'She Has The Heart!' Communicative Strategies of the Linguistic Expressions of Illnesses in Jordanian Arabic and the Effect of Religion in Their Manifestation

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Abstract: This article explores how illnesses are linguistically expressed in Jordanian Arabic (JA). It also investigates the extent to which religion and social norms influence this expression. To this end, we collected authentic data from a number of interactions of JA speakers, particularly within interactive radio and TV programs addressing various life issues, where discussions about illness arise. A total of 834 linguistic expressions of illnesses were found and categorized according to the type of illnesses and the inflicted organ. Afterwards, we interviewed 13 participants to identify the major factors responsible for the use of the expressive strategies of illnesses in JA. Our results indicate that illnesses in JA are predominantly expressed by two distinct sets of expressive strategies: euphemistic expressive strategies (EESs) and non-euphemistic expressive strategies (NEESs). The former are used with cancer and mental health disorders and essentially include the replacement of the name of the illness with a religious expression or a conventional term. On the other hand, NEESs are used to express other illnesses (e.g., heart problems, diabetes, etc.). The effects of (folk) religious beliefs and social norms in determining the use of these expressive strategies are discussed. A number of implications for future research are highlighted.

Keywords: Arabic, expressive strategies, (folk) religion, illnesses, religion

1. Introduction

Relevant research from many languages has revealed that almost all phenomena that maintain (in)direct influence on people's social interaction, lives, religious beliefs, and values are, to a remarkable extent, linguistically manifested by a set of constructed strategies (Gillen Hoke 2018)[1]. The phenomenon of illnesses is no exception. The investigation of how illnesses are linguistically expressed, and the strategies employed to convey them continue to captivate researchers. This enduring interest stems from the undeniable fact that every person, irrespective of medical advancements, will inevitably face some type of illness during their lifetime. While numerous studies have examined the linguistic expression of illnesses in various languages, it is important to note that there is a remarkable research in exploring the linguistic expression of illnesses in the Jordanian context. Although the linguistic expression of illnesses is a universal phenomenon, it manifests differently from one language to another, or even within different

varieties of the same language (Sharifian 2017). This can be better understood through the lenses of cultural linguistics and cognitive linguistics.

From a cultural linguistics perspective, the expression of illnesses in different languages is believed to be distinct due to the varying cultural conceptualizations underlying each language (Sharifian 2006). Despite universal issues such as illnesses being shared across all cultures, their linguistic expression differs across languages. This variation stems from the fact that many features of human languages are deeply rooted in cultural conceptualizations, which are culturally based and communicated through linguistic features (Sharifian 2017). In cultural linguistics, the analysis of cultural conceptualizations is conducted through the examination of cultural schema, cultural categories, and cultural metaphors (Alnajjar and Altakhaineh 2023; Zibin and Altakhaineh 2023). These cultural constructs shape how individuals within a particular culture perceive concepts such as illnesses, influencing the linguistic expressions used to describe them. Cultural schemas play a crucial role in allowing individuals to convey cultural meanings by drawing upon the collective cognitions of a cultural group. These schemas are derived from shared experiences that are common to the group and encompass the comprehensive cultural meaning constructed for numerous lexical items in human languages (Sharifian 2006). Regarding cultural categories, cultural linguistics suggests that the categorization of various objects, events, and experiences, such as 'food,' 'vegetables,' and 'fruit,' along with their typical examples, is not universally consistent. Instead, it is shaped by specific cultural contexts. Different cultures may categorize phenomena differently based on their unique cultural perspectives and practices. Furthermore, cultural metaphors play a significant role in shaping thoughts and emotions, with variations observed across different cultures. For instance, in Indonesian culture, love is symbolically linked to the liver rather than the heart, illustrating how metaphorical associations can vary across cultural contexts (Sharifian 2017).

From a cognitive linguistics perspective, certain linguistic expressions exhibit universality while also displaying diversity across or within cultures. Kövecses (2005), for example, observed that some metaphors show similarity across different languages and cultures, as seen in English, Chinese, and Hungarian, which represent diverse cultural backgrounds. This universality arises from a shared cognitive motivation for generic-level metaphors, allowing them to emerge across various cultures. However, specific-level metaphors tend to differ cross-linguistically or within the same culture due to various considerations. For instance, specific-level metaphors may vary based on cultural and societal factors such as the differentiation of society into categories like men and women, young and old, middle-class and working-class, among others (Kövecses 2005). These specific-level metaphors reflect the unique linguistic and conceptual nuances within different cultural and social contexts, contributing to the diversity observed in linguistic expressions across languages and cultures.

In the context of the present study, we aim to illustrate how the universal phenomenon of linguistic expression of illnesses manifests with its own nuances

within the Jordanian context. It is essential to acknowledge that the schema of illness in Jordan is intricate and multifaceted. This schema is shaped by a web of interconnected concepts that delineate illness in relation to diverse contexts and factors. Key components of the illness schema include the procedures involved in treating the illness, the terminology used to describe it, societal perceptions of the illness, the progression of the illness, and the roles played by individuals surrounding the affected person. However, our only focus in this study is to examine the linguistic expressions used by Jordanians to refer to illnesses. We provide evidence that the linguistic expression of illnesses can be socio-pragmatically influenced by people's religious beliefs and mainstream norms. Such an influence is obviously manifested with respect to the linguistic expression of certain illnesses (notably cancer) where a set of euphemistic expressive strategies are enacted to indirectly name or refer to these illnesses.

We show that the expression of illnesses in JA is linguistically constructed and majorly manifested by virtue of two distinct sets of strategies whose use significantly draws on the type of the illness being referred to. Cancer and mental illnesses are normally referred to indirectly using euphemistic expressions, while other illnesses are referred to directly using non-euphemistic expressions, normally by virtue of specific formulas which share a number of form-related commonalities between them. Therefore, the present article provides evidence that illnesses are not only a biological phenomenon but are also a linguistically constructed aspect in terms of the strategies used to express them in actual language use.

