



**International
Journal of Society, Culture & Language
IJSCL**

Journal homepage: www.ijsc.net
ISSN 2323-2210 (online)

Disagreement and Degrees of Assertiveness in Service Encounters: Purchase vs Problem-Solving Interactions

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ARTICLE HISTORY:

Received May 2016
Received in revised form August 2016
Accepted August 2016
Available online August 2016

KEYWORDS:

Disagreement
Assertiveness
Service encounters
Spanish
British English

Abstract

This paper examined disagreement in two sets of data in the context of service encounters: problem-solving interactions (doctor-patient communication) and purchase-oriented encounters (pharmacies) from a cross-cultural perspective (Spanish-British English). We proposed assertiveness, a term that refers to both socio-psychological and linguistic features of communication, as a concept that may help understand disagreement. To this end, this study explored, on the one hand, frequency and types of disagreement in 160 British and Spanish service encounter interactions (SEIs, henceforth), in order to understand degrees of assertiveness, as well as the difficulty to grasp motivations for disagreement. On the other hand, five case studies were examined to unravel the social meanings attached to disagreement. The results showed that not in all cases Spanish interlocutors are more assertive than British interlocutors, that social meanings are not stable within the same genre and that linguistic choices may be linked to psychosocial motivations, such as assertiveness.

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1. Introduction

Disagreement has been defined as the expression of opinions that are different from those expressed by another interlocutor. Early literature describes disagreement as confrontational in nature (Brown & Levinson, 1987; Lakoff, 1973), and has very often been equated to conflict (Waldron & Applegate, 1994) from a socio-psychological standpoint. Even more restrictive than this is the traditional association of disagreement with its dispreferred nature from a politeness perspective, which leaves little room to express one's views if the interlocutors want to maintain harmony (cf. Brown & Levinson, 1987; Leech, 1983; among many others). However, given that this interpretation has been perceived as biased by the cultural perspectives of the analyst (Eelen, 2001), the equation, disagreement = conflict, impoliteness, or the like, does not seem to work when it comes to explaining the social specificity of how, why, when and to what extent we disagree.

On another front, a variety of dichotomous terms have been employed to understand the meaning and function of disagreement. The situational importance given to concepts such as positive politeness (Brown & Levinson, 1978), affiliation (Bravo, 2001), closeness, involvement (Scollon & Scollon, 2001), modesty (Spencer-Oatey & Jiang, 2003) and *simpatía* (Triandis, Marín, Lisansky, & Betancour, 1984), among many others, has categorised disagreement as either preferred or dispreferred in nature, as if we might be able to grasp interactional intention and perception with such accuracy. However, research shows that some societies value both honesty in terms of attitude and directness in terms of communicative style, rather than harmony (Bravo, 2001). Moreover, there are contexts in every society in which disagreement need not to be dispreferred (Pomerantz, 1984); rather, “deviating opinions are not only acceptable, but also unmarked and they form an inherent part of the PbS [Problem Solving] process” (Angouri, 2012, p. 1565).

The vast array of studies published recently shows that meanings and intentions are pervasive and, most of all, dynamic (Angouri, 2012; Arundale, 2006; Haugh, 2007, 2009,

2013; Locher, 2006; Mills, 2009; Sifinaou, 2012), due to variation regarding personal traits, relational histories (Sifianou, 2012) and knowledge of each cultural and situational frame (Terkourafi, 2001, 2005), as well as societal and situational constraints (Angouri, 2012). To this end, we need an umbrella term that is more generic and inclusive to better understand how disagreement is used regarding both linguistic and socio-psychological motivations, and that does not exclude specific situational meanings.

Based on this, this study aims at exploring degrees of assertiveness and social meanings of disagreement in purchase and problem-solving oriented SEIs from a multifaceted point of view, in order to understand whether degrees of assertiveness are stable within the same genre and culture, or whether it varies depending on the speech event purpose.

2. Theoretical Framework

2.1. Disagreement: From Categorical to Multilayered Perspectives

Among the wide variety of perspectives that disagreement has been studied, pragmatics and politeness research has covered mainly three: the dichotomous perspective, the interactional constraints view and the context-specific interpretation. This evolution marks a tendency from what we consider manageable units of analysis to attempts to cover the complexity of disagreement in interaction.

2.1.1. The Dichotomous Options Perspective

Drawing from Leech's (1983) maxims perspective, the literature is plagued with studies in which politeness constraints, preferences or expectancies are expressed in terms of dichotomous terms. Leech (1983, p. 132) postulated that one must seek agreement, rather than disagreement (“minimize disagreement between self and other; maximize agreement between self and other”). This, (and in line with the other maxims) involves the preference for agreement as a politeness strategy. In line with this, Brown and Levinson (1987) supported the idea that disagreements might be interpreted as neglecting concern for the other's feelings or wants.

Later in time, authors such as Spencer-Oatey (2008) contend that in communication there is a tendency towards a variety of communicative styles that guide behavior, and believes that the restraint-expressiveness dichotomy mentioned by Andersen, Hecht, Hoobler, and Smallwood (2002), as well as Scollon & Scollon's (2001) involvement-independence dimensions may shape the communicative attitude of the interlocutors. Within this context, they affirm that claiming a "common point of view, opinions, attitudes, knowledge and empathy" (pp. 40-41) are examples of expressiveness and independence. However, one may wonder why claiming a common point of view (i.e., agreement) may display expressiveness, while this does not seem to be the case with disagreement.

