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PRAGMATIC STRATEGIES IN MEDICAL ENCOUNTERS WITH MENTAL HEALTH PATIENTS IN NIGERIA

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Abstract: Effective communication is critical in mental health care, as language shapes therapeutic outcomes and patient experiences. In Nigeria, where mental health care is under-resourced, the role of pragmatic strategies in medical encounters remains underexplored, despite their impact on patient outcomes. This research sought to characterize the key pragmatic acts employed as communication strategies during medical consultations with mental health patients in Nigeria and to elucidate their role in facilitating effective diagnosis and treatment. A qualitative design was employed at the Neuropsychiatric Hospital, Aro, Abeokuta. Seven medical encounters (average length 10 min 17s; range 2m 18s - 29m 26s) were audio-recorded between March and June 2022 with ethical approval and informed consent. Data were transcribed, translated, and analyzed using Mey's (2001) Pragmatic Acts Theory. Findings show that mental health practitioners deployed six preponderant pragmatic acts as linguistic strategies to aid the diagnosis and treatment processes of mental health patients in Nigeria. The pragmatic acts are counselling, interjectory, suggesting, inquiring, re-assessing, and assuring. Respectively, these acts were used by doctors/psychiatrists to perform the pragmatic functions of encouraging, prompting responses, tracking mental health history, showing medical concern, confirming, and assuring. These functions were realized through pragmatic cues such as relevance (REL), shared situation knowledge (SSK), reference (REF), inference (INF), prosody, and indirect speech acts. This study highlights the essential role of pragmatic strategies in enriching the diagnosis and treatment of mental health patients in Nigeria, offering valuable insights into communication patterns that can enhance patient engagement and clinical outcomes in mental health care, particularly in under-resourced settings.

Keywords: mental health, medical encounters, pragmatic strategies, Nigeria, doctor-patient communication, communication strategies.

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1. INTRODUCTION

Mental health constitutes a core element of human well-being, encompassing an individual's capacity to regulate emotions, establish social relationships, and function productively within their socio-cultural environment. It is not merely the absence of mental illness but a dynamic state of internal balance that enables individuals to adapt to life's challenges and contribute meaningfully to their communities. It is a state of well-being that allows individuals to manage life's stresses, recognize their potential, learn effectively, and work well (World Health Organisation, 2022). This internal balance or equilibrium is influenced by a complex interplay of psychological, biological, and socio-environmental determinants, and is essential to the attainment of personal fulfilment, resilience, and community engagement (Galderisi et al., 2015). Understanding mental health in this broader, integrative sense is crucial for developing effective interventions, particularly in clinical and therapeutic settings.

Given the centrality of communication in shaping human interaction, language emerges as a critical factor in mental health, increasingly recognised as both a diagnostic indicator and a therapeutic tool. As a fundamental medium for social connection and psychological expression, language not only reflects mental states but actively shapes cognitive and emotional experiences (Fanany, 2018). Empirical evidence demonstrates that linguistic patterns – from lexical choices to narrative coherence – serve as reliable markers of psychological well-being (Şimşek & Kuzucu, 2012). For instance, recent research found that individuals with higher anxiety scores tended to use more words associated with negative emotions and fewer with positive ones. Their narratives also featured more contrastive connectors (e.g., "but," "else") and fewer leisure-related terms, suggesting that specific linguistic markers can serve as indicators of anxiety levels in written language (Avram et al, 2024). Moreover, the choice of words can have profound effects on mental health: negative language can stigmatise and isolate, while positive terms foster dignity, empathy, and hope, highlighting the importance of mindful communication in mental health contexts (Richards, 2018). This understanding underscores the need for research into how language is used in medical encounters with mental health patients, particularly in contexts where effective communication can significantly enhance diagnosis and treatment outcomes.

In light of this, examining language use in medical encounters with mental health patients in Nigeria becomes crucial. Reports from the World Health Organization (2006) reveal a significant neglect of mental health services in Nigeria, where one in four people globally is likely to experience a mental illness in their lifetime. Nigeria is also categorised among the countries with the greatest burden of mental health disorders. This alarming statistic has therefore necessitated more research on mental health in Nigeria across different fields of study. Despite this, there are scant research studies on mental health within the ambit of Linguistics, Pragmatics, and/or Discourse studies. Existing studies (e.g., Deacon, 2013; Stein et al., 2022; Wanying, 2023) often revolve

around medical strategies for diagnosing and treating mental health-related diseases without giving much attention to how language use affects (positively or negatively) these processes in Nigeria.

Previous linguistic studies (Coppersmith et al., 2015; Hollingshead & Hwang, 2016) classified mental illness based on language use in social media as part of diagnostic resources for mental health treatment. A couple of others categorise mental distress based on other instances of language use: Roark et al. (2007), De Zulueta (2007), and O'Reilly & Lester (2017). What is common with these works is that they focus on language in classifying mental disorders, but overlook pragmatic functions of language use in mental health discourse as strategies by which mental health patients get diagnosed and treated in Nigeria. This study, therefore, has been designed to investigate pragmatic acts deployed by doctors in medical encounters with mental health patients in Nigeria to determine how these acts are used as pragmatic strategies for diagnosing and treating mental health patients in Nigeria.

The study is guided by the following research questions:

1. What pragmatic acts do doctors use in medical encounters with mental health patients in Nigeria?
2. How do these pragmatic acts function to facilitate the diagnosis and treatment of mental health patients?
3. How do pragmatic cues contribute to effective communication in medical encounters with mental health patients in Nigeria?

2. LITERATURE REVIEW

Table 1. *Summary of Key Literature on Language and Mental Health Diagnosis/Understanding*

Author(s)	Aim	Methodology	Sample Size	Key Findings
Roark et al. (2007)	Detect mild cognitive impairment (MCI) through speech characteristics	Natural Language Processing (NLP) of spoken language	Audio recordings of 74 neuropsychological examinations administered at the Layton Center at OHSU were collected	Multiple measures derived from spoken language aid in the automatic detection of MCI.
Ahmed et al. (2013)	Identify speech features to monitor Alzheimer's disease progression	Analysis of connected speech from living and post-mortem confirmed Alzheimer's cases	Samples were collected from 15 former participants of an ageing and dementia study, with Alzheimer's diagnosed during life and confirmed post-mortem.	Language integrity declines early in some Alzheimer's patients, with semantic, lexical, and syntactic measures tracking disease progression.
Gernsbacher et al. (2016)	Examine communicative phenomena in autism (e.g., pronoun reversal, echolalia)	Review of empirical and clinical data	Not specified	None of the communication phenomena are unique to autism or reliable diagnostic markers.
Coppersmith et al. (2015)	Classify mental illnesses using Twitter language	NLP analysis of tweets	Tweets with self-reported diagnoses for 10 mental health conditions.	Language use varies across conditions, with distinct patterns in vocabulary, sentiment, and linguistic structure.
Seitz (2016)	Assess mental health through social media language	NLP and machine learning on Twitter data	Tweets with health-related keywords for 9 conditions.	Personal pronouns, emotional language, and topic shifts signal distress. Models detect illness but omit broader health care contexts.
Present Study	Explore pragmatic strategies in the diagnosis and treatment of mental illness in Nigeria	Qualitative analysis of clinical discourse in mental health settings	Seven medical encounters between psychiatrists and patients with different mental health conditions.	Mental health practitioners in Nigeria employ counselling, inquiring, reassuring, and other pragmatic acts to aid diagnosis and treatment, relying on cues such as relevance, shared knowledge, and inference.

