POLITENESS, FORMS OF ADDRESS AND COMMUNICATIVE CODES IN INDONESIAN MEDICAL DISCOURSE

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Abstract: The use of forms of address as expressions of politeness is a growing area of research nowadays. In the medical environment of institutional setting, the ability to communicate effectively is the key aspect of utterances in communication between a doctor and a patient. Results from previous studies show that the application of the proper utterance patterns and politeness strategies influenced the patients' recovery. The discussion in this study will cover forms of address as communicative codes used in Indonesian medical discourse in the teaching hospital as related to local values.

Key words: politeness, forms of address, medical discourse.

The ability to communicate effectively is the key aspect of utterances in communication between a doctor and a patient. It does not only cover the medical but also the non-medical aspects of the interaction. In this context, the ability to communicate effectively is indispensable. Miscommunication will result in the failure of efficient medication for the patient. The application of politeness strategies in this utterance is needed as it has a positive impact on the doctor-patient interaction.

During the Dutch colonial days, Dutch doctors applied politeness in medical discourse to patients using the Javanese politeness strategies and it proved to be of great help (Retono, 2001). Medical education in Indonesia started as early as during the Dutch era with the *docter Djawa* program (Hal

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docter Djawa, 1900; Hal sekolah dokter Djawa. 1901). Based on the condition above, we are now concerned with the condition of the medical education whether they are related to the importance of communicating effectively to patients. In relation to the politeness theory, the language of medical students are expected as not to harm the patients' 'face', when they are using the positive or negative strategies. Thus, politeness supports the importance of acknowledging other people's 'face'.

The use of forms of address as expressions of politeness is a growing area of research nowadays (Spiers, 1998:39). In real life situations, verbal interactions that take place in an institutional talk rely on the use of proper terms of address to open up the communication. Wood & Kroger (1991) quoted by Spiers (1998:37) state that: 'the way in which one person addresses another and in turn is addressed constitutes a pattern of great regularity'. The medical student feels the importance of opening up a proper conversation that is in line with the 'voice of the lifeworld' (Mishler, 1984; Charles, Gafni & Whelan, 2000) as it is related with a very serious influence on the medication.

Doctors are human beings and so are patients. Dissatisfaction on the part of the patients due to misunderstanding and feeling of not being treated properly by the doctors, during the doctor-patient utterances, could lead to the patient's rejection to strictly follow doctor's orders (Maynard, 1995: 331-358). This in turn may affect the patient's speedy recovery. Shuy (1973:325) reported the finding of a recent research in the communication between doctor and patient. "Shocking evidence" has been revealed in it, which is due to the practice when using his terms, "a field ignores function at the expense of technology". Shuy further warned medical schools against the negligence of the essentials of the complex interviewing technique that it plays. In addition, Shuy's research reveals that:

> Although 95% of the potential success of medical treatment depends on obtaining accurate information from the medical history interview, little or no attention is given in medical schools to the training of doctors in interviewing techniques or the language and culture of patients from different socioeconomic, racial or ethnic backgrounds.

Shuy (1984:103) reported ten years later since 1973, in 1983, research had been carried out in the communication between doctors and patients by

both the Henry J. Kaiser Family Foundation and the Association of American Medical Colleges. The results show that aspects of delivery of services in medical interviews are important. It is stated that doctors have to be taught to interview and listen to their patients, which in turn will develop sensitivity for the unique qualities of each human being.

Shuy (1984) also reported that doctors should learn to accommodate patient's trust and confidence that goes beyond technical ability. However, even though the results from the study showed that the *aspects of delivery of service* by medical doctors towards patients were important, no positive action was taken to implement it in the curricula of the medical schools. This condition was due to the fact that the people involved in the field of medicine did not feel the strong urge for it. Shuy (1984) also stated that the focus of medical education was still on the technological aspect of medication and medicine rather than on the utterances of doctors and patients. Only few medical schools were willing to adjust their curricula to include the aspects of delivery of services. In order to overcome the negligence on not training the medical students with appropriate communication skills, Mishler (1984) suggested that the medical students be urged to be more attentive to their patients' conditions and worries. The change could begin with being attentive to the patient during the verbal utterances in the delivery of service. However, it is essential to bear in mind that the medical society is a closed community for strangers and it is not an easy task to have their trust when doing the research.

