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THE BOSNIAN DISCOURSE MARKER PA IN ANSWER SEQUENCES TO WH-QUESTIONS IN DOCTOR-PATIENT INTERACTION: A CONVERSATION ANALYSIS PERSPECTIVE

The study examines the function of the turn-initial Bosnian discourse marker PA in patients' responses to doctors' wh-questions during the history-taking phase. In addition to being one of the least researched discourse markers in Bosnian, Croatian, and Serbian, PA has primarly been analyzed through written sources. This paper, however, draws on naturally occurring data, opening new possibilities for analyzing its use accross different sequential environments within the institutional setting of medical interactions. Using the framework of Conversation Analysis, and particulary the concepts of progressivity and type-conformity (Schegloff 2007), I demonstrate that PA facilitates a subjective yet relevant response to wh-questions about patients' symptoms. It is not only reactive, but also plays a role in structuring sequences and exhibits a forward-looking function. Moreover, its placement before type-conforming answers signals an interactional phenomenon related to patients' epistemic self-positioning of patients during the history-taking phase. This analysis is based on a corpus consisting of 20 audio-recorded conversations between Bosnian hospital physicians and their patients.

Key words: discourse marker; conversation analysis; progressivity; epistemic ositioning; Bosnian language

1. INTRODUCTION

The concept of discourse markers have numerous different perspectives in both theoretical and practical terms across different linguistic traditions[1]. Schiffrin (1987) adopted the term *discourse marker* from her teacher Labov and established it as a linguistic concept. Since then, the literature on discourse markers has grown significantly[2]. Schiffrin (1987) operationally defines markers as sequentially dependent elements which bracket units of talk. They serve to connect these units, thereby contributing to the textual coherence, meaning and function. Their functions lie at the interface between semantics and pragmatics. According to Fraser (1996), a discourse marker serves to indicate how the basic message of the utterance is connected to the preceding discourse. Similarly, Schourup (1999) describes it as an element that is syntactically optional, does not influence the truth-conditions of the utterance it introduces, and functions to link that utterance with the preceding one. Some of their main features are: connectivity, optionality, non-truth-conditionality, weak clause association, initiality, orality and multi-categoriality.

Being one of the least researched discourse markers in Bosnian, Croatian, and Serbian, PA has typically been studied through written sources. This paper, however, examines PA in turn-initial position using naturally occurring data, opening new possibilities for analyzing its use accross different sequential environments – not only in everyday talk but also in institutional settings, particulary medical interactions. By using Conversation Analysis CA (Sacks, Schegloff & Jefferson 1974) and its concepts of progressivity and type-conformity (Schegloff 2007), I focus on how the turn-initial PA is used in patients' responsive turns to wh-questions about their symptoms during the medical history-taking phase.

This study addresses the following research questions:

1) How do Bosnian and Herzegovinian patients engage interactively when asked questions about their subjective symptoms?
2) What is the function of the discourse marker PA as it is mobilized in moment-by-moment talk to initiate responses to wh-questions?
3) How is it manifested in the progressivity of talk?

1 A discussion of different terms and linguistic approaches would go beyond the scope of this paper. Some of them are cue phrases, discourse connectives, discourse operators, sentence connectives, pragmatic particles, discourse particles, filler etc.

2 For extensive literature on discourse markers in English, French, Spanish, and German, see Blühdorn, Foolen, and Loureda (2017).

The structure of this paper is as follows: Section 2 provides a brief overview of previous research on discourse markers in Bosnian, Croatian, and Serbian, with particular focus on PA, and outlines some aspects of doctor-patient interactions. Section 3 outlines the methodology and data. Section 4 presents and analyzes the findings, while Section 5 provides a discussion of the results and suggests topics for further research.

