4

The analytic goals of modelling agency

Our schematic constructs must be judged with reference to their combined tool power in our dealings with linguistic events in the social process. Such constructs have no ontological status and we do not project them as having being or existence. They are neither immanent nor transcendent, but just language turned back on itself.

(Firth 1957 :181)

4.1 Agency, HIV treatment decisions, and explicit description

As I showed in chapter 2, research on medical interaction points to patient agentivity as a central factor in styles of medical decision-making, in determining the outcome of treatment decisions, in the success of treatment, and ultimately in the health and wellbeing of patients. The relationships between these factors are by no means simple – for instance, high patient agentivity may increase treatment adherence but reduce treatment uptake in the first place (Donovan and Blake 1992, Protheroe et al. 2000) – but despite these complex interactions there is a consistent thread running through the discourse on medical interaction which can be interpreted as a call for professionals to enhance agency among patients (Race et al. 1997). Agency should therefore be a key consideration for anyone who wants to monitor historical changes in doctor-patient interaction, or who wants to understand the conditions by which patient participation in treatment decisions can be enhanced, or who wants to reduce coercion, design peer education or medical education programmes, or reflect on their

own strategies as health care consumers for increasing their involvement in decision making. Agency has not, however, been given sufficient explicit theoretical and analytical attention in the literature on shared decision-making (Pappas 1990). In this chapter I turn to social theory and linguistic theory, as fields which have explicitly theorised agency in relation to social life and verbal interaction respectively, and consider how they can be brought together to contribute conceptual tools for clarifying shared HIV decision-making.

My departure point for this section is that it is important to be able to describe how doctors and patients in HIV medicine enact meanings about agency as members of a culture within which western medical interaction is one context of situation[1]. Such descriptions need to be able to show how some patterns of verbal interaction typically give the sense to an interactant, or to an analyst, that one party to an event is an active participant, while other patterns of verbal interaction give the sense that that same party is a passive participant. It should then be possible to show how offering, taking up, combining and contesting of such agentive roles is involved in maintaining or transforming the social order. In the present study of HIV treatment decision-making, the concern with social order centres on the institutional order of medicine but must also take into account the role of highly structured social communities, such as the HIV and gay communities. Underlying these aims is an important question of how sociological concepts of agency are related to linguistic/discursive resources for construing agency, and the relevance of this question extends to other types of medical discourse, other types of professional discourse and beyond to many discourse-analytic fields.

These considerations raise an overarching problem which I will describe further throughout this chapter, namely this: despite many notable contributions, we still lack a coherent body of work which integrates the scholarship of sociology, anthropology and other social-theoretical approaches to agency on the one hand with linguistic and discourse-analytic research on the other (Duranti 1994). Perhaps

---

[1] The term "context of situation" as it is used in this thesis was introduced in chapter 3, and will be discussed more fully in chapter 5.

surprisingly, this is especially so with regard to linguistic approaches to semiotic agency. As a result, discourse-analytic research in medical contexts (and elsewhere) tends to offer one of the following two *competing* approaches to identifying and demonstrating agency in verbal interaction/ text[1]:

Approach 1: Agency is "there to see" in the texts under scrutiny. Its presence or absence in any given text can be taken for granted, and therefore there is no need to discuss the way in which it can be recognised. Analysis and critique focus on what kinds of larger motifs agency is helping to construct (e.g., the role of agency in construing identity), or what interactive conditions might encourage patients to display agency.

Approach 2: Agency cannot be read off the text; rather, its construction and prominence in each instance must be "argued for" and supported with some "evidence". The focus here is on identifying the ways in which interlocutors present themselves and others as agentive or non-agentive and the particular symbolic resources that contribute to building up this sense of agency. However, in much of this research tradition the "evidence" is limited to textualised linguistic features. The impression is sometimes given that the grammatical system of transitivity exhausts (or at least principally determines) the potential for encoding and enacting agency.

Within the first tradition, Race et al. (1997) showed how HIV+ interview respondents contrasted conventional and complementary medicine in terms of agency. A sense of loss of agency under conventional medicine was taken to explain a fairly widespread reluctance to initiate combination therapy. In the context of cancer care, Little and his colleagues identified loss of agency as one important component of a disrupted sense of *identity* which is particularly debilitating among cancer survivors (Little, Paul, et al. 2000, 2002). Agency also features in their

---

[1] I henceforth use the term "text" to refer to both written texts and transcripts of verbal interactions.

analyses of the pressures felt by clinicians (Little, Paul et al. 2000, Little, Jordens et al. 2002). Other examples of this approach include Riessman (1990), Ford et al. (2000)[1] and, to a lesser extent, Coupland and Coupland (2000) and Peräkylä (2002).

As an example of the second category, (Körner 2001) described, using transitivity analysis, how HIV+ interview respondents constructed their sexual partners rather than themselves as agentive with respect to the "unsafe sex" acts which caused their infections – e.g., the partners were generally attributed with "pulling off a condom", whereas participants did not construct themselves as "letting him continue without a condom". Other examples of this approach include (Cassell 1985), (Ostermann et al. 1999), and my own earlier work in (Brown et al. in press). In non-medical contexts, examples include (Fowler et al. 1979, Fairclough 1992, Martin 2000b, Ahearn 2001, Duranti 1994)[2,3].

I have presented this dichotomy as two extreme positions, but some overlap can occur. Both approaches are ultimately concerned with the rhetorical purposes for which agency is mobilised, and the relationships between such interactive and textual practices and social practices more broadly. If we use the best aspects of both approaches, we will find ourselves following something similar to Fairclough's call for discourse analysis to include *description* of the text, *interpretation* of the relationship between the text and the discursive processes through which it is produced and interpreted, and *explanation* of the relationship between these discursive processes and the social processes (Fairclough 1995a: 97, Candlin 1987)[4]. In order to demonstrate the problems that arise when one or more of these aspects of discourse analysis are ignored, I will begin with an illustration of Approach 1, which lacks a description of the text, using as my example recent writing calling for increased agency on the part of patients in their own healthcare. I will then move on

---

[1] Ford et al. (2002) deals not examine 'agency', but does deal with closely related concepts such as 'patient assertiveness' and clinician 'patient centredness'.

[2] Note however that Duranti extends his analysis to incorporate the interplay of grammatical features such as ergative patterning for Samoan, an 'ergative language', as well as interactive features outside the language system itself, such as speaking order.

[3] It should also be noted that Martin (2000b) calls for a more polysystemic approach.

[4] Fairclough actually refers to discourse processes as embedded in social processes. In my view this is unhelpful since the relationship between social processes and discourse processes is mutually constitutive (Fairclough points this out elsewhere in the same volume) and realizational.

to illustrate the approach with the converse problem: Approach 2, which incorporates description but with insufficient "renewal of connection" with the context.

4.1.1 The limitations of Approach 1: treating agency as "there to see"

Extract 1: from Race et al. (1997: 5)

MARTIN A:	Um the regiment of taking drugs at a certain time before meals, after meals, um to me it is just like asking a lot. It is like saying well, you have to look at the clock to remind you that you are sick and you've got HIV ... and then look at the clock two or three hours later and tell yourself you've got HIV and take another pill.
Interviewer:	ARE YOU ON ANY SORT OF MEDICAL REGIME RIGHT NOW FOR HIV?
MARTIN B:	Um, yeah, I'm on my own little vitamin trip. I take between 12-15,000 milligrams a day of vitamin C powder and I'm also on a garlic tonic which is probably bumps me up to between 20-30,000 milligrams of vitamin C a day and I've been on that now for quite a few years. Um as well as uh I take Echinacea and I take 4-5 multi vitamins in the morning and I take B complex in the evenings.

This extract is taken from a study in the late 1990s looking at what kinds of meanings HIV+ people attached to HAART which may have acted as barriers to appropriate treatment uptake, and how those meanings differed from meanings attached to complementary therapies. The authors wanted to see if the sense of health maintenance associated with complementary therapies could be associated with conventional medicine and reduce some of the resistance to treatment. In their commentary on this extract, which is presented in conjunction with other quotes selected from long face-to-face semi-structured interviews, Race et al. describe research participant 'Martin' construing conventional treatment as a way of treating in which the patient remains passive; they say that in imagining himself in the context of being on conventional HIV medicine (antiretrovirals etc.), Martin construes himself as un-agentive, and that this is an important barrier to him

choosing to take those drugs. By contrast, when it comes to alternative/ complementary medicine such as vitamins, Martin construes himself as highly agentive: this is something he can "do himself". For Race et al., the two quotes are presented as prima facie evidence – the 'agency' is simply there to see. The link between social agency and its representation in discourse is invoked, but there is no specification of which features of discourse realize or reflect agency on the part of the speaker or listener, and no argument is presented to convince the reader that Martin B is agentive and Martin A is unagentive. This study is typical of studies which follow Approach 1. There is often no explicit statement of which features of a text lead the analyst to invoke agency as an explanation of some issue, or – once discussing agency – to attribute more agency to one participant than to another. It follows that without an explicit statement of which symbolic features comprise or correlate with this sense of agency, the analyst cannot describe any systematic relation between the proffered instance, the construal of agency in that instance, and the relation between such features and the construal of agency more generally.

I am not suggesting that the absence of detailed analysis of the construal of agency is a fault in Race et al.'s study, given its limited purpose. The reason that no argument is given to establish the difference in agency portrayed in Martin's two responses is presumably that the authors feel they have made a statement about the semantics of each response that is transparent to, and accepted by, their readers; and I expect they are right.

So where is the problem? The problem appears when we consider the relationship of Approach 1 to the research agenda as a whole. To begin with, the lack of a systematic relation between textual features and their construal amounts to lack of repeatability in research: when comparing research that predicts or evaluates how agency affects decision outcomes and treatment outcomes in different populations, times, diseases and so on, it is not possible to assume unanimity among the audience of the research in the way that Race et al. do. Secondly, this approach makes it impossible to argue for the validity of any particular attribution of agency, even in a contentious case.

For instance, in a paper about self-presentation and illness Riessman (1990) presents the case of an interview respondent who, she argues, claims exemption from

responsibility for his divorce because of aspects of the sick role, putting the blame instead on his wife. According to Riessman, he also "absolves" himself and his son from responsibility for domestic problems leading to the son leaving home. With regard to the father-son relationship, the data on which Riessman makes these claims consists of this 10–line text (Riessman 1990: 1198)

```
01 There was times that (pause)

02 we'd get into an argument

03 you know, I'd say to him

04 "Bill, could you help me to do this?"

05 He'd be in his room watching TV

06 and I'd holler for him, you know, to do something

07 four or five times I'd holler for him

08 and he wouldn't pay any attention to me

09 just block me out of his mind (pause) you know

10 And I felt bitter towards him, you know, when it
happened.
```

There are no mediating statements about why or how this stretch of language counts as absolving, and it seems equally plausible that such a text could be used to demonstrate that the respondent blamed his son for ignoring his requests for help.

Even when these first two problems are absent, we are left with the problem of intervention. Although we may mostly agree on what is or is not agentive, we cannot merely say to patients and community groups, "become more agentive". We have to help them construct, imagine, and develop new discourse practices that scaffold patients into a more agentive role. Thus the need to be able to unpack agency into its discourse features is an essential part of the research agenda, if we are motivated at all by pedagogical aims.

4.1.2 The limitations of Approach 2: treating agency as determined by transitivity

To illustrate the alternative, grammatically oriented approach, I draw on some of my own collaborative research (Brown et al. in press, Brown et al. 2000, Butt and Moore 2002). I am using this research as my example here because

  i) although it focussed on cancer and not on HIV, it is relevant to the context of treatment decisions, and

  ii) it is comparatively explicit about the relation between the sociological concept of agency and its textualisation, reasonably typical in the textual features it suggests are involved in construing agency, and yet remains somewhat limited in its 'capture' of agency.

In this research, 'agency' is first presented as sociological concept, as something encompassed by patient autonomy, which it is important for doctors to promote by working within a 'collaborative framework'. This research was the basis of a set of professional guidelines. It itemises a number of "general behaviours that facilitate a collaborative framework", including the use of language which realizes and reflects patient autonomy. At this point, 'agency' is no longer only a sociological concept: it has become also a dimension of variation in the way people may be portrayed through language. That is, not only may a patient be an independent agent or not, he or she may also be represented in speech as more or less agentive. Speaking about ways of using language to enhance patient autonomy, the document states (Brown et al. 2000) that

> Grades of agency occur; the most active participant is portrayed as the doer, decider, owner, thinker, knower, sayer. The least active participant is portrayed as the person or object "done to" (the one who is treated, told, organised).

It will be necessary to define different grammatical approaches in more detail later in the chapter, but for the purpose of the illustration immediately below it will be best to keep technical details to a minimum. The analysis is at the linguistic stratum of lexicogrammar, where the key unit is the clause. The 'grades of agency' described by this research correspond closely, perhaps exhaustively, with the different categories of Participant within the transitivity system of English. Transitivity analysis takes an

ideational perspective on the structure of the clause (see Chapter 3). I will examine for each clause in the two small texts below whether the speaker, an HIV+ man, maps himself onto the grammatical role of Actor or "first participant", or whether he maps himself onto other participant roles ("second participant") in the clauses of his text. A third alternative is to be grammatically represented not as a participant in the clause but as some type of circumstance (Fowler et al. 1979, Hasan 1985b). In terms of traditional grammar and some other grammars, these categories are called Agent on the one hand and Patient, Affected, or Undergoer, on the other.

If we apply such a transitivity analysis to Martin's responses in Extract 1 above, can we account for the differential sense of agentivity between the two quotes as identified by Race and his colleagues? The text is re-presented below as Table 4.1, with the transitivity roles for each clause identified. Table 4.2 then summarises the distribution of grammatical agency roles in the two contrasted passages.

Table 4.1 Unagentive Martin A and Agentive Martin B interview extracts analysed for transitivity roles (data from Race et al. 1997)

Clause ID	Text	Actor/ 1st participant	Process	Goal/ 2nd participant
Martin A				
999_1_1_1	Um the regiment of taking drugs at a certain time before meals, after meals, um to me it is just like asking a lot.	the regiment	be	-
999_1_2_1	It is like saying	it (the regiment)	say	-
999_1_2_2	well, you[1] have to look at the clock	Martin/ HIV+ people	look at	the clock
999_1_2_3	to remind you	Martin/ HIV+ people	remind	Martin/ HIV+ people
999_1_2_4	that you are sick	Martin/ HIV+ people	be	-
999_1_2_5	and you've got HIV (pause)	Martin/ HIV+ people	get	-

[1] Note that the grammatically second person "you" in clauses 1_2_2 to 1_2_8 in Table 4.1 is counted as realizing the generic first person at a semantic level, and thus refers to the patient "Martin". This is common in dialects/ registers where the more formal "one" is not available or would be highly marked. Such choices are taken as functioning to genericise vs individualise the speaker's experience, identity and agency, and are part of a range of representational choices which will be discussed in this chapter and chapter 6. See in particular van Leeuwen (1995, 1996)

Clause ID	Text	Actor/ 1st participant	Process	Goal/ 2nd participant
999_1_2_6	and then look at the clock two or three hours later	Martin/ HIV+ people	look at	the clock
999_1_2_7	and tell yourself	Martin/ HIV+ people	tell	Martin/ HIV+ people
999_1_2_8	you've got HIV	Martin/ HIV+ people	get	HIV
999_1_2_9	and take another pill.	Martin/ HIV+ people	take	another pill

Martin B

Clause ID	Text	Actor/ 1st participant	Process	Goal/ 2nd participant
999_2_1_1	Um, yeah, I'm on my own little vitamin trip.	Martin	be	
999_2_1_2	I I take between 12-15,000 milligrams a day of vitamin C powder	Martin	take	between 12-15 milligrams of vitamin C powder
999_2_1_3	and I'm also on a garlic tonic	Martin	be	
999_2_1_4	which is probably bumps me up to between 20-30,000 milligrams of vitamin C a day	which (garlic tonic)	bump (up)	Martin
999_2_1_5	and I've been on that now for quite a few years.	Martin	be (on)	
999_2_2_1	Um as well as uh I take Echinacea	Martin	take	Echinacea
999_2_2_2	and I take 4-5 multi vitamins in the morning	Martin	take	4-5 multivitamins
999_2_2_3	and I take B complex in the evenings.	Martin	take	B complex

Table 4.2 Relative frequency of transitivity roles by level of social agency construed (data from Race et al. 1997)

	Martin = Actor / 1st participant	Martin = Goal/ 2nd participant	Martin = Circumstance	Total clauses
Martin A (unagentive)	8	2 (Benefic.)	1 ("to me")	10[1]
Martin B (agentive)	7	1 (Goal)	0	8

[1] Numbers do not add since social actors may be represented in more than one role in each clause, or may not appear in a clause in any role.

