
**AMBIVALENT DISCOURSE AND THE LANGUAGE OF MEDICAL
PRACTICE: EXAMINING THE NIGERIAN CONTEXT**

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Abstract

The purpose of this paper is to investigate aspects of medical discourse, with a view to interrogating their implicit ideologies which are ambivalent when considered in relation to the idea of saving life, which the profession seemingly professes. The concept, ambivalent discourse, has been borrowed from ecolinguistics. In ecolinguistics, it is believed that language choice in discourse intrinsically contains people's attitude and perception towards ecological co-existence. Thus, discourse becomes ambivalent when the choice of language implicates a promotion of what the discourse sets to discourage. The major argument of the paper is, therefore, that there are aspects of medical discourse which hide ambivalent ideologies that relegate patients to sub-human category. Such language choices tend to exonerate the medical personnel from any blame of incompetence in the event of any casualty, and they also end up reducing the dignity of the patients whom the medical doctors profess to be saving. The theoretical frame work that guides the analysis of the paper is social ecology theory, which identifies the root of ecological destruction as existing in the oppressive social hierarchies. The data for analysis in the paper were collected through personal observation, and the authors' interaction with patients, their relatives and the medical personnel. The method of analysis is qualitative, with particular attention to aspects of ambivalent discourse in the selected texts. The authors, therefore, join Bloor and Bloor to conclude that ideology can be so deeply ingrained in our thought patterns that we take them for granted. However, such hidden ideological position can be screened by closely examining the patterns of language use

Keywords: Language, Ideology, Ambivalent Discourse, Medical Practice

Introduction

One of the characteristics of language is its flexibility, which is accounted for in its displacement and productivity properties. While the displacement property shows how language can be used to refer to events in the present, past and future time, productivity property shows how language resources can be manipulated, and according to Yule (1997) "to produce new expressions and new sentences" (p. 23). This potential to

produce new expressions is what is referred to as flexibility in this paper. It is one of the features that lacks in the non-human signaling, which according to Yule is characterized by “fixed reference” (p. 23). Again, language use in communication has two sides: the expressive and the receptive. What we have captured above is the expressive potential of language. From the viewpoint of reception, language also has great potential of influencing people in different manners. According to Chukwu, Okeke and Chinedu-Okonkwo (2014) language use and communication are tools for achieving various intents and purposes; and “both the verbal and non-verbal modes of communication exert influences on people” (p.87).

The relevance of these earlier scholarly positions to this current paper is the justification that every language user consciously selects and manipulates language systems and structures in a manner that suits his/her intention. Furthermore, the receiver of language in communication cannot be taken as one docile object, but a being that has feeling capable of being affected by the speaker’s linguistic choices.

Another feature of language which is important to this paper is its dependence on context. According to Brown and Yule (1983), the beginning of 1970’s marked a significant increase in the interest and awareness of linguists concerning the importance of context in the interpretation of sentences. Brown and Yule however, recognize that context had hitherto been of importance in other fields, essentially considering the place of Malinowsky, a sociologist, as the major proponent of the concept. The authors further explained that “a context of situation for linguistic work brings into relation the following categories:

A. The relevant features of participants: persons, personalities,

- (i) The verbal action of participants
- (ii) The non-verbal action of participants

B. The relevant objects.

C. The effect of the verbal action” (p. 37).

One major aspect of context is the field, that is, the discipline or subject under discussion. Every subject of discourse creates a peculiar domain of language choice, especially, at the lexical and syntactic levels. Leech (1968) observes that “The Englishes of different roles are most clearly differentiated by special vocabulary: legal English by fossilized forms like *hereinafter*, in addition to an extensive technical vocabulary; scientific language by its innumerable technical terms...sometimes of grotesque length, like *phosphonochloridothioic (acid)*” (p.11). It is in line with this that one can say a lawyer attends to a **client**, while a medical doctor has **patient** to attend to. Again, cyber has become so popular a free morpheme in creating novel words and expressions in the information technology: *cybernetic, cyber link, cyber-crime* etc. while *eco-* has become a popular bound morpheme used in creating novel words and expressions in ecological studies: *eco-criticism, eco-feminism, eco-linguistics, eco-cultural* etc.