2. RESEARCH BACKGROUND

2.1 Prior research on discourse markers in Bosnian, Croatian, and Serbian

For an extended period of time, research on South Slavic discourse particles remained stagnant, constrained by terminological conservatism. Traditional grammars in the region often dismissed these particles as redundant, sometimes even viewing them as indicators of poor writing or speaking skills. This perspective reflects the strong influence of traditional grammar in Slavic linguistics and a tendency toward self-imposed adherence to regional or national grammatical norms (Dedaić & Mišković-Luković 2010). Yet, even prescriptively oriented Serbian grammars, such as Piper and Klajn (2013), pay little attention to discourse markers. They classify them (*kao* 'like', *znači* 'consequently', 'thus', 'in other words', 'that is', 'really', or 'I mean', *ono* 'like', and *mislim* 'I mean') as fillers primarily used to bridge pauses in speech. Such grammars, much like traditional ones, often regard these markers as signs of uneducated language (Piper & Klajn 2013). This concept is a relatively recent one – not only within Croatian linguistics[3], but also more broadly – given that its various, and at times divergent, definitions result in (partially) differing lists and classifications of units included in what is a fundamentally open and compositionally highly heterogeneous category: the functional class of discourse markers (Badurina 2018). In other words, the terminology used do describe these units and their functions may vary, depending on the theoretical and methodological approach as well as on their function within utterances, texts, discourse and communication (ibid. 64). The term *discourse marker* has evolved and diversified when applied beyond the framework of the English language. This is due to the influence of other linguistic traditions, as well as the unique characteristics and development of different languages and their respective scholarly approaches (Hodžić-Čavkić 2024). Interestingly enough, the discourse markers in Bosnian, Croatian, and Serbian have often been studied and inves-

[3] This can be applied on Bosnian and Serbian.

tigated as target languages within the framework of the contrastive analyses of English, German, Italian, or Russian[4]. This could be one reason behind the neglect of some of the semantic and pragmatic aspects, as well as the cultural specific peculiarities, of Bosnian discourse markers, such as *ba*, *bolan*, *bona*[5]. In the past decade, several studies have analyzed discourse markers or similar terms (such as fillers, discourse particles, modal, discourse connectives, etc.) across South Slavic languages. The pioneering collection of studies on discourse particles, "South Slavic Discourse Particles" by Dedaić and Mišković-Luković (2010), is largely descriptive, drawing on theoretical frameworks such as argumentation and relevance theories. The volume includes, among others, Serbian *baš* 'exactly' and *kao* 'like', Bosnian *ono* 'like', Croatian *dakle* 'so/in other words', and Slovenian connector *pa* 'and/but'. Additionally, *znači* 'well' has been studied on a corpus of academic interviews in contemporary Serbian (Halupka-Rešetar & Radić-Bojanić 2014), while *ba*, *je l'*, *znači*, *ovaj*, and *ono* ('come on', 'well', 'right', 'is it?', 'so', 'like') as fillers have been looked into using conversation analysis in conversational Bosnian (Kurtić & Aljukić 2013). In his paper on the relationship between conjunctions and particles in the Bosnian language, Bulić (2018) points to borderline cases of words that, depending on the syntactic context, function sometimes as conjunctions and sometimes as particles, such as, among others *i*, *niti*, *ili*, *a* , *dakle*, *samo*, *jedino*, *po*, *kao* and *li* ('and', 'nor', 'or' 'and', 'thus', 'only', 'just/only', 'only/solely', 'per/by', 'like/as', 'do you'). Most recently, the discourse markers *evo* and *eto* ('here', 'there', 'look') have been analyzed in Bosnian SMS messages (Hodžić-Čavkić 2024) as well as *ne znam* ('I don't know') in Bosnian-Herzegovinian doctor-patient interactions (Džanko 2022). All of these markers form a functionally distinct class of grammatical elements that do not convey propositional content but instead signal interpretative constraints within the surrounding context (Dolić 2015; Nigoević 2011; Hodžić-Čavkić 2024).

2.2 Discourse marker PA

The lexem PA – both as a connective and a discourse marker – is multifunctional and has a wide range of uses, the latter being the focus of this paper. Uvanović (2006) provides a concrete explanation of the criteria for identifying Croatian markers, including the discourse marker PA. Similar to discourse markers in English, Uvanović argues that Croatian markers may occupy various positions within an utterance, with

4 See Đukanović et. al. (1986), Tekavčić (1992), Džanko (2010).

5 There are no adequate English equivalents.

a notable tendency to appear at the beginning of an utterance. Discourse markers include units from various morphological and/or syntactic categories. Their grammaticalisation can be traced back to sources such as interjections, conjunctions, and imperative verb forms. When multiple particles are combined (e.g., *pa zar* 'really'), their pragmatic force is intensified. Croatian markers form a unified intonational unit with their surrounding elements and are typically unstressed. They cannot be extracted from the sentence as standalone responses, nor can they be negated, coordinated, or modified. While Croatian markers are syntactically and semantically optional elements, they perform a range of pragmatic functions (ibid.). In the Bosnian dictionary by Halilović, Palić & Šehović (2010), PA is also treated as a particle and is described as serving to:

