
RESEARCH ARTICLE

A Socio-cognitive Study of Jargon in Al-Najaf Medical Community

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ABSTRACT

This study investigates the concept of jargon from a socio-cognitive approach. The research seeks to decode the dimensions of localizing English medical terms, jargon, in Al-Najaf medical discourse, depending on Van Dijk's socio-cognitive perspective. Although the fact that the language of the staff in the medical field is Arabic, they use English when they communicate about medical cases because the language of their academic study was English. The study aimed at exploring the different terms of jargon used in Al-Najaf medical community, investigating the types and functions of jargon, and identifying the hidden ideologies of the medical staff behind employing the medical jargon. It has been observed that they use terms that cannot be understood by the surrounding people. They manipulate English words in different ways to create new modified ones. The data was collected by conducting some interviews with ten members of the medical community in Al-Najaf hospitals. Finally, the research concluded that the medical staff utilizes jargon when they interact with each other about medical cases, such as the use of *مشووك* instead of "in shock". Their usage is restricted only to the word form of jargon. Moreover, they have hidden intentions behind using jargon, such as separating themselves from anyone who does not belong to their profession to create a closed and highly prestigious linguistic community known as "in-group", and isolate the patient in an area that constitutes "out-group". Besides, jargon is one of the most powerful clues that help the medical staff to achieve numerous functions concerning proficiency, time saving, reproducing language, and as a result, social dominance over other language users around them.

KEYWORDS

Jargon, socio-cognitive approach, Al-Najaf medical community, and hidden ideologies.

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1. Introduction

"Language is a process of free creation; its laws and principles are fixed, but the manner in which the principles of generation are used is free and infinitely varied. Even the interpretation and use of words involves a process of free creation."

Noam Chomsky (2003:40)

Language is sometimes considered as a living creature, whereas vocabulary and structures are continuously being added to it. Language users who share the same language may employ it differently, varying in the use of vocabulary and structures, while the same language user may change his or her linguistic style differently from one situation to another. However, linguists, to be more precise, grammarians, tend to deal with that creature as a fixed, homogenous entity with a very strict set of rules and instructions (Wardhaugh and Fuller, 2015).

However, this variation manifests through different linguistic forms that are governed by a number of factors, such as religion, region, gender, background knowledge, situation, etc., so that the identity of the society and the language user would be recognized and defined throughout the language variation (Riley, 2007). One important part of Language variation is the register

that includes jargon. Yule (2006) illustrates that jargon is one of the key factors to register in a specific group with special technical vocabulary. Jargon is the core study of this research. The researchers shed light on the concept of jargon and how it can be used by the members of the medical community in Najaf based on Van Dijk's socio-cognitive approach.

1.1 Problem of the Study

The medical staff in Najaf hospitals use medical terms to speed up the communication among them, but later on, they manipulate the words through different processes, such as reduction or phonetic, and morphological localization to produce a special type of jargon. These new terms are difficult for outsiders to understand, even if there are people who know the English language, but the expressions used seem to be very specific and vague. They employ jargon to create a knowledge wall in order to hide the facts from the patient and his/her family in their most difficult situations or to show their identity by belonging to high prestigious social group. This will transfer the medical language to a privileged class only for the members of the medical society, while this language was originally found to help people communicate with each other. This study attempts to fill the gap by decoding the mastery and the confused communication between the medical society and other people by achieving the following aims:

1. Exploring the different terms of jargon used in Al-Najaf medical community.
2. Investigating the types and functions of these terms.
3. Revealing the hidden ideologies of the members in the medical community behind employing the medical jargon.

1.2 Research Questions

1. What are the different terms of jargon used in Al-Najaf medical community?
2. What are the types and functions of these terms?
3. Are there any hidden ideologies of the members in the medical community behind employing medical jargon?

1.3 Significance of the Study

This study is of great importance as the results will enrich the sociolinguistic approach by the amount of vocabulary used in the medical society. Besides, it will increase the sociolinguistic knowledge of linguistic scholars and readers (public, patients, and any other members outside the medical community) about how jargon is used. So, it will help them to be aware of such terms in their future interactions with the medical staff.

2. Literature Review

2.1. Critical Discourse Analysis (CDA)

Critical Discourse Analysis (CDA) is considered as a linguistic and interdisciplinary approach that goes beyond the superficial description of grammatical or morphological structures to deconstruct how power, domination, and inequality are being reproduced via language. This is based on a hypothesis that language is not just a way for transferring information, but rather it is a social practice that is laden with ideologies of institutions and powerful actors. Critical Discourse Analysis research aims at interrogate every day or professional texts and discourses in order to uncover the hidden ideologies and mechanisms of control and manipulation, and to demonstrate how the use, omission, or avoidance of certain words contributes to legitimizing cognitive or class privileges and indirectly shaping the recipient's sensuousness in ways that serve the interests of the dominant group or community (van Dijk, 1993).

