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Narrating pain: the representation of social actors

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Charmaz (1995) claims that modes of living with pain are embedded in particular activity levels reflected by language use. Therefore, the contribution investigates the concept of agency in a corpus of pain narratives of chronic patients. The research questions involve the manner in which ill people experience their position related to others in society (inclusion-exclusion). Therefore, we can study ill people's subject position with the dominant position of medical professionals. Therefore, the analysis also uses the Systemic Functional Linguistics and the socio-semantic approach as a methodological framework. The paper demonstrates the discourse structures on the representational, positional levels of metafunctions, and giving an account on role allocation and nomination/categorization of social actors framing agency. The study analyzed 14 narratives of individuals afflicted with chronic pain. In conclusion, the analysis reveals that narrators are active participants in the process of experiencing and coping with pain.

Keywords: agency, exclusion, inclusion, metafunctions, role allocation

Introduction

Chronic pain is concerned with the altered body functioning, the integrity of self and social relationships. Chronic pain (CP) undermines the harmony between body and self (Charmaz, 1995); therefore, it interferes with people's daily activities and the connections to the social environment. CP has a severe effect on not only the individual, social relations, but on health care services as well (Duenas, 2016). Nevertheless, few studies (Bustan, 2016; Gilmore, 2012) analyzed the impact of pain on the health care environment and from the perspective of the agency. To achieve the twofold aim above, the study aims to examine the activity level of the self and its social relations with discourse analytic methods and aims to define the role of a person with CP and the relations to other people, namely to relatives and health professionals. The overall aim of this study is to reveal the role of the patient through agency and the social representations on discourse strategies of personal pronoun use and transitivity patterns. The research questions include the following concerns: Who are the participants present in the narratives? Who is excluded

and included in the narratives? Are the narrators active or passive participants in their stories?

Patient participation plays a vital role in the healing process for human-centered consultations. The linguistic analysis of agency and social representations in health care contexts are not widely researched; thus this study endeavors to fill in this gap.

Methods and Corpus

The research questions focus on the way ill people perceive their position in society. The fundamental theory which describes individuals' position in a social framework is the *Social Identity Theory* by Tajfel and Turner (1986). In this approach, individuals' identity is based on comparisons between the *in-groups* and the *out-groups*. The *in-group* has to be considered as a social group, where the individual belongs as being a member, as opposed to the *out-group*, which is a social group with which the individual does not identify. Therefore, the study adopts a critical discourse analytic approach as a method for investigating the structures of inclusion and exclusion in the language use.

Critical Discourse Analysis (CDA) considers discourse as a functionally grounded and a multifunctional phenomenon (Halliday, 1994; Chouliaraki – Fairclough, 1999; van Leeuwen, 2008). Therefore, CDA works with functional (Halliday, 1994) and critical approaches (Wodak – de Cillia, 2009) in linguistic analyses.

In Halliday's *Systemic Functional Grammar (SFG)* theory (1994), the patterns of language are constrained by social context. The context of the situations is realized by metafunctions that operate simultaneously. These metafunctions are as follows: the ideational, the interpersonal, and the textual metafunctions. The ideational metafunction construes experience of the outer and inner worlds; the interpersonal metafunction enacts social relations, and the textual metafunction weaves together these metafunctions to create text. The term *transitivity* establishes a connection between the systemic semantics and the lexico-grammatical level of language. Van Leeuwen (2008) develops the transitivity framework in the representations of social actors. This concept can be regarded as a useful tool for illustrating the analysis of agency in a social context. Examining the roles of agents, Leeuwen (2008) formulates several socio-metric classes. *Activation and passivation* can be found in active and passive voices. In *inclusion and exclusion*, the social actor may or may not occur in the situation, such as agency deletion. Finally, *nomination and categorization of* social actors show persons with full identity or with only their functional names.

The investigation follows the classification of systemic semantics in Systemic Functional Grammar. Firstly, according to Wodak and de Cillia (2009) the metaphor conveys the fundamental values of people's thoughts. Therefore, it can be analyzed within the ideational metafunction. Secondly, the agency appears as a position or interpersonal metafunction in discourse. The way people use pronouns has implications for the relations between self and others. Thirdly, the textual metafunction links the two metafunctions above to create text. The study also applies Leeuwen's socio-metric categories to describe agency in social context. The study describes the analysis of 14 narratives (N) written by people with chronic pain and accessed from the website <http://www.lifeinpain.org/node/category/personal-stories>. This website is a forum for people who are sufferers from debilitating chronic pain. Coming from the above facts, we can realize the subjective nature of the experiences the narrators who wish to convey their personal feelings and thoughts about pain.

