

## **Comparative Approach to Accommodation Strategies in Selected Doctor-Patient Interactions in The Nupe and Yoruba Contexts**

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### **Abstract**

The interactional value of medical discourse is often affected by specific contextual and anthropological issues arising from the diversity in the sociocultural backgrounds of interlocutors. Also, contextual factors impact the interactional value of medical discourse. This study aimed to examine two distinct cultures within the Nigerian setup and their impact on doctor-patient interaction. The study examines how the Nupe and Yoruba anthropological characteristics influence the adoption of accommodation strategies in medical discourses to achieve the communicative goal. Also, how power and ideology are reflected and managed in the medical discourse in these distinct cultures is critically examined in this study. Two purposively selected doctor-patient conversations in the two cultures, Yoruba and Nupe, were analysed using the tenets of Dragojevic, Gasiorek & Giles' (2021) Communication Accommodation Theory (CAT). The study found that cultural differences abound in the selected medical discourse under investigation. Also, the use of accommodation strategies depends on the individual linguistic prowess. Despite the fact that the adoption of convergence strategies is an expected norm in medical discourse; power negotiation arising from class and age differences among interlocutors often results to the use of divergence strategy.

**Keywords:** Doctor-Patient Interaction, Accommodation Strategies, Interactional Value, Communication Function, Yoruba and Nupe

### **Introduction**

It is no doubt that both language use and language in use are context-bound, and these are the bedrock of language variation. Pragmatics is a linguistic approach which examines language use as dictated by contextual variables. From this conceptualisation of pragmatics, it's obvious that the notion of pragmatics itself, as well as the pragmatic concepts, theories, and methodological approaches provide explanations for the various aspects of language variation within and across

cultures. Language in use simply describes the categories of language use in different domains. Such domains include the professional domain, among which is medicine. The peculiarity of professional ethics and norms often shapes language use in such professions, even though other external variables such as social factors and social norms can reshape the way language is used in such domains.

It is based on the above backdrop that this study sets-out to examine selected doctor-patient interactions in Yoruba and Nupe languages using a comparative approach. Among the theories of pragmatics which account for linguistic variation among interlocutors is the Communication Accommodation Theory (CAT), which explains why interlocutors vary their speech styles to associate with or dissociate from their co-interlocutors. Due to the applicability of the theory of CAT to the analysis of language use in different domains of discourse, the approach has been found relevant to the analysis of the selected data under consideration.

### **Empirical Review of Literature**

Within the purview of linguistics, aspects of sociolinguistic theories have been vastly explored by researchers. For instance, Gambari-Olufadi (2018) examined communication styles and speech accommodation in a family sitcom, *The Johnsons*. In this study, the researcher analysed the speech styles of the characters in the sitcom using the three tenets of Coupland, Coupland and Giles' (1991) Communication Accommodation Theory, which are convergence, divergence and overaccommodation; as well as Adesanoye's variety of the Nigerian English classification, which gives priority to education as a parameter for classifying standard and sub-standard varieties. The study found that the speech style of characters with high levels of education is upward convergence, while the less-educated characters exhibit downward convergence and overaccommodation. In the study, overaccommodation has been associated with code-mixing and code-switching, as well as grammatical infelicities. While Gambari-Olufadi (2018) explored the use of the three accommodation tenets in a family sitcom, this study evaluates doctor-patient interactions using the tools of convergence and divergence.

Apart from Gambari-Olufadi, Gobir and Bello (2020) examined the use of accommodation strategies in domestic conversations, with particular reference to a comic, *The Breadwinner*. In the study, gender-based issues in domestic conversations were examined. More specifically, the

characteristics of men's and women's language, about how they converge, diverge and overaccommodate were considered. The study found that the convergence strategies employed by the female characters include politeness markers, honorifics, modal construct, voice modulation and attitudinal cues. Contrarily, the male characters diverge using impoliteness strategies such as imperatives and vocal intensity. Gobir and Bello's (2020) work is different from the present study as it explores the linguistic strategies of accommodation in a comic, while the present study evaluates language use in medical discourse, especially in selected conversations between doctors and patients in hospital consulting rooms. Also, the present study evaluates the impact of distinct cultures on language use in the medical context.

