



"Fight cancer with a smile": A case study of advice-giving strategies in Iskandar's YouTube vlogs in Saudi Arabia

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Abstract

Vlog is a term that emerged in social media which is used for many purposes, one of which is advice-giving via sharing self-experience. YouTube is considered the most famous video-sharing platform for vloggers as it encourages its users to share their thoughts, stories, feelings and experiences with illness as an open community (Pauwels & Hellriegel, 2009; Sanchez-Cortes et al., 2015). The current research investigates the strategies of advice-giving in online monologues. Seven online vlogs were collected from YouTube platform in which the main speaker is the Saudi cancer fighter Hamza Iskandar who died in 2017. Conversation analysis of the data demonstrates three main patterns of advice-giving strategies: (1) unsolicited direct advice; (2) advice-implicative actions; and (3) entitlement by repetition. The results suggest that using advice-giving strategies in monologues could encourage cancer patients to have hope by listening to other cancer patients' stories with illness. It is hoped that the findings of this research will help the Saudi patients to overcome their illness with full positiveness as Hamza did. Further, it is hoped that all social media influencers get inspired by Hamza and his way of engaging with the audience by giving advice and telling his real experience with cancer in order to provide patients with chronic illness with hope and positivity in their lives.

Keywords: Conversation analysis; advice-giving; cancer; monologues; patients; Saudi Arabia

1. Introduction

Using vlogs is considered as one way of online advice-giving such as advice on health (Lindholm, 2017; Mead et al., 2003). Vlog is a term used for social conversational videos in the form of video blogs that serve multiple purposes such as entertainment, learning, and debating (Lindholm, 2017). YouTube is considered the most famous video-sharing platform for vloggers as it encourages its users to share their thoughts, stories, feelings and experiences with illness as an open community (Pauwels, & Hellriegel, 2009; Sanchez-Cortes et al., 2015). Therefore, the current research attempts to analyze the organization of online advice-giving produced by the Saudi vlogger, Hamza Iskandar, on YouTube.

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1.1. Theoretical background

1.1.1. Conceptualization of advice-giving

Advice-giving is defined as a form of social support that helps others to choose among various alternatives, and it aims to affect the behavior of the advisee (Grasso, Cawsey & Jones, 2000; Schaerer et al., 2018). However, advice can be rejected by the recipients due to the context of cultural premises about communication, relationships, and personhood. For instance, advice is interpreted and received differently in a speech community that treats advice as intrusion than in a community in which advice to them is a way of supporting others (Philipsen, 1992). Therefore, Hinkel (1997) argues that advice-giving is a complex linguistic act, and its performance should be done according to the politeness norms of a certain culture. In addition, advice is considered beneficial, valuable, and more likely to be accepted when it is offered by professionals, people with relevant experience, and people with close relationships (Goldsmith & Fitch, 1997).

Previous conversational analysis (hereafter CA) studies have concentrated on advice-giving in institutional contexts such as professional advice-giving (e.g., Vehviläinen, 2012), pharmacy interactions (Pilnick, 2001), offender counseling in prisons (e.g., Jing-ying, 2013), pediatric consultations (Jenkins, Hepburn & MacDougall, 2020), in informal interactions such as telephone calls between mothers and their daughters (e.g., Shaw & Hepburn, 2013; Shaw et al., 2015), children's helplines (Butler et al., 2010), careers training (Vehviläinen, 2003), patient counseling, (Pilnick, 1999, 2003) and kids helpline (Shaw, Potter & Hepburn, 2015). These studies focused on the features of advice-giving in institutional contexts. Such Institutional contexts have different institutional roles and constraints. For example, some counseling institutions constrain advice delivery by encouraging their clients to solve their own problems by self-directiveness rather than the counselor offering what they should do (Vehviläinen, 2003). Consequently, the organization of advice-giving in institutional contexts varies according to the way as they are designed (Shaw et al., 2015).

According to Heritage and Sefi (1992), some important features of advice-giving are: (1) normativity, and (2) knowledge asymmetry. Normativity refers to the construction of a course of future action for another person, while knowledge asymmetry means that the advice-givers consider themselves as more knowledgeable than the advice recipients. Additionally, the advice-giver has to respect the knowledge norms in order for the advice to be effective for the recipients. Stivers (2011) maintains that knowledge is a moral domain and there are three main dimensions of knowledge: (1) epistemic primacy (i.e., entitlement), (2) epistemic access (i.e., level of certainty), and (3) epistemic responsibility (i.e., turns designs and actions). Normativity can provide the advice seeker with more or less optionality rather than simply accept the advice. In knowledge asymmetry, the advice seeker knows more or less than the advice-giver regarding what course of action they have to follow either explicitly or implicitly (Shaw & Hepburn, 2013).

According to Shaw et al., (2015) explicit and implicit advice are two strategies for offering advice. Explicit advice is rarely used in informal contexts, while it appears more in the institutional contexts to characterize their practices. This may demonstrate the difficulty for people to easily define implicit advice from other similar activities such as 'directing' someone to do something (Shaw et al., 2015). Implicit advice might be in the form of advice-as-information sequences by delivering general information about what one should do in a hypothetical situation (Ibid). Furthermore, implicit advice can be in a form of storytelling by sharing one's experience as a story to advise others. They can also be in the form of advice-implicative interrogatives using interrogative syntax that provides preferred future courses of action such as yes/no interrogatives and 'wh' questions. Advice-implicative assessments can be used to deliver implicit advice by making a second assessment instead of accepting

or rejecting the advice explicitly. These different forms of advice exist in different situations and contexts, particularly in health contexts. .