This literature review explores how language is employed in the detection, diagnosis, and

understanding of mental illness across clinical and digital contexts. While studies vary in methodology—from speech analysis to social media mining—they collectively demonstrate language's diagnostic value, yet reveal a shared oversight of pragmatic language use in mental health treatment contexts (Table 1).

Roark et al. (2007) looked into spoken language as a measure of detecting mild cognitive impairment (MCI). The study presents Natural Language Processing (NLP) that automatically measures speech characteristics and the complexity of the elderly, and how these measures discriminate between healthy elderly subjects and those with MCI. Mild cognitive impairment is taken to mean the earliest clinical stages of incipient dementia. The data set was obtained from clinically elicited samples through neuropsychological tests. Neuropsychological tests assess cognitive function by analyzing spoken language features, such as pauses and linguistic complexity, to help detect mild cognitive impairment (MCI) (Roark et al., 2007). The study identifies linguistic signals such as pause frequency and duration, and linguistic complexity, and demonstrates how automatic syntactic annotation is used in calculating linguistic complexity, and how forced alignment is used in speech-based measures to accurately classify speech and pause regions.

Similarly, Ahmed et al. (2013) probed into the prosodic aspect of language, precisely connected speech, in order to monitor disease progression in autopsy-proven Alzheimer's. Autopsy-proven Alzheimer's disease refers to cases where Alzheimer's was diagnosed in patients during life and later confirmed through post-mortem examination (Ahmed et al., 2013). The paper aimed to identify connected speech features that could be used to profile the impairment of the disease. Connected speech refers to natural, continuous speech produced by individuals in conversation or narrative tasks (Ahmed et al., 2013). Connected speech samples were taken from ageing and dementia subjects, who had been diagnosed with Alzheimer's while living and confirmed at post-mortem. Thereafter, the measures of syntactic complexity, lexical content, speech production, fluency, and semantic content were used to analyse the samples. The analysis of the study of the individual cases revealed evident subtle changes in language during the prodromal stages of the disease, and two-thirds of the cases showed significant changes in connected speech. The study further discovered significant linear trends in syntactic complexity, lexical, and semantic content.

Gernbacher et al. (2016) also explored language in a clinical context but focused on autism spectrum disorder. They examined the empirical status of three communication phenomena germane to autism: pronoun reversal, echolalia, and a reduced or reversal production-comprehension lag. The authors note that later versions expunged echolalia as language impairment, only considered as one of several restricted and repeated behaviours. Pronoun reversal, which entails using "you" in place of "I", was later excluded from the diagnostic criteria. This communicative behaviour has also been identified in adults living with aphasia and apraxia. The paper also highlights positions on the third criterion, production-comprehension, while noting that language production or expressive language has always lagged behind language comprehension or receptive language. The study states that language development in autism follows, and that an abnormal lag should not be diagnostic of the health condition. The paper concludes that identifying these three communication phenomena as unique to autism is a psychoanalytical and behaviourist interpretation of pronoun reversal/echolalia and a clinical assumption of production-comprehension lag.

Together, these three studies highlight the critical role of structural language features in diagnosing and monitoring cognitive and developmental disorders, ranging from the establishment of language as a biomarker to the longitudinal tracking of language deterioration, and the contextual critique of diagnostic assumptions. However, a key gap across all three is the lack of exploration

into how clinicians can apply these insights pragmatically, not only to identify disorders but also to enhance communication and therapeutic outcomes in clinical settings. This highlights the need for research that considers both the form and function of language to improve patient-provider interactions and optimize treatment outcomes.

Other research has shifted attention from clinical speech to the digital sphere, especially the language used on social media platforms. One such study was by Coppersmith et al. (2015), which classified Twitter users with mental illness based on the language of their tweets. The classification includes Twitter users with ten mental health conditions. These conditions are attention deficit hyperactivity disorder (ADHD), generalised anxiety disorder, bipolar disorder, borderline personality disorder, depression, eating disorders, post-traumatic stress disorder (PTSD), schizophrenia, obsessive-compulsive disorder (OCD), and seasonal affective disorder (SAD). The study extends to measure the similarities and differences in the language of Twitter users with various conditions, with hierarchical clustering between pairs and clusters of conditions to illustrate the degree of similarity of users' language. The findings suggest that there are sub-categories of language use that may indicate an existing mental illness, and comparison of language use across these conditions produces consistent groupings with other works. This led Coppersmith et al. to conclude that investigating mental illness through language advances research in mental health. However, the study only centres on the diagnostic aspect, while it overlooks the prevention and treatment of the identified mental illnesses through pragmatic strategies.

Another related study is by Seitz (2016), who examined language use as a measure of mental health. The study takes off by highlighting that language, though qualitative, provides a quantifiable signal that comes in handy in automatically assessing mental health status. The quantification is done through Natural Language Processing (NLP), which measures language properties like topic change, increase in the use of pronouns, elongated pauses between words, and the situation of use. The study was further motivated by the capacity of language to model and provide an understanding of text and talk with the assistance of machine learning techniques, and how that potential can serve to measure mental health on social media. Seitz's preference for language on social media was informed by the conceptualization of the study, which naturally signals our cognitive state. The study also focused on the ten mental health conditions mentioned above, in Coppersmith et al. (2015), as signalled by the language of Twitter users. The study identifies linguistic and modal features through language models and sentiment analysis, with a focus on lexicons with associated psychological meaning, pronouns, emotions, and functional words. The study further reveals that language models account for the presence of many more signals of mental illness; the lexicons were associated with trauma, and patients with depression used the singular personal pronoun "I" more than control users. This study focuses on how language, through the hybrid systems of human and machine learning, assists with the diagnosis of mental illness, but solely focuses on social media and excludes other aspects of mental healthcare. The gaps in these studies have therefore necessitated this research study, which is premised on examining pragmatic strategies in medical encounters with mental health patients in Nigeria, with an overarching goal of determining how the pragmatic use of language aids diagnosis and treatment processes of mental health patients in Nigeria.