2.1.2. *The Multilayered, Context-Specific Dichotomies*

With the aim of presenting a broader perspective, Kim (1994) proposed five interactional constraints or concerns that might exist in different cultures, though not all of them to the same degree: avoid hurting the hearer's feelings, avoid imposition, avoid negative evaluation by the hearer, clarity and effectiveness. She found that the constraint that differed most in the examined cultures and situations was the concern for clarity. Spencer-Oatey and Jiang (2003) supported their perspective that interlocutors hold a series of sociopragmatic interactional principles (SIPs) that may be intrinsic to each situation, dynamic, changeable, value-linked and scalar in nature. These SIPs may include (though not be limited to): directness-indirectness; clarity-vagueness; cordiality-restraint; modesty/approbation-honesty and routinisation-novelty. Based on this, we assume that disagreement would seem to be related to contexts in which directness, clarity, honesty and novelty are somehow expected. In the same vein, House (2000, 2006) also emphasized the fact that there is a series of dimensions of cultural differences that are not clear-cut dichotomies but operate to different degrees, namely: orientation towards content as opposed to orientation towards addressee; orientation towards self as opposed to orientation towards other; directness as opposed to indirectness; explicitness as opposed to implicitness; and *ad hoc* formulation as opposed to verbal routines.

However, current research is still in need of revealing which principles or cultural preferences exist in a given context, to what degree they occur, and which linguistic devices are used to convey the desired meaning. Moreover, it is not clear how this variation should be managed when it comes to comparing a variety of contexts, the main problem being, that the meanings attached to certain conventions are not only changeable in time and place, but also dynamic in the ongoing process in which interaction unfolds.

2.1.3. *The Context-Bound Perspective*

More recent literature has addressed disagreement from a wider, psychosocial perspective. In this sense, variation is regarded in terms of attitudes, such as intimacy (Locher, 2004) or sociability (Georgakopoulou, 2001; Sifianou, 2012), among many others, depending on the context examined. It is indeed true that agreeing may be more pleasant than disagreeing, but it is also true that agreement may also be used as a linguistic weapon for the purpose of seeking conflict in situations in which the opposite is expected. In this sense, a common link in recent literature is the emphasis on specificity of context and multiplicity of variables to understand disagreement, among other speech acts (Linguistic Politeness Research Group, 2011; Marra, 2012; Mills, 2009; Mills & Kádár, 2011; Sifianou, 2012). Recent findings based on studies of both production and perception have also refuted the claim that cultures are located at only one end of a continuum necessarily. In particular, Zhu (2014), and Zhu and Boxer (2013) demonstrated that Chinese culture may not view strong disagreement as impolite, nor indirectness as necessarily expected. This clearly deconstructs that idea that culture is necessarily a determining factor of conversational styles *per se*, and involves that early cross-cultural studies might have been underpinned by stereotyping and ideology (Mills, 2009). Even though culture is still a factor for speech act variation (Ogiermann, 2009), specific context, tolerance of disagreement and negotiation of norms of a particular Community of Practice also play a role here (Marra, 2012).

One might reasonably suppose that if social meanings of disagreement (i.e., the attitudes

attached to it) are context bound, there would not be a need to measure stable, scalar categories. Nonetheless, this study addresses both a scalar perspective and context-bound meanings/intentions that are implicit in disagreement, as a proposal to explore the multilayered nature of the said speech act in two sociocultural contexts (Spain and the UK) and two SE types (purchase and service oriented).

2.2. Peninsular Spanish and British English Politeness Orientations

If we turn our attention to Peninsular Spanish and British English, the literature places Spanish within the group of ‘rapprochement cultures’, whilst British culture is placed in the group of ‘distancing cultures’ (Ardila, 2005; Barros García & Terkourafi, 2014; Hickey, 2004). In rapprochement cultures, smooth personal relations are taken for granted and thus cooperation in interaction is linked to social acceptance and person orientedness. In turn, cultures such as English and Swedish (the so-called ‘distancing cultures’) will understand cooperation in terms of consensus seeking and task orientation (Fant, 1995). Occurrence of disagreement might also be associated with the so-called ‘multi active’ cultures, such as those of Spain, Greece or Italy. In these cases, communication tends to be person-oriented, and emotional confrontation is not rare. In contrast, ‘linear active’ cultures, such as those of the USA, Germany and the UK, tend to be task oriented to different degrees and more restrained in nature. Besides, the UK also shares some features of the so-called ‘reactive’ cultures, which take behavioral decisions based on indirectness (as a communicative style) and harmony (as a value *per se*) (Lewis, 2012).

In linguistic terms, British indirectness and implicitness (Steward, 2004) seem to contrast with the tendency to express opinions directly in Spanish. This is related to values such as affiliation (Bravo, 2001), self-affirmation (Fant, 1995, 2007), and honesty and directness (Hernández-López & Placencia, 2004; Hickey, 2004), which may influence the performance of disagreement. Nonetheless, recent studies have shown that honesty, for instance, need not be a counterpart of or opposite to harmony

or conflict avoidance (Angouri & Locher, 2012).

2.3. Disagreement in Service Encounter Interactions (SEIs)

Recent studies have highlighted the importance of genre as a determining factor for linguistic choices (Garcés-Conejos Blitvich, 2010). Swales (1990, p. 58) defined *genre* as “a class of communicative events, the members of which share some set of communicative purposes”. According to the author, interlocutors within the same genre tend to share expectations regarding communication structure, style and content, and audience type. Accordingly, individuals involved in SEIs within a specific community will share certain social expectations (Fairclough, 2003) and relational practice (i.e., an activity that directly addresses the importance of knowing and understanding not only what to say, but how to say it), and many of its interactional features are stable as well as predictable, mainly in purchase-oriented events (Traverso, 2001).

