

Politeness in institutional elderly care in Japan: A cross-cultural comparison

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Abstract

This paper looks at communication between staff and residents in a Japanese elderly care facility. It discusses the role of politeness in this special type of health care setting from a cross-cultural perspective. Starting with a review of previous literature on the topic, some basic characteristics of communication between staff and residents in nursing homes are outlined. The overall conditions that apply in the caring context with regard to linguistic politeness are described on the basis of Brown and Levinson's framework. The main part of the paper presents speech data from a Japanese nursing home, analyzed in direct comparison with data from other cultural contexts. In so doing, an attempt is made to outline some common communicative features in institutional elderly care. The summarizing discussion focuses on the question of whether the special conditions of institutional elderly care may indeed generate very similar types of communication across different cultural settings.

Keywords: Japan, politeness, institutional elderly care, gerontolinguistics, joking, compliments

1. Introduction¹

Anyone who has ever seen the inside of a nursing home for the elderly, no matter in what corner of the world, knows that it is a very special place with a very special kind of atmosphere. The residents of the institution have entered the final stage of their lives, leaving behind the past and most of what was dear to them. Their new life is a life of care and control. The institution on the one hand provides the support now needed in order to manage everyday tasks; on the other hand, it demands that the care-receivers submit themselves to the institutional rules.

Care and control are thus two sides of the same coin, and both involve a great deal of infringement on an individual's independence and right to self-determination. Receiving care means that the residents have to accept help to perform actions they were able to carry out themselves for the better part of their lives. These may include eating and drinking, washing, getting dressed and undressed, and even going to the toilet. Control means that life in an elderly people's home follows strict rules. In sharp contrast to the residents' pre-institutional life, it is not the individual but the institution that now determines what, how, and when activities are to be performed. This creates much potential for conflict between residents and staff – conflict to be carried out through linguistic interaction between the two groups.

This paper examines the special nature of communication between residents and staff in a Japanese elderly care institution by taking a cross-cultural perspective. An overview of previous research is given in section 2, which works out the main features of care communication in general and establishes a relationship between communication in institutional elderly care and the study of politeness. Section 3 presents speech data collected in a study in a Japanese nursing home and analyzes them in direct comparison with similar data from care institutions in other cultural contexts. The findings are reviewed in section 4, which argues that the special nature of care communication may account for the similarities found in the culturally different settings discussed.

2. Care, communication and politeness

Though much research has been conducted on communication with older adults in general throughout the last decades (see Hamilton 2001 for an overview), the body of sociolinguistic and discourse analytical studies into linguistic interaction with institutionalized elderly people is still comparably small. So far, empirical research is available from the US (Caporael 1981), Australia (Gibb 1990), England (Grainger 1993, 2004a), Germany (Sachweh 2000), South Africa (Makoni and Grainger 2002), Sweden (Wadensten 2005), and, recently, Japan (Kitamoto 2006). These types of "gerontolinguistic" studies (Makoni and Grainger 2002) may enhance our general understanding of politeness in health care settings for at least two reasons.

Firstly, nursing homes for the elderly are a type of "total institution". This well-known term was defined by Goffman (1961: xiii) as "a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life". Total institutions are characterized by a breakdown of the social and physical separations

among "sleep, play, and work", the bureaucratic organization of everyday life, systematic surveillance of the "inmates", and incompatibility of the institution with any form of family life (Goffman 1961: 4–12). Though elderly care institutions do not usually comprise the element of "work" as included in Goffman's concept, they share all of the other properties of the total institution. These properties clearly distinguish institutionalized elderly care from most other medical settings. Even hospitals are far less total in nature, comprising as they do a prospect of "release" for convalesced patients to their real, non-institutional, lives. For most residents in an old people's home there is no such option. Institutional life *is* their real life.

The second reason why gerontolinguistic research provides some potential insight on institutional discourse in general, and medical settings in particular, is the dialectic relationship between care and control. Care professionals face an inherent tension "in that the physical action of 'caring' necessitates physically intrusive, embarrassing, or painful actions ... which at the same time are intended to benefit the recipient of the care" (Makoni and Grainger 2002: 807). While this is a characteristic observable to some extent in other medical settings, too, it can be considered to be much more pronounced in the total institution of an old people's home, where the "regime of care" permeates each and every corner of the residents' lives (Makoni and Grainger 2002: 806).

Nursing homes for the elderly, then, are a very special type of setting, and this setting generates a very special type of communication. Grainger (2004b) in a recent overview of the relevant literature identifies three major characteristics of linguistic interaction in institutional elderly care. The first is a conspicuous absence of talk in general. This is in part due to neurological or physiological communication disorders on the part of the residents, but there are other, non-medical, reasons as well: low staff expectations of the residents' ability to communicate, lack of stimulation to talk and lack of time on the part of the staff, as well as environmental barriers such as background noise from the television or an arrangement of tables and chairs that impedes the emergence of conversations between residents in the first place (Grainger 2004b: 480–482).