3. THEORETICAL FRAMEWORK

This study takes into cognizance all linguistic cues deployed in medical encounters with mental health patients in selected live sessions of doctor-patient encounters in Nigeria. It is therefore against this backdrop that this study adopts Jacob Mey's (2001) Pragmatic Act Theory as its framework. The Pragmatic act theory is a linguistic analytical framework that attempts to explain what the speaker means by performing linguistic, extra-linguistic, and psychological acts in discourse (Emike, 2015, p. 21). In other words, it is a theoretical framework that is used to investigate what a speaker means, which transcends sentence meaning. The theory is a context-based theory that emphasises the priority of cultural and social factors in meaning construction and comprehension (Odebunmi & Unuabonah, 2014). The theory, which caters for both verbal and non-verbal linguistic acts, is divided into two parts as shown in Figure 1 below:

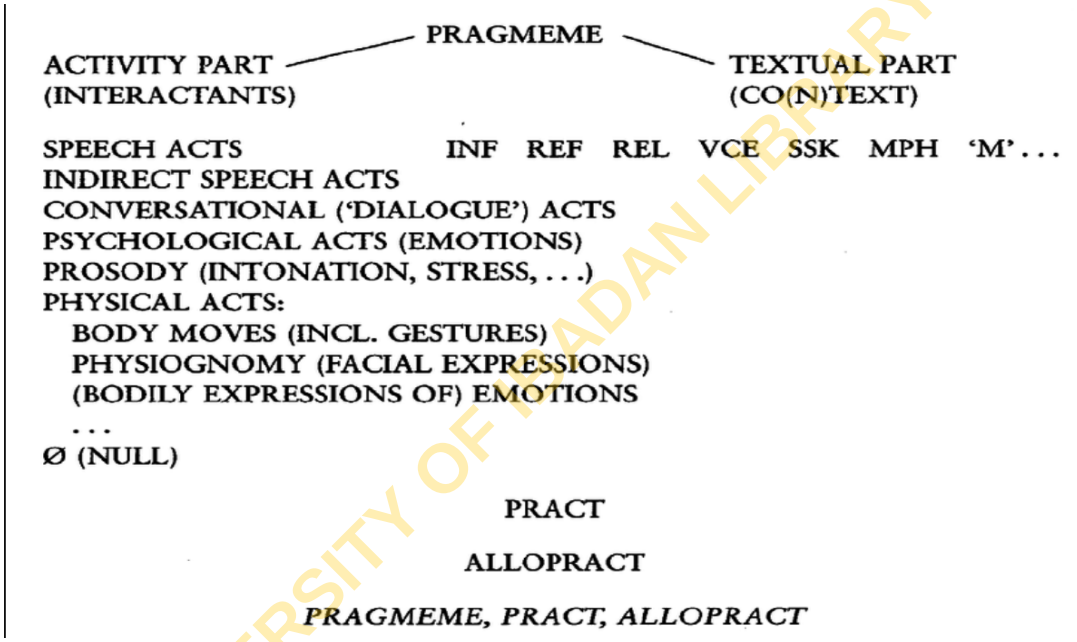

Figure 1. *Mey's Pragmatic Acts Model* (Mey, 2001, p. 222)

The activity component includes various types of linguistic acts, such as speech acts, indirect speech acts, conversational acts, psychological acts, prosodic acts, and physical acts. This framework serves as a linguistic tool to help interpret the speaker's intended meaning, as Capone (2005) argues that comprehending pragmeme depends on the societal dimension of utterance interpretation. This extends beyond the literal meaning of the context and considers how society construes utterances in a general situation that the participants understand. The activity component pertains to the roles of the discourse participants, while the textual component pertains to the contextual variables that affect discourse situations. The textual part of Mey's Pragmatic Act Theory is considered relevant to this study because its components – Inference (INF), Reference (REF), Relevance (REL), Voice (VCE), Shared Situation Knowledge (SSK), Metaphor (MPH) and Metapragmatics ('M') – are what Mey (2001, p. 222) refers to as "contextual features that influence communication".

These components are therefore ideally suited to account for the complex pragmatic meanings

that emerge in doctor-patient encounters, particularly in mental healthcare, where diagnosis and treatment rely fundamentally on nuanced communication. Far from being mere background variables, they shape how utterances are understood within specific social and institutional settings. As argued by Mey (2001), there are no abstract speech acts – only concrete pragmatic acts instantiated in real situations. In medical settings, meaning is never derived solely from words themselves, but rather emerges dynamically through the interplay of linguistic choices with their social, institutional, and interpersonal contexts.

4. METHODOLOGY

The qualitative method was employed to gain an in-depth understanding of the pragmatic strategies in selected medical encounters with mental health conditions at the Federal Neuropsychiatric Hospital Aro Abeokuta, Abeokuta, Nigeria. The selection of this hospital was based on its specialised focus on neuropsychiatric care and the timely research approval granted by its Ethical Research Committee.

A total of seven medical encounters were selected for this study. The encounters involved doctors and patients diagnosed with various mental health conditions. The sampling was purposive, ensuring a representation of different mental health conditions and variations in language use. The participating doctors were licensed psychiatrists fluent in both English and Yoruba, the dominant local language. The patients were adults aged 18–60, diagnosed with mental health conditions, and capable of providing informed consent. In cases where a patient was not cognitively capable of providing consent, their legal guardians or family members were present to grant consent on their behalf before participation.

With participants' informed consent, seven medical encounters were audio-taped. They had an average length of 10 minutes and 17 seconds with a range of 2 minutes and 18 seconds to 29 minutes and 26 seconds. A summary table (Table 2) below organises key details of the seven medical encounters. Data collection was facilitated by five research assistants, who conducted transcription (via Otter AI), translation, data cleaning, and categorisation. Individual turns within the exchanges served as the unit of analysis.

Table 2. *Information about the medical encounters*

Encounter	Duration	Language Used	Consultant Role	Consent Source
1	3 minutes 39 seconds	English	Psychiatry	Patient
2	9 minutes 52 seconds	English/Yoruba	Psychiatry	Patient
3	2 minutes 18 seconds	English/Yoruba	Psychiatry	Patient
4	29 minutes 26 seconds	English/Yoruba	Psychiatry	Mother
5	17 minutes	English/Yoruba	Psychiatry	Patient
6	14 minutes 6 seconds	English/Yoruba	Psychiatry	Mother
7	2 minutes 45 seconds	English/Yoruba	Psychiatry	Mother

The analysis followed a systematic process to examine the pragmatic strategies used in doctor-patient interactions. First, pragmatic acts such as counseling, suggesting, and inquiring were identified and coded based on their communicative functions, including encouraging and reassuring patients. Next, contextual cues – such as relevance (REL), shared situation knowledge (SSK), reference (REF), inference (INF), prosody, and indirect speech acts – were analyzed to determine how they influenced communication in medical encounters.