2.1.1. Van Dijk's Socio-cognitive Approach

CDA, according to the proposal of Teun Van Dijk, starts from a very basic hypothesis, which is that discourse is not just a means or method to transfer information. In addition, it is a social practice that reproduces the relationships, power, and dominance or contributes to resisting them. Van Dijk's approach is featured by the existence of a key-connection between the social-structure and discourse-structure, which is called, after all, "cognition". Hence, societies do not affect discourse directly, but through several stored mental models (Prayoga, 2021).

Depending on van Dijk's *Ideological Square* (van Dijk, 2006), it seems that any dominant group in any institution or society can control and manage its discourse by the four-dimensions strategy in order to isolate the others and show its power:

- Confirming positive issues of "WE" .

- Confirming negative issues of "THEM".
- Decreasing the negative issues of "WE".
- Decreasing the positive issues of "THEM".

In the Iraqi medical language community, including doctors, sisters, etc., manipulating expressions like (dead, cannula, call, depression, HYC... etc.), are resulting from some stored mental models in order to protect those who are included within the Iraqi medical community and escalate their work out of passionate reactions that they may face with patients' relatives in the hospitals. The result would be a complete linguistic-cognitive isolation of the patient and his or her relatives, as well as the reproduction of the doctor's authority within the institution.

Van Dijk states that dominant ideological and institutional groups (like doctors in hospitals) employ discourse to construct borders varying between them, "WE / in group" and other members of the society, "them / out group" (van Dijk, 2006).

Concerning "in-group", van Dijk sees that shared discourse serves a "reinforcing solidarity" function (van Dijk, 2008). The choice of specific words and expressions and manipulating them aims at:

- **Building the elite identity (EIF)**

"It shows how the political, media, educational, academic, and corporate elites contribute to this reproduction process by persuasively preformulating the dominant ethnic consensus on ethnic affairs. Through their influential text and talk, they manufacture the consent needed for the legitimation of their own power in general, and for their leadership in maintaining the dominance of the white group in particular. Characteristic properties of such elite racism are its denial and mitigation, as well as its attribution to ordinary white people."

(Van Dijk, 1993. P:8)

Van Dijk (1993) argues that through discourse, people are being classified into an elite group that is continuously dominant over another group of people who are always in a lower social position. As a result, using a special kind of discourse could differentiate between two types of language users, resulting in the formation of a group of language users who are classified with an elite identity and able to deliver their own ideology over the other group, who are totally controlled and dominated.

- **Proficiency and time-saving (PF)**

The use of such expressions and words (jargon terms) inside the group achieves a great response in different situations, since the word becomes a kind of rapid military code that members of the in-group understand in a flash without the need for explanation (Fang, 1994).

This will lead to a high level of proficiency for those members of the in-group, since they will work in an atmosphere that enables them to be free from the out-group's side effects.

On the other hand, "out-group" here shows the critical and powerful dimension of van Dijk's perspective. Those "out-group" are people who do not have the linguistic code that the in-group has; hence they are linguistically, and as a result socially, strangers (van Dijk, 2008). Practicing word manipulation in front of them, resulting in:

- **Cognitive Exclusion**

Cognitive exclusion or epistemic isolation is a pivotal concept in social psychology, media studies, and critical discourse analysis. It means "A state of mental isolation imposed on an individual or group of individuals, such that they are (deliberately or automatically) isolated from receiving any information, ideas, or alternative perspectives that might challenge the party narrative or beliefs implanted in their minds" (Fang, 1994, pp. 471-472).

According to Van Dijk's socio-cognitive approach, cognitive exclusion does not occur physically; instead, it can be engineered through discourse, i.e., by epistemic control and mind management.

Cognitive exclusion, then, is considered the key function that may achieve several sub- or multi-functions in establishing in-group and out-group.

- **Reproduction of Social Power (Dominance) (RPF)**

If a group of people succeeds of excluding another group of people from reaching the appropriate information by using a special kind of discourse, then the former would be able to reproduce a kind of higher social power, or as van Dijk called it, "Social dominance over audience via discourse" (van Dijk, 2014). This dominance can be achieved through applying the following mechanisms:

1. Epistemic Deprivation

It means when the strangers, the out-group, are being prevented from reaching for appropriate information, cognitive exclusion, the official scenario of the elite would be imposed as the only truth available. Here, the cognitive exclusion would be transferred to a mechanism used to impose dominance over others.