In the Indonesian context, medical students are expected to provide improved patient's rights in healthcare (Iragiliati, 1999, 2000, 2001a, 2001b, 2003 and 2005). Patient's rights in healthcare (Maguire & Pitceathly, 2002 (325):697) are in the form of the government's support through the social security network program for people from the low social class. The low social class in East Java consists of mostly Javanese (Kartomihardjo, 1979) and applies the Javanese values in their everyday life communication.

Kartomihardjo (1979:125) stated that in a Javanese society the Javanese value of *empan papan*/proper place in a situation means that in a conversation it is important to know when to use the proper terms of address (TA) and pronominal (PR) that is relevant to East Javanese ethics (Mulder, 1994). Kartomihardjo (1979: 171) in his discussions on communicative East Java people are usually more careful in using terms of address (TA) for women as related to marital status i.e. pronominalized terms of address (PR)

*Bu/*Ma'am without considering the difference in social status between the two speakers. The form of other kinship system such as brother/*mas,* sister/*mbak* and truncated form of the names are used in formal situation. On the other hand, Kartomihardjo (1979:191) mentioned that the Javanese *sampeyan/*you is frequently used in colloquial Indonesian regardless of social background particularly when talking with friends, colleagues, and persons with whom one is well acquainted.

Thus, the discussions in this research will be on politeness, terms of address and communicative codes in Indonesian medical discourse in institutional setting in East Java.

RESEARCH METHOD

The discussion will cover (1) research design, (2) subjects of the research (3) data and data sources, (4) data collection and instrumentation, (5) data analysis, and (6) triangulation.

Research Design

The research design of this study is based on the objective of the study on describing the use of forms of address as expressions of politeness in Indonesian medical discourse in institutional setting. It is an ethnographic descriptive qualitative study as it was based on the viewpoint of the type of information sought.

First, this study is qualitative research which is ethnographic. Marshall & Rossman (1995:2) quoting Erickson et al (1982) state that 'ethnography of communication' relies heavily on linguistics. Researchers gather data of verbal that use participant observation and audiotape the interactions. 'Ethnography of communication' in this study examines the nature of verbal interaction on the use of forms of address as expressions of politeness seen in the use of terms of address as communicative codes in Indonesian medical discourse in institutional setting. The researcher reports the actual data in the form of a reported language from the natural setting, where the researcher acted as the key instrument. The fact that the researcher had to obtain the data herself and analyzed it by herself supported the condition on the importance of an ethnographic approach.

Second, this is a descriptive study as it aims at describing the variation of the above objectives in their natural setting as the direct source of the data and is concerned with context. The researcher is the person in this research who is responsible for and able to analyze the process of the information gathered from the setting of the research.

Third, it is a qualitative study as it aims at obtaining first-hand information on the nature of verbal interactions on the use of forms of address as expressions of politeness in Indonesian medical discourse in institutional settings.

Subjects of the Research

The subjects of this study were male and female medical seventh and eight semester students of the Medical Faculty, Brawijaya University, Malang, taking their internship program at the pediatric and obstetric departments of dr. Saiful Anwar Malang Teaching Hospital. Two departments were chosen and each batch of medical students consists of 25 students, junior and senior, with different time schedules with only approximately five of them having similar schedules in one department. Every department had its own policy for the number of medical students in one session.

At the pediatric department, one medical student was responsible for at least one in-patient, but sometimes he/she did not have any patient left to be observed during the daily morning follow-ups and morning visits supervised by the medical specialists. In-patients are patients who are hospitalized and stay at the wards. At the obstetric department, the junior medical students of the obstetric wards had a different task as they were stationed at the polyclinic of the obstetric department and administered the initial anamneses process with the out-patients. Out-patients are patients who are not hospitalized and are given on-going medication at the polyclinic. The interaction at the polyclinic started at 8.00 o'clock a.m. until 12.00 noon.

Based on the factual condition the informants for the study were to meet the following criteria, (1) the medical students, junior or senior, were actively involved in the internship program in the two departments; (2) they were at least responsible for one patient; (3) they had time to take the role of an informant and not involved in assisting in operations as in the obstetric department; (4) they could be responsible for the in-patients at the wards or out-patients at the polyclinic; (5) from each department, there would be four

to five medical students out of a batch of twenty-five students being observed whose data were taken for at least three to six weeks.

