



Expressive Speech Acts in dr.Ikhsan Utterances: A Gender-Based Pragmatic Analysis

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Article Info	Abstract
Received: 2025-12-05	<i>The shift of professional medical communication onto digital platforms like YouTube requires doctors to balance technical authority (professionalism) with relational closeness (empathy). However, previous studies tend to discuss these dimensions separately, leaving limited attention to how both are strategically integrated in doctor-influencer discourse. This study focuses on the integration of professionalism and empathy, examined in the case of Dr. Ikhsan as a doctor-influencer through Expressive Speech Acts (ESA). This descriptive qualitative research employs a two-layered analytic framework incorporating a Type (taxonomy of expressive speech acts by Searle) and Style (Tannen's distinction between Report and Rapport talk) pragmatic-philosophical framework. The data comprises a finite number of spoken words from selected episodes of the podcast "Uung Victoria" on YouTube and represents a speech unit. The findings show that Dr. Ikhsan demonstrates discursive flexibility across report-talk (assertive) and rapport-talk (relational) styles, enabling him to perform expressive acts not merely as emotional expressions but as strategic tools for social criticism, persuasive health education, and relational engagement. Rather than conforming to a rigid gendered communication dichotomy, his discourse reflects a dynamic integration of authoritative and empathetic positioning. This study contributes to digital medical pragmatics by demonstrating how expressive speech acts construct a care-based authority identity in online professional discourse, offering practical insight for medical professionals seeking effective and ethical communication in digital public spaces.</i>
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1. Introduction

A significant paradigmatic shift has occurred in professional communication, particularly within the medical field. Interactions between doctors and patients, which traditionally took place in private and personal settings have now expanded significantly into the digital public sphere, especially on social media platforms such as YouTube. These platforms fundamentally reshape communication dynamics: doctors no longer function solely as providers of medical information or technical authorities, but more often act as doctor-influencers, health professionals who create public-facing digital content. This new role requires them not only to educate, but also to build relationships and establish rapport with a mass audience (Atef et al., 2023).

This dual positioning negotiates two professional images simultaneously. On the one hand, doctors are expected to maintain technical authority grounded in medical expertise; on the other, they are required to display authenticity, approachability, and emotional closeness typical of influencer culture (Atef et al., 2023). The public's perception of the role of the medical professional is shaped by digital platforms, as the collective sociotechnical imaginary concerning the health services system is predominantly developed through digital platforms (Hendriks et al., 2025). Patients as health care consumers have transformed from passive recipients of care to active users of the internet to obtain medical and health-related information and advice.

The digital transformation of health care has created what might be described as a twofold communicative demand for medical discourse. The essence of medical professionalism is the ability to provide accurate information which is clear, authoritative, and accessible, all of which strengthen professional credibility and trust within the public (Ha et al., 2014). On the other hand, and particularly for digital health care, digital audiences expect doctors to demonstrate empathy, concern, and expressiveness in order to build engagement and relational closeness (Fuehrer et al., 2024). Failure to balance these demands may result in misinformation or erosion of trust, potentially intensifying what has been described as a contemporary relational crisis or relational malpractice between doctors and patients (Mor & Rabinovich-Einy, 2012). In the digital health care context, trust is not given but must be actively negotiated in cyberspace (Radin, 2006).

This study examines one significant conceptual linguistic resource in terms of Expressive Speech Acts (ESA) and the negotiation of authority and empathy. Vanderveken & Searle (1985) state that types of Expressive Speech Acts cover a broad spectrum of emotions and attitudes. This category includes illocutionary acts such as thank (expressing gratitude), praise (giving appreciation), welcome (acceptance), greet (saying hello), boast (bragging), apologise (asking for forgiveness), and congratulate (offering congratulations). In addition, this category also includes speech acts such as complaining, praising, condolence, lamenting,

protesting, complimenting, and deplored. The diversity of these types indicates that expressive speech acts are not merely related to the spontaneous release of emotions, but also represent the speaker's attitude or position towards a situation. In the context of this study, expressive speech acts are viewed as a rhetorical strategy that is used consciously and plays a role in achieving planned communication goals.