At the level of syntax, different disciplines and subjects demand peculiar modes of structuring sentences. While a literary writer may take delight in flamboyant qualifiers in his/her prose narrative, a scientist would stick to precision and brevity in his/her report of experiments. Again, citing Leech (1968), “grammatical differences, also, are not wanting: there is a striking survival in religious English, for example, of the second person singular pronoun *thou/thee/thy/thine*, with its attendant verb forms *shouldest* etc., although these have long been obsolete in most other varieties of English” (p.11)

The above explanations show that as much as the language user has the latitude of choice to make from the structure system of a language, such choice responds to the context of use. This paper, therefore, views the medical field as a unique context capable of strong influence on language use. It also considers that such context-motivated choice is capable of engendering unique influence on the nature of relationship between the

persons involved in the language encounter, what Brown and Yule (1983) refers to as persons and personalities.

Conceptual Framework

To be able to address the above questions, there are concepts that require discussion, no matter how brief. They include: ideology and ambivalent discourse.

Ideology: According to Bloor and Bloor, (2007) ideology is “a set of beliefs or attitudes shared by members of a particular social group” (p.10). The authors also posited that such beliefs or attitudes “can be so deeply ingrained in our thought patterns and language that we take them for granted as self-evident” (p.10). Furthermore, the authors state that “an ideological position can also be hidden (or at least screened) by the use of words” (p. 11).

Stibbe (2015) states that “ideologies are belief systems about how the world was, is, will be or should be which are shared by members of particular groups in society”. The author further argued that “ideologies are cognitive, in the sense that they exist in the minds of individual people, but are also shared among a group” (p.23).

From the stand point of the scholars referenced above, one can deduce the following:

- Ideology is a belief system. It is something organized and systematic.
- Ideology influences one’s cognition, perception and attitude even though unconsciously.
- Ideology is shared by a group, hence could be used to characterize the group.

Again, one may further ask the possibility of accuracy in determining what constitutes ideology since it exists more in the realm of cognition. In any case, it is pertinent to note that when a group of people share common cognitive pattern or perception to issue(s), it manifests outwardly as behavioural pattern. Consequently, Bloor and Bloor (2007) agree

that, in language use for instance, “an ideological position can also be hidden (or at least screened) by the use of words”. For this reason, the authors advised that the main objectives of an analyst should among others be “to investigate how ideologies can become frozen in language and find ways to break the ice” (p. 12). This forms the major purpose of this paper: to investigate and analyse possible destructive ideologies that are embedded in the language of medical practice in Nigeria.

Ambivalent Discourse: To clearly understand the concept of ambivalent discourse requires, first, the understanding of the concept of discourse which many have explained in different manners of expression. Brown and Yule (1983) present it in simple terms thus: “the analysis of discourse is, necessarily, the analysis of language in use” (p.1). For Bloor and Bloor (2007), discourse is “symbolic human interaction in its many forms, whether directly through spoken or written language or via gesture, pictures, diagrams, films, or music” (p.2). According to Blommaert cited in Johnstone (2008), it is “actual instances of communicative action in the medium of language, although some define the term more broadly as ‘meaningful symbolic behavior’ in any mode” (p2). Stibbe (2015) states that “discourses are standardized ways that particular groups in society use language, images and other forms of representation.” (p.2). Stibbe further cites Locke as averring that discourse “actually shapes or constitutes the object denoted” (p.2) and Foucault as stating that it involves “practices that systematically form the objects of which we speak” (p. 23).

From the above given definitions, the following deductions could be made:

- a. Discourse involves language use in actual instance.
- b. Discourse involves communication.
- c. It is not only language that is used in communication hence it is not only language that creates discourse. Other forms of symbols and images used in communication can create discourse.

d. Discourse objectifies our impression.