Based on those criteria above, the researcher chose to do preliminary research before taking the data to see the implementation of the schedules above, including asking permission from each Head of Department and Head of the Nurse before the data were taken. At the pediatric department, the recorded interactions were taken during the follow-up sessions at the sub-department of hydrate healing.

Data & Data Sources

Data in this study were interactions between the medical students and in-patients in the follow-up sessions in the wards at the pediatric department and out-patients in the polyclinic at the obstetric department. The first data were the interactions between the doctor and in-patients in the follow-up sessions at the wards of the pediatric department. The second data were the interactions between the medical students and out-patients at the polyclinic of obstetric department.

There are two data sources. First, the data sources of interactions were medical students during their internship program at the pediatric department for the interactions at the third class wards. Second, the data sources of interactions were medical students in their internship program at the polyclinic of obstetric department for the verbal interaction.

Data Collection and Instrumentation

The researcher was active as the data collector or key instrument supported by other instruments, such as tape recorder and field notes. As the key instrument, the researcher was the person who was responsible for collecting the data and for analyzing them.

In colleting the data, the researcher was involved in the process in the field as a non-participant observer from 7.00 a.m. until 12.00 a.m., five days a week and was present during the process. The utterance patterns and politeness strategies of medical students were recorded during morning follow-ups for the in-patients in the wards and initial anamneses for the out-patients at the polyclinic of the teaching hospital. The data were taken: (1) during the medical students' interactions with patients using Indonesian and/or Javanese; (2) the medical students' interactions with patients which took place in

the wards for in-patients during the bedside teaching manner interviews and out-patients at the polyclinic of the obstetric department.

The research instruments of this study were developed based on the objectives of the study. The data collection was taken from primary source. Primary source was first hand information on verbal interactions between medical students and patients at the third class wards and polyclinic of a teaching hospital. There were three kinds of instruments for eliciting information from primary sources: 1) observation, b) interview, and c) questionnaire. In this study, only two instruments obtained from primary sources were used: observation and interview. The type of observation was a non-participant observation. However, the questionnaire was not carried out as the subjects of the study were situated in one place.

Based on this condition, the researcher did a primary observation during the months of February and March 2001, before the real observation for the data was taken. The reasons for carrying out the primary observation were as follows. First, it was aimed at obtaining the 'picture on the wall' effect. It was the condition where the students were not disturbed with the presence of the researcher. Second, it was also aimed at minimizing the 'Hawthorne effect'. It was the condition where there was a possibility of change of behavior of the medical students being observed which in return would result in distortion of obtained information. The researcher then continued her observation and obtained the data through the 'natural setting' in six months time from 1st of February 2001 until 31st of July 2001. The recording of observation was carried out by recording on mechanical devices using a tape recorder. The researcher did not use a video tape recorder as it was prohibited by the teaching hospital to protect the patients' privacy. In some areas, the data could be recorded and field notes were taken but in some areas, only field notes were used as taking data were prohibited by the hospital administrative. Second, interviewing was carried out using an unstructured interview known as in-depth interview. It was in the form of an 'interview guide' with the medical students about their educational background, the capability of using Javanese and preference in using Javanese or Indonesian during their daily interaction with patients. There were two reasons for choosing the unstructured interview, a) the researcher reduced the bias by carrying out the in-depth interview herself; b) it was appropriate as it was used in obtaining data of sensitive areas. The interview was tried out during the preliminary observation.

Data Analysis

Analyzing data inductively was carried out in this study starting from the data of the spoken medical discourse of medical students with patients which was supported by information from medical residents, medical specialists from two departments: pediatric and obstetric, on the process of interaction.