Additionally, this article supplies evidence that the expression of illnesses is indicative of the overarching effect of people's religious beliefs and mainstream views of illnesses on language use (cf. Harrison 2006; Al-Khawaldeh et al. 2023), especially in the context of euphemistic expressive strategies. Such strategies can be manifested in the language due to the effect of religious beliefs related to the two illnesses (cancer and mental problems). Religion has been a significant aspect of human culture, shaping beliefs, values, and social practices (Bamyeh 2019). One way where religion influences language use is through the use of specific religious terms and concepts that are deployed as replacements of the name of the disease. In this regard, we show that certain religious terms (such as *ʔaʃhadu ʔanna la: ʔila:ha ʔilla ʔalla:h* "I bear witness that there is no god but Allah", and *ʔallah julṯuf* "Allah bless") are remarkably used to carry particular pragmatic meanings which are not necessarily found in other contexts with similar meanings or interpretations. This religious language, which is associated with the expression of some illnesses, can be used to promote tolerance and feelings of inclusion. Other religious terms (such as *ʔallah ʔijdʒi:rna* and *ʕa:fa:na: ʔallah*, which literally mean "May God protect us") which are used as replacements of the Arabic name of cancer are used to, for example, justify the speaker's wish not to be inflicted with the same illness according to people's religious views.

Against this background, the current work seeks to find answers to two research questions:

(1) How are different types of illnesses linguistically expressed in JA?

(2) Why are different types of illnesses expressed the way they are?

Our main hypothesis is that different types of illnesses are linguistically expressed through designated expressive strategies which are influenced by people's religious views and cultural norms.

The article is structured as follows. Section 2 sets the scene, commenting on the linguistic expression of illnesses (especially in terms of the related euphemisms, which have been the main topic of investigation in conjunction with the linguistic expression of illnesses). Section 3 introduces the methodology that explains our procedures of data collection and analysis. Section 4 includes the main analysis, providing evidence for the dichotomy of the expressions of illnesses in JA (i.e., non-euphemistic expressive strategies and euphemistic expressive strategies). Section 5 discusses the main factors for the employment of such strategies from the perspectives of language users. Section 6 concludes the paper with pointers to further studies.

2. Background

When exploring the linguistic expression of illnesses, a significant body of linguistic studies on health care language is available. These studies primarily focus on the discourse of spoken interactions between patients and various health care practitioners, including doctors, nurses, physiotherapists, and pharmacists (see, for example, Crawford, Brown and Nolan 1998). They also focus on written medical communication, and more recently, on online texts like online support groups (Hunt and Brookes 2020).

However, the topic of illnesses and their linguistic expression extends beyond healthcare language, as it is a common experience among all individuals and frequently arises in everyday conversations. Many studies have focused on the linguistic structures used when discussing illnesses, revealing various patterns and implications in different languages. In English, for example, research has identified several linguistic structures employed to talk about illnesses. Warner (1976) observed that constructions such as 'One + has + 'the name of the illness'' or 'One + suffers from + 'the name of the illness'' imply a clear separation between the individual and their illness. Conversely, the construction 'One + be + adjective,' as in 'He is a schizophrenic,' suggests that the illness is inseparable from the individual and likely chronic. Fleischman (1999) further elaborated on this by noting that the language construction 'I am + adjective' indicates a sense of personal connection with the sickness, seeing it as an integral aspect of one's identity. On the one hand, the use of the possessive phrase 'I have + noun' represents the sickness as something external that the person has while the form 'I suffer from + noun' shows the afflicted individual as experiencing a condition of physical or mental dysfunction.

Research has also delved into the linguistic expressions employed to discuss the emergence of new illnesses. An illustrative study is that of Kazemian and Hatamzadeh (2022), which investigates how speakers of American English and Persian utilize conceptual metaphors to articulate and comprehend their cultural, social, personal, and experiences with COVID-19. Their study reveals that

conversations on coronavirus are framed through the lens of conceptual metaphors in both English and Persian. Notably, war metaphors have become a prevalent means of discussing illness in countries where both English and Persian are spoken. However, certain aspects of this conceptual metaphor were found to be utilized differently in the two languages. For instance, the concept of 'enemy' was used in English conversations but not in Persian ones.

Ojwang (2018) sheds light on how linguistic expressions used to discuss illnesses reflect cultural perceptions and relationships. This research uncovers unique cultural views regarding illnesses by analyzing the linguistic expressions used by the Luo ethnic group in Kenya. One significant finding is that the language expressions used to describe mental illnesses suggest that mental disorders are seen as 'madness' within the Luo community. Moreover, the perception is that any disease is seen as a result of misfortune that only affects those who lack direction or purpose. This perspective implies a cultural conviction that illness is associated with an individual's behavior or decisions in life. In addition, the Luo see illness as a condition that individuals bring upon themselves, which is especially apparent in their depictions of sexually transmitted infections.

Fomin and Arkhipova (2018) argue that there is a tendency to avoid open discussions about certain illnesses in Russia. It was noted that English or Latin loanwords are used instead of Russian terms to describe illnesses in order to euphemize them, particularly in situations involving medical deception, incurable illnesses, sexually transmitted illnesses, and addictions among others. For instance, in the context of medical deception, physicians often conceal information from patients when it is necessary to downplay the severity of a situation, commonly substituting Russian terms with Latin equivalents.

According to Jamet (2017), in line with the principles of Cognitive Linguistics, words serve as representations of the world and our understanding of it, enabling us to make sense of our surroundings. As noted by Jamet, the social taboo associated with illness is expressed linguistically through the frequent use of euphemisms in English and French. This is especially evident when there is a concern about death and losing one's sense of self, embarrassment related to bodily functions, and the stigma surrounding sexually transmitted diseases. Instances of euphemism employed to address illnesses include utilizing the name of a physicist to refer to the illness, such as 'Down Syndrome', employing the effect or outcome of the illness, as in stating 'Have an upset stomach' instead of 'diarrhea', and employing the cause of the illness, such as 'French sickness' instead of 'venereal illness' (Jamet 2017).

