



'Let's jump NAK': How politeness markers become visible in speech therapy process

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Abstract

Specifically, this study examining how do Politeness Markers (PMs) become visible in expressing of Giving Commands (GCs) strategies in speech therapy process. This research adopts a qualitative research design with a case study approach. The research was conducted in inclusive school for children with special needs in Jombang, East Java, Indonesia. Data were collected through classroom observations, note taking, and audio recordings between therapist and autism children. The recorded data were transcribed and analyzed descriptively. The findings reveal that therapists frequently use PMs as a pragmatic strategy in expressing GCs. Several GCs strategies were identified including: greeting, address terms, fillers, vernacular language, and praise. Among these strategies, address terms were the most frequently used (50,3%) and greeting (3,31) was the least used. These patterns indicate that politeness markers function not only as expressions of social politeness but also as interactional resources that facilitate compliance, attention, and engagement in therapeutic instruction. The study implies that pragmatic awareness of politeness markers is essential for speech therapists in delivering effective and autism child centered instructions. Additionally, these findings may be emphasizing the strategic use of PMs to enhance communication effectiveness in speech therapy process.

Keywords: Autism, Commands, Politeness markers, Speech therapy, Therapist.

Introduction

One of the fundamental aspects of human communication is politeness, which serves as a crucial mechanism for regulating interpersonal relationships, fostering cooperation, and maintaining social harmony. Politeness is a complex and multifaceted phenomenon that manifests at various stages of communication, including intention formation, linguistic choices, verbal expressions, and interactional interpretation. It is also culturally distinctive, as different societies and languages adopt unique communicative practices to convey respect and consideration [1]. Politeness markers, which exist in all languages, comprise lexical, syntactic, and pragmatic elements associated with civility, appropriateness, and social norms [2; 3]. These markers are highly context-sensitive, and their meanings can shift depending on situational context, speaker intentions, and communicative goals [4].

The illocutionary force of an utterance is shaped by fundamental norms of etiquette, positioning politeness as a core element of communicative competence grounded in pragmatic ability. Pragmatic

competence enables interlocutors to formulate and realize linguistic actions that align with speaker intentions and contextual demands [5]. This view is rooted in the understanding of speech acts as fundamental principles governing language use. Accordingly, politeness encompasses systematic linguistic rules, including directness and indirectness, as well as cooperative principles that regulate interaction. Through these mechanisms, politeness allows language to function as a medium for expressing interpersonal intentions and coordinating social action between interlocutors.

Politeness markers serve as essential elements of pragmatic competence that regulate interpersonal meaning, manage social alignment, and safeguard both positive and negative face in interactions characterized by power imbalances and institutional roles [6; 7; 8]. These signals allow participants to negotiate hierarchy and lessen face risks in organizational, healthcare, and educational discourse by indexing social distance and softening directives [7; 9]. According to recent study, politeness methods are receiving more attention in professional, educational, and digital contexts, highlighting their sociopragmatic importance. However, there is still a

substantial study deficit regarding politeness cues in speech therapy as a therapeutic interactional domain.

In addition, being a clinical intervention, speech therapy is increasingly seen as a dynamic communicative process where clients and therapists constantly negotiate meaning in order to comprehend and advance objectives. Pragmatic competence, which includes the capacity to control turn-taking, decipher indirect cues, and modify speech to guarantee client comfort and involvement in emotionally charged situations, is necessary for effective therapy [10; 11]. The importance of interactional and discourse-based techniques in speech pathology has been highlighted by recent research, which demonstrates how discourse tactics affect therapeutic rapport and client participation [12; 13]. Examine how politeness markers influence interaction in speech therapy sessions despite discourse-oriented work; this highlights a significant gap in the state of clinical linguistics research [10; 12].

Recent empirical studies in clinical and therapeutic discourse demonstrate that politeness strategies function as more than social etiquette, playing a vital role in interactional processes. Research in speech therapy contexts shows that politeness markers foster rapport, reduce communicative anxiety, and support collaborative clinician client engagement [14; 15]. Similarly, studies on clinical discourse highlight that pragmatic devices such as hedges, mitigators, and turn-softeners facilitate participation and therapeutic alignment [16; 10]. However, existing research largely emphasizes strategy use rather than the visibility of politeness markers themselves. This study addresses this gap by examining how politeness markers become visible in speech therapy process.