1. intensify the utterance or her parts: PA šta kažeš? (So, what do you say?) ja PA ja (It's me, myself, and I)
2. signal impatience, anger: PA uzmi to već jednom! (Just take it already!)
3. signal disbelief, surprise: PA šta uradi, crni sine! (What have you done, my poor son!)
4. encourage or prompt the interactants to continue their utterance (with a questioning intonation, often with a tone of irony, mockery, etc.): – Ne ispunjavate uvjete za ovaj posao. – PAA? (-You don't meet the requirements for this job. -Soo?)
5. introduce a negative conclusion drawn from the previously mentioned unfavorable content: - Niko ništa ne govori, ne objašnjava, PA hajde sad ti budi pametan! (No one is saying anything, no one is explaining, so now go ahead and be smart.)
6. express hesitation regarding an opinion or conclusion about something: PA SAD (ne znam itd.) (Well, I don't know).

As shown above, the discourse marker PA can occur in the first pair position in questions, declaratives, and interrogatives. In the responses to questions, the discourse marker PA appears as a signal of an evidence formulating indicator (Ličen 1989). It is motivated by the speaker's utterance and used reactively. With the speaker using PA turn-initial, the hearer recalls background information.

A: Otkud znaš?
How do you know (that)?
B: *Pa* ti si mi pričao.
Well, it was you who told me that.

Seemingly, the response in line B to a wh-question provides an explanation while signaling that the question is inapposite. There seems to be an issue with the presuppositions of the question, with PA appearing to mark this. The use of a PA-preface in answer sequences following a yes/no question indicates that the addressee agrees with the speaker's utterance, but only reluctantly (for Croatian, Tekavčić 1992; for Serbian, Ivić 2005), as shown in the following example:

A: Je li taj liječnik sposoban?
Is that physician capable?
B: *Pa* jeste.
Well, I believe so/I think so.

The response at line B to a "yes/no" question provides an answer that is not straightforward. It suggests that the speaker finds the question problematic to agree with. The response with a PA turn-initial can be face-threatening, especially if there is a pause signaling hesitation between PA and JESTE.[6] Given that this study focuses on the position and function of the discourse marker PA in responses to wh-questions within doctor–patient interactions, the following undersection provides a brief overview of the theoretical framework underpinning research on medical communication.

2.3 Doctor-patient interaction

Research in the field of medical interaction has grown substantially, offering valuable insights for educators, doctors, and medical students while contributing to improvements in both healthcare quality and doctor-patient relationships (Gill & Roberts 2013). A medical encounter is structured around several different phases, such as history-taking, and involves specific action sequences through which these phases unfold (e.g., question-answer sequences), as well as the construction of turns within these sequences (e.g., declarative and open-ended questions). Wh-questions establish the topic agenda (Manning & Ray 2002), covering aspects such as symptoms, causes, time, place, etc. (Spranz-Fogasy 2010). By adopting an 'unknowing' epistemic stance, the doctor encourages elaboration and opens the possibility for expanding the

6 Žagar (2010) examines Slovenian PA as connective, using the framework of argumentation theory. However, his research is centrally focused on the function of PA in the compound connectives *ker pa* 'but since' and *sicer pa* 'anyway'.

sequence. More 'knowing' question formats include yes/no-questions and declaratives. Yes/no-questions, with the finite verb in the initial position of the sentence, are designed to elicit confirmation (Heritage & Clayman 2010). The interpretation of declaratives as questions relies on prosodic, sequential, pragmatic, and epistemic features (Stivers & Rossano 2010). These questions are based on presuppositions grounded in the doctor's expert knowledge, common knowledge, or the patient's prior responses. As noted by Boyd and Heritage (2006), gathering information about a patient's social and family background, as well as a comprehensive medical history, serves as a primary source for understanding the patient's current medical condition. Patients are being treated as having privileged access to their own experiences and a specific right to narrate them (Heritage & Raymond 2005: 16). Through the process of taking medical history, doctors acknowledge and validate patients' rights to share the subjective and emotional dimensions of their condition. Moreover, the patient's subjective knowledge and their epistemic status can be also challenged by question formats. Their responses not only provide physicians with relevant information but also reflect the patient's understanding of the interactional task, as well as the possibilities and limitations it entails (Boyd & Heritage 2006).