Data analyses were done as follows. The first step for data analysis is identifying and explaining the utterance patterns and politeness strategies in medical discourse. At the pediatric department for in-patients at the third class wards the coded utterance patterns followed the interactions stategies as in the SEGUE checklist (Makoul, 1993) such as greetings (Gr), using terms of address (TA), eliciting patients' progress (Eli 1), eliciting patients' emotional factors (Eli 2), eliciting patients' reasons (Eli3). At the obstetric department for out-patients at the polyclinic the coded utterance patterns were not starting with greetings (Gr) but started directly with eliciting patients' progress (Eli 1) using of terms of address (TA), eliciting patients' emotional factors (Eli 2), eliciting patients' reasons (Eli3). The obtained data were then classified according to their kinds of utterance patterns and politeness strategies coded on the basis of their categories of communication between two people: between medical student (MSt) and the patient (P). There are 20 (twenty) interactions from five cassettes taped at the pediatric department and 68 (sixty eight) interactions from five cassettes at the obstetric department.

The second step is to group every utterance found into the stages above. The third step for data analysis is identifying and classifying the meaning of the utterance patterns and politeness strategies of medical discourse. The fourth step in data analysis is analyzing the meaning or implications of utterance patterns and politeness strategies. The results of the analyses were then directly triangulated with other sources.

Triangulation

The data obtained were triangulated, as it would limit the possibility of bias in the results of the study. First, theory triangulation was carried out by the use of multiple perspectives to interpret a single set of data. The researcher refers to Mishler's (1984) theory of medical discourse on attentiveness in medical discourse. The works of Mishler on medical discourse are

also seen in several journals (1992, 1996, 1998, and 1999). Second, on politeness strategies, the researcher also referred to theories on politeness of Brown and Levinson's (2004/1987) and Wood & Kroger (1991) politeness and forms of address. Third, on politeness related to the influence of local context, the researcher refers to Kartomihardjo's (1979) Javanese values in communicative codes. The medical part in the medical discourse was cross-checked with medical specialists and textbooks of each medical field: pediatric and obstetric, and books on medical field during the Dutch period (*Hal Docter Djawa*, 1900; *Hal Sekolah Dokter Djawa*, 1901). Data of Indonesian and Javanese 'culture-specific' use in medical discourse were obtained from the patients' view that lived and experienced the interactions with Dutch doctors during the Dutch period in Indonesia (Retono, 2001; Hal Docter Djawa, 1900; 1901). Second, methodological triangulation was carried out by using the major source: non-participant observation and in-depth interview from the interactions at the two departments.

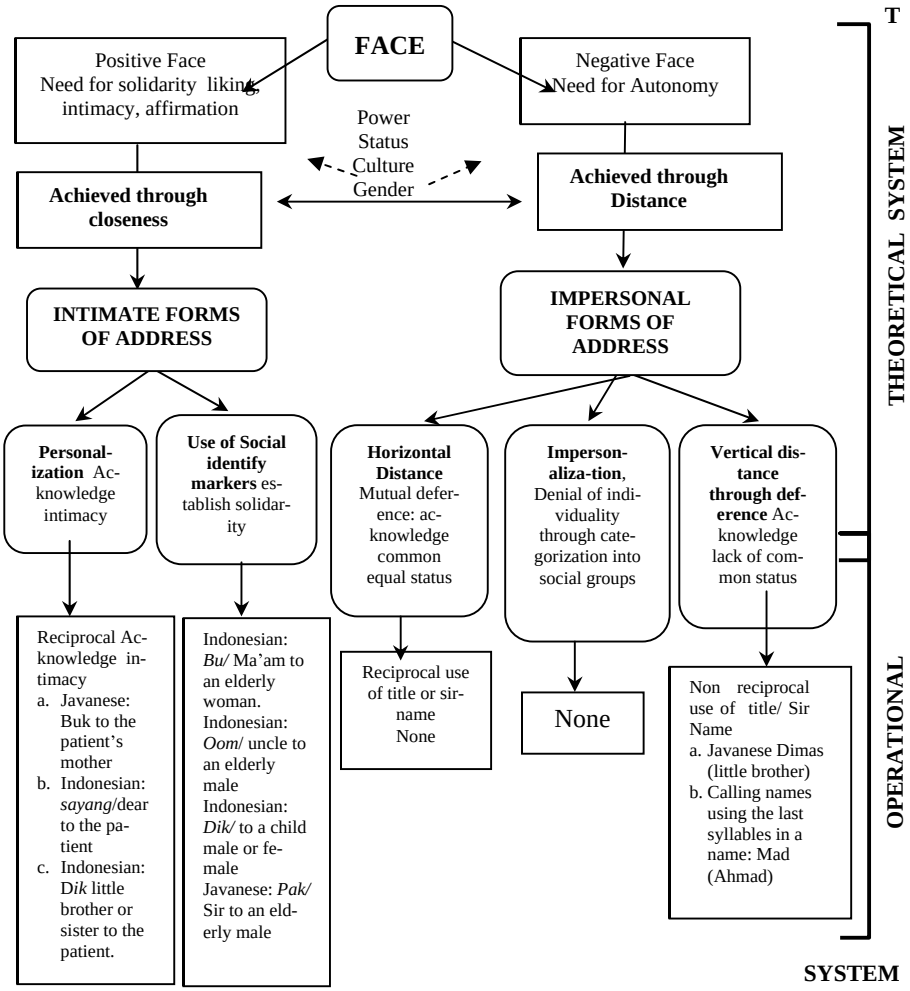
The data were elicited through non-participant direct observation, in-depth interview and recording of utterances between the medical students and the patients. Data were analyzed using the 'interaction model'. The steps in the analysis are (1) data reduction, (2) data specification, and (3) conclusions and verifications. The data were validated on the basic of the theory and method of triangulation.