Against the background of the above deductions, this paper subscribes to Stibbe's (2015) conclusion that our language can form several discourses based on our ideology. According to the scholar, this is possible by examining "patterns of linguistic features that run across multiple texts and subtly convey the same ideology over and over again" (p.24). The word "text" in this quotation is viewed technically as it is used in discourse analysis. We follow Brown and Yule (1983) who state that, "we shall use text as a technical term, to refer to the verbal record of a communicative act" (p.6). Also, for Halliday & Hasan (1976), "the word TEXT is used in linguistics to refer to any passage, spoken or written, of whatever length, that does form a unified whole" (p.1). They further argue that a text as a unit of language is "not a grammatical unit, like a clause or a sentence; and it is not defined by size.... A text is best regarded as a semantic unit: a unit not of form but of meaning" (p. 2).

Getting back to discourse, Stibbe (2015) identifies the following as different forms of discourse that could be ideologically framed: destructive discourse, ambivalent discourse, and beneficial discourse. Accordingly, destructive discourse is that which is "considered to play a role in ecological destruction" (p.24). The concept of ecology presupposes that organisms, human and non-human that co-exist in the environment interact and relate with one another. Unfortunately, discussions that emanate from different disciplines and orientations point to an imbalance in this co-existence and interaction. Rather, what is obtainable is threat of destruction of the weaker by the stronger members of the ecological relationship. And from the view point of linguistics, such ecological politics reverberate in the language manners that are found in such discourses. Thus, while citing Ivakhiv, Chukwu and Chinedu-Okonkwo (2019) argue that "all the different ideas about culture, environment, environmental politics, human and environment relations find expression in language" (p.135).

Stibbe (2015), therefore, asserts that any discourse which constitutes a threat to this harmony of existence is classified as destructive. Ambivalent discourses, on the other hand are those that have “positive aim of dealing with some ecological problems...yet they arise from the same society as the destructive discourses and may be influenced by political or commercial interests” (p.29). Beneficial discourses become those that go “beyond critiquing *destructive* discourses or pointing out the gaps in *ambivalent discourses*, to searching for new discourses that convey ideologies which can actively encourage people to protect the systems that support life” (p.30).

Thus this paper focuses on ambivalent discourse and interrogates the field of medical practice in Nigeria, a field that preaches *saving life first* as a sermon, but whose mode of language use negates this sermon.

Research Questions

This paper is built on the following questions:

- (a) Can the medical practice be assigned a language field?
- (b) What are the significant features that characterize the language of this field?
- (c) Are there possible ideologies that can be screened from the language of the field?
- (d) Are there features of ambivalent discourse embedded in the language of this field?

Theoretical Framework

The theoretical framework adopted in this paper is the social ecology approach to ecolinguistic study. Ecolinguistics is a compound word coined from ecology and linguistics to designate a study of the ecology of language. The major proponent of this area of scholarship which has gained attention in language studies since the 1990's is Einar Haugen. It marks an overlap between ecology and other disciplines, stressing that

both the social context of language, and the ecological context in which societies exist, are important in linguistic study.

Ecolinguistics is built on different approaches which have continued to evolve, as scholars continue to investigate linguistic issues relating to human and nature, human and human, and language and language relationships. Whether from the anthropocentric or the ecocentric points of view, the fact remains that there is a disturbing imbalance in the ecology of existence. Thus, be it the Deep ecology approach, Social ecology, The Transition Movement, The Dark Mountain Project, Deep Green Resistance etc., the centre point is the need for a re-ordering in the ecological politics. The only difference is in the different ideological persuasions which motivate each approach.

This paper aligns with the social ecology approach, which, according to Stibbe (2015), sees the root of ecological destruction as existing in the oppressive social hierarchies” (p.12). Chukwu (2014) also explains that domination in ecology “is not limited to man over nature through degradation, pollution and other forms of anti-environment participations. Domination of the underdeveloped nations by the developed nations, gender domination, imposition of culture, all constitute aspects of social ecology with their implications on the existence of man. All of them indicate forms of departure from the natural order of existence” (p. 94).