Aside from the studies mentioned above which centre on the use of the accommodation approach to analysing conversational texts, there have been countless studies, whose focus is on doctor-patient interaction. Among such studies are Odebunmi and Adegbite (2006), Afzaal, Khan, Bhatti and Shahzadi (2019) and Odebunmi (2021). Odebunmi and Adegbite (2006) examined discourse tact in doctor-patient interaction in English using the pragmatic tools of speech act, MCB and politeness. Afzaal, Khan, Bhatti and Shahzadi (2019) investigated doctor-patient interaction using the discourse approach of Sinclair and Coulthard 1975)— IRF, Initiation Response and Feedback as well as van Dijk (2001) critical approach to discourse analysis. The study establishes that there is no compliance with the IRF structure in most of the conversations. Also, while the doctor played dominant role in the exchange, the patient maintains a formal relationship with the doctor, hence, there is no commonality, solidarity and familiarity in the exchange structure in the doctor-patient interaction.

Odebunmi (2021) adopted a socio-cognitive approach to the analysis of doctor-patient interaction in southwest Nigeria. The researcher examined the use of discursive repetitions and voices in Nigerian clinical meetings. In this study, Odebunmi identified four different voices in the context of language use in clinical conversation— the doctor's conjectural voice, the voice of the medical institution, the voice of medical science and the cultural voice, which he attributed to parenting. The study identified that the repetition of non-contiguous constituents and contiguous full and reduced constituents of turns characterised the doctors' language.

The similarities between the studies cited above and the present study rest on the scope of the data, which is the doctor-patient interaction. While Odebunmi and Adegbite (2006) adopted pragmatic approaches to the evaluation of doctor-patient interaction, and Afzaal, et al. (2019) examined doctor-patient interactions using critical discourse approach and discourse concepts, the present study adopts the communication accommodation approach to the analysis of the selected doctor-patient conversations. Odebunmi (2021) investigated doctor-patient interactions in southwest Nigeria using discursive repetitions and voices. However, the present study examines cultural similarities and differences about doctor-patient interaction in two different cultures in northcentral Nigeria, to evaluate whether cultural differences influence the use of accommodation strategies in doctor-patient encounters.

### **Theoretical Framework**

Pragmatics simply studies language use based on the dictates of the underlying contextual factors constituting physiological, sociological and psychological constructs. Accommodation is fundamental to identity construction in pragmatics (Abrams, O'Connor & Giles, 2003, p. 221). In Tajfel and Turner's (1986) conceptualisation of communication within the purview of pragmatics, they stress that both verbal and non-verbal communication are informed by social identity by recognising the importance of self and its relationship to group identity. Hence, Communication Accommodation Theory assumes that communication conveys not only referential but also social and relational information. The referential, social and relational elements through which interlocutors accommodate or dissociates can be categorised under the headings of convergence and divergence.

a) **Convergence**: Convergence is based on attraction (Giles, 2008). When communicators are attracted to one another, they will converge in their conversations. Attraction is a broad term that encompasses several other characteristics, such as liking, charisma, and credibility. Giles and Smiths (1979) posit that a number of factors that affects attraction for others in communication include: having similar belief, having a similar personality, or behaving in similar ways prompt convergence. The linguistic elements of convergence are interpretability strategies, such as decreasing the diversity of vocabulary, simplifying syntax, or becoming louder to increase clarity,

and so on which enable an interlocutor to attend to his partner's ability to comprehend what is being said.

b) **Divergence**: Giles (1980) describes divergence as a tactic of intergroup distinctiveness, by which individuals or groups differentiate themselves from other individuals or groups. Interlocutors accentuate the verbal and nonverbal differences between themselves and others through the use of interpersonal control strategies, such as the use of interruptions or honorifics to remind the partner of their relative status or role are used when speakers are focused on role relationships in an interaction.

c) The linguistic tools that are common to both divergence and convergence, according to Coupland, Coupland Giles and Henwood (1988, p. 6) are approximation strategies. Others are discourse management strategies, such as offering speaking turns and selecting or sharing particular topics of mutual interest or concerns and vice versa, which are used by interlocutors to adjust their verbal and nonverbal behaviours towards or away from their interlocutors.