Burridge and Benczes (2019) explored the euphemistic language associated with certain illnesses such as HIV/AIDS, cancer, and mental illness, and death. Burridge and Benczes (2019) argued that there exists a large repository of euphemistic language used in connection with these illnesses and death. Such euphemisms are brought forth due to the challenge of confronting the biological limits of our own bodies. Burridge and Benczes (2019) showed that euphemisms of death and illnesses rely on the metaphorical conceptualizations which "reflect our

ways of thinking about illnesses and death, or whether they can change or control our attitudes to possible health risks and what choices we can make to avert them" (p. 1). Burridge and Benczes (2019) argued that the expressions of death and illnesses are a mixture of reality and people's desire to free from them. For instance, death can be conceived of loss, rest (sleep), and journey. Therefore, the expression of death and illnesses reflects "the medieval equation of good with wellbeing and evil with disease" (Burridge and Benczes 2019: 17).

In the context of Arabic, Obaid and Seger (2020) explored the euphemisms of death and cancer in Iraqi Arabic. Using a questionnaire to collect the data from 50 speakers, this study proposed that the use of euphemisms in Iraqi Arabic is significantly drawn on Islamic principles. This study proposed that calling cancer by its direct name is associated with fear; therefore, Iraqi Arabic speakers avoid mentioning this illness directly and used in substitution of its name alternative expressions such as *haðaːk ʔil-maraðˍ* or *ʔil-maradˍ ʔil-xabiːθ,* which translate to English as ' that disease' and 'the malignant disease', respectively.

Hamdan (2011) explored HIV/AIDS-related vocabulary as used in two major Arabic newspapers in Jordan *Addustour* and *Al Rai*, over a period of 20 years from 1986 to 2006. Hamdan showed that the term, which is most frequently utilized to denote HIV/AIDS was *al-eidz*, which the Arabicized acronym for 'AIDS'. On important finding of this article is that attitudes towards HIV/AIDS have undergone a remarkable change over time. For instance, this disease was earlier negatively depicted as the 'plague of our time', 'the dangerous/fatal disease', and 'the satanic disease', stigmatizing terms which are significantly disappearing from the current discourse. Hamdan shows that this shift with respect to how HIV/AIDS is portrayed also affects the slogans employed to 'mobilize the public and other stakeholders to act against the disease' (Hamdan 2011: 115).

In the context of JA, Elyyan (1994) explored the frequency of euphemisms which are used for death, sickness, mental defect, cancer and excretory functions. The findings of his study showed that the directly tabooed terms were replaced with euphemisms which may vary according to age and region. Elyyan (1994) mentioned that cancer is commonly replaced by the term *ʔil-maradˍ ʔil-xabiːθ* (lit. 'the malignant disease), while mental problems are replaced by the expression *ʕaqlaːtuh ʃwajjah* (lit. 'his mind is little'). In connection with this subject, there exists a trend within Jordanian culture of avoiding direct references to diseases and their negative connotations, opting instead for linguistic techniques that inject humor into discussions surrounding them. According to Ali and Abu Faraj (2022), Jordanians active on social media during COVID-19 pandemic leaned towards employing various linguistic tools to inject levity into discussions about COVID-19, rather than naming the disease and dwelling on its severity and the tragic outcomes it brought. These tools encompassed techniques like alliteration, rhyming, homophones, paronyms, hyperbole, and metaphors, among others. However, as we show below, the different expressions of illnesses in JA can be patterned under two distinct strategies whose selection is based on the type of the illness and common beliefs related to the illnesses.

Against this background, it is clear that the related literature studied the use of euphemistic strategies of illnesses, pointing to the main differences between various languages and cultures. However, the actual expression of different types of illnesses is barely explored, a gap that constitutes the principal concern of the current study.

3. Method

The current study is drawn on two methods which are distributed into two phases: data collection (Phase I) and semi-structured interviews (Phase II). The data collection phase aims to identify the strategies used by JA speakers to express illnesses (therefore Question A is answered). Semi structured interviews aim to explore why JA speakers use such strategies (therefore Question B is answered).

3.1 Data collection

In order to answer our first research question (i.e., How are different types of illnesses linguistically expressed?), we gathered naturally occurring data from JA speakers' interactions. We recruited seven JA speakers as fieldworkers who were trained to write down the whole incident of the illness expression. Our fieldworkers were requested to listen to radio and TV interactive shows where exchanges between participants take place using JA. More focus is placed on interactive radio and TV shows that are interested in addressing people' life problems including health insurance, where a mention of illness can be evidently present. The fieldworkers were also trained to write down the interactions that involve an expression of illnesses as fully as possible. As a data gathering tool, the fieldworkers were asked to use their smart phones wherever possible as phones enabled them to do their tasks more efficiently. According to Burston (2013), smart phones can offer their users note-taking applications where notes can be stored and easily retrieved. Additionally, smart phones are normally equipped with settings that automate the writing process and facilitate data recovery (Alqarni 2020). The data collection stage lasted six months (October 2022 to March 2023) and produced a total of 834 linguistic expressions of illnesses. Table 1 shows the distribution of the linguistic expression of illnesses due to the type of the illness involved in the interaction:

Table 1: The distribution of the linguistic expression of illnesses due to the type of the illness/ organ

Illness	No. of tokens	%
Cancer	145	17.4
Heart	120	14.4
Kidney	105	12.6
Lungs	67	8
Ear	43	5.2
Eye	43	5.2
Intestine	43	5.2
Hands/ fingers	34	4.1
Mental disorder	32	3.8
Paralysis	32	3.8
Teeth	24	2.75
Allergies	23	2.75
Depression	23	2.75
Schizophrenia	23	2.8
Stomach	16	1.9
Anxiety	14	1.8
Epilepsy	12	1.4
Nose	9	1.1
Headache	6	0.7
Legs	6	0.7
Diarrhea	5	0.6
Autism	3	0.35
Colds	3	0.35
Skin	3	0.35
Σ	834	