In table 4.2 the numbers in the two rows are almost identical. Moreover, the 'agentive' Martin B includes a clause in which he is mapped onto the *least* agentive grammatical role of Goal (in traditional grammar the "affected" role, or direct object), a role often occupied by inanimate entities. By contrast, although Martin A appears twice in the 'done to/told/organised' role, he is not a Goal of some other entity's action but the Receiver of messages, and this is a role typically occupied only by conscious entities (in traditional terms he is not the direct object but the indirect object). Martin A also turns up in a Circumstance portraying himself as the source of an opinion or point of view ('to me').

So it would be hard to argue that this transitivity analysis accounts for the different levels of agency observed by Race and his colleagues, yet it would be equally hard to argue that the difference is not there "in the text" somewhere. This illustration suggests that it is not one feature alone that construes the sense of agency. Likewise, it suggests that any pedagogical or community development initiative that equates enhancing agency with changing transitivity patterns might fail to capture what Race and others have identified as important for increasing participation, increasing the sense of ownership, and increasing appropriate treatment take-up and consistent dosing practices. Since it is not uncommon for sociolinguists, critical discourse analysts and linguistic anthropologists (Martin 2000b, Carter and Sealey 2000, Ahearn 2001) to state or imply that transitivity is pretty much the limit of the grammatical resources involved in construing the social category of agency, this demonstration also suggests that it is worthwhile and timely to re-examine the nexus between the sociological concepts of agency and their linguistic and interactional expression, which we will turn to in sections 4.2 and 4.3 respectively.

Before doing so, we might quickly address one possible challenge: it might be said that an ergative analysis would have been more productive than a transitive analysis – or at least that an ergative view should be incorporated[1]. While the

---

[1] Under Halliday's account, English is a language that draws on both the transitive system and the ergative system of participant relations (Halliday 1967-8)

transitive model is concerned with who or what takes the role of first participant in a process, and whether the process extends to another participant, the ergative model distinguishes between whether the process is shown as caused externally or internally (Halliday 1994/1985: 163, 285, Matthiessen 1995: 229, 233). Under SFL's version of the ergative model of transitivity, the category of Actor needs to be considered further in terms of whether the Actor is also an Agent acting in an Effective clause (one which construes action as being caused by some entity or state of affairs) or whether the Actor is conflated with the Medium and involved in a Middle clause (one which is construed as internally caused – including things that just happen), as in Table 4.3:

Table 4.3 Relative frequency of ergative roles by level of social agency construed (data from Race et al. 1997)

	Martin = Agent	Martin = Medium	Effective clauses	Middle clauses	Total clauses
Martin A (unagentive)	1	7	1	9 (3 non-ranged)	10
Martin B (agentive)	4	4	5	3 (all ranged)	8

According to the ergative analysis, Martin B uses more effective clauses (clauses that construe the action described as externally caused), and he represents himself as Agent in these clauses. This is illuminating, but limited in other respects. For instance, it no longer shows that the agentive text (Martin B) consists of predominantly Material clauses, whereas the unagentive text includes Verbal clauses and Mental clauses, as well as a number of relational clauses. This analysis raises the question of whether material action *necessarily* or *typically* construes higher levels of agency than other ways of representing action. If it is the case here that presenting oneself as involved in semiotic processes of telling and reminding and so on presents

a less agentive self (which we have not in fact established), we have to ask whether it is ever possible to construe verbal and mental activity as agentive activity, and perhaps sometimes even more agentive than material action. In Chapter 2, I argued that within the HIV research community joint production of meaning and knowledge is increasingly seen as central in enhancing collaborative decision-making. If we want to use discourse analysis to understand who controls the symbolic resources and who has what kind of an effect on the shaping of decisions – which are mental/verbal phenomena – this issue is crucial.

It seems likely that what motivates Race et al's identification of Martin A as less agentive than Martin B is not the degree to which Martin is constructed as a material actor. As Race et al. point out (1997: 5), in the first passage Martin construes himself as not acting entirely on his own volition or resolve. We might even suggest that he construes himself as influenced morally and semiotically by some other, unnominated agent. This contrasts with the second passage, when he is talking about complementary therapies, in which Martin construes himself as a rather more autonomous figure. But to make such a move at this point would be merely to elaborate on interpretation, not to support it with analysis.

Can we find a way of bringing such textual analysis interpretive accounts of agency together? If this is possible, it is likely that we will need to reconsider the extent to which linguistics and social theory are talking about the same thing when they refer to agency. In order to explore this question I will briefly review how agency has been conceptualised in these two fields.

4.2 Concepts of agency in linguistics and social theory

Linguistics has concerned itself with agency in two rather separate ways. The first is linguistics' longstanding tradition, inherited from philology, of giving close attention to the ways in which different languages systematically organise – grammaticalise – various ways of construing states and affairs and the different forms such grammatical encodings take (e.g., case). Agency appears to be linguistically very salient across cultures: typologically, the two most important grammatical roles are

Agent and Patient (Palmer 1994: 8). It is also metalinguistically salient. As Van Valin and Wilkins (1996: 291) point out, "in all discussions of the 'semantic side' of grammar, beginning with Fillmore (1968) and Gruber (1965), 'agent' plays a central part". Linguistic work from this perspective has connected grammatical roles with semantic or notional roles – e.g., Fillmore (1968), Chafe (1970), Radford (1988), and Halliday (1967/8) – but has tended to restrict its focus to the grammatical construction of isolated clauses: how some proposition may be expressed in a particular language. Often the clauses are elicited or made up by the grammarian, although nowadays they might be extracted from a corpus.

Linguistics' second strand of thinking about agency concerns the degree to which language, as system, constrains language use, as action, and the degree to which language users are free to choose what types of actions and identities they can perform through language. Engagement with these issues tends to be found in sociolinguistics, applied linguistics, critical discourse analysis, and other subdiscplines which focus on the role of language in social life more critically[1] – for instance, on the way in which linguistic coding orientation influences educational success. Data and analysis, in empirical studies of these questions, tend to comprise large datasets of linguistic and/or ethnographic data.

This latter perspective on agency has of course been given considerable attention in social theory. Social theory[2] can be defined as having "the task of providing conceptions of the nature of social activity and of the human agent which can be placed in the service of empirical work" (Giddens 1984: xvii). Historically, discussions of agency in social theory, including philosophy, have covered a broad conceptual territory. Reducing and simplifying greatly for the sake of space, debates about what constitutes an agent have focussed on the following criteria (Vesey 1968, Davidson 1980, Taylor 1985, Giddens 1984). An entity is considered an agent if he, she, or (occasionally) it:

---

[1] This is not to suggest that individual scholars and research programs cannot combine the tasks of studying language situated practice with producing grammars, it is of course a great advantage to have both these foci in any socially oriented linguistics research program.

[2] I agree with Giddens' (1984) view that "social theory" is an imprecise but useful field-based term, while sociology is a branch of social theory concerned with modern societies.

1) has caused some event to happen (*causal responsibility*)

2) has caused some effect external to the agent (*external effect*)

3) is not merely the medium of some other agent *(unfettered action)*

4) has wilfully engaged in action *(reflexivity,* including *volition, internationality)*

5) has an intent with respect to some action *and* to its likely outcome *(moral responsibility* and *purpose)*

6) has the capacity to act *(capacity/potentiality)*

A recent review by Coupland (Coupland 2001) drawing on Layder (Layder 1994) has divided social theories into three types.

The first two types of social theory differ on whether they prioritise the macro (the stable role of institutions) or the micro (the interaction order). In the first type, society is represented as having fixed *social structures*, such as class and role (Parsons 1951), which constrain individual action. According to such theories, doctors and patients have distinct roles deriving from the social order, which include exempting the patient from certain agentive responsibilities, and transferring such agency temporarily to the doctor. The individual experiences role, class etc., through interaction but these categories are not interactionally negotiated or achieved. A second type of social theory is the *social action* perspective, which emphasises social meaning as being achieved through communicative interaction, often drawing on Mead (Mead 1932) and/or Goffman (e.g., 1981). Such a view would suggest that if medical interactions are asymmetrical, that is not because their asymmetry is fixed from above, but because asymmetry is achieved through interaction: it is something that doctors and patients *do* (Maynard 1991). In the HIV consultations examined in this thesis, this type of theoretical approach is useful in helping to explain how several doctors and patients engaged in extended discussion of the relative merits of different gyms, sharing their weight loss goals and progress, gossiping about muscle men and whingeing about the parking – things which would hardly be predicted by the Parsonian model. Disciplinary approaches within this group include symbolic interactionism, ethnomethodology and social constructivist accounts generally, but it is further divided into two subvarieties: rational action, and praxis. *Rational action*

(Giles et al. 1991) sees styles of language as a matter of "more-or-less conscious choice" by individual actors, intended to achieve particular rational ends. By way of contrast, *praxis*, which includes conversational analysis and discursive psychology, sees talk as always having unforeseeable outcomes, because meanings are contingent on other meanings (linguistic and contextual) and therefore cannot be merely exchanged or delivered. Here the sense is that agency does not belong to the individual speaker, but is either shared between the participants or, in more radical versions, is the property of social interaction itself.

Coupland (2001) argues, rightly, that sociolinguistics needs to engage more with a third type of 'integrationist' social theory, which takes into account both sides of the dualities micro/macro, society/individual and agency/structure[1]. What such theories offer to the project of this thesis is ways of describing (on a macro level) how doctors and patients orient to the 'facticity' of the institution of medicine and the roles that it invokes while acknowledging (on a micro level) that "reflexive monitoring of social conduct is intrinsic to the 'facticity' which the structural properties of social systems display, not something either marginal or additional to it" (Giddens 1984: 331).

This is still to leave open a wide range of perspectives, since Coupland includes here the social theories of Giddens (1984, 1987) and Bourdieu (1991), Habermas (1984) and Bakhtin (1981), citing also Layder's identification of Elias and Foucault. One might also include the emphasis of Vygotsky (Vygotsky 1978) and Wertsch (e.g., Wertsch 1990) on viewing agency as interactionally and symbolically mediated. Another important approach which aims to integrate structural and interactional explanations is Bernstein's (Bernstein 1996) discussion of the way in which social practices and fields may be insulated from each other to a greater or lesser degree (weak/strong classification); at the same time the communicative practices with which actors can participate in such social practices may be strongly

---

[1] Similar calls to integrate the perspectives of agency and structure within linguistics have been made by Kress (1985), Duranti (1994), Hasan (1996/1986, 1999), Ochs, Schegloff and Thompson (1996), Chouliaraki and Fairclough (1999), Sarangi and Candlin (2001), and Ahearn (2001). A notable counterargument for a more structurally realist view can be found in Carter and Sealey (2000).

or less strongly regulated by those who already participate in them (strong/weak framing).

What these 'integrationist' views share is a view that social actors are neither free agents nor completely socially determined products, but are "loosely structured" (Ortner 1989, cited in Ahearn 2001). This loose structuring is a result of the inherent structural contradictions in habitus (or in classification and framing) which prevent hegemonies from being total or exclusive. According to Ahearn, the key to understanding this argument is that "such loose structuring can occur linguistically as well as socioculturally" (Ahearn 2001: 12), thus anthropologists and others interested in agency need to focus more centrally on language, in particular on grammar. This seems to be a crucial insight, though again the provocative claim about a general mechanism does not appear to be fleshed out with details about the type of structural contradictions that might lead to change. Ahearn does stress that it is not possible to draw a simple connection between the presence of grammatical features and "more" or "less" agency, and that researchers should "focus on delineating different kinds of agency, or different ways in which agency is socioculturally mediated in particular times and places"[1].

Space does not permit any further critique of individual social theorists, but it seems to be implied by current social theoretical perspectives that agency should be examined in terms of typicality rather in terms of necessity and sufficiency conditions; such a view would conceptualise agency as a dialectic which may be related to discussions of shared decision-making in a number of ways. The following are some starting points for possible future work on the relevance of social theory to the linguistics of agency. Since they are mere starting points, and since only some of these leads are taken up later in the thesis, I do not attempt to argue for them here; I only note that they are ideas from social theory which are relevant to linguistics, and

---

[1] Limitations of Ahearn's view are that she does not specify what might mediate and complicate the relationship between grammar and agency; that she discusses structural constrains in terms of "grammatical well-formedness" rather than meaning potential, which would seem a more problematic constraint; and that she focuses on exotic languages with fairly discrete grammatical apparatus for indicating agency, such as ergative case marking.

that it may be productive for future linguistic work on agency to follow up these issues in more detail.

- Human action is characteristically interactive, and does not typically belong to an autonomous subject (Vygotsky 1978), so shared responsibility may not be reduced responsibility.

- To the extent that agency *is* located in and experienced by individual subjects, it is, characteristically, dialogic and reflexive here too (Mead 1934), Giddens 1991). As a result, acting on oneself can constitute (and be construed as) acting on the world rather than having something happen to one.

- Human action is prototypically mediated by symbolic tools (Wertsch 1998, 1990, Vygotsky 1978).

- Individuals bring their cultural understandings and history of particular abstract tools to bear on new situations but tend to respond according to the predispositions of habitus, built up over previous situations (Bourdieu 1991)

- Social actors are thus neither free agents nor completely socially determined products, but are "loosely structured" (Ortner 1989, Giddens 1984).

- Language can be considered to be similarly 'loosely structured", and between these interlocking, loosely structured systems there are some slippage points. Such slippage (or "wiggle room") is not random variation or noise in the system, but is a resource for social actors to use cultural tools in ways that are purposive and adaptive, yet often outside conscious awareness (Erickson 2001).

- Despite its loose structuring, language is sufficiently constitutive of context that modes of language used at such slippage points may have transformative effects on social relations without there first being largescale changes in class relations (Bernstein 1971, 1996).

I can now give a sociologically informed working definition of agency. I will use Ahearn's preliminary definition: "Agency is the socioculturally mediated capacity to act" (Ahearn 2001: 112). Given such a concept of social agency, how would we expect agency to be construed in HIV medicine? In a complex context such as making decisions about powerful, toxic and relatively untested drug regimens,

against the backdrop of the highly politicised field of gay community self-determination (especially in the area of access to clinical trials), we would not expect that the construal of agency would be a simple matter of representing who did what to whom, although that will always be a good starting point. We would expect it to show tensions between individual autonomy and institutionally determined rights and obligations. We would expect it to involve collaborative "authorship" of moves and opinions. And we would expect it to be mediated by a wide variety of symbolic tools, such as pathology tests, symptoms, and motifs of identity, as well as through the less remarkable 'signs' that comprise language more generally.

