

CREATIVITY OF CONSTRUING AND INTERPRETING IDENTITY IN DISCOURSE SITUATIONS OF RISK

Ushchyna V.

Lesya Ukrainka Eastern-European National University

У статті йдеться про потенційну креативність конструювання публічної ідентичності мовцем-знаменитістю в дискурсивній ситуації ризику. Суб'єктом аналізованої ситуації є відома американська актриса Анджеліна Джолі, яка творить свою особистісну та соціальну (публічну) ідентичність у персональному наративі, в якому повідомляє про пережиті нею події з метою здійснити соціальну дію – звернути увагу суспільства на ризики захворювання на рак грудей. Виявлено, що в метакомунікативній ситуації ризику суб'єкти конструюють два основних типи ідентичності: експертні та пересічні (неекспертні). Визначено та проаналізовано мовні ресурси, які використовуються ними для дискурсного позиціонування у процесі формування цих ідентичностей.

Ключові слова: ідентичність, позиція суб'єкта дискурсивної діяльності, позиціонування, комунікативна ситуація ризику, метакомунікативна ситуація ризику, персональний наратив.

В статье говорится о потенциальной креативности конструирования публичной идентичности говорящим-знаменитостью в дискурсивной ситуации риска. Субъектом анализируемой ситуации выступает известная американская актриса Анджелина Джоли, которая творит свою личностную и социальную (публичную) идентичности в персональном нарративе, в котором сообщает о пережитых ею событиях с целью совершить определенное социальное действие – обратить внимание общества на риски онкологических заболеваний. Обнаружено, что в метакоммуникативной ситуации риска субъекты конструируют два основных типа идентичностей: экспертные и рядовые (неэкспертные). Определены и проанализированы языковые средства, используемые ими для дискурсивного позиционирования в процессе формирования этих идентичностей.

Ключевые слова: идентичность, позиция субъекта дискурсивной деятельности, позиционирование, коммуникативная ситуация риска, метакоммуникативная ситуация риска, персональный нарратив.

This article focuses on the potential creativity of the celebrity's public identity construction in risk discourse situation. It was researched how Angelina Jolie creates her personal and social (public) identity in her personal narrative on risk, where a narrative is understood as a personal story, typically told (written) by a teller to give an account of events to one or more recipients to perform a social action, namely arousing of the public awareness of the breast cancer risks. It was found out that in metacommunicative risk situation people tend to construct expert and lay (non-expert) identities. Various linguistic resources for discourse stancetaking as a part of creative identity construction were determined and analyzed.

Key Words: identity, stance, stancetaking, communicative risk situation, metacommunicative risk situation, personal narrative.

Most of the work on language and creativity mainly concerns itself with “poetic creativity” rather than with the role of the message in broader social processes through which meaning, identities and social practices are negotiated. In the “discourse and creativity” approach, used in this research, creativity is located not in language ‘per se’, but in the strategic ways people use language in concrete situations in order to stimulate social change [8]. The ‘discourse and creativity’ paradigm lets us emphasize the ways language, as it is used in situated social contexts, helps people create new kinds of identities, social practices and social relationships [2; 8; 11]. This is the main feature that differentiates the ‘discourse and creativity’ approach proposed here from the ‘language and creativity’ approach. While the latter is concerned with what might be called linguistic creativity locating creativity

in words and texts (by which they usually mean literary and poetic discourse), the former locates creativity in the concrete social situations, presupposing concrete social actions performed by people using these words and texts. Even when the researchers working in the “language and creativity” paradigm tend to focus on the social functions of ‘creative language’, they still are focusing on language. Our focus is on the functions of language in performing “**creative actions**” [8, p. 3]. So, while the “language and creativity” enthusiasts concern themselves with literary works, we are considering the socially-loaded discourse situations, namely, the situations of risk.