In a medical context, a relationship may hinge on the importance of the speech act. These speech acts are not just a form of politeness, but are a pragmatic way of providing emotional and relational reassurance (Kong et al., 2025). Sympathy such as 'I am sorry you have to go through this' and statements of praise like 'You have done very well in managing this diet' evoke emotional responses through concern, encouragement, and support. In digital medical communication, the importance of these speech acts increases as they help build a doctor's profile and gain the trust of the audience. Concern, evaluation, and guidance help doctors create supportive online communities and develop real connections with their audience (Fuehrer et al., 2024; Wang, 2024).

The second analytical pillar of this research draws from Gender Sociolinguistics and, more specifically, from Tannen (1990) distinction between Report-talk and Rapport-talk. Robin Lakoff's (1975) *Language and Woman's Place*, one of the foundational texts of the early language and gender studies, identified a range of linguistic characteristics associated with women's speech and subjected them, via the framework of what was later dubbed the dominance or deficit approach, to critique. However, Tannen (1990) redefined gendered language differences as signifying different styles of communication shaped by culture rather than a deficiency in power relations. Report-talk has to do with the conveying of information, the exercise of assertiveness, and the negotiation of one's status, while Rapport-talk concerns relational integration, the sustaining of empathic connections, and the harmony of a social unit (Khaldi & Boukhentach, 2020).

The integration of relational and professional functions, while in the speech act continuum digital discourse, is still underexplored in the literature, despite the steady increase in digital medical communication studies. The research by Atef et al. (2023) while identifying social media as an emerging platform for the intersection of physicians and patients, does not address, or even hint at, the particular linguistic strategies used to construct and balance authority and empathy. In the studies on gendered communication styles in online discourse (Khaldi & Boukhentach, 2020), the focus often stays on the purely linguistic without the professional or ethical dimensions. The literature on the communication between doctors and patients, while highlighting the importance of trust and empathy (Fuehrer et al., 2024), almost completely overlooks the intersection of pragmatic speech acts with the communication styles of gender and communication.

To address this gap, this study proposes an analytical model that integrates expressive speech act theory (pragmatics) and communication styles by gender. It posits that a male doctor in a digital space purposefully employs a combination of report-talk and rapport-talk to create a voice of care-based authority, an identity with professional attributes of being firm, protective, and empathetic. This perspective remains largely unexamined in the current body of literature.

Based on these considerations, this study formulates three research questions: (1) What types of expressive speech acts are used by dr.Ikhsan in the YouTube video? (2) What pragmatic functions do these expressive speech acts serve in digital media communication? (3) How do these expressive speech acts reflect the integration of medical professionalism (medical authority) and empathy (concern) when viewed through a gender Sociolinguistics lens?

2. Method

This study utilises a qualitative descriptive design. A qualitative approach was chosen because the focus is on gaining an in-depth understanding of social phenomena, namely how meaning is negotiated through language in specific contexts (Atef et al., 2023). This design is descriptive in nature because it aims to capture and describe phenomena in detail, thereby enabling a comprehensive understanding. In addition, this approach was used to analyse Dr Ikhsan's speech naturally and contextually, in accordance with the communicative situation in which it occurs. This design enabled the study to capture the complexity of linguistic and social interactions in a meaningful and contextual manner.

The specific approach used in this study is Pragmatic-Philosophical, combining pragmatics and gender sociolinguistics. This interdisciplinary approach is crucial for analysing data not only at the linguistic level (Pragmatics) but also at the stylistic level (Sociolinguistics). With this framework, expressive speech acts are analysed as both linguistic actions and ethical-relational strategies. This multi-layered qualitative approach aligns with contemporary studies on digital discourse and online professional communication (Khaldi & Boukhentach, 2020).

The data source of this study consists of the oral utterances of Dr Ikhsan, a licensed Indonesian medical doctor who is publicly known as a doctor-influencer on YouTube. The primary data were obtained from a video uploaded to YouTube, specifically Episode 6 of the podcast "Mom's Talk" entitled Duta Puskesmas: Dr Ikhsan Bongkar Sisi Lain Tentang Puskesmas hingga BPJS. This episode features an extended and spontaneous discussion on medical practice, the Indonesian public healthcare system (Puskesmas and BPJS), and doctor-patient relations, allowing rich expressive interaction. A total of one podcast episode was analysed, which was published on June 25, 2025, and is about 1 hour, 12 minutes, and 43 seconds long. This episode was chosen because it depicts Dr. Ikhsan's contribution as a health practitioner in the public health arena in a digital context, and it offers a substantial amount of data for an expressive speech act study.