## **Methodology**

This study examines doctor-patient interactions in two distinct cultures in northcentral Nigeria — the Yoruba and Nupe-speaking communities of Kwara state. Two doctor-patient conversations were purposively collected from the General-Out Patients section of a general hospital in Kwara State. This study adopts a descriptive design and a qualitative research approach. The study is situated within the linguistic discipline of pragmatics and the theoretical framework for the study is Dragojevic, Gasiorek & Giles' (2016) Communication Accommodation Theory.

The research setting in Ilorin, Kwara State Nigeria, where the inhabitants include the Fulanis, Hausas, Barubas, Yorubas, Nupes, and According to Jacob (1999) Nupe is a minority ethnic group dominant in the northcentral part of Nigeria, including Niger state, Kwara, Kogi, and Nasarawa states as well as the Federal Capital Territory. The Nupes are fondly called "Tapa" by the Yoruba-speaking community. Unlike the Nupe, the Yoruba are members of the major ethnic groups in Nigeria, dominant in the south-western states— Oyo, Ekiti, Osun, Ogun, Ondo and Lagos states with the minority in Kwara, Kogi and Edo states.

The data constitute two doctor-patient exchanges in the Yoruba and Nupe languages. The data were collected at the Teaching Hospital of Kwara state, a general hospital, taking cognizance of the ethical issues, especially the patients’ consent, which was sought through the design of a consent form administered to patients at the General Outpatient Department GOPD.

**Results**

The data constitute doctor-patient conversations in two different linguistic contexts, the Yoruba and the Nupe settings. While the doctor-patient conversation in the Yoruba setting represents datum one, the latter represents datum two. The deployment of the notions of accommodation, convergence and divergence, in each of the conversations are highlighted in the succeeding sections.

**Datum One: *Background***

The doctor-patient conversation takes place at a government hospital. The doctor is a middle-aged young man, while the patient is an aged woman in her 80s. The flow of the conversation reveals that the doctor-patient encounter is the first; there has been no prior encounter between the doctor and the patient.

***Accommodation Strategies***

The identified strategies of **convergence** in this datum include *acknowledgement, encouragement, complaint and empathy, emotion-laden expressions, name-calling*, including the use of *honorifics, statements of appreciation* and the use of *intensifiers*. These features of convergence as evident in the conversation are presented in the extract below:

*Extract 1*

<b>Yoruba</b>	<b>English Translation</b>
Dokita: Ekaaro ma, Ero ra ma Patient: Eseun o Dokita: Mama e fi ara bale wole ti yin ni  mon se	Doctor: Good morning ma, welcome ma  Patient: Thank you

<p>Patient: Hmm dokita ese yii ni o                  Dokita: moti ri be mama epele, <i>ejo</i> ko ma                  Patient: Eseun <i>gan ni</i> o modupe</p>	<p>Doctor: Mama, take your time, come inside gently. I am here at your service ma                  Patient: hmm doctor it is my leg o                  Doctor: I have observed it mama. <i>Sorry</i>, you can have your seat.                  Patient: Thank you <i>so much</i> I am <i>indeed</i> grateful</p>
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According to Giles, Coupland and Coupland (1991), in doctor-patient conversation, apart from social norms, social differences dictate and shape the level of accommodation, as to convergence or divergence. In the extract above, the age difference between the doctor and the patient is an underlying social factor that determines the level of convergence of the doctor. The degree of the doctor’s convergence is higher; the doctor adopts more acknowledgement, encouragement and empathy, emotion-laden expressions, name-calling, “Mama” and an honorific “ma”, in his speech styles. However, the patient’s level of convergence is minimal as she only reciprocates the acknowledgement and uses an intensifier “gaan— indeed” in the later part of the conversation.