2. Programming Mental Models

Van Dijk illustrates that people understand everyday events depending on mental models stored in long-term memory. Cognitive exclusion ensures that the audience realizes only specific discursive frameworks.

3. Naturalization

Cognitive exclusion leads to changing the elitist ideology into "common sense" or "the way things are". Poverty, marginalization, or injustice become normalized and unquestionable, representing the highest form of sustained domination.

2.2 Sociolinguistics

As the various societies of the world continue to develop, language is still an important aspect in human social life. It contains human speech patterns with words and grammatical features. These features can be linked with factors of social community or group. Sociolinguistics is the branch of studying all the aspects of language in relation to society, such as how people communicate, the varieties of language that people or groups use, and the impact of society on language. (Hudson, 1996)

Moreover, sociolinguistics studies language as a situational, instrumental, and functional tool of communication and interaction. It shows that speakers in different societies have a variety of languages that are modified by social and situational factors. In any society, every person owns a special style of language to express his ideas. (Pangaribuan, Laia, & Silaban, 2020)

Holmes (2013) states that sociolinguistics deals with the association between language and the context in which it is used. However, by exploring the way people use language in different social contexts, the sociolinguists will be provided with a lot of information about how language works, the social relationships in a specific community, and the way people indicate the aspects of their social identity through language. This means that language plays a vital role in society in the way people communicate and interact with each other.

Finally, the goal of sociolinguistics can be summarized as comprehending the connection between social factors, such as social status, background, age, and linguistic variation, which will be illustrated next.

2.3 Language Variation

The use of a language by the users can diverge in any single society, such as when men, and women speak differently, and this is the main reason for the existing variety. Hudson (1996), defines the variety of language as a set of linguistic elements with similar social spreading. However, language consists of different varieties, but this study sheds light only on the register and its subtype, jargon.

2.3.1 Register

According to Wardhaugh (2015), register can be defined as "a number of language objects related to a discrete occupational or social group". By using a register, people can express their identity at a specific time or place. It is an occupational style that occurs in terms of professions, social situations, and particular groups, such as the language of, pilots, politicians, and so on (Holmes, 2013).

On the other hand, Ferguson (1994) mentions that "People participating in recurrent communication situations tend to develop similar vocabularies, similar features of intonation, and characteristic bits of syntax and phonology that they use in these situations." Then, a register is characterized by the use of vocabulary that the people of a specific group have developed to talk about their specialty. This specific type of vocabulary is known as 'jargon' which is a distinct technical vocabulary associated with areas of interest or work as a part of the register. (Al-Mutwali and Abdullah,2023).

2.3.1.1 Jargon

Jargon is a form of special language variety that refers to a special type of language utilized by a certain group of people who have the same interest, position, or social status in a particular area. The language of jargon includes unique expressions. Jargon is not a secret, but its terms are not comprehensible to people outside that certain social group. Bernard Spolsky (1998) illustrates that jargon is a "special set of vocabulary (technical terminology) associated with profession or occupation or other defined social group....". Then, it can be found in everyday life conversations in occupational, professional or recreational groups, such as doctors (the medical jargon), and lawyers (legal jargon).

Therefore, the terminologies of various fields and professions have been developed out of necessity and the developed terms are described as jargon, but what is frequently controversial is the use of jargon for the purposes of verbosity, pomposity, and obfuscation. Many organizations criticized such usage as the Campaign for Plain English Organization in Britain, which gained extensive support for its criticism of the language used in legal contracts, Civil Service leaflets, and political discourse (Wales, 2011)

Finally, Halligan (2004) illustrates that jargon is constructed in two ways; by introducing new words, or by appearing in the form of existing words that common people know. The current study tackles the manipulation of words by the medical staff to form new modified words or expressions from the existing ones.