Inter-rater agreement testing was conducted to ensure the reliability of coding. Three indepen-

dent coders analysed a subset of the data, and discrepancies were discussed and resolved through collaborative review with the principal investigator. For example, in instances where one coder classified an utterance as "reassuring" while the other labeled it "encouraging," the team revisited the interactional context and clarified coding criteria to reach consensus. This process helped refine the coding scheme and enhanced analytical consistency.

In adherence to the *International Ethical Guidelines for Biomedical Research Involving Human Subjects* (Council for International Organizations of Medical Sciences, 2002) and national research ethics standards, ethical approvals were obtained from the National Health Research Ethics Committee of Nigeria (NHREC), Abuja, and the Neuropsychiatric Hospital Ethical Research Committee, Aro, Abeokuta, Ogun State. As part of the ethical requirements, the Principal Investigator completed certified training in Research Ethics Evaluation, Informed Consent, Public Health Research Ethics, and the National Code for Health Research Ethics through TRREE and the Clinical Trials Centre of the University of Hong Kong. Application documents, including anonymized informed consent forms, were submitted and approved before data collection.

5. DATA ANALYSIS

Findings from the medical encounters in the study show that mental health practitioners deploy six preponderant pragmatic acts (hereafter referred to as 'practs' for brevity in subsequent sections) as linguistic strategies that aid diagnosis and treatment processes of mental health patients in Nigeria. The pragmatic acts are – counselling, interjectory, suggesting, inquiring, re-assessing, and assuring. Respectively, these acts are used by doctors/psychiatrists to perform the pragmatic function of encouraging, prompting responses, tracking mental health history, showing medical concern, confirming, and assuring. These acts/functions are realised through pragmatic cues entailed by REL, SSK, REF, INF, prosody, and indirect speech acts. The acts constitute dominant pragmatic strategies through which the diagnosis and treatment of mental health patients in Nigeria are enriched. The identified acts/functions, therefore, emphasise Nigerian mental health workers' readiness to positively respond to patients' medical needs.

5.1. Counseling practs used by the doctor to encourage the patient/caregiver

In mental health discourse, doctors deploy counselling pract as a pragmatic strategy aimed at encouraging their patient(s). The essence of this pragmatic strategy is to enable mental health patients to realise that they can still get much better and that they need not lose hope. This strategy is mostly enhanced by REF and indirect speech acts (or ISA) as shown in the excerpt below:

Excerpt 1

Background: The conversation is between a doctor and a parent who is almost losing hope concerning her child's mental health issues. As an encouragement strategy, the doctor indirectly deploys counselling pract as explicated in the conversation that ensues between the doctor (D) and the patient's mother (PM).

Turn	Speaker	Utterance	Pragmatic Strategy
1	D	As a parent, do you know that your child needs your support to make progress in life?	Positive politeness (PP); ISA, SSK, REF, VCE
2	PM	I know.	PP, SSK
3	D	You know that your child needs social support from you?	PP; REF, PsychologicalAct (PA)
4	PM	Yes.	PP, SSK
5	D	So, what kind of support do you think you can give to her as your child?	NP, ISA, conversational act (CA)
6	PM	You see, concerning her progress. After we'd gone for scan...	M, NP, PA
7	D	Okay. What character traits/behaviours can you have towards her that would make her to be at peace?	PP, PA, VCE, REF
8	PM	Well, I have noticed that she doesn't want someone to be irritated towards her. Because if you're irritated by her, it's whatever you tell her not to do that she would do.	PA, REF
9	D	Can you now see that you don't have to feel irritated by her?	PP, M, INF, PA, REF
13	D	But you know... do you think there are some words that shouldn't be spoken to her?	PA, ISA, REF
14	PM	Yes.	SSK, INF

In excerpt 1, the doctor's use of indirect speech act (as an information-elicitation strategy), along with PM's dominant use of REF in her responses, enables the doctor to diagnose the patient's need for adequate social support. Thus, PM needs to be encouraged on issues relating to her child's mental health. To realise this, the doctor (in turn 1), through the pragmatic entailment of his utterances, counsels PM on the need for her to support her ailing child by indirectly telling the mother that it is her duty to support her child and that the child will only make progress in life when there is parental support – 'As a parent do you know that your child needs your support to make progress in life'? The doctor's use of polite questioning enables PM to infer (INF) a demonstration of concern and attentiveness, reflecting politeness strategies observed in diagnostic elicitation and consultation to reassure patients (Olorunsogo, 2021) and the efficacy of positive politeness – such as agreement-seeking and reassurance – in enhancing patient comfort and facilitating disclosure (Khan et al., 2025).

Based on the information elicited by the doctor, the doctor is able to ascertain that PM needs some reorientation to fast-track the treatment of the patient. Therefore, the doctor politely deploys the counselling pract from turn 13 downward in a strategy that will enable PM to understand that it is a responsibility and not just a necessity to support the ailing child. Even when PM flouts the maxims of quantity and relation in turn 6, (thereby derailing from what the doctor intends to achieve) the doctor, still, politely brings back PM to the theme of discourse in turn 7 – 'what character traits/behaviours can you have towards her that would make her to be at peace'? By so doing, PM gets the intention of the doctor and she is able to supply the doctor with the relevant response which enables the doctor to infer that PM has got the intended message as he (the doctor) says in turn 9 – 'can you now see that you don't have to feel irritated by her'?

In the latter part of the conversation, the doctor still maintains the politeness principle which he has used to begin the conversation by seeking PM's cooperation – 'she needs your support' and by assuring and encouraging that there would be a positive improvement since PM does what the doctor has suggested. This act of reassurance effectively counters PM's initial belief that the

child's condition cannot be resolved, thereby motivating her to support the child more actively. Such assurance plays a crucial role in addressing the psychosocial needs of individuals undergoing rehabilitation, as counseling is often required to foster both emotional and practical engagement in the recovery process (Atherton & Hudock, 2022; Sanra et al., 2024).