The second characteristic of care communication is the pervasiveness of task-oriented talk. Most of the carer-caree interaction is centred around and motivated by the accomplishment of a given care task. In other words, communication between staff and residents for the most part is not primarily talk for the sake of talk in itself, but is conducted in order to get things done. For the caring staff, time is always tight and the next task already waiting. Arising from this is an overall "conflict between procedural (task-related) and personal (relational) goals"

(Grainger 2004b: 484). In this environment, even talk that is apparently non-related to accomplishing a given care task may be considered to function as a linguistic strategy to do just that: create an atmosphere that makes things go smoothly.

The third type of talk Grainger (2004b: 488–492) identifies is characterized by staff members' intentional or non-intentional emphasis on the frailty and helplessness of the residents. This way of speaking is called dependency-inducing talk. It includes secondary baby talk (SBT) and patronizing communication; two characteristic elements of linguistic interaction with elderly people in institutional contexts (Caporael et al. 1983; Kemper 1994; Ryan et al. 1995). Further included in dependency-inducing talk is the use of "controlling language", which can be identified in linguistic forms such as modal verbs (should, ought, must) and tag questions. Other dependency-inducing features in care communication are use of a resident's first name and exaggerated praise, also referred to as "superlative talk" (Lanceley 1985: 130). Since one function of this way of speaking is getting a resident to cooperate with a specific care task, dependency-inducing talk contains elements of task-oriented talk, too.

Politeness in institutional elderly care in most cases has been examined on the basis of Brown and Levinson's (1987) framework and their distinction between positive and negative face. The former refers to the desire for recognition and appreciation by one's social environment, the latter stands for the right to unimpeded action and self-fulfilment. As generally known, a central concept is the face-threatening act (FTA) and the linguistic countermeasures taken to abate it. The seriousness of an FTA depends on the social distance between speaker and hearer, their relative power with regard to each other, and the absolute ranking of the imposition in question.

While Brown and Levinson's approach to politeness has been controversially discussed ever since their 1978 publication, the emergence of what is now commonly referred to as the discursive or postmodernist approach to politeness has given this criticism new edge. Scholars including Eelen (2001) and Watts (2003) have called for a radical reconceptualization of the study of politeness. The major points of criticism of Brown and Levinson's approach include its lack of reflection on the distinction between commonsense/lay notions of "first-order" politeness and the theoretical/scientific conceptualization of "second-order" politeness; its sole focus on the speaker of a given utterance without taking into account how this utterance may be received by the hearer; its static, decontextualized account of linguistic behaviour that fails to consider how politeness is discursively constructed; and its apparent unfeasibility to deal with impoliteness.

While I am aware and, in many respects, approving of this criticism, my analysis in this paper to a large extent continues to rely on the framework by Brown and Levinson. This is because it is my contention that their model does provide a helpful and well-developed terminology for analyzing linguistic interaction. In this respect I agree with J. Culpeper (personal communication), who has held that much of the criticism directed against Brown and Levinson's approach more appropriately refers to the mechanistic application of their model by subsequent researchers. By contrast, a closer reading of Brown and Levinson (1987) themselves shows that they have been considerably careful in framing their argument.

Moreover, Haugh (2007) has convincingly pointed out that the discursive approach in its rejection of any sort of theory of politeness and its radical questioning of the role of the analyst in examining politeness in interaction would in fact leave very little to be researched by the (non-participant) researcher at all. In other words, while a critical examination of Brown and Levinson's theory and its deficiencies is highly welcome, it is my view that we should be very careful to not throw out the baby with the bath water in this debate. In this sense the present approach tries to utilize the existing framework of Brown and Levinson, but without turning a blind eye on the shortcomings that there definitely are. These will be outlined in the later part of the discussion.

Using Brown and Levinson's framework in the context of institutional elderly care, the three variables to determine the seriousness of an FTA show some noteworthy characteristics. First of all, as in most other institutional settings, there is an inbuilt power asymmetry between the representatives of the institution on the one hand and its users on the other. In a nursing home for the elderly, this asymmetry is manifest on a variety of levels. As Sachweh (2003: 145) has analyzed, the staff members are in a position superior to the residents with regard to physical and/or mental constitution, knowledge about health and caring matters, and, most importantly, institutional authority and the right to sanction deviation from the rules.

The two other variables, social distance and the nature of the imposition, bear a complicated and almost incompatible relationship to each other. The residents in most cases have not known the staff members for longer than their admission to the institution and, consequently, are unlikely to have a close relationship with them. However, due to physical and mental impairments of various sorts, most residents need to accept help from the staff to perform actions that would be felt highly embarrassing even between closely acquainted adults: getting dressed and undressed, washing and intimate caring procedures, eating and drinking,

and even actions involving bodily excretions. In Brown and Levinson's terms, everyday life at a nursing home is thus fraught with face-threatening acts of an exceptionally severe nature.