Analysis

The metaphor

Following the systemic semantic framework of SFG, the ideational level of analysis investigates the use of metaphors (Wodak - de Cillia, 2009). They claim that the metaphor can obscure the agency, thus, the metaphor functions as an intermediary means between the inner and outer worlds within the transitivity framework. According to the cognitive linguistic framework, the metaphor is found to be a general mapping across conceptual domains (Lakoff – Johnson, 1980; Fauconnier – Turner, 2008). The metaphor demonstrates how we conceptualize one mental (target) domain in terms of another more recognizable (source) domain. Kövecses (2000:191) claims that the metaphor helps understand the conceptualization of an emotion or pain. Emotion and pain are interconnected concepts. In this way, the metaphor serves a linguistic means between our inner world of emotions and the outer world represented by commonly accepted concepts. The terms of inner and outer worlds can be transformed into discursive strategies for inclusion and exclusion within the CDA framework.

In the narratives, the sensation of pain appears as a process of experience. The metaphor can be a journey, an enemy of the sufferer, or the war, battle. The perception of pain demonstrates the inner world, whereas a journey appears as a category of the outer world.

1. *It's been a difficult journey. ...but I've learned to fight through the pain every single day. ...keep fighting like the warriors you are!* (N/1)

Agency

CDA (Fairclough, 2010; Gumm, 2009) deals with the way inequality and power are enacted and resisted in discourse (van Dijk, 2001:352). Therefore, agency is a central issue in this approach. The agent plays an important role in discourse being the source of control. A precise definition is given by Duranti (2004:453) on agency.

“Agency is here understood as the property of those entities (i) that have some degree of control over their own behavior; (ii) where actions in the world affect other entities’ (and sometimes their own); (iii) where actions are the object of the evaluation (e.g. in terms of their responsibility for a given outcome).”

The discourse structures that represent agency involve personal pronouns and transitivity. Personal pronouns commonly represent the way the different participants are referred to in the text. Personal pronouns can categorize the speakers and others showing their relations between them (Fairclough, 2010:125). The transitivity choices of the pronouns can demonstrate the distance between the speaker and other people in the situations and reveal the processes related to addressee-inclusive or addressee-exclusive and speaker-inclusive and speaker-exclusive personal pronouns.

Personal pronouns

Besides the metaphor, personal pronouns are used to demonstrate the inclusiveness and exclusiveness of the social actors in the narratives to be analyzed. The genre of the narratives is close to that of private letters. This genre focuses on the individual’s experiences and thoughts to reveal emotions and communicate them to other people. It is written in the first person singular and addressed to second person singular or plural participants.

The second-person singular/plural pronouns to the addressees indicate inclusion or exclusion according to the intention of the writer. Addressee-inclusive statements speak to people who may understand the pain of the writer.

2. *I completely understand what you’re going through....Good luck to you guys and keep fighting like the warriors. (N/1)*

The writer addresses those people who have never experienced pain. Here, the narrator uses addressee-exclusive statements to target healthy people calling attention to the hidden character of the concern.

3. *You won't notice the struggles that slow me down every second of every day.* (N/1)

Participants other than addressees also appear in the narratives. Besides the obligatory self, nominated by *me*, co-sufferers, nominated by the pronouns *we* and *you*, occur in the excerpts. These are speaker-inclusive participants in the narratives.

4. *I got diagnosed with sacroiliitis, fibromyalgia, and chronic pain disorder at 16.* (N/7)
5. *We don't need suggestions for cures or diagnoses, we need compassion and understanding.* (N/3)
6. *...you look like you haven't had any sleep.*(N/10)

Third-person singular participants, such as *he* and *she*, occur in the narratives to a lesser extent. They belong either to family members (N/4) or to professionals who sympathize with the patient.