5.2. Interjectory practs used by doctors to prompt patients' response

Interjections are single-word expressions that appear in conversations as emotion markers. In some contexts, interjectory expressions are conversational interrupts. However, in doctor-patient conversations on mental health issues, interjections extend beyond mere emotion markers or conversational interrupts. When a doctor deploys interjectory practs during conversation with a mental health patient, it is basically to prompt the patient's response(s) (eliciting information) to intensify diagnosis and treatment processes. This is explicated with the excerpt below:

Excerpt 2

Background: The conversation is between a doctor and a mental health patient who has once had an encounter with another doctor previously. Since the (new) doctor is meeting the patient for the first time, the doctor had to deploy some conversation interjections that will prompt the patient to give out necessary information relating to his mental health.

Section	Turn	Speaker	Utterance	Pragmatic Strategy
1.1 Diagnosing (Opening/Case Exposition)	1	Doctor	Okay, alright. So, what actually happened?	Prosody (Pro),
	2	Patient	Yesterday night, when I was asleep, I suddenly woke up. I noticed my heart was vibrating and I was shivering.	PA, speech act (SA),
	3	Doctor	Okay/…hmm\ hmm/	Pro, ISA
	4	Patient	I quickly went to the toilet like two different times. Sometimes, I will be sweating. And I normally have the fear that I will die anytime I sleep. So, things like that. Also, my heart is always heavy anytime I have that fear.	SA, PA, REF
	5	Doctor	Oh…okay\ okay/	PP, SSK, INF, Pro
	6	Patient	My head normally gets swelled up too.	INF, SA
	7	Doctor	Oh…okay. (0.2) Any other complaint?	Pro, INF
	8	Patient	No	Ø (null pract)
1.2 Case Review	9	Doctor	Okay… it's like you have once had similar complaint sometimes ago?	PP, REF, SSK
	10	Patient	(Positive nod)	Physical Act (PhA)
	11	Doctor	Okay… So, that time you came, what were the complaints you made?	PA, REF
	12	Patient	Similar to what I said now…then, I used to take substances but I have stopped it now.	REL, REF
1.3 Treating (Counselling/Enlightening)	13	Doctor	But… hmm, you may need to see a cardiologist because there was a finding here that one side of your heart… your heart has four chambers of which one is a bit bigger than normal... so…	Pro, ISA, PA
	14	Patient	(Cuts in) And is that frightening?	PA, REF
	15	Doctor	No no no… (smiles) It is not too frightening. I just feel it's something a cardiologist should look into. The first time you were here, you couldn't meet a cardiologist right?	PA, REF
	16	Patient	No, we couldn't meet up with the cardiologist as at that time.	REF
Referral	17	Doctor	Today is Monday. Cardiologist should be around. I will write a referral for you to take there.	SA, REF

In excerpt 2, the pragmatic function of prompting the patient's response is realised through

the doctor's use of interjectory practs, as enhanced by prosodic features (stress and intonation as aspects of Mey's activity part) in turns 1, 3, 5, 7, 9, 11, and 13. Prosodic features are crucial in identifying and addressing mental health conditions (Kliper et al., 2015). In turn 1, the doctor at first interjects 'okay, alright' as an attention-seeking strategy before asking for new information from the patient. The doctor is, however, not satisfied with the little information provided by the patient (in turn 2). This, therefore, necessitated the doctor's polite preponderant use of interjectory expressions in subsequent turns. The doctor does this politely by elongating each of the interjections (as a marker to show his attentiveness to the patient's complaints) and then ending the following interjections with a rising intonation tune to prompt the patient to continue talking. To avoid communication gaps, the patient easily infers (INF) that he is meant to say more as the doctor keeps prompting him through interjections. It is as a result of this that the doctor is able to make diagnoses and then switches to treatment processes in turn 13. Getting to turn 13, the doctor's use of interjectory practs 'but…hmmm…' stimulates the patient's fear; as he infers (INF) that the doctor intends to mean that his case is very critical on – turn 13/14 'and is that frightening'? Consequently, the doctor's immediate interjection (complemented by a positive face-saving and physiognomic act of smiling) necessitated the patient's perlocutionary act of relief in subsequent turns.

Interjectory practs were utilised to prompt patients and sustain doctor-patient interactions, significantly enhancing the effectiveness of the diagnostic and treatment processes. They facilitated the smooth transition from diagnosis to treatment, but also played a key role in eliciting the perlocutionary act of relief from patients in subsequent conversational turns. Their impact was further reinforced by prosodic features such as stress and intonation, which helped maintain engagement and provide reassurance throughout the interaction. This aligns with Kliper et al. (2015), who highlight the significance of prosodic variations in detecting and responding to mental health conditions.

Although the study highlights the benefits of interjectory practs, some research suggests that excessive or inappropriate use of interjections can disrupt communication. For example, Gardner (2001) cautions that over-reliance on backchanneling cues may be perceived as insincere or dismissive, which could damage patient trust. Furthermore, the study's concentration on Nigerian mental health interactions may not adequately consider cultural differences in applying interjectory practs. Research by Gumperz (1982) and Wierzbicka (2003) highlights how pragmatic strategies can differ greatly between cultures. For example, in certain cultures, the use of frequent interjections might be perceived as intrusive rather than supportive.

5.3. Suggesting practs used by the doctor to track the patient's mental health history

Based on the data garnered, doctors deploy the suggesting pract as a pragmatic strategy aimed at tracking down a patient's mental health history. This pragmatic strategy is used during the diagnosis stage when the doctor observes that the patient is (naturally) unable to express himself/herself or the patient is deliberately unwilling to disclose some relevant health-related information. Excerpt 3 further explicates this position.

Excerpt 3

Background: The conversation ensues between a doctor and a mental health patient who is somewhat reluctant to disclose information regarding his mental state.

1	Speaker	Utterance	Pragmatic Feature
1	Patient	Eeh… I have a minor issue that is before now… [unclear]	NP, Pro, REF
2	Doctor	Okay. What was the sickness? ….huh?	Pro, REF
3	Patient	I later find out when I got here.	MPH, ISA
4	Doctor	Eeh, what was it? Tell me about it.	Pro
5	Patient	Huh?	Pro
6	Doctor	Maybe we should speak Yoruba; can you understand?	PP, SSK
7	Patient	Okay. I should speak Yoruba?	SSK
8	Doctor	Yes. So, why were you brought here?	REL
9	Patient	I noticed I was having some stomach ache one day… but I didn't know anything was wrong with me.	SA, PA
10	Doctor	Okay…	PP, Pro
11	Patient	It's from home I was brought to this place where I got to know of my mental illness or something.	REF, INF
12	Doctor	But do you feel as if some people want to harm you or something like that?	INF, REL
13	Patient	I don't feel like that anymore now, but when the sickness was serious, I used to feel that.	REF, INF, REL
14	Doctor	That's when you used to feel that way?	Pro, REF, REL
15	Patient	Yes. Like one is about to be killed or something like that.	VCE; MPH
16	Doctor	But you don't feel like that anymore,/ right?	REL, REF, Pro
17	Patient	Yes.	REL, REF, SA
18	Doctor	So any complaints today?	VCE, SSK, VCE
19	Patient	Aside the head…	REL, REF
20	Doctor	Is your head aching or what?	REF, INF
21	Patient	Yes, but it's little by little…	SA, PA
22	Doctor	All right. No problem. But do you sleep very well?	PA, VCE, SSK
23	Patient	Yes, I do sleep but since a week now, I do wake up around 5a.m.	REF, REL
24	Doctor	Hmm hmm. So when you wake, what do you do?	Pro, REL
25	Patient	At times, I will sleep again later or watch video.	REL