Such a view of agency still leaves much to be clarified about the role of language, and in making progress on this question the benefits of dialogue between linguistics and social theory do not flow only in one direction. As Coupland (2001) points out, sociolinguistics has the potential to bring the micro and macro into the same analytic frame. So sociolinguistics should be able "to develop much more differentiated and hence, arguably, *better social theoretic* accounts of structure and agency, through its analysis of local practices of talk" (Coupland 2001: 16; emphasis in original). A similar point is made by Sarangi: that a shared problematic exists between linguistics and social theorists, and that there is now good reason for social theorists to take sociolinguistic insights into their theorising (Sarangi 2001: 55). There are in fact already some instances of this, such as Bernstein's extended collaboration with Hasan, Halliday, Christie and other linguists (Bernstein 1971, Christie 1999). But there is still a need for linguists to refine their own conceptions of agency, in particular the relation between human agents' capacity to act *through* language on the one hand, their capacity to act *on* language on the other hand, and the resources within the language for representing social action, on the third (much-needed) hand. This would require linguistics to combine

- reflecting on its own representations of grammar, expanding on seminal work in the area of agency by linguists such as (Fillmore 1968, Chafe 1970, Hopper and Thompson 1980, Halliday 1967/8)
- studying agency in the context of situated practice (e.g., Fowler et al. 1979, Duranti 1994)

- focussing on how social actors and groups may co-operatively negotiate agency for themselves – i.e., on types of agency other than oppositional agency (c.f. Ahearn 2001)

- a multi-dimensional view of the textualisation of agency, expanding on seminal work by systemic linguists (Hasan 1985b, Matthiessen 1991, Matthiessen 1995, van Leeuwen 1996)

- a multi-modal view of how agency is textualised, developing the ideas of Kress and van Leeuwen (Kress and Leeuwen 1996, van Leeuwen and Jewitt 2001) and others (Baldry 2000, Scollon 1998).

4.3 Claims about how agency is construed in situated practice

There is very little literature on agency in medical decision-making along the lines that this discussion calls for. In order to motivate the argument that agency is a key resource for achieving shared decision-making, I will describe some of the most representative research from a number of traditions which either discusses agency in medical interaction but without a systematic analysis of its representation in text, or which discusses the representational resources used to construe agency in context other than medical decision-making.

Two of the most influential developments in bringing the close analysis of discourse and the analysis of social agency into the same frame are the Critical Linguistics movement, and its close relative Critical Discourse Analysis (CDA). These both grew out of a concern for explicating ways in which power and discriminatory value are mediated through the linguistic system (Caldas and Coulthard 1996). CL and CDA have produced important claims about the role of institutions in reproducing and transforming social structure, including the media (e.g., Trew 1979, Fairclough 1995b), bureaucracy and administration (e.g., Hodge et al. 1979, Iedema et al. 1999) education (Fairclough 1992, van Leeuwen 1995) and medicine (Fairclough 1992, Wodak 1996, Iedema 2001).

Critical Linguistics largely concerned itself with written texts rather than spoken interaction, and mostly dealt with the linguistic system of transitivity, along with

generalised functions that produce permutations in transitivity, principally substitution and deletion. Some attention was given to modality in textual analysis, but this tended to drop out of the central interpretation of the linguistic analyses. For example, in 1979 Fowler, Hodge, Kress and Trew outlined a way of systematically applying a functional theory of language, in particular the work of Michael Halliday, to the analysis of texts and the ideologies represented in and reproduced by them. Central to their approach was the idea of analysing the distribution of textual references to participants as agents or affected, as active or passive in processes of causal transaction (Trew 1979: 123). Operationalised, this meant identifying which transitivity categories social actors mapped onto in the text, clause by clause, then showing the effects of such representation contrastively between tokens of different discourses and, to some extent, logogenetically between different choices in different parts of the text. For instance, Trew (1979) used the method to show how newspapers with different readerships and different ideological positions produced conflicting accounts of sensitive events, attributing responsibility for such events to particular groups by representing them grammatically as agents.

CDA, distancing itself from a view of ideology as "false consciousness", focussed on elaborating the terms of its engagement with social theory and arguing for an expanded view of discursive practice that included textual practice but was not limited to it (e.g., Fairclough 1995a). While CDA has maintained an emphasis on close textual analysis, the link between the construal of social agency in interaction and the analysis of its (partial) textual realization has mostly been limited to a somewhat pared down SFL model of transitivity (e.g., Fairclough 1992, 1995a). More recent approaches within CDA have acknowledged calls for more systematic textual analyses[1], including corpus analyses (Stubbs 1997, Toolan 1997, cited in Chouliaraki and Fairclough 1999).

Fairclough's own study of medical interaction (1992) focussed on what he calls 'discourse conventions' for doctor-patient consultations as a type of social practice. He identified a 'dominant' or 'traditional mode' and an 'alternative mode' within

---

[1] Cf. Blommaert and Bulcaen (2000) which charges CDA with being *too* textually oriented.

such practice. The main conclusion from his study was that these alternative modes were heterogeneous and somewhat contradictory, containing doctor behaviours typical of the traditional style, such as the doctor interrupting the patient and breaking topic flow, checking patient compliance with medical advice, and commenting on the quality of other experts' advice thus positioning himself as an authority and so on; but the paternalistic impact of these features was mitigated by the 'manner' of the doctor's contributions, including modulation and hedging. Fairclough suggests that in such alternative modes the conflictual dialectic between the voice of medicine and the voice of the lifeworld is absent, largely as a result of shifts in the construction of the 'medical self' away from overt authority and expertise.

There are a number of problems with these claims, including the amount of data and analysis on which they are based. Nevertheless, Fairclough's framing of the issues in this way is a useful guide for further research, as is his caution that shifts to more participatory modes of discourse are linked in a complex way with genuine democratisation, and with the potential use of *apparent* interactional symmetry as a form of control. In this study representational practices were not examined in a systematic way, although in a study of antenatal booklets Fairclough draws out the way in which transitivity and nominalisation in particular work to position pregnant women as central and agentive in one text and as much less central and more passive in another (Fairclough 1992 ch 6). We do not have any way of knowing what kind of effects these different books had on their readers in terms of the degree of agency they felt they could or did achieve in the process of giving birth. However, while the potential for written 'patient education' material to influence health practices has often been over-estimated (NHS and Royal Society of Medicine 1999), this is the type of situation in which representations of patient agency may have an important effect: at the fork between collaborative and unilateral decision-making. Research such as (Stapleton et al. 2002), study of "informed choice" leaflets about birthing options, suggests that for some women being positioned as an agent with a choice can have an important impact on their ability to engage with the health care system (Machin and Scamell 1998). Consider the following response from one of Stapleton's study participants (2000:641)

" They were really good. Especially the one about the positions. No one told me I could walk around last time. I didn't know you could stand up in labour. I thought it had to be lying on the bed. It were a real eye opener that one were . . ."

Within CA there has been an ongoing tradition of work on medical interaction (Drew and Heritage 1992, Maynard 1991) but, again, representational resources for construing agency have not been central. However, in discussions such as Peräkylä (2002), evidence about representation is given within the discussion of how agency is enacted. In this article, Peräkylä suggests a number of strategies that doctors can take if they welcome and want to encourage participation in diagnostic deliberation, which is the focus of his study. The main strategy which Peräkylä observes is that doctors indicate to patients some of the evidential grounds of the diagnosis. By construing patients as entitled to respond to clinical reasoning, doctors are increasing patients' likelihood of doing so, thus fostering their more active participation in their own healthcare. For example, one case was observed in which the doctor and patient jointly interpreted the same evidence. Peräkylä points out that the doctor invites the patient to join him in viewing and interpreting the graphical display of test results by "verbally formulating the patient's perception ("here you see"; "if you compare"; "you'll see") (Peräkylä 2002: 240-241). Peräkylä refers to this type of interaction as the doctor giving the patient "instructions for seeing", and describes the patient's response as reactive in character, yet he interprets this segment as a display of agency on the part of the patient, encouraged and facilitated by the doctor's display of/shared interpretation of evidence. As Peräkylä points out, the doctor's authority as an expert is upheld *at the same time as* the patient's agency is exercised/ enhanced.

An important part of facilitating such a constructive move is the way in which the doctor draws on the representational resources of language, and in particular on a set of semantic resources which Hasan has called *prefacing* (Hasan 1989, 1996). The patient in Peräkylä's example responds to one prefaced message ("*You'll see* it has come down") with another prefaced message ("It *seems* to have done"), where both messages emphasise that the test result is somebody's point of view. The fact that the patient's response in this case is limited to briefly agreeing with the doctor's interpretation raises some interesting questions about the effects of such

representation. One question is whether constructing the patient as a joint observer/interpreter leaves open the possibility of a less reactive move on the part of the patient. A second question is by what features a less reactive move might be recognised. The semantic resources of prefacing and the grammatical resources associated with them (projection, phase, process type etc), along with other relevant features, can be brought into a frame for examining variation in joint interpretation and decision-making, and this will be discussed further below and in chapter 6. Despite its rich account, Peräkylä's study, in common with many others, does not address this issue of representation, which can be seen in terms of what I have called discourse environment (see chapter 3). A complementary approach is to consider whether ways of enhancing patient participation might exist which work like a prosody over the whole interaction, the ongoing relationship, and more generally to influence the positioning of doctor and patient roles within the context of western medicine.

In the somewhat separate research tradition of linguistic anthropology, Duranti and colleagues conducted an extended study of language and social life in Samoa (Duranti 1994, Ochs 1988), in particular of grammar and politics. Duranti (1994) reports on an examination of interactions between variables such as speakers' status, the beneficence or maleficence of the activities under discussion, and the tendency to invoke agency on the part of the actors represented. Ergativity marking in the Samoan language is described as "a system which offers its speakers the possibility of explicitly and unequivocally assigning to a particular referent/concept the semantic role of Agent, to be understood here as *willful initiator of an event that is depicted as having consequences for either an object or animate patient*" (Duranti 1994: 125, emphasis in original). The researchers observed that ergativity markers were used much less frequently in spontaneous than in elicited utterances. In particular there was an association between the use of the ergative grammatical roles and the occupation of particularly powerful political roles. Those leaders who were considered by the community to be more 'outspoken' and 'politically aggressive' were shown in Duranti's analyses to use a high rate of ergative marking, with the effect of unequivocally attributing responsibility for events held to be detrimental to the community, and this finding about grammatical agency is interpreted as a

important component of the way the leaders come to be seen as dynamic. Note however that there was something of a double effect. Powerful community members represented other individuals and groups as grammatical Agents as a strategy for constructing others' roles in the community, i.e. constructing community expectations about what they should do, by virtue of describing what they should not have done. At the same time it was not *being referred to* as an Agent that was the measure of the status of a community member, but the degree to which a community member was prepared to make attributions of agency to others, and presumably survive the consequences of blaming others (cf. Dixon 1994). Elsewhere Duranti and Ochs (Duranti and Ochs 1990) suggest that in general Samoans prefer to focus on the results or consequences of an event or action, rather than on the human actor, interpreting this as a kind of 'lower risk' strategy for conveying agency[1].

Duranti's research is significant in that it brings a close focus on grammar to bear on the discussion of how discourse practice constructs and reflects social practice, and in particular on how various participation roles are partly realized through grammar. Duranti argues that we need to think about discourse as regulated not only by *information flow* (citing Chafe 1980, DuBois 1987) but also by *moral flow*. These can be seen as two functions of discourse which are brought together in Duranti's discussion of agency. One limitation of Duranti and Ochs's approach is its focus on one particular grammatical choice (the use of the genitive constructions, or the use of ergative constructions) treating this as a direct realization of social agency, the limitations of which were shown above in the discussion of Martin A and Martin B). An important result of this focus is that the study tends to show agency as a resource for reflecting existing participatory status, rather than for negotiating a participation role where it might not otherwise have been available.

A number of studies of children's and families' language make important claims about agency. For instance, Goodwin (Goodwin 1990) found that the girls in the community she studied employed particular discourse patterns when talking among

---

[1] In Samoan, e.g., "the English phrase V has stolen my dish would be expressed, roughly, My dish has gone with V, indicating a tendency to frame events from the perspective of the object" (Duranti and Ochs 1990:1).

themselves but spoke more like the boys in the community when they were playing and talking together, indicating the early deployment of speech style as negotiating context and identity, but identity as plural and variable. Ochs and colleagues (Ochs and Taylor 1992, Ochs et al. 1989) showed how the linguistic and narrative patterning of family dinner conversations, including agentive construals, typically worked to set fathers up in the role of primary audience, judge, and critic. A similar observation is made by Hasan (Hasan 1996/1986) that in her study of mother-child interaction there was a consistent pattern of mothers building an image of fathers as the locus of authority (e.g., *Daddy'll know*), but no evidence in thousands of transcribed messages of mothers constructing themselves as knowledgeable in this way. Hasan's interpretation of this phenomenon relates to a broad research program in which agency is one focus, and in particular the study of whether children and their parents and teachers construe themselves as mental or semiotic agents (Hasan 1989, 1991, Torr 2000, Williams 2001). The relevant claim from these studies is that when parents or teachers habitually use a semantic style in which messages tend to be represented as somebody's view or opinion, this orients (pace Bernstein) or predisposes (pace Bourdieu) the child towards a model of the world as refracted by minds and persons, by thinking and saying, and models the child as an active dialogic partner. One of the key components of this semantic style is message prefacing, exemplified by "*Why do you think it's not necessary to be constant with taking Bactrim?*" as opposed to the unprefaced "*Why is it not necessary to be constant with the Bactrim?*"[1] While message prefacing is not a simple function of grammatical agency, it is arguably another important way in which agency is construed. A larger claim, but probably a valid one, is that the sense of self as a mental and verbal agent that such linguistic patterning creates enables the child to perform as a mental and verbal agent, in a culture which privileges the attribution of claims and views to discrete subject in a reciprocal way, particularly with respect to the type of discourses on which educational success depends (cf. Bernstein 1971,

---

[1] See discussion of Consultation 37, below, and in chapter 6. A more idiomatic non-prefacing equivalent might be "Why don't you need to be constant with Bactrim?".

1996, Christie 1999). Other studies of the context in which children are apprenticed into culture through language show that familiar distributions of social roles, e.g., teachers as distinct from children, are consistently associated with different patterns of agency. In studies of children's books, books for parents, and official education documents, children have been found to be construed as non-agentive and responsive rather than as social subjects who act on others and themselves (van Leeuwen 1995, 1996).

A major implication of all of the above research is that where people living with HIV and their doctors habitually represent each other as dialogic partners and as mental agents, this latent patterning of participation will increase the availability of overt participation roles in decision-making, and will thereby contribute to shared decision-making. A key link in this argument is the theory that in late modern societies self-identity is a continual reflexive 'project' (Giddens 1991, Chouliaraki and Fairclough 1999). As a result, personal and institutional relationships are not stable and determined by tradition but are, according to such theories, more open to negotiation, and part of what drives such negotiation is the reflexive identity work continually engaged in by the participants in such relationships. The grammar of agency can be thought of as one of the key 'social semiotic resources' that individuals draw on for their sense of personal identity (Thibault 1993).