3. METHODOLOGICAL FRAMEWORK AND DATA

3.1 Conversational Analysis

Conversation analysis (CA), a research tradition that grew out of ethnomethodology (Garfinkel 1967), has some unique methodological features. It studies the social organisation of 'conversation', or 'talk-in-interaction', by a detailed inspection of audio recordings and transcriptions made from such recordings (Sacks, Schegloff & Jefferson 1974). It argues that action meaning is shaped by the sequence of prior actions, with each current action projecting a relevant next action (Sacks 1992). The following key insights serve as the methodological CA basics: talk-in-interaction is systematically organised and deeply ordered, the production of talk-in-interaction is methodical, the analysis of talk-in-interaction should be based on naturally occurring data, and analysis should not initially be constrained by prior theoretical assumptions (Hutchby & Wooffitt 2008). During the last four decades, CA has established a substantial presence in studies of doctor-patient communication[7]. The researchers of med-

7 For detailed references, see http://www.paultenhave.nl/medbib.htm; 545 references, 9. 2. 2013; and http://hypermedia.ids-mannheim.de/pragdb/Bibliografie_zur_Arzt-Patient-Kommunikation.pdf; 5222 references, 2014.

ical conversation have tried "to understand and document *what* social actions and activities are accomplished by participants" and "*how* participants use interactional resources and sense-making practices to accomplish their goals, with the aim of identifying recurrent patterns of interaction" (Gill & Roberts 2013: 577).

3.2 Interactional progression and type-fittedness as CA features

In the following, I will introduce the notions of type-conformity and progressivity according to Schegloff (2007). First actions (Schegloff 2007) such as wh-questions generally open a new sequence and interactional action, which is considered relevant in the answering second pair-part. For example, references to a person in response to questions that begin with "who", place references to "where" interrogatives, and time references to "when" interrogatives are all deemed relevant. These are type-specifying questions which do not make any form of an answer relevant, but specific types of answers. When a response delivers the type of answer a question made relevant, it is "type-conforming" and enables the progressivity of the talk. If the response is an answer, but the answer is not fitted to the type made relevant by the question, it is "non-conforming" (Raymond 2003: 946): "Responses can embrace the contraints embodied in the questions grammatical form (=type-conforming) or depart from it (=non-type-conforming). This is connected to negotiating action agendas".

In many instances, it is clear that the wh-question is straight forwardly requesting some information or some action (Schegloff & Lerner 2009). Respondents can use this to indicate problems in their answers or issues with the question itself. They can challenge the relevance of a question from a responsive position (Betz 2017). The notion of progressivity is another interactional perspective, this paper is following:

> "Moving from some element to a hearably-next-one with nothing intervening is the embodiment of, and the measure of, progressivity. Should something intervene between some element and what is hearable as a/the next one due — should something violate or interfere with their contiguity, whether next sound, next word or next turn — it will be heard as qualifying the progressivity of the talk, and will be examined for its import, for what understanding should be accorded it." (Schegloff 2007: 15)

In the present study, responsive turns with PA in turn-initial position are analyzed to determine the extent to which they are formulated in a type-conforming manner.

3.3 Data

My dataset consists of 20 audio-recorded encounters involving four Bosnian physicians, one female internist, one male urologist, and two male residents (D), and their patients (P) at one of the university clinics in Bosnia and Herzegovina in 2010. The patients come from diverse educational and social backgrounds and include eleven females and nine males, ranging in age from 21 to 70. The total size of the corpus is approximately three hours of recorded interaction. The transcriptions follow the minimal transcript conventions of the GAT 2 protocol (Selting et al. 2009).

4. FINDINGS

I will now describe three PA-cases and explain what has been accomplished concerning the research objectives set forth in the beginning of this paper. Wh-questions, or open-ended questions, are seen as encouraging patients to respond in their own terms and as permitting the emergence of narratives based in "lifeworld" experience (Boyd & Heritage 2006). PA-prefaced responses to wh-questions, according to my data, give evidence of certain patient interactional, social and epistemic behavior. My data show that even though the patient's response is PA-prefaced, it remains type-conforming with respect to the relevance of provided information and reverence of the physician's role as an expert who can understand and eventually solve their health problems. More importantly, the patient's response incorporates both the topic and the action agendas (Boyd & Heritage 2006) set by a wh-question. In other words, they are type-conforming responses as they conform to the constraints embodied in the grammatical form of the question. I will show that the patients respond independently of the question in their own terms by asserting their epistemic rights to evaluate what a physician is requesting.