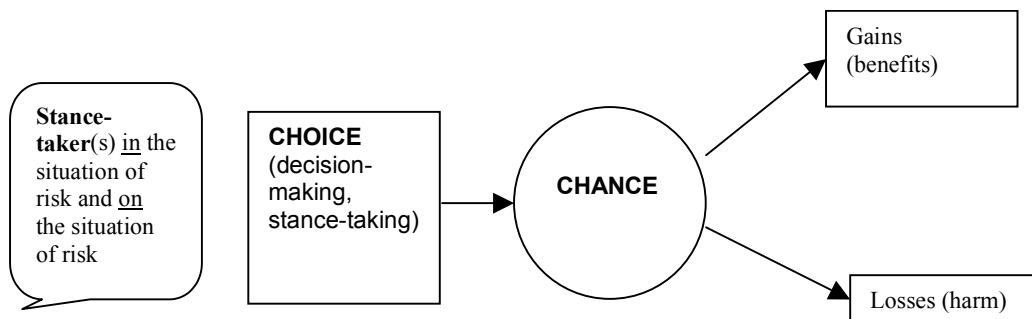
In other words, the **purpose** of this research is to analyze creativity of the speech behavior of the discourse participants in the process of creating their social and situational identities in discourse interaction. Identity is understood here as a cluster of stances taken by the risk situation subjects during their discourse activities [4]. We share the view of many discourse psychologists that self, or identity, is “the product rather than the source of linguistic practices” [5, p. 585]. Identity is not pre-existent, inherent or interiorized, but emerges during the processes of interaction. As the focus of this research is on identity as a manifold of stances, taken by acting subjects on risk, the concept of RISK becomes the uniting topic for the data under analysis. Thus, the **material** includes personal stories of people who describe either their own experience associated with the risk of getting cancer or that of their friends, relatives, etc. The analysis presented in this article is based on observations of the ways these people constructed their lay identities as the survivors or the decision-makers in a risk situation. The material for illustration (a case study) was taken from the recent media debate on the medical risks of breast and ovarian cancer, triggered by Angelina Jolie’s revealing the news of her double mastectomy in her personal narrative entitled “My Medical Choice” in *The New York Times*.

Every utterance encodes a speaker’s stance, and recognizing intended stances is crucial for identity construction and for effective communication. Discourse stance consists of subjective expressions of the speaker’s attitude towards the object of conversation, his/her mood, evaluations, perspective, point of view and opinion. Stances are reflected at different levels of language: lexis, grammar, style, and pragmatics. Stance as fairly recent object of inquiry has been subject to analysis in sociolinguistics, pragmatics, and discourse studies. Stance cannot be associated with particular linguistic markers, but includes different linguistic features and their combinations. For instance, adverbials, modals, evaluative adjectives and nouns, complement clauses and predicates have been researched as indexing stance [3; 9; 10]. The view of stance adopted here is close to that of American sociolinguist John Du Bois, who sees stance as “a public act by a social actor, achieved dialogically through overt communicative means (language, gesture and other symbolic forms), through which social actors simultaneously evaluate objects, position subjects (themselves and others), and align with other subjects, with respect to any salient dimension of the sociocultural field” [6, p. 163].

The stances, including the stances on risk, are shaped in the process of stancetaking through the interaction between people in different speech events. That is why it is necessary to outline the characteristics of a peculiar discourse situation, namely a situation of risk. The risk discourse situation has at least two types: communicative and metacommunicative. Communicative situation of risk is the situation in which participants directly make their choices, find the decisions and take their stances. It appears as an immediate interaction in real time. In a metacommunicative situation participants either dwell upon their previous experience in the situation of risk or discuss some risks or risky behavior with other participants, being “outside” of the risk situation. It happens to appear in the form of a personal narrative (story), expert reports, media articles etc. It was found out that in metacommunicative risk discourse situation people tend to construct **expert** and **lay** (non-expert) identities. **Expert stances** are usually taken by the specialists in the area discussed – scientists, medical doctors, chiropractors, pharmacists. **Lay identities** that are in the focus of this study are characteristic to the immediate participants of the risk situation, as well as to the ordinary people, which take part in a discussion.

Personal narrative is one of the most fruitful discursive devices through which people picture themselves and the world around them, as well as enable other people envision them. Social psychologists noticed that much of our life is recounted through stories [1]. A narrative is understood here as a story which is typically told (written) by a teller to give an account of events to one or more recipients in order to perform a social action. Stances play an important role in the dynamics of self-identification in a narrative. The narrative discussed in this article, presents elements of both a personal narrative and a media narrative. This is partly connected to the fact that the incident was an official media event, and the teller was a world-known celebrity. Therefore, it involved dissemination in other official and unofficial media by a variety of journalists, commentators, experts and ordinary people, circulating through broadcasting networks, the Internet, social networking, cell phones and other new media and communication technologies. The fact that the event under study concerned a celebrity, and that narration was published in a national newspaper facilitated its subsequent spreading all over the world. Hundreds of videos about the incident under study can be found on YouTube. Hundreds of articles written by experts taking opposing stances on the discussed events are published in different media. Thousands of comments made by bloggers in interactive media develop a teller's stance, expressing their own supporting or oppositional stances.