In this vein, SEI has been demonstrated to hold its own pragmatic features and non-written code of conduct. Fernández-Amaya, Hernández-López, and Garcés Blitvich (2014), in their study on hotel interaction, concluded that interlocutors may prefer or expect both ‘respectful distance’ and ‘involvement’ at the same time (see also Márquez Reiter & Placencia, 2011, for an explanation of these terms), or ‘honesty’ and ‘making the customer feel at home’ in the same situation, which takes these preferences out of the structure of opposed categories, and gives a new perspective of what honesty means for interactants. Moreover, Fernández-Amaya et al. (2014) concluded that it is not entirely true that Spaniards value informality and closeness at all costs, as concluded in previous research (Bravo, 2001), but it depends on the genre.

In healthcare encounters, Ijas-Kallio, Ruusuvoori, and Perakyla (2011), in their study on Finnish primary care consultations, found that, even though patients tend to agree with doctors’ decisions, they also express their points of view and may become involved in the decision-making process, while in other national cultures, namely British culture, decisions are expected to be taken by the

doctor. However, Odebunmi (2013) also found that doctors' linguistic choices are constrained by institutional norms.

It is in this context that we view recent literature on disagreement as a mixture of pragmalinguistic approaches, cross-cultural studies, and specific social meanings. It would

then be useful to count on a term that links both linguistic and socio-psychological motivations to perform, to different degrees, disagreement, and that is not exclusive, but inclusive, in specific, context-bound situations. The proposed term is assertiveness, and may be related to not only scalar categories but also to specific intentions or social meanings:

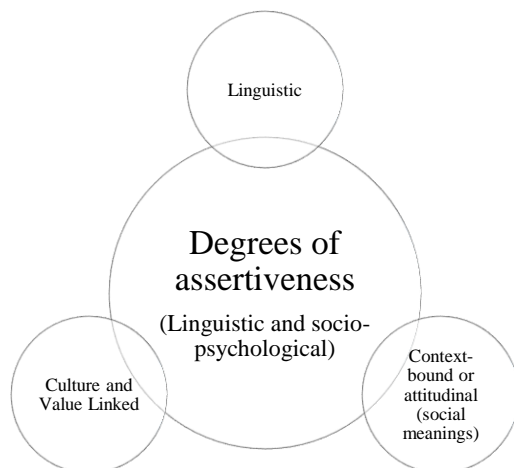


Figure 1

Connections among Culture, Attitudes and Linguistic Realisation

2.4. Degrees of Assertiveness and Tolerance of Disagreement

While previous cross-cultural studies have skilfully supported the idea of a continuum in relation to how to manage rapport (cf. Spencer-Oatey, 2000, 2008), very rarely have the different degrees been examined from both pragmalinguistic and socio-psychological standpoints (but see Blum-Kulka, House, & Kasper (1989) for a useful pragmalinguistic classification). If the occurrence of disagreement in communication underlie certain tolerance/intolerance of the expression of opinions, we are then talking about what psychologists label as assertiveness, a term that includes both communication and psychological attitudes. We contend that using this one single term might allow us to address the complexity of communication, given that the interlocutors' relative tolerance to disagreement may be linguistically observed as the expression of varying degrees of assertiveness.

Assertiveness emerged in the late 20th century as a learnable skill and capacity of interpersonal

communication was taught and researched by therapists (Alberti & Emmons, 2001) to help improve communication in sensitive contexts, such as therapy itself, negotiation, misunderstandings, work environments and health-related contexts (cf. Lin et al., 2004). Assertiveness can be defined as confidence (as psychological trait) and directness or clarity (as its linguistic expression) in claiming one's rights or putting forward one's views. In the field of psychology, "assertiveness involves standing up for personal rights and expressing thoughts, feelings, and beliefs in direct, honest, and appropriate ways which do not violate another person's rights" (Lange & Jakubowski, 1976, p. 7). Moreover, Eskin (2003, p. 7) in her study on Swedish and Turkish assertiveness supported that there are "differences in assertiveness between cultural and/or ethnic groups in accordance with their cultural codes and values". Mendes de Oliveira (2015) also found differences in terms of assertiveness between Americans and Brazilians that might be explained by means of the cultural dimensions associated to each group.

Therefore, varying tolerance to disagreement and specific social intentions attached to it (e.g., conflict, sociability, etc.) will lead to different degrees of assertiveness in interaction.

At this stage, we propose that:

- a) Disagreement should be addressed from both a genre and cultural perspective. In this study, we focus on two different cultures (British and Spanish) and two different types of SEIs, service-oriented and purchase-oriented (pharmacies and medical consultations);
- b) In order to understand to what extent disagreement is the norm or the exception in a given situation, context and non-context bound disagreement, together with degrees of assertiveness in this specific speech act are examined; and
- c) Both qualitative and quantitative analyses should be combined to cover the specific characteristics of related cultures and the specificity of different types of SEIs. Here we propose examining both frequency of disagreement in 160 SEIs of two types and degrees of assertiveness, together with their possible social meanings (e.g., sociability, modesty, etc.) in five specific examples that may serve as illustrations of context-bound intentions.

3. Methodology

The data, containing 160 interactions, belong to two contexts within SEIs, doctor-patient and pharmacist-customer interaction in Spain and UK. In particular, this study examines 80 interactions between pharmacists and customers, on the one hand, and 80 interactions between General Practitioners (GPs) and patients, on the other.

3.1. Data

The first data set examined consists of 80 encounters elicited by General Practitioners (GPs) and patients, and audio recorded in different geographical areas in England and Spain. The 40 Spanish interactions were recorded after obtaining written permission in four different healthcare centres in the centre and south of Spain. The sample used does not include first time encounters, which by nature

tend to unfold differently in interaction. No impact on the naturalness of the interactions was perceived, maybe due to the fact that permission had been granted well in advance and the patient did not seem to mention, remember or pay attention to this.

The English data belong to the *British National Corpus*, a monolingual and synchronic corpus, on the one hand, and demographically and geographically representative, on the other. This study covers only those interactions that specify belonging to a GP medical consultation. Even though both data sets were gathered at different times in the last years, this is not significant for this study, as there is no intention to draw inferences on the whole British or Spanish populations.