Purposive sampling was used to choose the videos. This sampling method assisted in ensuring that the collected data was pertinent and rich in information. The data selection criteria used were (1) topic relevance, namely videos that explicitly discussed the medical profession, the health system (Puskesmas/BPJS), and doctor-patient interactions; and (2) data richness, pertains to the videos that display a high degree of verbal interaction and frequent expressive utterances by Dr Ikhsan. These selected episodes were considered representative because they reflect recurring themes and communicative patterns in Dr Ikhsan's digital discourse.

The research data took the type of speech units (words, phrases, sentences) containing indicators of expressive speech acts. All relevant oral data were transcribed verbatim and converted into written form to allow systematic qualitative analysis (Atef et al., 2023). Specific videos from the 'Uung Victoria' podcast were selected using purposive sampling techniques. This technique was used to focus the research on the most representative data. The data selection criteria used were (1) topic relevance, namely videos that explicitly discussed the medical profession, the health system (Puskesmas/BPJS), and doctor-patient interactions; and (2) data richness, namely videos that contained dense verbal interactions and were rich in expressive utterances from Dr Ikhsan. The research data took the type of speech units (words, phrases, sentences) containing indicators of expressive speech acts. This oral data was then converted into written data through a transcription process so that it could be analysed systematically (Atef et al., 2023).

The data collection technique used in this study was the listening method. This method was carried out by listening carefully, thoroughly, and focusing on Dr Ikhsan's use of language in the specified video. This listening process is similar to the observation method used in online discourse studies to understand digital interaction practices (Khaldi & Boukhentach, 2020). The listening method is supported by the Note-taking Technique. The researcher transcribed the entire narration verbatim (word for word). The process of transcribing audio-visual data into written text is a fundamental step in qualitative discourse analysis (Atef et al., 2023; Fuehrer et al., 2024).

The data analysis technique in this study adopts the Interactive Model developed by (Miles, Matthew B.; Huberman, A. Michael; Saldaña, 2014). This model emphasises that qualitative analysis is not a linear process, but rather consists of three streams of activity that occur cyclically and simultaneously. This approach is in line with the 'inductive thematic analysis' used in qualitative studies of health communication (Fuehrer et al., 2024). The three stages of activity are as follows: (1) Data Reduction involves the selection, focusing, simplification, and abstraction of raw data (transcripts). Researchers will identify and codify utterances that contain indicators of expressive speech acts, separating them from non-expressive utterances. (2) Data Presentation involves organising the reduced

data so that it is easy to understand. The data will be presented in the type of a classification table based on Searle's Expressive Speech Act taxonomy. Presenting data in the type of tables or matrices is an important step in qualitative analysis to map findings systematically. (3) Verification/Conclusion Drawing is a process of layered data interpretation to find meaning. Expressive Speech Act data that has been classified (Layer 1: Searle) will be further interpreted using Tannen's theory to analyse the style of language used (Layer 2). This layered interpretation process is the core of 'critical discourse analysis' to answer the research question.

Analytical reliability was fostered through iteration and care in the coding process. The different classifications were checked and re-checked to ensure there was consistency between each category of expressive speech act and the corresponding communicative style interpretation. Knowing the different interpretations that the fields of pragmatics and gender sociolinguistics offer, analytical validation was achieved through theoretical triangulation.

The study was concerned with ethics as well. All the data were retrieved from YouTube, which is a site that is in the public domain and which has no paywalls or data access restrictions. Analysis was concerned with original, unedited professional discourse, and no data scrubbing or other procedures that would alter the data were performed. The public professional nature of the data was respected, and the researcher provided proper attribution of all the utilized sources, thereby sustaining the principle of academic honesty.

Finally, this study acknowledges several methodological limitations. The data are limited to a single doctor-influencer and one podcast channel, which may limit generalizability. The analysis is also attended to only verbal components of communication, which means that it does not consider para-verbal and visual aspects of communication. The qualitative methodology, however, permits the researcher to dive deep and provide a balanced perspective on the phenomenon of expressive speech acts in the digital communication of medicine.

3. Result

This section presents the research findings obtained through analysis of Dr Ikhsan's speech transcripts. The focus is on answering the first research question, namely identifying the types and classifications of Expressive Speech Acts used by the research subject. This section reports the distribution and observable patterns of ESA usage, while detailed interpretation of their implications is addressed in the Discussion section. The findings are presented systematically to provide an overview the use of Expressive Speech Acts in Dr.Ikhsan interactions.