From the conversation in excerpt 3, the doctor preponderantly deploys suggesting pract in order to gather information regarding the patient's mental health. This pract, which is enhanced by contextual relevance (REL), prosody (intonation), shared situational knowledge (SSK), and indirect speech act, is used in turns 6, 12, 16, 26, and 28. The contextual relevance of this pract in turn 6 is necessitated by the doctor's inference of the communication gap between him and the patient within their first five conversation turns. This, therefore, makes the doctor suggest an option of switching from the English Language to the Yoruba Language ('Maybe we should speak Yoruba…'). It is at that moment that the patient is able to give the required answer to the doctor's earlier asked question (in turn 2 – 'What was the sickness? ….huh?'). To further track down information about the patient's mental state, it becomes relevant for the doctor to suggest likely signs the patient must have been encountering – 'But do you feel as if some people want to harm you or something like that?' (turn 12). The response given by the patient in the subsequent turn (13) – 'I don't feel like that anymore now, but when the sickness was serious, I used to feel that' shows the medical importance of making suggestions for mental health patients during the diagnosis process. Furthermore, with the use of a fall-rise intonation tone in turn 16 ('But you don't feel like that anymore,\/ right?'), the doctor's suggestion is meant to reconfirm if the patient is no longer feeling the way he usually feels. Doctors engage in suggestive prompts to ease the disclosure during consultation to achieve optimal outcomes (Robinson, 2003).

5.4. Inquiring practs used by doctors to show medical concern

An act of inquiry is usually deployed to request information from someone. In mental health encounters (based on the data garnered for this study), the inquiry act is not only to elicit information from the patient but also to show medical concern regarding the patient's mental state. As doctors track down patients' medical history, suggesting practs are engaged as a pragmatic strategy, especially when patients struggle to communicate (due to cognitive or emotional barriers) or hesitate to share relevant health information. Excerpt 4 below complements this explanation.

Excerpt 4

Background: the conversation is mainly between the doctor and the patient's family member (PF) who has brought the patient for his periodic checkup.

S/N	Speaker	Utterance	Pragmatic Feature
1	DOCTOR	So, how is his health?	PP, REL
2	PF	He is okay	REF
3	DOCTOR	Why is he smiling? Has he behaved somehow lately?	INF, REF, ISA
4	PF	Well, I don't know…maybe it's about what you told us	CA, INF
5	DOCTOR	Oh…okay	PA, SSK
6	PF	That thing happened to him again during the Ramadan period	REF, REL
7	DOCTOR	But…since then, he has not been having crisis right? Any other complaint?	SA, INF, REF
8	PF	No, it is just only that.	REL, REF
9	DOCTOR	But has he used his medications that particular day (before the incident)?	SA, REF
10	PF	Yes, that same day before the incident. It rained that day. Possibly, the crisis was triggered by cold. Can it be caused by cold?	PA, CA, INF
11	DOCTOR	Hmm… not really… but you have been taking your medications often? And no signs of side effects?	Pro, INF, SSK
12	PATIENT	No	REL
13	PF	He has been sleeping very well.	REF
14	DOCTOR	So, has he been doing any work?	SA, INF
15	PF	I didn't allow him to do any work	SA, REL
16	DOCTOR	Ah…why?	Pro, SA
17	PF	I don't want that thing to do him	REF, PA
18	DOCTOR	Hmm, he can still be engaged. You said the crisis only came up once, right?	PP, PA, INF, REF
19	PF	Yes. I also want him to be going out…	SA, REL
20	DOCTOR	Let us give him a little time and be observant. If it doesn't come up again, then we will know what next to do. Don't worry, everything will be okay ma.	SA, PA, REL, REF

In excerpt 4, the doctor's conversation turns are preponderantly dominated by the pragmatic act of inquiry aimed at eliciting the patient's health information and to show his concern towards the patient's recovery. Eddy (1992) highlights the need for systematic evidence collection to inform clinical decisions. At the opening exchange segment of the conversation, the inquiry pract (used by the doctor to show medical concern) is enhanced by SSK and REF. In turn 1, the doctor's question – 'So, how is his health?' (directed to the patient's family) – shows an existing shared situational knowledge between the interlocutors. The doctor's use of this act presupposes that he is not oblivious to the patient's health records; hence, a professional concern for the patient's mental state is upheld. To buttress further, the doctor's inquisitiveness lingers through subsequent turns – 'why is he smiling…has he behaved somehow lately?' (turn 3). PF's response ('…maybe it's about what you told us' turn 4) to the doctor's question also shows an existing common ground between the interlocutors. Likewise, the assertive response given by the doctor in turn 5 – 'oh… okay' shows how the doctor assures the patient's family member about his awareness (concern) of what could have triggered the patient's emotive behaviour (smiles). The doctor's concern about the

patient's wellbeing is also apparent in turn 14 when the doctor enquires to know if his patient has become socially active – 'So, has he been doing any work?' As the diagnosing session continues, the patient's family member makes some hedges (negative politeness strategy) in the form of suggestive expressions, but the doctor counters through the same strategy by making an inference that the patient's family does not need to teach him his work (turns 10 and 11 respectively). Through this, the doctor is able to track how the patient has been responding to treatment.