So far in this section I have been trying mount a case for developing more detailed ways of representing agency by showing what is at stake in the way agency is attributed discursively to social actors in a number of social processes including medical decision-making. It would be impractical and perhaps unethical to examine what happens in medical decision-making when the attribution of agency to different participants is manipulated experimentally. But we do have some evidence from experimental research that manipulating the patterns of grammatical agency (in terms of active vs passive voice) influences research participants' perceptions of who is responsible for the action described in stimulus texts. Interestingly, participants' interpretations are shown to vary according to contextual factors such as gender (perhaps more accurately described as gender-identification with the actors described in the stimulus texts). For example, Henley et al. (Henley et al. 1995) showed that when accounts of violence against women were presented in the passive voice, males

but not females attributed less harm to the victim and less responsibility to the perpetrator. The authors interpret their results as confirming experimentally, for the context of reception, the studies documenting gender bias in voice use, as well as class and ethnicity bias, which they also examined. The key relevance of research such as this to the present discussion is that it provides evidence that variation in the grammatical representation of social actors is related to how those social actors are interpreted – that in a very important sense the variation between say active and passive construals is not "meaning preserving" (counter Chomsky 1965). It also provides evidence that such variation is interpreted in a variable way, depending on aspects of what we might call reader position, or what we might also call the degree of codal sharing between speakers and addressees or between writers and readers. Citing such experimental evidence, however, should not be taken as prioritising it over the very strong non-experimental, 'ecological' arguments presented earlier in this chapter. Before closing this brief comment on experiment, it should be noted a number of literary works have acted as experiments of what happens when the semantic construal of agency is manipulated. For instance, the novels 1984 (Orwell 1949), The Inheritors (Golding 1955), and the Bell Jar (Plath 1963), each locate much of their depiction of the experience of restricted agency in the transitivity patterns through which characters are construed (Fowler et al. 1979, Halliday 1973, Burton 1996).

4.4 Elaborating the grammar of agency in HIV decision-making

Earlier in this chapter, it was demonstrated that when people living with HIV talked *about* treatment decision-making they often construed themselves as influenced morally and semiotically by some other agent. I now turn to the questions of whether the decision-making context itself shares this semantic drift of constrained agency on the part of the patient; and, if so, of whether this effect is achieved through use of the same symbolic resources. To explore these questions, I will examine a decision-making episode about HAART from Consultation 37 in my data set, between Trevor (doctor) and Michael (patient).

Table 4.4 HAART decision from Consultation 37, Trevor and Michael

Clause ID	Spkr	Text	Agency	Actor/1st participant	Process type	Goal/2nd participant
187_1_2	D	this is on the thirteenth of March obviously- and	middle:	time	relational:ident&circ	-
188_1_1	P	Yeah, we'll go-	middle	P+	material:happening	-
189_1_1	D	((reads aloud as he writes)) Plan after discussion. Number one=	-	semiotic object	relational:attrib& inten	-
190_1_1	P	=We were fixing up what drugs to drop.	middle	P+	material:creative	treatment
191_1_1	D	That's right.	middle	text	relational:attrib& intens	-
191_2_1	D	Step one is discontinuation of drugs, first vencristine then ddI if necessary,	middle	semiotic object	relational:ident& intens	treatment
191_2_2	D	in brackets I've written	middle	D	verbal:verbalization:a s name	-
191_2_3	D	"leaving him on D4t and nevirapine".	effective	semiotic object	relational:attrib& circ	P
191_3_1	D	And then number two I've written,	middle	D	verbal:verbalization:a s locution: indicating	-
191_3_2	D	"checked CD4-stroke-viral load AGAIN today plus liver function tests, amylase and haemo-globin for blood count.	effective	D	material:happening	symptoms/ signs
191_3_3	D	Send off to Prosser".	effective	D	material:dispositive	tests
191_4_1	D	So now we've got-	middle	D+	relational:attrib&pos	- or [[ ]]
191_4_2	D	we know	middle	D+	mental:cognitive	-
191_4_3	D	you've changed one set of drugs;	effective	P	material:dispositive	treatment
191_5_1	D	we know what the viral load is.	middle	D+	mental:cognitive	test results
191_6_1	D	The viral load shows without question	middle	VL	verbal: locution: indicating	-
191_6_2	D	that .. the antivirals .. aren't working.	middle	treat-ment	material:happening	-
191_7_1	D	Yeah.	-	-	-	-
192_1_1	P	Well maybe because at that stage	-	-	indeterminate	-
192_1_2	P	<<like that was a week before>>	middle	time	relational:attrib& circ	-
192_1_3	P	would it- would it show in that week?	middle	treat-ment effect	material:happening	-
193_1_1	D	Yeah.	middle	-	-	-

Clause ID	Spkr	Text	Agency	Actor/1st participant	Process type	Goal/2nd participant
194_1_1	P	When	-	-	-	-
195_1_1	D	Yeah.	-	-	-	-
195_2_1	D	If had- if you'd STOPPED, for example,	middle (implicit)	P	material:happening	(treat-ment)
196_1_1	D	Yeah.	-	-	-	-
196_2_1	D	It probably would have shown in that?	middle	treat ment effect	verbal:non-verbalization	-
197_1_1	P	Okay well, we'll leave it for another- nother two weeks	effective	P+	material:dispositive	treat-ment change
198_1_1	D	Okay.	-	-	-	-
199_1_1	P	Cos I get the dd- D4t today	effective	P	material:dispositive	treatment
200_1_1	D	Yeah.	-	-	-	-
200_2_1		Yeah.	-	-	-	-
203_1_1	P	Give it another bash solid, .	effective	(P)	material:dispositive	bash
204_1_1	D	Okay.	-	-	-	-
204_2_1	D	All right.	-	-	-	-
204_3_1	D	I think that's reasonable,	middle	D/ semiotic matter	relational:attrib& intens	quality
205_1_1	P	which I can do.	middle	P	material:happening	-
205_2_1	P	Then we can go .. do another test and just in case it was just that.	middle	P+	material:happening	test
206_1_1	D	Yeah, okay.	-	-	-	-
207_1_1	P	Um.	-	-	-	-
208_1_1	D	((laughs)) That's reasonable.	middle	semiotic matter	relational:attrib& intens	quality
(clauses omitted)						
242_1_1	D	Um, I'll put	middle	D	verbal:verbalization:as locution: indicating	-
242_1_2	D	"he'll probably need a change of antivirals,	middle			Michael
242_1_3	D	but Michael has asked	middle	P	verbal:verbalization: as locution: imperating	-
242_1_4	D	to postpone this for a two week period"	effective	P/D	material:dispositive	treatment change
242_1_5	D	<< ah, what'll I write? ((coughs))>>	middle	D	verbal:verbalization:as name	semiotic matter
242_1_6	D	"while he improves his compliance".	effective	P	material:dispositive	dosing

Table 4.5 Frequency of transitivity roles in Consultation 37

	Actor / 1st participant	Goal/ 2nd participant	Circumstance	Total clauses in which represented
Patient	107	5	4	115
Doctor	33	1	0	34
Total clauses analysed				372

I start with transitivity and ergativity analyses, as I did with Race's data at the beginning of this chapter. Table 4.5 above shows that in Consultation 37 the patient is by far the most frequent occupant of the "er" or 1st participant role. The patient is depicted as the active participant of the process (Actor, Senser, Sayer etc.) in more than one-quarter of the messages analysed, while the doctor is represented in the "er" role in less than one in ten of the messages[1].

Other entities that were frequently depicted as first participants were symptoms, viral load or T-cell measures and tests, other health professionals (e.g., consultant physician, previous primary care doctor), treatment, and semiotic objects and material, as shown in Figure 4.1 below.

If being depicted as the active grammatical participant in the processes construed message by message were a direct index of agency, then the patient in Consultation 37 would be construed as having a much more agentive role than the doctor. That would not be a good conclusion to draw. This patient is certainly active, but the doctor is by no means passive.

---

[1] These results do not distinguish by speaker – they represent pooled totals for the doctor's and the patient's utterances, but speaker role intrudes into the analysis by making reference ambiguous for "we".
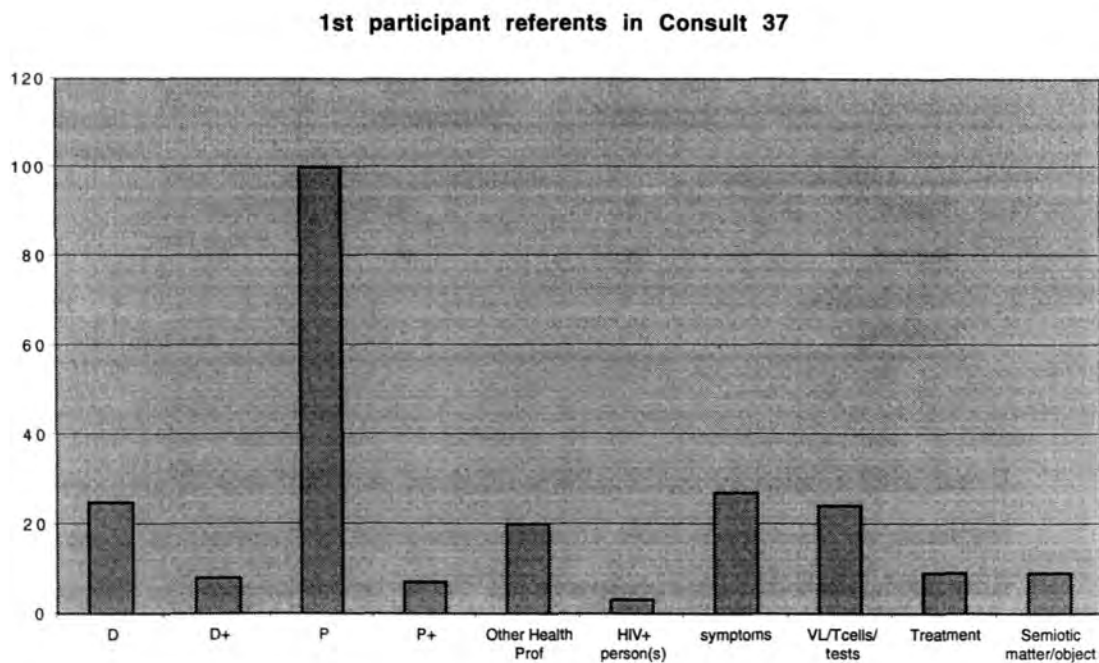
128

Figure 4.1 Frequency of referents in 1st participant transitivity role, Consultation 37

Some additional information is supplied through an analysis of ergative roles, as shown in Table 4.6 below. While the patient may frequently be in the 1st participant role of Actor etc., in only 19 of those messages is he construed as a grammatical Agent (i.e., as the participant responsible for producing an action which affects some entity). In most cases in which the patient is represented as a grammatical participant, this is as the medium of the process – the entity in which some action unfolds, rather than the entity responsible for it.

Table 4.6 Frequency of ergative roles in Consultation 37

	Agent	Medium	Effective clauses	Middle clauses	Total clauses
Patient	19	88			
Patient+	4	15			
Doctor	4	19			
Doctor+	2	8			
TOTALS	29	130	38	236	274

The picture is further illuminated if we cross-tabulate 1st and 2nd participant roles as shown in Figure 4.2 below.

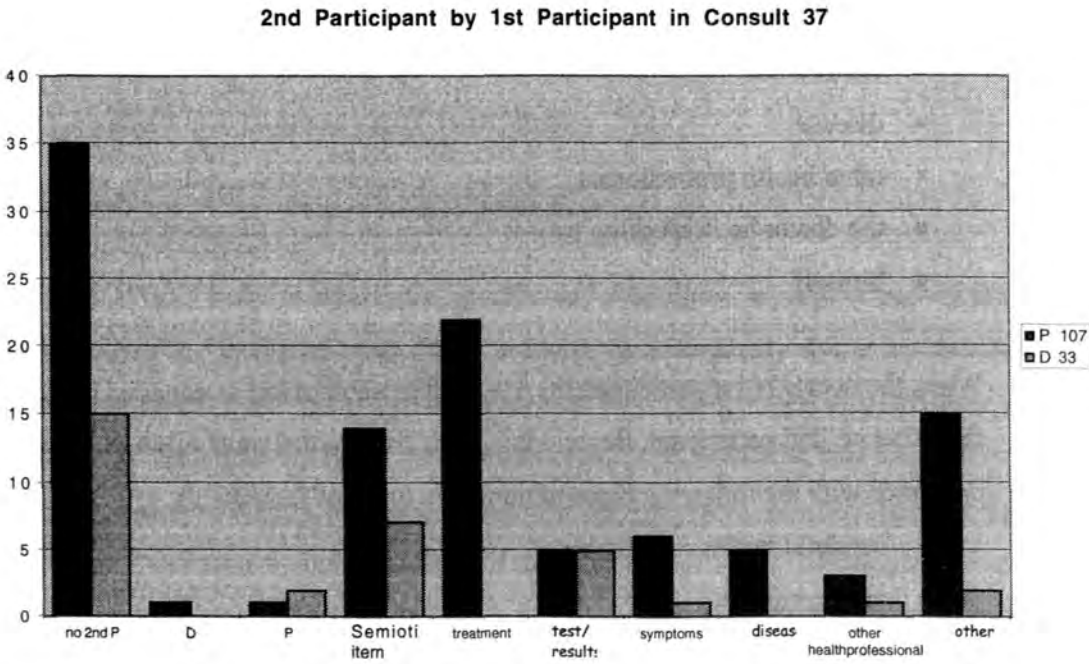**2nd Participant by 1st Participant in Consult 37**

Figure 4.2 Frequency of referents in 2nd participant role, by 1st participant referent, Consultation 37

In Figure 4.2, the dark bars show what kinds of things occupy the role of 2nd participant, or "ed" role, when the patient is construed as 1st participant, or "er" role. The lighter bars show what is represented as 2nd participant when the doctor is 1st participant. The first set of bars on the left represents those messages in which there is no 2nd participant as the clauses are of the "happening" type (as in "he coughed" or "I've moved into a new flat"). The patient in Consultation 37 is represented as engaging in many of this type of process, in which there is no effect on any other party – this complements the patient's frequent role as Medium shown in Table 4.6 above. Among those messages where the patient is the 1st participant and there is a grammatical role for 2nd participant, the latter is most commonly filled by the following types of things:

- treatment
- semiotic matter or a semiotic object (such as "you just said *something*", or "I wanted a *second opinion*")
- symptoms
- tests/results
- disease
- other health professionals
- the doctor he is speaking to
- himself

When the doctor is 1st participant, he too is often represented as engaged in activities that have no 2nd participant. Beyond this, he is represented most often as involved in processes with the following types of things (in order of frequency):

- semiotic matter or objects
- tests/results
- symptoms
- other health professionals

Note that when the doctor is 1st participant, the 2nd participant is never treatment and never disease, in this consultation: this is true no matter who is speaking. From this grammatical information we can argue that there is a tendency in this

consultation for the doctor to be represented as involved with the semiotic components of medical care, including perspectives, points, tests and results. The patient is involved with these things, but also with the more material end of the spectrum, treatment itself.

Why is transitivity alone not enough to explain the sense of agency in Consultation 37? One reason is that it does not provide a one-to-one correspondence with our interpretation at the semantic level of what kind of activity is being construed. It seems to be emerging, at least in this context, that it is not enough to be construed *semantically* as an actor in the material domain: one must be construed as operating in the symbolic or semiotic domain. This should not be surprising, since this is the domain of decision-making. In order to capture *analytically* which kind of action is being depicted, a grammatical analysis on the basis of process type classifications is a start but is not sufficient, and may even be misleading. Consider the following three messages from Consultation 37. In each message the patient is being depicted as the first and most central participant. The second participant in each case is, broadly speaking, the patient's treatment, and yet the type of social actor the patient is depicted as varies considerably:

i)   190_1_1   P   We were fixing up [[what drugs to drop]].

In Clause 190_1_1 the patient is the speaker and represents himself as part of the "we" engaged in "fixing up what drugs to drop". Grammatically this is a material process, but its 2nd participant, the embedded non-finite clause "what drugs to drop", is not a material object but rather an abstract semiotic phenomenon, and thus marks the action semantically as a semiotic one. In order to distinguish between these levels of analysis I will start by using Halliday and Matthiessen's notion of Figure type as the semantic category which corresponds to the grammatical category of process type.

