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Enacting Emotion: Embodied affective stance in a medical education fiction seminar

Anja Rydén Gramner & Sally Wiggins

As a broadly defined concept that often draws heavily on physiological experiences, feelings, or heightened states of arousal, emotions make for an ideal example of how discursive psychology (DP) can examine embodiment. A DP approach to emotion begins with a consideration of how emotion is constructed or enacted within interaction, and of the ways in which these states become part of social practices (Edwards, 1999). Emotion and affect are terms often used as synonyms, and they are so widely disputed concepts that it seems almost futile to try to identify what emotion *is*, and instead efforts are perhaps more wisely allocated to examining *how it is conceptualised* (e.g., Ellis & Tucker, 2015). Previous DP research has primarily focused on emotion as a term, whereas conversation analytic work has centered around affective stance in interaction. The latter is sometimes used to refer to bodily displays of emotion, such as crying or laughter, though the distinction between emotion and affect is not always clear-cut. Our concern in this chapter is thus on an epistemological framing of emotion and affective stance as related concepts, and of the social interactional business of which they become part. How is an affective stance enacted in interaction?

Using the term ‘embodied affective stance’, this chapter offers a contribution to DP theory and analyses of emotion/affect by considering how subject-object relations are managed through the enactment of an embodied affective stance. We focus specifically on a section of interaction as a case study, taken from a fiction seminar in a medical education course, in which one participant enacts an embodied affective stance that is notably marked in its performance and duration. In the analysis, we detail the ways in which the affective stance can be understood as an unfolding sequence of embodied activities relevant to an institutional context. We also show how affective stances are used in subject-object side distinctions by the participant, and how different affective stances can unfold through a narration of a previous experience. Our aim is not only to provide a multimodal analysis of an

empirical sequence, but also to consider how DP research can incorporate embodied affective stances (in addition to emotion categories) as managing subject-side and object-side relations. In the context of medical education, the concern is how to ‘do emotion’ correctly in a seminar about fiction which has the specified aim of evoking emotional awareness and identification. We first consider terminology around emotions and affect before overviewing current issues in emotion research within interactional research and discursive psychology in particular.

Terminology of emotions and affect

The variety of emotions that are available in the English language alone - from love, anger, disappointment to jealousy, for example - is testament to the problem of how to clearly define ‘emotions’ (and with how these might overlap with related concepts such as ‘feelings’ or ‘sensations’, cf. Wittgenstein, 1953). While emotions potentially incorporate a range of psychological, social, cultural and historical aspects, they have often been conceptualised within psychological research as a contrast to cognition and rationality (Edwards, 1999). There is also a risk that as researchers we might slip into drawing a line between bodies and discourse; that one might be privileged at the expense of the other (Wetherell, 2012).

It is important to be clear about how terms such as ‘emotion’, ‘affect’, or ‘affective stance’ have been used in related areas of research, and how we make use of the term ‘embodied affective stance’ in this chapter. This is a theoretical and empirical field filled with dichotomies; of lines drawn between the mind/psychology and body/physiology, discourse and the body, and subject-side (the person) versus object-side (the world). In this chapter, we use the term ‘embodied affective stance’ to foreground the interactional enactment of a specific state, and to treat these dichotomies as epistemological rather than ontological issues. That is, rather than trying to ascertain where and how the emotion ‘exists’, from a DP perspective it is more useful to focus on how an emotive state is oriented to *as an emotion or*

affective stance within social interaction. As such, our focus is centrally on what emotions ‘do’ in a particular context.

The DP approach to emotion differs, therefore, from research that uses the term ‘stance’ or ‘affective stance’ (sometimes also ‘emotional stance’), to draw attention to observable conduct or expressions within interaction (e.g., Sorjonen & Peräkylä, 2012), since this assumes that there is something being ‘expressed’.