Insights from relevant institutional and educational discourse, politeness markers are frequently used to control power, negotiate responsibilities, and accomplish institutional goals, according to studies on classroom interaction and professional communication [8; 17; 18]. Pragmatic indicators assist participants in balancing role asymmetry in workplace and institutional settings while preserving task efficiency and interpersonal harmony [19; 20]. These interactional traits are similar to those

observed in speech therapy, where goal oriented communication and asymmetrical roles are crucial. As a result, institutional discourse research findings offer a useful comparative framework for examining speech therapy interactions. The originality of the current work is highlighted by the fact that applying these insights directly to speech therapy is yet largely unexplored.

This study addresses research questions: how do Politeness Markers (PMs) become visible in expressing of Giving Commands (GCs) strategies in speech therapy process. Accordingly, it aims to describe the occurrence of politeness markers in natural therapy sessions, analyze the expressing of Giving Commands (GCs) strategies used by the therapist in speech therapy process. Theoretically, this study contributes to pragmatics and politeness research by extending context-sensitive politeness frameworks to clinical discourse [21; 22]. Practically, the findings are expected to inform speech therapy practice by increasing clinician awareness of how politeness markers support rapport, reduce communicative anxiety, and enhance therapeutic outcomes [11; 12].

Lastly, our study confirms that studying politeness signals as visible pragmatic events in speech therapy is novel. Although politeness in social and institutional situations has been thoroughly studied in pragmatics research, clinical settings have gotten relatively little consistent attention [23; 24]. The current work provides an explicitly interdisciplinary contribution that advances theory and practice by connecting pragmatics, clinical linguistics, and speech-language pathology. In therapeutic interactions, politeness signals become interactionally salient, negotiable, and significant, as the analysis highlights. In addition to improving clinicians' awareness of practical resources that support communication, engagement, and therapeutic effectiveness in real-time interaction and professional training, these findings are anticipated to enhance theoretical understandings of interactional politeness by demonstrating its situated, processual nature [25].

Research Method

This study employed a qualitative research design

with a case study approach to explore how politeness markers become visible in speech therapy process, particularly in the realm of giving commands. A qualitative approach was chosen because it enables an in-depth examination of meaning-making, interactional practices, and context sensitive language use, which are central concerns in pragmatic research [26; 21]. Pragmatics oriented studies emphasize how linguistic forms are shaped by social context and participant interpretation, making qualitative inquiry especially appropriate. The case study design allows for a detailed, holistic analysis of naturally occurring therapeutic interactions, capturing the complexity of therapist and client communication, institutional norms, and interactional negotiation within real clinical settings [27].

The study was conducted at inclusive school for children with special needs in Jombang, East Java, Indonesia. The participants consisted of two female of autistic child therapists and two autistic boys. The female therapists were selected based on the criteria: having at least two years of experience as speech therapists, being twenty-five to thirty-five years old, and having autistic children in the mild autism category. An instrument is any device used to collect data or information relevant to the objectives. To ensure the data collected is accurate and consistent, instruments must be carefully created [28; 29]. The instrument was observation, note taking, and audio recording between therapist and autistic boys. The researchers used a voice recorder to record speech therapy process, particularly in the realm of giving commands.

Data were collected through classroom observations, note taking, and audio recordings between therapist and autism children.

The researchers transcribed dialogues to analyze how politeness markers (PMs) become visible, particularly in expressing of giving commands (GCs) strategies in speech therapy process. For research involving human subjects, obtaining informed permission is a basic ethical and legal necessity [30]. In order to enable informed consent, participants

must fully understand the research being conducted. Making sure participants understand the study enables them to address the aspects of voluntariness, information disclosure, and informed consent [31,43]. The material given, the method used to gauge comprehension, and any further exchanges between the participant and the researchers were documented by recording.