2.3.1.1.1 Forms of Jargon

According to Gray (2011), jargon occurs within four forms as follows:

1. **Word:** It is a unit of expression utilized by people to write and speak, i.e., it can be recognized as spoken or written ones. Words are classified into different parts of speech depending on their grammatical functions; content words, such as nouns, verbs, adjectives, and adverbs, in addition to functional words as conjunctions, prepositions, articles, and pronouns. (Culpeper, 2009)
2. **Phrases:** They are conceptual units that include small groups of words to form a grammatical unit and the components of the clause. A phrase consists of a main word, which is the head, and has no finite verb or subject- predicate structure. If the modifier exists, its position will be before or after the head. (ibid)
3. **Abbreviation:** Culpeper (2009) mentions that an abbreviation is constructed by taking the initial letters of words to simplify or combine them together. Moreover, an abbreviation can be established by longer words or phrases, such as math for mathematics. In contrast to an acronym, people do not pronounce the abbreviation as a word because they should spell the letters as they are. For example, the USA, which is pronounced as /yuesai/ instead of /yusa/.
4. **Acronyms:** are abbreviations that are established from the initial letters of a phrase about names or titles, which are pronounced as a separate word, such as UNESCO "United Nations Educational, Scientific and Cultural Organization". Most acronyms become part of everyday expressions, such as laser. (Yule, 2006)

2.4 Related Studies

Several studies have investigated the employment of jargon terms from different perspectives. The first study examined the use of jargon in the hotel's advertisements. This research is entitled "*Jargon of Hotel Advertisements in Medan*" by Harefa et al. (2020). The work aimed to identify the forms of jargon and the reasons for employing them in advertisements of the hotels in Medan. It was a qualitative study that adopted Halligan's theory model of jargon forms. It concluded that one can find three forms of jargon in such advertisements: words, phrases, and the most dominant one, sentences. Additionally, the main reason for using jargon was to make the message of the advertisement precise and simple for readers.

The second research is "*A Study of Jargon Use with Reference to Selected Occupations in Mosul*" by Al-Mutwali and Abdullah (2023). The researchers tackled the use of jargon within the context of six groups, such as the IT Programmers and car mechanics in Mosul. The study was qualitative and the researchers collected six dialogues performed between the workers by using the observation method, and then analyzed them according to Hymes "*S.P.E.A.K.I.N.G*" theory. One of their main conclusions was that members of a special group use jargon when they cannot find its equivalent in Arabic. Besides, using jargon helps them to communicate fast and, as a result, save their time.

The final work has been conducted by Mayuuf and Abbass (2024), "*A Sociolinguistic Study of Jargon Language in Al-Najaf Industrial District*". This work examined how jargon can be utilized by the industrial district in Al-Najaf province.

It was a qualitative study, and its data were collected through conducting several interviews with the professionals. The researchers collected 12 jargon terms from this community. It has been concluded that the workers in car repair use Jargon widely during their conversations at work. They said that these terms are linked to the form of their tools. In addition to that, jargon helps them to communicate efficiently and clearly.

It has been noticed that none of the above studies delve deeply into studying jargon terms from the perspective of CDA, and as a result, no hidden ideologies have been revealed. The employment of jargon terms in the area of medicine is of great importance since the language used in any medical field, such as the Iraqi-Najafi one, significantly overlaps with the English language. So, conducting a study applying the tools of CDA to the use of jargon terms in Al-Najaf medical community, hoped to reveal significant ideologies and icons concerning the reasons and benefits of utilizing them.

3.1. Methodology

3.1.1. Research Design and Data Collection

The current study implements a qualitative approach to analyze the adapted jargon used by Al-Najaf medical members. A descriptive analysis is primarily used to introduce the collected data without giving specific treatment to the object. Then the data will be analyzed based on Van Dijk socio- cognitive approach

The data were collected from 10 members of the medical field in Al-Najaf province who work in different hospitals by conducting an interview with each one of them. Those members occupy different medical positions, such as doctors, dentists, pharmacists, nurses, and laboratory analysts.

3.1.2. Limitations

The present study is limited to investigate the functions and types of jargon terms used by the medical members in Al- Najaf hospitals. Then analyze their usage according to Van Dijk's socio cognitive approach in order to achieve the goals of the study concerning revealing the intentions of those medical members when using such linguistic expressions, and examine whether the employment of jargon terms can establish a kind of special social identity for those medical members within their work atmosphere by showing that they belong to a specific prestigious social group.

