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PROTECTIVE EUPHEMISMS IN DISCOURSE AND INTERACTION: A NAMING CLASSIFICATION PERSPECTIVE ON AGED CARE FACILITIES

The aim of the paper is to provide an insight into morphosyntactic and lexical strategies employed to name aged care facilities in Bosnia and Herzegovina. It is also necessary to compare their translation equivalents into English in order to reach general conclusions about the naming classification strategies employed and availability of the information in the English language on the internet. Furthermore, as protective euphemisms are frequently related to taboo words and concepts that vary across cultures, the paper also discusses how protective euphemisms may be related to politically correct language and linguistic policy creation. The paper proposes that the varying use of euphemistic strategies employed could be due to the lexical strategies available, cultural differences and differing levels of understanding regarding sensitive language use. The theoretical framework is grounded in research conducted by BurrIDGE (2012), Benczes and BurrIDGE (2015), Felton (1969), Halmari (2011), and Candrian (2015) to provide a more comprehensive understanding of euphemisms and their role in shaping contemporary language use.

Key words: aged care; Bosnia and Herzegovina; people-first, protective euphemism, naming strategies

1. INTRODUCTION

As observed in previously published works, euphemisms are frequently referred to as to a category of inoffensive alternatives for expressions that speakers or writers prefer not to use in executing a particular communicative intention on a given occasion (Burridge 2012: 66). Researching protective euphemisms may serve to better understanding of cognitive mechanisms involved in language production (i.e. activating vocabulary) and the links between language, emotion (the affective component) and culture. In this paper, two categories of euphemisms will be introduced: (a) those from the domain of situational everyday discourse and interaction, in which speakers of English use inoffensive alternatives in performing a particular communicative function to talk about illnesses, and (b) euphemisms from the domain of taboo words and expressions (e.g. on ‘death’, ‘dying’, ‘end of life’). These categories will be discussed in terms of syntactic and lexical naming strategies for aged care and aged care facilities using a small-sized corpus from Bosnia and Herzegovina. The theoretical framework relies on previous studies by Felton (1969), Halmari (2011), Burridge (2012), Benczes and Burridge (2015; 2018), and Candrian (2015).

1.1. Euphemism and political correctness

According to Burridge (2012: 67-71), there are different types of euphemisms: (a) *protective euphemisms*, which are used to avoid offense, (b) *underhand euphemisms*, used to mystify and to misrepresent, (c) *uplifting euphemisms*, used to talk up and to inflate, (d) *provocative euphemisms*, used to reveal and to inspire, (e) *cohesive euphemisms*, used to show solidarity, and (f) *ludic euphemisms*, used for fun and to entertain. One of the six euphemism categories mentioned above and discussed in this paper is the *protective euphemism*, which is employed “to shield and to avoid offense” (Burridge 2012: 67). These euphemisms are closely related to taboos that vary greatly between cultures and diachronically.

Another related term that is important to mention is *political correctness*. Politically correct language connects linguistic, historical, cultural, and social issues and is often mentioned in relation to the concept of the *euphemism treadmill* (Pinker 2008) or the phenomenon of euphemisms becoming less euphemistic over time thus undermining the euphemistic quality of the word (Allan 2019: 189). Furthermore, political correctness (PC) is also discussed as the “term used to refer to language that seems intended to give the least amount of offense, especially when describing groups identified by ex-

ternal markers such as race, gender, culture, or sexual orientation. (...) The term has often been used derisively to ridicule the notion that altering language usage can change the public's perceptions and beliefs as well as influence outcomes" (Roper 2024).

1.2. The 'people-first' approach

In 1983, members of the AIDS self-empowerment movement created euphemistic vocabulary in response to the stigma that surrounded the illness. The movement sought to replace the term *victim* with *person with AIDS* (Benczes & Burrridge 2018: 4). In addition, many articles from the early 1990s, for instance, advocated replacing *premodified* nouns with *postmodified nouns* in a 'people-first' approach. The proposal activates phrases consisting of 'N + postmodifier'. The postmodifier can be a relative sentence that begins with the relative pronoun *who* (typically *who has/have* or the *-ing* form, e.g. *living with...*), or it can be a prepositional phrase introduced by *with*, as in *a person living with AIDS*. In relation to this rule, many institutions (e.g. in the United States) changed their official names (when it comes to aged care facilities, cf. *Specijalni izvještaj o stanju ljudskih prava starih osoba*, 2010; Halmari 2011).