Finding

This section presents the empirical findings of the study, focusing on how Politeness Markers (PMs) become visible in the expression of Giving Commands (GCs) strategies during the speech therapy process. Drawing on naturally occurring therapist and autistic child interactions, the analysis highlights the pragmatic forms and functions through which commands are mitigated, softened, or reinforced to support therapeutic goals. By examining the sequential positioning and linguistic realization of Politeness Markers (PMs), the results illuminate how therapists manage authority, maintain rapport, and facilitate client engagement within an institutional clinical context. The findings are organized thematically to demonstrate recurring patterns of GC strategies and their pragmatic significance in shaping effective therapeutic interaction.

The results data of politeness markers (PMs) in expressing of Giving Commands (GCs) strategies in speech therapy process

Table 1. The Features of Politeness Markers (PMs) of autism therapist in expressing of Giving Commands (GCs) strategies in speech therapy process

Coding Values	Features	Total	Total %
1	Greeting	5	3,31
2	Address Terms	76	50,3
3	Fillers	12	7,94
4	vernacular language	37	24,5
5	Praise	21	13,9
Total Amount		151	100

Table 2. The expressions of Politeness Markers (PMs) of autism therapist in Giving Commands (GCs) strategies in speech therapy process

Coding Values	Features	Expressions	Total	%
1	Greeting	Good afternoon	2	1,3
		How are you	2	1,3
		Lets	1	0,6
2	Address Terms	Ma'am	6	3,9
		Names	12	7,9
		Short name	33	21,8
		Nak	8	5,2
		Mama	7	4,6
		Le	5	3,3
		We	2	1,3
		I	3	1,9
3	Fillers (sounds)	Hmm	3	1,9
		He'eh	2	1,3
		Aa	1	0,6
		Ii	1	0,6
		Uu	1	0,6
		Ee	1	0,6
		Oo	1	0,6
		Eeh	1	0,6
		Nah	1	0,6
4	Vernacular language	Lho	5	3,3
		Kok	2	1,3
		Oh	2	1,3
		Hayo	3	1,9
		Ta	1	0,6
		Lhu	2	1,3
		Lhe	3	1,9
		Heem	6	3,9
		Yuk	1	0,6
		Ayok	2	1,3
		Lha kok	2	1,3
		Se	1	0,6
		Tak	1	0,6
		Iso	1	0,6
5	Praise	He...	3	1,9
		Ye	2	1,3
		Clever	2	1,3
		Ok	3	1,9
		Very smart	1	0,6
		Good	5	3,3
		Tos	10	6,6
	Total Amount		151	100

a. The expressions of greeting as PMs in GCs strategies in speech therapy process

Participant		Utterances	English Utterances
T	:	Ikmal	Ikmal
I	:	Aapaa	Aapaa
T	:	Selamat Siang Selamat siang	Good afternoon Good afternoon
I	:	Aa	Aa
T	:	Apa kabar	How are you?
I	:	Aa	Aa

The data indicate that greeting expressions function as Pragmatic Markers (PMs) that precede and frame giving commands strategies in the speech therapy process. The therapist's repeated greeting, "*Selamat siang (Good afternoon)*," serves to initiate interaction and establish communicative engagement with autism child. From a pragmatic perspective, greetings act as interactional openers that reduce social distance and mitigate potential face-threatening acts in an institutional setting. Although the autism child's responses ("Aa"), they signal acknowledgment and participation, which is crucial in therapeutic discourse involving limited verbal ability. By using

greetings before any directive is issued, the therapist creates a supportive interactional space. Thus, greetings operate as preparatory pragmatic markers that facilitate the autism child's readiness to attend to and respond to subsequent commands.

