Emotive Lexicons and Illocutionary Acts: Case of Tragic Circumstances

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Abstract

This paper focused on the relationship between language and emotion and the roles of language in expressing emotions. Emotive expression is another function of language that connotes any utterance that has to do with the speakers' state of mind and feelings which constitute meaning. This is because as humans, we often clash with both pleasant and unpleasant inevitable and arousing experiences which characterize our emotions either negative or positive. When the situation is positive, we express positive emotions such as, laughter, and smile using words and phrases that depict our happy emotional state, whereas in an unpleasant situation we often express negative emotions such as insult, cry, sadness, anger, fear and disgust which are noticed in our expressions as it abnormal to exhibit positive emotions under tragic circumstances, but the fact is that both positive and negative emotions coexist as there is very thin line between them. The research used a primary technique of data collection. That is, observation method. To carry out this task, a written permission was obtained from the hospital managements so as to allow the researchers access the wards without harassment from the hospital workers. Occurrences of emotion were watched the scenes where emotions were expressed, expressions typical of emotive language were jotted along with non - verbal expressions since the two go − hand − to hand. At the end of the exercises, the expressions were coded as anger, fear, sadness, and disgust, emotion types overlap in production. The result indicates that there are instances in which a patient expresses sadness/fear; anger/disgust; sadness/anger within an utterance. Additionally, the result indicates that there are more occurrences of expressions of sadness than other emotion categories. Furthermore, the figure above shows that the number of sadness between age and gender tend to be equal.
Keywords: Emotion, Language, Illocutionary, Act, Expression.

I. Introduction

Generally, societies do not belong to the same cultural modes. For instance, high uncertainty avoidance societies are associated with high anxiety and stress. Consequently, these cultures more often than not engage in verbalizing their emotions. Typical of these are the Europeans. Contrastively, masculine societies value independence, competiveness, power differentiations, rewards for achievements, emphasize gender difference and encourage assertiveness. On the other hand, people living in feminine cultures value social support qualities of life, independence and fluid gender roles. By contrast, masculine cultures reinforce gender difference in displaying rules, view high concern for interdependence and care for others.

Scholars of psychology identify six basic categories of emotions such as: anger, contempt, disgust, fear, happiness, sadness and surprise. These emotive tendencies are reflected differently depending on the culture of the people involved. For instance, people who live in Spain and Chile for instance, express emotions more strongly than those in

masculine cultures like Belgium and Mexico. In these cultures, expressions of weakness such as sadness could be de – emphasized, while expressions of assertive emotions like anger or pride could be reinforced. Also, the practice of high gender difference could be expected in masculine cultures and lower difference in feminine societies. From the ongoing, it is evidently clear that emotive expressions are universal but differ in a number of ways. However, responding to the aforementioned questions may require an extensive research as there are a number of factors responsible for people's reactions to emotions. For instance, affective expressions may differ across cultures, genders, sociology, age, contexts, etc. because must negative emotions are beyond control, and the language used may depend on the individuals' inner feelings. Also, emotional inexpressiveness is higher in feminine cultures than masculine societies as it is a common practice to see both the male and female folks reporting more non – verbal reactions than in masculine societies.

The Arab race whether in Arabian Peninsula, Maghreb or North Africa can be classified under the masculine society. People from these parts of the world demonstrate and show sharp voice qualities while indicating their emotions. Some of the emotional out bursts, emerging from joyfulness could take the following forms: hand shakings, running around the scenes of incidents, hugging, open laughter, appreciation of deity, etc. while expression of emotions indicating sadness can be manifested through open cry, loud narration of events, apportioning blames, cursing the parties responsible, assuring revenge, etc.

In the Indian Peninsula - India, Sri Lanka, Mal – Dives, Malaysia, Pakistan, Nepal, Bhutan, Bangladesh, and Thailand seem to share some commonalities in terms of emotional exhibitions. These cultures show relational harmony as individuals are modeled to take their 'proper place'. In other words, these cultural models discourage them from occupying too much 'space' in relationships with anybody in their societies. Thus, expansive behaviors such as somatic activity is a signal that one is taking more than his/her 'proper space' hence the use of fewer handshakes, restricted placing of arms in the public, unusual dramatize expressions, faint laughter, less exuberate glee or profuse gratitude are not expected behaviors. Rather, self – control, emotional restraint and equinity are valued modes and desired qualities which are assiduously cultivated, (Wayar, 2015).

With regard to semblance, South East Asia and African cultures are somewhat related in a number of ways. These cultures prescribe deference to those in family hierarchies. Thus, children, even adult children do not confront or disagree with their parents as they are enjoined not to display florid emotions. Similarly, elder siblings accord deference and obedience. Regarding gender hierarchies, women are expected to defer to men at least in terms of public behaviors. Furthermore, when conflicts occur, direct confrontations by the persons in the subordinate positions are fraught and shameful. Furthermore, standing up to or shouting down at one's parents, elders, siblings, and husbands violates societal norms. In these cultures, shame to a member of a family is tantamount to the family's disgrace. Therefore, it is detestable to involve oneself in any shameful act.

Since the cultures prohibit the people from exhibiting so many behaviors, most of the people resort to tough means of emotional expressions which include retaliations against others. It is discovered that people who felt cheated sent to their offenders such as bosses, teachers, potential marriage partners, etc. word – threats, sorcerers, malevolent deities, macro – religious specialists, etc. to bring ill – fortunes or diseases to their enemies. These are subtle strategies of exhibiting non – verbal emotions. Additionally, it is common to witness individuals committing self – harm such as suicide as a means of expressing unspoken emotion. These categories of people feel that they have been unfairly treated or wrongly accused (Wayar, 2015).