To "fix up" is part of a set of verbs typically conveying material processes (fix up, sort out, make up, etc.) which are routinely used to construe the activity of deciding, which would be a Figure of Sensing (mental) rather than a Figure of Doing&Happening (material). This mismatch between the process type and the Figure type can be characterised as an example of what has been called "process

metaphor" (Graham and McKenna 2000), a sub-type of what Halliday and Matthiessen (1999) and others describe as "grammatical metaphor". Grammatical metaphor is "a means of having things both ways" semantically (Halliday and Matthiessen 1999: 270).

The patient here seems to be portraying decision-making as having the creative, operational characteristics of material action – he is suggesting that fixing up a plan is like fixing up a house in need of repair. One of the effects of this is to allow him to construe himself grammatically as the agent of a semiotic process, which would not normally take an agent, and so this kind of process metaphor can be interpreted as a strategy by which the patient can emphasise his agency. If we record this type of construction as a material process we can represent the patient's agency; if we merely classify it as a non-congruent mental process, we may not (analytically) pick up on recurrent patterns of construing agency in this way. What is needed is a way of capturing the tension between the types of meaning, and the semantic analysis in terms of Figure is helpful in doing this.

In the second example from Consultation 37, a simple transitivity analysis can be entertained and arguably interpreted as the semantic category of Figure, though with some ambiguity. The doctor's utterance at turn 191 occurs in the middle of a recapitulation of various indicators. When the doctor says that the patient has changed one set of drugs here, this is depicted grammatically as a material action in which the patient is the agent. Does the doctor mean to depict the patient as the one responsible for the decision to change, or as the one who has undergone the change? Arguably there is a sense of conveying the patient's participation in a joint treatment plan, rather than the patient merely being the physical consumer of tablets[1], but this is much less pronounced and more equivocal than in the first example.

---

[1] It cannot be ruled out however that such constructions which attribute agency to the person receiving treatment are a register specific phenomenon, similar to the phenomenon noted by Anspach in which doctors in case presentations speak of patients 'denying' symptoms, meaning that the patient said, when asked, that they did not have a certain symptom (Anspach 1988). Here is an example of a grammatical strategy which attributes agency to another, acting as a discourse strategy for attributing agency to oneself, since the use of this formulation signals to other doctors that the case presenter thought of symptom x and did not fail to enquire about it.

ii)   191_4_2   D   We know
         191_4_3   D   you've changed one set of drugs

In the third example, the material grammar is directly interpretable semantically as a Figure of Doing in the doctor's turn 195, and again in the patient's turn 199. It is the (negative) physical act of (not) consuming tablets and the physical act of collecting them that are being referred to here, and it is in these terms, as a material actor, that the patient is being portrayed.

iii)   192_1_3   P   Would it- would it show in that week?
         turns omitted
         195_2_1   D   If had- if you'd STOPPED, for example.

It is necessary to argue largely from a single transcript at this point, so that readers can judge the fit between analytical measures and the texture of the verbal interactions themselves, insofar as they can be represented as transcribed speech plus a small amount of additional contextual information. It will become clearer as more data is displayed, and more summary information is given about the range of consultations and their characteristics, that a more multi-dimensional framework is required in order to understand the ways that doctors and patients portray and enact agency.

4.5 Agency and grammatical complementarity

Halliday and Matthiessen's (1999) account of ideational/representational semantics focuses on what they call a "fundamental complementary" between the ergative and the transitive perspectives in English. They explain this as the grammar's response to the fact that "agency is such a complex aspect of human experience that the grammar does not delineate it by a single stroke" (1999: 559). Figures which have two direct participants, such as Actor+Goal in the material, are aligned along two different axes: the transitive one, based on the potential extension of force (mechanical energy) from a doer to another entity; and the ergative one, based on the potential introduction of agency (causal energy) from another entity as external source. As Halliday and Matthiessen point out, certain parts of the region (process types; figure

types) are more strongly oriented to the ergative perspective and others are more strongly oriented to the transitive perspective, but the total picture requires the confrontation of both.

Agency occurs in process types other than material processes/figures in Halliday and Matthiessen's model. Where there is a second direct participant, "some form of agency runs through all the different types of process" (p. 559). However, in the form of agency that runs through non-Material processes, the Actor role does not map to the Agent role, as it may do in Material processes (Matthiessen 1995: 208, 210 ff). In order to explore whether social actors engaged in semiotic action (grammatical as Sensers, Sayers) can be construed as agentive at the semantic level, a number of semantic 'complementary perspectives' need to be brought into confrontation, along similar lines to Halliday and Matthiessen's claim for complementarities at the grammatical level.

How do we bring together the grammar of transitivity and the "giving off" of agency into a single coherent account? This chapter has been arguing that there is some kind of recognisable and recurrent latent patterning in language (here the English language) which allows interactants to make contrastive pictures with the motif of agency. We can show one person as active and another as passive, or one group of people as affected by another group's actions, we can distinguish between being directive and being responsive, or show events as happening of their own accord, and so on, without resorting to making propositions to that effect. I have gone from there to argue that technical descriptions of how the latent patterning of agency works in English do not account for key instances of agency contrasts in HIV discourse. This should not be interpreted as suggesting that there should or could be a grammatical category that accounts for – or could possibly account for – all of the major motifs in English-speaking culture. As Matthiessen (1991) points out, there are many significant semantic domains that are dispersed as motifs in the grammar, motifs such as cause (Halliday 1985), time, and semiosis itself (Matthiessen 1991). What I am suggesting is merely that we need to examine the extent to which agency is one of these dispersed motifs. This might help to reveal the basis on which important contrasts are made in HIV discourse about treatment.

It is important to make another caveat about what grammar and grammatical models can be expected to do with respect to bridging the gap between linguistic description and social theory, especially given appeals to language as a "theory of experience". Halliday and Matthiessen (1999: 500) caution against motivating semantic/grammatical models on the basis of 'real world' explanations. For instance, where Foley and van Valin suggest a particular account of perceptive verbs on the basis of our current understanding of the relation between visual/ aural stimuli and the human nervous system, Halliday and Matthiessen argue that grammar and semantics may construe our experience of the world in the same way as (modern) science does, but there is no reason why this should necessarily be the case. A similar argument may be brought that there is no reason why grammar and semantics should construe our experience of agency in a way that conforms to recent social theories, such as the theory of structuration, or habitus, or the theory of reasoned action. In part the analogy holds, and a close inspection of the grammar of English shows that it privileges material agency. Through the lexicogrammatical system of transitivity, English construes material actors as agents quite readily. For mental, relational and verbal processes, however, the lexicogrammar construes agency as something of a special case. For instance, whether a Senser is an agent or not is a non-question in many descriptions of English grammar. According to Halliday and Matthiessen this is because the Senser is never an Agent; it is always the Medium, either in the presence of some stimulus as Agent, or in a construction with no external Agency, i.e. in Middle Voice. For instance, the sentence *I've decided to change the drugs* instantiates a Figure of Sensing (deciding) which hypotactically projects a Figure of Doing, (changing drugs; realized here as a non-finite clause):

α *I've decided* ||β *to change the drugs*

There is only one participant in the alpha clause, the person who has decided, and this participant is represented as Medium. There is no grammatical Agent involved in the process of deciding, although there is an agent of changing in the beta clause, inferable through ellipsis. In the clause *I can't remember the other drug* there are two participants, according to the Hallidayan model. The participant who remembers or can't remember is construed as Medium, and the "other drug" is construed as Range. There is no agency in such grammatical constructions since Phenomena are not

construed as being affected by the process of sensing. Phenomena can however be construed as being an Agent which affects a Sensor, thus *The idea of taking AZT terrifies me* construes the idea as agent and the social actor as a passive, involuntary bearer of fear, rather than the volitional holder of a view, as does its passive voice/ relational process agnate *I'm terrified now of AZT*[1].

Other accounts treat Sensers and/or Sayers as potentially represented as volitional agents (Palmer 1994, Munro 1982, Fawcett forthcoming), whereby in a clause such as *If you don't like AZT*[2], the social actor as Senser is arguably being constructed as having some degree agency over their desire[3], compared with alternatives such as If AZT doesn't agree with you. Similar contrasts apply with respect to perception: *one of us will remember*, cf. *this will remind one of us*[4].

The position is similar, though perhaps more indeterminate, in the case of Verbal and Relational processes. The grammar of English treats agency as inherently salient in material action in a way that it does not for other types of action. At the level of semantics, however, speakers are able to systematically put elements of the grammar and lexis together to construe figures of sensing, saying and being as more or less agentive. In a sense, the discourse semantics is making up for the lack of purely grammatical means to mark this crucial distinction. But of course, at the same time, the grammar is the medium through which these meanings are construed and, as usual, this takes place within the environment of the semantics, itself within the environment of the context. For instance, as Matthiessen points out (1995: 267), "both cognition and desire may be brought about through verbal action. I tell you that: you know that:: I persuade you to: you want to". We might add "I require you to: You are required to" to his description of verbal causation, which in fact is limited to logically implied verbal causation, since *I tell you that* implies *you know*

---

[1] This passive type of construction occurs more frequently in the corpus, with variations in the prepositions that construe some indeterminacy between agency and circumstances of matter, such as "I'm terrified now *with* drugs" (Consultation 2, turn 111)

[2] This is said with respect to participating in a trial. *If you don't like AZT, or you can't take it, it makes things difficult.* (Consultation 45, turn 116)

[3] Matthiessen (1999) argues that the grammar of English latently construes participants as not having agency over desire.

[4] See Consultation 58, turn 209

that but does not guarantee it. We might also add a reciprocal relationship between *I tell you to do* and *you do*, which is likewise not guaranteed, but a discourse view shows that it is often through representations of verbal processes that speakers describe their acts on the external world and on other people (cf. Matthiessen 1998).

If the grammar of English reflects the complexity of the phenomenon of semiosis by treating it both as action and reflection, as something symbolic and discursive *and* as something material (Matthiessen 1991: 105)[1] why does it not allow semiotic action the same opportunities as material action: why can semiotic action not be depicted as either having agency or not having agency, in a systematic way? One speculation might be that that language as a "theory of experience" is likely to be conservative and pre-scientific, in the sense that the language as a whole changes more slowly than intellectual fashions and specialist metadiscourses do, and therefore English reflects ways of conceptualising phenomena which have been developed over millennia rather than decades (which is not to say it does not give a complex and subtle account of such phenomena).

This perspective on grammar as itself a model, or set of models of experience, is one of the motivations for Thibault's (1993) discussion of the cryptogrammar of agency and intersubjectivity in English. Thibault stresses that grammar is a resource for construing, rather than simply referring to, what lies outside language, arguing for close reflection on how grammar constructs agency within cultures. He argues that this should be done within an integrating sociosemantic framework, in order to interpret the cryptogrammar of agency (cf.Whorf 1956) – or the more latent patterning of agency (Butt 1988b) – in terms of relevant models of social action. He makes a number of points which will be important for developing a way of capturing relevant contrasts in agency in doctor-patient decision-making in HIV medicine.

The first point is that grammatical systems and functions such as agency are models of experience, and our metadiscourses about the patterns found in languages are also related but not necessarily isomorphic models of experience. Both depend

---

[1] cf. Giddens's (1984) distinction between allocative resources (cf. material means/ mode of action) and authoritative resources (semiotic means/ mode of action).

heavily on other culturally influential models and analogies which it is important to explicate. From this perspective Thibault describes English transitivity as essentially Newtonian (by which he may mean Corpuscularian, or Galilean) – a model of mechanical cause and effect in the physical world, in which one variable affects another (or not). By contrast he describes the ergative model as grammaticalising the logic of self-corrective circular causation, that is, a "nuclear" model concerned with "energetic dependencies" in the circuit as a whole (Thibault 1993: 135, quoting Bateson 1980: 120). Thibault hurries to stress that it is not that one model is "right" and the other "wrong", but that both are there, as resources – but also as constraints – for how agency is depicted in the culture. Importantly though, reflecting on the patterning of the ergative model is a useful way of shifting the focus onto reciprocal and intersubjective relationships. For instance, the ergative view would see the difference between *I make myself take vitamins every day*, and *I take vitamins every day*, as contrastive in terms of agency – showing the speaker as representing a kind of internal agent/medium relation with different aspects of the self in the first construction but emphasising a unitary self in the second version – whereas the transitive perspective does not view the difference as salient. A third culturally influential model with which Thibault calibrates his sociosemantic framework of agency is the work of Harré (Harré 1979, 1983, 1989, 1991). Harré suggests that a social agent can be considered as internally disposed to act, needing only to be released, rather than needing an external force, in order to act on his or herself or on some other participant – which brings constructions such as *I'm supposed to take vitamins every day* into the paradigm of contrasts in agency. This aspect of modelling agency is realizationally related not to transitive or ergative patterns in the experiential grammar, but to aspects of the interpersonal grammar, in particular the grammar of modulation, and Thibault identifies two distinct sociosemantic agency roles: the Agent of Modulation and the Agent of Process. These may be conjoined or disjoined in any one clause, and we will see below how these roles may be crucially conjoined or disjoined across larger stretches of discourse. Thibault is thus able to generalise a set of arguments about how semantic categories not normally considered as agency are in fact centrally involved in construing agency.

Thibault's paper is helpful step forward, but a number of steps remain to be taken. As Thibault points out, his approach needs to be tested by analysing situated discursive interaction. It also needs to be extended beyond the experiential semantics of material action to other types of social action; and we need to consider whether further dimensions of agency beyond those identified by Thibault are required for comprehensive discourse analysis. This thesis attempts to provide at least a partial response to these challenges, by analysing a new and relevant dataset and by drawing in insights from other approaches.

4.6 Agency as a multi-dimensional abstract "meaning space"

From what has been discussed so far, it should be clear that agency is a complex phenomenon, and thus the way it is to be construed symbolically is also likely to be complex. Nevertheless, being able to describe and model this complexity is crucial for understanding shared decision-making in medicine, and discussed in Chapter 2.

The way in which agency is interactionally achieved and structurally constrained in decision-making in HIV extends beyond the participants' use of the symbolic resources of language. But from the perspective of a linguist there is much to contribute to the understanding of how agency is construed in interaction by looking at the way it is realized (although not completely realized) through textual choices. From this perspective what is needed is a way of framing the meaning potential of agency, and a mode of highlighting the key choices or contrasts in meaning which contribute to its construal. The question is, what are the key choices in ways of speaking in HIV decision making which contribute to building up a picture of a person as effectual or ineffectual, and of events as within or outside the influence of human agents? As indicated above and in earlier chapters, the orientation of the present research is that in answering such questions it is necessary to explicitly link observations about grammatical patterning, semantic patterning and contextual patterning, since there is generally no one-to-one correspondence between grammatical options and semantic options. A well-attested example of this is that the semantic category of 'question' (as a category of Speech Function) does not

pcorrespond with the grammatical category 'Interrogative' (a category of Mood). For instance it is typical in medical (and many other) contexts for interrogatives to function as directives, i.e. as oblique Commands – *Now can you please come back in a month to do those bloods?* To distinguish between the Mood and the Speech Function of some clause or message is to distinguish between grammar and semantics. Crucially, moving to a description in semantic terms, even in a small example such as this, involves describing the combined function of a number of lexicogrammatical features and may include contextual features as well. Thus there is an increase in the number of dimensions involved, and an increase in indeterminacy and the role of interpretation, so this move always includes a pragmatic element. The task of framing the meaning potential of agency involves making a similar stratal distinction, and similar connections between multiple features.

One fruitful approach to this task of mapping out the meaning potential of agency is Hasan's schematic Cline of Dynamism (1985b). Here a phenomenon very close to the notion of social agency used in this thesis is represented as a meaning potential distributed across a continuum from passivity to dynamism[1]. The schema shows how different *configurations* of Process and Participant in the transitivity structure of the clause, in conjunction with some additional information about the nature of the entities mapped into the different Participant roles, contributes in large measure to the sense of agency or passivity with which events and social actors are depicted through language. I will briefly describe the schema and then use it to explore an instance of HIV decision-making.