Advice-giving - in health contexts - is considered as a kind of supportive interaction in online forums. Sillence (2010) explored how the process of advice-giving is managed in an online cancer support group in the UK. Online messages were analyzed using the discourse analysis approach to look at the way participants ask and offer advice. The study found that advice-givers presented advice within the limits of their own experience and knowledge. Advice givers used hypothetical scenarios (e.g., If I had your results...), and lexical hedges (e.g., maybe or perhaps) to mitigate the advice rather than being a straightforward offering. Another research conducted by Lindholm (2017) examined the way parents used stories to advise in health-related discussions in online peer-to-peer advice forums in Finland. The findings demonstrated that telling stories to advise others created shared situated identities. Advice givers framed their stories with displays of support and empathy, willing to build relationships within an online community. These studies highlighted the strategies used to offer advice successfully, minimizing the resistance of the recipients.

Recently, researchers' attention began to move towards analyzing advice in online video blogs such as YouTube's vlogs. Some studies explored how vloggers with illness share their experiences, advise and get support from the mass audience. Hale, Gonzales, & Richardson (2018) explored the act of vlogging on YouTube as a coping strategy for cancer patients in the USA by analyzing their comments. The results identified certain strategies that patient vloggers can use on YouTube's vlogs to receive social support in which it provided problem-solving and positive reappraisal. The findings also confirmed the effectiveness of sharing one's cancer experience as a possible coping mechanism. Similarly, the study of Sangeorzan, Andriopoulou, and Livanou (2019) discussed the experiences of individuals with severe mental illnesses (hence, SMIs) who vlogged about their SMI on YouTube in the UK. The findings suggested that individuals with SMIs who vlogged about their mental illness encouraged their recovery by enhancing their self-efficacy, providing them with peer support, and reducing their self-stigma. Thus, the studies of Hale et al., (2018) and Sangeorzan et al., (2019) demonstrated the effectiveness of vlogs for diseased vloggers to accept their illness and have a fast recovery by receiving support from the audience.

1.1.2. Research question

Most of the previously reviewed research explored advice-giving employing qualitative methods (Sillence, 2010; Lindholm, 2017; Sangeorzan et al., 2019) or a mixed-method (Hale et al., 2018). According to the researcher's knowledge, no studies have been devoted to analyze the organisation of advice-giving in online vlogs using conversation analysis approach in Saudi Arabia. As a result, the current research investigates advice-giving in an informal context by analyzing vlogs in Saudi Arabia. Thus, the following research question of this paper attempts to fill this gap:

How is advice-giving managed in Hamza Iskandar's talk?

2. Methods

2.1. Participants

In order to answer the research question, data collection is needed. The collected data were online videos taken from YouTube. The main participant in these videos is Hamza Iskandar as he was chosen to be the case study of the current research. According to Yin (1989), the term case refers to a specific individual, event, or entity. Case studies to Anderson (1993) are interested in exploring how and why things happen in their real-life context and investigating the differences between plans and their

outcomes. Further, they are useful in understanding and analyzing a specific issue or situation in great depth such as the organization of advice-giving on YouTube's vlogs (Patton, 1987).

Hamza Iskandar is a Saudi young man who was lovable, humble, and high-spirited personality adored by his many friends, family, and followers on social media. He went through a journey that changed his whole perspective of life as he was diagnosed with gastroesophageal cancer in 2012 (Radwan, 2014). However, he made a commitment to himself that he will continue fighting and started a campaign called "I Fight Cancer with a Smile" to help and inspire other cancer patients. He also opened his small Cancer Fighting Support Center and helped in changing the name of a Cancer Unit at the International Medical Center in Jeddah to be "IMC Cancer Fighter Center". After he was recovered from cancer in 2013, he died in 2017 due to pneumonia as a result of errors in diagnosis and medical malpractice.

2.2. Data collection procedure

Hamza's seven chosen YouTube videos were carefully collected based on their content and purpose. Therefore, there was no need to use a pseudonym in data transcription and translation as Hamza was a famous Saudi vlogger on YouTube. The videos that were observed were categorized into entertainment, people, and blogs categories. Six of the videos were about Hamza's story with his disease with the purpose of encouraging people to have hope. The last video was about advising people to have morals and good values in life. The publishing dates of the videos were ranged from 2012 to 2017. Thus, the total duration of the chosen seven videos was twenty-eight minutes approximately.

2.3. Data analysis

The collected data were analyzed using the conversation analysis framework. CA is an analytic approach that is used to study and analyze the sequential organization of social interactions. It was developed by Harvey Sacks and his collaborators in the United States within the field of sociology (Hyland & Paltridge, 2013). CA was chosen to analyze the data because it describes the interactional practices (e.g., advice-giving) and their patterns more precisely than other qualitative or quantitative approaches (Peräkylä, 2004). CA is a straightforward framework that analyzes the participants' strategies, mechanisms, devices, and objects used to produce social interactions (Damico, Oelschlaeger & Simmons-Mackie, 1999). Therefore, CA is used for two purposes: (1) to answer the research question, and (2) to analyze the way advice-giving is managed in Hamza's vlogs.