RESEARCH RESULTS

Wood & Kroger's Politeness and Forms of Address in Medical Discourse at the Pediatric Department

The importance of opening up a proper conversation that will voice the 'voice of the lifeworld' (Mishler, 1984; Charles, Whelan & Gafni, 1999) is really needed. You do not deal with an adult who is ill but with a child who is ill. The importance on focusing on the child's right to healthcare no matter what the social class is an important issue nowadays. Maguire & Pitceathly (2002, 325:697) mentions that: a) good doctors communicate effectively with patients as they identify patients' problems more accurately; b) patients are more satisfied with their care and better understand their problems, investigations, and treatment options; c) patients are likely to follow treatment and advice on behavior change (Maynard, 1995); d) patients' distress and their vul-

nerability to anxiety and depression are lessened; e) doctors' own wellbeing is improved.



Wood and Kroger's (1991) Politeness and forms of address quoted by Spiers (1998:38)

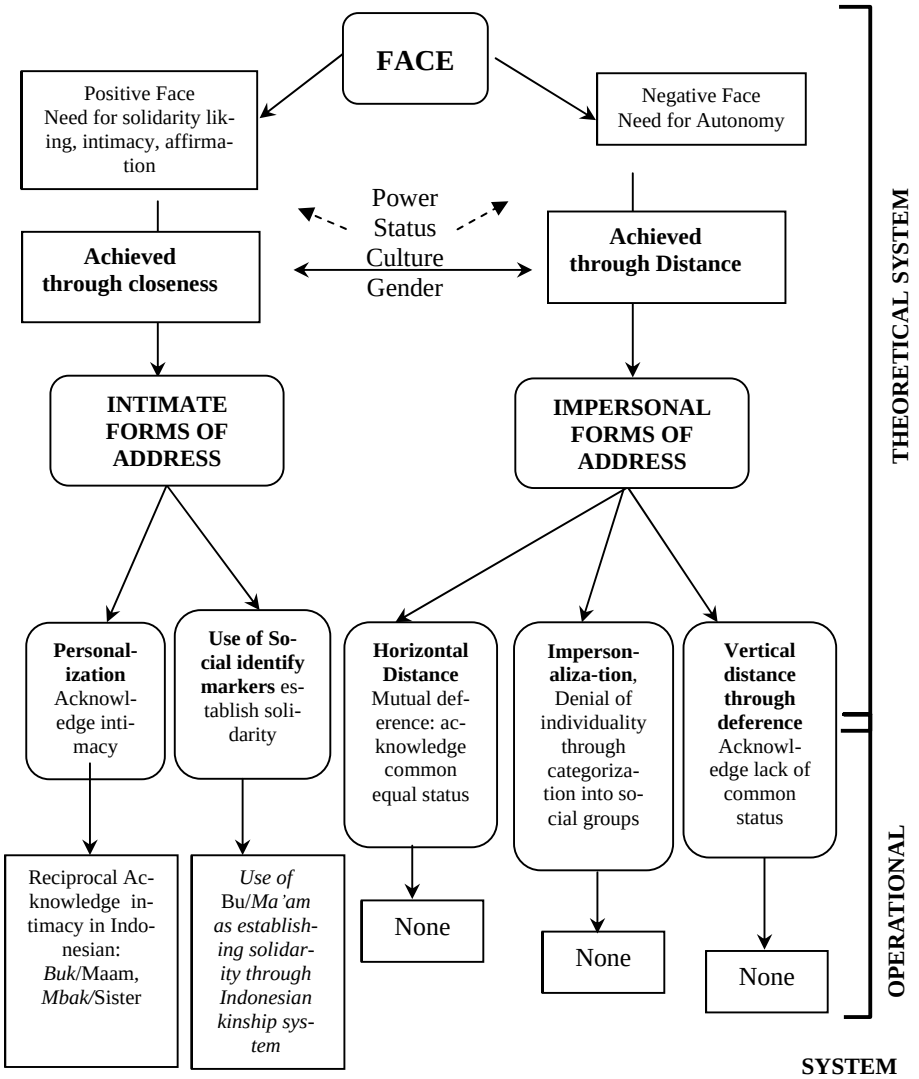
Figure 1. Politeness and forms of address by Medical Students to Patients at the Pediatric Department