As can be shown in Table 1, cancer, heart, and kidney illnesses are the most frequently expressed illnesses in JA. The high frequency of these illnesses in particular is expected as these illnesses normally constitute the main topics in Radio and TV shows, which are concerned with medical insurance and other health-related issues (e.g., the lack of proficient staff in the country's peripheral hospitals). For instance, some types of cancers are not treated in Jordan especially when they get to advanced stages, so people always ask for health insurance to cover the treatment of these illnesses outside Jordan. Additionally, heart and kidney problems and related illnesses are not covered by a universal health care in Jordan; therefore, people who are unemployed or who have a job in private organizations with poor

medical insurance always ask for help to cover the treatment of such illnesses either for them or for their family members and relatives (Nazer and Tuffaha 2017).

For data analysis, a descriptive analytical method was adopted to conduct the study. Therefore, responses to each item were gathered and classified into various types of expressive strategies, taking into consideration the type of illness and the number of responses for each illness.

3.2 Semi-structured interviews

In order to answer the second research question i.e., Why are different types of illnesses expressed the way they are?), 13 participants were interviewed to identify the major factors, which can be responsible for the use of the expressive strategies of illnesses in JA, and their relevant experiences, attitudes, beliefs, and perceptions of such illnesses. We first distributed a call explaining that the reason behind interviewing participants was to discuss how and why illnesses are linguistically expressed. Our main target included specialists in Arabic pragmatics and sociologists. Given their expertise in studying social structures, interactions, and processes within societies, pragmatics and sociologists can examine how social factors such as religion and social dynamics and norms influence the ways in which illness is communicated and perceived. Additionally, views from both pragmatics specialists and sociologists can provide interdisciplinary insights into the complex interplay between language, culture, and society in the context of illness. Their combined expertise allows for a comprehensive understanding of the multifaceted nature of illness communication. The respondents showed their readiness to participate in the semi-structured interviews and were all interviewed. It should be mentioned that none of our participants belonged to the medical staff. The design of semi-structured interviews was chosen to give the participants and interviewer more room to elaborate on relevant issues. Unlike structured interviews, the semi-structured interviews allow for spontaneity and adaptation to the participant's responses. Additionally, the interviewer has more freedom to probe for more details, clarify meanings, or explore unexpected issues that arise during the interview (Schmidt 2004). Unlike surveys or experiments, which normally rely on pre-determined categories or variables, semi-structured interviews allow participants to express their views in their own words and context. This can reveal hidden or conflicting perspectives, cultural nuances, or personal stories that would be missed by standardized measures (Kallio et al. 2016). Moreover, semi-structured interviews can be adapted to different populations or research questions. Additionally, semi-structured interviews can allow for a participant-led conversation that leads to deeper engagement and collaboration (Longhurst 2003).

The questions of our semi-interviews included the following:

- Why do you think people use this expression (XXX) to report this illness (XXX)?
- To what extent do you think that this expression is (religiously/socially, etc.) used?

- Why do you think that this illness (i.e., cancer) has many expressions to refer to?

It is crucial to emphasize that during the interviews conducted for this research article, participants were asked about all illnesses discussed in the study. Each interviewee was asked the three questions outlined above, ensuring comprehensive coverage of the linguistic expressions associated with various illnesses.

4. Findings

In this section, we report the findings relating to our two research questions. We firstly represent and discuss the findings of the first question, which relates to the expressive strategies of linguistic expression of illnesses in JA. Afterwards, we present and discuss the findings of the second question, which is related to the role of religion and social norms and rituals in defining and selecting these expressive strategies.

4.1 Expressive strategies of illnesses in JA

In order to identify the expressive strategies of illnesses in JA, we collected all tokens of linguistic expressions of illnesses and categorized them into two main sets: non-euphemistic expressive strategies and euphemistic expressive strategies. Non-euphemistic expressive strategies (NEESs) include all tokens whereby the name of the illness is clearly mentioned such as *ʕinduh d̲aɣit* ("He has high blood pressure"), biɣsil *kila* ("He dialyses"), *ʕinduh d̲aʕif samaʕ* ("He is hard of hearing"), *and maʕa:h sukkari* ("He has diabetes"), or when the name of the inflicted organ is mentioned such as *ʕinduh ʔil-riʔah* ("He has lung disease"), *ʕinduh ʔil-kila* (" He has kidney's disease"), *and ʕinduh ʔil-qalb* (" He has heart disease"). On the other hand, euphemistic expressive strategies (EESs) include all tokens where an indirect reference to the name of the illness is made, with no explicit mention of the illness or the organ inflicted with. Examples are *ʕinduh haða:k ʔil-marað* ("He has that disease") referring to cancer, *ʔil-zalameh batt̲al jidʒammiʕ* (" The man does not make sense") referring to Schizophrenia, *and ʔil-zalameh mistwi* (" The man is not aware") referring to any mental health problem.

Crucial for the present purposes is the observation that the choice between NEESs and EESs is not random; rather it is manifestly tied to the type of the illness under discussion, irrespective of the severity of the illness. Our findings refer to the situation that EESs are significantly used when a reference to cancer and mental health problems is made, while NEESs can be used elsewhere. For instance, when a speaker mentions that somebody has developed *haða:k ʔil-marað* ("He has that disease")he implicitly refers to cancer, not any other illness. The reference to the cancer in such instances can be safely identified by virtue of the accompanying discourse and ongoing conversation or exchanges. For instance, consider the following exchange between two people who are owners of two neighbouring shops where one of them is telling the other that his wife is lately diagnosed with cancer[2]. Please note that the sentence referring to the illness is provided with both a literal and an idiomatic translation into English.

A: ʔei:ʃ s̲a:jir ʕindak lei:ʃ s̲a:jirlak waqit msakkir

'What happened with you? Why have you been closing your shop for a long time?'