I will begin by demonstrating that type conforming responses require a certain level of knowledge on the patient's part, as well as the attention and guidance of the doctor. The following extract (1) illustrates a "problematic" female patient (cf. Menz et al. 2008) reclaiming her epistemic rights when the doctors effort to obtain the requested information is at risk of failing. A middle-aged woman visits an internal medicine specialist based on an urgent referral by a primary care physician at the emergency center. The physician begins the problem presentation with a wh-question at line 11.

(1) 11 D: dobro de mi recite hana[8] kakve vi tegobe
imate zbog čega ste upućeni?
'Alright, tell me, Hana, what kind of symptoms do
you have and why were you referred?'
12 (1.74)
13 P: nesvijesti mi se i pritisak
'I feel faint and (have issues with my) blood pressure'
14 (1.06) ne ne z[na]-
'I don't don't know'
15 D: [os]jetite nesvjesticu il
'Do you feel faint or'
16 [glavobolju] šta?
'have a headache what is it?'
17 P: [jeste je]
'I do, yes'
18 (.) nes- nesvijesti se i pozadi me malo-
'I feel faint and in the back (of my head hurts) a little'
19 D: dobro otkad imate[te tegobe]?
'Alright since when have you had these symptoms?'
20 P: [lijeva ru]ka i-
'The left arm and'
21 D: (-) otkad imate te tegobe?
'Since when have you had these symptoms?'
22 (0.78)
23 P: ***pa*** imali smo više vremena al juče je (.)
naglo krenulo
'well we have had them for a longer time
butthey suddenly worsened yesterday'
24 D: dobro de de zavrnite malo rukav da vidim

The patient provides a delayed answer by 1.73 seconds at line 13 when referring to feeling faint and having high blood pressure. Subsequently, at line 14, after another short turn-initial delay of 1.06 seconds, the patient continues with: *don't don't know*, which implies uncertainty about symptoms she previously described – symptoms to

8 All names are anonymized.

which she would typically be expected to have privileged access (Stivers & Heritage 2001). In this context, "*don't know*" signals uncertainty regarding the appropriateness of the expressed symptoms with a prospective orientation (cf. Džanko 2022). When describing one's own complaints and symptoms, uncertainties and gaps in knowledge can arise. These phrases function as pragmatic markers, indicating the search for a suitable illustration of something that has already been expressed. However, since the patient's self-repair creates an obstacle to answering the prior question, the physician (l. 15/6) begins his next question in overlap with the end of the patient's turn, interrupting her possible attempt to complete her sensations and perceptions with another symptom. With an alternative question at lines 15/6, the physician seeks confirmation of the patients current subjective symptoms: *feeling faint or having a headache*. At lines 17/8, the patient confirms both, stating that she feels faint and has a headache: *I feel faint and in the back (of my head hurts) a little*. Before proceeding, the physician first utters: *alright* (l. 19), which simultaneously acknowledges and accepts the patient's presentation while projecting a possible transition to a new topic (Robinson & Heritage 2005). The physician's next question at line 19 demonstrates his understanding of the patient's current issues, and concludes the problem presentation by shifting his focus to information gathering: *since when have you had these symptoms*. Yet, at line 20, the patient begins speaking in overlap with the end of the physician's utterance from line 19 to introduce a third, new symptom: *the left arm and*. However, without returning to this newly introduced symptom, and following a brief pause, the physician raises his intonation (*SINce when*) and repeats his previous question (l. 21). After a short turn-initial delay (l. 22), the patient responds using the first-person plural pronoun to refer to herself to a question which contains the second-person singular respectful pronoun "Vi / You."[9], indicating that "they" have had the complaints for a long time (l. 23). Her response is PA-prefaced. Throughout the problem presentation, the patient has displayed insecurity in describing her symptoms despite being the more knowledgeable party (Raymond & Heritage 2006) in the medical encounter. Thus, at line 23, taking advantage of a turn-taking opportunity, she answers, providing a time reference with a slight expansion in her response. She includes a subjective symptom – pain – and its sudden progression. Since it concerns her own body, she considers this information as important and relevant. The type-conforming action is also evident in the structure of her response turn, which mirrors

9 If a person being referred to with a second-person singular respectful pronoun "Vi / You" answers in a first person plural, most likely her face in interaction as well as her social and cultural identity won't be regarded positively.

elements of the physicians question: D: *Since when have you had these symptoms? P: Well, we have had them for a longer time* (l. 21/3). By using the discourse marker PA in turn-initial position, the patient gains an opportunity to absorb the doctor's question and respond. This usage demonstrates her effort to provide relevant and subjective information about her condition while reasserting her epistemic rights and facilitating the interactions progress. The doctor's response at line 24: *Alright, com'n roll up your sleeve a bit so I can check your blood pressure*, demonstrates an understanding of the prior patient's utterance. He finalizes the problem presentation and moves on to another phase: the physical check-up.