Age difference can be said to ascribe more power to the patient over the doctor. The doctor uses “ma” repeatedly, while the patient uses the word, “doctor” once in the exchange. This reflects the interlocutors’ use of interpersonal control strategies. While the use of “ma” illustrates convergence towards the patient, a means of providing emotional treatment; the patient’s choice of “dokita— doctor” is illustrative of social distance.

Other means of providing emotional treatment and maintaining convergence by the doctor include the use of the emotional-laden words, “please” and “sorry”. The patient’s converging strategy is using appreciation “thank you”. In all, it has been observed that the doctor is more cautious towards the patient and aside from the job role and social role of the doctor, age difference has been the underlying factor behind the doctor’s speech style.

The patient maintains *divergence* by topic change. The patient’s statement, “Hmm doctor it is my leg o” illustrates divergence from the existing discourse pattern, which is the salutation. Even

though the patient changes the topic, the doctor still converges through his display of compassion for the patient.

*Extract 2*

Dokita: Epele, ema binu o, omo dun me lo ni yin na?	Doctor: Sorry, please do not be offended, how old are you ma?
Patient: Haa kosi iyonu,ibeere nla ni yen o. Ewo ewu ori mi ki efi di won ojo ori mi	Patient: Haa there is no problem— that is a big question, look at me and estimate with my grey hair.
Dokita: Oda mama, ikunle melo le ni? Se e binu mama ese yin loje kin beere.	Doctor: It is alright how many children do you have? I hope you are not offended.
Patient: ko buru, ise yin len se, ipele kerin ni omo ti o tele mi wa	Patient: There is no problem, it is your duty, the young man with me is my fourth generation.
Dokita: haa mama, ojo ti pe o ki le wa ba wa	Doctor: Haa, it’s been a long time, What complaint do you have?
Patient: Dokita ese yii no ni o	Patient: Doctor, it is my leg.
Dokita: idi timo fin beere gbogbo ibeere mi ni yen	Doctor: That is the reason for all my questions mama
Dokita: le yin yen nko?	Doctor: anything else?
Patient: pirin	Patient: nothing else

The opening of this extract illustrates divergence on the part of the doctor by topic change. Even though the doctor diverges, the patient’s initial response illustrates convergence-divergence-convergence postures as she displays surprise through the use of the exclamation, “Haa” and

satisfaction, by stating that “kosi iyonu— there is no problem” but later displays reluctance to answering the question and giving indirect response by stating that: “ibeere nla ni yen o, Ewo ewu ori mi ki efi di won ojo ori mi — that is a big question, look at me and estimate with my grey hair.

*Extract 3*

<p>Dokita: mo ri pe won ti wo ifunkpa yin. Kosi  ito suga pelu. Mama, ikunle yin ati agba lo  de ti ofa ese didun aafun yin ni ogun ti o  royin lorun ti o ni pa yin lara ma</p>	<p>Doctor: I have seen your blood pressure report  on your folder and no diabetes too Mama,  It is child labour and old age that caused  the leg pain. I will prescribe a mild pain  relief for you ma.</p>
<p>Patient: Eseun gan ni o agba ti de looto ni o. Emo  ibi ti ese yii ti rin de to ri ki ale jeere</p>	<p>Patient: Thank you so much, it is truly old age. Do you  know how many kilometres I have walked just to  make gains from my wares?</p>
<p>Dokita: ko ye mi mama. Irin to ri ke ba le jeere</p>	<p>Doctor: I do not understand mama, you walked  the distance to make gains</p>
<p>Patient: ti aba wo oko eere die la mari ni</p>	<p>Patient: if we make use of transport, it will affect our  gains.</p>

The discourse opening in the extract above is indicative of divergence by virtue of topic change. The topic has changed in this extract from the cross-examination of the patient in the previous extract, to identify the nature of the patient’s ailment by the doctor. Here, the doctor reaches a conclusion regarding the patient’s symptoms— “old age”. While the doctor diverges, the patient converges as she agrees with the doctor’s conclusion. Indicators of convergence in the patient’s remarks include *appreciation* and an exposition of the previous exploits of the patient. The patient,

however, does this through the use of rhetorical questions, for achieving indirect speech acts of stating, emphasising, and bragging.