This schema was originally developed in the context of analysing a literary text[2] in which the central character is depicted as passive and ineffectual, despite being

---

[1] Hasan's cline of dynamism shows some similarities to schematic representations such as Hopper and Thompson's (1980) ten criteria for cardinal transitivity. Hasan's schema is designed to show how a range of lexicogrammatical phenomena contribute jointly to realizing a particular semantic category or higher order theme in a text. Hopper and Thompson's schema, by contrast, showed how a range of semantic phenomena are associated with the one lexicogrammatical system of transitivity, and how particular choices of transitivity structure are likely to be found where more, and more highly ranking, types of such semantic categories occur. In terms of explicating the loose, complex structuring of relations between grammar and meaning in language, these two perspectives are complementary.

[2] Hasan's analysis is of Les Murray's poem "The Widower in the Country".

consistently represented at the grammatical level as the active participant (Actor/Behaver/Senser/Sayer/Carrier and so on) as opposed to the affected roles (Goal, Phenomenon etc). Defining "effectuality or dynamism" as "the quality of being able to affect the world around us, and of bringing change into the surrounding environment", Hasan produced an array of types of configurations, but organised these along a single continuum. Note here that what Duranti (1994) treats as a necessary condition for agency – namely that the action undertaken has some effect on an object or human being – Hasan (1985b) treats as an incremental feature.
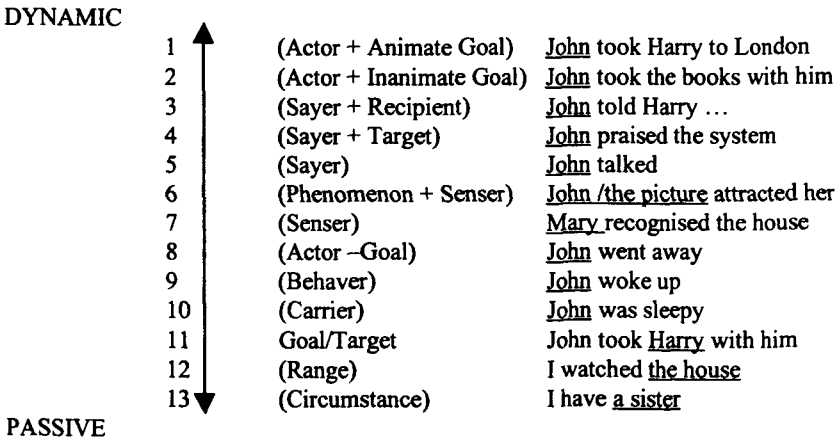
DYNAMIC

1	(Actor + Animate Goal)	John took Harry to London
2	(Actor + Inanimate Goal)	John took the books with him
3	(Sayer + Recipient)	John told Harry …
4	(Sayer + Target)	John praised the system
5	(Sayer)	John talked
6	(Phenomenon + Senser)	John /the picture attracted her
7	(Senser)	Mary recognised the house
8	(Actor –Goal)	John went away
9	(Behaver)	John woke up
10	(Carrier)	John was sleepy
11	Goal/Target	John took Harry with him
12	(Range)	I watched the house
13	(Circumstance)	I have a sister

PASSIVE

Figure 4.3 Hasan's Cline of Dynamism (reproduced from Hasan 1985b: 46)

The distinctions that the cline maps out are based on process-participant configurations in the clause, encompassing the following dimensions:

o transitivity: extension

   John talked cf. John praised the system

o transitivity: process type

   John talked cf. John went away

   John praised the system cf. John took the books with him

○ external/internal agency

John took the books with him cf. John went away

John praised the system cf. John told Harry ...

(but note that in Hasan's cline, [+ external agency] equates with higher dynamism in the material action contrast, but with lower dynamism in the verbal action contrast)

○ animacy of the 'ed' role

John took Harry to London cf. John took the books with him

It will be recalled from Consultation 37 above that the distribution of "ed" roles and "er" roles reveals some patterns of interest but does not serve as anything like a reliable marker for relative levels of agency. Can Hasan's Cline of Dynamism give a better indication? It is informative to apply the Cline of Dynamism to Consultation 37[1], on a message-by-message basis, and then to calculate averages for each person and see whether one is depicted as "more dynamic" than the other. This analysis will show that Hasan's system still leaves much to be explained.

For each of the 140 messages in Consultation 37 in which the doctor and the patient appear as grammatical participants, each was given a rank from 1 to 13 from Hasan's cline, with a rank of 1 representing the most dynamic portrayal a social actor can be given and 13 representing the most passive. In messages in which social actors appeared in more than one participant role, both were scored and contributed to the average. In this consultation, the median level of dynamism was 7 for both the doctor and the patient. Such a result could be taken to indicate that the doctor and the patient were as agentive as each other, and that they were neither very passive nor extremely dynamic. Viewed from a different perspective, with mode instead of median as the measure of central tendency, the patient's average level of dynamism was 10, whereas the doctor retained an average of 7. This difference in the measures reflects the fact that the most common construal of the patient in Consultation 37 is as the bearer of some quality, which scores a passive rank of 10. The doctor on the

---

[1] Some of the Consultation was in fact omitted for reasons of space, including a lengthy discussion of the patient's recent holiday. The section analysed is presented in Chapter 6 in more detail.

other hand is most often construed as saying something, which scores a more dynamic 7.

This initial analysis raised two central questions. The first question is: Is the relative ranking given to different activities and participant configurations in Hasan's Cline of Dynamism appropriate to the context of HIV treatment decision-making? For example, it may be less appropriate, in a context centrally concerned with decision-making, to rate the act of saying something as less dynamic than performing an action on a material object. If the doctor's portrayal is predominantly as an actor who speaks and deals with semiotic objects and material, as suggested by the transitivity analysis, it is likely that working in the semiotic domain is a badge of power in this context – part of the way that doctor's dominant roles in decision-making are reflected and constructed. This would mean that patients' attempts to share the control of decision-making, and doctors' attempts to share the process with patients, may be identified by increasingly representing patients as actual or potential semiotic agents. Instrumentally, it suggests that it might be necessary to rethink the ranking of different types of action, or to reconsider whether ranking is the best approach.

The second important question this illustrative analysis opens up concerns the degree of delicacy of the analysis, particularly with respect to portrayals of semiotic action. In coding each message in terms of the Cline of Dynamism it became evident that the same ranks were given to messages which seemed in the context of the interaction to be central contrasts with respect to agency. For instance, Hasan's measure of dynamism does not discriminate between two key portrayals of the patient as decision-maker in this consultation which arguably present conflicting views of the role of the patient as a) final arbiter of a treatment decision, and b) petitioner to the doctor regarding that treatment decision. The two representations are as follows:

a)   37_197_1_1   P   Okay well, we'll leave it for another- nother two weeks.

     37_198_1_1   D   Okay.

b) 37_242_1_2   D   he'll probably need a change of antivirals,
    37_ 242_1_3   D   but Michael has asked
    37_242_1_4   D   to postpone this for a two week period

The first of these portrayals occurs after some deliberation about the need to change the drugs the patient is currently taking. The patient suggests a different interpretation of the test results from the one the doctor has been pursuing, and in turn 197 the patient articulates a different decision from the one that would seem to follow from the doctor's line of thinking. In turn 197, which is one message and one clause, the patient represents himself and the doctor jointly as a grammatical Agent in an effective clause, with implied "treatment change" as the Goal in "we'll leave it for another two weeks." Almost 50 turns later at turn 242, the doctor is making a written record of the consultation. He represents the above decision-making episode again using an effective clause, in which "treatment change" is again the Goal, and in which the patient is again the agent of the process, which is here "postponing" rather than "leaving". According to Hasan's Cline of Dynamism, both of these are instances of Actor + Inanimate Goal, second only to Actor+ Animate Goal in terms of the level of dynamism construed. And yet, in context, most readers would be likely to feel that the doctor has downranked the patient's agency and perhaps reasserted his own agency in this recapitulation and rephrasing.

Grammatically, there are several more things we need to take into account, including the following:

1. The doctor's rephrasing presents the patient's speech as a projection. The way he has projected the patient's prior turn exposes a new set of choices that may contribute to the overall portrayal of the patient in terms of agency.

2. The sequencing of turns – the fact that the patient's rather directive turn comes *before* the doctor's attribution to him of less agency.

3. The limitations of a view in which agency is zero sum. Turn 197 seems the most agentive moment for the patient in this consultation, but it is not thereby the least agentive moment for the doctor.

4. The fact that the directive from the patient is accepted, not challenged or ignored, is very important.

Clearly there are complex interactions between the dimensions in Hasan's model, as exemplified by the way in which process type interacts with agency. Hasan does not explicitly address this issue, but she does suggest that it might be difficult to distinguish two "adjacent points on the continuum" (and by implication, the location of any particular message on the cline vis-à-vis another), but that the general tendency of the cline is perhaps what matters most (Hasan 1985b: 46). We might add that the hierarchy in the cline may be context- or register-dependent.

Hasan's Cline of Dynamism was used by Sally Candlin (Candlin 2000, 2002) to explore patient autonomy in nurse-patient interactions. Candlin notes that "effectuality as described by Hasan does not include a comprehensive range of grammatical structures" and points out as an example that Hasan's data "does not account for the effects of negative polarity or modality in the individual's display of effectuality, since no modal or negative clauses are identified in her texts". Candlin observed that the strength of the modality in the discourse of the patient in her study was largely responsible for indicating what Candlin terms the 'individual's perception of low self-control' evident in utterances such as "I couldn't see it happening to me" and "There's nothing I could do about it", and even "You've got to take it haven't you". These are contrasted with the constructions of a patient indicating a higher sense of self-control, such "I can do...", "I can walk...", "I am now able to cook". For the purpose of the present study, Candlin's adaptation would help capture some of the latent patterning of agency that we have so far failed to be able to account for.

However, for the present research problem, rather than building additional dimensions and grades into a unidimensional continuum, perhaps a more explicitly multi-dimensional approach might be most appropriate. We need semantic categories which are driven a little less "from below" (resulting in options that look quite similar to those available in the grammar), and a little more "from above", which should help to make our descriptions of grammatical and contextual patterning meet. Among the semantic categories current within systemic linguistics, those relating to the Interpersonal metafunction arguably have been pushed further towards the context than those relating to the Experiential, particularly the Ideational Function. If

this is true, it may be the irony of the relatively secondary focus that the Interpersonal function of language has been given by grammarians what Schegloff (1996: 111) refers to as the "stranglehold of predication", and what Martin refers to as modelling interpersonal meanings as if they merely modified experiential meanings (Martin 1995, 2000a).

The main reason for pursuing a more multidimensional and context-driven account of agency here is to be able to engage text-oriented discourse analysis with discourse analysis that is not textually oriented, and with social research more broadly on the issue of modelling joint decision-making. Given that systematic multi-dimensional statements about the semantic stratum are a very recent technology, compared with the historical depth of scholarship on grammar, it becomes all the more important to approach this task by taking members' typifications into account (Cicourel 1973, Sarangi and Candlin 2001), and by treating researchers, practitioners, and PLWHA as members of overlapping discourse communities with regard to this context.

4.6.1 Elaborating the cline?

In Hasan's continuum, the pinnacle of dynamism is human actors acting materially on other human actors (e.g., taking Harry to London), and the implication is that this cline represents a fixed distribution of configurations or figures of agency relations that pertain across different social contexts. Hasan does stress that the details of the ordering of the points along the cline are not clear, but there is no suggestion that the gross ordering of configurations might vary greatly from one context to another. However, this possibility cannot be ruled out and in fact it is quite likely.

An account of a children's story re-telling the biblical account of Noah's escape from the flood provides an illuminating example (Matthiessen 1998). Matthiessen argues that the text construes a particular world order – the hierarchical order of creation – in which God prevails over men, who prevail over women and children, who all prevail over animals. In the text, this is brought out through the participation configurations which set up, locally, something like Hasan's Cline of Dynamism,

except that verbal action is the most dynamic. The two key textual patterns which are crucial for setting up such relationships are:

1. The grammatical configuration of participants as represented by the transitivity system (Ideational). God is Sayer and Noah is Recipient, but not the reverse. Noah is Sayer and his family is Recipient but not the reverse. Noah's sons are Sayer and the animals are Recipient but not the reverse.

2. The Interpersonal function's system of Mood and its projection into the Experiential system. Most of the utterances in the story are represented as commands.

In this work and elsewhere (Matthiessen 1995) Matthiessen stresses the interdependence of metafunctions with respect to each other, and especially the potential for key semantic motifs to recur and reconfigure as features in systems across metafunctions, particularly when language is used to represent verbal action (Matthiessen 1991). In the example of Consultation 37, we can see this reconfiguring in operation as we move from the patient's original utterance, where the speech function is offered "on-line" in the Interpersonal structure of the patient's message. When the doctor re-projects the patient's utterance, the speech function is represented "off-line" as part of the Ideational structure of the message.

The central point for the argument in this chapter is that it is necessary to look at the semantic drift (Butt 1983) of such patterns, across metafunctions and across strata (cf. Whorf's "configurative rapport"), and to expect that the patterns will combine in different ways in different contexts. In the particular context of HIV decision-making it is likely that high levels of agency will be construed through verbal modes of action, in a similar way.

4.7 Semantic networks and representational strategies

Within SFL, the primary tool for representing the way in which language choices are contingent on each other is the semantic network. A semantic network, according to Halliday (1973: 76, 79) is an account of, or hypothesis about, how social meanings are expressed in language. In order to be valid it must satisfy three requirements: it

has to "account for the range of alternatives at the semantic stratum itself; and it has to relate these both 'upwards', in this instance to categories of some general social theory or theory of behaviour, and 'downwards', to the categories of linguistic form at the stratum of grammar" (Halliday 1973: 76). The semantic network seems a potentially useful tool for observable wordings in doctor-patient interactions, to describe the types of meanings being conveyed, including the degree of agentivity that a doctor or a patient is enacting, and allowing the variation in those patterns to inform our definition and evaluation of shared decision-making and its alternatives. However, as I will argue below, the way in which semantic networks have been developed to date within SFL does not maximally lend itself to such an application.

Relevant here is Halliday's early semantic network for threat and warning, which was constructed for the very specific context of controlling/caring for young children. He notes (1973: 79) that the "behavioural options are specific to the given social context, which determines their meaning; for example, 'threat' in a mother-child control context has a different significance from 'threat' in another social context, such as the operation of a gang. This may affect its realization in language." The general principle being articulated here is an important one and it applies broadly. Social meanings – including what counts as agentive – may be realized in different ways from one context to another. But there will probably be crucial semantic elements shared between these contexts that allow us to recognise them as in *some* sense the same semantic item of 'threat'. For instance, in parent-child contexts "you'll get smacked" acts as a threat because it invokes the agency of the parent, even if such agency is grammatically unspecified – the child knows very well who will do any putative smacking. But the utterance "you'll get hurt" counts as a warning, not a threat[1], because it does not (typically) invoke any external agency.[2] In the gang context however, "you'll get hurt" may very well count as a threat, but in order to do so it must invoke the agency of the threatening party, even if very indirectly. As Halliday points out, social meanings or behaviour patterns are specific

---

[1] I am leaving aside the issue of whether "get smacked" implies "get hurt".
[2] I am leaving aside entirely the question of the appropriateness of physical punishment for small children.

to their contexts and settings, but linguistic reflexes are very general categories such as those of transitivity, of mood and modality, of time and place, of information structure and the like. In semantic networks which have been developed as "contextually open", one of the most difficult tasks is to account for different ways of realizing the social meanings in question, as the example of threats and hurts demonstrates. This task relies on framing the semantic options at the right level of abstraction and with the right distance between the grammar and the social concepts and problems being examined. For the study of agency and participation in decision-making in HIV medicine – and arguably for many other contexts, both similar to and very different from HIV medicine – semantic options relating to agency need to be framed in terms of social meanings at a more abstract level, and located a little further up from the grammar, and further towards the context.