Types of Expressive Speech Acts in dr.Ikhsan

A pragmatic analysis of the data corpus was conducted using the taxonomy of illocutionary acts proposed by Vanderveken & Searle (1985). The main focus was on expressive speech acts, namely utterances that express the psychological state

or attitude of the speaker towards a situation. The results of the data analysis show that dr. Ikhsan actively uses various types of Expressive Speech Acts. The dominant expressive speech acts identified are Deploring (Regretting/Lamenting), Praising, Complaining, Expressing Opinion, and Expressing Disbelief. Table 1 presents the classification and frequency of these expressive speech acts.

Table 1. Classification and Frequency of Expressive Speech Acts

No	Type of Speech Act	Expressive	Frequency	Percentage	Quotations
1.	<i>Deploring</i> (<i>Regretting/Lamenting</i>)		8	33.3%	
1.					"Menurut aku, ya, itu... itu salah banget kalo orang bilang Puskesmas itu adalah tempat yang 'Ah, males banget ke Puskesmas'."
2.					"Padahal, itu salah... "
3.					"...mindset orang tuh masih kayak gitu, Kak. Masih kayak ' Ah, dokter Puskesmas, (meremehkan)'"
4.					"...jangan pernah ngeremehin dokter Puskesmas."
5.					"BPJS tuh kesannya kayak dianaktirikan. "
6.					"Itu yang aku sedih banget... padahal BPJS tuh ngebantu banget."
7.					"...mindset- mindset-an kayak 'Ah, BPJS tuh jelek, BPJS tuh lama, BPJS tuh..."'

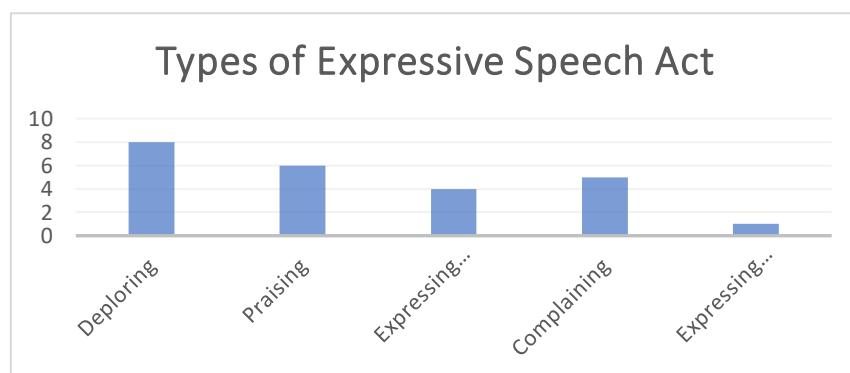
2. <i>Praising</i>	6	25.0%	8. "Padahal tuh enggak kayak gitu."
3. <i>Expressing Opinion</i>	4	16.7%	<ol style="list-style-type: none"> "Itu salah satu Puskesmas terbaik di Indonesia, lho." "Keren banget." "...Padahal, itu adalah tempat yang paling bagus buat kita belajar..." "...tapi, kayak... kepuasan batinnya tuh dapat banget." "BPJS tuh bagus banget sebenarnya..." "...padahal BPJS tuh ngebantu banget."
4. <i>Complaining</i>	5	20.8%	<ol style="list-style-type: none"> "Menurut aku, ya, itu... itu salah banget..." "aku setuju banget Puskesmas jadi..." "Aku ngerasa kayaknya..." "Tapi menurut aku pribadi, harusnya..."
			<ol style="list-style-type: none"> "Pasiennya banyak banget." "...capek banget, Kak. Demi Allah, capek banget."

5. Expressing Disbelief	1	4.2%	3. "Aku tuh pernah... pasien 100, dokternya satu." 4. "Itu yang susah banget diubah." 5. "...tapi susah banget ngebentuk mindset itu." 1. "Satu. Itu... gila , kan? " (Mengekspresikan ketidakpercayaan atas rasio 1 dokter untuk 100 pasien)
Total	24	100%	

Table 1 shows that most frequent expressive speech act is deplored, which makes up a third of total occurrences (33.3%). This is followed by praising (25.0%) and complaining (20.8%). Less frequent is expressing an opinion (16.7%) and expressing disbelief only occurred once (4.2%).