Emotions and affect in discourse and interaction

Research into emotions and affect has benefitted from a considerable surge of interest within discourse and interaction studies since the 1990s. While there is not the space to provide a thorough review of this work, some of the key developments across discursive psychology and conversation analysis will be outlined here. In contrast to other work on emotions using discourse analysis that examines how discourse might be related to or mediated by physiological processes (e.g., Ellis & Cromby, 2012, Wetherell, 2013, 2015), DP treats the discourse-body dichotomy as an interactional or epistemological rather than an ontological issue. That there might be an ‘interiority’ of emotions, for example, is less of a concern for us as analysts than it is for participants in social interaction (Edwards, 1997). As noted earlier, we are not asking *what is emotion*, but rather, how and in what ways are emotions part of everyday practices?

Some of the earliest DP work in this area focused on how emotion talk becomes part of the social practices through which people are held accountable for their actions (Buttny, 1993; Edwards, 1997). This is shown in the way that people might avow an emotion (e.g., ‘I’m upset’) or ascribe an emotion to someone else (e.g., ‘you look upset’) in order to prompt explanations, make an evaluation or deal with the accountability of various social actions. Much of this work was based on the vocabulary of emotion categories: the terms used, such

as being a 'jealous person' (Edwards, 1995) to label a feeling or emotion using lexical terms. Using examples from relationship counselling, Derek Edwards' (1995, 1999) research and theoretical arguments within DP has illustrated the rhetorical work achieved through emotion talk to pathologize or normalise someone's behaviour. Other discursive work on emotions has considered, for instance, police officers' use of emotion discourse to present themselves as professionally competent (Howard et al, 2000), a politician's use of emotion categories to present someone else as unstable and untrustworthy (Locke & Edwards, 2003) or how emotion can be rhetorically linked to identity when apologising on behalf of a political party (Augoustinos et al, 2011).

The idea that emotion discourse can be used to hold people accountable for their actions predates DP, of course, and Hochschild (1979) argued for a similar claim within sociological work that we can be held accountable for the extent, direction and duration of our emotions. DP can then be used to examine how such emotional calibration is realised in discursive practices. Part of this accountability revolves around what has been termed subject-object relations (Edwards, 2005, 2007), or the way in which someone's subjectivity or stake in a topic might be contrasted with 'how the world is' or with objects (things in the world) as separate from subjects (people in the world; see also Potter, 1996). With regards to emotions, a person might be treated as 'overly emotional' or disposed to be emotional, if they react strongly to a situation (to be too upset about something, for instance) or they may be characterised as reacting appropriately to what is, 'objectively', a traumatic event. In interaction, one might use counter-dispositionals (Edwards, 2007) that manage their subjectivity, such as 'I don't usually get upset by these sorts of things', as a way to bolster the credibility of what they are about to say next.

While DP work on emotions has achieved much in terms of examining the ways in which emotion categories can be used to manage subjectivity and accountability (subject-

object relations), this work has to date been primarily focused on lexical categories rather than affect as produced via prosody, vocal delivery, or gesture. It is within conversation analytic and ethnomethodological work that much more has been done to examine the role of affect and gestures within interaction (e.g., Selting, 2010; Sorjonen & Peräkylä, 2012). Researchers have begun to demonstrate the various ways in which emotion ‘displays’ are not only part of social actions but also an action in themselves; they make certain responses relevant and appropriate (Childs & Hepburn, 2016; Sorjonen & Peräkylä, 2012). For instance, research has examined the relevance of eye gaze and embarrassment during medical examinations (Heath, 1988), the prosodic features of crying within telephone helplines (Hepburn, 2004), and the interactional and multimodal organisation of: sighs (Hoey, 2014), surprise (Cleverly et al, 2012; Wilkinson & Kitzinger, 2006), children’s laughter (Cekaite & Andrén, 2019), frustration and embarrassment (Sandlund, 2004), visible deflation (Clift, 2014), and disappointment (Couper-Kuhlen, 2009).