Thus the application of the social ecology approach in this paper is premised on the fact that the data (samples from medical discourse) implicate situations of departure from the medical profession’s acclaimed call to saving life which is part of natural order of existence; and an embedded ideology that is predicated on class protection which unfortunately implicates psychological oppression, (oppressive social hierarchy). What the paper has done is advised in Stibbe (2015), that “what ecolinguists actually do is to assess whether the ideology is compatible with their ecosophy or works against it”(p.24). Linking the term ecosophy to Naess (1995), Stibbe quotes this scholar as

stating that “By ecosophy I mean a philosophy of ecological harmony...openly normative (sic) it contains norms, rules, postulates, value priority announcements and hypotheses concerning the state of affairs...”(author’s ellipsis). Stibbe, therefore, advises that “there is no one ‘correct’ ecosophy that ecolinguistics *should* be based on. Ecosophies can, however, be judged by whether evidence confirms or contradicts the assumptions about the state of the world that they are based on, or whether there are any internal inconsistencies” (p.12).

The ecosophy which this paper proposes is the manifestation of the medical professionals’ call to duty, both in their attitude and language use. It calls for a condition where both the activities and language choice of the medical profession promote transparent harmony and mutual respect; promote human dignity between the medical professional and the patient. So, a situation where the manner of language contradicts this expectation is a deviation from this ecosophy hence, the choice of the title of this paper as ambivalent discourse.

Analysis of Data

The analysis in this paper is delimited to sample texts which the authors extracted from direct observation of medical professionals’ interactions with their patients and patients’ relatives. The authors do not claim an exhaustive data, but rather, those used in the paper serve as reference cases to substantiate the arguments so advanced. Again, the generalization drawn in terms of dialectally characterizing medical profession as field of language use is premised on the available literature which support that every profession is capable of generating significant influence on language character.

Sample Texts

The texts have been grouped and analysed in two folds as they yield to notable linguistic corpus of description. The two groups are those that yield to euphemism, and those that

yield to passivisation. These two linguistic patterns are remarkable in establishing the attitude and perception of the language user in relation to issues and objects being mentioned. Although the two belong to different linguistic categories: lexical and structural respectively, the judgment of the authors in considering them simultaneously is supported in Webster's (2003) stance that the "functional organization of language determines the form taken by grammatical structures" (p.166); and Halliday's (2014) assertion that "functionality is *intrinsic* to language: that is to say that the entire architecture of language is arranged along function lines" (p.31, his italics).

Euphemism: Leech, (1968) identified three groups of figures that generate honest deception: figures of understatement which he represented with litotes; figures of overstatement represented with hyperbole; and irony. According to Leech, "they are all connected in that in a sense they misrepresent the truth..." (p.166). Euphemism belongs to the figure of understatement, since like litotes it expresses what Leech describes as "an overt lack of commitment, and so implies a desire to suppress or conceal one's true attitude..." (p.170). It is against the background of lack of true commitment, and concealing one's true attitude, that we examine some samples from our data to illustrate the thrust of our paper. We shall pay attention to the highlighted sections of the samples.

Sample (i)

Context: *A medical doctor came out from the theater where he operated on a patient. A relative of the patient demanded to know the state of the patient.*

RELATIVE: Doctor, please, how is he?

DOCTOR: Well, we tried our best but **he couldn't make it.**

Sample (ii)

Context: *A medical personnel came out from a labour room. A relative of the woman in labour requested to know the state of the woman.*

RELATIVE: Doctor, please, how is she?

DOCTOR: I am sorry **we lost her**.

The highlighted expressions in the two samples, *he couldn't make it* and *we lost her*, are instances of euphemism. They are mild ways of expressing death, a word which in the wisdom of the doctor should not be released so suddenly to the relatives of the patients. The essence, no doubt, is to downplay the rude impact of the information on the receiver. From this view point, it is encouraged as a technique for reducing sudden shock.

However, it is also important we further consider it from the viewpoint of the speaker in terms of cognition and perception. With such language manners used across time, there is the tendency that the medical personnel would gradually begin to perceive situations that generate such expressions as ordinary or common place occurrences which should not really attract serious attention. Borrowing from Lakoff and Johnson (1980), we act according to the way we conceive of things.