B: xalli:ha: ʕala: ʔallah ʔil-marah ʕindi: ʔiħtima:l maʕha: haða:k ʔil-marað
Literal: 'Leave it on God. My wife is possibly inflicted with that disease.'
Idiomatic: 'I do not know what to say. My wife is possibly inflicted with cancer.'
A: la: ħawla wala quwwata ʔilla billa:h mitʔakdi:n wallah zaj: hei:k biddak ħada: fahma:n
'I feel sorry! Are you sure? In such cases you need an experienced and knowledgeable physician.'
B: ruħna: ʕala: markaz ʔal-ħusei:n wa humma ħaku:lna: hei:k
'We went to King Hussein Cancer Centre and they told us so.
A : ʕala: ʔallah si:di:
'Trust God my friend.'
Although Speaker B does not mention cancer by name, it is clear that Speake B uses the expression *haða:k ʔil-marað* (that disease) to refer to cancer; he mentions that they consulted physicians from Hussein Centre (formally King Hussein Cancer Centre) which is the premier health institution in Jordan that treats cancer (this centre includes the most well-trained and proficient cancer specialists in Jordan and Middle East).

Note here that NEESs and EESs are used in conjunction with specific illnesses. Table 2 shows the frequencies of NEESs and EESs and the main illnesses relating to each strategy:

Table 2: The frequencies of NEESs and IASs and the main illnesses relating to each strategy in JA

Strategy	Illness	*n* of tokens	% of whole tokens
NEESs	Heart	120	14
	Kidney	105	12
	Lungs	67	8
	Ear	43	5
	Eye	43	5
	Intestine	43	5
	Hands/ fingers	34	4
	Paralysis	32	3
	Teeth	24	2
	Allergies	23	2
	Stomach	16	1
	Epilepsy	12	1
	Nose	9	1
	Headache	6	0.7
	Legs	6	0.7
	Diarrhea	5	0.5

	Autism	3	0.3
	Colds	3	0.3
	Skin	3	0.3
	Σ	597	66
EESs	Cancer	145	17.3
	Mental disorder	32	3.8
	Depression	23	2.7
	Schizophrenia	23	2.7
	Anxiety	14	1.6
	Σ	237	34

As Table 2 shows, NEESs are more common in JA than EESs. This is predictable as NEESs target more illnesses than EESs which are found to express cancer and mental health disorders.

4.1.1 Non-euphemistic expressive strategies (NEESs)

As we have shown above (Table 2), NEESs are predominantly used with all illnesses except for cancer and mental health problems[3]. A closer inspection of NEESs can reveal that there are two sub-strategies of NEESs, namely NEESs strategies by the name of the illness ($NEES_{ILLNESS}$) or NEESs strategies by the name of the organ ($NEES_{ORGAN}$). $NEES_{ILLNESS}$ include all tokens where the name of the illnesses affiliated with the organ is used. On the other hand, $NEES_{ORGAN}$ include all tokens where the name of the inflicted organ is mentioned with no reference to the illness itself. Table 3 shows the frequencies of these two sub-strategies in our corpus:

Table 3: The frequencies of $DES_{ILLNESS}$ and DES_{ORGAN}

Strategy	*n* of tokens	% of whole tokens
$NEES_{ILLNESS}$	161	27
$NEES_{ORGAN}$	436	73
Σ	597	100

As shown in Table 3, $NEES_{ORGAN}$ are more common in JA than $NEES_{ILLNESS}$. This contrast between the use of these two strategies can be indicative of a general tendency among JA speakers in that they prefer strategies where the name of the illness is not explicitly referred to. This tendency can be accounted for by extralinguistic factors which are mainly related to cultural values and beliefs that are prevalent in Jordan. It is widely known that Jordan, as is the case in other Arabic countries, prefers indirect communication and politeness which are more valued and utilized than direct communication and assertiveness (see Al-Adaileh 2007; Jarrah, Alghazo and Asad 2023). The preference for indirect communication clearly influences the way individuals express illnesses.

A point that is relevant here is that $NEES_{ILLNESS}$ are linguistically expressed through two distinct patterns. The first pattern is manifested through the use of a specific formula which can be represented in (2):

(1) With/at + a pronoun/the name of the inflicted person + the name of the illness

The following examples represent this pattern (for each example we provide a word-by-word gloss, and the idiomatic translation):

(2)

a. maʕa:-h /ʕind-uh ʔal-sukkar:
with-him/ at -him the-diabetes
'He has the diabetes.'

b. maʕa:-h /ʕind-uh ḏaɣit
with-him/ at -him hypertension
'He has hypertension.'

c. maʕa:-h /ʕind-uh dʒadari:
with-him/ at -him smallpox
'He has Smallpox.'

The second pattern of $NEES_{ILLNESS}$ is manifested through the use of the name of the illness modified as an adjective or as a verb, as shown in the following examples:

(3)

a. mindʒarib
of-scabies
'He has scabies.'

b. *ʔimko:rin*
Of-corona
'He has COVID-19.'

c. ʔimṣaddiʕ kθi:r
of-extreme-headache
'He has extreme headache.'

On the other hand, $NEES_{ORGAN}$ include all tokens where the name of the organ is mentioned with no reference to the illness per se. As shown in Table 3 above, this strategy stands for 73% of all NEESs in JA and can be primarily taken as a signature property of the expression of illness in JA. Similar to $NEES_{ILLNESS}$, $NEES_{ORGAN}$ are normally conveyed by a specific formula, which is mentioned below:

(4) With/at + a pronoun/the name of the inflicted person + the name of the organ

The following examples represent this formula[4]:

(5)

a. *ʕind-uh ʔal-qalb*
at-him the-heart
Literally 'He has the heart.'
Idiomatic meaning 'He has a heart disease.'

b. *ʕind-uh ʔal-miʕdeh*
at-him the-stomach
Literally 'He has the stomach.'