The exceptional seriousness of FTAs in the caring context calls for a closer analysis of politeness in this type of setting. This paper does so by taking a cross-cultural perspective. It discusses three communicative phenomena observed in previous gerontolinguistic research and analyzes them in direct comparison with similar instances of linguistic interaction in a Japanese nursing home. Special focus is on the use of positive politeness as a strategy to combine institutional goals with personal face-saving goals. In addition, and somewhat beyond the scope of Brown and Levinson's framework, I will explore how the participants use language to manipulate their mutual relationship in order to deal with potentially awkward situations. As will become clear from the respective examples, they may do so to a more or less successful degree.

3. Case study and cross-cultural comparison

Empirical research was conducted in a geriatric health care facility in central Tokyo. The home has around 100 residents and 57 permanent employees. Data were collected during two weeks of field research in May 2007, during which I was granted admission to the home as a trainee. I was expected to assist the staff with minor tasks and in exchange was allowed to make observations and take field notes. Since it was not possible to get the required consents for making audio recordings, the conversations between residents and staff were transcribed on the spot. While it is clear that these data do not meet conversation analytical standards, they can be considered sufficient for the present purpose, in which only shorter extracts are examined and no attempts at analyzing more complex sequential issues are made.

The following three communicative phenomena will be discussed in turn: praise (3.1), inclusive joking (3.2), and exclusive joking (3.3). Each subsection starts with an example from previous research, which will be juxtaposed with a corresponding extract from the present study. The reason for this way of arranging the data is my prior awareness of the characteristics of communication in institutional elderly care observed in previous studies in other cultural contexts. Interest in a direct comparison of my own data with these studies results from my surprise about the great number of similarities encountered in the home in Tokyo. The focus on similarities rather than differences in this cross-cultural comparison hence reflects one of the overall findings of my study as such.

3.1. Praise

As mentioned in the previous section, praise and complimenting are characteristic types of discourse in caring institutions that have also been referred to as "superlative talk". The underlying positive politeness strategy in Brown and Levinson's terms (1987: 104–106) would be "Exaggerate (interest, approval, sympathy)". Extract (1) is from a study by Sachweh (2003: 150), which was conducted in a nursing home in Southern Germany. It was recorded during the morning care activities. The nurse in this extract is helping a resident get dressed².

Extract (1)

Nurse: *Ja nei der arm muss durch. Nit rausziehe*
yes no the arm must through. Not pull out (dialect)
'Well no, the arm must go through. Don't pull it out'

Un jetzt kommts über de kopf (2.0)
and now comes-it over the head (dialect)
'And now it goes over your head' (2.0)

Ganz schicker pullover hend sie an
quite smart sweater have (dialect) you (formal) on
'Really smart sweater you're wearing'

Richtig liebe farb isch des
really lovely colour is this (dialect)
'Very lovely colour indeed'

The extract starts with some characteristic instances of controlling language. In order to get the task done as soon as possible, the nurse has to issue various directives. Some of them are expressed directly through an imperative construction (*nit rausziehe*), others are rephrased into affirmative clauses (*kommts*), partly by employing modal constructions (*muss durch*). In Brown and Levinson's terms, each of these directives constitutes a potential threat to the resident's negative face wants for self-determination and unimpeded action. The nurse herself seems to be well aware of this and tries to make up for it by complimenting the resident's sweater once the task has been achieved. In other words, she tries to mitigate the committed series of FTAs by positive face work: communicating to the resident that she approves of her dress sense. However, in part due to the sudden shift in topic and the conspicuous use of intensifying adverbs (*ganz, richtig*), the nurse's compliments have an unmistakably condescending tone. This makes it difficult to ascertain to what degree she actually succeeds in redressing the preceding series of FTAs committed on the resident³.

The Japanese study contains two similar situations in which praise is used as a means to relieve institutional impositions forced upon the residents. One of them is given in Extract (2). It was recorded during the so-called recreation activities, which take place every weekday in the early afternoon in the dayroom. The activities offered include making ikebana, drawing and painting, playing balloon games, singing songs, and some others. Though there is no outspoken obligation for the residents to engage in these activities, it is usually expected that they do. In the present case, a female resident in her early eighties was rather unwilling to take part in that day's calligraphy programme and complained that she had been disturbed during her afternoon nap. Very briefly after she had finally started writing a few characters on a sheet in front of her, one of the nurses in the dayroom suddenly approached her by saying the following⁴:

Extract (2)

Nurse: *Umeko-san, zyoozu zyanai?*
 FN-Hon skilful not
 'Umeko-san, very skilful, aren't you?'