Our analysis was based on the ways of verbalizing the concept of RISK in the English language, which allowed determining the content of its interpretive sphere. FrameNet (<https://framenet.icsi.berkeley.edu/fndrupal/>) provided the knowledge basis needed to identify the RISK frames and semantic roles in the RISK situation. In frame semantics, a frame corresponds to a scenario that involves an interaction and its participants, where participants play different roles. Thus, based upon the FrameNet, the scenario or dynamic model of the situation of RISK was designed. The Fillmore's RISK model [7] was elaborated by introducing a meta-communicative element to it, which allowed not to just analyze the specific characteristics of the RISK situation, but also to align them with a broader social context. The elaborated model served a starting point for analyzing stancetaking as a decision making process in the situation of risk.



This model served a starting point for analyzing stancetaking as a decision making process in the situation of risk. Thus, the basic elements of the RISK scenario are: an acting SUBJECT (as a stance-taker **in** the situation of RISK) and discussing SUBJECTS (as the stance-takers **on** the situation of RISK), CHOICE (the act of decision-making or stance-taking, including epistemic and affective components) and CHANCE (presupposing danger, loss, harm or benefits, gain, success). The offered model exploits in a synergetic way the advantages of different semantic RISK frames offered by FrameNet, and depicts the dynamic development of RISK situation where a subject must take a stance. In the analyzed case the acting subject (the stance-taker) had to make a right choice after she had realized she was in a risky situation. All the actions of the acting subject (Angelina Jolie) had been aimed at avoiding the risks of breast and ovarian cancer, about what she told in her narrative to the whole world.

Angelina Jolie creatively construes her personal as well as her social identity in the described narrative by taking individual and socially-meaningful stances. Her personal stance can be defined as **“the stance of a responsible mother and brave woman, wishing to avoid the risk of cancer”**, while her social stance could be formulated as **“the stance of responsible and empowered citizen, wishing to help other women in similar risky situations”**. Both these stances have interactive nature and include epistemic and affective aspects, which are indexed through various language means.

According to the above-mentioned model of the risk situation scenario, the teller becomes a risk situation subject when she faces some kind of danger (discomfort) and realizes the necessity to make a decision in order to change the situation for the better. The conceptualization of the discourse situation as a situation of risk is actualized here through the use of numerous lexical units belonging to the lexico-semantic frame RISK: ‘risk’ (used 9 times in the narrative), ‘choice’ (5 times), ‘chance’ (3 times), ‘fear’ (3 times), ‘decision’ (3 times).

The rhetorical structure of the narrative is built around these lexical units in the form of justification and explanation of the teller’s decision making, which is treated here as her stancetaking. In the justification for her stance to undergo double mastectomy, she introduces the main argument in terms of an attempt to explain to herself and to her children the early death of her mother and their grandmother. Then she gives evidence for the risks awaiting for her. The teller strengthens her argument by pointing out the consequences of her behavior for herself, her family and a lot of other women around the world.

Stance expression in discourse has several dimensions that very often are inseparably connected: epistemic stance, affective stance. **Epistemic stance** is expressed in the studied extract by various linguistic means. The degree of knowledge of a teller ranges from complete ignorance through uncertainty and probability to utter certainty in the rightness of the taken decision in the risky situation.

(2) *We often speak of “Mommy’s mommy,” and I find myself trying to explain the illness that took her away from us. They have asked if the same could happen to me. I have always told them not to worry, but the truth is I carry a “faulty” gene, BRCA1, which sharply increases my risk of developing breast cancer and ovarian cancer.*

In paragraph (2) the speaker starts with claiming her desire to find the necessary answer to the questions set by her mother’s premature death *“I find myself trying to explain the illness that took her away from us”*. In this utterance the teller explicates her position at the moment when she realized she was in a situation of risk and tried to find some way out of it *“I find myself trying to explain...”* In the next sentence the modal verb ‘could’ in sentence *“the same could happen to me”* intensifies her wish to enhance her epistemic status. And then she finds a sad answer she sought, expressing her commitment to the truth of the proposition concerning her risk of getting cancer: *“but the truth is I carry a “faulty” gene, BRCA, which sharply increases my risk of developing breast cancer and ovarian cancer”*.