The most prevalent linguistic and non linguistic behavioral negative outbursts among most Africans especially Nigerians especially on the highways, national debates, face - to - face conversations, social settings such as clubs, sport arenas, etc. comprise outright blames, insults, physical fights, aggression of different sorts, distancing oneself from chaotic and unwanted situations, etc. Specifically, Nigerians discuss national issues openly. Often, these issues generate great passion such that a third party who may just be a passer – by can interrupt, contribute and defend his/her propositions because of basically two reasons: first, most Africans in general live a communal style of life. Second, mal – governance has necessitated the citizenry to have common public issues which warrant sharing information.

Distinct cultural models from Africa but almost similar to its counterparts in the Indian Peninsula is the Chinese culture which tends to empathize with other participants; to reject or challenge ideas is to raise a personal insult to the originator of those ideas. So, maintaining harmony and avoiding offence or confrontation in China appear of greater value and importance than any search for absolute truth which may result into unnecessary offence, hence any evaluation of ideas would be based on the premise of first accepting all contributions with a view to conciliatory accommodation and where inference is made, indirect speech and an avoidance of public disagreements are the norms, whereas the British culture has been described as low context, where explicitness and directness in speech are valued and open disagreement and free expression of one's beliefs and thoughts are acceptable.

Whatever are the cultural requirements for argument, engaging in an argumentation entails a commitment to abide by a number of norms because any violation or departure from these norms destroys the purpose of argumentation.

Scholars of psychology identify six basic categories of emotions such as: anger, contempt, disgust, fear, happiness, sadness and surprise, but most   theorists and lay people recognize more state as emotion. Each category of emotion has its own distinct way of expression. It is well recognized that when someone speaks several messages the linguistic signals contain information not only about the linguistic units (phonemes, syllables, words, and phrases) but also information about the speakers' state of health, age or something about the speakers' attitude or emotional state since emotional expressions could be verbal or nonverbal. In some cases, both codes are combined to achieve meaning. Whichever way emotions are expressed, every normal functioning human perceives, expresses and responds to emotions. Nevertheless, one's culture, environment, people involved, purpose of communication, place of communication, degree of intimacy, etc. determine one' reactions to emotional issues. Emotions if shown, they are usually manifested in various forms which include: voice, facial expressions, choice of lexis, pitch, etc.

II.   LITERATURE REVIEW

There have been great explosions of research activity on emotion related topics in recent years. For instance, psychologists, neurologists, philosophers, computer scientists, sociologists, economists, linguists, theologians and anthropologists all are interested in the study of something called, "emotion". This is because emotion is an integral part of human communication as children experience and express emotion even before they start using language.

Despite all the research dedicated to emotion, consensus seems to be lacking as there are unresolved questions with regard its definitions. For instance, (VanKleef, 2009) defines emotion, as acute disturbances of individuals. Vankleef (ibid) believes that emotions make people to lose control. In psychology, for instance, emotions are complex subjective.

Contending this assertion is the word of (Wiebieka, 2009), who laments that language is a key issue in understanding human emotions. This explains that emotions are expressed after utterances are produced. Some scholars view emotion as a temporary experience with positive or negative qualities that is felt with some intensity as happening to the self is generated in part by cognitive appraisal of a situation and is accompanied by both learned and reflexive physical responses. Many experts do agree that emotions have a limited set of components and characteristics (Brooks *et al*, 2010). Although they do not agree in all details, they agreed that emotions have an infrastructure that includes neural system dedicated, at least in part, to emotion processes and that emotions motivate cognition and action and recruit response systems.

It is assumed that researchers may also be reaching a consensus that there are different forms of emotions. For example, (Brooks *et al,* 2010) argue that there is a great deal of uniformity in conveyance of distinct emotions, even across cultures and genders.

All researchers on emotion seemed to agree that the following general properties characterize any given emotion.

i. They are transient. It is temporary as it has relatively clear beginning, end and are identifiable.
ii. They are positive or negative, and usually quite strong and passionate, rather than lukewarm or indifferent.
iii. They are determined in part by cognitive appraisal of a situation.
iv. They often lead to a tendency towards a directed action or response (they are motivating), although they themselves are not under conscious control.

III.   Accidents at the Emergency Department

In every aspect of life, man is susceptible to hazards some of which may include burns scalds, food poisons, fractures, cuts, bruises, and wounds from broken articles among others which may occur at work places, homes, sport arenas, roads, etc. hence, the need for urgent care.

Accidents are unexpected and unpredicted occurrences in a sequence of events which usually produce an unintended injuries, property damages and loss of lives. They can occur at anytime, anywhere and to anybody. Emergencies are conditions that require urgent or immediate actions. Both accidents and emergency conditions are handled at most hospital accident and emergency departments. The emotional states of a victim or casualty can affect his or her ability to communicate effectively; be it communicator or recipient. In situations where the state of the mind is not stable due to some factors or circumstances, it is always difficult for one to give out information as expected.

IV.   Functions of Emotional Expression

It is widely accepted that emotional expression can be rich communicative devices as they go beyond simply expressing emotions. The very existence of emotional expression is contentious as some authors consider it obvious that there are emotional expressions (Ekman, 2011). This brings to the fore the main assumptions and the scientific debate on emotional expression and communication. For instance, most researchers on emotional expression take inspiration from (Darwin, 1872). Those researchers borrow from Darwin the role of bodily vehicles of emotional expressions. Darwin's primary examples involve facial changes (for example, frowns, wrinkled skin under lower eyelids, mouth drawn back at corners" nostrils raised) postural changes (for example, head droops, shoulders raised) and vocal changes (for example, loud sounds, screams), which expresses emotion through a dynamic, extended, and multi-model sequence of bodily movements. Since Darwin's time, facial, postural, and

vocal changes henceforth, nonverbal bodily changes have been the most commonly studied vehicles of emotional expression.