Few steps were taken to analyze the collected data. The first step was watching Hamza's videos and choosing the most expressive ones. Then, transliterating the videos based on the *International Journal of Middle East Studies* (IJMES) (see Appendix A). Next, transcribing the data using the transcript system of Gail Jefferson (Jefferson, 2004) (see Appendix B). The final step was translating the data into English and transcribing them. After collecting Hamza's videos, the content of the data was observed repeatedly alongside the transcripts to find out the recurrent patterns. Each video was coded manually. Thus, a transcript classified as 'Extract1: V3Da.23.8.2013. YouTube' indicates that this is the third video that was taken from YouTube, published on the 23rd of August 2013. Some pictures of Hamza were used in CA results to deliver the intended point to the readers.

3. Conversation Analysis Results

To remind the reader, the research question of the current study was: How is advice-giving managed in Hamza Iskandar's talk? Therefore, three main recurrent patterns for advice-giving are

observed: (1) unsolicited direct advice; (2) advice-implicative actions; and (3) entitlement by repetition in advice-giving. These patterns are discussed in detail with reference to some transcripts from the data.

3.1. Unsolicited direct advice

In the following transcript, Hamza gives unsolicited direct advice to those patients who suffer from a life-threatening illness. Unsolicited advice means that the advice-giver is offering a piece of advice that had not been asked for, while direct advice means that it includes imperatives or the modal verb 'e.g., should' (Kouper, 2010). This kind of advice is a common way of communicating what is appropriate and inappropriate in social interactions (Baxter, Dun & Sahistein, 2001). The transcript starts with Hamza talking about his campaign "Fight Cancer with a Smile" and how he inspired others by his positiveness. As a result, he offers a piece of unsolicited direct advice to the listeners about the way they should encourage patients by not treating them as people with illnesses. Hamza uses self-repair in line 85 which refers to the process of dealing with the difficulties that arise in talk (Liddicoat, 2007). Extract 1 below is an example which shows the usage of unsolicited direct advice by Hamza.

Extract 1. V2Da.25.1.2017.YouTube

80. H: → 'intuū ↑'izaā t'āāmluū ʔmariīḍ kamariīḍ ḥaysiīr =
 81. → = mariīḍ fiī ʔ'akhiīr . 'āāmluūh ka'annuh huwwaā =
 82. → = biyḥaārib shay . (.) laā- laā ṭḥassisuūh 'innuū =
 83. → = huwwaā mariīḍ ↑'aiīb .
 84. (0.1)
 85. kidaā niḥnaā *b*- b- binṣṣa 'ibluh ʔmishwaār . (.)
 86. fahaādaā ashay ʔwaḥiīḍ 'illiī mumkin . (.)
 87. *u:h*- mumkin 'anṣaḥuh l'akhwaāniī . ((Hamza smiles after he finishes))
-
80. H: → that is ↑if you treat the patient as a sick person he will become =
 81. → = sick eventually. treat him as if he =
 82. → = was fighting something . (.) do not- do not make him feel that =
 83. → = he is sick ↑it is shameful .
 84. (0.1)
 85. in this way we are *m*- m- making his journey more difficult . (.)
 86. this is the only thing that possibly . (.)
 87. *u:h*- I can possibly advise to my brothers . ((Hamza smiles after he finishes))

Hamza claims that if people treat the patient as a diseased person, s/he will become sick at the end (lines 80 & 81). What Hamza means by saying that the sick person will become sick as a result of our treatment, is that they will suffer more and get worse by making them feel weak and that the disease will defeat them. The rising intonation at the beginning of the conditional statement "↑if you treat" (line 80) shows that Hamza wants to grab the listeners' attention to what he is saying (Brazil, Coulthard & Johns, 1980). Moreover, the usage of conditional "if" in line 80 before starting to advise directly in line 81 is because Hamza wants to invoke the advice's importance and relevance to the recipients before producing it. In this way, the advice is less likely to be rejected or resisted when this

3.2.1. *Storytelling in advice-giving*

Storytelling is defined as the human capacity to tell a story out of the communication practice (Shepherd, John & Striphos, 2006). Storytelling is a strategy that goes under indirect advising statements because it has no explicit advice, but the existed information in the story is enough to direct the recipient to the future course of action (Kouper, 2010). This pattern occurred in 6 vlogs as each vlog is based on Hamza's story with cancer to offer advice. Sharing one's trouble and solution including creating a similarity, providing details of what happened as a prove, reporting on the solution, and connecting the solution to self-experience are four moves that were explained within a conversational interaction (Pudlinski, 1998). In the following transcript, Hamza narrates his story with cancer. He starts the vlog by introducing himself and saying that he wants to tell his story to everyone. Then, he states that he has cancer and describes how he knew his diagnosis at the beginning as shown in the transcript below:

