the doctor and the patient is an ordinary one and there is no special closeness between them. On the other hand, the patient and the nurse used to be classmates and their relationship can be considered close.

c. Patient's reaction toward the utterance by the healthcare

professionals: The imposition of the act of accepting he has a serious disease seems to be high, as he needs to continue the treatment. The social distance between the patient and the nurse is close as they were classmates. The power of the nurse may be stronger than that of her patient because she knows more than the patient. Therefore, the impact of the face-threatening act on the patient may be quite high. However, the social distance is much closer than in ordinary cases, so the impact may not be so very high.

The nurse in charge gave the utterance (109) while holding the patient's head. Then the patient started to weep and showed his understanding by saying yeah (110). This process indicates that the nurse's utterance of encouragement (110) obtained the desired effect of giving comfort. The form of ***Gambaro*** in (109) is a plain version of ***Gambarimasho*** in (43) and (90), and shows more closeness to her patients. The plain form has a stronger function of volition than the polite form (Niwa, 2005). Also, 'together' with ***Gambaro*** in (109) clarifies the function of offering assistance. Therefore, this encouragement may well be categorised as 'offering assistance'.

Puchi Nurse, p. 172

134 Physiotherapist: Hey, ***Gambare*** [keep it up]. Just a bit more.

135 Patient (Child): Wow, doctor. I made it!

136 Physiotherapist: GREAT! ***Gambattana*** [you DID great!] Hang in there.

137 Patient (Child): Sure!

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

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

c. Patient's reaction toward the utterance by the healthcare professional: The imposition of the act (trying hard) on the patient seems low as he has received a compliment, and the social distance between the patient and the physiotherapist seems to be appropriate. Regarding power, the physiotherapist is in the position of instructing the patient. Taking these three factors into account, the impact of the face-threatening act towards the patient is low. Also, judging from the situation where the patient nodded and smiled at the utterance of (137), the communication succeeded in achieving a positive politeness effect in both cases. The function of encouragement in (134) can be categorised in the type of 'cheering up'; and (136) as

'praising one's good points'. The particle 'na' is for affirming the statement (Niwa, 2005).

Ns' Aoi Vol. 5, p.22

142 Nurse: I think you will be pleased with the wedding. I am sure Takeshi will say something like 'My grandma has made me what I am now. Thank you, grandma.'

143 Patient: I may miss it if I am not attentive enough

144 Nurse: I called up Takeshi... and **he will be coming on the day of operation... he says 'he would like to help you any way he can.**

145 Patient: (starts to weep)

a. Situation and context of communication: While the doctor was explaining to the patient that she needs to have an operation, the nurse in charge stopped by the patient's room.

b. Relationship between the healthcare professionals and their patient: The nurse in charge and the patient are on good terms with each other and they sometimes talk about small things such as their hobbies. Also, that the nurse refers to the patient's grandson as Takeshi-san (144) implies they have a good relationship, as the nurses may well say 'your grandson' instead of using his first name when they have not established a close relationship. In the Japanese contexts, calling each other by one's first name shows people have established a close enough relationship as individuals.

c. Patient's reaction toward the utterance by the healthcare professional: The imposition of the face-threatening act towards the patient seems low as the nurse is just relaying the message to the patient from her grandson. The social distance between the patient and the nurse is quite close. The power of the nurse seems, as in other cases, stronger than that of the patient as she is in charge of her hospital life. Taking these three factors into account, the impact of the face-threatening act on the patient is considered low. Also, the patient's reaction of starting to weep after hearing the nurse's utterance (145) may be interpreted as showing that the patient feels happy and relieved. After this communication, in the comic story, the patient decides to have an operation that she had been afraid of. Therefore, this communication of encouragement (144) succeeds in providing the patient with the positive politeness effect. With regard to the type, this encouragement can be classified in the type of 'relaying the offer of assistance from the patient's family'.

The taxonomy of functions and politeness effects

In order to clarify the overall results of discourse analysis and to discuss the relationship between the functions and politeness effects, the taxonomy for functions and politeness effects of

Table 2 Taxonomy of functions and positive politeness effect

Functions	Frequency	Positive politeness effect
Cheering up	10 (22.0%)	8 (80.0%)
Relieving from anxiety	7 (17.1%)	3 (42.9%)
Voicing one's thoughts	5 (12.2%)	3 (60.0%)
Formulaic expression of greetings	4 (9.76%)	0 (0.0%)
Offering assistance	4 (9.76%)	2 (50.0%)
Giving advice	4 (9.76%)	3 (75.0%)
Praising patient's good points	3 (7.32%)	1 (33.3%)
Relaying the offer of assistance from the patient's family	2 (4.88%)	1 (50.0%)
Empathising	2 (4.88%)	2 (100.0%)
Joking	1 (1.44%)	1 (100.0%)
Total	42 (100%)	25 (58.5%)

encouragement was arranged as follows:

Functions of encouragement

Ten functions were identified amid the communication of encouragement from the studied healthcare scenes using the approach of discourse analysis, in reference to the prior study on encouragement (Kurokawa, 2001) as described in the previous section about methods. They are a) cheering up, b) relieving from anxiety, c) voicing one's thoughts, d) formulaic expression of greetings, e) offering assistance, f) giving advice, g) praising the patients' good points, h) relaying the offer of assistance from a family member, i) empathising and j) joking. It must be repeated, however, that utterances may carry plural functions.