V.   Interaction between Emotion and Language

When researchers think about the interaction between language and emotion, they typically focus on descriptive emotive words as can interact with language at many levels of structure.

Findings are considered from diverse subfields across the language sciences, including cognitive linguistics, psycholinguistics, linguistics anthropology, and conversation analysis. This states that emotional expressions can finely be tuned to language specific structures.

There is an interaction between linguistics and psychology through the subfield of psycholinguistics which posses a number of questions regarding the interaction between emotion and language, each of which could be asked at different levels of language structure. Language at the nexus of cognition on the one hand, culture on the other. It is private and intertwined with thought. So, they are inseparable.

Linguistic meaning is complex and manifold as there is the reverential or descriptive aspect of meaning (things in the world denoted by a linguistic word or form) and the concomitant intension (the relationships between forms, such as taxonomy, synonyms among others) carry connotative meaning, where emotion is not entailed but implied.

Expressive meaning conveys the speaker's feeling or attitude towards the contents of the message, while social meaning indicates something about the speaker's social role and stance. Expressive meaning captures a speaker's attitudes or evaluations about a proposition. Linguistics typically focuses on one of these aspects to the exclusion of others.

VI.   Role of Language in Emotion

A common sense suggests that language has nothing to do with emotion, but a critical study of emotion may argue that the things that people say affect their emotions, and can describe their emotions (or the emotions we see in others) with words after the fact. However, it is typically assumed that this is the extent of the relationship between emotion and language.

Many contemporary psychological models of emotions are with this common sense perspective. In these views, emotions are physical types that are distinct from linguistic conceptual processing (Ekman & Cordaro, 2011; Scherer, and Soriano, 2013; Shariff & Tracy, 2011). Yet, psychological research suggests that the role of language may run deeper in emotions than either lay people or researchers previously thought. In contrast to the natural kind view of emotion, there is growing evidence for the Conceptual Act Theory's prediction that conceptual knowledge supported by language plays a constitutive role in emotions. In recent years, researches have extensively reviewed literature on language and emotion (Barret et al., 2014; Lindquist et al., 2012; Lindquist & Gendron, 2012) documenting the various ways in which language shapes on-going perceptions and experiences of affect into perceptions and experiences of emotion (anger, disgust, fear, sadness). For instance, impairing people's access to the meaning of emotional words impairs their ability to subsequently perceive emotions on faces (Gendron et al., 2012; Lindquist et al., 2014). For instance, without access to the meaning of emotion, words such as "disgust" versus "anger," versus "fear, " versus " sadness," due to neurodegenerative disease (semantic dementia), individuals perceive posed emotional facial expressions (wrinkled noses, scowls, wide eyes and frowns) as merely unpleasant. This finding suggests that access to the meaning of

emotive words and the concept they represent is an essential components of understanding the discrete meaning of emotional expressions.

Meta-analytical summaries of the literature on emotion reveal that a subset of brain regions involved during studies of emotion perceptions and experiences are also involved during studies of semantic judgment (Lindquist et al. 2016). Together, this accumulating source of evidence suggests that language may not merely impact emotions after the fact. They instead suggest that language plays an integral role in emotion perception and experiences, shaping the nature of the emotion that is perceived or felt in the first place.

Evidence from cross-cultural research is consistent with the idea that language plays a constitutive role in emotion which is typical of speakers of Herero, a dialect spoken by the remote Himba tribe in Namibia. On the other hand, Africa and American English speakers perceive emotions differently on faces.

When participants were asked to freely sort image of identities making facial expressions (anger & fear, happiness, sadness, disgust neutral) into piles, English speakers created relatively distinct pile for anger, fear, happiness, disgust and neutral faces, but Herero speakers did not sort in this pattern. Instead, they produced piles that reflected multiple categories of facial expressions (for example, smiling, neutral, wrinkled nose, scowling and frowning faces). Importantly, the Herero speakers sorted similarly to one another, suggesting that they understood the instructions but were using different perceptual cues and perhaps different categories than the English speakers to guide their sorts (Gendron et al., 2014).

Mandarin speakers did not appear to posses clear representations of facial muscle configurations for translations of the English concepts 'surprise,' 'disgust', 'fear', and 'anger'.

These findings imply that English language emotion concepts may not perfectly map on to the concepts encoded in other languages and thus, associated emotion perceptions. The existing evidence indicates that language plays some role in emotion. Findings unveils that language may also help bilingual or multilingual individuals implicitly regulate their emotions. For instance, it has been argued that because some languages denote differences between emotion categories that others do not (Vietnamese speakers conceive of shame versus anguish as distinct whereas English speakers do not (Alvarado & Jameson, 2010). This may promote greater emotion differentiation and thus, greater emotion regulation when speakers are thinking in this language. Bilingualism may also support emotion regulation by implicitly producing emotion distance when individual are speaking in their non- dominant languages.

'Distancing' is an emotion regulation strategy that involves deliberately assuming a detached perspective on emotional situation. A number of studies suggest that multilingual speakers experience less emotional reactivity when represented with words or phrases or when asked to recall events in their languages. On the other hand, a second language learner might implicitly 'distance' individuals from the affective value of past and / or present events. However, whether a first or second language is likely to serve a distancing function depends on whether that language is a person's dominant and most frequently used language.