In contrast to the patient from (1), Extract 2 depicts a different patient profile – a young male who demonstrates not only precise knowledge of his medical history, including symptoms and hospital visits, but also his own understanding of a possible diagnosis. (2) is drawn from a recorded conversation between a 24-year-old male patient and two physicians at a clinic. The patient arrives to see an internal medicine specialist after an urgent referral by his primary care physician. Shortly after the greeting sequence, he begins recounting his medical history. He attempts to provide a doctorable account for his visit, one that, as Heritage and Robinson (2006: 58) describe, is "worthy of medical attention, worthy of evaluation as a potentially significant medical condition, and worthy of advice and, where necessary, medical treatment". He reports that he has been to the same hospital on two previous occasions: once a year ago and once two years before that. The patient's ongoing complaint is sharp heart pain which has persisted for several days, for which an EKG test was performed during one of his past visits. He has already formed a theory about the nature and cause of his symptoms. The young man works in technical support at the university clinic, just as his late father did. Since his father died at a young age from a heart attack, the patient fears that his own symptoms might be connected with his father's illness. As a result, he has occasionally taken a mild sedative to manage his anxiety. The first physician to see this patient conducts a comprehensive medical history, including past and current complaints, as well as family and social history (not included in the transcript due to space limitations). In her exchange with the patient, the second physician adopts a psychosomatic approach. She once again inquiries about the duration of the patients pain. In doing so, she aligns with the patient's narrative and takes an affiliative stance, addressing the patient with the term: *darling*, which conveys a sense of closeness and familiarity (Džanko 2020). The patient responds that he has been experiencing constant pain for five days, using a combination of PA and EVO in turn-initial position.

(2)	51	D2	kad su ti počeli bolovi lutko?
			'When did your pain start, darling?'
	52	P	***pa evo*** ima zadnjih pet dana konstantno
			'Well, it has been for the last five days constantly'
	53	D2	(.) dobro
			(.) 'OK'
	54	P	i preksinoć su mi radili e ka ge ko
			'And two nights ago I had an ECG done on me'
	55		(2.34)
	56	D2	ma što se ti prepadaš ba ovako?
			'And why are you getting so scared like this?'
	57	D	ma prepo se [nalazi su ti uredni ba]
			'Oh, come on, he got scared but your results are fine'
	58	P	[najgore što je meni]
			'The worst thing is that my'
	59		što je meni kako se zove otac umro mlad
			'that my how to say that my father died young'
	60	D2	ma znam i to
			'Well, I know that as well'

Contrary to most research suggesting that open-ended questions elicit elaborate and complex answers, the patient's response at line 52, initiated with the discourse marker PA, is relatively concise while still providing the requested information. The discourse marker PA operates as a signal of affiliation and collaborative action and is backed up by the discourse marker EVO, which functions as a form of evidential strategy that conveys a special subjective experience of temporality, i.e. its tension (Hodžić-Čavkić 2024) and closer temporal proximity (Đukanović et al. 1986). Yet, this discourse marker signals that the speaker, in addition to conveying messages important for communication, also uses it to position his interlocutor in relation to themselves. That is, he takes advantage of the conveyed familiarity with the doctor– being addressed as *darling* (l. 51) – to interactionally secure the assertive right to interpret the extralinguistic world (cf. Hodžić-Čavkić 2024). By adding: *constantly* (l. 52), the patient intensifies his subjective sense of pain. In doing so, he anticipates – or even pre-empts – the physician's next possible question. These anticipatory responses are driven by the principles of cooperation and progressivity (Schegloff 2007). The patient's response to the physician's question is designed as a formulation that, while not entirely straightforward, remains

type-conforming. Ultimately, it is the patient who has primary access to information about the duration of his complaint. At line 52, the patient could have responded directly without turn-initial discourse markers. Yet, to achieve the aforementioned communicative goals, he uses discourse markers in turn-initial position to subtly convey his response and provide the physician insight in this particular context. Also in this case, PA operates reactively as well as preparatory to the physician's forthcoming turn. Therefore, PA-prefaces are also forward-looking. At line 53, the doctor demonstrates an understanding of the patint's utterance with a brief: *OK*. However, after the patient initiates an elaboration of his turn at line 54, mentioning that he had had an ECG done two nights ago, the doctor introduces a new topic, addressing his underlying complaint – fear (l. 56, 60). In this attempt, she is joined by another doctor as well (l. 57).