The first numbers in Table 2 show the frequency of these functions from the 41 scenes. There were forty-two utterances of encouragement, as in one scene two encouragement utterances were found. The most frequent function is a) cheering up, the second most frequent is b) relieving from anxiety, and ranked third is c) voicing one's thoughts.

Politeness effect of encouragement

The right-hand column of politeness effect in Table 2 indicates the effects of each function of encouragement. The percentage means the ratio of positive politeness effects in the patient's response to encouragement from the healthcare professionals. The encouragements with the function of both empathising and joking achieve one hundred percent in positive responses from the patients, despite the small number of frequency and/or the small number of denominators. On the other hand, the encouragement with the function of formulaic expression of greeting has zero percent in positive responses from the patients. The second least successful function of

achieving positive politeness effects is praising their good points.

Gambaru expressions vs. other verbal encouragements

In order to find out the differences between ***Gambaru*** and its inflected forms, and other verbal encouragement such as ***Daijobu*** in terms of their functions and effects [research question c)], ***Gambaru*** and its inflected forms and other verbal encouragement were arranged separately.

Table 3 indicates the frequencies of functions and positive politeness effects that ***Gambaru*** has. They are in descending order of frequency with the number of frequencies in parentheses: a) cheering up (5); b) offering assistance (4); c) formulaic expression of greetings (4); d) praising the patient's good points (3); e) relaying the offer of assistance from the patient's family (2), and f) voicing one's thoughts (1). ***Gambaru*** expressions did not provide the functions of relieving from anxiety, empathising, and joking. In other words, the healthcare professionals use ***Gambaru*** expressions as cheering-up, as a formulaic expression of greeting and as offering assistance, in the data for this study. Regarding the positive politeness effects, ***Gambaru*** expressions achieved seven positive politeness effects from seventeen cases of encouragement, which count as 41.2%.

In contrast to the result shown in Table 3, verbal encouragement, other than ***Gambaru*** expressions, as found in the example of ***Daijobu***, provided seven functions and the most frequent function was found to be relieving from anxiety (see Table 4), which ***Gambaru*** expressions did not provide (see Table 3). It must be noted here that the function of being a formulaic expression of greeting, did not even exist as a function in other encouragement expressions such as ***Daijobuyo***, unlike ***Gambaru*** expressions, which showed the most frequency in a

Table 3 Functions and positive politeness effects of *Gambaru* and its inflected forms

Functions	Frequency	Positive politeness effect
Cheering up	5	3 (60.0%)
Relieving from anxiety	0	
Voicing one's thoughts	1	1 (100%)
Formulaic expression of greetings	4	0 (0.0%)
Offering assistance	4	2 (50.0%)
Giving advice	0	
Praising patient's good points	3	1 (33.3%)
Relaying the offer of assistance from patient's family	0	
Empathising	0	
Joking	0	
Totals	17	7 (41.2%)

Table 4 Functions and positive politeness effects of other verbal encouragement

Functions	Frequency	Positive politeness effect
Cheering up	5	5 (100.0%)
Relieving from anxiety	7	3 (42.6%)
Voicing one's thoughts	4	2 (50.0%)
Formulaic expression of greetings	0	
Offering assistance	0	
Giving advice	4	3 (75.0%)
Praising patient's good points	0	
Relaying the offer of assistance from patient's family	2	1 (50.0%)
Empathising	2	2 (100.0%)
Joking	1	1 (100.0%)
Totals	25	18 (72.0%)

formulaic expression of greeting. Regarding both frequencies and positive politeness effects, these other expressions exceeded *Gambaru* expressions, by eight cases in frequency and by 30.8 (72 – 41.2) in percentages of positive politeness effects. These results suggests that other encouragement expressions are more effective than *Gambaru* expressions, though *Gambaru* expressions may provide some inevitable functions in the Japanese socio-cultural contexts, such as being a formulaic expressions that occupy some verbal spaces as a discourse markers.