Resident: (no reaction)

In a similar way to the German case, the nurse in this extract appears to be aware that there has been a major infringement on the resident's right to self-determination. Her utterance is a belated attempt to compensate for this infringement and re-establish communication. It is interesting to observe that, in this case too, the utterance comes quite out of the blue and without any immediately preceding interaction with the resident. The power differences this right to sudden praise in itself implies also show in the language the nurse chooses. She addresses the resident by her first name (*Umeko*) and uses a plain (*zyanai*) rather than a formal speech style. Both features would appear rather unusual between non-intimate adults in Japan, at least in non-institutional contexts. In addition, the negative question format as one characteristic feature of dependency-inducing talk does not leave much room for a reply other than the expected.

The resident in this case does not seem particularly flattered by the nurse's compliment. The fact that she refuses to say anything in reply nor reacts in any other recognizable way to the nurse's remark strongly suggests her displeasure about being approached that way. From a sequential point of view the interaction is clearly marked in that a compliment typically calls for some reaction on the part of the complimented, an acceptance, a denial, or some sort of avoidance strategy (Pomerantz

1978; Saito and Beecken 1997). The fact that the expected turn is withheld here can arguably be regarded as evidence of the resident's discontent with the nurse's linguistic performance.

The two examples show how praise in linguistic interaction in elderly care is used on the part of the staff to appeal to the residents' positive face. On the one hand, this can be seen as an attempt to compensate for institutionally-imposed FTAs. On the other hand, however, it is also a clear expression of unequal power relations between the praising and the praised. In this respect, it is not necessarily a successful strategy of politeness in the context of institutional elderly care.

3.2. Inclusive joking

Joking is another feature of care communication that is based on positive face work (Brown and Levinson 1987: 124–125). An illuminating example is given in Extract (3). It is part of a conversation between a nurse and a patient in a British National Health Service geriatric acute ward, recorded by Grainger (2004a: 47–48). The extract starts with the nurse making preparations for the patient to get bathed.

Extract (3)

Nurse: alright I'll leave you to get yourself undressed (.)
 I'll put the frame in front of you
 so that when you take your dressing gown off
 you can stand up
 Res.: thank you
 [...]
 Nurse: OK? Fill this bath up now
 Res.: drown ((me is it?))
 (Sound of water running into bath)
 Nurse: yeh *drown* you yeh (.)
 ((I'm gonna shove your head))
 I'm gonna pour so much water
 over your head with the jug
 Res.: (joking) I'm not coming this place no more
 Nurse: (laughs) (2.0) ahh (.) don't ruin our fun Mary
 (Sound of water running)

Getting bathed is an activity fraught with serious FTAs, including getting undressed in front of and having one's naked body touched by a non-intimate person. The strategy to abate the seriousness of the im-

pending face threats in this extract is what Grainger (2004a) calls “verbal play”. The play is initiated by the patient’s joking remarks about the nurse’s intention to drown her. The nurse takes up this theme by pretending to admit that this is just what she is about to do. The joking continues with the patient saying that she will not be “coming this place no more”, an option that is actually not at her disposal, and the nurse’s reply, which suggests that bathing the patient is “fun” rather than a highly embarrassing but unavoidable procedure, to both interactants.

Grainger (2004a: 48) in this extract identifies a positive politeness strategy that is based on the shared assumption that “we both know this is not true/appropriate” for the situation. Through joking, the two participants jointly manage to reduce the social distance between them by creating a sense of familiarity in order to legitimize “the intimate help by a non-intimate other, to which the elderly adult is obliged to subject herself” (Grainger 2004a: 48).

My data include three transcripts of similar situations in which an embarrassing action with highly face-threatening potential is accompanied by humour and joking. One particularly noteworthy example is given in Extract (4), which is part of a conversation in the day room after lunch. The residents are just returning to their rooms in order to take a rest. One female resident in a wheelchair asks a nurse to help her with going to the toilet before being accompanied to her room. The joking starts with the nurse’s suggestion that the participant observer, who happened to be standing nearby, should provide that help.

Extract (4)

Nurse: *Kin-san, kyoo wa peetaa-san ni*
FN-Hon today-Top Peter-Hon-Dat
‘Kin-san, why not let Peter

toire turete tte moraimasyooka?
toilet accompany-go receive-masu-Vol-Q
accompany us to the toilet today?’

Res.: *Iya, sonnano ...*
No, that-Nom
‘Well, no, that would be ...’

Nurse: *Nande? sekkaku dakara*
Why? kindly because
‘Why not? Since he’s here today’

Res.: *Iya, warui yo*
No, bad-FP
‘No, that would be bad’

Nurse: *Nande? zya, watasi zya warukunai no? hidoi* (laughs)
Why well I if not bad-Q cruel
‘Why? Well, isn’t it bad for me then, too? How unkind of you’
(laughs)

Res.: *Iya, sonna no zyanakute* (laughs)
No, that-Nom not
‘No, I don’t mean it that way’ (laughs)

The action that is being prepared here is one with an even higher face-threatening potential than in the bathing example in Extract (3). Since bodily excretions are a taboo in most societies, going to the toilet from a young age on is usually performed exclusively alone and behind closed doors. In the present case, as in many other situations in institutional elderly care, this is not possible. The resident is in need of the nurse’s support, and the nurse is expected to provide that support. How do the two deal with the situation then?