In cases in which individuals report that their second language is their dominant and preferred language, those individuals tend to have greater reactivity towards affective words in their second, as compared to their first language.

In addition to important applied implications of a language - emotion link, there are vast theoretical implications for the role of language in emotion. Not least of which are the implications that emotions are constructed multiple basic elements rather than physical types the are only named by words (Barret, 2009; Lindquist, 2013). More broadly, the role of language in emotion opens avenues for understanding the cultural relativity of emotions.

However, as (Wierzbieka, 2009) and others have argued, mapping human experience solely based on English language terms fails to understand the highly variable nature of emotion across cultures (Wierbieka, 2009).

VII.   Social Functions of Emotional Expression

Psychologists believe that the expression of emotion seems to built into our human physiology. Under most circumstances, individuals benefit from expressing their emotions. The expression of emotion serves at least four social functions.

1. We influence how other people respond in different ways, depending on their babies facial expressions of emotions.
2. We can communicate our feelings to other people even when we cannot communicate our thoughts (e.g., even infants, very young children and speechless adults can express emotion across different language group)
3. We can use emotional expressions to make interactions easier for example a smile can do more than a word
4. We can encourage prosaic behavior, e.g. our own emotional expression (e.g., smile or tears) can affect other people's emotions.

When people feel positive emotions, they are more likely to behave prosaically (Barret & Mesquita, 2011). In addition, facial expressions of emotions may even influence the intensity of our own emotions e.g. (Widen & Russell, 2010) argue that we all know when we experience emotion but there it is a considerable disagreement as to how we experience it. Whichever theory one accepts, emotion clearly provides an important link between cognition and behavior. It is obvious that negative emotions often are what provide us with the motivation to change our behavior and our lives. For example, sadness experienced over the demise of a close relationship ultimately may motivate us to seek another such relationship. Thus, emotions and motivation work together to enable us adapt optimally to a rapidly changing environment.

VIII.   Effects of Emotional Expression

Expressing emotions can have important effects on individuals' well-being and relationships with others depending on how and when the emotions are shared. Emotions convey information about an individual's needs, where negative emotions can signal that there is a need or a need has not been met. In some context, conveying this information can have a negative impact on an individual.

Researchers note that there are important benefits to expressing emotions selectively. In the case of distress, expressions can help and facilitate mean-making to help them reappraise their situations. More so, people who observed a traumatic death showed more improvement in physical health and subjective well-being after writing about their emotions over several days. This research demonstrated that these benefits only appear when individuals undergo a cognitive change, such as in gaining insight about their experience.

Emotional expression has social implications as well since it is related to our needs. It is very important that they are expressed to others who care about our needs.

Individuals who expressed negative emotions, in particular, may also appear less likeable but it depends on the context where the negative emotion is expressed, for instance when a person in a critical health condition expresses negative emotion, he or she attracts pity, care concern and pity.

IX.   Theoretical Framework

The research employs the use of two theories: Speech Act Theory and the Theory of Affective Pragmatics. The Theory of Affective Pragmatics proposed by (Scarantino, 2017) focuses on the meaning of emotional expressions in context, while the Theory of Affective Pragmatics posits that emotional expressions do much more than simply expressing emotions. The core tenet of the Theory of Affective Pragmatics is that emotional expressions are a means of not only expressing what is inside but also of directing other people's behavior of representing what the world is like and committing to future course of action, because these are some of the things we do with language as a means of engaging in a variety of communicative means.

Speech Act Theory was developed by Austin in (1962). Searle (1969) helped to shed more light on how emotional expressions convey social motives. As Searle argues, there are five types of illocutionary acts which include: we tell people how things are (assertive). We try to get them to do things (directive). We commit ourselves to doing things (commissive). We express our feelings and attitude (expressives), and we bring about changes in the world through our utterances (declatatives).

Methodology

The research used a primary technique of data collection. That is, observation method. To carry out this task, a written permission was obtained from the hospital managements so as to allow the researchers access the wards without harassment from the hospital workers.

Since the human brain may not recall everything verbatim after a while, researchers' notebooks were used. As they watched the scenes where emotions were expressed, expressions typical of emotive language were jotted along with non - verbal expressions since the two go – hand – to hand. At the end of the exercises, the expressions were coded as anger, fear, sadness, and disgust, followed by appropriate discussions. For empirical purposes, the researchers employed the use of both quantitative and qualitative methods of data analyses because they dealt with two variables, age and gender of the case study.

The identities of the subjects were kept anonymous. Since most of the subjects were psychologically ill disposed, the researchers had no reason to disclose their identities.

The data were obtained from Federal Teaching Hospital Gombe and State Specialist Hospital Gombe using a number of 100 patients from Accidents and Emergency Wards of the hospitals. Since the patients came from different parts of Nigeria, it was expected that the people would speak different languages. The implication was that their utterances had to be translated into English. Although the researchers are multilingual, they could not understand all the languages spoken by the subjects; the service of research assistants was sought who helped in interpret the utterances into English.

X.　　Data Presentation and Analysis

One of the techniques involved in this research is the use of Facial Action Cording System (FACS). It is a muscle – based approach which involves identifying the various facial behaviors. These changes in the face and the underlying muscles that cause these changes are called Action Units (AU). The FACS is made up of several action units. AU 1 is the action of raising the inner brow. It is carried by the *Frontalis* and *Parsmeialis* muscles; AU 2 is the action of raising the outer Brow. It is caused by the *Frontalis* and *Pars Lateralis* muscles. AU 26 is the action of dropping the jaws. It is caused by the *Masetter, Temporal* and *internal Pterygoid* muscles and so on. AUs can be additive or non – additive. AUs are said to be additive if the appearance of each AUs is independent and the AUs are said to be non – additive if they modify each other's appearance. Each expression can be represented as a combination of one or more additive or non – additive AUs 1,2, & 26. Expression of disgust is represented by AUs 10, 15, & 17 in table 1. below.