In the speech therapy context, greeting expressions and small-talk questions such as "*apa kabar? (How are you?)*" function as pre-command strategies rather than mere social routines. Pragmatically, these expressions help regulate the interaction and prepare the child emotionally and cognitively for directive acts. Instead of delivering commands abruptly, the therapist employs greetings to soften the interaction and maintain cooperation. This indirect approach is particularly important when interacting with autism children, as it supports comprehension and reduces communicative pressure. The greetings allow the therapist to retain institutional authority while avoiding overtly commanding language. Consequently, greeting expressions serve a strategic role in giving commands by establishing rapport, ensuring attention, and increasing the effectiveness of therapeutic instruction within the speech therapy process.

b. The expressions of Address Terms as PMs in GCs strategies in speech therapy process

Participant	Utterances	English Utterances
T	Hari ini Ikmal belajar dengan Bu Rosa	Today Ikmal studied with Ma'am Rosa
I	Aa ...	Aa ...
T	Bu ... Bu ...	Ma'am ... Ma'am ...
I	Aa ...	Aa ...
T	Roo ...Saa ... Kita berdo'a dulu. Berdo'a sebelum belajar.	Roo ...Saa ... We have to pray first. Pray before studying.

They demonstrate how address phrases serve as important pragmatic signals when providing command techniques in speech therapy. In response to the autism child's receptive and expressive limitations, the therapist frequently employs the address term "*Bu Rosa (Ma'am Rosa)*" before breaking it down into simplified phonological pieces ("*Bu... Bu... Roo... Saa...*"). Practically speaking, these address terms are used to get the autism child's attention before giving a command. The address phrases serve to define participant responsibilities in the institutional therapy setting rather than only serving as identification labels. Their frequent use

preserves interactional accessibility while conveying the therapist's authority. Therefore, address terms serve as preparatory tools that help the child participate in the therapeutic contact and frame the directive act.

Address phrases also help to lessen the illocutionary force of demands, which are by their very nature acts of face-threatening behavior. Only once address phrases are used can the directive "*Kita berdo'a dulu*" ("*Let us pray first*") look less abrupt and more conducive of engagement. By fostering a sense of shared activity and lowering social distance, the inclusive pronoun "*kita (we/us)*" supports the

pragmatic role of address phrases. This tactic exemplifies politeness-oriented command delivery, which is crucial in therapeutic settings with participants who are at risk. In order to influence the

autism child's behavior while maintaining relational harmony and encouraging cooperation during the speech treatment process, address phrases interact with other pragmatic resources

Participant	Utterances	English Utterances
T	: Ikmal tangan dilipat.	Ikmal folded your hands.
I	: Ee ...	Ee ...
T	: Ikmal tangan dilipat. Ikmal lihat Bu Rosa. Tirukan (melipat tangan)	Ikmal folded your hands. Ikmal look at Ma'am Rosa. Imitate (fold the hands)
I	: Aa ...	Aa ...
T	: Oke pintar. Ikmal tirukan.	Ok, good. Ikmal imitate it.
I	: Hmm ...	Hmm ...
T	: Gini Nak (sambil bemberi contoh melipat tangan).	Like this Nak (therapist gives example how to fold the hands)
I	: (Ikmal melipat tangan)	(Ikmal folded his hands)
T	: Nah ...	Nah ...

The dialogue demonstrates that address terms function as pragmatic markers in giving command strategies during the speech therapy process. The repeated use of the autism child's name, "Ikmal," in utterances such as "*Ikmal tangan dilipat (Ikmal folded your hands)*" and "*Ikmal lihat Bu Rosa (Ikmal look at Ma'am Rosa)*" serves as an attention-directing device that clearly identifies the addressee and secures engagement before commands are issued, which is crucial in interactions with autistic children. The mention of "*Bu Rosa (Ma'am Rosa)*" reinforces the therapist's institutional role while maintaining interpersonal clarity. In addition, the affective address term "*Nak*", (it is one of address terms used to call a child in Javanese) operates as a positive politeness marker that softens directive force and fosters emotional closeness. Overall, address terms regulate interactional flow, enhance responsiveness, and support successful command realization in speech therapy.

C. The expressions of Fillers as PMs in GCs strategies in speech therapy process

Participant	Utterances	English Utterances
T	: Ikmal tirukan, ikan. Ii ...	Ikmal imitate it, fish. Ii ...
I	: Ii ...	Ii ...
T	: Tirukan, ikan	Imitate it, fish.
I	: Ii	Ii
T	: Ikan	Fish
I	: Aa	Aa
T	: Ii ...	Ii ...