Figure 1 visualizes the distribution of expressive speech act types identified in the data. Deplored appears as the most frequent category, followed by praising and complaining, while expressing disbelief occurs only once.

Figure 1. Distribution of Expressive Speech Acts in Dr Ikhsan's Podcast Discourse



Each model below has been assigned a representative excerpt to validate exemplary speech act categorization. These specific excerpts have been chosen based on (1) expressive function related clarity, (2) relevance to the ongoing topic of discussion, and (3) the presence of explicit linguistic markers indicating expressive speech acts.

An example of deplored is when Dr Ikhsan replies to the host's question on what the public thinks about Puskesmas. Here he says, "*Menurut aku, itu salah banget kalau orang bilang Puskesmas itu 'ah, males banget'*" (Excerpt D1). An example of praising is when Dr Ikhsan talks about the health care Puskesmas and says "*Itu salah satu Puskesmas terbaik di Indonesia*" (Excerpt P1). An example of complaining is seen in the personal story segments of Dr. Ikhsan's description of his professional life, "*Capek banget, Kak. Demi Allah, capek banget*" (Excerpt C1).

Expressing opinion include stances like the one in "*Menurut aku pribadi...*" (Excerpt E01) which come up when Dr. Ikhsan talks about the evaluation of the system or healthcare practice. The only example of disbelief comes in the expression of "*Itu... gila kan*" (Excerpt ED1) when ratio of physician and patient is discussed. Although limited in frequency, this expressive speech act is retained as a separate category because it reflects a distinct psychological stance toward an extreme professional condition.

Function Pragmatic Expressive Speech Acts

This subsection is concerned with the applicable functions and the description of the Speech act carried in the expressive, which answers the second research question. The data regarding the expression in the digital medicine context reflect the example of speech act which goes beyond emotion, and provide several contexts in which speech acts occur within the given context of the podcast episode.

The data illustrate five recurrent functions: (a) social criticism and persuasive education, (b) relationship and rapport building, (c) validation and endorsement, (d) emotional reassurance, and (e) construction of personal authority. These functions stem from the expressive speech act of particular subjects and the expressive act in given participations.

Deplored utterances predominantly occur when Dr Ikhsan addresses negative societal mindsets regarding Puskesmas and BPJS (e.g., Excerpts D1–D4). Complaining utterances are mainly found in personal narrative segments where he recounts experiences of professional fatigue or heavy workload (e.g., Excerpts C1–C3). Praising appears consistently when referring to healthcare institutions or systems, such as BPJS and Puskesmas (e.g., Excerpts P1–P4). Expressing opinion occurs in evaluative moments marked by stance expressions such as "*menurut aku*" or "*aku ngerasa*". Emotional reassurance emerges implicitly through the co-occurrence of praising and deplored, particularly in discussions related to public healthcare access.

Sythesis of Findings

The observed distribution of expressive speech acts shows that Dr Ikhsan's digital discourse has a significant evaluative and affective dimension. The predominant speech acts of deplored, praising, and complaining demonstrate an expressive style that strikes a critique, affirmation, and personal disclosure balance. Such a tendency reflects an evaluative and relational communicative persona that intertwines criticism and emotional involvement, a feature of public medical discourse that is professionally concerned.

4. Discussion

This section constitutes the core of the research analysis. The focus is on conducting an interpretative synthesis of the findings in the previous section. Ikhsan's Professionalism and Empathy Model layered analysis uses a simplified version of the model synthesis of the findings. Each utterance is analysed using three lenses in sequence: Expressive Speech Acts (Searle's Pragmatics) and Style (Tannen's Sociolinguistics). The discussion aims to explain not only what types of expressive acts are used, but also how they function pragmatically and stylistically to construct Dr Ikhsan's communicative persona as a doctor-influencer.

Criticism of Stigma as a Type of Institutional Concern

This analysis takes data from Dr.Ikhsan speech when responding to the community's negative stigma towards Puskesmas and BPJS.