In a similar network-based approach, Hasan has outlined a comprehensive set of networks for the semantic stratum of English (Hasan 1983, 1996). The relevant section of this network map is the network describing how social actors and other entities are classified. Hasan describes how transitivity choices and choices in other grammatical systems yield particular selections at the semantic level with regard to agency, as part of the text's method of classification of social actors. In hypothesising the salient semantic choices in the way that actions can be represented in English, Hasan provides a primary choice between "supervention" and "action". Hasan's category of supervention is defined as "a happening in which 'doer's' volition is absent", whereas action is "a doing in which volition on the part of the doer is a possibility" (Hasan 1983), reflecting a concern with volition similar to that of the philosophers discussed in chapter 2. But this semantic choice with regard to volition is only available for material action. Distinctions at the grammatical level between Material and other process types appear to be driving the choices available for semantic categories rather closely, precluding the option of agency in messages that are not construing material action. Hasan's representation at the semantic stratum of the salient distinctions in ways of representing action does not, of course, exactly replicate the distinctions available in the model grammar she uses – in the experiential grammar the key relevant distinction is between effective and middle voice (+agency/-agency), addressing the question of *external* versus *internal* cause,

rather than the question of *volition*. Within Hasan's framework, two dimensions of agency seem to be operating, such that a message can be middle but volitional (I ran up the hill), middle and non-volitional (I fell down the hill) or effective and volitional (I broke the vase), and possibly effective and non volitional (I broke my neck).

In short, although it has proved very useful in other respects (see Hasan 1996), Hasan's Classification network does not 'capture' the agency that seems to be associated with semiotic action in the context of HIV medicine. For verbal and mental action, no more choices are offered at the semantic stratum than are already available the grammatical stratum. It is crucial in many situations to be able to distinguish semantically between voluntary statements, offers, preferences and other types of verbal and mental action, and those which are not voluntarily made. Treatment decision-making in medicine is one such situation. For instance, it is central to distinguish whether a patient construes their consent to treatment as volitional or required. This is not the same as ascertaining whether the patient's consent to treatment is in fact volitional, but it is an important aspect which could be more systematically accounted for in textual analysis using resources similar to those elaborated by Hasan for material action.

4.8 van Leeuwen's multidimensional sociosemantic networks

At a time when sociology is arguably engaged in a 'post-discursive' turn[1] of rematerialising human action (Turner 1996, Richters 2001) and when discourse-analytic research on medical interaction is being criticised for its 'talk bias' (Hak 1999), it is interesting that linguistic accounts of the semantics of agency still have something of a bias against talk as action. Many grammars have been content to model agency in terms of mechanical cause and effect, or at least content to see only

---

[1] This project is post-discursive in the sense of accepting the body into sociology and finding a place for the physical and biological sciences, for instance bringing earlier biological explanations of sex into some reconciliation with sex as discursively constructed – see Richters 2001

those patterns in the grammar which model mechanical cause and effect (Thibault 1993).

Within SFL, Thibault's own work in this area (e.g., Thibault 1993) and the work of Matthiessen (e.g., 1991, 1995) are two exceptions which provide impetus for a contextually sensitive semantic framework but whose own descriptive categories stay very close to the grammar (see also Steiner 1985).

Van Leeuwen (van Leeuwen 1993, 1995, 1996, 2000) emphasises the need to pursue such questions by firstly drawing up a sociosemantic inventory of the ways in which social actors can be represented; and secondly by establishing the sociological and critical relevance of his categories before turning to the question of how they are realised linguistically/ grammatically. He argues this primarily on the basis of a lack of fit between sociological categories and linguistic categories (or lack of "bi-uniqueness of language"). As an example he points out that 'agency' is a sociological concept, which is not always realised by linguistic agency, by the grammatical role of Agent. I have shown above how this applies crucially to the context of HIV treatment and decision-making.

Taking instances of what he identifies as racist discourse as his data, van Leeuwen points to many other ways in which social agency is represented in discourse, such as the possessive pronoun as in "our intake of migrants", and prepositional phases with 'from' as in "people of Asian descent say they received a sudden cold-shoulder from neighbours and co-workers". In fact, as van Leeuwen points out, in the "cold shoulder" example, the grammatical agent is the sociological patient. Van Leeuwen's second argument against interpreting grammatical categories as if they directly indexed sociological ones is that "meanings belong to culture not to language and cannot be tied to any specific semiotic", since both language and visual images (compare for example photos, plans, diagrams of dropping bombs on impersonal target areas or on people's houses and faces) can construe meanings about agency and affectedness.

For these two reasons, van Leeuwen argues, the primary focus should be on sociological categories such as 'nomination' and 'agency', rather than on linguistic categories such as 'nominalisation', 'passive agent deletion', etc., although he grounds the analysis strongly in linguistics. Van Leeuwen's set of related

sociosemantic networks "ranges over" a variety of linguistic and rhetorical phenomena. In the most relevant network to the current purpose (1996), there are three main areas of meaning covered, namely the degree of textual prominence of a social actor (exclusion/inclusion), the extent and means of their agency or lack of it (activation/ passivisation), and their degree and means of personalisation (personalisation/ impersonalisation).

Actor prominence: inclusion/exclusion

The initial question is whether an actor is included in or excluded from the text. If excluded they may be "radically excluded" or "suppressed", that is to say they have no textual trace, but other forms of 'partial' exclusion may occur, which van Leeuwen calls "backgrounding". The semantic process of backgrounding a social actor can be realized grammatically through features such as passive agent deletion ("Concerns have been expressed" does not mention who expressed them, so the social actor is backgrounded). Van Leeuwen shows examples in which actors can also be "backgrounded" through non-finite clauses, nominalisations, adjective forms, middle voice constructions and ellipsis, and possibly also in other ways.

Extent of agency: role allocation

Once a social actor has become a textualised entity, their role allocation can be examined[1] from the point of view of interpretation. (From the point of view of creating a text, engaging in interaction, the textualisation and the role allocation are simultaneously achieved.) According to van Leeuwen's semantic categories, actors can be activated (represented as the active, dynamic forces in the activity), or they can be passivated (represented as undergoing the activity, or at the receiving end of it). Where van Leeuwen's account departs from a strictly grammatical account is that activation and passivisation can take place through circumstantialisation and possessivisation as well as participation, which would be the more traditional site of evidence for construing an actor as passive or active, although a semantically

---

[1] Note that this sense of "Role Allocation" is different from Hasan's use the term in her networks. Van Leeuwen's usage refers to ideational meaning and Hasan's to interpersonal meaning (largely mood).

sensitive grammatical analysis would pick up similar evidence and weave it into an overall analysis.

For instance, van Leeuwen considers the following sentence:

α People of Asian descent say

β they received a sudden cold-shoulder from neighbours and co-workers.

In a more traditional SF analysis, the circumstantialisation of agency in "from neighbours and co-workers" would be picked up as construing agency, though it may not be given the same status as an activation realized through participation such as:

α People of Asian descent say

β neighbours and co-workers have given them a cold shoulder.

This is a difficult example because its analysis rests on how one treats the particular lexical verb: the semantics of 'receive' invokes a kind of passiveness which in the semantics of 'send' can only be achieved through grammatical transformation (passive voice).

Degree of personalisation

To simplify van Leeuwen's account, social actors can be represented as persons or as non-persons, although there is no clear dividing line between these two in practice. Persons can be represented as discrete, named individuals, or they can be represented as instances of some category, based on function, appraisal, classification, or other means. Their reference can also be left indeterminate (*somebody, someone*, exophoric *they*). Moving from the representation of social actors to the representation of social action in (van Leeuwen 1995), van Leeuwen makes some additional departures from an interpretation based strictly on grammatical categories. One upshot of looking at the way agency is conceptualised in social theory is to notice that it deals seriously with many things other than external causality in material processes. For instance, one of Malinowski's central contributions was to describe language as principally a mode of action, and not just a reflection of thought, even in 'civilised' societies (Malinowski 1978/1935: 7, 58, cf. Duranti 1997: 215-16).

As van Leeuwen points out, networks bring together what linguists tend to keep apart (1996: 67); one might add that they force researchers to become much more explicit about discursive practices which social theorists tend to call upon without textual evidence. Theoretical positions about language and its relation to social life, such as Bourdieu's notion of habitus, have had considerable influence on social theory, and also on sociolinguistic theory, without rather a small amount of detail about how the hypothesised linguistic mediation of social structure works in practice (Sarangi 2001, Bernstein 1996). Some authors who have interrogated the notion of habitus against real-life interactional data have found that the most deterministic versions of habitus difficult to support. For instance, Erickson (2001) concludes from his examination of gatekeeping encounters between students and academic advisors that there is more "wiggle room" than Bourdieu would have suggested for actors to modify their habitus.

Van Leeuwen's networks aim to show how textual practices (along with other elements such as dress and so on) realize and legitimate social practices, and how social practices are transformed into discourses about social practices. One advantage of van Leeuwen's approach is that his network is geared for taking a social actor which may not textualised as an entity in a given text and 'running it through the network'[1]. In this way, and in other ways too, van Leeuwen's method can be said to proceed in a downwards direction from the semantics to the grammar, establishing ways in which intuitively apparent tropes, including entities[2], are treated linguistically. Hasan appears to work in the other direction: at the risk of oversimplification her approach can be described as collecting grammatical meaning and building it up into semantic and ultimately contextual features. Note however that both scholars emphasise the fundamental role of close grammatical analysis in grounding the description and critique of discursive practice (Hasan 1989, 1999; van Leeuwen 1993: 203; 1996: 35).

---

[1] Although the non-textualised entity can be appealed to in any analysis, the heuristic of other sociosemantic networks (such as Hasan's) does not encourage the elaboration of how the non-textualised is present.

[2] Such entities, processes, attributes can be considered items in the real world, so long as it is understood that the real world is itself socially and discursively constructed.
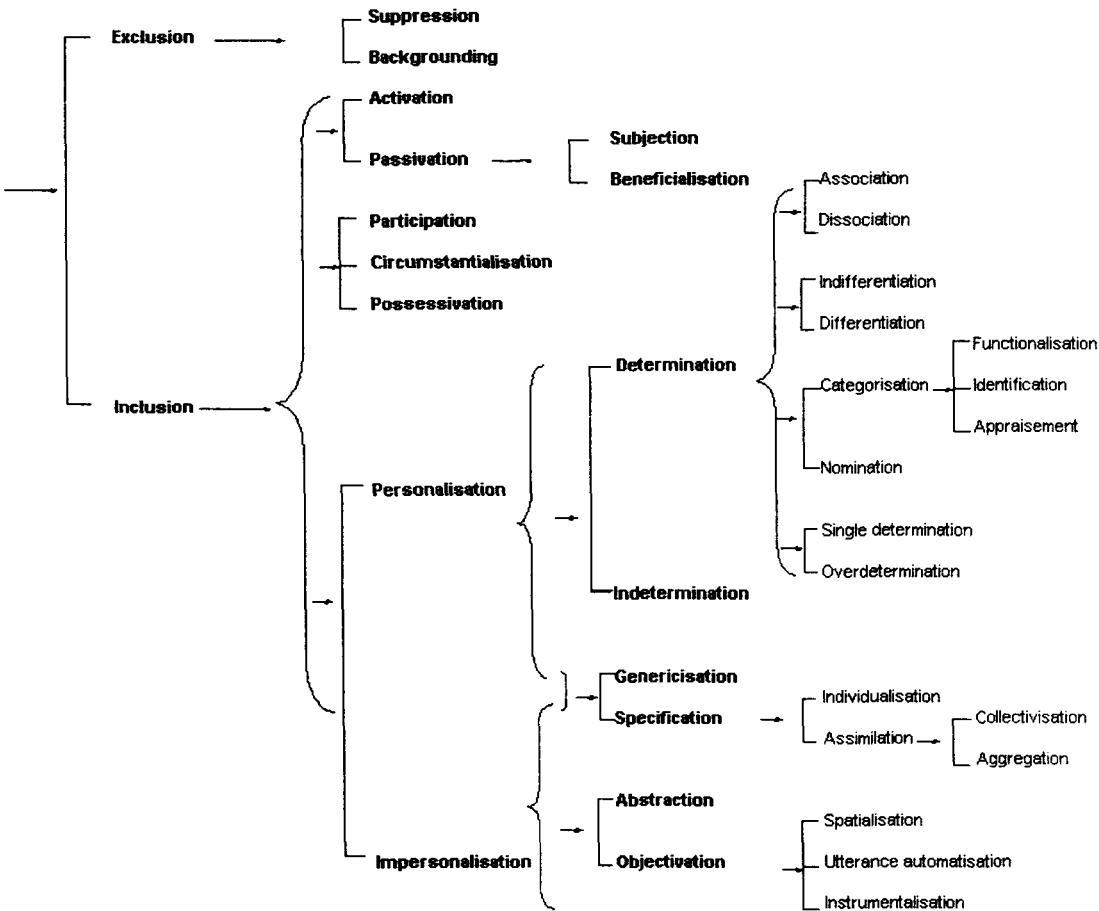
Exclusion — Suppression / Backgrounding

Activation / Passivation — Subjection / Beneficialisation

Participation / Circumstantialisation / Possessivation

Inclusion —

Personalisation — Determination — Association / Dissociation; Indifferentiation / Differentiation; Categorisation — Functionalisation / Identification / Appraisement; Nomination; Single determination / Overdetermination

Indetermination

Genericisation / Specification — Individualisation / Assimilation — Collectivisation / Aggregation

Impersonalisation — Abstraction / Objectivation — Spatialisation / Utterance automatisation / Instrumentalisation

Figure 4.4 Network for the representation of social actors (after van Leeuwen 1996)

Van Leeuwen's approach from semantics (rather than from grammar) is linked to a more general critique of the dominant approach within SFL and other functional grammars in which certain ways of grammatically encoding certain meanings are described as congruent, whereas other ways of representing much the same meanings are described as instances of "grammatical metaphor". An example of a congruent realization is representing action using verbal forms – e.g., *he travelled extensively*.

An example of a grammatical metaphor would be the "non-congruent" realization of action as a nominal – e.g., *his extensive travel*. Van Leeuwen argues that the concept of grammatical metaphor only goes so far in dealing with the problem of how different contexts construe action and actors, and that notions of congruence and incongruence make it difficult to avoid privileging some contexts as more "normal" than others.

This issue becomes very relevant in the context of HIV medicine and doctor-patient relationships more broadly. For instance, to treat the term 'compliance' as a grammatical metaphor (nominalisation) of the verb 'to comply' provides some explanatory firepower for comparing decision-making styles, but only so much, since the nominal form is discursively primary, and to speak of an identifiable social agent as performing the act of complying has the ring of a backformation. Historical accounts suggest that the concept of non-compliance in its current sense became prevalent in medical discourse in the early 1970s. Since its use was promoted as a politically motivated replacement for earlier terms such as 'vicious', 'ignorant' and 'recalcitrant' (Lerner 1997), it is likely that the adjectival form 'compliant/non-compliant' came into use directly. Of course grammatical metaphor is not a hypothesis about which part of speech for a particular lexical item is phylogenetically prior – it is a more general and powerful tool than that. However, if a particular semantic trope is first – and recently – employed in a form describing patient attributes rather than behaviour, this is crucial to understanding its role in institutional practice, and it will not be revealed through an analysis of grammatical metaphor alone.