Extract 2. V1Da.26.4.2014.YouTube

13. H: → *kun:t* jaālis batkallam ma'a adductuūr zay ma a'y =
 14. = mariīd yitkallam ma'a adductuūr , (.) ((moving his hands while he is talking))
 15. → wa adductuūr ↑daā qalī 'innuū 'inta yaā waladī , (.)
 16. 'indak↑ maraḍ assaraṭaān .
 17. wu ↑muū bas 'ay saraṭaān 'indak saraṭaān =
 18. = 'marḥalaa² attaāltaa² , (.)
 19. niḥnaā nibaā nibda' ma'aāk bi' asra' waqt , =
 20. = nibaā nibda' kīmaāwī .
 21. kan yaum: ↑'aswa' = ((zooming the camera to his hands' movements))
 22. yaum 'ishtuū ḥayaātī .
 23. lisaaā 'ams kunt basawī 'i' lanaāt↑ 'ams kunt =
 24. = ṭaāli' fī ittilifizyuūn = ((zooming the camera to his eyes))
 25. = wu ↑kullu shay fī ḥayaātī =
 26. = tamaām kunt raḥ 'atkharaj mina 'koliyyaa² , (.)
 27. → yaumaīn waraā ba' aḍ bikiīt . ↑minjid yaumaīn =
 28. = bikiīt bikiīt waraā ba' aḍ . bikiīt qult maā 'abghaa' ay =
 29. = shay maā 'abghaa' laā 'ummi wala 'abuūyaa =
 30. = yidkhuluūlī 'ghurfaa² wala 'anaā 'abghaa =
 31. = 'aṭla' lahum 'abghaa' ajlis hinaā .
 32. wu fakkart f'aswa' 'ashyaa' mumkin 'ayyi 'insaān
 33. yifakirū .
 34. bas subḥaān a' llaāh yaum mina 'ayaām ṣiḥiīt =
 35. = ba' duū biyaumaīn ṣiḥiīt , (0.1)
 36. wu kida fakkart↑ fī 'mawḍuū' , (.) badal maā =
 37. = 'aquūl ↑laiṭsh 'anaā ? 'aqdar 'aquūl 'innuū yimkin =
 38. = rabaānaā akh- rabanaā 'akhtaāranī 'anaā 'ashaān =
 39. = ashay daā , (.) ((moving hands while talking))
 40. 'ashaān 'asaā' id annaās 'ashaān 'awarriī annaās =

41. = 'innuū shuūfuū↑'anaā 'indīī assaraṭaān .
 42. 'anaā maā 'a'rif 'kiīmaāwīī ḥayistajīīb =
 43. = m'ayaā >wllaā la'< bas 'anaā↑ mabsuūṭ .
 44. 'anaā 'aquūl ḥamdu lillaāh 'anaā mitwakkil =
 45. = 'alaā rabbiī wu 'anaā mabsuūṭ . (0.1)
 46. → bas subḥaān allaāh yaumahaā fataḥt faiīsbuk , (.)
 47. uūh- ((turning his eyes around)) (. katabt- bada't ḥamlatīī =
 48. = 'illiī ysamuūhaā 'anaā 'aḥaārib assaraṭaān bi'ibtisaāmatīī .
 49. bada'uū annaās yisaā' duūniī . zay =
 50. = maā ↑'anaā basaā'idhum bada'uū hummaā =
 51. = yisaā' duūniī .
 52. ↑bada' shay fiīluū *uh*- 'a'ṭīihum 'amal wu yi'tuūniī =
 53. = hummaā 'amal subḥaān allaāh . ((the screen changes to a written text))

- 13. H: → I wa:s sitting and talking to the doctor just like any =
 14. = patient who talks to the doctor , (. ((moving his hands while he is talking))
 15. → and ↑this doctor has told me that you are my son , (.
 16. you have↑ cancer disease .
 17. and ↑not only cancer but also you have =
 18. → = reached the third stage cancer , (.
 19. = we want to start with you as soon as possible , =
 20. = we want to start the chemotherapy .
 21. → it was a day: ↑the worst = ((zooming the camera to his hands' movements))
 22. day I have ever lived .
 23. just yesterday I was making advertisements↑ yesterday I was =
 24. = on the television = ((zooming the camera to his eyes))
 25. = and ↑everything in my life =
 26. = is good I was about to graduate from college , (.
 27. → I cried for two days . ↑honestly two days =
 28. I cried cried continuously . I cried and said I don't want any =
 29. = thing I don't want neither my mom nor my dad =
 30. = to enter the room and I don't want =
 31. = to go to them I want to sit here .
 32. and I thought of the worst things that any person
 33. could think of .
 34. but glory to be Allah one of the days I woke up =
 35. = after two days I woke up , (0.1)
 36. and I thought↑ of it , (. instead of =
 37. = saying ↑why me ? I can say that probably =
 38. = Allaah ha- Allah has chosen me because =

39. → = of this thing , (.) ((moving his hands while he is talking))
 40. so I help people so I show people =
 41. = that look↑ I have cancer .
 42. I don't know whether chemotherapy would respond =
 43. = with me >or not< nevertheless I'm↑ happy .
 44. I say thanks Allah I'm depending =
 45. = on Allah and I'm happy . (0.1)
 46. → just glory to be Allah at that day I opened Facebook , (.)
 47. uūh- ((turning his eyes around)) (.) I wrote- I started my campaign =
 48. = that they call I fight cancer with a smile .
 49. people started helping me . just like =
 50. = ↑I am helping them they started =
 51. = helping me .
 52. ↑a thing started that has *uh*- I give them hope and they give me =
 53. = hope glory to be Allah . ((the screen changes to a written text))

Hamza uses the strategy of storytelling to advise by several moves as declared by Pudlinski (1998). The arrow shown beside several specific lines indicates the beginning of each move. Firstly, Hamza creates a similarity to ordinary people in lines 13 and 14 by stating that he was just like any other person who sits with the doctor and talks to him. By having such a similar position, Hamza shows an understanding of the problem (i.e., having cancer) and that he is qualified to offer a piece of advice from his personal experience. Additionally, he is able to narrate how he managed a similar problem. As shown in figure 2, Hamza is moving his hands repeatedly in lines 14, 21, and 39 while he is expressing his feelings and reinforcing his speech (Koutsombogera & Papageorgiou, 2009).