The second data set consisted of 80 naturally occurring audio-recorded interactions between pharmacists and customers in three pharmacies, one in Seville (Spain) and two in London (UK). After permission was granted, a notice was placed at the main counter, stating that audio-recordings were being carried out for research purposes. The data were collected from mixed working and middle class areas in both cities, and there was no attempt to control for variables like gender or age. In both environments there were two pharmacists, one male and one female. It was observed that the three pharmacies chosen sell similar health products, and with similar arrangements of space.

In all the data sets, interactions with the elderly (85 years old and older), teenagers and children were not included, given that these age groups may involve differences in interaction.

3.2. Procedure

This study comprises three stages: first, a deductive study, unravelled after the examination of the data and the reactions interlocutors display in these interactions, will help analyse and classify disagreement in linguistic terms. The focus of analysis is the dynamics chosen when disagreeing, namely whether disagreement occurs, and if so, whether it is carried out openly. Three main categories will be considered: a tendency towards agreement (A), open, non-contextual

disagreement (OD) and context-bound disagreement (CD). CD refers to disagreement that is understood in context, as in the use of “well” followed by another interlocutor’s turn that denotes that there is not agreement. Based on previous literature, we will assume that OD is more assertive than CD, as the latter can be cancelled in the ongoing process of interaction, while the former tends to be blunt and clear. The service providers’ (pharmacists and doctors) and customers’ (patients and clients) communicative strategies or styles will be first analysed and quantified separately in the British and Spanish corpora. This is relevant in order to understand whether disagreement is the norm or the exception in these two contexts within service encounters, and the type of disagreement that is typical in each data set.

Simultaneous to this quantification of data, the second stage will be developed, in which social meanings and intentions will be addressed in 5 specific cases of disagreement. A close look at these interactions will allow for an in-depth understanding of intentions (e.g., sociability, concern for the other, conflict, etc.). Given that this may be subject to interpretation, a second analyst will be asked to read and interpret all 5 cases.

And third, assertiveness will be examined in the data sets. Given that we could not have access to the participants’ points of view and interpretation of each of the interactions, we focus on to what extent individuals seem to be assertive, according to their communication styles. Each disagreement style will be assigned a different score in order to mark the degree of assertiveness of each disagreement episode (i.e., the more assertive it is, the higher the score). Assertiveness will be marked depending on how clearly disagreement is performed, and whether context is needed or not to understand it. After all disagreement strategies are assigned a score, another researcher will repeat the same analysis to ensure objectivity as much as possible. Finally, the relationship between assertiveness and specific social meanings will be discussed.

4. Results

4.1. Disagreement Strategies: Classification and Social Meanings

4.1.1. Problem Solving in Doctor-Patient Interaction

After identifying episodes in which doctors disagree with patients, an analysis of whether there was a tendency towards agreement (A), open, non-contextual disagreement (OD) and context-bound disagreement (CD) was carried out.

Regarding the doctors, a different behavior was observed in each of the data sets:

- 1) While 87.5% of the British doctors display open agreement with patients, it only occurred in 15% of the Spanish interactions;
- 2) While Spanish doctors use a range of disagreement strategies that can be either OD (17.5%) or CD (17.5%), English doctors show a tendency towards to CD (55%). In turn, OD was nonexistent in the British data.

So far, the results match previous studies that depict the British culture as more prone to consensus (Hernández-López & Placencia, 2004; Steward, 2004), but even so, it is worth mentioning that those disagreement episodes must be looked at in detail to understand why, in a context in which agreement is expected (i.e., interlocutors want to reach a common goal), disagreement may also be part of the conversation. Specifically, it was observed that disagreement usually occurs as a side effect of the inclusion of other speech acts, as when the patient takes the initiative to make a decision or give their unsolicited opinion -and thus the doctor may either agree or disagree as a response. In the example below, taken from the Spanish corpus, it is clear that the patient dares to diagnose herself but it is the expert that has to make a final decision. Disagreement occurs in the form of opinion giving in turns [7] and [8] (English translation in italics). In the extracts, D will stand for ‘doctor’ and P for ‘patient’:

- (1)
- D [1] ¿Le duele por aquí?
Does it hurt here?
- [2] [...]
- P [3] ahí justamente en ese hueso de la cadera
Right there, in the hip bone
- [4] [...]
- D [5] esto ya es el sacro, ¿eh?
This is the sacrum, ok?
- P [6] la verdad es que tengo un poco de osteoporosis
To tell you the truth, I think I have a bit of osteoporosis
- D [7] **no, pero esto no es eso. Aquí en las mujeres es muy frecuente**
- [8] **una obusitis que se forma aquí**
No, this is not the problema. It's very frequent to find bursitis in women.
- [9] [...]
- D [10] [...]
- P [11] y yo diciendo la hernia. Esto es que
- [12] me irradia el problema lumbar que tengo hacia abajo
and the whole time I was thinking it was a hernia. It may be that my lumbar problem irradiates downwards.

Even though turns [6], [7] and [8] involve differing opinions linguistically speaking, their social meanings go beyond this. Indeed, prototypical Spanish directness and self-affirmation in [6], where the patient (almost) diagnoses herself, is followed by open disagreement (*No, this is not the problem*). That is, while disagreement is evident in the doctor, if we understand the implicit social meaning in the patient as a request (i.e., something like “*is it osteoporosis?*”), thus the following turn may be understood as clarification or provision of requested information.

In contrast, patients' disagreement strategies differ from doctors' mainly in both terms of frequency of agreement and distribution of CD vs OD. Both British and Spanish corpora show a considerable amount of cases in which the patients agree with the doctor, as expected. Frequencies appear as follows:

1) 90% of British patients express A, in contrast with 65.5% of Spanish patients;

2) Only 7.5% of British patients disagree somehow (2.5% in the form of OD; 5% chose CD), while Spanish patients expressed disagreement in 20% of the cases (10% was OD and 10%, CD).