In extract (3), a 51-year-old male patient is attending a pre-scheduled follow-up appointment with an urologist. During the problem presentation, the patient claims he has an allergic reaction associated with using a type of prostate medication which had been prescribed to him during his prior visit a month earlier. Moreover, the patient claims that the medication hasn't helped thus far and that he is still suffering from frequent and burning urination. The Extract begins with the doctor asking the patient (l. 13) how many times he needs to go a day. The patient prefaces his response with PA.

(3)	13	D	kol=ko je to često?
			'How often is that?'
	14		(0.68)
	15	P	***pa*** znam nekad i svaki sat
			'Well, sometimes it is even every hour'
	16		nekad sat i po znaš tako
			'sometimes hour and half you know so'
	17	D	dobro (.) naveče kad legnete spavati?
			'Alright, at night when you go to bed?'
	18	P	(.) i kad naveče legnem spavati svaka dva sata
			'The same when I go to bed every two hours'

The doctor's question at line 13 conveys that the physician is aware that there has been a problem with urinating. The patient is similarly aware of the necessity of delivering new information related to his condition after having seen the doctor a month earlier and after having taken the prescribed medication for a month (prior lines not shown due to space limitations). After a slight delay of 0.68 sec, the patient replies at lines 15/6, with a PA-prefaced turn, that he sometimes urinate every hour to every hour and

a half. The PA-preface indicates an explanatory reply, albeit a formulation that is not entirely straightforward. However, an answer is given, which means that the sequence-responding action conforms to the terms of the sequence-initiating wh-question. Using PA, the patient, in a collaborative manner renews the relevance of his prior statement and invites the physician's further involvement. He also concludes his reply by using the discourse marker *znaš/you know* and the adverb *tako/so*. The discourse marker *znaš* in Bosnian is being used to link the interlocutors in a rather colloquial and familiar atmosphere (Kurtić & Aljukić 2013) and presents the final confirmation of the patient's utterance. It is also a filler which can be used to complete a turn. At first, the physician acknowledges this with: *Alright* (l. 17). After a brief pause, in order to gain a more complete understanding, he asks the patient a follow-up question regarding the bedtime symptoms. The patient demonstrates his understanding of the question by confirming that even when he goes to bed, he needs to go every two hours (l. 18).

To highlight the function of the PA in responses to wh-question formats, and for comparison, I will present a case of the PA-preface occurring in a non-conforming response to a different type of question – specifically, a yes/no question. In the following example, taken from the same conversation as Example (2), the PA-preface closely resembles the English *well* (Schegloff & Lerner 2009), as the response departs from the presuppositions embedded in the question. It signals that, in some way, the question is inappropriate or misaligned. Prior to the following Example, the physician inquires about the medication the patient takes to relieve his symptoms. The patient responds that he has taken only a milder sedative. Acknowledging this, the physician follows up with a question about whether the patient feels better after taking it (l. 15). The patient replies that he has not felt any improvement on the day of the consultation. His response is prefaced with PA and takes the form of an explanation: he informs the physician that he took a sedative a few hours earlier but experienced no effect (l. 16/7).

(4)
15 D: dobro je=l ti bude bolje?
'OK, do you start to feel better?'
16 P: pa (.) danas mi nikako nije
'Well, today I haven't been feeling better
at all'
17 eto popio sam oko četri sata leksaurin
i ništa
'Well, I took Lexotan around four
o'clock, and it did nothing'

The patient specifically designs his nonconforming response at line 16 to introduce the fact that Lexotan has been effective in the past, but did not provide relief on that particular day. Not only does he use PA, but he also uses the marker ETO, which, among other functions (cf. Hodžić-Čavkić 2024), serves to build discourse cohesion (cf. Jocić 1989), and provides an account for his response. Because it did not help this time, the patient raises the concern that his current and most recent complaint may be significantly more serious. In doing so, he treats the physician's question as problematic. By resisting the framing of a potentially overgeneralized question and the restrictive yes/no agenda it imposes, the patient's response becomes non-conforming. The turn-initial PA, followed by a brief pause indicating hesitation, marks the question as inapposite. Although this particular function of the discourse marker PA falls outside the scope of those explored in this paper, it points to additional factors that may influence the use of PA at the beginning of responses to different types of questions, suggesting its capacity to convey specific semantic and pragmatic nuances.