In paragraphs (3, 4) the teller makes another attempt to enforce her epistemic status by mentioning the expert opinion and referring to it, naming numbers – the strategy which serves an intensification of certainty in epistemic stance: *My doctors estimated that I had an 87 percent risk of breast cancer and a 50 percent risk of ovarian cancer, although the risk is different in the case of each woman. <...> Those with a defect in BRCA1 have a risk of getting it, on average.*

In paragraph (5) the teller starts her statement with the epistemic verb “to know”, expressing her certainty in regard to the object of discussion (which is ‘risk’):

(3) *Once I knew that this was my reality, I decided to be proactive and to minimize the risk as much I could. I made a decision to have a . I started with the breasts, as my risk of breast cancer is higher than my risk of ovarian cancer, and the surgery is more complex.*

She attempts to assure her audience of her confidence in future actions: *“I decided to be proactive and to minimize the risk as much I could”*. The sentence *“I made a decision to have a preventive double mastectomy”* may be interpreted as the climax of the narrative, as this was actually the “choice” which was announced in a title of the narrative and which the teller is trying to justify in her story.

CHOICE is a key concept of a RISK situation model, and it is a key notion of this narrative. A narrator turns to verbalizing her possibility of choice in a risky situation not once, for instance: “*I made a strong choice*” (paragraph 12), “*you have options*” (paragraph 14), “*to make your own informed choices*” (paragraph 14), “*I choose not to...*” (paragraph 17). According to the model of RISK situation the phase of CHOICE or decision-making is the moment when a RISKING SUBJECT takes her stance in the situation of risk, which later will possibly offer a CHANCE.

CHANCE as an element of a risky situation model is also very clearly explained in the Jolie’s narrative: “*have the chance*” (paragraph 1), “*increase the chance*” (paragraph 8), “*have strong options*” (paragraph 17), “*to take control of*” (paragraph 19).

We observe, the variety of expressive resources for marking epistemic stance is scarce, which can be explained by the fact that lay-persons are more emotional in their stancetaking than experts and mediators.

The stancetaking in paragraphs (6–9) is highly emotional; it includes a lot of linguistic expressions of **affective stance** which are used to colorfully depict all the hardships and pains the teller passed through: “*You wake up with drain tubes and expanders in your breasts. It does feel like a scene out of a science-fiction film*” (paragraph (9):

Strategic use of morphological transposition of a pronoun ‘you’ here fulfills the functions of solidarisation and intimidation with the readers. Such stylistic expressive means as emphatic ‘does’ and simile ‘like a scene out of a science-fiction film’ are used to underline the emotional strain of the utterance.

And then the teller arrives to the positive evaluation of her deeds: “*the results are beautiful*” (paragraph (10), “*we knew this was the right thing to do for our family*” (paragraph (13), and verbalizes her emotional state – “*I am very happy that I made...*” (paragraph (11), “*I am fortunate to have a partner <...> who is so loving and supportive*”; and her feelings – “*I do not feel any less of a woman. I feel empowered that I made a strong choice <...>*” (paragraph (12):

The narrator often resorts to explicating her emotional state using direct nominations of feelings: “*a word that strikes fear into people’s hearts*”, “*a deep sense of powerlessness*” (paragraph 7), “*I am very happy*”, “*do not need to fear*” (paragraph 11), “*I love them*”, “*I do not feel*” “*I feel*” (paragraph 12), “*I am fortunate*” (paragraph 13). All the cited linguistic resources can be treated as a part of affective stancetaking.

From Personal Identity to Social Identity

It must be mentioned that by stancetaking in this narrative the teller not only constructs her personal identity as a brave woman and a responsible mother, but also frames herself as a conscientious citizen who cares about other women’s health.

In paragraph (7) we observe the shift from the personal identity construction to the social identity designing, which is expressed in a sentence: “*But I am writing about it now because I hope that other women can benefit from my experience*”.

The use of the stance marker “*I hope*” can be interpreted as an expression of the personal expectations of a speaker concerning the legitimacy of her actions, as well as the opportunity to share this hope with others. Then she continues in paragraph (11): “*I wanted to write this to tell other women that the decision to have a mastectomy was not easy*” and in paragraph (14): “*For any woman reading this, I hope it helps you to know you have options*”. In paragraph (17) Jolie explicitly points to the reasons of making a public story out of a personal health problem:

(17) *I choose not to keep my story private because there are many women who do not know that they might be living under the shadow of cancer. It is my hope that they, too, will be able to get gene tested, and that if they have a high risk they, too, will know that they have strong options.*

The study shows that identity construction is a creative discursive process. Identity is construed as a cluster of epistemic and affective stances in a particular discourse situation. The situational approach made it possible to investigate the dynamics of transition from a personal to social identity

construction. Human beings tend to communicate their experiences, perform certain social actions and take stances in the form of personal narratives (stories). Narratives are produced in order to fulfill some important social acts, such as problem-solving, trouble-telling, decision-making, action-justification, etc. The constellations of stances, taken by people in their personal narratives, constitute their identities, which usually turn out to be lay identities. The lay identity construed by Angelina Jolie in her narrative is both personal and social, built through the agency of different stances taken by her during her discourse activities. The linguistic manifestation of her creative identity construction was researched, through which it was demonstrated that building their lay identities in the risk discourse situations people rather take affective than epistemic stances. The identity produced by a celebrity-teller in a media narrative not only motivates a lively public discussion, but also serves a social signal which may influence the perceptions and interpretations of numerous participants in communication.