The face-threatening acts (FTA) on-record using positive politeness strategies are as follows. The face need is for solidarity, liking, intimacy, affirmation. It is achieved through closeness using intimate forms of address: personalization or the use of social identify markers. Personalization is aimed at acknowledging intimacy and use of social identify markers is aimed at establishing solidarity.

Acknowledging intimacy is achieved through a) the use of Javanese words i.e. for Ma'am/*Buk*, b) the use of Indonesian words i.e. for dear/*sayang*, and dik/*little brother or sister*. The use of social identify markers that establish solidarity can be seen through the use of a) Indonesian words i.e. for uncle/*oom* and Ma'am: *Bu* and b) Javanese words i.e. for Pak/*Sir* showing solidarity by sense of belonging through kinship system or members of one big family (Figure 3.1). The face-threatening acts (FTA) on-record using negative politeness strategies are as follows. The face need is for autonomy. It is achieved through distance using impersonal forms of address. There is no reciprocal use of title or name for horizontal distance for common equal status. Impersonalization through denial of individuality seen through categorization into social groups is also none. Vertical distance through deference through non- reciprocal use of name: 1) in Javanese for little brother/*Dimas* and calling names using the last syllables in a name i.e. Mad from Ahmad (Figure 1).

Wood and Kroger's Politeness and Forms of Address in Medical Discourse in the Obstetric Department

Interactions between a medical student and a patient at the Obstetric Department involve a risky strategy in terms of constructing a positive relationship. The patient is suffering from acute illness that has a connection with the sensitive areas in a woman. It is difficult for the medical student to choose whether it is more appropriate to reveal directly or not to the patient about the nature of the illness (Spiers, 1998:13). The use of different forms of address which are linked to the introduction of a face-threatening act is strategically carried out to soften the acts. (Figure 2).



Wood and Kroger's (1991) Forms of Address quoted by Spiers (1998:38)

Figure 2. Politeness and Forms of Address by Medical Students to Patients at the Obstetric Department

CONCLUSION AND SUGGESTIONS

Conclusion

The overall politeness patterns in medical discourse seen in the use of forms of address are following Brown and Levinson's (2004/1987) politeness strategies, politeness and forms of address, and Kartomihardjo's (1979) use of terms of address seen in the kinship system of Indonesia.

Positive face is achieved through closeness by the use of intimate forms of address: 1) personalization through acknowledging intimacy by four kinds of Javanese version of you: *yo*; of mother or ma'am: *buk*; of brother to young male patient: *mas*; and four Indonesian version for sir: *pak*; of dear: *sayang*; of little brother or sister: *dik*; Indonesian version of sister: *mbak*; 2) use of social identity markers through establishing solidarity through kinship system by using Indonesian version of sir: pak; Indonesian version of ma'am: *bu*; Indonesian version of uncle: *oom*; Indonesian version of a male or female child: *dik*; Javanese version of you: *sampeyan*.