Table 1. Shows the shapes of the eyes for various emotions

NEUTRAL	AU 1	AU 2	AU 4	AU 5
Eyes, brow, and cheek are relaxed.	Inner portion of the brows is raised.	Outer portion of the brows is raised.	Brows lowered and drawn together	Upper eyelids are raised.
AU 6	AU 7	AU 1+2	AU 1+4	AU 4+5
Cheeks are raised.	Lower eyelids are raised.	Inner and outer portions of the brows are raised.	Medial portion of the brows is raised and pulled together.	Brows lowered and drawn together and upper eyelids are raised.
AU 1+2+4	AU 1+2+5	AU 1+6	AU 6+7	AU 1+2+5+6+7
Brows are pulled together and upward.	Brows and upper eyelids are raised.	Inner portion of brows and cheeks are raised.	Lower eyelids cheeks are raised.	Brows, eyelids, and cheeks are raised.

NEUTRAL	AU 9	AU 10	AU 12	AU 20
Lips relaxed and closed.	The infraorbital triangle and center of the upper lip are pulled upwards. Nasal root wrinkling is present.	The infraorbital triangle is pushed upwards. Upper lip is raised. Causes angular bend in shape of upper lip. Nasal root wrinkle is absent.	Lip corners are pulled obliquely.	The lips and the lower portion of the nasolabial furrow are pulled pulled back laterally. The mouth is elongated.
AU15	AU 17	AU 25	AU 26	AU 27
The corners of the lips are pulled down.	The chin boss is pushed upwards.	Lips are relaxed and parted.	Lips are relaxed and parted; mandible is lowered.	Mouth stretched open and the mandible pulled downwards.
AU 23+24	AU 9+17	AU9+25	AU9+17+23+24	AU10+17
Lips tightened, narrowed, and pressed together.				
AU 10+25	AU 10+15+17	AU 12+25	AU12+26	AU 15+17
AU 17+23+24	AU 20+25			

As it can be seen above, the main parts of the face and the role they play in the recognition of expression are the eyebrows and the mouth are parts of the face that convey the maximum amount of information related to the facial expression that is being displayed, for instance, sadness is indicated mainly by the mouth as in (AU 26) table 1above and table 2 below). Furthermore, anger is better recognized when the whole face or eyes are presented.

Disgust is better presented when the whole face is represented than when the mouth is presented.

Table 2 indicates the shapes of the eyes, the mouth and the face for various emotive expressions

Table. shows the first picture with the mouth (round open) and both eyes widely open indicates surprise; the mid picture shows the two lips in the mid position closed and the eyes half closed depicts disgust, while the third picture portrays firmly closed mouth, the eyes in the centre position shows anger.

Table A1: Age: 18-39: Females

EE1	Expressions	Communicative Move	Emotion Category	Speech Act & Communicative move	Function
Excerpt 1 Patient 1	*Ouch*! My head! Mummy my head! Please forgive me. I will not go there again, please my help……	Crying, facial expression, suffering, gloom, despair, anguish	Sadness	Imperative & expressive	Guilt/pain
Excerpt 2 Patient 2	*Wayo*! Ooh Jesus! I am perished. I am dead. *Wayo!* Somebody help me! Oh, please nurse, help me! I will die.	Bared teeth, crying & body movement	Anger	Expressive & imperative	Trauma
	Ouch! Ouch! Jebu will kill me! You just stand	Trembling & body movement	Fear & sadness	Imperative, assertive & expressive	Anguish & pain
	there and watch as he kills me. Please help me! *Wayo! Wayo*! God!		Sadness	Directive & imperative	Request grief
	My children! Talatu!	Crying, body movement			
Excerpt	Please, I shall leave them	movement			

3 Patient 3	under your care, look after them	Attempting to rise the head from the bed	Anger/disgust	expressive imperative	Pain, & demand
	Ouch! Ough! Doctor I can't take it anymore, out				
Excerpt 4 Patient 4					

Table A 2. Age: 18-39: Males

	Expressions	Communicative move	Emotion Category	Speech Act Tap	Function
Excerpt 4 Patient 4	Ough! Ow! Please God don't let me die now my leg ouch!	Tear, body movement	Sadness	Expressive	Grief
Excerpt 5 Patient 5	Is broken, doctor, I say is broken, ouch! Ouch my back is broken ah!	Bared teeth, crying, showing the aching part	Sadness, Anger,	Expressive & assertive	Trauma
Excerpt 6 Patient 6	Ouch! Don't touch it! Ouch! It's painful. Daddy, the hand is broken. Ouch! My hand! Ah!	Bared teeth, crying & trembling, preventing one from getting close	Anger& fear	Expressive & imperative	Pain
Excerpt 7 Patient 7	Jesus! Oh! My head! He bit me in the head. Blue guy, if I return home I must kill him. Ouch!	Bared teeth, nodding, demonstrating a revenge attempt	Anger	Expressive & commissive	Anguish /threat
Excerpt	When shall I see the sun? When shall I raise again with my legs damaged? I am	Tears Body movement, tears, regretting,	Sadness	Expressive	Lament