The nurse’s suggestion that the participant observer, officially working in the home as a trainee, should accompany the resident to the toilet has a twofold aim. On the one hand, she directly asks for the resident’s consent to let the trainee be part of the action and thus allow him a glimpse beyond the dayroom activities of the home. On the other hand, with her opening question the nurse clearly intends to introduce a lightly teasing element to the situation, since she anticipates that the resident will not be particularly eager to give that consent. The “outsiderness” of the trainee – new in the institution, visibly foreign, and of the opposite sex – adds to the inappropriateness of the suggestion.

Noteworthy about the nurse’s question is the verbal inflection *-[i]tte moraimasyooka* attached to the main verb, *tureru* ‘accompany’. The underlying form *V-te morau* is a frequently used morphosyntactic feature to describe a receiving event, in the present case, the toilet support. The volitional/hortative form *-syoo* “let’s” suggests that both the resident and the nurse are the beneficiaries of this support. The nurse thus expresses solidarity with the resident by including herself on the receiving side of the suggested (trans)action rather than on the side of the trainee.

As expected by the nurse, the resident refuses to accept the offer, upon which the nurse interrupts her by asking why she does so. Using the term *sekkaku* she emphasizes, half tongue in cheek, that this is quite an exceptional chance which the resident might regret not having taken. Asked to give reasons for her refusal, the resident specifies that receiving the support would be *warui* 'bad', a frequently used expression when refusing an offer in Japanese. Due to the missing subject in her reply, it remains ambiguous whether the resident regards the support by the trainee as bad for him or bad for herself. However, the nurse intentionally interprets the resident's reply in the former sense only. This allows her to continue the teasing by jokingly scolding the resident that she worries about the wellbeing of the trainee if he was to accompany her to the toilet, but has obviously no problem to accept that very help from the nurse.

Another possible interpretation of the nurse's verbal behaviour is that the researcher himself is made an indirect target of teasing. Being a visitor and outsider to the institution (although supposed to be a trainee), she knew that he would be in a rather awkward situation if the resident did not refuse the offer to accompany her to the toilet. In this sense, the joking could be considered an effective device to confirm the already established relationship between the nurse and the resident.

Generally speaking, the nurse's strategy to deal with the situation is to make explicit the inherent face threats and, in doing so, diminish their face-threatening potential. The humour evolves from the fact that, on the surface level, it is not appropriate for the nurse to openly complain about having to help the resident with going to the toilet – after all, that is her job. The shared laughter at the end of the extract shows that each of them knows that what is being said is indeed not appropriate and that each knows that the other knows, too. Though mainly driven and controlled by the nurse, the two thus succeed in creating an atmosphere of familiarity that helps them handle a potentially awkward situation by talking about it.

3.3. Exclusive joking

As Grainger (2004a) in her analysis of humour in institutional care has emphasized, it is vital for the success of joking and verbal play that both participants cooperate in the interaction. If the joking remains on the part of the care-providing person only, it can be harmful to the care-receiving person's face wants. Various examples of that latter type are

discussed in Makoni and Grainger (2002: 819–821). The interaction in Extract (5) was recorded in the lounge of a South African nursing home:

Extract (5)

- Nurse 1: (jocular tone) good morning ladies I love you all
(.) hello (.) I still love you
(kisses one of the residents, Mr. G., on the forehead)
- Nurse 2: I wonder what the wife is going to say?
- Nurse 1: (still joking) she comes and goes (.)
we stay here forever (Laughter)
- Nurse 2: OK

The extract starts with nurse 1 entering the lounge by jokingly greeting the residents assembled there. She goes on by kissing one of the male residents on the forehead, mockingly confessing her love to him. Nurse 2, who has been present in the lounge before, obviously feels ill at ease with her colleague's greeting behaviour. According to Makoni and Grainger (2002: 820), her reference to the resident's wife, who is about to visit, is a careful attempt to let nurse 1 know about the inappropriateness of her conduct. However, this does not suffice to make nurse 1 stop her joking. Instead she goes on by juxtaposing the resident's wife's visits to the home to the nurses' continuing presence. This statement is accompanied by her laughter, but not by that of the resident.

Makoni and Grainger (2002) in their analysis of this extract highlight the fact that the level of familiarity and intimacy the nurse tries to create through her joking is not welcomed by the resident, who remains passive throughout the whole conversation. This is because the joking does not reflect any "real intimacy" between the nurse and resident, and the "resident is not in a position to reciprocate the behaviour" (Makoni and Grainger 2002: 820). In other words, the joking is not in collaboration with the resident, but at his expense. The authors define this type of joking as exclusive rather than inclusive.