Tentatively we might say that there is a clearer tendency towards agreement in the British corpus than in the Spanish corpus. Also, patients do not seem to disagree very often, while doctors avoid being patronising by being implicit rather than imperative. Sometimes CD is given by means of rhetorical questions, paralinguistic or onomatopoeic sounds (e.g., “erm”) or even silence. In example 2 below, the British patient tries to justify why he has not taken Diazepam (turn [110]), while the doctor implicitly disagrees (CD) when explaining the advantages of taking these pills (turns [119-122]). After this, the patient's response (‘yeah’) does not necessarily involve acceptance of advice, but probably discursive follow-up in turn taking. Also, understanding the doctor's intentions throughout the full conversation (persuading the patient to change procedure) may lead us to think that turn [105] is, in fact, CD:

- (2)
- D: [100] But if you, I mean if you do get very anxious what do you do?
- P: [101] I just carry on.
[...]
- D: [105] **Well that's probably a good a way of managing it as anything really.**
[...]
- D: [109] Er and you **haven't been taking any of those Diazepam at all?**
- P: [110] **I didn't take them because I'd rather have no more pills.**
[...]
- D: [119] **The advantage of those Diazepam is, they're there if you need them.**
[120] **You've still got them there if you need them.**
[121] **Er it's a very low dose, if you just take them every now and again**

you'll have no problems with them at all.

[122] **And if you do feel things are overwhelming you then they may just help to bring you down again.**

P: [123] Yeah.

D: [124] And that's what they're there for.
[125] **Sometimes, just knowing you've got something else you can turn to is all you need cos you don't need**

P: [126] Yeah.

In a nutshell, the ostensible divergence of opinions, reinforced with 'probably' in [105] and the negative question in [109] is expressed implicitly, but again, the multifaceted nature of disagreement is reflected here in that this simultaneously means advice giving, with an ambiguous answer from the patient.

Looking back at both doctors' and patients' expression of disagreement, the tendency reflects that Spanish interlocutors in the data set analysed may be, at times, clearer in terms of their wants (i.e., more assertive), while the British interlocutors tend to both emphasize agreement and context-bound disagreement. However, social meanings seem to be diverse (i.e., clarification and advice giving).

Below we will see whether these features are common and applicable to other data sets related to SEIs in which purchase, rather than problem solving, is the main aim.

4.1.2. Purchase and Conversation in Pharmacies

Interestingly, the findings based on the British and Spanish data sets gathered at British and Spanish pharmacies show a very different picture of the performance of disagreement. To start, frequency of disagreement is rather low or inexistent, and when it happens, it entails neither conflict to be solved nor divergent points of view. In some occasions, OD does not involve real disagreement, but a way of interacting; in others, disagreement only occurs among [Spanish] customers, and not between pharmacists and customers.

The findings here are summarized as follows:

1) The British data only contain two cases of CD, but in none of these there is the expression of opposing views but modesty or clarification, instead. That is, the context shows that CD is actually not understood as opposing points of view but it is used with other functions in interaction.

2) The Spanish data include four cases of disagreement, among which two are OD and two are CD. In the case of OD, participants seem to engage in a decision-making process that is inexistent in the British data.

The low frequency of disagreement in the data sets analysed may lead to the hypothesis that assertiveness is either irrelevant or not expressed through disagreement in our purchase-based data. However, a closer look at the Spanish data shows that there are, at least, three contextual variables that may have led to the expression of disagreement: first, the two cases of OD occur in stretches of talk that are longer than usual. While the average in terms of the number of turns is 34, the two interactions containing disagreement include more than 70 turns. It may be due to the fact that more talk may lead to more engagement and thus more opportunities for expressing opinions. Second, prior to disagreement, unsolicited advice occurs. This is relevant here in that if one of the participants does not seek or need advice, disagreement is more likely to occur. And third, some of the customers participating in the Spanish data set engage in conversations not only with the pharmacist but also with other customers. In a nutshell, length of interaction, previous statement of opinions and number/role of participants seem to be relevant to understand occurrence of disagreement in pharmacist-customer interaction in the data sets under analysis. This contrasts with the above-mentioned motivations in doctor-patient interaction.

In example3, two Spanish customers engage in conversation about which product is better for one of them, and she later disagrees with the unsolicited piece of advice given (turns [13][17] (English translation in italics). In the extracts, W will stand for 'woman, M for 'man', and P for 'pharmacist':

- (3)
- [1] W: Yo quiero:
I want...
- [2] P: un momentito
- [3] M: ah ((pause))
Ah ((pause))
- [4] P: dígame
tell me
- [5] W: yo quiero un jarabe para la tos ((pausa))
I wanted a syrup for the cough ((pause))
- [...]
- [7] P: y que tiene más?
What [other symptoms] do you have?
- [8] W: pues:: ((pausa)) tengo dolor de cabeza, malestar general ((tos)) es que llevo tomando un montón de cosas y ya no sé ni lo que me voy a mmm
well ((pause)) I have a headache, general tiredness ((coughing)) I've been taking a lot of medicines
and I no longer know what I am going to mm
- [9] P: Hombre si puede tomar por ejemplo Frenadol, pero entonces no tienes porque tomar esto.
Well, if you can take Frenadol, but then I don't understand why you want to take the other product as well
- [...]
- [10] W2: no le vaya a hacer a usted daño
It may do you harm
- [11] W: no, (...) no:::, para que que:: no de de fastidie la tos por la noche por lo menos que duerma.
No (...) no::: I only take this one in the night, so that at least I can sleep
- [12] W2: y si no, aspirina (...) el paracetamol
Otherwise, you [you can take] aspirine or paracetamol
- [13] W: paracetamol es que estoy harta de tomar paracetamol yo ya creo que el paracetamol el hígado te lo machaca como

un demonio y llevo ya tomando paracetamol por un tubo

I am fed up with taking paracetamol and I think this is bad for your liver. I've been taking paracetamol for a long time.