Negative face is achieved through distance by the use of impersonal forms of address: horizontal distance, impersonalization, and vertical distance deference. Negative face is achieved through impersonal forms of address by using 1) horizontal distance through acknowledging common equal status: mutual deference by reciprocal use of name in Javanese version of you: *sampeyan*; use of personal name: *Sari*; there is no reciprocal use of title or sir name. Negative face is also achieved by using 2) impersonalization through denial of individuality through categorization into social groups: the use of Javanese version of elderly person of sir: *bapak*; the use of Javanese version of sister: *mbak*; ambiguous version forms of address: *anu*; sometimes in some departments there is no impersonalization through denial of individuality through categorization into social groups. 3).

Negative face achieved through impersonal forms of address is also achieved by using vertical distance through deference by acknowledging lack of common status by using the title or sir name: the Javanese version for little brother: *Dimas*; and calling names with truncated form using the last syllables in a name: *Mad (Ahmad)*; non reciprocal use of name for you or him in Javanese version: *bapake*; sometimes in some departments there is no vertical distance through deference by acknowledging lack of common status.

Suggestions

There are several suggestions based on the results of this study. First, doctors and nurses are suggested to consider the importance of politeness strategies involving the use of terms of address related to local cultural values in their interaction with patients. The importance of conveying messages correctly using the proper terms of address has a direct influence on the success of the medication itself.

Second, curriculum developers and policy makers for the Medical Faculty and Nurse Program need to consider the importance of politeness in related to the use of terms of address in utterance patterns and local cultural values in the formulation of the curriculum. It is now the time to change the curriculum of medical faculties and nurse programs to a more humane approach to medication and not just maintain the importance of the medical part.

Third, future researchers are expected to conduct similar studies on the importance of politeness related to the use of terms of address with local context in institutional settings with relation to other fields of discipline and local culture values.

REFERENCES

Barry, C.A., Bradley, C.P., Stevenson, F.A. and Barber, N. 2000. Patient's Unvoiced Agendas in General; Practice Consultations: Qualitative Study. *BMJ*n (Online), Vol. 320: pp. 1246-1250, (http://bmj.com, Retrieved 18th July, 2003).

Bogdan, R.C. and Biklen, S.K. 1982. *Qualitative Research for Education: An Introduction to Theory and Methods.* Boston: Allyn and Bacon.

Bonanno, M. 1982. Women's Language in the Medical Interview. In *Linguistics and the Profession*. Vol. 8. In the Series: Advances In Discourse Processes. Pp 27-38. Pietro, RJD (ed.) New Jersey: ABLEX.

Brown, P. and Levinson, S.C. 1989. *Politeness: Some Universals in Language Usage*. (Reprinted 2004). Cambridge: Cambridge University Press.

Charles, C., Gafni, A. and Whelan, Tim. 2000. How to Improve Communication between Doctors and Patients: Learning more about the Decision-Making Context is Important. *BMJ*, (Online) Vol. 320: pp. 1220-

1221. (http://bmj.com, Retrieved 3rd April, 2003).

Clark, J.A. & Mishler, E.G. 1992. Attending to Patients' Stories: Reframing the Clinical Task. *Sociology of Health and Illness. 14 (3):344-372.*

Drew, P. and Heritage, J. 1995 Reprinted. Analyzing Talk at Work: an Introduction. In Paul Drew and John Heritage (eds). *Talk at Work: Interaction in Institutional Settings.* Tyne & Wear: Cambridge University Press.

Geertz, C. 1960. *The Religion of Java.* Chicago: The University of Chicago Press.

Geertz, H. 1961. *The Javanese Family: A Study of Kinship and Socialization.* New York: The Free Press.

Grainger, K. 2003. Linguistic Politeness and Context: Politeness or Impoliteness? Verbal Play on the Hospital Ward. *English Studies: Working Papers on the Web,*(Online), (http://www.shu.ac.uk/wpw/politeness/grainger.htm, Retrieved March 23rd, 2003).

Hal Docter Djawa. *1900. Pewarta Priyayi.* 215-218. Soerakarta: Samarang-Drukkerij en Boekhandel.