Fillers serve as pragmatic indicators in the delivery of

command strategies during speech therapy, as the dialogue illustrates. Vocalizations like "*Ii...*" are indicative of pausing and cognitive processing and frequently occur in both the autism child's and the therapist's turns. The filler indicates that the contact is ongoing and that the kid is given time to comprehend the instruction when it is created by the therapist in response to commands such as "*Ikmal tirukan, ikan (Ikmal imitate it, fish)*." Practically speaking, these fillers aid in controlling the command sequence's tempo and keeping the youngster focused on the task at hand. The fillers function as interactional cues that promote continuity and direct the autism child toward the anticipated response rather than signaling a breakdown in communication.

Additionally, fillers help to facilitate phonological scaffolding and lessen the illocutionary force of orders. The therapist bridges the gap between the directive and the target word "*ikan (fish)*" by repeating vowel sounds like "*Ii*." From a practical standpoint, using fillers lessens the strain to communicate and offers a model for imitation, both of which are essential in therapy for children with autism.

The child's answers, such as "*Ii*" and "*Aa*," show growing articulatory preparedness and task participation. Therefore, fillers are not worthless or empty components; rather, they are pragmatic markers that improve interactional flow, facilitate command comprehension, and aid in successful speech output during therapy.

Participant	Utterances	English Utterances
T	: Ikmal lihat.	Ikmal look at it.
I	: Ii	Ii
T	: Tirukan, kucing.	Imitate it, cat.
I	: Ku ...	Ku ...
T	: Hmm ... Kucing	Hmm ... cat
I	: Ku ...	Ku ...
T	: Kucing.	Cat.
I	: Cing ...	Cing ...

The conversation demonstrates that fillers function as pragmatic markers in delivering command strategies during speech therapy. The therapist's use of fillers such as "*Hmm... Kucing (Hmm...cat)*" reflects cognitive planning and intentional pausing rather than communicative breakdown. Pragmatically,

"*Hmm*" operates as a transition marker between reformulation of the target word and the autistic child's incomplete response "*Ku...*" signaling that the command sequence is ongoing. Fillers regulate interactional timing by slowing instructional pace, giving the autism child additional processing time while maintaining joint focus on the imitation task. Moreover, fillers contribute to phonological scaffolding and soften the directive force of commands, transforming them into supportive guidance. They reduce communicative pressure and create a tolerant space for partial responses like "*Ku...*" and "*Cing...*" which indicate emerging articulatory control. Overall, fillers function as interactional resources that manage turn-taking, sustain conversational flow, and facilitate successful command execution in the speech therapy process.

d. The expressions of Vernacular language as PMs in GCs strategies in speech therapy process

Participant	Utterances	English Utterances
T	: Penghapusnya mana? Penghapus.	Where's the eraser? the eraser.
I	: (melihat terapis)	(seeing therapist)
T	: Lho ... Kok tidak ada penghapusnya? Oh ini penghapusnya. Ikmal lihat. Ikmal menulis menggunakan apa?	Lho ... Kok there is no eraser? Oh this is the eraser. Ikmal look at it Ikmal what did you use for write?
I	: (melihat terapis)	(seeing therapist)
T	: Ambil	Take it.
I	: (mengambil pensil dari tangan terapis)	(takes the pencil from the therapist's hand)
T	: Ok, berikan.	Ok, give it.

The data illustrate how vernacular language functions as Pragmatic Markers (PMs) in Giving Command (GCs) strategies within the speech therapy process. The therapist's use of everyday Indonesian expressions such as "*Penghapusnya mana? (Where's the eraser?)*", "*Lho... kok tidak ada penghapusnya? (Lho ... Kok there is no eraser?)*", and "*Oh ini penghapusnya (Oh this is the eraser)*" reflects informal, contextually grounded speech that guides autism child's attention without overtly imposing authority. These vernacular language forms soften directives and frame commands as shared problem-

solving rather than strict instructions. Pragmatically, they serve as PMs that manage engagement, signal expectation, and maintain interactional flow when the autism child responds nonverbally by looking at the therapist. Commands like "*Ikmal lihat (Ikmal look at it)*", "*Ambil (Take it)*", and "*Ok, berikan (Ok, give it)*" are embedded in familiar vernacular patterns, making the instructions more accessible. Overall, vernacular language operates as a pragmatic resource that reduces distance, supports comprehension, and facilitates effective command execution in speech therapy.