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Source of Illustrations

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- (1) My mother fought cancer for almost a decade and died at 56. She held out long enough to meet the first of her grandchildren and to hold them in her arms. But my other children will never have the chance to know her and experience how loving and gracious she was.
- (2) We often speak of “Mommy’s mommy,” and I find myself trying to explain the illness that took her away from us. They have asked if the same could happen to me. I have always told them not to worry, but the truth is I carry a “faulty” gene, BRCA1, which sharply increases my risk of developing breast cancer and ovarian cancer.
- (3) My doctors estimated that I had an 87 percent risk of breast cancer and a 50 percent risk of ovarian cancer, although the risk is different in the case of each woman.
- (4) Only a fraction of breast cancers result from an inherited gene mutation. Those with a defect in BRCA1 have a risk of getting it, on average.

- (5) Once I knew that this was my reality, I decided to be proactive and to minimize the risk as much I could. I made a decision to have a preventive double mastectomy. I started with the breasts, as my risk of breast cancer is higher than my risk of ovarian cancer, and the surgery is more complex.
- (6) On April 27, I finished the three months of medical procedures that the mastectomies involved. During that time I have been able to keep this private and to carry on with my work.
- (7) But I am writing about it now because I hope that other women can benefit from my experience. Cancer is still a word that strikes fear into people's hearts, producing a deep sense of powerlessness. But today it is possible to find out through a blood test whether you are highly susceptible to breast and ovarian cancer, and then take action.
- (8) My own process began on Feb. 2 with a procedure known as a "nipple delay," which rules out disease in the breast ducts behind the nipple and draws extra blood flow to the area. This causes some pain and a lot of bruising, but it increases the chance of saving the nipple.
- (9) Two weeks later I had the major surgery, where the breast tissue is removed and temporary fillers are put in place. The operation can take eight hours. You wake up with drain tubes and expanders in your breasts. It does feel like a scene out of a science-fiction film. But days after surgery you can be back to a normal life.
- (10) Nine weeks later, the final surgery is completed with the reconstruction of the breasts with an implant. There have been many advances in this procedure in the last few years, and the results can be beautiful.
- (11) I wanted to write this to tell other women that the decision to have a mastectomy was not easy. But it is one I am very happy that I made. My chances of developing breast cancer have dropped from 87 percent to under 5 percent. I can tell my children that they don't need to fear they will lose me to breast cancer.
- (12) It is reassuring that they see nothing that makes them uncomfortable. They can see my small scars and that's it. Everything else is just Mommy, the same as she always was. And they know that I love them and will do anything to be with them as long as I can. On a personal note, I do not feel any less of a woman. I feel empowered that I made a strong choice that in no way diminishes my femininity.
- (13) I am fortunate to have a partner, Brad Pitt, who is so loving and supportive. So to anyone who has a wife or girlfriend going through this, know that you are a very important part of the transition. Brad was at the Pink Lotus Breast Center, where I was treated, for every minute of the surgeries. We managed to find moments to laugh together. We knew this was the right thing to do for our family and that it would bring us closer. And it has.
- (14) For any woman reading this, I hope it helps you to know you have options. I want to encourage every woman, especially if you have a family history of breast or ovarian cancer, to seek out the information and medical experts who can help you through this aspect of your life, and to make your own informed choices.
- (15) I acknowledge that there are many wonderful holistic doctors working on alternatives to surgery. My own regimen will be posted in due course on the Web site of the Pink Lotus Breast Center. I hope that this will be helpful to other women.
- (16) Breast cancer alone kills some 458,000 people each year, according to the World Health Organization, mainly in low- and middle-income countries. It has got to be a priority to ensure that more women can access gene testing and lifesaving preventive treatment, whatever their means and background, wherever they live. The cost of testing for BRCA1 and BRCA2, at more than \$3,000 in the United States, remains an obstacle for many women.
- (17) I choose not to keep my story private because there are many women who do not know that they might be living under the shadow of cancer. It is my hope that they, too, will be able to get gene tested, and that if they have a high risk they, too, will know that they have strong options.
- (18) Life comes with many challenges. The ones that should not scare us are the ones we can take on and take control of.