5.5. Re-assessing pract used by the psychiatrist to confirm the patient's response to treatment

Based on the data garnered, the re-assessing pract is a pragmatic strategy used by mental health professionals to determine and confirm a patient's response to treatment. This is done by engaging the patient in a pep talk, which is premised on issues familiar to both the patient and the psychiatrist (to sustain common ground). Excerpt 5 buttresses this:

Excerpt 5

Background: Psychiatrist-Patient interaction

Turn No.	Speaker	Utterance / Description	Pragmatic Strategy / Act
1	Psychiatrist	"Okay, mummy, good morning ma. How is your health condition?"	PP, SA, REL
2	Patient	"We thank God."	PA, SSK
3	Psychiatrist	"Please, don't be offended that we could not meet last Thursday…"	VCE, PA
4	Patient	"It's okay."	SA, REL, SSK
5	Psychiatrist	"Oh, you went to Lagos? Oh, that's good… So, how is Lagos?"	PA, REF
6	Patient	"Lagos is fine."	SA, REF
7	Psychiatrist	"Oh, you want to go back to Lagos? Why?"	PA, INF, REL
8	Patient	"Because my children are there."	REL, REF
9–20	Both	Conversation about children, family, emotional state, travel plans	SA, REL, SSK
21	Psychiatrist	"That's very good… thank God."	PP, PA
22	Psychiatrist	"So, they are aware of the things you complained about… Glory be to God."	INF, SSK
23	Patient	"Yes, they are aware now."	REF, SSK
24	Psychiatrist	"Let me have a look… okay, do you normally get these at Precious Pharmacy?"	REF
25	Patient	"Yes, that's where I usually get them."	SA, REL
26	Psychiatrist	"That's good… How do you normally use it?"	PP, REF
27–29	Both	"Very good." + Patient describes use of medication, confirms regularity and effects	SA, REF, PP, INF
30	Psychiatrist	"Okay…what's your reaction to the drugs?"	Pro, REF
31	Patient	"It makes me a bit dizzy sometimes."	REF
32	Psychiatrist	"Hmmm."	Pro
33	Patient	"But I still take it."	REL
34–43	Both	Dizziness, visions, body sensations – follow-up on symptoms	SSK, REF, REL
44	Psychiatrist	"Very good. Do you remember that it didn't just stop in a day?"	PP, REF

The psychiatrist employs indirect speech acts to gather information without making the patient feel interrogated. In the initial (phatic) stage of the interaction, the psychiatrist addressed the patient with an in-group identity marker ("mummy") and used polite greetings ("good morning ma"), which attuned to the cultural expectation of regard for elders. This aligns with the Shared Situation Knowledge (SSK) component of Pragmatic Act Theory, as it establishes common ground between

the psychiatrist and the patient. However, the patient's response, "We thank God," was evasive, which signals reluctance or emotional reservation. This might have prompted the psychiatrist to shift the conversation to topics that are less intrusive, such as the patient's family and social life. At the next turn, the psychiatrist sought to establish openness and deepen rapport by apologizing for postponing their last appointment, thus acknowledging the patient's feelings and reinforcing her importance in the therapeutic relationship (VCE).

The psychiatrist, through an indirect speech act enhanced by contextual relevance (REL), further deploys a re-assessing pract to confirm the patient's response to treatment. The psychiatrist's questions about the patient's family and social engagements serve as an indirect approach to assessing her mental well-being. By referencing the patient's trip to Lagos and inquiring about their children's visits, the psychiatrist leverages Relevance (REL) and Inference (INF) strategies. The patient's responses, particularly her expressed desire to return to Lagos, prompted the psychiatrist's use of psychological acts, such as emotion markers ("Oh…") and conversational cues ("So…"), to enhance engagement. For instance, in Turn 7, the psychiatrist's response, "Oh, you want to go back to Lagos? Why?" serves as a prompt for the patient to elaborate on their feelings without feeling pressured. This aligns with the Voice (VCE) component, ensuring that the patient's perspective is acknowledged.

During the symptom re-assessment phase, the psychiatrist employs prosodic acts, such as backchanneling ("hmmm") (Turns 32, 34, 38), to sustain engagement and signal active listening. These prosodic cues create a supportive atmosphere, encouraging the patient to elaborate on their experiences. The psychiatrist also uses confirmatory questions, such as "But the dizziness has gone since you stopped it?" (Turn 36), which serve as conversational acts to track the patient's progress and validate their self-reported improvements. By revisiting past symptoms, such as in the question, "What about the things you said you usually see?" (Turn 38) – i.e., hallucinations – the psychiatrist employs conversational acts and reference (REF) to monitor improvement over time. This reference to prior discussions contextualises the current assessment and also reinforces the continuity of care, which demonstrates the psychiatrist's attentiveness to the patient's ongoing treatment journey. In the concluding part of the conversation, the psychiatrist reassures the patient by emphasizing that recovery is a gradual process: "Do you remember that it didn't just stop in a day?" This serves as both a metapragmatic and psychological act, highlighting the importance of progress and helping to prevent feelings of discouragement.

5.6. Assuring pract used by doctors to reinforce patients' confidence in quick recovery

Based on the data for this study, the pragmatic act of assurance is another strategy used by psychiatrists in medical encounters with mental health patients in Nigeria. This strategy is used intermittently during diagnosis and treatment processes to assure the patient of quick recovery as explicated in excerpts 6, 7, and 8 below:

Section / Category	Turn	Speaker	Utterance Summary	Pragmatic Features
Excerpt 6 – Background	1	Doctor	What do you think abandoning her without speaking with her can cause?	PP, REF, INF, SSK
	2	PM	I know it can't help... there is no reason for me to abandon her.	INF, REF, SSK
Closing / Follow-up	3	Psychiatrist	Very good then... Please, don't abandon her... She needs your support... we'll do our best here.	PP, REF, SSK, REL
Excerpt 7 – Background	1	Psychiatrist	That's good... What about the feelings of something moving in your body parts?	PP, REF, REL
	2	Patient	That one has stopped.	REF
Follow-up Care	3	Psychiatrist	Very good... It didn't stop in a day... the strange images will also stop.	PP, REL, SSK
Excerpt 8 – Background	1		The first time you were here, you couldn't meet a cardiologist, right?	REL, SSK
	2	Patient	No, we couldn't meet up with the cardiologist at that time.	REF, REL
Referral	3	Psychiatrist	Today is Monday... Cardiologist should be around... I will write a referral for you.	REF, REL
Eliciting Info	4–8	Both	Patient asks for cause; doctor explains possible drug influence, ongoing tests; patient mentions worsening.	REF, REL
Giving Assurance	9	Psychiatrist	Don't worry, everything will be better. Okay?	PP, Pro, PA
Medication Prescription	10	Psychiatrist	I will add some medications to the ones prescribed.	SA, REF
Medication Clarification	11–19	Both	Dialogue on anxiety, effect of previous medication, mood enhancers, dosage duration.	CA, SA
Follow-up Instruction	20	Psychiatrist	Don't stop any medication until we ask you to do so.	SA, REF
	21	Patient	Okay.	REF, REL