Participant	Utterances	English Utterances
T	: Mana pensilnya? Gak ada disini. Tebali...tebali... tebali...garisnya	Where's the pencil? It's not here. Thicken...thicken...thicken...the line

I	: (melihat terapis)	(seeing therapist)
T	: Tebali. Hayo dilihat kertasnya.	Thicken it. Come on, look at the paper.
I	: (bengong)	(stunned)
T	: Tebali hayo ... Heem ...	Thicken it, Come on. Heem ...
I	: Eeh	Eeh

The data show that vernacular language functions as Pragmatic Markers (PMs) in Giving Command (GCs) strategies during the speech therapy process. The therapist's use of colloquial expressions such as "*Mana pensilnya? (Where's the pencil?)*," "*Gak ada di sini (It's not here)*," and "*Hayo dilihat kertasnya (Come on, look at the paper)*" reflects everyday language that is familiar and accessible to the child. These vernacular forms reduce formality and soften the directive force of commands, making them less face-

threatening. Repetition of "*Tebali... tebali... tebali garisnya*" serves as both a command and a scaffolding strategy, reinforcing task focus while maintaining interactional continuity. Pragmatic markers like "*Hayo*" and "*Heem*" manage attention, encourage compliance, and signal ongoing instruction. Even when the autism child appears disengaged, vernacular PMs sustain interactional flow, guide task execution, and support comprehension in the therapeutic context.

e. The expressions of Praise as PMs in GCs strategies in speech therapy process

Participant	Utterances	English Utterances
T	: Ikmal lihat, ambil huruf G	Ikmal look at it, take the letter G
I	: (mengambil buruf G)	(take the letter G)
T	: Berikan Ikmal ambil huruf G	Give it Ikmal take the letter G
I	: (mengambil buruf G)	(take the letter G)
T	: Iya pinter Berikan. Ikmal lihat, ambil huruf G.	Clever Give it Ikmal look at it, take the letter G
I	: (memberikan huruf G kepada terapis)	(gives the letter G to the therapist)
T	: Pandai sekali	Very smart
I	: Ini G	This is G
T	: Oke, Tos dulu	Ok, Tos

The conversation demonstrates how Giving Command (GCs) strategies in speech therapy use expressions of praise as Pragmatic Markers (PMs). As soon as the autism child complies with instructions like "*ambil huruf G (take the letter G)*," praises like "*Iya pinter (clever)*" are placed strategically. Practically speaking, this praise indicates that a command sequence has been successfully completed and promotes the desired behavior. The praise serves as a transition that maintains engagement and gets the autism child ready for the following instruction, such as "*Berikan (give it)*," rather than stopping the conversation. In this way, praise controls the flow of interactions rather than just assessing performance.

Stronger praise phrases like "*Pandai sekali (very smart)*" serve as high-value pragmatic signals in the

latter portion of the exchange, signaling success and consolidating learning. The autism child's accurate answer and verbal identification of "*Ini G (This is G)*" are followed by this praise, which indicates both behavioral conformity and developing verbal production. Practically speaking, praise in this situation upholds the educational trajectory while validating the child's participation and boosting motivation. The affiliative move "*Oke, Tos dulu (Ok Tos)*" that follows further changes the command-based exchange into a cooperative one. Practically speaking, praise creates a helpful learning environment, lessens communication pressure, and softens directive sequences. In general, praise functions as PMs that maintain engagement, connect directives with good affect, and support effective goal-oriented behavior in speech therapy.