4.8.1 Applying van Leeuwen's network to discussion about HIV treatment

This chapter started out with an analysis of how one research subject, Martin, constructs himself as agentive in relation to complementary approaches to treating HIV, but much more passive and ambivalent with respect to conventional treatment, showing the way in which this rhetorical contrast is achieved is not well captured by a simple transitivity or ergativity analysis. Does van Leeuwen's much more subtle treatment of the representation of social actors help make explicit the means by

which Martin achieves these contrastive portrayals of himself in relation to treating HIV? To answer this question, each quote from Martin (Race 1997) is briefly analysed in van Leeuwen's (1996) terms.

> MARTIN A: Um the regiment of taking drugs at a certain time before meals, after meals, um to me it is just like asking a lot.|| It is like saying ||well, you have to look at the clock || to remind you || that you are sick || and you've got HIV (pause) || and then look at the clock two or three hours later ||and tell yourself ||you've got HIV|| and take another pill.

According to van Leeuwen's network, with respect to the activity of taking combination therapy, Martin begins in the first clause/message by *including* himself but as a *circumstance* rather than as a participant, and as a *beneficiary* rather than an *actor*. (Thus we have "to me" rather than "I'm certain that" or "I've decided that".) In this representation in the first clause/message, Martin is *personalised, determinate,* and *nominated* as himself rather than categorised in effect (although through the pronominal mechanism). It is difficult to say whether he is associated or disassociated, and if so with respect to whom. He does appear however to be *differentiating* himself, through the use of this circumstance of perspective, from other views, held by persons or discourses who are *excluded* from the text, although not completely excluded. It also appears that he is differentiating himself from the person or discourse that performs the process of "asking" that is referred to in this clause. With respect to this process of asking, Martin is textually excluded. However the inferable relation between the process and Martin is that he, as a PLWHA, is the would-be active participant in the process of "taking drugs at certain time before meals, after meals...", and he is also the would-be recipient of the process of asking.

In the following clause Martin is again textually *excluded* – the process of saying is not carried out by him or represented as impacting on him, explicitly. In the following projected clause Martin is *included, active, a participant.* He is *personalised* and *categorised* rather than named, but left *indeterminate* and *generic*:

it is no longer the specific first person "I/me" but the generic first person "you". Arguably the indetermination and genericisation of the social actor takes over from the passivisation of the social actor in the earlier clauses in producing and maintaining a sense of distance between Martin and the combination therapy regimen and from any decision to take up such treatment. (Note however that indeterminate/ generic "you" is a strategy which is also used for many other reasons.)

> MARTIN B: Um, yeah, I'm on my own little vitamin trip.
> ||I I take between 12-15,000 milligrams a day of vitamin
> C powder ||and I'm also on a garlic tonic ||which is
> probably bumps me up to between 20-30,000 milligrams
> of vitamin C a day ||and I've been on that now for quite
> a few years.|| Um as well as uh I take Echinacea ||and I
> take 4-5 multi vitamins in the morning ||and I take B
> complex in the evenings.

In Martin's contrasting presentation of his use of complementary therapies, Martin is consistently *activated, participating, personalised* and *individualised.* In this scenario Martin is represented as acting in the *material* realm, with treatments being the goal and medium of his action. There is no representation of any other party or force or semiotic object to influence or constrain Martin's action: Martin B is only *associated* with medical substances, and both conventional and complementary therapists are *excluded* from the world depicted. Thus in this second quote the degree of agency conveyed is greater, but it is a much simpler type of agency – the agency of unfettered action. From a slightly different perspective, such unfettered action might be interpreted as unsupported action. This is an important consideration when thinking about how doctors and patients maximise each other's expertise in shared decision-making, and what constitutes an agentive patient. Surely the agentive patient is not the patient who simply cuts himself or herself off from influence and advice. In order to explore this issue and the light that van Leeuwen's framework can bring to it, it is necessary to examine the dynamic role of representation within interaction.

4.8.2 Applying van Leeuwen's network to interactive data: doctor-patient decision making consultations about HIV treatment

Recalling Consultation 37 from the present dataset, discussed above in relation to transitivity analysis and in relation to Hasan's Cline of Dynamism, van Leeuwen's approach to the representation of social actors provides additional insight and explanation of the way in which agency in medical decision-making is conveyed, but still leaves some important gaps in what can be accounted for. The coding of text according to van Leeuwen's network is time- and space-consuming, so I apply it here only to the pair of turns (197 and 242) analysed above in which the patient proposes a plan of action which is recapitulated by the doctor.

a)	37_197_1_1	P	Okay well, we'll leave it for another- nother two weeks.
	37_198_1_1	D	Okay.
b)	37_242_1_2	D	he'll probably need a change of antivirals,
	37_ 242_1_3	D	but Michael has asked
	37_242_1_4	D	to postpone this for a two week period

In the patient's initial version at turn 197 the patient is *included* and *activated* through *participation* and *personalised*. According to van Leeuwen's model, the doctor and patient are *not differentiated* from each other – they are represented as engaging jointly in the proposal to leave the change of drugs for another two weeks, as one *collective* actor through the plural pronoun "we". The context establishes that this "we" refers to this particular doctor and the patient, rather than the patient and some other specific person or persons; or to the generic "we" as in "we know now that there is no latency period in HIV". This interpretation can be supported in terms of tense/ time references as van Leeuwen suggests, along with contextual expectations more generally.

The collective actor, "we", is *determinate* in this case. Because they are interacting, they will represent each other and themselves mostly through pronominals I/me/ my; you, your; we/us/our, etc, which categorise and functionalise in terms of temporary roles relating to speech functions (I='speaker' etc). Thus many

of van Leeuwen's contrasts are choices of low probability in this context, and their valeur is somewhat altered – for instance, in dialogue the contrast between naming and not naming a co-present social actor is not the same contrast as naming versus not naming social actors in written media. Whether the interactants are *associated* or not is also somewhat problematic to establish – it seems that they are *inherently associated* by virtue of being *collectivised*, and this is by contrast with the doctor's recapitulation of this proposal, as we shall see below. Before moving on to the recapitulation it is important to characterise how the doctor is depicted as a social actor in this same utterance. In the patient's message "We'll leave it for another two weeks", according to van Leeuwen's network, the doctor would be represented in very much the same ways as just described for the patient. He is *included, activated,* and a *participant.* He is *personalised, determinate, categorised/nominated, determinate,* and *specified* as part of a *collective* with the patient. He is inherently associated with the patient and undifferentiated from him.

Thus van Leeuwen's network characterises the doctor and patient here as active and as equal partners, which on the whole corresponds well with what I expect most readers' intuitive sense of this text would be. However, the following issues remain. Firstly, van Leeuwen's analysis does not account for the additional sense of agency that arguably accrues to the patient here, by virtue of being the proposer of this particular plan. This is largely due to his having the speech role of speaker at this point rather than addressee, but it is also because the patient's contribution has a strong initiating function as well as functioning as a response to discourse that has gone before (Linell 1990, Sinclair and Coulthard 1975, Eggins and Slade 1997). It is this move that displays the significance of his own prior moves, and ties them in with the doctor's immediately prior moves to achieve a "semantic reversal" (Markova 1990b) from 'change treatment' to 'don't change treatment'.

Secondly, and related to the above, van Leeuwen's analysis does not account for the sense of secondary participation, the sense of "going along with", that is often construed in institutional contexts. For example, when teachers or authors say something such as "thus we have shown that the concept of species is unsupportable", this is in some sense hearable as "thus *I* have shown *you* that the concept of species is unsupportable".

In the doctor's recapitulation of the decision, van Leeuwen's network is sensitive in explicating many of the salient differences that an intuitive interpretation easily supplies. The patient is *included, activated,* and *participating* in the activity of postponement, as in his own version. He is *personalised,* and *determinate* as a specific person, as before. In contrast to his own version, however, the patient is here *nominated* by his first name, i.e. *informalised* and *de-titulated.* He is thus *individualised* as the single actor with respect to the proposal. In this way the patient's role is now *differentiated* from the role of the doctor, who does not represent himself as the actor of owner of the proposal. The two interactants may still be *associated* however, though the association is a more differentiated relation compared with turn 197. Whereas in van Leeuwen's texts association and dissociation tended to be either consistent across registers or change with phase or narrative time (e.g., Mark and Mandy were always associated while at school, but at home they were dissociated), in the context of HIV treatment decision-making, the degree of association or differentiation between interactants may be a much more locally dynamic phenomenon and may be a site of conflict resulting from different models of the context and of the respective agentive roles that the context entails.

For instance, in this interaction (Consultation 37), the doctor is construing himself as having more of a gatekeeping role with respect to decision-making than the patient has tended to indicate. Van Leeuwen's network can help explain how this is achieved. In "Michael has asked to postpone this ...." (turn 242), the doctor excludes himself, although the message retains some trace of him as a participant which can be linked with surrounding messages in the co-text: so he would probably be best described as Backgrounded. The distinction as van Leeuwen presents it does not quite work for this text, again because it is a dialogue, in which a speaker has an immediate textual presence as a social actor (as arguably does any addressee), whether or not he or she is represented in any of the ways given in van Leeuwen's array of categories. In the case of turn 242, there is no representation of who the patient asks. But the grammar of asking implies a second participant, and we can unproblematically infer (from our experience and expectations of institutional contexts) that this person is the doctor.

If we can infer the doctor as the person who is asked, we are in fact invoking for him a number of additional selections within van Leeuwen's network, even though he is not textually realized in this message. It is possible to say that his role is not circumstantial or possessive, but it is as a *participant*. That is, the doctor is construed as an elliptical Receiver/Beneficiary with respect to the process of asking, which could be lexically rendered in a number of ways:

Michael has asked me to postpone this ...

Michael has asked me if we can postpone this ...

Michael has asked me if he can postpone this ...

This in turn draws attention to the ambiguity in the non-finite clause in the doctor's construction about who is depicted as the agent of postponing. At least these three implied choices are possible, and they distribute the agency either to the patient or to the doctor or to both as a collective. The doctor, although excluding himself textually, is invoking an unspecified agent – the one who gives permission for and/or who instigates any plans for treatment – and allowing the identity of such an agent to remain implicit but understood. This implicit claim of agency, combined with the depiction of the doctor and the patient as separate individuals with differentiated roles, rather than the collective we (as the patient would have it), makes the doctor's version of events something of a "correction" of the patient's version[1].

Although van Leeuwen's network provides the impetus for drawing out the way in which the doctor here re-establishes his agency, this is only done by flouting the network's own rules to a certain extent. The doctor's role is by no means as passive as it would seem if we took the pathways between categories on van Leeuwen's network as final – i.e., if we treated all textually excluded actors as not able to be analysed further in terms of the role depicted for them through the configurations of the grammar and context of the instance.

---

[1] In fact, the next time Michael and Trevor meet, in Consultation 38, the doctor reads over his summary of Consultation 37 and says "Michael has asked me to postpone this"; but this does not negate the indeterminacy of the interpretation of the original utterance in its original context. In the subsequent meeting, Consultation 39, the doctor reads over the notes again as "Michael has asked to postpone".

Additionally, the network suggests that we should classify the doctor's implied role of Beneficiary as a form of passivisation (see van Leeuwen 1996: 43-44, van Leeuwen 1995). While this may fit the grammatical regularities, it is in this case a misleading semantic characterisation with respect to the depiction of agency. Where the verb "to ask" construes the idea of asking for permission, it has an inherent passive semantics, and evokes a level of passivity in the actor in a similar way to the way in which the verb "receive" evokes passivity. Semantically, then, the doctor construes himself as a kind of semiotic-cum-moral agent, which is not a feature of the patient's version.

As the analysis of this excerpt shows, van Leeuwen's network provides ample impetus for interpretation and explanation, but for the purpose of analysing treatment consultations in HIV, and probably for dialogic texts in general, it still requires a way of accounting for:

1) the agency that is inherent in speaking, and particularly in initiating as distinct from responding;

2) more delicate contrasts in semiotic action;

3) the ensemble effects of grammatical, semantic and contextual patterning (e.g., in order to determine when *grammatical passivisation* should be construed as *semantic activation*, or vice versa);

4) the interpolation of textual traces available in the grammar, especially in the light of the inherent agency of speaking;

5) alignments between speakers' representation practices that take into account reciprocity of roles associated with particular contexts.

In exploring ways of dealing with the above issues, van Leeuwen's argument that meaning belongs to culture is important, and it is necessary to be able to ask critical questions of verbal, visual and other representations of social action. However, the idea of drawing up an inventory of sociological categories before considering linguistic choices suggests that terms such as agency could exist prior to language or other modes of symbolic action. Perhaps it is not the bias of symbolic mode (in favour of language) that has limited previous networks, but a stratal bias (favouring grammar). The realizational relationship between semantics and grammar implied in

van Leeuwen (1995, 1996) is a more or less unidirectional one, in which the semantic description carries most of the responsibility, and the role of contextual features in realizing the semantic options is not specified. For instance, van Leeuwen (1996) shows that "experts" are represented in one of two ways: either they are highly activated, functionalised, individualised, nominated and titulated, or their utterances are autonomised and/or collectivised. These textualisations are interpreted as construing experts either as "elite persons" or as "impersonal authority". Representational practices similar to those that impersonalise the authority of experts are often also applied to immigrants (van Leeuwen 1996), but the contextually specific semantic effect of such representation is not to construe authority. What is needed is a way of showing how the effect of the representation is a matter of the alignment between context, semantics and grammar.

4.9 Conclusion

As Ahearn points out (2001: 4), "scholars often fail to recognise that the particular ways in which they conceive of agency have implications for the understanding of personhood, causality, action, and intention". Linguistically explicit but narrow grammatical approaches do not capture the resources used to construct agentive selves in HIV contexts. We saw this demonstrated above, in the attempt to account for the contrasting 'selves' construed by Martin in relation to conventional medicine's antiviral drugs and to complementary therapies. In the rest of the chapter I have argued that much of this failure of method can be attributed to a lack of integration between social theoretical accounts of agency and the interpretation and exploitation of linguistic patterning in analysing instances of interaction.

The grammar of agency has been given considerable attention within linguistics, and articulated from a number of perspectives, including systemic functional grammar's perspective of complementarities in the grammar of agency. As several of the authors discussed in this chapter argue, and as the textual examples demonstrate, language users draw on linguistic patterning at various levels of discourse organisation in construing agency, not just at the grammatical level; yet the grammar

has had to bear the burden of description (Butt 2000a). Attempts to address this problem have made important advances but have often underexploited the explanatory power of making statements at different orders of abstraction. In the following chapters I attempt to describe agency in HIV decision making in a way which distributes the burden of description and explanation across such orders of abstraction, in particular to the strata of context and semantics.

Within the systemic functional model of language that underpins this thesis, no one stratum is considered primary in the sense of existing prior any other – wording does not exist before semantics and context, but each is brought into being through the other – and so there is not necessarily a uniquely best logical order in which to describe these strata. In chapter 5 I will discuss context. In particular, I will discuss how certain aspects such as the nature of the agentive roles in the context and the degree and type of codal sharing between doctors and patients can be understood as two generalisable strands of meaning, from a set of such strands which participants in medical decision-making draw on to construe what is going on and shape it. This type of analysis is central to understanding how doctors and patients may reflexively enact shared decision-making, or any other variety of decision-making, without having to announce what style they are about to perform. Also in that chapter is a discussion of how such strands of meaning are brought together and then reconfigured, resulting in recognisable but still variable temporal phases of shared decision-making.

An understanding of such a metastructure for medical decision-making allows us to then turn in chapter 6 to a more detailed description of the semantics of agency, and demonstrate its use in text analysis of interactive decision-making in HIV medicine. I argue for an approach to the semantics of agency which shows how a wide range of dispersed linguistic and rhetorical phenomena are integrated to construe agency and enact agentive roles. Such an approach allows for registrally/contextually sensitive ways of construing agency and hierarchical relations (Iedema 1997) and it identifies ways in which language models agency as something more complex and dialectical than unfettered action.