Data:

"Jadi, Puskesmas itu adalah tempat yang paling... Menurut aku, ya, itu... itu salah banget kalo orang bilang Puskesmas itu adalah tempat yang 'Ah, males banget ke Puskesmas'. Padahal, itu adalah tempat yang paling bagus buat kita belajar..."

a. Layer 1 (Type/Searle)

This utterance simultaneously pertypes two Expressive Speech Acts. The first is Deploring, expressed by the phrase '*itu salah banget*'. dr.Ikhsan clearly expresses his negative psychological attitude towards the proposition that '*puskesmas itu males banget*' (Kong et al., 2025). In other words, Dr.Ikhsan verbally affirms his disagreement by expressing regret or disappointment at the misperception of the health centre. Second, Praising, expressed through the phrase '*tempat yang paling bagus buat kita belajar*', which shows appreciation and positive recognition of the health centre's function as a place of learning. The co-occurrence of negative and positive evaluations indicates that expressive speech acts are used strategically to reframe public stigma while maintaining an affective tone.

b. Layer 2 (Style/Tannen)

The style used by Dr Ikhsan here is a sophisticated hybrid. He begins his criticism with his characteristic Rapport-talk style, using the personal marker '*Menurut aku, ya.*' This marker functions as a hedge or qualifier (Khaldi & Boukhentach, 2020) that softens his sharp criticism and builds personal closeness. However, the content of his speech, such as '*salah banget*' is very straightforward and assertive, which is a characteristic of Report-talk. Furthermore, dr Ikhsan again used Rapport-talk by using the inclusive pronoun '*kita*', for example, '*tempat... buat kita belajar*', which served to build community and rapport with his audience (Tannen, 1990, cited in (Khaldi & Boukhentach, 2020). This hybrid style allows dr.Ikhsan to convey criticism effectively while maintaining emotional and relational closeness with the audience.

This analysis addresses RQ1 by identifying deplored as a dominant expressive speech act, RQ2 by showing its function as persuasive social criticism, and RQ3 by demonstrating how professional authority is exercised through empathetic framing rather than detached evaluation.

Sharing Fatigue as an Authentic Relational Strategy

This analysis focuses on the moment when Dr Ikhsan honestly expressed his feelings about the workload at the community health centre.

Data:

...capek banget, Kak. Demi Allah, capek banget. Tapi, kayak... kepuasan batinnya tuh dapet banget."

a. Layer 1 (Type/Searle)

This utterance is a very clear example of double Expressive Speech Acts. The first type is Complaining, which is expressed through repetition and intensifiers, as in the phrase 'capek banget, Kak. Demi Allah, capek banget'. This expression emphasises the emotional and physical burden experienced by Dr Ikhsan while also revealing his personal vulnerability. The second type is Expressing Satisfaction, which appears in the expression 'kepuasan batinnya tuh dapet banget' (he is very satisfied). The combination of these two expressive speech acts shows complex affective dynamics, where negative feelings are followed by acknowledgement of positive experiences. This speech shows a communication strategy that allows Dr.Ikhsan to convey his emotional experiences authentically while building closeness with the audience.

b. Layer 2 (Style/Tannen)

The style of speech used by Dr Ikhsan in this study is the essence of Rapport-talk. The use of intypeal markers of closeness, such as the greeting '*Kak*' to create a personal atmosphere in interactions. Additionally, the use of religious emotional enhancers, such as '*Demi Allah*' (For God's sake), strengthens the audience's affective engagement. Expressions of

vulnerability (tiredness) and positive feelings (satisfaction) are key strategies for building emotional connections and relationships (Khaldi & Boukhentach, 2020). He is not reporting facts or intypeation (report), but rather sharing his emotional experiences with the audience. Thus, this speech emphasises the importance of using rapport-talk in building closeness and trust in professional digital communication.

In relation to the research questions, this excerpt illustrates RQ1 through the use of complaining, RQ2 through its rapport-building function, and RQ3 by showing how empathy and authenticity reinforce professional credibility in digital contexts.

Praising and Emotional Reassurance in Defending BPJS

This analysis examines Dr Ikhsan's remarks in defence of the BPJS system, which is often stigmatised negatively.