In Excerpts 6, 7, and 8, the pragmatic strategy of the assuring pract is prominently used by the mental health practitioners to provide patients and their families with confidence in the treatment process and the possibility of recovery. It is a pract deployed to stimulate the patient's hopes of quick recovery and that the treatment given at their psychiatric hospital is sufficient to hasten their recovery. This approach mirrors prior work by Cape et al. (2010), where GPs use active listening and validation as part of a broader strategy to reassure patients, facilitating their understanding of mental health challenges. The doctor's emphasis on involving the patient's family and addressing concerns reinforces previous findings on the benefits of empathetic communication in medical practice (Archer & Meyer, 2021). In Excerpt 6, the doctor employs an assuring pract through an indirect speech act: "We will also do our best here" (Turn 3). This statement serves as a psychological act aimed at reassuring the patient's mother (PM) that the responsibility of supporting the patient is a collective effort, not solely hers. Through this strategy, the doctor succeeded in alleviating the PM's concerns. This act is contextually relevant (REL) as it addresses PM's potential anxiety about her role in the patient's recovery. This is accentuated by the doctor's use of cooperative language ("Please, don't abandon her. She needs your support"), which further establishes SSK. This approach reinforces the collaborative nature of the treatment process, fostering a sense of partnership and mutual understanding between the doctor and the patient's mother.

Similarly, in Excerpt 7, the psychiatrist employs an assuring pract to address the patient's concerns about persistent symptoms. The psychiatrist's response, "So, don't worry, the strange images you have been seeing will as well stop", is a psychological act that provides optimism and emotional support. This act is triggered by her inference (INF) from the preceding conversation that indicates the patient's growing doubt regarding the persistence of hallucinations. By referencing the gradual improvement in symptoms ("Do you remember that it didn't just stop in a day? It was gradual"), the psychiatrist uses Reference (REF) to contextualize the patient's progress, making the assurance more credible. This strategy reflects the importance of reassurance as a therapeutic

strategy, echoing Halldorsson and Salkovskis's (2023) assertion that reassurance from medical professionals serves as a powerful means of mitigating perceived threats and managing anxiety in health-related contexts.

In Excerpt 8, the doctor repeatedly uses assuring practs to address the patient's scepticism and concerns about his recovery. For instance, in Turn 3, the doctor assures the patient, "Cardiologist should be around. I will write a referral for you to take there," which is a speech act aimed at resolving a previous unmet need. This assurance is contextually relevant (REL) as it addresses the patient's frustration about not seeing a cardiologist during their last visit. This highlights the intrinsic connection between communication and the cultivation of therapeutic alliances, emphasizing the tangible impact of communication strategies on the improvement of mental health care (iResearchNet, n.d.). Later, in Turn 9, the doctor uses a psychological act to assure the patient: "Don't worry, everything will be better. Okay?" This statement is a direct response to the patient's expressed concerns about his worsening condition and scepticism about his recovery: "I observed that the situation has worsened now that I'm no longer using drugs". The question tag "Okay?" functions as a metapragmatic cue, reinforced by the falling-rising intonation pattern (prosody), to maintain a collaborative and supportive tone in the interaction.

The doctor's assurance to add medications ("I will add some medications to the ones prescribed to you already" – Turn 10) is another speech act that serves to address the patient's immediate needs. This act is further reinforced by the doctor's explanation of the treatment plan, which aligns with SSK by ensuring the patient comprehends the rationale behind the prescribed medications. Additionally, in Turn 18, the doctor employs a metapragmatic cue to provide conditional assurance: 'If it, however, has no effect, we will know what next to do.' This statement not only reassures the patient but also upholds their autonomy by framing the assurance within a collaborative treatment approach. Such speech acts, particularly those that clarify treatment plans and offer reassurance, are central to effective doctor-patient communication and contribute to building trust, meeting patient needs, and encouraging shared decision-making (Černý, 2007).

The recurring use of assuring practs across these excerpts highlights their strategic importance in mental health encounters. It further underscores the strategic role of mental health practitioners in managing patients' psychological states. By embedding assurances within their professional discourse, they help patients suspend distressing thoughts, maintain hope in their treatment, and build trust in medical care. This pragmatic approach highlights the therapeutic power of language in mental health settings, emphasising the importance of communicative strategies in reinforcing patient well-being (O'Reilly & Lester, 2021).

6. CONCLUSION

The findings of this study underscore the critical role of pragmatic strategies in the diagnosis and treatment of mental health patients in Nigeria, emphasising their potential to enhance patient engagement, trust, and overall therapeutic outcomes. This aligns with the renewed global call for prioritizing mental health, as highlighted by the World Health Organization (2023) and other international bodies/initiatives (United for Global Mental Health, 2024), and is particularly urgent in light of persistent treatment gaps and resource constraints in low- and middle-income countries like Nigeria. These insights have practical implications for training, policy, and clinical practice. Integrating pragmatic strategies into medical training programs can equip mental health practi-

tioners with the communication skills needed to navigate complex patient interactions, build rapport, and provide empathetic care. For instance, a focus on inquiry can encourage open dialogue, allowing patients to express their concerns and experiences more freely. Similarly, the practice of reassessment can help in continuously evaluating treatment effectiveness and adapting care plans in response to patient needs.

Moreover, policymakers should take the initiative to incorporate pragmatic competence into national mental health care guidelines to ensure that communication strategies are recognized as a core component of effective diagnosis and treatment. Standardised protocols that emphasise the role of language in mental health care can contribute to improved patient-centered care, particularly in resource-limited settings where therapeutic communication plays a crucial role in treatment adherence. By legitimising these strategies as essential components of patient-centered care, mental health service delivery in Nigeria can align more closely with international best practices. The study's findings further highlight the necessity of a more patient-centered approach that leverages language as a therapeutic tool in mental health care. By deliberately incorporating pragmatic strategies like reassurance, inquiry, and reassessment, clinicians can foster a supportive environment that promotes open communication and helps patients feel understood and valued. This approach is especially pertinent in Nigeria, where cultural expectations and stigma associated with mental illness often create barriers to seeking and sustaining treatment.

While this study provides valuable insights into the use of pragmatic strategies in mental health encounters in Nigeria, it is not without limitations. First, the study focuses primarily on verbal communication and does not extensively explore non-verbal cues, such as body language or facial expressions, which also play a significant role in doctor-patient interactions. Second, the study adopts a qualitative design, which, while rich in depth, restricts the ability to make broad statistical inferences about the identified pragmatic strategies. Additionally, the cultural specificity of the findings may limit their applicability to other cultural contexts.

Future research should examine how these pragmatic strategies function across various mental health care settings and patient demographics to determine their broader applicability. Additionally, investigating the integration of pragmatic communication techniques into digital and telemedicine platforms could enhance remote mental health support, making care more accessible and effective. Recognizing the power of language in shaping patient experiences allows the healthcare system to implement targeted improvements that foster better mental health outcomes and ensure compassionate, patient-centered care.

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