So, in the contexts of the samples given here, the patients' relatives must realize the message of the expressions, no matter how long the decoding process takes. On realizing the import of the expression, they begin to throw themselves on the floor, grieving over the situation. Remember that most probably then; the medical doctor had simply walked away after giving them the information.

Cognitively, the relative of the patient had experienced from the medical doctor, a verbal trivialization of the death of a beloved one; a non-verbal expression of weak or total absence of empathy by simply walking away; and sometimes an insistence that the bills must be paid to the last coin before the corpse would be released to the relatives. The likely conclusion of this relative would be that the medical personnel's action is far from what the profession professes. This situation is ambiguous, judging from the possible cognitive state of the medical personnel (who believes he or she is saving the relative of

the patient from emotional stampede); and that of the relative of the patient (who believes the medical personnel lacks empathy).

Further, relying on Lakoff and Johnson (1980), there are possibilities of highlighting and hiding in expressions such as our samples above. Using the context of argument as their example, Lakoff and Johnson agree that someone who is arguing with you can be viewed as giving you his time, a valuable commodity, in an effort at mutual understanding. But for the fact that we are often preoccupied with the battle aspect of the argument, we often lose sight of the cooperative aspect. One aspect is highlighted (the battle aspect) and the other hidden (the cooperative aspect). Adopted into our present discussion, the medical personnel's expressions have both the highlighted and hidden aspects. Protecting the relative against rude shock from the message is usually the highlighted, while protecting the medical doctor against responsibility for the death is usually hidden.

To underscore this hidden aspect, let us also briefly consider the import of the structure of the expressions with particular reference to the nature of the verbs in the expressions, since it is the verb that expresses commitment to action or state in a sentence.

He couldn't make it.

The verb in this expression is *couldn't make* and its subject is *He*. Recall that *He* in this expression refers to the patient. First, the real action (surgery) and the performer (the medical doctor) are hidden in this structure. Is it possible for us to rewrite the expression as, *We (I) couldn't succeed?* Both expressions suggest an unsuccessful action by someone, and can capture what transpired in the context of our sample.

He couldn't make it

We (I) couldn't succeed

If we take the rewritten version, the responsibility of the action (couldn't succeed) would be on the subject (We, I) which is the medical personnel. No medical doctor would take

this option that imposes responsibility on him or her. Rather, it is the first structure which shifts the responsibility of failure (couldn't make) to the patient (He) that is usually preferred.

In the structure of Sample (ii), *We lost her*, it seems the subject (We) takes responsibility for the action (lost). But that is at the surface level of analysis. At the deep structural level, *lost* is a consequence of another action. In the real sense, someone who loses is a recipient of a negative action performed by another agent. He or she is not a performer. Another person's action caused the loss. Thus, the structure of the expression places the medical doctor on the side of those who received the loss, and not the cause of the loss. The possible question is, *Who or What caused the loss?* We may complete the expression as, *We lost her to death or to the pregnancy*, where death or pregnancy becomes the causative agent of the verb (loss). But both are non-human agents and cannot fit into the context of the action of child delivery, which is the context of the excerpt. So, just as we witnessed in the Sample (ii), the causative agent which is the medical personnel that conducted the delivery is also hidden in this structure.

Therefore, it is arguable to say that there is an ideological undercurrent in both the euphemistic choice and the structure pattern of the expressions so far examined. Euphemism downplays the weight of the loss, and the structural patterning hides the real actor or causative agent.

Passivisation

Sample (iii)

Context: A medical personnel is giving an account of how a patient was brought to their hospital and what transpired thereafter.

Two gentlemen, precisely police officers, brought an accident victim to our hospital this afternoon, at exactly 2pm. While the necessary **documentations**

were going on, the patient **was taken** to the Accident and Emergency Ward where the deep cut he sustained on the head **was sutured** and the **bleeding controlled**. The patient was also **given** other relevant medications...