7. *...she said she's not taking a chance of being paralyzed, maybe she was right.* (N/4)

In contrast to the representation of the inner world of the participants, the speaker-exclusive pronouns demonstrate the outer world. The pronouns *he*, *she* or *they* nominate the world of the healthcare doctors and workers. Relatives are usually nominated by the pronouns *he* and *she*. The pronoun *it* refers to the pain itself.

8. *He started (anesthesia doctor) putting a needle in my spine, I felt a pop in my back..*(N/12)
9. *They (health workers) told me he was putting air in to break through.* (N/12)
10. *She (nurse) looked at my MRI report and said it was unremarkable.* (N/11)
11. *He (boyfriend) is very successful and sometimes I feel like he puts a lot of pressure on me.* (N/3)
12. *...she (mom) thinks I'm lazy and just love laying around..* (N/11)
13. *They (children) both have no medical background and have come to the conclusion...doc is only a drug dealer..*(N/9)
14. *It (pain) took over. It ruined relationships. It scared me.* (N/8)

Table 1. The distribution of personal pronouns in the narratives

	Inclusive	Exclusive
Addressee	You, anyone,	You,
Speaker	I, she, you, we,	It, they, he, she, no one

	Inclusive		Exclusive	
Addressee	You	16	You	6
	Anyone	2		
Speaker	I	201	It	9
	He	1	They	23
	She	1	He	19
	You	15	She	8
	We	2	No one	2

The use of personal pronouns demonstrates the writers' awareness of their discourses. First-person singular occurs 201 times in the narratives as compared to the fewer occurrences of other persons showing the writers' active participation in the events. Speaker-inclusive personal pronouns also involve the friendly judge and a relative (he and she – 1 case each), the quoted self (you – 15 cases), and the sufferers (we – 2 cases). Speaker-exclusive participants involve the health professionals (they – 23 cases), the doctor (he – 19 cases), the relative (she – 8 cases) and the pain itself (it – 9 cases). In this way, health professionals represent out-group or exclusive participation as opposed to the in-group participation represented by the writer and the sufferers.

According to the functional-systemic analysis of the personal pronouns in the narratives, I have come to the following conclusion. The distribution of personal pronouns demonstrated two different worlds for people with chronic diseases. The addressee-inclusive and speaker-inclusive categories involved people who were close to the values of the writer. The addressee-exclusive and speaker-exclusive categories referred to people who were far from the values of the writer. The high occurrences of the first-person singular pronoun expressed extreme awareness of the authors which fact may refute the common belief of the subject character of ill people. As health professionals belonged to the speaker-exclusive group, therefore their role was found to be controversial in the patient-professional relationship.

Role allocation

Van Leeuwen (2008) developed a model of representation of social actors demonstrating power and subordination in discourse. Examining the roles of

agents, Van Leeuwen formulates that *activation and passivation* exist in the traditional active and passive voices. Considering activation, the social actor represents an active part in the situation; passivation occurs when a person is seen as undergoing an activity. In Halliday's transitivity system, there are six types of processes, namely the material, mental, relational, verbal, existential, and behavioral processes. In the material process, the participant is an *actor*, in the mental process, the participant is a *senser*, in the relational process, the participant is the *attribute*, in the verbal process, the participant is the *sayer*, in the existential process, the participant is the *existent*, and finally in the behavioral process, the participant is a *beholder*.

Therefore, active participation involves a variety of different roles, such as the *actor, senser, sayer, beholder, and attribute*. The analysis applies the categories above to detect the representations of social actors within the healthcare context.

The participant can take up the role of an actor in the material processes:

15. *I fight through some sort of pain.* (N/1)

The participant may appear as a senser in the mental processes:

16. *I feel like a prisoner in my own home.* (N/5)

The participant can be a sayer in the verbal processes:

17. *I told him my legs still burn...*(N/3)

The participant can also play the role of a beholder in the behavioral processes:

18. *I cannot stand the pain anymore.* (N/9)

The passive roles can take up *beneficiary* and *subject positions*. In the beneficiary position the participant is a recipient in the action, whereas social actors are treated as objects in subject positions.