Figure 2. (Extract 2, lines 14, 21 & 39)

Secondly, Hamza substantiates the details of what happened from lines 15 to 18 by using the strategy of reporting speech. Reported speech provides evidence of a previously mentioned comment which is in this case, Hamza's talk with the doctor (Holt, 1996). By using reported speech, he formulates that the doctor has told him his diagnosis which is 'cancer in the third stage' (line 18). The reporting of the problem by giving details has a significant function as it involves the listeners within the story and demonstrates that Hamza understands other patients' situations (Tannen, 1989). This is because Hamza is directing his advice mainly to cancer patients to encourage them to fight the disease.

Thirdly, Hamza reports his own solution because reported speech portrays actions alongside their accompanying thoughts, and conveys utterances made in response to a specific situation (Holt, 1996).

He provides reports of previous negative thinking that he has had after knowing his diagnosis in lines 27 to 33 by describing his reaction which is crying continuously for two days. He did not want to meet anyone including his own parents, and he had the darkest ideas in his head. He repeats the words "I", "two days", "cried", and "want" in these lines to emphasize his reaction as a technique of storytelling, and to confirm what he desired. This shows that Hamza treats himself as having epistemic access to the feelings that he had experienced himself (Wong, 2000; Stivers, 2005). However, these negative actions are followed by reports of positive actions and thinking in lines 35 to 45. In these lines, Hamza shifts his talk to a more positive one after he realized that he should not think about why God (i.e., Allah) has chosen him particularly to be diseased. He reports that he reconsidered his reactions after two days and started to think positively by believing in Allah and showing acceptance towards Allah's fate. He formulates acceptance in line 38 by providing more information in line 40 in which he believes that he was chosen by Allah to be sick in order to help patients with chronic illness. In lines 43 and 45, Hamza shows other patients that they can be happy even if they have cancer by repeating the word "happy" to confirm his epistemic access based on his subjective experience of reacting to his diagnosis (Stivers, 2005). This contrasting structure of providing negative reports of thinking followed by positive ones is useful to encourage and change others' problematic reactions toward their illnesses to more positive reactions.

Finally, Hamza connects the solution to his experience in lines 46 to 53 by telling the audience how he started employing the solution by opening a campaign on Facebook called "I Fight Cancer with a Smile" that allowed him to help people and in return to receive help from them, by giving each other a sense of hope. In line 47, Hamza uses both self-repair by saying "uūh-" (i.e. and), and cut-off trying to find the appropriate next sentence to say while turning his eyes around. Turning his eyes while telling his story indicates that he is trying to remember something such as a specific memory (Koutsombogera & Papageorgiou, 2009). These four moves of sharing self-experience and solution by appearing to just be telling a story helped Hamza to establish connectedness between him and other patients by advising them implicitly from his own experience.

3.2.2. Advice-implicative interrogatives

Advice-implicative interrogatives (AII) is the usage of interrogative syntax to give advice, such as yes/no interrogatives, 'wh' questions (e.g., what, when, why), and interrogative tags (e.g., You're Sarah aren't you?) in which they provide preferred future courses of action (Shaw et al., 2015). In the data gathered from Hamza's vlogs, there were 14 occasions where interrogative syntax was used (e.g., why), to give an implicit advice during his talks. For instance, Extract 3 involves Hamza talking about our purpose in life and that Allah will reward us for each difficult situation we went through. He encourages people to be positive and not to pay attention to what others say. In the following example, Hamza talks about the way people should react to cancer. He believes that thinking negatively is a waste of time and that people should change the way they look at their disease.

Extract 3: V4Da.4.2.2015.YouTube

30. H: = ʧariiqaa² 'istiqaalak liashay daā . badal maā tquūl =
 31. → = laiīsh 'anaā (.) laiīsh rabbanaā 'abtalāniī 'anaā laiīsh (.) ↑muū =
 32. → ghaiīriī ? ↑laiīsh fiī malyuūn waāḥid 'aswa' minniī 'anaā =
 33. → = maā qad jaraḥt 'aḥad fiī ḥayaātī (.) laiīsh maā tquūl ok . (0.1)
 34. → dahiīn duūriī 'anaā . (.) duūriī ↑'anaā 'athat fiī 'maqif daā↑ =
 35. → = duūriī 'anaā 'aktashif nafsī 'aktashif quwwatī .
-

30. H: = the way you receive this thing . instead of saying =
 31. → = why me , why our Allah cursed me why (.) ↑not =
 32. → anyone else ? ↑why there is a million person worse than me I =
 33. → = have never hurt anyone in my life , (.) why don't you say ok . (0.1)
 34. → now it's my turn . (.) ↑my turn to be in this↑ situation =
 35. → = my turn to discover myself discover my strength .