The doctor’s reaction to the patient’s claims was a divergence as he indirectly condemns the patient’s point of view. Here, social distance, which reflects the age difference between the interlocutors, could be felt. Instead of the doctor condemning the patient openly, he hedges. Trying to appeal to the doctor’s emotive sense, the patient went further to justify her actions in the past.

*Extract 4*

<p>Dokita: mama, moba yin dupe eri aiye lo Ipele          merin, open la ni o</p>	<p>Doctor: Mama I thank God on your behalf you have          seen four generations.</p>
<p>Patient: Adupe, ope e po, ore nla ni</p>	<p>Patient: I am grateful, it is by grace, its truly a big gift.</p>
<p>Dokita: iru ore yii wunmi o, epele ma. Odi igba          mi mama</p>	<p>Doctor: I seek for such blessings, take it easy mama,          till next time.</p>

This extract is an extension of the previous one. Here, the doctor, as a result of the social distance, which is dictated by the age difference between the doctor and patient, has converged by acknowledging the patient for living long and going ahead to seek such grace. Both doctor and patient, in this extract, converge.

**Datum Two: *Background***

The conversation takes place at a university teaching hospital between a young lady (the patient) and a female doctor. The flow of the conversation reflects that the doctor-patient interaction is not the first between the participants as the doctor is aware of the patient’s medical history. This exposition reflects a common ground between the patient and the doctor.

**Accommodation Strategies: Extract 3**

<b>Nupe</b>	<b>English Translation</b>
Patient: Kube lazhi, nna mi	Patient: good morning ma
Doctor: Kube lazhi, ke we wo be yina no?	Doctor: good morning, how are you doing today?
Patient: Me jebo, kube tun, nna mi	Patient: fine, thank you ma

Like in the first datum, the strategy of convergence, which opens the conversation is *greeting*. However, while the Doctor initiates the greeting in the previous data, the patient opens the discourse here. Not only this, the choice of the *honorific*, “ma” is associated with the doctor’s speech style in datum one. The patient uses the honorific in this datum. This is a clear indication of the fact that age is an important determinant of convergence in doctor-patient interaction, which also reflects the social distance, thereby making one of the parties more powerful.

*Extract 2*

Doctor: Ki la wo be asibiti in no?	Doctor: So what brings you to my office today?
Patient: Me a wo atan nakan me bo,	Patient: I started developing new pains and
Yina man I afo na mia be asitin na	today is my check-up day.
Doctor: Toh, lugwa mi cin takada wo na...	Doctor: Okay, let me check your file and see...
Ina man ga yigo. To wo bebe wo gaye	Today is indeed your check-up day. So,
mi a na jiwo ne ko wa cin lakan wo	are you here to report any new pains or
ne?	it's just the usual check-up you want to go
	through?

In the extract above, the discourse opening reflects divergence from the previous theme of the discussion which was greetings. Even though the doctor diverges, the patient converges by

providing answers to the query. The doctor’s response indicates divergence. Here, the power relation between the interlocutors is at play. The doctor’s response is indicative of someone with more power. The social distance, based on age and status is the major factor responsible for the doctor’s choices, including the underlying tone.