- [14] W2: y el visolgrín es muy bueno

But "Visolgrin" is very good

[...]

- [17] W: es que estoy aburrida ya de tanto ((pausa)) es que quiero quiero cambiar de medicamento es que quiero a ver si cambiando termino de quitar

I am just tired of so much ((pause)) I just want to change medicine to see if I can get rid of this cough

Here, after W seems to have decided to buy medicines that are supposed not to be taken together, she receives objections from not only the pharmacist (turn [9]) but also an apparently unknown customer (W2 in turn [10]). In turns [13] and [17], the customer (W) disagrees with the other customer. This kind of unsolicited advice and objections to W's purchase in turns [9] and [10] may be considered CD in that it contradicts W's point of view or decisions. W reinforces this with CD in turns [13] and [17]. In this sense, and given that other customers need not participate to reach the interactional goals at hand (i.e., purchase), in this communicative event the social function of sociability is central. This is not only seen in contradicting points of view but also in the repetition of personal opinions and experiences ([13], [17]).

CD in the Spanish data also appear in short stretches of talk but this time related to the social function of showing concern for the customer rather than showing different points of view. In example 4 with the question 'But are you going to carry all this with you?' the pharmacist shows her concern for the customer, who has brought a great number of prescriptions, while implying that she should not have brought so many. In this sense, and even though there are differing points of view on how to proceed, interlocutors need not have the perception of disagreement. W's answer in [3] might be understood as confrontational, but what is true is that communication runs

smoothly, according to what we find in subsequent turns:

(4)

[1] W: vamos con las recetas

Let's have a look at the prescriptions

[2] P: ¿pero todo esto te vas a llevar?

But are you going to carry all this with you?

[3] W: mira, yo lo traigo todo porque yo como no:: de intérprete no tengo nada pues todo lo traigo

Well, I've brought all (the prescriptions) because I am not an interpreter (of what you need) so I (prefer to) bring everything.

[4] P: a ver ((pause)) bueno, por esto te lo estoy diciendo.

Let's see ((pause)) Well, that's why I'm telling you.

The British data include only two examples of disagreement. Paradoxically though it may seem, these are rather opportunities to show modesty or real agreement. Again, the social meaning is other than confrontation or disagreement. In example 5, the pharmacist expresses his opinion with respect to how useful the customer was being for someone ill:

(5)

[1] P: ah, the time of year, you are helping her quite a lot

[2] M: **Well no**, we only, Joan only goes round there once a week, just to have a chat with her, that's all, you know, just to talk to=

[3] P: nice, nice that, it's nice

In this last example, the customer (M) disagrees with the pharmacist (P) and states that indeed, he is not helping much. In a nutshell, besides the scarce examples of disagreement in this second data set, these seem not to be perceived as disagreement, but as a way of clarification, follow-up or compliment response, rather than the expression of convergent ideas.

The data sets analysed in both medical consultations and pharmacies show two very different pictures of not only the occurrence of disagreement, but also their social meanings implicit in OD and CD (sociability and modesty). This may also be related to what extent it represents the assertive expression of divergent opinions, as will be explored in the section below.

4.2. Disagreement and Degrees of Assertiveness

One way of understanding to what extent differing opinions are central in interaction is by looking at degrees of assertiveness. If we assume that agreement (A), contextual disagreement (CD) and open disagreement (OD) form a gradual scale in terms of intensity of assertiveness, in a scale of 1 to 3, 1 represents A, and 3 OD:

Table 1

General Degree of Assertiveness in the Expression of Disagreement or Contradicting Opinions

Strategy:	Agreement (A)	Context-bound Disagreement (CD)	Open disagreement (OD)
Score	1	2	3

By considering this, frequency may be taken into account only in terms of degree or intensity to understand to what extent disagreement is subject to other factors in interaction. That is, by multiplying frequency by degree of assertiveness, the results will show to what extent being assertive is expected or common in the data sets. This does not help draw generalisations here, but may help focus on quality as well as quantity,

and allows for comparability. In this sense, certain frequency (namely 17.5 % in the case of doctors frequency of CD and OD –see Figure 2below) should be treated differently, as the degree of assertiveness is expected to be higher when OD occurs (it scores 53.5, while 175 of occurrence of CD scores 35). Thus, the score obtained will tell how assertive the participants are relative to the maximum and minimum expected in these situations:

Table 2
Frequency of A, CD and OP in Health-Related Data Sets

	Data set	A	CD	OD
Doctors' Frequency	Spanish	15	17.5	17.5
	British	87.5	55	0
Patients' Frequency	Spanish	65.5	10	10
	British	90	5	2.5
<hr/>				
Doctors' Degree of assertiveness	Spanish	15	35	52.5
	British	87.5	110	0
Patients' Degree of assertiveness	Spanish	65.5	20	30
	British	90	10	7.5

By doing this, frequencies are transformed into degrees, as shown in Figure 2:

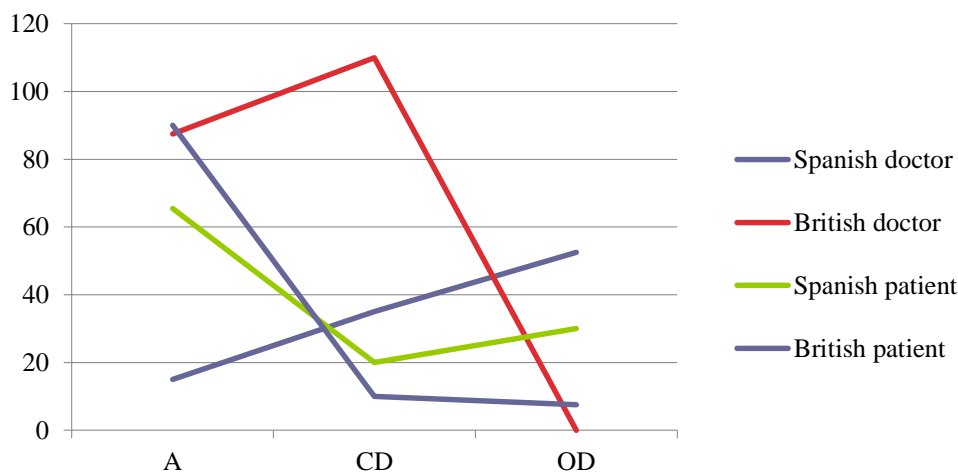


Figure 2
Degrees of Assertiveness Found in Disagreement in Medical Consultations

If A and OD are the extremes that mark assertiveness, and CD would involve less assertiveness, the analysis of the degree of assertiveness will lead to a picture that differs from the frequencies previously found. Interestingly, the Spanish doctors in our data show a clear and gradual tendency towards OD, but its degree with respect to CD shows that assertiveness is not necessarily present at all times with regards to disagreement. In contrast, Spanish patients in our data seem to be mainly characterised by either clearly agreeing or disagreeing, with a lower incidence of CD. This obviously involves that there is a high degree of assertiveness that can be understood regardless the context and perception. In contrast, both British doctor's and patient's degrees of assertiveness vary

considerably: given that the British doctors represent the highest degree of CD but the lowest degree of OD, we assume that they present low assertiveness in the data, and thus indirect suggestions, giving options or just silence is preferred to overt disagreement. Patients in the British data are even less assertive, given that only A is given to significant degrees. As will be seen in the discussion section, this can be explained through the social meanings created or negotiated in interaction, depending on other contextual factors.

With regards to pharmacists-customers' encounters, the low incidence of leads us to think that disagreement is the exception rather than the norm:

Table 3
Frequency A, CD and OP in Purchase Oriented Data Sets

	Data set	A	CD	OD
Pharmacists' Frequency	Spanish	39	1	--
	British	40	--	--
Customers' Frequency	Spanish	37	--	3
	British	38	2	--
<hr/>				
Pharmacists' Degrees of assertiveness	Spanish	39	2	--
	British	40	--	--
Customers' Degrees of assertiveness	Spanish	37	--	9
	British	38	4	--

Regardless the frequency, what is interesting here is that there is a rather homogeneous degree of assertiveness in interlocutors based

on their different roles (i.e., pharmacist and customer) in both British and Spanish contexts, as reflected in the graph below:

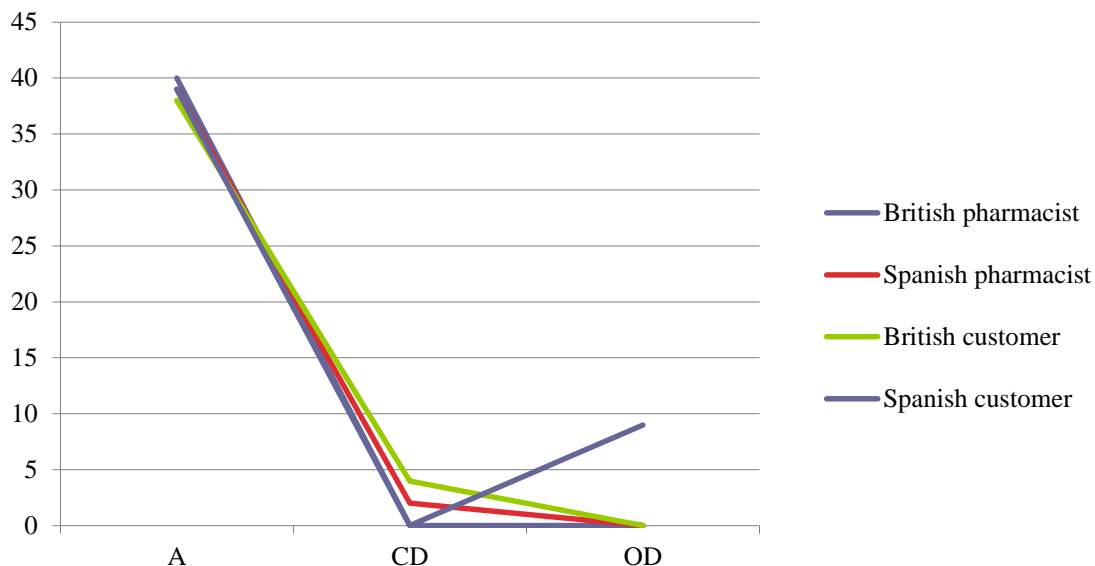


Figure 3
Degrees of Assertiveness Found in Pharmacies

Indeed, only 4 examples of disagreement (two of CD and two of OD) in the Spanish data vs two examples of CD in the British data are not enough to calculate the degrees to which participants are assertive when disagreeing, but it may imply that disagreement does not seem to be central in this type of interaction. What has been revealed, though, is that the Spanish examples occur due to unsolicited advice and opinion giving on the part of other

interlocutors, whereas the British examples occur as a way to clarify or respond to compliments. That is, the linguistic realisation of disagreement carries social meanings other than expressing different opinions. As seen in Figure 3, the maximum of assertiveness found through disagreement lies in the role of the Spanish customer. The low frequency of disagreement leads to understanding that it is not disagreement, but maybe other preferences

(e.g., efficiency) or speech acts (e.g., requests or advice giving) that might shape degrees of assertiveness. In this sense it is clear that, even though both contexts –medical consultations and pharmacies- are part of service encounters and there are both service providers and different types of customers or clients, they belong to SEIs with differentiated communicative styles and purposes, as well as varying degrees of assertiveness and involvement in the interaction.