In the previous example, Hamza offers advice in an interrogative form in lines 31 to 33. He starts the advice by telling people that they should not think negatively by asking themselves negative questions. The interrogative construction allows Hamza to be less demanding in advice-giving, and it softens the dimensions of advice-giving, normativity and knowledge asymmetry, by offering the advice as a form of a suggestion to the listeners (Butler et al., 2010). He gives them a space to reconsider their actions and accordingly, changing them. For example, in line 31, he states that people should not think of the reason they were chosen specifically to be sick by asking "= why me,". Then, he says "our Allah" instead of "my Allah" in "why our Allah cursed me" within the same line to remind people that Allah is everyone's Allah and that he takes care of each one and not just Hamza himself. He completes saying "why (.) ↑not = anyone else? ↑why there is a million person worse than me" (lines 31 & 32) to tell people and to advise them implicitly not to say these negative things and not to think that they were cursed by Allah particularly by being sick, even though there are others who deserve to be sick more than them. Again, Hamza uses the "wh" question "why" in line 33 by formulating a question "why don't you say ok. (0.1)" to tell others what they should do as a reaction to their disease, which is accepting their illness. He pauses for a second before continuing his advice in lines 34 and 35 by repeating the lexical item "my turn" in "now it's my turn. (.) ↑my turn to be in this↑ situation =" and "= my turn to discover myself discover my strength." as a way of confirmation to tell people that they need to believe it is their turn and that they were chosen to be patients for a reason (Stivers, 2005). He uses "my turn" in general, then he starts to specify that it is their turn to be in this situation, their turn to discover themselves, and finally to discover their strength through their diseases.

3.2.3. Advice-implicative assessments

The strategy of advice-implicative assessments is used by giving assessments in a conversation in order for the implicit advice to be delivered (Shaw et al., 2015). This pattern occurred 18 times in the data. The following extract is about Hamza describing how people should treat other patients, specifically cancer patients. Hamza says that people should not treat other diseased people as sick individuals, and therefore, he makes an assessment in line 83 as is discussed in the following Transcript.

Extract 4. V2Da.25.1.2017.YouTube

80. H: 'intuū ↑'izaā t'āāmluū ʔmariīd kamariīd ḥaysiir =
 81. = mariīd fīr ʔ'akhiir . 'āāmluūh ka'annuh huwwaā =
 82. = biyḥaārib shay . (.) laā- laā ḥassisuūh 'innuū =
 83. → = huwwaā mariīd ↑'aiīb .

 80. H: that is ↑if you treat the patient as a sick person he will become =
 81. = sick eventually . treat him as if he =
 82. = is fighting something . (.) do not- do not make him feel that =

83. → = he is sick ↑it is shameful .

Hamza gives an assessment after he offered a piece of direct advice in lines 81 and 82 as previously explained in section (3.1.). His assessment "↑it is shameful" in line 83 confirms that he is knowledgeable regarding the appropriate way of treating people with illnesses. Therefore, he has epistemic authority about his own experience with cancer that allows him to give assessments in the first position. The rising intonation at the beginning of the assessment "↑it is shameful" (line 83) indicates that there is an emphasis on the importance of this negative assessment to encourage the listeners to avoid treating patients as sick. Additionally, this assessment shows that the offered advice is a favorable course of action to do as Hamza is favoring treating other patients as fighters and not as sick people. Giving assessments to implicate advice does not eliminate the other actions which in this case treating sick people as weak and powerless, but they have been negatively assessed by Hamza as something bad. Assessments allow him to prioritize the alternative action in an unproblematic way which is treating them as fighters of the disease. Thus, the listeners have the option to commit to this future action or to reject it (Shaw et al., 2015).

3.3. Entitlement by repetition in advice-giving

CA reveals that Hamza is entitled to advise others by repeating certain words in his vlogs. He repeats the pronoun "I" and "this thing" to indicate something particular as shown in the two examples below. Hamza's repetition indicates that he has epistemic authority to advise people (Alayyash, 2016). This is the most common pattern in the data as the repetition of the pronoun "I" occurred 81 times. In the following extract, Hamza narrates his story and then he describes his positivity towards cancer by using repetition in order to inspire others by this positiveness.

Extract 5. V1Da.26.4.2014.YouTube

40. H: 'ashaān 'asaā'id annaās 'ashaān 'awarriī annaās =
 41. → = 'innuū shuūfuū↑'anaā 'indiī assarataān .
 42. → 'anaā maā 'a'rif 'kiīmaāwīī ḥayistajiīb =
 43. → = m'ayaā >wllaā la'< bas 'anaā↑ mabsuūt .
 44. → 'anaā 'aquūl ḥamdu lillaāh 'anaā mitwakkil =
 45. → = 'alaā rabbī wu 'anaā mabsuūt . (0.1)

- 40. H: so I help people so I show people =
 41. → = that look↑ I have cancer .
 42. → I don't know whether chemotherapy would respond =
 43. → = with me >or not< nevertheless I'm↑ happy .
 44. → I say thanks Allah I'm depending =
 45. → = on Allah and I'm happy . (0.1)

As clearly shown in Hamza's utterances, Hamza is entitled to offer advice to other patients because of his self-experience as being a cancer patient. The repetition of the reference pronoun "I" in lines 41 to 45, such as "I have cancer." (line 41), "I'm↑ happy ." (line 43), and "I say thanks Allah I'm depending =" (line 44) demonstrate his subjective experience of the disease. The usage of first-person pronoun "I" by Hamza to advise others or to tell a story that happened to him increases the opportunity of engaging others and making his talk more effective and persuasive, because of his epistemic

experience. He has experienced cancer and therefore, he is more knowledgeable and familiar with the disease more than others (Alayyash, 2016). Hamza repeats that he is happy in lines 43 and 45 as a confirmation of his feelings of happiness and positiveness toward his diagnosis (Stivers, 2005).