Patient: mi ga jin me awo atan sosei nakan kpeci mibo	Patient: I discovered new pains that can be frustrating and annoying.
Doctor: Baa bo?	Doctor: In what area of your body?
Patient: zuma tako mibo, gwalagi mibo and to vokpa mi zhewo	Patient: my lower back, my phalanges my knee ma
Doctor: Focin wun ce o?	Doctor: when did this pain start?
Patient: Wu de satin nini	Patient: it started sometime last week, ma
Doctor: Wu de satin nini ani?	Doctor: sometimes last week
Patient: Nba, nna mi	Patient: yes ma

This extract is an extension of the previous one. The patient’s choice of emotional laden vocabulary in her first turn is indicative of convergence; an attempt to make the doctor understand her pains. Not only this, the patient’s description of her physiological characteristics which are affected is further proof of convergence. However, the patient’s choice and use of the honorific, “ma” repeatedly indicates a social distance between the interlocutors, hence she diverges. Going by the norm of doctor-patient interaction, the doctor has more power as she plays the lead role in the conversation, however, she converges. The use of the accommodation strategies by participants from Yoruba and Nupe contexts indicate similarities in terms of the use of honorifics

*Extract 4*

<p>Doctor: Toh, ce fedun ar wo lo tsu bashampo, ta bami, mi ci wo le, to bo mi ka cigbe ya wo. Toh, abona sukun?</p> <p>Patient: hmm, wun tan!</p> <p>Doctor: Wen tan we abo?</p> <p>Patient: nba</p> <p>Doctor: Toh, to abo? Lugwa mi ci bici kukungi. Abo?</p> <p>Patient: Nba</p> <p>Doctor: Wen tan we abo sosei?</p> <p>Patient: Aa, sei we gala egwa tun abo, wun ga we tan mi sosei.</p> <p>Doctor: Mi ga la egwa tu abo, nga we tan we yo?</p> <p>Patient: Nba nna mi.</p> <p>Doctor: Toh, da fedun ta asa o.</p>	<p>Doctor: Okay, can you sit on the bed over there close to the wall, let me examine you so I can diagnose and prescribe some drugs. Okay, how about here?</p> <p>Patient: Oww...Umm it's painful! (inaudible)</p> <p>Doctor: Is it painful around this area?</p> <p>Patient: yes</p> <p>Doctor: Okay...what of...Let me check your ankle area and let me see.... This side?</p> <p>Patient: Yes</p> <p>Doctor: Is it extreme on this part?</p> <p>Patient: No, it's only when you go through this part that it is extreme.</p> <p>Doctor: You said when I check this part that it's extreme?</p> <p>Patient: Yes ma</p> <p>Doctor: Okay...so okay you can sit back on the chair.</p>
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The interlocutors converge by virtue of politeness, emotional expression, and confession. While the doctor maintains a polite disposition to the patient in the questioning section, the patient's response to touch is illustrative of convergence as the patient is capable of hiding the pain if the

patient is concerned about self-esteem. Even though the doctor gives instruction, she does so cautiously using the modal auxiliary, *can* repeatedly. On the contrary, the patient demonstrates social distance through the adoption of the honorific, *ma*.

*Extract 5*

<p>Doctor: Your pains look serious. It looks very very serious but...Okay. Do you have erm temperature sometimes, like fever, like mild fever?</p> <p>Patient: Yes, I do sometimes, but</p> <p>Doctor: Coupled with the pains?</p> <p>Patient: Yes, sometimes if the pain is concentrated on the back, the back will be hot, just that back. If it's concentrated on the knee, the knee will be hot like, heated up</p>	<p>Doctor: Atan we tan sosei. Wu tan sosei. Am toh We da nakan wonan kandoci, ka degi oo?</p> <p>Patient: Nba, mi a dey, Ama</p> <p>Doctor: Be atan nana?</p> <p>Patient: Nba, kandoci atan na kuba zuman mi, zuman ce tan mi sosei, ama un ga kuba vokpa mi wan ce tan mi ke agun ananna</p>
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In the extract, the doctor converges to the patient's report by establishing the existence of *pain*. The use of the intensifier “*very*” repeatedly is an indication of over-accommodation. The patiently adjusts to the doctor's speech style by providing details in support of the doctor's questions. She also enhances convergence by “being” explicit.