In summary, much of the DP work on emotions to date has focused on lexical emotion categories, to manage accountability and dispositions toward emotional states. By contrast, conversation analytic (CA) work has done more to detail the non-lexical and embodied affect displays as part of interaction. Whereas DP work is more agnostic about the interiority of emotions, CA work has been more explicit in addressing physiological features in relation to how these might be interactionally managed. Our contribution here, therefore, is to examine an embodied affective stance - the multimodal enactment of affect - alongside verbal emotion categories from a DP perspective. That is, we examine emotions and affect not in terms of how physiological states might be interactionally organised, but with regards to how participants manage subject-object relations.

Emotions and affect in medical settings

We now move onto our topic area: a medical education programme in which students discuss fiction. The idea that physicians and medical students should practice and develop empathy, emotional awareness and emotional engagement in patients comes from the theoretical field of narrative medicine, which combines liberal arts (fiction, poetry, music, art) and medicine, arguing that the two fields are closely linked (e.g., Nussbaum, 1990; Montgomery Hunter, 1995). It is quite common in many countries, such as Sweden, Australia, the UK and the US, to use fiction as part of compulsory courses for medical students (see Evans, 2007). Through reading fiction and discussing it with their peers, it is argued, medical students have an opportunity to develop an emotional awareness of issues dealing with illness and death: the sort of things that they will need to deal with on a regular basis once they begin their medical careers.

Emotion research within medical interaction has, however, received limited attention from an interactional perspective (McNaughton, 2013). Since institutional settings might be said to regulate participants' actions and affective stances (Sandlund, 2004; Sorjonen & Peräkylä, 2012), the presence (or absence) of affect in medical settings may be due both to the institutional nature and the specifics of a medical concern with empathy. Early work by Heath (1988) demonstrated the fluctuation and sequential organisation of embarrassment during medical examinations, and the way in which the emotion *emerges* through the interaction between co-participants. Further work by Heath (2002) similarly examined how the enactment of pain and suffering could be used to validate one's seeking of medical attention. Other research has shown how the enactment of emotions or affect can be calibrated toward the particular medical tasks-at-hand, such as using laughter to deal with sensitive medical concerns (Haakana, 2001) or managing problem-solving or troubles-telling in general practitioner or homeopathic consultations (Ruusuvuori, 2007), or in health visitor interactions with new mothers (Heritage & Lindström, 2012).

Our own research contributes to existing interactional work on emotions in medical education, and to do so in a way that both empirically and theoretically drives forward DP research on embodiment and multimodality. In particular, we focus on how an embodied affective stance manages the delicate issue of how emotions may be attributed (or avowed) to the individual as a dispositional state or treated as a rational response to a problematic state of the world; i.e. the management of subject-object relations in relation to emotions and affect.

The fiction seminar data

The data used for this chapter is taken from a corpus of around 60 hours of video recordings of fiction seminars with medical students and tutors, from two different medical education institutions in Sweden, recorded between 2016 and 2018. In total, 36 seminars are included in the corpus. This case study of about 3-4 minutes is taken from a collection of 20 instances of affective stances which were enacted using multimodal resources. These resources were, among others, the use of lexical categories including, ‘I am angry/I felt upset’, intense gesturing with hands and arms, rocking of the body, facial grimacing, wobbly voice, and long pauses. These multimodal affective stances were oriented to by participants as relevant in interaction, and were therefore chosen as relevant for analysis.

The fiction seminars are, in different ways, part of compulsory courses focused on professional development for students. These courses concern themes such as patient relationships, ethics and other subjects closer to the humanities than to for example biology. The use of fiction is structured in various ways in these medical programmes: sometimes used during the first year of education, sometimes toward the middle or final years of courses. Group sizes range from seven students up to 16 students, and one or two tutors for each group. The tutors are often physicians and sometimes literary scholars, or with both a physician and a literary scholar present. Physicians themselves have no literary training and

have usually volunteered as tutors because of their interest in fiction. The seminars vary in length, from 40 minutes to almost three hours. Sometimes students meet for only one fiction seminar, and other times there are up to six seminars in a series where the same group discusses different fictional works. Films, poetry, short stories and autobiographies as well as traditional fiction is used, sometimes decided by the course executive, sometimes chosen by the tutor, and sometimes chosen by the group of students themselves. Prior to the fiction seminars, the students usually receive information that talking about fiction is meant to enhance their professionalism with regards to empathy, emotional awareness, and patient understanding. The fiction used is not always clearly connected to medicine with a physician as main character nor dealing with the subject of illness.