Taking the above-given theoretical background into account, the paper aims to answer the following questions based on qualitative data analysis from the corpus that will be discussed below: (1) Is the morphosyntactic pattern of the 'people-first' approach found in names of aged care facilities in Bosnia and Herzegovina?, (2) Which (other) lexical strategies are employed when it comes to naming aged care facilities in Bosnia and Herzegovina?, (3) What reasons may contribute to an inconsistent usage of protective euphemisms and their translation equivalents into English? Based on exploratory research, it is proposed that morphosyntactic and lexical euphemistic strategies are inconsistently employed in the case of the adjectives and nouns in the names of aged care facilities, which affects consistency in the case of their translation equivalents.

2. PROTECTIVE EUPHEMISMS FOR HEALTH-RELATED CONDITIONS

The bond between word, meaning and a changing world continues to be a driving force behind language change (Burrridge 2012). The importance in recognizing the functions of protective euphemisms, for instance, remains a challenge when dealing with sensitive topics, avoiding confrontation and conforming to societal norms. On

the other hand, in the English language, for instance, some websites still refer to illnesses and conditions without a particular reference to politically correct language in public discourse (e.g. *addictions*, *infertility*, *obesity*¹; *drug addicts*²).

In addition, Benczes and Burrige (2018; 2006) state that death notices and obituaries use expressions like *died after a prolonged illness* or even after *a long battle against illness*. We could say that the language of euphemism in the case of an illness is frequently used as a means to distance oneself from a disease or a health-related condition. These terms are often used to avoid stigma, reduce fear, or offer comfort when discussing serious health issues as in some common protective euphemisms such as: *not feeling 100%* (a gentle way to say someone is unwell or struggling with a condition), *health challenge* or *health issue* (a more neutral way to discuss an illness, often used to reduce stigma), *health setback* (suggests a temporary issue rather than a chronic or severe illness), *fighting a condition* or *battle with (illness)* (often used for serious illnesses like cancer to emphasize resilience and courage), *condition* (a catch-all term that avoids directly naming the illness), *memory issues* or *cognitive decline* (used as a gentle way to describe dementia or Alzheimer's disease), *life-limiting illness* (a term used to describe terminal illnesses, focusing on the impact rather than the prognosis), *going through treatment* (implies that someone is dealing with a health issue without specifying the illness), *unwell* or *indisposed* (formal terms that can refer to any kind of sickness, often used when privacy is preferred), *chronic condition* (used for ongoing illnesses like diabetes or arthritis, often to normalize rather than dramatize), *immunocompromised* (a neutral way to describe someone with a weakened immune system, often used instead of describing specific illnesses), *mobility issues* or *mobility challenges* (a respectful way to refer to physical disabilities or limitations), *declining health* (a gentle way to describe an aging person or someone in deteriorating health), *delicate health* (suggests someone has ongoing health issues or is prone to illness without giving details), *struggling with (specific illness)* (implies that someone is facing health challenges without making it sound overly dire), and *life-altering condition* (refers to conditions that significantly impact daily life, such as paralysis or severe trauma, in a respectful way). These euphemisms provide a sense of empathy, soften the language, and respect privacy, making it easier to discuss health-related issues with compassion and sensitivity. The dictionary definitions may vary, as well as how euphemisms are employed in spoken and written discourse or both.

1 See: <https://www.catholiccompany.com/magazine/30-healing-saints-for-common-ailments-6207>

2 See: <https://www.cusan.org/Inspiration/Saints-to-Accompany-Us-in-Illness-and-Disability>

2.1. Guidelines on activating the ‘people-first’ approach

When referring to instructions on activating the ‘people-first’ approach in the English language, the guidelines provided by the American Psychological Association are given on the following categories: (1) First and foremost, prioritize people over their disabilities. Do not imply that a person as a whole is disabled (e.g. *disabled person*), (2) Do not label people based on their disabilities. Do not equate persons with their condition (e.g. *epileptics*), (3) Avoid overstressing the severity of a disability and refraining from using terms like *the disabled* that broaden the definition of the disability, (4) Employ emotionally neutral language and steer clear of phrases that imply helplessness, such as *stroke victim* or *suffer from a stroke*, (5) Avoid offensive expressions (e.g. *cripple*) (Stamenković 2017: 327). These guidelines will be important to refer back to in the corpus analysis provided below.