In contrast, when Hamza lacks sufficient knowledge regarding chemotherapy treatment, (i.e., whether the chemotherapy benefits him or not), "I don't know if the chemotherapy would respond =" (line 42), this shows his weak position in accessing the experience of chemotherapy. Thus, this is a deviant case, because Hamza gives advice among his vlogs from his own experience of the disease. The reason behind this is probably because this vlog was recorded at the beginning of Hamza's diagnosis, and that he did not experience the chemotherapy treatment yet, so he uses "I don't know".

In the following extract, the usage of the noun phrase "this thing" has been spotted 15 times. In Extract 6, Hamza talks about the difficulties that cancer patients go through such as losing hair and being weak, but he advises them to never pay attention to others' sayings. Then, he mentions the topic of 'death' and that we will all die eventually, and how we should react toward this as shown in following:

Extract 6. V4Da.4.2.2015.YouTube

26. H: ma‘taqid ‘ay waāhid qabil kidaa‘ atkhabbaā mina ‘muūt (.)
 27. ↑fa‘muūt jayyak . ‘izaā muū ‘yaum bukraa‘ , ‘izaā =
 28. = muū bukraa‘ ba‘ad bukraa‘ . falaiīsh? (.) tihaāwil tighayyir =
 29. → = ashay daā? haāwil ghayyir nafsak . (.) haāwil tighayyir =
 30. → = tariīqaa‘ ‘istiqaālak liashay daā . badal maā tqūl =

- 26. H: I don't think anyone before now managed to hide from death (.)
 27. ↑so death is coming for you . if not today tomorrow , if =
 28. not tomorrow after tomorrow . so why? (.) trying to change =
 29. → = this thing? Try to change yourself . (.) try to change =
 30. → = the way you receive this thing . instead of saying =

Hamza repeats the lexical item "this thing" in lines 29 and 30 referring to the word 'cancer', and this repetition indicates shared knowledge between him and the audience as he is directing his vlogs to cancer patients specifically. The reason for using a certain word as shared knowledge by Hamza is because using the word 'cancer' is avoided by the Saudi culture due to their fear of death and to preserve hope in themselves and others (Alayyash, 2016; Shirazi & Shekhani, 2017). In line 29, Hamza states that there is no point in trying to change this thing which is cancer. Instead, in lines 29 and 30, he advises people by repeating "try to change" to emphasize that they should react differently by trying to change themselves and change the way they receive the disease as a negative thing (Paltridge, 2006).

To sum up, the recurrent patterns of advice-giving were highlighted in order to answer the research question. These patterns that displayed how advice-giving is organized in Hamza's vlogs are (1) unsolicited direct advice, (2) advice-implicative actions, and (3) entitlement by repetition in advice-giving. Hamza offered unsolicited advice directly as a way to tell people what is appropriate in social interactions and what is not in Saudi culture. Furthermore, he delivers advice implicitly by telling his story with the cancer disease, using 'wh' question forms, and he gives assessments after offering advice. Finally, his vlogs show that he is entitled to advise from his own experience.

4. Discussion

We have investigated the organization of advice-giving in Hamza Iskandar's vlogs on YouTube. The findings have shown that Hamza employed three strategies of advice-giving, namely unsolicited direct advice, storytelling, and interrogative syntax. Unsolicited direct advice is provided by Hamza in many transcripts as he considers other patients in need of his advice because of his own experience with cancer (see Extract 1, line 81 & 82). This finding is consistent with Feng's and Magen's (2016) results in which unsolicited advice is given because it might relieve some pressure of the advice-giver when s/he supports others.

In terms of implicit advice, Hamza uses storytelling to give implicit advice which creates shared issues and identities with others (see Extract 2, lines 13-53). This finding supports the conclusions of the previous research of Lindholm (2017) in which storytelling minimizes the resistance of advice recipients by accepting Hamza's role as a storyteller of his own experience of the disease and his authoritative source of knowledge. Additionally, as Chuntao (2020) states, a professional's advice might be met with resistance which can be managed in several ways including embedding the advice into stories. Therefore, Hamza offers advice from his subjective experience and this seems consistent with the findings reported by Sillence (2010) as advice-givers in an online cancer support group offer advice from their own knowledge and self-experiences to minimize the resistance and to mitigate the advice force. This indicates that the listeners will trust Hamza as he is 'someone like them'.