The Japanese data contain two similar cases of exclusive joking. Extract (6) is one of them. The interaction took place in the home's large bathing facility reserved for bedridden and/or severely physically impaired residents. The room consists of two parts, one for undressing the residents and one for bathing them. The residents are brought in in wheelchairs, usually in groups of three or four same-sex persons. One resident who has just arrived at the room in this scene is a 58 year old male who after a series of strokes has become half-side paralyzed and virtually unable to speak. He is greeted by one of the male staff members as follows:

Extract (6)

Careworker: *kontya!* *aniki* (shouting)
 Hello (casual) big brother
 'H'llo, big brother!' (shouting) (2.0)
 (Careworker approaches R and shakes R's hand against his will)

While it is common for the staff to greet the residents on entering the bathing room, the staff member's greeting behaviour in this scene is quite unusual. Though the resident does not have any hearing deficiencies, the careworker shouts at him in an almost military tone. He uses a clipped and very casual form of the term *konnitiwa* 'hello' to open his greeting. The term of address he chooses, *aniki*, literally means "big brother". While it can be a term of endearment, it is commonly used in Japanese yakuza jargon and has some unmistakable gangster connotations. The fact that it was the only time I encountered this term during the two weeks of field research suggests that it is not commonly used in the context of institutional elderly care.

The resident, who seems to be clearly unwilling to take any active part in this interaction, reacts by not showing any observable reaction at all. The careworker on his part, on realizing that the resident will not cooperate in the joking, after a few seconds approaches him and shakes his hand against his will. This action is remarkable not only inasmuch as the handshake is literally forced upon the resident, but also because shaking hands in Japan is a rather uncommon and clearly marked greeting behaviour that is usually reserved for encounters with (Western) foreigners. While there is a certain chance that the participant observer's presence may account for the careworker's recourse to Western greeting patterns, his reaction can also be seen as an attempt to carry on with his joking in a non-verbal way. In any case, there is no doubt that the joking in this scene goes at the expense of the resident, who does not take any active role in it, but due to his physical deficiencies has no choice but to submit to it.

Judging from the resident's reaction, this case should best be classified as an example of unsuccessful or failed humour. In terms of politeness, the careworker's verbal and non-verbal behaviour does not achieve any face-saving goals at all but, quite contrarily, seriously undermines the resident's face. In this sense, it constitutes a form of impoliteness, not politeness. Unlike in the examples discussed in the previous section, the careworker's attempt to create a familiar atmosphere and thus reduce the severity of the impending FTAs completely fails because his attempts are not reciprocated by the resident. This shows that joking as a positive politeness strategy in the context of institutional elderly care is a double-

edged sword that has to be employed with great care. Unless caregiver and care-receiver manage to cooperate in creating a sense of familiarity, it is likely to result in impoliteness rather than politeness; and will do more harm than good.⁵

4. Discussion

The three verbal strategies discussed above represent three different ways of dealing with face threats in institutional elderly care. In the first case, praise was used by staff members as a means of positive face work intended to compensate for undesired intrusions on the residents' right to self-determination. However, as the two examples analyzed in Section 3.1 show, this form of "superlative talk" is not necessarily a successful strategy. If applied out of context and in too exaggerated a way, praise may be perceived as just another expression of the unequal power relations between residents and staff that characterize everyday life in the institution in general. This could easily be construed from the hearer's reaction or, more precisely, non-reaction, in Extract (2).

The two extracts discussed next were more successful examples of using positive politeness as a means of handling embarrassing situations with a high face-threatening potential for caregiver and care-receiver. Both the bathing and the toilet example in section 3.2 have demonstrated how the staff members and the residents through joking managed to create an atmosphere of familiarity that would make these actions less intrusive. Though the resident in the bathing example took a more active role in the joking than the resident in the toilet example, important in both cases was the interactants' cooperation in temporarily redefining their relationship as one between close acquaintances rather than between carer and cared-for. The laughing in each of the two examples was on both sides.

The last two examples showed that joking without this kind of cooperation may have completely opposite effects. The extracts from South Africa and Japan discussed in section 3.3 were similar in that the staff members' linguistic behaviour failed to create an atmosphere of familiarity. In both cases this was because the staff's joking was exclusive, that is, at the expense of the residents rather than in collaboration with them. Noteworthy is the occurrence of non-verbal elements in both extracts. The kiss on the forehead in the South African case and the handshake in the Japanese example can be regarded as most material manifestations of how the joking is literally forced upon the residents. The staff's actions here clearly go beyond the realm of mere symbolic, that is, linguistic, power.