2.2. Communication in emergency situations – discourse and interaction

In line with the above-stated, what is particularly significant to mention in relation to politically correct language and protective euphemism in discourse and interaction is the so-called *clinical algorithm* (Groopman 2007) which is employed in clinical settings that may serve as an illustration on how formulaic language is used in order to maintain dialogue and gain responses from the patient as a form of routine practice and conversation. What could be added to the theoretical framework on dialogues in emergency situations are the clinical algorithms of MedLink, for instance, as there is usually not much time to decide on how to act during a medical situation (for examples on MedLink dialogues, see Emery & Roberts 2018 [transcripts]) or AI-generated dialogues that are administered through phone (see Bruzek 2014; Johnson 2018). In these cases, the emergency communication and the medium may have a priority over politically correct language unlike in the situations where euphemisms and politically correct language should be used in official and written documents, content available on the internet that is used for obtaining information about a particular facility in different languages, etc.

3. PROTECTIVE EUPHEMISMS FOR CARE AT THE END OF LIFE

Studies on taboo words related to ‘death’ and ‘end of life’ frequently look at how language reflects social norms and cultural attitudes. The language people generally use when discussing death has implications and consequences on care procedures as well.

Protective euphemisms for end-of-life care in the English language, for instance, are often used to create a sense of peace, dignity, and comfort. These terms are frequently used by caregivers, medical professionals, and families to bring comfort or avoid distress, which may be observed from the following collocations with the noun *care* as in: *comfort care*, *palliative care*, *hospice care*, *end-of-life care*, *transition care*, *supportive care*, *quality-of-life care*, *dignity care*, *restful care*.

These terms help convey respect and compassion, recognizing the importance of *face-work* (Goffman 1955), comfort, dignity, and support during the final phase of a person's life. Candrian (2015), for instance, illustrates some of the problems and conflicts that caregivers encounter through the personal accounts and viewpoints of patients, family members, and medical professionals. Candrian contends that a developed, moral, and involved society must prioritize the care provided for individuals, particularly the elderly, as death and dying are usually associated with the realm of the unknown, superstition, fear, and taboo words across different cultures and regardless of religion (see Allan & Burridge 2006). In addition, as observing rituals has changed during COVID-19, this topic is becoming even more taboo than it was, which again calls for more attention and attentiveness to how the world has changed.

Therefore, and in relation to the examples discussed, it may be observed how “discourses distribute meanings around life and death” (Candrian 2015: 17). It is for this reason as well that the strategies employed for naming aged care facilities are relevant in the domain of public discourse.

4. METHODOLOGICAL FRAMEWORK

For the purpose of the present research, official names of aged care facilities in Bosnia and Herzegovina have been analyzed to assess their morphosyntactic and lexical naming patterns. The names of aged care facilities were collected through Google search engine using the following (non-PC) query: “starački dom, Bosna i Hercegovina” (data retrieved in August 2024). The retrieved websites' content was analyzed for morphosyntactic and lexical strategies used for naming of 20 aged care facilities in different parts of the country. The official names were then compared against their machine translation equivalents in English provided by Google maps on the right-hand side of the screen. However, no official translations into English were found on individual websites. It has also been noted that some aged care facilities have more than one official name and that some discrepancies exist between the official websites

content and the facilities' profiles on social networks, such as Facebook. The research is not all-encompassing as Google search may provide different results at different times. However, the results obtained during the period this research was conducted may serve for additional expanded research and comparisons with the neighbouring countries.

5. DISCUSSION

When it comes to the available information at the time the research was conducted, as can be seen from Table 1, the descriptions or translation equivalents based on Google maps-generated machine translation vary from *nursing home* (36,6%), *retirement home* (45%) to *aged care* (9%). As far as machine translation into English is concerned when it comes to the head noun, these facilities are usually described as *homes* (metaphor of HOME) for people who have retired, i.e., are no longer active in the society or are *homes* (metaphor of HOME) for people who need care (*nursing*), which is in line with previous findings. Based on a small context-specific corpus (20), similarities were found as in the results obtained by Benczes & Burridge (2015) that refer to lexical naming strategies employed for aged care facilities in Bosnia and Herzegovina but not to the translation strategies employed. The brief descriptions in English are not professional translations aligned with the full name of the facility and serve more for orientation and provide definitions based on the content of the websites. If available, the text is positioned on the right side of the screen together with the map and address of the facility. What would be more important to analyse are the translation equivalents provided by human translators which were not available.