Concluding remarks

The present study was conducted in order to examine how healthcare professionals use verbal encouragement with their patients. First the functions and politeness effects that may be produced by verbal encouragement, were evaluated, using the approach of discourse analysis applied to the data from Japanese healthcare comic books. Then, based on the results gained from the discourse analysis, *Gambaru* expressions that are frequently used in daily verbal interaction in Japanese were compared with other expressions of encouragement.

For instance, verbal encouragement was found to be used frequently in the scenes of 'cheering up', and its politeness effect was 80.0 percent. Examining the verbal encouragement used in the scenes of 'cheering up', '*Gambaru*' and its inflected forms were used with the same frequency as other verbal encouragement. However, as Tables 3 and 4 indicate, the percentage of the positive politeness effects achieved by *Gambaru* expressions gained was 60 percent, while other verbal encouragement achieved 100 percent; therefore, it is likely that other verbal encouragement may be more successful in achieving in the politeness effect of cheering patients up.

Moreover, the other verbal encouragement has functions of relieving patients from anxiety, giving advice and empathising, while *Gambaru* and its inflected forms do not have these functions. Therefore, when healthcare professionals need to relieve their patients from anxiety, *Gambaru* and its inflected

forms should be avoided.

Discourse analysis for the present study also revealed that the impact of face-threatening acts on patients in healthcare settings is generally high. In other words, there are three important factors affecting their impact; that is, the imposition towards the patients is high, the social distance between the patients and healthcare professionals is wide, and the relative power of the healthcare professionals over their patients is large. Under such tense circumstances, communication of encouragement should be provided in order to reduce the impact of these face threatening acts, and to provide the politeness effect.

The present study suggests that **Gambaru** may not offer effective communication and sometimes even fails to provide the politeness effect. Therefore, other phrases of encouragement may be preferable in the healthcare settings. Healthcare professionals should choose the phrases that are associated with 'empathy' and 'careful listening', and can produce politeness effects to reduce the impact of the face-threatening acts. In doing so, the high-quality communication that meets the patients' needs will be realised.

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

Note：This research is developed from the last author's graduation thesis, which was supervised by the first author at the National College of Nursing, Japan, as a partial fulfillment of the requirements for the Bachelor's Degree in Nursing in March, 2008.

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医療漫画における励まし表現の談話分析

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【要旨】　本論文では，効果的な励ましを患者に提供するためにはいかなる励まし表現が推奨されるかを見つけ出すことを目的に，看護師を中心に医療専門家がどのように励まし表現を用いているかを考察する。日本語の「がんばる」という典型的な励まし表現に焦点をあてながら，医師がコミュニケーションの中心になっているものを除いた医療漫画のデータから 41 の場面を抜き出し，それぞれの場面について，コミュニケーションが行われている背景，患者との関係，励ましに対する患者の反応，という 3 つの視点から分析する。特に患者の反応に注目し，ブラウンとレビンソン（1987）によるポライトネス理論から「フェイスを脅かす行為の負荷量」「社会的距離」「相対的力関係」によって患者がフェイスを脅かされる程度を，ウサミ（2006）によるディスコース・ポライトネス理論から「ポライトネスの効果」の程度を評価し考察する。さらに，それらの場面において抽出した励まし表現を機能に従って「元気づける」や「安心させる」など 10 個のカテゴリーに分類し，機能とポライトネス効果の関係を考察する。また，活用形を含めた「がんばる」とそれ以外の「励まし」を比較検討し，その結果に基づき，医療コミュニケーションの質を高めるためにはいかなる励まし表現が望まれるであろうかについて提案する。