Idiomatic meaning 'He has a stomach disease.'

c. *ʕind-uh ʔal- ʔsna:n*
at-him the-teeth
Literally 'He has the teeth.'
Idiomatic meaning 'He has toothache/tooth cavities.'

As can be seen from all examples in (5), the mention of the name of the organ is enough to express the complication or the illness, which is related to the organ itself. For example, the example is literally translated into English as *he has the heart*, but it pragmatically implicates that the patient has (some) complications/disease in his heart. This same interpretation carries over to all other examples in (5).

Pragmatically speaking, we propose that the pragmatic meaning of each example in (5) above is an instance of the so-called explicature. According to relevance theory, "a proposition communicated by an utterance U is explicit if and only if it is a development of a logical form encoded by U" (Sperber and Wilson 1995: 182). Carston (2013: 177) contends that explicature is "a pragmatic development of the linguistically decoded content." Therefore, explicatures are identified by virtue of linguistic decoding or through pragmatic inference. One point that is relevant here is that unlike the Gricean framework, relevance theory advocates for the assumption that both the explicit and implicit sides of communication are inferential (Wilson and Sperber 2012). Using Carston's (2013) example, "She has taken enough help from Peter" is more explicit than "She has taken enough from him" since the reference of the pronoun "he" has been resolved, and a completion has been added to the adverb "enough" to saturate the logical form (see Jarrah and Al-Jarrah 2023). With this being the case, all idiomatic meanings in (5) above are instances of explicatures.

4.1.2 Euphemistic expressive strategies (EESs)

Under euphemistic expressive strategies, no reference to the name of the illness or the inflicted organ is made. The name of the illness is rather replaced with specific religious or conventional expressions. As we mentioned above these strategies are normally used in conjunction with cancer and mental health disorders. As for cancer, two different sets of expressions are used as a substitution of its name, namely religious expression and conventional expressions. Religious expressions are expressions where a reference to religious entities such as God, The Prophet, Devil, or one of their conventional descriptions or affiliates is made. Conventional expressions include all expressions which are not religious that are used as a replacement of the word cancer in JA. Table 4 shows the frequencies of religious and conventional expressions used to express cancer in JA.

Table 4: The frequencies of religious and conventional expressions used to express cancer in JA

Strategy	*n* of tokens	% of whole tokens
Religious expressions	56	38
Conventional expressions	89	62
Σ	145	100

Examples of religious expression that replace the name of this illness are mentioned in (6):

(6)

a. maʕa:h ʔallah ʔijdʒi:rna
with-him God keep-us safe
Literal meaning 'with him God keeps us safe.'
Idiomatic meaning 'He has cancer.'
b. maʕa:h ʔaʃhaduʔanna la: ʔila:ha ʔilla ʔalla:h
with-him I-bear that no god but Allah
Literally 'with him I bear witness that there is no god but Allah.'
Idiomatic meaning 'He has cancer.'
c. maʕa:h ʔallah jibʕidna:
with-him God keep-us away
Literally 'with him God keep us away.'
Idiomatic meaning 'He has cancer.'

The religious expressions in such contexts are obviously used as speaker-based expressions conveying special meanings which are never related to their religious invocations. Note here that the observation that religious expression has drifted away from their literal semantic meanings were already reported by several studies that examined the functions of a specific religious expression (al-Rojaie 2021). These studies viewed religious expressions as formulaic expressions of (linguistic) politeness given their religious flavor, which is lexically rooted in their basic meanings (Farghal 1995). Al-Rojaie (2021) proposes that when religious expressions are used as pragmatic markers, they should be viewed as a mixture of both discourse and politeness which are exploited by the speaker to reach an interpretation that conforms to their intention. Therefore, religious expressions can be categorized as mitigators or expressions of deference.

On the other hand, the most common conventional expressions used as a replacement of the JA word for cancer are mentioned in (7):

(7)

a. maʕa:h haða:k ʔil-maraðˍ
with-him that the-disease
Literally 'He has that disease.'
Idiomatic meaning 'He has cancer.'
b. maʕa:h: ʔil-maradˍ ʔil-xa:m
with-her the-disease the- dreadful

Literally 'She has the dreadful disease.'
Idiomatic meaning 'She has cancer.'
c. maʕa:h ka:nsar
with-him cancer
Literally 'He has cancer.'
Idiomatic meaning 'He has cancer.'
All of these terms conventional expressions are used as a replacement of the term *cancer* in JA[5].

As for mental health problems (that include mental disorders, depression, Schizophrenia, and anxiety), specific conventional expressions are used instead of the illness itself. Examples of such expressions are mentioned below:
(8)
a. ʕind-uh ʔikti ʔ:b
with-him depression
Literally 'He has depression.'
Idiomatic meaning 'He has a mental disorder.'
b. ʔil-zalameh ʕind-uh ðuru:f
the-man with-him circumstances
Literally 'The man has circumstances.'
Idiomatic meaning 'The man has a mental disorder.'
c. ʔil-zalameh mbattil ʔidʒammiʕ
the-man lose concentration
Literally 'The man loses concentration.'
Idiomatic meaning 'The man has a mental disorder.'

One important remark to mention here that the term *ʕind-uh ʔikti ʔ:b* 'He has depression' is used as a cover term to all mental health problems in actual discourse, although the patient might have been developed another problem. This term is socially viewed as a polite mention of such problems without attacking face and implicate stigma.

4.2 Expressive strategies of illnesses in JA between social norms and religious beliefs

An important question that has to be resolved here is why some illnesses are expressed directly while some are replaced with euphemistic expressions in JA. In order to answer this question, thirteen semi-structured interviews with native JA speakers were constructed. As we mentioned in section 3, most of the interviewees include sociolinguistics, specialists on Arabic dialectology and laymen (whose age is more than 40 years old). In the interviews, we asked our interviewees why illnesses are expressed using the expressive strategies reported in this article. Firstly, it should be noted that all interviewees totally agreed on the dichotomy of the expression of illnesses presented in this paper. Secondly, as for the non-euphemistic expressive strategies, they are deemed the default of the expression of the illnesses, while euphemistic expressive strategies are viewed as exceptional as they exclusively restricted to the expression of cancer and mental health problems.