The chosen sequence is taken from the fifth seminar of a group, comprising seven students and one tutor, Sophie. The book ('Jag heter inte Miriam', or 'My name is not Miriam' by Swedish author Maj-Gull Axelsson) was chosen by the group during the previous seminar, through democratic vote. Our focal student for this analysis - Vera - noted that she had read the book previously but wanted to read it again. The book is about a Romani girl who survives the Holocaust and flees to Sweden. In the process, she adopts the identity of a Jewish girl. Of particular note is that the story includes discussions of Josef Mengele, a medical doctor who performed tortuous and lethal experiments on prisoners at Auschwitz during the second world war; his role as a doctor being particularly pertinent for this seminar.

Analysing embodied affect

The extended data sequence was chosen as it stands out in the collection due to the apparent intensity of affective stance created through varied multimodal resources such as vocalisations, hand gestures, and body movements. We will demonstrate how the embodied

affective stance of Vera is partly mediated by the subdued responses of the others in the group.

Our key analytical arguments are that:

- 1) the external trouble source is marked in the interaction through an embodied affective stance consisting of verbal and gestural resources which work collaboratively
- 2) the 'restraint' of affect is enacted through various embodied gestures
- 3) embodied affective stances are enacted as logical and rational responses to object-side events.

These three analytical points unfold during the sequentiality and temporality of the social setting. As such, we argue that the analysis of this data extract offers an example of how DP can engage with the embodied aspects of affective stance, beyond the use of emotion categories as verbal resources. The excerpt begins about 30 minutes into the seminar, during the introductory 'round', in which each student in turn says something that they found interesting during reading and/or something they wish to discuss. During the round, other students might comment or ask questions so that it merges into a discussion, rather than a series of monologues, and usually, they show their involvement with the person speaking by giving continuers and engaging in gaze with the speaker. This does not happen in this instance. The full excerpt lasts for about three minutes, but we will focus on short sections at a time to illustrate the unfolding dynamics of the sequence.

Marking the trouble source

Figure 9.2 Glance ahead



6. (1.5 #)

im #fig9.3

Figure 9.3 Hands clasped



There is minimal description from Vera in this first section, with two rather vague references to ‘the memories’ and ‘Doctor Mengele’ that hint at but do not fully explicate the horrors depicted in the book. The memories to which Vera is referring in the first line could be those of the book’s central character (Miriam). As such, this positions Vera as not only

demonstrating knowledge of the book's content but also potentially assuming the position of Miriam in her retelling. Similarly, the nomination of Dr Mengele, coupled with the brief glance toward Maria and the prefaced '>asså seriöst<' ('I mean seriously', line 5), pinpoints the trouble source (Dr Mengele) but not the exact nature of the trouble. That the book depicts atrocities is not directly mentioned, and so Vera's turn makes use of Mengele's name as shorthand for what is assumed to be common knowledge amongst the group (as all have recently read the book). In doing so, the rest of Vera's talk is situated within a context that does not specify, at this point, the precise details of the 'trouble'.