3.2. Analysis and Discussion

3.2.1. Analysis

No.	English Medical Term	Arabic Adapted Jargon	Form of the Jargon	Main-Function	Sub-Function(s)
1	Dead	دَيْدُ	word	Cognitive Exclusion	EIF & PF
2	Call	كَوْلُ / مَكْوَلُ	word	Cognitive Exclusion	EIF & RDF
3	HYS (Hysterical Attack)	أَجْوَسُ / مَأْجُوسُ	word	Cognitive Exclusion	EIF & PF
4	Stable	مُسْتَبِيلُ	word	Cognitive Exclusion	EIF & PF
5	Suturing	سَجْوُزُ / مَسْجُورُ	word	Cognitive Exclusion	EIF & PF
6	Load	مَلُودُ / لُودُ	word	Cognitive Exclusion	EIF & RDF
7	Delivered	دَلْفَرُ	word	Cognitive Exclusion	EIF & PF
8	Discharged	دَسْجَرُ	word	Cognitive Exclusion	EIF & PF
9	Fit	فَنْفَتُ	word	Cognitive Exclusion	EIF & PF
10	TM (Trouble Maker)	تَأْمُ / مَتَأْمُ	word	Cognitive Exclusion	EIF & PF
11	Vomiting	فُومَتُ	word	Cognitive Exclusion	EIF & PF
12	Depressed	دَبْرَسُ / مَدْبَرَسُ	word	Cognitive Exclusion	EIF & PF
13	Stressed	سَتْرَسُ / مَسْتَرَسُ	word	Cognitive Exclusion	EIF & PF
14	In Shock	مُشْتَوَكُ	word	Cognitive Exclusion	EIF & PF
15	Cannula	كَنْلُ / مَكَنْلُ	word	Cognitive Exclusion	EIF & PF

2.2. Discussion

Cognitive exclusion is obviously revealed as the main function of the use of different types of jargon terms. Consequently, this main function leads to other sub-functions:

1. **Establish an Elite Identity (EIF)**

By achieving cognitive exclusion, the medical members are trying to establish an identity that distinguishes and recognizes them at a higher level than everyone who does not belong to their language community. When the members of medical community talk with each other using expressions like:

مَلُودُ , مَكْوَلُ , هذا المريض مَدْبَرَسُ , , مُشْتَوَكُ

in a situation with people who do not belong to the medical language community. They reproduce their identity as a "special group" sharing the same scientific educational background. They would immediately put the speaker at a higher level than the listener(s), leading the former to raise questions about the meaning of that term.

2. **Proficiency (PF)**

During the interviews, doctors, as well as other medical staff, when asked about the reasons for using those jargon terms, one of the responses was to increase proficiency while working on patients' medical cases. Proficiency here means to escalate the

operational procedures when they work freely by using such coded language. For instance, by using (مأجوسن), they transfer medical information without the need for explanation because they share the meanings of those codes with each other during their work in emergency serious situations and being out of the emotional reactions of the patient or his or her relatives if present at the moment.

By fulfilling these two functions, a more profound function emerges: belonging to what Van Dyke calls the "in-group." This function is the primary goal that doctors and medical professionals strive to achieve through the use of these jargon terms. However, this sense of belonging and identity also grants social dominance within the medical institution over all those "out-group" whether patients or their accompanying family members. Creating **in-group** and **out-group** is for the sake of:

- Cognitive Exclusion

When a doctor speaks to his or her peer that "المريض دَبْد" that means "the patient is dead", he or she is practicing the strategy of "information exclusion", which means decoding the information from everyone not enrolled in the "in-group". Here, the patient and his or her relatives hear language which is similar to their own, but understand nothing because of the cognitive exclusion strategy used by the doctors

3. Reproducing Dominance over out-group (RDF)

Consecrating the doctors' dominance over others "out-group". When doctors use vague codes while speaking to each other, they are actually sending implied signs to the patients that they don't have the tools to understand what is happening to their bodies. This constructs an unequal relationship, keeping the doctor in the position of dominance and building a kind of protective barrier for everyone who belongs to the in-group.

3. Conclusions:

1. The healthcare workers in Al- Najaf hospitals extensively utilized jargon terms when they interact with each other about medical cases, such as دَبْرَس from depressed and سَتْرَس from stress.
2. The form of jargon they employ is restricted to the word only. They manipulate the word itself to create a modified one and use it in medical conversations. Besides, the most common type of jargon words they use are nouns and adjectives.
3. There is a hidden ideology behind employing jargon because doctors, dentists, pharmacists, medical analysts, nurses, and other medical staff in hospitals use language in a way that enables them to separate themselves from anyone who does not belong to their profession. They deliberately use jargon to perpetuate a sharp linguistic duality, aiming to create a closed and highly prestigious linguistic community known as "in-group", and in contrast, to isolate the patient as well as his or her relatives in a separate semantic space that constitutes "out-group".
4. Jargon is one of the most useful and powerful clues to be employed by the medical language community to achieve numerous functions concerning proficiency, time saving, reproducing language, and, as a result, social dominance over other language users around them.

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