One major consequence of a passive structure is the hiding of the agent of an action. In **Sample (iii)**, there are instances of passive structure. We have highlighted the actions captured in the verbs of the clauses to show how their performers (agents) are structurally suppressed except in the first clause.

Clause a: Two gentlemen, precisely police officers, brought an accident victim...

The subject (agent), *two gentlemen, precisely police officers*, as well as the verb (action), *brought* are structurally stated in the clause.

Clause b: While the necessary documentations were going on

The action, *documentations were going on*, is explicitly stated but the agent of the action is structurally suppressed.

Clause c: The patient was taken to the Accident and Emergency Ward

There is an action, *was taken*. However, as in **Clause b**, there is no structural agent.

Clause d: Where the deep cut he sustained was sutured

There is an action, *sutured*, but no structural agent.

Clause e: The patient was given other relevant medications...

There is an action, *was given*, with no structural agent.

Notice that at the deep structural level of analysis, all these clauses have the staff of the hospital as their supposed subjects. However, the surface structure patterns have suppressed the subjects through passivisation. Similar patterns are noticeable in

expressions such as **Samples (iv) and (v)** below, which are also common in medical discourse.

Sample (iv) The patient has been diagnosed of ...

Sample (v) The patient was treated of...

In these samples, the medical personnel have been placed in a protected circuit through the structuring of the expressions. Just as in euphemism where the real import of the expression is not immediate, in a passive structure, suppressing the agent of the action takes away the attention from who performed the action to the receiver of the action and the action itself. Thus, the anonymity which the structural pattern gives the agent of the action (medical personnel) would likely translate into lack of empathy and lackadaisical attitude to issues. Subconsciously, he or she enjoys a guarantee of insulation from responsibility in the event of any unsavory consequence of the action.

Conclusion

The data analysed suggest language frames which are aimed at exonerating the medical personnel from any form of blame. This shows that *ab initio*, the personnel are prepared for the unfortunate situations that can generate such language use. This further reflects in their attitude to the patients whose conditions, no matter how pitiable, do not move them into empathy. Such language pattern and the implicit ideological frame run in ambivalence with what the medical profession claims to uphold and or condemn. Empathy is a core value in medical profession, but the language as suggested in this study runs in ambivalence with this value.

References

- Bloor, M. & Bloor, T. (2007). *The practice of critical discourse analysis*. Hodder Education.
- Brown, G. & Yule, G. (1983). *Discourse analysis*. Cambridge University Press.
- Chukwu, K.U.(2014). "Re-defining culture and the ecology of barrenness in Gloria Ernest-Samuel's ..*Ihuoma my dear*" *Journal of Nigerian Languages and Culture* vol 15, No 1, Pp 91-105
- Chukwu, K. U. & Chinedu-Okoro, C. (2019). "In the form of creeping stem: An ecocultural reading of Gloria Ernest-Samuel's *The beautiful masquerade*" *ANSU Journal of Language and Literary Studies* vol1, No. 5, pp132-140.
- Chukwu, K. U., Okeke, F.& Chinedu-Okoro, C. (2014). "Language use, communication and terrorism in Nigeria: A critical discourse" *Global Journal of Arts, Humanities and Social Science* Vol 2, No. 4 pp. 80-90.
- Halliday, M.A.K. (2014). *Introduction to functional grammar*, Revised by Christian M.I.M Mathiessen, 4th ed. Routledge.
- Halliday, M.A.K & Hasan, R. (1976). *Cohesion in English*. Longman.
- Johnstone, B. (2008). *Discourse analysis* 2nd ed. Blackwell Publishing.
- Lakoff, G. & Johnson, M. (2003). *Metaphors we live by*. University of Chicago
- Leech, G. N (1968). *A linguistic guide to English poetry*. Longman.
- Leech, G.N. & Short M.H. (1984). *Style in fiction: A linguistic introduction to English fiction prose*. Longman.
- Stibbe, A. (2015). *Ecolinguistics language, ecology and the stories we live by*. Routledge.
- Yule, G. (1997). *The study of language* 2nd ed. Cambridge University Press.