5. Discussion

This study has addressed disagreement in both its specificity of social meanings and degrees

of assertiveness in SEIs. Two contexts within SEIs in Spain and the UK have served as illustrations: purchase-oriented (i.e., pharmacies) and problem-solving oriented (doctor-patient). The results have shown that a) social meanings and intentions are intrinsic of each interaction even within the same genre, and b) assertiveness greatly depends on the role and opportunities to be assertive, as well as on the genre and cultural constraints that have been extensively studied in the literature section, regardless the social meaning attached to each communicative event. More specifically, disagreement seems to be more frequent in problem-solving interactions, than in purchase-oriented events. Figure 4 shows varying degrees of assertiveness attached to context and role-related rights and obligations:

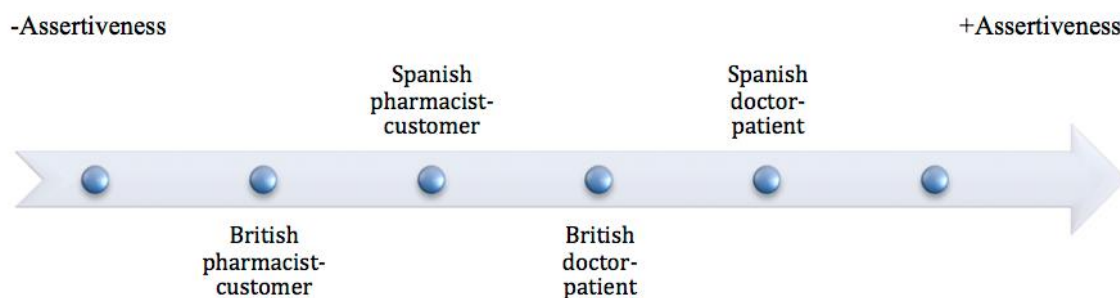


Figure 4
Degrees of Assertiveness in the Data Sets

As Figure 4 suggests, there must be factors other than culture that might influence degrees of assertiveness in the performance of disagreement. Indeed, in the examples analysed here, culture, genre (SEs), SE purpose (purchase *vs* service), social meaning *sin situ*, opportunities to interact and the role of the participants seem to have an impact on both the performance of disagreement, social meanings and degrees of assertiveness:

Culture. Contrary to previous findings, in which Spanish seems to be oriented towards directness, involvement and solidarity (Ardila, 2005; Barros García & Terkourafi, 2014; Bravo, 2001; Hickey, 2004), and British English towards indirectness, restraint and independence (Fant, 2007; Steward, 2004), the study of the frequency of disagreement and

degrees of assertiveness shows that the issue is in fact relatively more complex. The highest occurrence of disagreement was indeed that found in the data set based on British doctors. Moreover, after a closer look at the degrees of assertiveness, the fact that doctors tended to disagree implicitly (CD) in the data set suggests that the level of assertiveness is not as high as might be expected by looking at frequency only. Similar to previous findings (e.g., Mendes de Oliveira, 2015) cultural orientations and dimensions seem to have an impact on assertiveness. However, communicative styles associated to certain cultures (directness *vs* indirectness, honest *vs* modest, etc.) *per se* might be misleading, as neglecting other factors that have been shown to be of interest here delimits and simplifies communication in unrealistic terms.

Genre and SE purpose. Overall, the results have shown that disagreement is relatively infrequent in SEIs. Besides, this study has shed light on the importance of differentiating among SE types. Consistent with Ijas-Kallio et al. (2011), the findings reveal that in situations in which there is a personal problem to be dealt with, such as the case of health related contexts, interlocutors are more prone to be more assertive when disagreeing. Thus, SE purpose (i.e., purchase vs service) may determine not only degrees of assertiveness, but also degrees of involvement. In line with Traverso (2001), purchases are relatively quick and task-oriented, whereas problem-solving interaction, specifically health related issues, carries more interpersonal work, and the search of shared agreement in specific decisions is crucial.

Opportunities to interact and role of the participants. Situational variables that occur in the ongoing process of interaction constantly redefine purpose and the negotiation of interpersonal considerations (cf. Fraser, 1990). For instance, are the customers expected to interact among each other? We have seen that this might happen among Spanish customers in pharmacies, while it was not found in the British data set, and thus there is no way to know whether this is expected in the latter. What is true is that this expectation may completely change the orientation of a speech event, given that when customers interact among each other, there may be more opportunities for performing disagreement in either dyadic or gregarious conversations (cf. Hernández-López & Placencia, 2004), be it due to the roles they perform (i.e., equals) or to the opportunities for interacting and using some kind of small talk.

Social meanings and intentions. Finally, this study has supported that idea that degrees of a certain category can and should be measured to understand the connection between pragmalinguistic realisation and socio-psychological motivations, but by no means does this impede considering particular intentions or social meanings that interrelate simultaneously. In the five interactions examined here, five main intentions were obvious in disagreement: clarification or provision of information, advice-giving, sociability or ensuring conversation, showing

concern for the other, and even showing modesty or agreement. It seems as though all five cases were ostensive objections, while conflict did not seem to occur. This again reflects the importance of considering the specificity of each context. All in all, it is the interplay among a variety of variables that gives way to each situation and, paradoxically though it may seem, the interlocutors apparently know not only what to say, but also what to expect.

Future research should focus not only on expanding the size of the samples used for this study, but also on considering other discourse features and pragmatic considerations within the same type of SEIs, in order to understand how degrees of assertiveness determine communicative styles. That is, how assertiveness, social meanings and politeness intermingle and determine interaction.

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