Table 1. Examples from the corpus: official names of nursing homes/aged care facilities across Bosnia and Herzegovina

Name of the institution	Results from Google maps machine translation
KJU “Gerontološki centar” Sarajevo	Retirement home in Sarajevo
JU Дом за <u>старија лица</u> Источно Сарајево / JU Dom za <u>starija lica</u> Istočno Sarajevo	Nursing home in Bosnia and Herzegovina
Paradise — Dom za <u>starije</u>	Retirement home in Bosnia and Herzegovina
VITALIS — dom za <u>starije i nemoćne osobe</u>	Retirement home in Ilidža
Dom Villa Filis	Nursing home in Sarajevo
<u>Starački</u> dom Park, Sarajevo	Retirement home in Vogošća
Care home Green/ Dom <u>penzionera</u> Green	Retirement home in Bosnia and Herzegovina
Dom za <u>starija lica</u> “DOBRINJA”	Retirement home in Bosnia and Herzegovina
<u>Starački</u> dom SENTIVO — Stojčevac	Nursing home in Bosnia and Herzegovina
<u>Starački</u> dom Natur Oaza Fojnica	Retirement home in Bosnia and Herzegovina
Dom Familia	Nursing agency in Sarajevo
<u>Starački</u> dom Ljubuški	Nursing home in Ljubuški
<u>Starački</u> dom Brčko “Vesna Mićanović”	Retirement home in Brezik
Dom za <u>stara lica</u> “Jezero”	Aged care in Čelić
Dom za stare i nemoćne osobe Miran san — Mostar	Nursing home in Mostar
Privatna ustanova dom za <u>starija lica</u> Žute Dunje	Retirement home in Bosnia and Herzegovina
<u>Starački</u> dom Mirsen	/
Dom za <u>starija lica</u> “Bardača”	Nursing home in Bosnia and Herzegovina
Dom za <u>stara i nemoćna lica</u> Alfa-V	Nursing home in Čađavac
Dom za <u>stara i nemoćna lica</u> “Jezero Pukiš”	Aged care in Čelić
Privatni dom za smještaj i njegu <u>starih lica</u> u Tešnju “Sira Dom”	Nursing home in Bosnia and Herzegovina
Dom za <u>stare i nemoćne</u> “Bičvić”, Dom <u>starih i nemoćnih</u> Bičvić d.o.o., Dom za <u>starije i nemoćne osobe</u> Bičvić	/

In the case of the present corpus, unlike in the study by Benczes & BurrIDGE (2015), there is usually no confusion for the reader in L1 as to what the facility stands for or what services it provides, except in the cases of total omission. Using English, but also other languages such as Italian, as a foreign language, is a strategy of omission but may be classified under the umbrella of euphemisms used to “mystify and to misrepresent”.

As can be observed from Table 2, there are, as proposed earlier, inconsistencies in the lexemes (adjectives for ‘old’ and nouns) used to denote (active) users of the healthcare facility, whereas total omission is present in three examples which use English words or words from other foreign languages, e.g. *Dom Villa Filis*, *Care Home Green*, *Dom Familia*. These three names can be related to the conclusions in previous studies which refer to conceptualizing the facility as either an upper-class family home or a holiday resort (*green home*, *oasis*), conceptualizing the facility as an upper-class family home (*villa*), conceptualizing the facility as a permanent place where one lives with his/her family, with reference to the feelings of belonging, comfort, etc., associated with it (Benczes & Burrridge 2015: 2-5, Felton 1969). In the case of the context-specific corpus discussed, the lexemes *žute dunje* (quince) may evoke the feeling of comfort and references to a grandparents’ house. The words *selo* (village) and *zajednica* (community) have not been found in the Bosnian-Herzegovinian corpus (see Felton 1969). The words *park* (park) and *jezero* (lake) were used as the only lexemes with references to landscape and natural surroundings.