Hal Sekolah Dokter Djawa. 1901. Bijblad no. 5131. *Pewarta Priyayi. Page 296*. Soerakarta: Samarang-Drukkerij en Boekhandel.

Hyden, L.C. & Mishler, E.G. 1999. Language and Medicine. *Annual Review of Applied Linguistics* (19) 174-192.

Iragiliati, E. 1993. Reading and Discussing Professional Abstracts in Richard R. Day et. al. (ed.) TESOL Series in: *New Ways in Teaching Reading.* Washington DC: TESOL.

Iragiliati, E. 1999. *English Language Policy for Tertiary Education based on the Autonomy Regulation at the Medical Faculty Brawijaya University, Malang, Indonesia.* Paper Presented at the National Seminar for Science and Technology: Education. Serpong, Indonesia.

Iragiliati, E. 2000. *Providing a Positive Environmental EAP Usage in Supporting the Long Term Adjustment Process.* Paper Presented at the 3rd International Seminar for Language for Specific Purposes: Tuning in to the New Millennium, Johor Bahru, Malaysia.

Iragiliati, E. 2001a. *The Position of Women in Formal Oral Discourse of Indonesian Specific Purposes in Dialogues between Sociologists and Women Sexual Workers: Discourse Analysis toward Women Empowerment.* Unpublished Research Report for Research for Women Studies, Directorate General for Higher Education, Ministry of National Educa-

tion, Jakarta, Indonesia.

Iragiliati, E. 2001b. Politeness in Medical Discourse: Strategies, Interaction Patterns, and Implications. In Yolanda Beh. Current Research in Southeast Asia. *RELC Journal 32 (1): 121-122.*

Iragiliati, E. 2003. *Portfolio assessment for EAP Medical at Brawijaya University, Malang, Indonesia.* Paper Presented at 38th RELC International Seminar 2003: Teaching and Assessing Language Proficiency, Singapore.

Iragiliati, E. 2005. *Verbal Utterance Patterns and Politeness Strategies in Indonesian Medical Discourse.* Unpublished Doctoral Dissertation. Malang State University Indonesia.

Kartomihardjo, S. 1979. *Ethnography of Communicative Codes in East Java.* Unpublished Doctoral Dissertation, Cornell University, Cornell, USA.

Maguire, P. and Carolyne, P. 2002. Key Communication Skills and How to Acquire Them. *BMJ,* Vol. 325: pp. 697-700, (http://bmj.com, retrieved 19th July, 2003).

Makoul, D. 1993. SEGUE Checklist Instrument. In Northwestern University Medical School. *1998 Clinical Encounter: Patient, Physician and Society:M2.* Chicago: Class of 2000. page 21.

Marshall, C. and Rossman, G.B. 1995. *Designing Qualitative Research*. Second Edition. Thousand Oaks: Sage.

Maynard, D.W. 1995. On Clinicians Co-implicating Recipients' Perspective in the Delivery of Diagnostic News. In Paul Drew & John Heritage (Eds.), *Talk at Work: Interaction in Institutional Settings,* (pp. 331-358) Press Syndicate: Cambridge. (Reprinted).

Mishler, E.G., Jack A.C., Joseph I., Michael P.S. 1989. The Language of Attentive Patient Care: A Comparison of Two Medical Interviews. *Journal of General Internal Medicine (4): pp. 325-335.* Philadelphia: Hanley & Belfus.

Mishler, E.G. 1984. Observations on Humane Practice and Critical Research in *The Discourse of Medicine: Dialectics of Medical Interviews*. New Jersey: Ablex Publishing Corporation.

Mulder, N. 1994. Individual and Society in Java: A Cultural Analysis. 2nd Revised ed. Yogyakarta: Gadjah Mada University Press.

Retono. 2001. (Personal Interview).

Shuy, R.W. 1973. The Decade Ahead for Applied Sociolinguistics. *International Journal of the Sociology of Language 45: 101-105.*

Spiers, J.A. 1998. The Use of Face Work and Politeness Theory. *Qualitative Health Research.* Sage Publications, Inc., 8 (1): 25-47, (Online), (uwidiati@yahoo.com or utami.widiati@education.monash. edu.au, retrieved July 26, 2001).

forms of address, 19, 20, 22, 23, 27, 28, 29, 31
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