Commenting on the major factors that make people choose euphemistic expressive strategies in conjunction with cancer and mental health illnesses, our interviewees convene that the reason for the use of such strategies to express cancer is different from people's reason to use them to expresses mental health problems. Euphemistic expressive strategies are used to express cancer due to religious beliefs and social etiquette while such strategies are used to express mental health problems due to social etiquette. As for cancer, almost all interviewees mention that religious markers and other conventional expressions are used to replace the term *cancer* so as the speaker is not inflicted with the same illness. For the sake of concreteness, consider the following statements by our participants mentioning that cancer is a fear topic whose explicit name should be excluded from their conversation:

(9)
a. mustaħi:l ʔaħki: ha:ða: ʔil-maraḏ baxa:f
'It is impossible for me to mention this disease; I feel scared.'
b. ʔil-naas ma: ʔibtiħki: ʔisim ha:ða: ʔil-maraḏ kθi:r bi:xa:fu: min ʔismuh
'People do not mention the name of this disease. They feel scared about mentioning it.'
c. ha:ða: ʃi: maʕru:f mustaħi:l ʔaħki: ʔisim ʔil-maraḏ
'This is taken for granted. It is impossible for me to mention the disease's name.'
d. bitsaddiq ʔabu:j ma:t min ha:ða: ʔil-maraḏ wala: ʕumri: ħakei:t ʔismuh da:ʔiman bastaxdim hei:k ʕiba:ra:t wa kunt ʔaħis bil-xo:f lamma: ħada: jiħki: ʔismuh
'Do you believe that this disease caused the death of my father! I have never mentioned its name. I always use such expressions, and I used to feel scared when someone mentions its name.'

It is clear that cancer is a fear-topic in JA where speakers strongly prefer not to use the explicit name of this illness. The major factors that influence the use of religious and conventional expressions in a replacement of the term *cancer* in JA include the religious belief that the speaker might be inflicted with the illness if they mention the name of the cancer as well as the social belief that the use of religious and conventional expressions for cancer represents a social etiquette. Consider the following statements by our interviewees.
(10)
a. lei:ʃ biddi: ʔaħki: ʔisim ʔil-maraḏ jimkin ʔandarr
'Why do I have to mention the name of the disease! I might be harmed.'
b. ʔana: baʕtaqid ʔinnuh kuθur ʔil-ħaki: ʕan ha:ða: ʔil-maradˤ bidʒi:buh
'I think that talking about this disease too much leads to it.'
c. fi: ʃju:x biħku: ʔibʕidu: ʕan ha:ða: ʔil-maraḏ laʔinnuh malʕu:n
'Some religious men advise against bringing up this disease because they believe it is cursed.'

d. ʔil-ħaki: bi-ha:ða: ʔil-marad qillit ʔiħtira:m lil-musa:b wa ʔahluh
'Talking about this disease is disrespectful to the inflicted person and his family.'
e. ʔana:baʃu:f ʔinnuh ðikir ha:ða: ʔil-marad huwa bi-maθa:bit ʔil-tasli:m bi-mawt ʔil-ʃaxis xalli:na: da:jman nitwakkal ʕala ʔallah
'I believe that mentioning the disease inevitably means the inflicted person's death. Let us always trust in God.'

An interesting point to mention here is that there is no teaching in Islam that encourages people not to mention the name of the illnesses. Rather, Islam encourages people to look for efficient treatment of all illnesses and include teachings for maintaining good health (Ashy 1999). Therefore, people's fear of cancer is based on false religious views that are related to this illness. Following Trachtenberg (2012), we call such views as 'folk religion' which is a sum of all popular beliefs that people mistakenly think are religious, but they are not. We propose that the effect of such folk religious beliefs triggers the use of religious expressions as a replacement of the term *cancer* in JA.

Furthermore, the term *cancer* is replaced by conventional expressions as we have shown above, regardless of the type or stage of cancer. The main reason for the use of such expressions come from the effect of folk religious beliefs as well as social etiquette. According to our interviewees, such expressions are used to show respect and sometimes solidarity with the inflicted person. This respect is rooted in the perception that this illness is difficult to treat and often regarded as a harbinger of death by many individuals. Therefore, simply mentioning the term 'cancer' may be construed as implying that the afflicted person is nearing death, potentially leading to breakdowns in communication between the parties involved.

Concerning the use of euphemistic expressive strategies in conjunction with mental health problems, almost all interviewees agree on the fact that such strategies are used because the mention of such illnesses give rise to disrespect. Consider the following statements by our interviewees:
(11)
a. bisara:ħa miʃ mni:ħ saʕib ʕalajjah ʔħki: bi-hei:k ʔsma:ʔ ʔil-na:s ʕindhum ʔiħtira:m ħatta: walaw ka:nu: mari:di:n nafsijjan
'Honestly, it is not good. It is hard on me to mention these names. People have to be respected even if they are mentally-ill.'
b. ʔil-na:s ma: bi:ħibbu jiħtiqru: ʔil-ʔa:xari:n
'People do not like to despise others.'
c. zaj ma: btiʕrif hei:k ʔamra:d bitdammir ʔil-ʃaxis ʔidʒtima:ʕijjan
'As you know, such diseases obliterate a person's social life.'
d. ʔidʒtima:ʕijjan ha:j ʔil-ʔamra:d ɣei:r maqbu:leh wa-xusu:san ɣei:r ʔil-muxtassei:n
'Social stigma surrounds these diseases, especially among non-specialists.'
e. ʔaj ħada: mari:d nafsi: hu: maḏħaka ʔawwalan wa-ʔaxi:ran hei:k ʔil-na:s btiʕtaqid

'People who have mental illnesses are generally made fun of. This is how people perceive it.'