5. DISCUSSION AND CONCLUSION

The aim of this article was to illustrate the function of the discourse marker PA in question-answer sequences during doctor-patient interactions, specifically within history taking. While PA-prefaced turns provide type-conforming answers to a physician's wh-question, their formulation is not entirely straightforward. However, the use of a PA-preface extends beyond simply answering questions. The analysis showed, that Bosnian and Herzegovinian patients engage interactively when asked questions about their subjective symptoms. By recognizing what the wh-question demands and providing the relevant knowledge they possess, patients frame their responses es either personal beliefs, or as beliefs that are "institutionalized" within the Bosnian medical context. In the cases demonstrated above, every response to a wh-question begins with PA. With PA-prefaced responses, patients seek to clarify, elaborate on, or emphasize their understanding of the physician's questions regarding their symptoms. In the absence of the PA-preface, all these responses would have been categorized as straightforward and type-conforming, albeit without acknowledging the function of the discourse marker PA as it is mobilized in moment-by-moment talk to initiate responses to wh-questions. The frequent and repeated use of PA in turn-initial position by nearly all patients in the collected data suggests a distinct interactional phenomenon in the Bosnian medical discourse. While some Bosnian patients exhibit lower health literacy as demonstrated in Example 1, others adopt an

agentive role, engaging in self-diagnosis, as seen in Example 2. In both cases, patients strive to convey relevant and subjective information about their condition, thereby asserting or reclaiming epistemic rights by using PA turn-initial. Since wh-questions inherently invite patients to provide subjective assessments, their PA-prefaced responses reflect their interpretation of both the question and the kind of information they deem useful to the physician (3). At the same time, PA-prefaced responses in the second pair-part also prompt further interaction, ensuring the continuation of the exchange (1-3). Patients appear to be aware that their communication influences both the interaction itself and the physician's understanding of their complaints. Consequently, PA-prefaces are contextually motivated by the preceding context and serve to initiate and acknowledge a collaborative response, facilitating the progression of the interaction.

In this paper, it has been argued that the social-structural dimension of interaction is not merely an external frame for communicative events but plays an integral role in how participants interpret the interaction. The Bosnian marker PA, when used in response to physicians' wh-questions, serves both epistemic and interactional organizational functions. As shown in Example 4, there are additional potential factors that may influence the function and possibly the position of PA in responses to different types of questions, inviting further research on this topic.

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BOSANSKA DISKURSNA OZNAKA PA U ODGOVORIMA NA PITANJA S UPITNIM RIJEČIMA U RAZGOVORU IZMEĐU DOKTORA I PACIJENTA: IZ PERSPEKTIVE ANALIZE KONVERZACIJE

Sažetak:

Predmet analize ovog rada je funkcija bosanske diskursne oznake PA na početku govornog prinosa (eng. turn) u odgovorima pacijenata na pitanja ljekara koja počinju upitnim riječima, tokom faze uzimanja anamneze. Pored toga što je ova oznaka nedovoljno istražena u bosanskom, srpskom i hrvatskom jeziku, najčešće je analizirana u pisanom tekstu. U ovom radu se analizira autentična konverzacija, otvarajući nove mogućnosti za analizu upotrebe ovog markera u različitim sekvencijalnim okruženjima unutar institucionalnog konteksta medicinskih razgovora. Korpus se sastoji od 20 snimljenih i transkribiranih razgovora između ljekara i njihovih pacijenata. Materijal je analiziran metodom analize konverzacije, uz korištenje koncepata interakcijske progresivnosti (eng. progressivity) i responzivnog izričaja koji je sekvencijalno i interaktivno relevantan u odnosu na inicijalni izričaj (eng. type-conformity) (Schegloff 2007). Analiza je pokazala da PA prethodi subjektivnom, ali relevantnom odgovoru na pitanja s upitnim riječima o simptomima pacijenata. Diskursna oznaka PA pritom nije samo reaktivna, već također igra ulogu u strukturiranju sekvenci i projekciji toka razgovora. Štaviše, njena upotreba na početku responzivnih izričaja koji su sekvencijalno i interaktivno relevantni u odnosu na inicijalni izričaj ukazuje na interakcijski fenomen povezan sa epistemološkim samopozicioniranjem pacijenata u toku uzimanja anamneze.

Ključne riječi: diskursna oznaka; analiza konverzacije; progresivnost; epistemološko pozicioniranje; bosanski jezik

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