Data:

"BPJS tuh bagus banget sebenarnya... Itu yang aku sedih banget... padahal BPJS tuh ngebantu banget."

a. Layer 1 (Type/Searle)

This utterance is an example of an expressive speech act of praising, demonstrated through the phrases '*bagus banget*' and '*ngebantu banget*'. This type of expression serves to highlight the positive aspects of an experience. Interestingly, this act of speech frames the expressive act of speech deplored that appears personally, as in the phrase '*Itu yang aku sedih banget*'. The speaker conveys disappointment or sadness simultaneously with recognition of positive things. The combination of these two types of expressive speech acts demonstrates complex and authentic emotional dynamics. These utterances show how affective expressions are used strategically to build closeness and interpersonal relationships with the audience.

b. Layer 2 (Style/Tannen)

Similar to Analysis 2, the style of speech used in this example is Rapport-talk. The focus is on expressing personal feelings, such as the phrase '*Aku benar-benar sedih*', which serves to build emotional understanding with the audience. The goal is not merely to convey intypeation or data about the success of BPJS, which is characteristic of Report-talk. Instead, Dr.Ikhsan uses emotional expressions to create a sense of closeness and engagement with the audience. This strategy makes the audience feel closer to the speaker. This discourse emphasises the importance of empathy and personal relationships in professional digital communication.

This analysis responds to RQ1 by identifying praising as a key expressive act,

RQ2 by demonstrating its function in validation and reassurance, and RQ3 by showing how emotional engagement supports professional authority.

Synthesis: Expressive Speech Acts and Care-Based Authority

When combined, the analyses show a pattern of interaction where the central role of expressive speech acts functions, for the purposes of this study, as care-based authority. While interacting, acts of expression like, for example, lamenting, complaining, and praising, give Dr. Ikhsan the opportunity to evaluative social practices, show vulnerability, and substantiate the health care system while still keeping a certain closeness. These strategies, at a certain level, shape a discourse professional identity that is at the intersection of medicine and compassion.

Dr. Ikhsan's digital discourse illustrates that models of authority in online health communication can be established through emotional transparency and relational proximity rather than through the conventional models of medical authority that are characterized by emotional detachment and the exercising of technical expertise. This extends the corpus of research that has examined digital medical communication to show that expressive speech acts are not simply emotional add-ons, but that they function in the construction of trust, legitimacy, and professional identity within the context of digital communication in the participatory space of YouTube.

5. Conclusion

Based on the data analysis and discussion outlined above, this study draws three main conclusions that answer the research questions: (1) The types of Expressive Speech Acts (ESAs) used by Dr Ikhsan in the YouTube video 'MOM'S TALK EP 6...' are dominated by four main types: Deploring, Praising, Complaining, and Expressing Opinion. The use of these various types of TTE shows that Dr.Ikhsan actively uses expressions of his psychological attitudes as his main communication strategy. (2) The pragmatic function of these Expressive Speech Acts (TTE) goes beyond merely expressing personal emotions.

Expressive Speech Acts (ESAs) have a strategic function in the context of digital medical communication, namely: (a) Social Criticism and Persuasive Education (using deplored to correct mindsets), (b) Building Authentic Relationships and Connections (using complaining to share vulnerabilities), (c) Validation and Affirmation (using praising to build trust in the system), and (d) Building Personal Authority (using expressing opinion to affirm experience). (3) The integration of professionalism (authority) and empathy (concern) is clearly reflected in the three-layer analysis.

The main finding of this study is the flexibility of Dr.Ikhsan communication strategy, which breaks the simple dichotomy between masculine and feminine language styles. It is evident that Dr.Ikhsan is capable of using the Report-talk style (firm, assertive, fact-focused). He is also skilled at using Rapport-talk (relational,

inclusive) to build authentic connections. This integration shapes his unique professional image: a doctor who is medically authoritative, yet remains humanistic and authentic as an influencer.

This study confirms that isolated pragmatic analysis is insufficient for understanding modern professional communication. Analysis based solely on language often fails to capture the social context underlying speech acts. Researchers are advised not to hesitate to integrate linguistic analysis, such as Searle's Speech Act Theory, with sociological frameworks, such as Tannen's theory. This integrated approach allows for a deeper understanding of the ethical motivations behind the language style used. These motivations are often overlooked when the analysis focuses only on traditional discourse. By integrating these two perspectives, research can provide a more complete picture of professional interactions, both in face-to-face and digital communication.

For medical professionals who wish to be active in the digital space, this study suggests an effective communication model. This model is called 'Authority Based on Care'. Medical professionals need not fear losing their professional authority when showing empathy. On the contrary, the findings show that a firm and straightforward style (report-talk) can actually strengthen an empathetic image if the audience can sense that the motivation behind it is a sincere concern for protecting and caring for them. This model offers a communication strategy that enables positive relationships with the audience while maintaining professional authority.

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