From a theoretical perspective, it can be reiterated that Brown and Levinson's politeness model provides a fairly helpful terminological toolkit to describe and interpret forms of linguistic interaction in the context of institutional elderly care, particularly from a cross-cultural point of view. However, one must take heed to not work with too static a conception of their approach. In this respect, Grainger (2004a: 42–43) has criticized Brown and Levinson's theory for not paying sufficient attention to contextual factors and the possibility of renegotiating and manipulating the power and distance relationships that hold between the interactants. Brown and Levinson (1987: 228–229) do reflect on this strategy of "re-ranking", as they call it, but only in a brief and rather cursory way. However, as Grainger (2004a: 43) has stressed, in the caring context with its multiplicity of serious face threats this strategy appears to be "instrumental in constructing a particular 'reality' for the participants, which enables the institutional and personal goals to be simultaneously achieved".

In this respect, concepts like Usami's (2002) "discourse politeness" or Fukushima's (2004) "behavioural politeness", which advocate an extension of Brown and Levinson's model beyond the sentence-level, appear to be feasible options. As suggested by Haugh (2007), the application of conversation analytical methodology could prove to be a helpful tool in this respect. A compelling example of how this could be operationalized is Geyer's (2008) recent study on politeness in Japanese business meetings.

With regard to the cross-cultural perspective taken in this paper, it is noteworthy that for each of the three Japanese examples of linguistic interaction in institutional elderly care, it was easy to find a closely resembling example from previous research in a different cultural setting: praise in a German nursing home, inclusive joking in a UK geriatric hospital ward, and exclusive joking in a caring institution in South Africa. Though it needs to be emphasized that the selectivity of the data and the way they have been arranged here do not allow for generalizations, the occurrence of such similarities in itself suggests that there may be some universal communicative properties in this special type of health care setting. These could be sketched as follows:

Akin to institutional elderly care in most cultural contexts is the basic problem of reconciling institutional and individual face-saving goals. Of special relevance are the totality of the institutional setting, the power differences and the social distance between caregivers and care-receivers, and the seriousness of the FTAs involved. Since it is within these very similar conditions that the interactants operate, it might appear reasonable to assume that they rely on similar verbal strategies. In other words, everyday life in a nursing home may be generating a certain type of

communication that to some extent outweighs cultural differences that shape other, less-institutional, forms of interpersonal communication. This may be of some relevance to the fervently debated question of politeness universals in general, and particularly with regard to Japanese language and culture (for a stimulating discussion see Pizziconi 2003 and Matsumoto 2003).

In focusing on the similarities rather than the cultural differences, the present study has had an unmistakable bias towards a universalistic view on politeness. In this respect it needs to be pointed out that the aim of the study with its limited and very selective set of data has been to merely outline where some of these cross-cultural similarities may be found. The present approach does not, and cannot, "prove" them in any scientifically adequate way. The suggestions made in this paper thus could only be verified (or falsified, as may be the case) when working with a much larger, cross-cultural sample. It is hoped that such studies will be conducted in the near future.

5. Conclusion

This paper has discussed politeness in institutional elderly care from a cross-cultural perspective. It has identified three positive politeness strategies used to more or less successfully deal with the face threats in institutional everyday life: praise, inclusive joking, and exclusive joking. The success of these strategies crucially seemed to hinge on the cooperation of the residents. This shows the high relevance of the hearer in analyzing linguistic interaction, a point that has increasingly been emphasized in post-Brown and Levinson approaches to politeness. Where the residents remained passive as mere objects of praise or targets of joking, the communication did not contribute to reconciling institutional and personal face-saving goals. However, as the two examples of inclusive joking have demonstrated, there is some possibility to simultaneously reduce potential face threats and get the caring task done. A precondition for this is sufficient linguistic training for care professionals and an increased awareness of the general importance of language usage in medical settings. Politeness, it seems, plays an important part in this endeavour.

Notes

1. I would like to thank Saeko Fukushima, Yoshiko Matsumoto and Klaus Vollmer for their insightful comments on an earlier draft of this paper. Sincerest gratitude also to Louise Mullany and two anonymous reviewers for their many helpful suggestions.

2. Transcription in examples quoted from other sources has been slightly simplified.
3. Additional data about the resident's reaction would be needed to examine this, but there is no such data available in Sachweh (2000, 2003).
4. Transliteration based on the Kunrei system. Abbreviations used in the Japanese transcripts:

Dat	dative
FN	first name
FP	final particle
Hon	honorific
masu	formal style
Nom	nominalizer
Q	question marker
Top	topic marker
Vol	volitional

5. It is disputable how far terms like humour and politeness are applicable at all to the two extracts discussed in this section. It might be more appropriate to speak of abuse here.