Participant	Utterances	English Utterances
T	: Ikmal ambil huruf H	Ikmal take the letter H
I	: Haa ... (mengambil buruf H)	Haa ... (take the letter H)
T	: He'em, berikan Ikmal ambil huruf H	He'em, Give it Ikmal take the letter H
I	: Haa ... (mengambil buruf H)	Haa ... (take the letter H)
T	: Good, berikan. Ikmal ambil huruf H	Good, give it Ikmal take the letter H
I	: (mengambil buruf H)	(take the letter H)
T	: Oke, Tos dulu.	Ok, Tos

When the child successfully complies with the instruction "*Ikmal ambil huruf H* (*Ikmal take the letter H*)," the therapist uses praise like "*Good*" to indicate that the response was appropriate and pertinent to the encounter. This is praised as a transitional marker that maintains interest and indicates that the next instruction, "*berikan* (*give it*)," is ready. The therapist lowers the directive force and keeps the autism child's focus on the job by including praise into repeated command sequences. In addition, the final phrase "*Oke, Tos dulu* (*Ok tos*)" serves as an affiliative praise marker that reinforces social alignment and recognizes task completion. All things considered, praise functions as a practical tool that controls turn-taking, strengthens compliance, lessens communicative pressure, and facilitates effective command execution during speech therapy sessions.

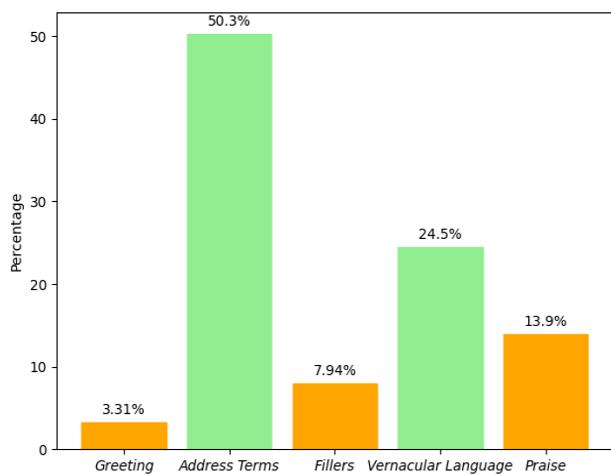


Figure 1. The features of Politeness Markers (PMs) of autism therapist in expressing of Giving Commands (GCs) strategies in speech therapy process

Discussion

At the initial stage of interaction in the speech therapy process, the use of greetings as expressions

of *Politeness Markers* (PMs) by the autism therapist plays a significant pragmatic role in supporting *Giving Commands* (GCs) strategies. Based on the data, the expressions "*Good afternoon*" and "*How are you*" each occurred twice (1.3%), while "*Let's*" appeared once (0.6%). Although their frequency is relatively low, these greeting expressions function to establish a friendly, supportive, and cooperative interactional atmosphere before commands are delivered. This finding is consistent with [32] politeness theory, which identifies greetings as a form of *positive politeness strategy* aimed at strengthening social bonds and mitigating potential *face-threatening acts*. In clinical and therapeutic contexts, previous studies have shown that greetings contribute to rapport-building, increase communicative readiness, and enhance engagement among children with communication difficulties, including autism [33;34]. Therefore, greetings serve not merely as interactional openers but also as crucial pragmatic markers that facilitate the effectiveness of command-giving strategies in the speech therapy process.

The discussion of this study indicates that the visibility of politeness markers, particularly address terms, plays a crucial role in expressing giving commands during the speech therapy process. Based on the data, short names were the most frequently used address terms (33 occurrences; 21.8%), while "*we*" was the least used (2 occurrences; 1.3%). This finding aligns with previous studies showing that personalized address terms enhance attention, compliance, and emotional engagement in therapeutic and clinical discourse [33; 34]. The preference for short names suggests an emphasis on familiarity and immediacy, which is beneficial for children with autism who require clear and relational cues. Conversely, the minimal use of address terms such as "*we*" reflect the task-oriented nature of therapy sessions, where individualized instruction is

prioritized [17; 14].