*Extract 6*

<p>Doctor: Toh, kandoci we wo ke zana agicin aba nya na?</p> <p>Patient: Kandoci, agicin aba mi nya</p>	<p>Doctor: Okay. Do you lose your appetite, like various types of the day?</p> <p>Patient: I lose my appetite sometimes.</p>
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<p>Doctor: We ma aginci gi kafin wo be asibiti na?</p> <p>Patient: Mi a kunu fi.</p> <p>Doctor: Kunu...Won ge! ama wun guna wa gi ancin sosei na to bo nakan kpece wo bo. We wo agami ko? We kpe gan agye wen kpoka na? Baa bo wuncin, we fin nuwo kami dondo?</p> <p>Patient: Mi gin gorgondo, ama nji sosei.</p> <p>Doctor: Nuwo gukin we fin fo ni o? lita gukin?</p> <p>Patient: Mi e fin kwalaba guba foni....</p> <p>Doctor: We lo fin zo?</p> <p>Patient: Mi jin kokari mi ama gafi ga mi fin kadonci oo. Mi a fi zo wa.</p>	<p>Doctor: Did you have anything before coming to my office here?</p> <p>Patient: I had custard</p> <p>Doctor: Custard...wow okay you need to be eating more because this might add to what's wrong with you. Do you understand me? And you know your blood is sickle cell? And aside from that, do you drink enough water daily?</p> <p>Patient: I try my best but I feel like I'm not trying enough.</p> <p>Doctor: In a day, how like, how many amount of water do you drink?</p> <p>Patient: I have a two-litre water bottle but ...</p> <p>Doctor: Do you finish it?</p> <p>Patient: I always try my best but I end up drinking only half or sometimes very close to the bottom but I don't use to finish it.</p>
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At the discourse opening, the doctor diverges by topic change but the patient converges by providing answers to the doctor's questions. The third turn indicates divergence as the doctor deviates from her professional role to over-accommodate by scolding the patient; this is a demonstration of a kinship role. Divergence here can be associated with the peculiarity of the

socio-cultural context for the exchange as well as the social variable of age which gives the older person dominance over the young.

The doctor diverges through the demonstration of impoliteness by rebuking the patient. This is indicated through the use of the expression— *you know your blood is sickle cell*. This statement is face threatening, the doctor is not conversant in the self-esteem of the patient. The doctor’s speech style triggers a reaction from the patient too, as she demonstrates divergence by being judgmental of herself. The doctor’s intimidation can be felt in the patient’s response (tone). This is illustrated in the expression, *I try my best but I feel like I'm not trying enough*. Again, the age difference is what makes the patient adopt this method as the societal norm of interaction in the Nigerian context frowns at an elder being disrespected by the young.

*Extract 7*

<p>Doctor: Wo kpe ga wun go ina wa ce fin nuwo do guna. Agye we gbonka, aze wulegi wen yo. Wun gun na we a fin nuwo sosei to bona kaga wa fin nuwo sosei, agye a dazen sosei.</p> <p>Kagan we fin nuwo sosei, we a ce de azozhi nakan wo bo kami dondo be asu ga be damuwa. We won a gami?</p> <p>Patient: Mba, nna mi, mi ga nuwo fin mi be.</p>	<p>Doctor: You know you need to drink enough water. Your blood is sickle cell, you're a sickle celled patient. You need to drink enough water because if you don't drink enough water, it won't push the blood to circulate all round your body.</p> <p style="padding-left: 40px;">If you stop drinking water, there are times that you'll just have this... mid crisis midway, you can be outside, it can be anywhere and you'll just start feeling pains all around and it can make you extremely uncomfortable. Do you understand me?</p> <p>Patient: Yes ma, I will increase my water intake ma</p> <p>Doctor: Yes, it can be a factor to what's wrong with you as at now, so let me write something for you to take to the pharmacy so just get those</p>
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<p>Doctor: Nba, anana zhi ga yi a na zhi gawasuna, ama lugwa mi ka cigbe ye wen.</p> <p>Patient: Kube tun, nna mi.</p>	<p>drugs and you should be good to go, up and running in no time</p> <p>Patient: (inaudible) Thank you ma</p>
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This extract is an extension of the previous one as the doctor’s demonstration of divergence is still evident. Instead of making medical cases as a basis for correcting the patient’s lifestyle which impacts her well-being, through counselling, the doctor subjects the patient to scolding, a demonstration of power and dominance based on the distance in age and status. The doctor’s adjustment mechanism, a form of correctional procedure for converging is demonstrated through the expression— *Do you understand me?* to which the patient’s response indicates convergence by her understanding of the discourse background. This is what we can regard as Mutual Contextual Beliefs (MCB).