References

- Brown, Penelope and Stephen C. Levinson (1978). Universals in language usage: politeness phenomena. In *Questions and Politeness*, E. Goody (ed.), 56–289. Cambridge: Cambridge University Press.
- Brown, Penelope and Stephen C. Levinson (1987). *Politeness: Some Universals in Language Usage*. Cambridge: Cambridge University Press.
- Caporaël, Linnda R. (1981). The paralanguage of care giving: baby talk to the institutionalized aged. *Journal of Personality and Social Psychology* 40: 876–884.
- Caporaël, Linnda R., M. P. Lukaszewski, and G. H. Culbertson (1983). Secondary baby talk: judgements by institutionalized elderly and their caregivers. *Journal of Personality and Social Psychology* 44: 746–754.
- Eelen, Gino (2001). *A Critique of Politeness Theories*. Manchester: St. Jerome.
- Fukushima, Saeko (2004). Evaluation of politeness: the case of attentiveness. *Multilingua* 23: 365–387.
- Geyer, Naomi (2008). *Discourse Politeness: Ambivalent Face in Japanese*. London and New York: Continuum.
- Gibb, Heather (1990). 'This is what we have to do – are you okay?' Nurses' speech with elderly nursing home residents (*Research Monograph Series* 1). Geelong: Deakin University.
- Goffman, Erving (1961). *Asylums*. New York: Random House.
- Grainger, Karen (1993). 'That's a lovely bath, dear': reality construction in the discourse of elderly care. *Journal of Aging Studies* 7 (3): 247–262.
- Grainger, Karen (2004a). Verbal play on the hospital ward: solidarity or power? *Multilingua* 23: 39–59.
- Grainger, Karen (2004b). Communication and the institutionalized elderly. In *Handbook of Communication and Aging Research*, 2nd ed., Jon F. Nussbaum and Justine Coupland (eds.), 479–497. Mahwah and London: Laurence Erlbaum Associates.
- Hamilton, Heidi E. (2001). Discourse and aging. In *The Handbook of Discourse Analysis*, Deborah Schiffrin, Deborah Tannen, and Heidi E. Hamilton (eds.), 568–589. Malden and Oxford: Blackwell.
- Haugh, Michael (2007). The discursive challenge to politeness research: An interactional alternative. *Journal of Politeness Research* 3 (2): 295–317.
- Kemper, Susan (1994). 'Elderspeak': speech accommodation to older adults. *Aging and Cognition* 1: 17–28.
- Kitamoto, Keiko (2006). *Soosyaru waaku ni okeru komyunikeesyon bunseki: tokubetu yoogo roozin hoomu ni okeru seikatu bamen o tyuusin ni* [An analysis of social work communication: on daily life conversation in a nursing care home for senior citizens]. *Bulletin of the Graduate School of Josai International University* 9: 49–64.
- Lanceley, Anne (1985). Use of controlling language in the rehabilitation of the elderly. *Journal of Advanced Nursing* 10: 125–135.
- Makoni, Sinfree and Karen Grainger (2002). Comparative gerontolinguistics: characterizing discourses in caring institutions in South Africa and the United Kingdom. *Journal of Social Issues* 58 (4): 805–824.
- Matsumoto, Yoshiko (2003). Reply to Pizziconi (Discussion note). *Journal of Pragmatics* 35: 1515–1521.
- Pizziconi, Barbara (2003). Re-examining politeness, face and the Japanese language. *Journal of Pragmatics* 35: 1471–1506.
- Pomerantz, Anita (1978). Compliment responses: notes on the co-operation of multiple constraints. In *Studies in the Organization of Conversational Interaction*, Jim Schenkein (ed.), 79–112. New York: Academic Press.
- Ryan, Ellen B., Ann Anas, Mary L. Hummert, and Linda H. Boich (1995). Communication predicaments of aging: patronizing behavior toward older adults. *Journal of Language and Social Psychology* 14 (1–2): 144–166.
- Sachweh, Svenja (2000). "Schätzle hinsitze!" *Kommunikation in der Altenpflege*. Frankfurt: Peter Lang.
- Sachweh, Svenja (2003). "So frau Adams, guck mal, ein feines bac-spray, gut": Charakteristische Merkmale der Kommunikation zwischen Pflegepersonal und Bewohnerinnen in einem Altenpflegeheim. In *Sprache und Kommunikation im Alter*, Reinhard Fiehler and Caja Thimm (eds.), 143–160. Radolfzell: Verlag für Gesprächsforschung.
- Saito, Hidetoshi and Masako Beecken (1997). An approach to instruction of pragmatic aspects: implications of pragmatic transfer by American learners of Japanese. *The Modern Language Journal* 81 (3): 363–377.
- Usami, Mayumi (2002). *Discourse Politeness in Japanese Conversation: Some Implications for a Universal Theory of Politeness*. Tokyo: Hituzi Syobo.
- Wadensten, Barbro (2005). The content of morning time conversations between nursing home staff and residents. *International Journal of Older People Nursing* in association with *Journal of Clinical Nursing* 14 (8b): 84–89.
- Watts, Richard J. (2003). *Politeness*. Cambridge: Cambridge University Press.