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

	Title of Series	**Author**	**Publisher**
1*	A Vessel of Life [Inochi no utsuwa]	Uehara, Kimiko	Akita Shoten
2	With Light [Hikari to tomoni]	Tobe, Keiko	Akita Shoten
3	Urologist Ippongi Mamoru [Hinyokikai Ippongi Mamoru!]	Takakura, Atsuko	Akita Shoten
4	Black Jack [Black Jack]	Tezuka, Osamu	Akita Shoten
5	Diagnoses of Surgeon Tomori Akira [Gekai Tomori Akira no shoken]	Ikeda, Satomi	Asahi Shimbun Shuppan
6	Doctor Chichibu-yama [Doctor Chichibu-yama]	Tanaka, Keiichi	Aspect
7	I am not an Angel [Tenshi ja nainoyo]	Fujita, Shoko	Kiri Shobo
8	Say hello to BJ [BJ ni yoroshiku]	Sato, Hideki	Kodansha
9	Dr. Kumahige [Dr. Kumahige]	Fumimura, Sho	Kodansha
10	Dr. Harley [Dr. Harley]	Uda, Manabu	Kodansha
11*	Nurse Aoi [Ns' Aoi]	Koshino, Ryo	Kodansha
12*	Open Mind [Open mind]	Yoshizaki, Seimu	Kodansha
13	Blue Sky Clinic [Aozora clinic]	Karube, Junko	Kodansha
14	Glittering [Kirakira hikaru]	Goda, Mamora	Kodansha
15	Doctor Kumano [Kumano sensei]	Yatsuki, Hiroshi	Kodansha
16	Psycho Doctor [Psycho doctor]	Agi Tadashi	Kodansha
17	Psycho Doctor, Kai Kyosuke [Psycho doctor, Kai Kyosuke]	Agi Tadashi	Kodansha
18	Super Doctor, K [Super doctor K]	Mafune, Kazuo	Kodansha
19	Letter to the Sky [Sora eno tegami]	Fukuda, Motoko	Kodansha
20*	Petit Nurse [Puchi nurse]	Kurita, Ryo	Kodansha
21	Booking Life [Booking life]	Takada, Yuzo	Kodansha
22	I Live in a Doctorless Village [Ware muison ni ikiru]	Kawai, Hidenori	Kodansha
23	Nine-nine-nine Doctor（Kyu-kyu-kyu doctor）	Barmie Soroku	Jitsugyo-no-nihonsha
24	The Sun in Downtown [Shita-machi no taiyo]	Yashima, Masao	Jitsugyo-no-nihonsha
25	Jin: Hitoshi [JIN － Hitoshi －]	Murakami, Motoka	Shueisha
26	Dr. Blue Beard is Coming [Aohige wa iku]	Ogane, Toshihiko	Shueisha
27	Operation [Operation]	Kagami, Joji	Shueisha
28	Resident Dr. Kenichi Furutani [Kenshu-i Furutani Kenichi]	Nagai, Akira	Shueisha
29	Here is OB Doctor Tsubaki [Kochira Tsubaki Sanfujin-ka]	Amane, Kazumi	Shueisha
30	The Resident [The resident]	Ogane, Toshihiko	Shueisha
31	Sports Doctor [Sports-i]	Terajima, Yu	Shueisha
32*	Nurse Station [Nurse station]	Shimazu, Kyoko	Shueisha
33	Popping in a White Robe [Hakui de pon]	Takasaki, Momoko	Shueisha
34	Scalpel, Glitter! [Mesuyo, kagayake!!]	Ogane, Toshihiko	Shueisha
35*	Stupid Nurse [Otankonaasu]	Sasaki, Michiko	Shogakukan
36	Love of Kobayakawa Nobuki [Kobayakawa Nobuki no koi]	Saimon, Fumi	Shogakukan
37	Living, Dying, and Life [Sei-shi-mei]	Inamoto, Masayuki	Shogakukan
38	Very Much Clinic [Tottemo-iin]	Hanai, Hiroshi	Shogakukan
39	Doctor's Office is Closed Today Again[Honjitsu mo kyushin]	Mikawa, Taizan	Shogakukan
40	Whisper of Quack [Yabuisha no tsubuyaki]	Morita, Isao	Shogakukan
41	Advanced Lifesaving Medical Center [Kodokyumei kyukyu center]	Higuchi, Masakazu	Hakusensha
42	Budding Angel [Tenshi no tamago]	Kishi, Kaori	Seishun shuppansha
43	A Doctor Living off Another Person [Isoro]	Tsuchiya, Shigeru	Nihon Bungeisha
44	Hear Sward Doctor: Earnest Doctor [Shinken-i]	Kaminishi, Kazunori	Nihon Bungeisha
45	Artless and Flawless Doctor [Tenimuho]	Izuki, Keigo	Nihon Bungeisha
46	Doctor Defiant [Doctor Hankotsui]	Kagami, Joji	Nihon Bungeisha
47	Entrust a Doc. [Doc ni makasero]	Mizutani, Ryuji	Nihon Bungeisha
48	Fugitive Doctor in Dark [Yami no toboi]	Takayama, Noriyoshi	Nihon Bungeisha
49	In the Glittering Season [Kagayaku kisetsu no nakade]	Okada, Megumi	Fusosha
50	Nurses' Jobs [Nurse no oshigoko]	Egashira, Michiru	Fusosha
51	Wiping Tears [Namida wo fuite]	Tsurugina Mai	Bungeishunjusha
52	Tomorrow is a Good Day [Asu wa iihida]	Maeda, Kazuo	Michi shuppan
53	Only Lives are Equal [Seimei dakewa byododa]	Maeda, Kazuo	Michi shuppan
54	Female Doctor Reika [Joi Reika]	Tsurugina, Mai	Riidosha
55	Great to Have Met You[Anata ni aete yokatta]	Moritsu, Junko	Koike Shoten
56*	People in Hanagoyomi Hospital [Hanagoyomi-byoin no hitobito]	Aimoto, Mizuki	Kodansha