With regards to advice-implicative interrogatives, different forms of advice interrogatives have been used in the form of 'wh' questions (see Extract 3, lines 31-35) as a strategy to deliver advice implicitly. This strategy, as stated by Shaw et al., (2015), increases the chance for the recipients to accept the advice as it gives them more space to think of the suggested course of action. Another significant result of the current paper is that Hamza has epistemic authority and sufficient knowledge about his own experience with the disease (i.e., epistemic right) to the extent he makes assessments in the first position after offering a piece of advice with his role as a trouble teller (see Extract 5, lines 41-45). This result supports prior research (Stivers et al., 2011, Heritage & Sefi, 1992, Sacks, 1984) in which a person with epistemic knowledge and inner experience of a specific illness could change other patients' negative attitudes toward cancer, and encourage them to make a decision regarding the future action. Hamza's subjective experience is obvious when he repeats the reference pronoun "I" to indicate his own experience of the illness which is similar to those reported in previous research (Alayyash, 2016). In her study, Alayyash (2016) noticed that the usage of the linguistic feature 'I' indicates patients' ownership of the experience. Therefore, it could a better chance for the listeners to accept Hamza's advice because he is advising his real-life experience. Also, it has been found that the repetition of the lexical item "this thing" by Hamza is used for advice-giving referring to 'cancer' (see Extract 6, line 29-30). The present research suggests that advice-giving encourages cancer patients to accept others' experiences and guide them to make the right decision concerning their treatment protocol or even end-of-life care.

In addition, findings yielded by this study show that the repetition of the lexical item "this thing" by Hamza is used to denote 'cancer'. The result suggests that the term 'cancer' in the Saudi culture is considered as a synonym word for death, and Saudis show a high degree of anxiety about cancer that kills the person twice as often as heart disease (Bedikian & Saleh, 1985, Bedikian & Thompson, 1985).

5. Conclusion

The findings of this study contribute to the CA literature of advice-giving by exploring the way advice-giving is organized within Saudi vlogs by using CA approach. According to the researcher's

knowledge, no previous investigations of advice-giving in online monologues have been published. Thus, this study adds to the literature of advice-giving by analyzing the various strategies of advice-giving in social media's vloggers. In other words, the current study expands the extant literature of advice-giving by highlighting the strategies used by Hamza to offer advice and influence cancer patients, such as telling stories from his own experience. This research also contributes to the Saudi patients, particularly, those who are diagnosed with chronic illness in that it encourages patients to create an online platform and share their illness experience with other patients. It is hoped that Hamza's motivational talk and advice could contribute to the Saudi community by encouraging people, especially patients with chronic illness, to have hope and listen to Hamza's advice regarding how to deal with their illness. It is recommended for Saudi vloggers to continue Hamza's steps by providing such great content that helps others and earns people's trust by being honest and friendly.

As with any research, the findings of this study have many limitations. This research cannot be generalized to all Saudi vloggers because the current paper focused only on a single case study in analyzing advice-giving. The data was collected from YouTube's vlogs, so the findings of the study are limited to the selected online platform only. Another limitation is that this study concentrated on a cancer patient. Consequently, others with different kinds of illnesses may have different strategies for offering advice and might have an impact on the audience. These limitations could help in providing suggestions for further research; It is recommended to conduct a comparative research on advice-giving between monologues and dyadic interactions. Moreover, future research should analyze advice-giving with patients with chronic illnesses from different online platforms (e.g., Instagram and Snapchat) to produce an understanding of advice-giving in these informal contexts. Possible directions for research into advice-giving include other quantitative studies that measure the recipients' satisfaction regarding advice-giving from different social media. It is also recommended to analyze advice-giving in naturally occurring data from different contexts (e.g., medical consultation).

In conclusion, this research is a significant addition to the knowledge of advice-giving in Saudi Arabia and it has great importance because of its contribution to the Saudi community. It is hoped that the findings of this research will help the Saudi patients to overcome their illness with full positiveness as Hamza did. Further, it is hoped that all social media influencers get inspired by Hamza and his way of engaging with the audience by giving advice and telling his real experience with cancer in order to provide patients with chronic illness with hope and positivity in their lives.

6. Ethics Committee Approval

Both authors confirm that the current research does not need ethics committee approval.

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Appendices

Appendix A: IJMES Transliteration

IJMES transliteration system of Arabic consonants and vowels:

Arabic Consonants	
Consonant	Symbol
ء	'
ب	b
ت	t
ث	th
ج	j
ح	h
خ	kh
د	d
ذ	dh
ر	r
ز	z
س	s
ش	sh
ص	ṣ
ض	ḍ
ط	ṭ
ظ	ẓ
ع	'
غ	gh
ف	f
ق	q
ك	k
ل	l
م	m
ن	n
ه	h
و	w
ي	y
ة	a ²
ال	3

Arabic Vowels	
Short	Symbol
ا	a
و	u
ي	i

Diphthong	Symbol
اى	au/aw
اى	ai/ay

Long	Symbol
ا	ā
و	ū
ي	ī

Appendix B: Transcription Conventions

The transcription symbols based on the transcript system developed by Jefferson (2004):

Symbol	Correspondence to features of talk
=	Equals signs indicate immediate latching of talk with no break.
?	A question mark shows rising in intonation.
::	Colons denote stretched sounds. The longer the colons row, the longer the prolongation.
.	A period indicates stopping intonation.
-	A hyphens mark shows a cut-off of the preceding sound.
<text>	Outward arrows mark slower talk.
>text<	Inward arrows denote faster talk.
↑↓	Arrows indicate shifts into high or low pitch.
<u>word</u>	Underscoring locates speaker's emphasis or stress.
(0.0)	Numbers in round brackets show pauses in seconds.
(.)	A dot in parentheses indicates a micropause.
(())	Double parentheses indicate the transcriber's comments or descriptions.
*	An asterisk shows percussive non-speech sounds.
,	A comma indicates weak rising intonation.