Table 2. Adjective (old/elderly) + Noun (person/individual/0) in names of Bosnian-Herzegovinian aged care facilities

<i>starija lica</i>	elderly persons
<i>stariji</i>	the elderly
<i>starije i nemoćne osobe</i>	elderly and frail individuals
<i>stara lica</i>	old persons
<i>stare i nemoćne osobe</i>	old and frail individuals
<i>stari</i>	the old
<i>stara i nemoćna lica</i>	old and frail persons
<i>stari i nemoćni</i>	the old and frail

As for the lexical strategies, the adjective *nemoćni* (frail) is an attempt to create a euphemistic expression but also comprises negation. The shift from *lica* (persons) to *osobe* (individuals) is a significant shift from using a very formal expression. The lexeme *lica* (persons) does not fit the euphemistic strategy as it is impersonal in tone and often used in other types of discourse (such as *policespeak*). Another observation can be made in the case of the last example in Table 1, which indicates a general lack of standardization (*Dom za stare i nemoćne “Bičvić”, Dom starih i nemoćnih Bičvić d.o.o., Dom za starije i nemoćne osobe Bičvić*), as well as in the cases where the official

name of the institution states whether it is privately-owned (e.g. *Privatni dom za smještaj i njegu starih lica u Tešnju “Sira Dom”*) as opposed to instances where the facility is recognized by machine translation as a *government institution*. Based on these findings, it can generally be concluded that there is no consistency when it comes to the morphosyntactic and lexical strategies employed in naming aged care facilities in the present corpus and that activating the ‘people-first’ approach is not fully observed.

6. CONCLUSION

The aim of this paper was to discuss morphosyntactic and lexical strategies used to name aged care facilities in Bosnia and Herzegovina and their translations into English, which were not found at the time the research was conducted. Furthermore, as protective euphemisms are frequently related to taboo words and concepts that vary across cultures, it was necessary to discuss how they may be related to politically correct language as well. Interestingly, and in comparison with earlier studies conducted on corpora in the English language, the syntactic pattern of the ‘people-first’ approach (e.g. *an individual who...; an individual living with ...*) in the Bosnian-Herzegovinian corpus that comprises official names of nursing or retirement homes is challenged by lexical euphemistic strategies such as: changing the degree of adjective in the premodifying position from positive to comparative (*stari* vs. *stariji*), omission of the noun phrase, replacing *lica* with *osobe*, and resorting to foreign language words (such as English or Italian). The reasons for an inconsistent usage of protective euphemisms for aged care facilities are manifold and may vary from individual choices and lexically conditioned patterns to other administrative reasons such as the official name adopted earlier at the state level (or even in the former Yugoslavia), which is an issue that needs to be given more attention in future research.

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EUFEMIZMI U DISKURSU I INTERAKCIJI: STRATEGIJE IMENOVANJA USTANOVA ZA BRIGU O OSOBAMA STARIJE ŽIVOTNE DOBI

Sažetak

Cilj rada je da se opišu morfosintaksičke i leksičke strategije eufemizacije koje se koriste za imenovanje ustanova za brigu o osobama starije životne dobi u Bosni i Hercegovini i njihovi prevodi na engleski jezik kako bi se donijeli opći zaključci o najčešće korištenim strategijama kao i dostupnosti prevodnih ekvivalenta na internetu. Nadalje, kako se eufemizmi često povezuju s tabu riječima i konceptima koji se razlikuju u različitim kulturama, u radu se razmatra na koji način eufemizmi mogu biti povezani s politički korektnim jezikom i kreiranjem jezičkih politika. U radu se predlaže da bi nekonzistentnost u pogledu korištenih strategija eufemizacije mogla biti posljedica dostupnih leksičkih strategija, kulturoloških razlika i različitih nivoa razumijevanja osjetljive upotrebe jezika. Teorijski okvir utemeljen je na istraživanju koje su sprovedi Felton (1969), Halmari (2011), BurrIDGE (2012), Benczesi BurrIDGE (2015) i Candrian (2015) kako bi se pružilo sveobuhvatnije razumijevanje eufemizama i njihove uloge u savremenoj jezičkoj upotrebi.

Ključne riječi: Bosna i Hercegovina; briga o osobama starije životne dobi; eufemizam, *people-first approach*, strategije eufemizacije

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