8 Patient 8	finished. Idiots! Animal! You stabbed me with that knife. Wayo! Ouch!	despair, yet resolute to payback			

Table A 3
Gender: Female   Age: 40-59

	Expressions	**Communicative Move**	**Emotion Category**	**Speech Act Type**	**Function**
Excerpt 9 Patient 9	When see you crying, I get discouraged. Please stop crying and pray for my healings Anima, don't worry, I will be fine. Ouch! Oh God! Won't you pity my condition! God! Why will you let me suffer all this! Oh! I wish I	Cry, Tears, sober, calmness, yet weary,	Sadness	Imperative assertive	Comforting grief
			Sadness	Expressive	Trauma
Excerpt 10 Patient 10	could die	Tears & body movement, despair,	Sadness & anger	Expressive	Frustration
	Why am I living! I can't help myself, being dependent on people all the time. Oh God! What have I				

	done to deserve this? Oh God! If you won't help me let me die.				
Excerpt 11 Patient 11	I am tired of living, both hands are gone. Please take my life and let me rest.	Complaints, grief	Sadness	Expressive	Grief

Table A 4.   Gender: Male: Age: 40-59

	Expressions	**Communicati - ve Move**	**Emotion Category**	**Speech Act Tap**	**Function**
Excerpt 12 Patient 12	Ouch! Oh God! Why would you let the devil tempt me in this manner, no hands, no leg, what am I living for?	Tear	Sadness	Expressive& assertive	Grief
Excerpt 13 Patient 13	Get out! Didn't I say I don't want to see you here? I have warned you to stay away from me, after causing the accident what else do you want again? Get out? I don't need you here, evil wicked one. You can't kill me.	Cry, fight, lamentations	Anger	Assertive, commissive & expressive	Grief & warning
Excerpt 14 Patient 14	Ouch! Oh! Ouch! God please relief my pain Oh God! Why would you…?	Cry Bared teeth, tears & Crying	Anguish Sadness & Sadness	Assertive/ Expressive/ imperative	Grief & request
Excerpt 15 Patient 15	Should my enemies triumph over me? See me soaked all in blood. Please vindicate my case and take revenge.	Aguish & lamentation	Sorrow	Expressive, Commissive & Imperative	Sorrow &request

Table A 5.   Gender: Female: Age: 60 and above

	Expressions	**Communicative move**	**Emotion Category**	**Speech Act Tap**	**Function**
Excerpt 16 Patient 16	Oh God! Oh God! Please God decide if you will not heal me, and then let me die. They have all deserted me. Oh God! please decide	Tears	Sadness	Expressive, assertive	Grief
Excerpt 17 Patient 17	Stop crying! I should be the one crying. If I die now, where will I go from here? I am in trouble. I don't know my destination. Please ... God let me go in peace. God, please, I am tired of this suffering. Ough! Jesus relief me of the pain.	Tears, lamentations	Sadness	Expressive imperative	Grief doubt
Excerpt 18 Patient 18	Ouch, they are coming! Ouch! Oh! Take me back home. I can't stay here. They will kill me. Ouch!	Crying, & trembling,	Sadness	Expressive Imperative	Grief pain & fright

Table A 6. Gender: Male: Age: 60- and above

	Expressions	Communicative move	Emotion Category	Speech Act Tap	Function
Excerpt 19 Patient 19	Ouch! Life has ceased to be meaningful. I wish I could die now. Oh! Ouch!	Tears	Sadness	Expressive	Grief

			Sadness		
Excerpt 20 Patient 27	Ouch! Ough! Tell her that am gone. She should look after my children. Ouch! My abdomen!	Tears, & body movement		Expressive Imperative	Trauma
Excerpt 21 Patient 21	My body! Ouch! See my body. I went to different hospitals, prayer houses and traditional medicines, but no solution. Please take me back home. I will just wait for my time	Crying	Anger & sadness	Expressive Imperative	Trauma Discourage

Table B Age and Gender Based Negative Emotions used

Emotion	Age: 18 -39yrs Female/ Male		40 – 59yrs Female/ Male		60 – and above Female/ Male		Total
Sadness	2	2	3	3	3	3	= 16
Anger	1	2	-	1	-	-	= 4
Fear	-	-	-	-	-	-	= 0
Disgust	-	-	-	-	-	-	= 0
Sadness/fear	1	-	-	-	1	-	= 2
Anger/sadness	-	1	1	-	-	1	= 3
Anger/disgust	1	-	-	-	-	-	= 1
Anger/fear	-	1	-	-	-	-	= 1
Sadness/disgust	-	-	-	-	-	-	= 0
Total	5	6	4	4	4	4	= 27

XI.   Data Analysis

From the table above, it is clear that emotive expressions at Accident and Emergency units, of the two hospitals fall within the four basic negative emotions categories: **anger, sadness, disgust** and **fear**. However, these emotion types overlap in production. As it is indicated in the analysis, there are instances in which a patient expresses sadness/fear; anger/disgust; sadness/anger within an utterance. Additionally, the result indicates that there are more occurrences of expressions of sadness than other emotion categories. Furthermore, the figure above shows that the number of sadness between age and gender tend to be equal. The statistics has it that out of the 11 (eleven) expressions recorded between ages 18-39, four (4) are for sadness/anger while men and women within the age range expressed two negative emotions of sadness. Similarly patients within the age range 40-59 and 60 and above, both men and women expressed three negative emotions of sadness out of 16 expressions. Also, instances of anger appeared four times in the expressions whereby, patients within the age range 18-39 expressed anger 3times, 1 for female whereas two (2) from males, and patients

within the age range 40-59 have no instance of anger, but cases where fear overlap with sadness, appeared twice within the category of patients at the age range of 18-39, and once by female under the age 60years and above also once. Anger/disgust appeared once within the age range 18-39 by a female patient. Also, anger and fear also overlapped once within the age range 18-39 by a male patient. This is suggestive that most patients expressed sadness frequently in their utterances compared to other categories of emotion.