Consequently, directly addressing mental health problems is perceived as disrespectful, prompting individuals to opt for euphemistic expressive strategies to refer to these sensitive topics.

In view of this, euphemistic expressive strategies are used because of religious beliefs and social norms. This is not surprising by itself. Religion (beliefs and practices) is an integral part of human society and impacts people's attitudes, beliefs, and values, which, in turn, have influenced their behaviour (Jensen 2019). Additionally, religion is found to influence linguistic expressions. Related literature reveals that religion can impact linguistic behaviour through the use of religious language (Chew 2006). Many religions have their own specific terminology and language that is used in religious texts, rituals, and practices. These terms can often be used in everyday conversation by individuals who adhere to the religion, which can influence the way they communicate with others (Chew 2006). The current article brings evidence that conforms to the assumption that religion as a powerful tool in delimiting the linguistic expression. Although some religious views are found to be false (i.e., not religious indeed but mainstream beliefs that people mistakenly think they are religious), they are still able to shape our communication and selection of expressive strategies used in our everyday conversations. This view concurs with Versteegh's (2017) view that religion is a linguistic variable in Arabic that impacts language use.

Furthermore, this research article provides evidence that cultural norms play a vital role in shaping language use and linguistic behaviour (see Kramsch 2014). Language is not only a tool for communication but also a reflection of cultural values and social norms. Cultural norms (i.e., the shared beliefs, values, and behaviours that are characteristic of a particular culture; Battiste 2009). These norms can influence the way individuals use language to communicate and express themselves. There seems to be a generalization that JA prefers euphemistic language to express illnesses; therefore, some euphemistic expressive strategies are used in order to encourage the expression of respect and solidarity.

5. Conclusion

This research article has explored the linguistic expression of illnesses in JA. It has offered evidence that illnesses in JA are predominantly expressed by two distinct sets of expressive strategies, namely non-euphemistic expressive strategies (NEESs) and euphemistic expressive strategies (EESs). We have shown that the use of these two strategies is based on the type of illness. NEESs are found to be used in conjunction with all illnesses except for cancer and mental health illnesses (e.g., heart problems, kidney dialysis, diabetes, etc.). NEESs include specific formulas that remarkably mention the name of the inflicted organ (e.g., [with-SOMEONE the ORGAN] as in *ʕinduh ʔil-qalb*, lit. 'with-him the heart', meaning 'He suffers from an illness in his heart) or the name of the illness, associated with the inflicted organ (e.g., diabetes, deafness, etc.). On the other hand, EESs are exclusively used

when cancer and mental health disorders are referred to. EESs essentially include the replacement of the name of the illness with some religious expressions (e.g., *ʔallah ʔijdʒi:rna* 'May Allah keeps us safe') or certain conventional terms especially in reference to cancer (e.g., *haðˍa:k ʔil-maraðˍ* 'that disease').

One important implication of the current analysis is that the utilization of EESs primarily arises from prevalent religious beliefs, which are often rooted in folk religion, as well as societal norms. Jordanians typically refrain from directly mentioning the term "cancer," perceiving it as an ominous illness, normally associated with death. They, therefore, often resort to religious expressions as a protective measure against the perceived threat that accompanies this illness. Additionally, within the Jordanian society, it is considered a matter of social etiquette to refrain from explicitly mentioning cancer or mental health problems. Their explicit mentioning can be interpreted as disrespectful and may lead to social repercussions. Therefore, our main hypothesis that different types of illnesses are linguistically expressed through designated expressive strategies which are influenced by people's religious views and cultural norms is substantiated by the empirical evidence and hence is proven right.

The findings of this work point to the fact that cultural factors such as religion and social norms influence how language is used. Language is found not to be a neutral means of communication; rather it is deeply intertwined with cultural beliefs and practices. People use language in ways which align with their religious or social affiliations to signal or express their membership in these groups. With this being the case, language use can vary significantly across different religious and social contexts. Therefore, certain phrases or expressions of illnesses are expected to be more common or acceptable within specific religious or social groups compared to others. Additionally, the results of this work suggest that language evolves not only due to linguistic factors but also in response to broader societal influences including religion and social norms. This implies that changes in religious or social dynamics could lead to shifts in language use over time. Finally, this article provides indirect evidence that effective cross-cultural communication requires awareness of how religion and social norms shape language use, a matter that we leave open for further research to delineate.

Having said this, we believe that more explorations into the effects of religion and social norms on other phenomena where language and people's beliefs are intersected are worth conducting. This helps us identify the actual roles of these factors and pinpoint other aspects which can shape our linguistic behavior. This effectively requires a broader look at the effect of these two factors on the linguistic expressions of other social phenomena including cultural transmission, social media and online communities, ingroup-outgroup dynamics, and social norms and values. Additionally, this study does not claim to encompass all pertinent manifestations regarding linguistic expressions associated with disease. It is strongly advised to explore such expressions within specific contexts, such as healthcare facilities and academic institutions, as well as within the realm of patient-doctor communication.

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[2] Transcriptions of all Arabic examples in this article are presented using the IPA symbols.

[3] It should be noted that cancer and mental health problems can be referred to by name. However, such a reference is very rare and only restricted to cases (e.g., where the inflicted person does not maintain a good relationship with the speaker). Additionally, an explicit mention of cancer is used in formal programs and government mortality reports.

[4] Note here that in the linguistic expression of DES_{ORGAN} some illnesses are preferably expressed with the preposition *maʕ* 'with' (*ʕind-uh ʔal-qulo:n* 'with-him the colon') while other illnesses are preferably expressed with the preposition *ʕind*

'at' (*ʕind-uh ʔal-qalb* 'at-him the heart') Such a preference to use the given preposition with a certain illness seems random and does not follow a rule.

[5] Folk religion is different from superstition as the former is intended to only cover beliefs that people mistakenly think they are religious, while the latter is normally viewed as a broad term for any belief that based on supernatural forces, magic, and myths (Martin 2004).

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