The participant is in a beneficiary role in the following situation:

19. *I have also been diagnosed with severe depression.* (N/14)

The participant may also be a goal in a material process when he/she occurs in a subject position:

20. *I have been kicked in the scrotum.* (N/9)

The analysis detected active and passive participation throughout the narratives. Table 2 shows the distribution for participation in the active and passive roles of the social actors. Active participation outnumbered passive

participation more than four times. Based on the numerical data of the representation of the social actors, the following conclusion could be formulated. Narrators played an active role as an actor in the material processes and a sayer in the mental processes. Although in passivation, the subject role of the narrators was found to be more characteristic as opposed to the beneficiary role. The difference was not significant.

Table 2. Active and passive roles of the social actor

	Actor in the material process	Sayer in the mental process	Sayer in the verbal process	Behavior in the behavioral process
Active: 299	116	133	32	18
	Beneficiary	Subject		
Passive: 57	25	32		

Nomination and Categorization

Social actors can be nominated to show their unique identity or the functions they share with other people. The former procedure is called nomination, the latter refers to categorization. Nomination can be formal (surname only), semi-formal (first name and surname) or informal (family name only, as with “Mum”). Nominations may involve titulation with the standard titles or ranks. Nameless characters have functional roles, such as doctors, nurses, and judges.

As opposed to this view, specific or family members are usually nominated (Leeuwen, 2008). Nomination is performed when social actors carry unique identity features through the narratives. Nominated persons may own titulation who are characterized by their reliability and respect:

21. *Dr Liu is amazing...*(N/14)

Categorization refers to social functions participants share with other people. The collective names of the health professionals demonstrate these functions, such as the *doctor* (N/2/11). These names represent impersonality in the narratives:

22. *The doctor laid me on the table and gave me a shot.* (N/2)

The second category is that of the specialists’, such as *pain dr* (N/2), *pediatric doctors* (N/13), *anesthesia Dr* (N/4). The collective name as a social

function occurs with titulation. In this category, the specialty of the doctors refers to respect but the context of the representation is still negative:

23. *...when I had a dnc done basically the anesthesia Dr. when he gave me the shot it felt like nothing I ever felt before the pain had me cussing and jumping off the table...(N/4)*

A positive attitude towards the professionals can be observed if the possessive pronoun is placed in front of the collective name, such as *my Judge (N/2)*, *my doctor (N/11)*. The latter referencing makes representation personal and informal.

24. *My doctor refuses to perform these tests. (N/11)*

Conclusion

The analysis of the narratives has evidenced the use of particular linguistic means which create agency and dominant behavior in a challenging condition that is chronic disease (CD).

First, the writers of the narratives used metaphors to interconnect the outer world with their inner world. Establishing unity in a divided world may help sufferers to interpret their thoughts and feelings to overcome the difficulties of the outer world with its health system, indifferent people, or the disease itself. Second, a broad-spectrum of social actors was presented by the narratives. On the one hand, the participants included the self and the readers as co-partners in pain experience. On the other hand, health professionals, and family members belonged to the group which was opposed to the group of people with CD. In role-allocation, the active social role of the narrator was overwhelming in each narrative. The active roles were foregrounded demonstrating that people with CD could take initiating roles in their lives. The subject and beneficiary roles of the writers proved the obligation imposed on people by the outer world of healthcare. The investigation has also proved that the use of personal pronouns expresses the narrators' intention to show the distinction between the inner world of the sufferers and the outer world of healthy people. The addressee-inclusive and speaker-inclusive personal pronouns involved people whose values were close to those of the writer. The addressee-exclusive and speaker-exclusive personal pronouns referred to people whose values were different from those of the writer. The high occurrences of the first-person singular pronouns expressed extreme activity of the authors. Health professionals belonged to the speaker-exclusive category, therefore their role was found to be controversial in the patient-

professional relationship. Nomination and categorization were used by the narrators to show their perceived closeness or distance from other people. Nominated persons demonstrated reliability and respect in the texts. As opposed to nomination, categorization only referred to people by their social functions.

Several restrictions on the study should be acknowledged. First, the analysis did not cover further metafunctions, such as vocabulary, modals, and collocations, as Halliday (1994) proposed it. Second, the linguistic means of the agency should be elaborated more profoundly. Third, only 14 narratives were analyzed which cannot provide a thorough analysis of the representation of social actors.

As a conclusion, the analysis of the texts reflected the controversial perspective of people with CD towards health professionals by using the metaphors, agency, role-allocation, nomination, and categorization of the social actors.

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