The differences between male and female patients' expressions of anger are marginal. Furthermore, none of the patients expressed fear and disgust in isolation but, they overlapped with categories such as anger and sadness. Nonetheless, just few patients expressed anger/sadness; fear/anger, and sadness/fear at the sometime.

Table. C Illocutionary acts

Speech Acts	Age: 18 39yrs Female/Male		40 – 59yrs Female/Male		60 –above Female/ Male		Total
Expressive declarative (assertive)	1	2	3	-	1	1	= 8
Imperative (directive)	1	-	-	-		-	= 1
Commissive							
Expressive/imperative	2	1	-	1	3	2	= 4
Imperative/Assertive	1	-	-	-	1	-	= 1
Expressive/assertive	-	1	1	-	-		= 5
Expressive/Commissive	1	-	-	-			= 3
Expressive/Commissive/Assertive	-	1	-	-			= 2
Expressive/Commissive/Imperative	-	-	-	-			= 0
	6	5	4	1			= 24

The table C above is indicative of the fact that several illocutionary acts can be used at the accident and emergency units not just expressive because language can be used to perform varieties of functions such as directing (imperative) expressive, representing and committing to doing things. The table above suggests that emotive expression being the means of voicing out the internal state of individuals' feelings can generate varieties of information.

Expressive emotion has the point of communicating the senders' internal state by means of linguistic signals. They appeared 8 times in patients' expressions, and they are uttered by patients under the age bracket of 18-39 and 40-59 respectively, whereas a few instance of expressive within the age of 60 and above are noticed.

Expressive is the only category of illocutionary act that appeared in isolations, but all others overlapped with two or more categories. For instance expressive/imperative had several frequency because when patients express their internal state, they make demands or requests to the recipients, either to support or help them in some situation, which is the imperative mood and this discourse use is more prevalent among patients within the age range 60, followed by patients within the age of 18-39.

Patients who used a few expressive/imperative are within the ages 40-59. Imperative directive had just a frequency in the utterance of patients between ages 18-39, but none appeared within other age groups. Imperative/assertive also appeared three times by patients within the age 18-39. Similarly, expressive/assertive also occurred twice by male patients within ages of 40-59. Expressive/commissive also occurred twice in the utterance of a male patient within the age range 18-39. Meanwhile, only expressive/assertive/commissive

appeared once in the utterance of a male patient within the ages 40-59, and expressive/assertive/imperative appeared twice in the utterances of male patients ranging from ages 40-59; 60 and above.

This is suggestive that most patients at the accident and emergency units express their emotions through expressive/imperative compared to other illocutionary acts.

XII.   RESULTS

Emotional expressions as indicated above have the illocutionary point of intentionally and overtly expressing the speakers' feelings and attitudes. The samples have shown that emotive expressions have no direction as they could express different attitudes, in different circumstances, such as regret or guilt as presented above in EE1 " ... *mummy forgive me...* By uttering this statement, the patient who was warned from embarking on a trip but shunned the parents' advice produced this content of this expression. This is an expression of regret and lament. In other words, there is no specific manifestation of emotions at least based on the data presented in this study. However, short utterances like, "Wayo! 'God, I'm perished… I am dead" etc. indicate that the patient is unhappy and such state of the mind is manifested by contours of the face, vocal and postural expressions of anguish.

The use of divinity, *God, Jesus*, etc. depicts hopelessness, hence the need to resort to supreme source so as to bring some sort of succor. The speakers believe that despair no matter its degree could be subdued when a deity is involved. The discourse provides strong evidence.

Nigerians express their emotions with recourse to the supernatural that they hold in high awe. However, the listener is uncertain with regard the sincerity of the value of the utterance. Nonetheless, most expressions of anger as observed in this study reveal that they tend to carry some elements of honesty. This is noticed in the body movements as well as the facial expressions. Furthermore, most of the emotional expressions as observed in this research are imperative and declarative as they have the illocutionary point of requesting the target audience or individuals around to carry out certain assignments or pass a particular information usually through the indication of state of the mind. Declaratively, the patients express desires to get the listeners (usually their family members or care – givers) to do something. In other words, they have a sort of listener - based 'world' to align their expressions because they believe the listeners are not just responsive but willing to change the 'world', hence the incessant use of the declarative sentence.

The use of interjections, *Ouch! Wayo!* etc. lack grammatical connections, but crucial in unveiling the producers' current of state of the mind which are the main linguistic indictors of empathy. In response, the recipients try to get their demands done based on their requests/commands. That is, the information they gain from emotional expressions become the compass on which the orders are strictly adhered to.

As indicated in the data above, some of the expressions are indicative of this as the patients make demands or request to their care - givers. Thus, expressions of anger, fear and disgust facilitate swift obedience. In other words, they are effective means to get the recipients to carry out certain instructions. The patients some time take advantage of their conditions and subject their listeners to unwarranted tasks. Thus, manifesting emotions through expressive speech acts can amount to indirectly engaging in declarative illocutionary acts, for example, the expressions under imperative in the tables above are indicative of this. The content is that, 'I, the patient request to the perceiver of an expression…' Therefore, emotional expressions can act as assertive (directive) have the illocutionary point of overtly committing the speakers to the truth of content as they express beliefs. Also, the content of declarative emotional expressions is represented on an account of the conditions of

satisfaction under a 'world'. This is what declarative emotional expressions share with assertive speech act, namely, that their point is described to the 'world' as it is.