*Extract 8*

<p>Doctor: Gu kin na wa fin cigbe na dana. gin kokari wa fin so guba foni. Ga baci man, fin sosei.</p> <p>Patient: Nba, nna mi.</p> <p>Doctor: Me kpe na gala mi ye jin bayani nana zhi ya wo na.</p> <p>Patient: Nba, nna mi.</p>	<p>Doctor: This is the prescription. Make sure you use the (*) twice daily. Don't miss it, and drink enough water.</p> <p>Patient: Yes ma</p> <p>Doctor: I understand why I'm expatiating on that fact. Drink enough water.</p> <p>Patient: Yes ma.</p> <p>Doctor: Okay, when you go outside, call the next person in.</p> <p>Patient: Okay</p>
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Doctor: Toh, wo ga da den, yi zandonci ya mi  Patient: Toh  Doctor: Kube tun!  Patient: Kube tun, nna mi  Doctor: Sa aka doci.  Patient: Kube tun, nna mi, Sa aka!	Doctor: Thank you!  Patient: Thank you ma.  Doctor: See you next time  Patient: Thank you ma. Bye bye!
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Power relation and dominance are reflected in the opening of the discourse as the doctor demonstrates instruction and impoliteness rather than appeal such as *making sure*; an illustration of divergence. The patient, however, converges to the doctor’s remarks but her responses are clear indications of age and class distinctions; the use and repetition of *ma*.

## **2. Discussion of Findings**

Nigeria as a West-African nation is a multilingual and multicultural context. In the existing cultures in Nigeria, among which are the Yoruba and Nupe cultures, it is the social norm to respect everyone at first encounter irrespective of their age, gender or role relationship, be it close or distant. Greeting is simply the foundation of maintaining a social relationship in these contexts. One can say that the doctor’s and patient’s awareness of this basic social norm dictates the opening of the doctors-patients encounter, which is illustrative of convergence in the two linguistic contexts examined.

Also, culturally, it is the norm that if any of the age groups should be rude, it should be the elderly, not the younger ones. This aligns with the proverbial (Yoruba) saying that: *agaba l’a fi re omode je, a ki f’omode r’agba je*— meaning, that: we use adulthood to cheat the young, a child cannot

override the elderly. This rule applies in some instances in the data analysis, one of which is in extracts 6, 7 and 8 of datum 2.

Another important deduction forms the analysis of the accommodation strategies in the doctor-patient conversations from the two contexts under study, Yoruba and Nupe, respectively, is the fact that even though age attributes power to the older interlocutor, the doctor controls the conversation, through the use of interrogative expressions. However, the doctor uses the power of interrogation to converge or diverge.

## **Conclusion**

In this study, the accommodation strategies in doctor-patient interaction have been examined. From the data analysis, it has been found that even though there are professional ethics guiding doctors' linguistic choices in medical consultation, underlying socio-cultural norms and values override professional ethics in the demonstration of their jobs. An illustration of how this applies to the doctor-patient interaction in a multilingual set-up is reflected in the conversation between the doctor and patient in datum 2 extracts 6, 7 and 8 of datum 2. A more important point to note is that culture overrides linguistic resources. Even though Yoruba and Nupe are two distinct languages, the cultural practices of the two tribes are interwoven, hence the study concludes that culture plays an important role in shaping social interactions irrespective of type or genre of discourse or the formative rules guiding linguistic usages in specific contexts of situation. Lastly, from the analysis, the study establishes that there is no remarkable cultural practice of the Nupe and Yoruba people that influences doctor-patient interactions.

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