In this study, filler sounds such as *hmm*, *he'eh*, *aa*, *ii*, *uu*, *ee*, *oo*, *eeh*, and *nah* function not merely as pauses but as pragmatic and cognitive tools that support planning, hesitation management, and continuity in spontaneous speech, aligning with research that views fillers as meaningful interactional markers rather than simple disfluencies [35]. Internationally, filled pauses and pragmatic markers serve both textual and interpersonal functions across languages, contexts, and speaker groups. Studies on English majors also report that fillers like "um" and "uh" correlate with cognitive planning during fluent dialogue [36]. Similarly, unlexicalized sounds (e.g., "ee") help language learners manage lexical retrieval and cognitive load [37; 38]. Compared to earlier EFL studies linking high filler use to lower perceived fluency, these findings support that fillers are adaptive communicative strategies that signal hesitation, maintain interactional flow, and facilitate processing, reinforcing their functional and pragmatic role beyond disfluency.

In this study, vernacular expressions such as *lho*, *kok*, *oh*, *hayo*, *ta*, *ihu*, *lhe*, *heem*, *yuk*, *ayok*, *lha kok*, *se*, *tak*, *iso*, *he...*, and *ye* function as pragmatic and interpersonal markers that shape discourse, soften directives, and regulate interaction in everyday speech. These markers resemble pragmatic particles that act not only as fillers but also as tools for managing turn-taking and expressing social stances, consistent with recent findings on pragmatic marker use in casual discourse [39]. Discourse markers like "oh" and "well" have been shown to play crucial roles in organizing conversation, signaling shifts, and managing interactional flow in spoken discourse [40]. Compared to these typical discourse markers, vernacular markers also reflect cultural norms and interactional preferences. Their use in giving commands during speech therapy reduces directive force, increases familiarity, and enhances emotional engagement, facilitating compliance and cooperative responses from autistic children [39]. Although research on therapeutic directives is limited, pragmatic studies emphasize that marker use influences interpersonal rapport and communicative effectiveness in interaction.

In this study, praise expressions such as "*clever*, *ok*, *very smart*, *good*, and *tos*" function as positive

pragmatic markers that reinforce giving commands strategies in the speech therapy process. These praise forms serve not only as evaluative feedback but also as interpersonal resources that strengthen therapist and autism children rapport and encourage task compliance. Recent research has shown that praise in instructional and therapeutic interaction plays a crucial role in enhancing motivation, attention, and emotional security, particularly for children with special needs [41]. More recent pragmatic research highlight praise's interactional significance in maintaining interest and directing behavior during ongoing tasks, in contrast to older studies that mostly saw it as post-task evaluation [42]. In short, formulaic praise expressions like "good" or "ok" are particularly useful in directive circumstances since they instantly confirm responses and lessen the authority of directives. Accordingly, the results show that in speech therapy settings, praise serves as a strategic pragmatic marker that supports both instructional aims and affective contact.

Conclusion

By demonstrating that politeness markers (PMs) in expressing of Giving Commands (GCs) strategies as both instructional tactics and politeness devices in speech therapy process, this study advances clinical pragmatics. While the low usage of greetings (3.31%) indicates a preference for practical and goal-oriented engagement, the predominance of address terms (50.3%) emphasizes the significance of relational markers in fostering children's attention and compliance. By showing that politeness cues in issuing directives serve as interactional, cognitive, and affective resources in speech therapy in addition to mitigating face-threatening acts, this work theoretically advances pragmatics. By extending politeness theory into therapeutic and clinical discourse contexts, politeness markers dynamically promote understanding, participation, and cooperation. As a practical implication the results advise speech therapists to carefully employ politeness indicators when issuing instructions. Greeting, address terms, fillers, vernacular language, and praise can improve educational efficacy, lessen resistance, and create a friendly environment.

By highlighting pragmatic skill and context-sensitive therapeutic communication, this study influences the creation of speech therapy and applied linguistics

curricula. There are a number of limitations to this study. First, generalizability to larger speech therapy situations is limited because the data were gathered only from therapist and autism children. Second, additional communicative purposes of politeness markers in therapy sessions may be overlooked if one sort of interaction giving commands is the main focus. Third, the coding of minor PMs may be impacted by researcher interpretation of the observational and transcribing procedures. Lastly, the use of PMs may be influenced by participant specific cultural and linguistic characteristics, which would limit its applicability to other communities or languages. To improve validity, larger, more varied samples and a variety of interaction types should be used in future research.

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