The analysis shows that for one to understand that producing a representation through emotional expressions one has to engage in assertive speech act.

It is obvious from the tables presented above that a patient in a negative emotional state of sadness usually displays damage. Ultimately, a sadness expression presupposes that the speech acts can also amount to indirectly engaging in assertive illocutionary acts.

Commisive emotional expressions have the tendency of committing the speaker to an action as they express intentions. The content of a commissive emotional expressions is what the expresser is committed to do on an account of signal - based world. By committing to doing something in speech act sense, the patient intentionally provides the recipient with evidence generally of linguistic sorts.

More so, the result shows that emotional expressions convey commitments to actions because they make it public that the expresser is predisposed, ready and prepared for certain behavioral options rather than others.

From the data presented, emotions tend to be basic (natural kind), for instance, anger, sadness, fear among other negative emotions are thought to be mature kinds of emotions that have a distinctive pattern of correlated outputs (verbally or nonverbally).

It is clear that each of the emotions presented above though negative, tends to have a distinctive cluster of properties although they are occurrences of overlap in one output or another. For instance, in some of their utterances, the senders tend to express sadness and fear at a time, but the patterns of output are presumed to be distinctive.

It is clear that most of the instances of anger have a characteristic of body movements and utterances that are coordinated in time and correlated intensity. The pattern taken on by this core set of correlated properties is different from the pattern that characterizes another category, for example, fear. Instances of anger are similar in their profile of correlated properties, but significantly different from instances of fear as the instances of fear involve trembling, and its accompanied utterances. It is actually this correlated property that distinguishes emotional categories.

This finding is corroborated by the view held by some scholars that emotion is natural as many of the most influential scientific treatments of emotions are founded on the view that certain emotions categories: anger, fear, disgust and sadness carve nature at their joint. It is assumed that certain emotional categories can be identified by a more or less unique signature response (within or outside the body) that is triggered or evoked by a distinctive causal mechanism. As a result this makes it possible to recognize distinct emotion in people.

In the tables above, it is observed that emotion categories like anger and sadness are considered "modal" because their appraisal profiles recur with some frequency. As a result, anger, sadness and fear can still be characterized by some set of facial behaviors.

Despite the differences in their surface features, there are distinct expressive for some emotions as patients tend to organize their expressive patterns for dealing with emotion evoking events, for instance, when utterances are produced regarding the internal state of a patient, it is simply to seek for attention or support from perceivers or recipients at the contexts of speech. For instance, in the data presented above, when a stimuli causes trauma or anguish, it triggers an instance of anger usually accompanied by facial movements, vocal changes, patterned physiological reaction and voluntary actions that are specifically characterized of despair.

XIII.　　　Conclusion

In the quest for knowledge about expressions of emotions, there are fundamental questions. How is emotion expressed? How do people respond to emotion? Is the expression of emotion universal? Responding to the aforementioned questions may require an extensive research as there are a number of factors responsible for people's reactions to emotions.

Emotive expressions exhibited due to pains either directly on one's body can be expressed in diverse ways. Whichever one is involved, emotions especially at Accident and Emergency Units are different from other forms of emotive expressions as people respond in accordance with the degree of pains and intimacy if it involves a third party.

Emotions as observed in this study are expressed through two main instruments: verbal and nonverbal both of which require connotative interpretations so as to achieve it meaning. For instance, affective expressions may differ across cultures, genders, sociology, age, contexts, etc. because must negative emotions are beyond control, and the language used may depend on the individuals' inner feelings.

Whichever way emotions are expressed, language is a key indicator as it plays a very vital role in human communication because without language no individual can express his/her inner feelings. As such, language shapes our thoughts and emotion is perceived and expressed through the use of language and any kinds of emotive expression contain both denotative and connotative meanings. Therefore, emotive language has syntactic, semantics and pragmatic dimensions that make it meaningful. Thus, this research argues that emotion can interact with language at many levels of language structures, from the sounds pattern of language, lexicon, grammar and discourse.

Since verbal and non verbal emotions can hardly be separated from each other, this research is devoted to the analysis of both verbal and non verbal expressions

As observed in this study, the face, the voice and the body are thought to contain specific information about emotion and be recognized. For example, facial movements, and utterances uttered under intense situations such as pains are thought to signal information about the internal emotional state of the sender. This clearly shows that if coordinated responses are the indices then every instance of anger is supposed to produce some recognizable patterns of facial movement, vocal chances and voluntary behaviors. Instances in which responses do not coordinate are anomalies that require further research. Furthermore, emotive expressions unaided by language can express very few things; they can get others to do very few things; represent few things and commit to very few things because it is only through linguistic signals that senders express their internal state, and the recipients encode the decoded message, get meaning of the expressions by means of linguistics and the recipient decides to respond or ignore the signal either by communicative move or language.

Language also aids medical practitioners to understand the health issue of the casualties by their utterance; what they say and how it is being said. For example, there are instances of expressions presented above that the patients usually made mentioned of a particular part of aching body, 'ouch! My head' 'is broken, I say is broken, my back is broke'. Cases like this might draw the attention of the medical practitioner so as to provide proper diagnosis.

Also at the Accident and Emergency Units, the researchers observed most patients tend to use expressive/imperative in their expressions. That is, signaling out the feelings and also calling for the recipients' attention for assistance.

The categories of emotions frequently used at the accident and emergency units are: sadness, anger, disgust and fear, which are often translated into cry, and regret.

Almost all the expressions recorded contained the use of interjections. This suggestive of the fact those interjections are incomplete utterances whose main function is to express

emotion. Particularly, most of the patients made use of this specific interjections "wayo" which is restricted by a particular language in the area under study.

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