Vera's brief glance toward Maria in line 6 follows the oblique reference to the trouble, and precedes a few seconds of embodied affective stance that are noticeable at this point. The eye gaze between Vera and Maria is fleeting and occurs immediately after the mention of Mengele. What is particularly noticeable is that there is very little eye contact between Vera and the other group members throughout the full sequence. For most of the time, she directs her gaze down or straight in front of her, possibly looking at her tutor sitting opposite, and sometimes she looks at Maria. However, this is the only time their eyes actually meet. As it is, Vera's glance toward Maria is not at a transition relevance place, so while Maria might have responded with a gesture, it is not clearly inviting her to verbally contribute at this point. This glance from Vera at this specific point might indicate that she is looking for signs that others are listening, since she is almost universally directing her glance into middle distance, and so doesn't see the others while speaking. Since through the organisation of the seminar it is also Vera's 'turn', it is expected that she holds the floor so it is not uncommon for the others to be silent. However, despite this circumstance, there are no continuers, nods, or any other embodied signs that the other students are actively listening to Vera's narrative during this passage. What is possibly more significant about the glance, however, is the way in which Vera seems to be 'aborting' the glance through a quick turn away and combined with

the broken-off “ja- ja-” (I- I-). The combination of the verbal utterances, the brief glance to another student aborted mid-way, and the cut-off talk work to mark this as a trouble source that is affectively loaded. As Goodwin (1980) shows, holding the gaze of other participants is usually preferred by speakers, who will sometimes abort their turn when participants avert their gaze. Since Vera is looking downward or in middle distance through most of this sequence, there are only two instances where she briefly meets the gaze of other participants besides her tutor - this instance, and in the last sequence. Both times, she exchanges very fleeting glances with Maria, sitting to her right.

It is immediately following the glance that a short but notable embodied sequence then unfolds, noted in lines 5-6 and illustrated in figures 9.1, 9.2, and 9.3. After the cut-off “I- I-” - as if starting to talk but not followed-through - Vera gazes down with her mouth closed, a slight shake of the head, hands that are clasped and moved up toward her face, and with an upper body movement to sit back in her seat. It is the immediacy of this verbally silent and physically still sequence, at just the point at which the trouble source is first mentioned, that creates the potency of Vera’s response. During this sequence, the other group members remain silent and, mostly, still. It also enables the focus to remain briefly on the external source (Mengele), as someone who not only exists in the book but was also a living person. This then helps to associate the opening part of the affective sequence with an object-side event, rather than with particular features of Vera that might make her disposed to react in a particular way.

Already here Vera’s affective stance on the book is explicitly produced multimodally. To summarise, we argue that in this first section the trouble source is marked as being problematic through an embodied affective stance: it is the combination of Vera’s words and simultaneous as well as non-simultaneous multimodal resources that marks it as trouble.

The 'restraint' of affect

In the next part of the sequence, we see how Vera moves from the trouble reference to something that visibly enacts a 'restraint' of affect. Again, an embodied affective stance is brought off that both suggests a strong emotional response and simultaneously 'holds this in'. During this sequence, we will show how this embodied affective stance, showing both intensity and control at the same time, enables Vera to 'hold the floor' and prolong her turn making it difficult for others to step in. Extract 2 shows the section of interaction immediately following Extract 1. Here, Vera describes how she got so upset (Swedish *förbannad*) by reading the book that she almost screamed aloud.

Extract 2:

7. VER: *.hh+ #-ja läser+.hhhh~(0.2) alla avsnitt
~I read~ all the episodes
im #fig9.4
ver: *leaning back/gestures with clasped hands----->
mar: --->+ +looks at ver:----->

Figure 9.4 Leans back



8. VER: me didi å sen ~lägger ja ifrån mig boken och e på väg å
with didi and then I ~put the book away and am about to


```

9.      skrika högt~ (.)~f'att~ (.) ~ja*~ .hhhh (0.5) #blir*
        scream aloud~ ~b'cause~ ~I~ .hhhh (0.5) become
ver:    ----->*                                *folds arms>
im      #fig9.5

```

Figure 9.5 Förbannad



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10.VER: ~*förbannad~+ .hhhhh och #hhhh hhhh+h (.)
        ~pissed off~ .hhhhh and hhhh hhhh
ver:    *looks down/slight head shake----->
mar:    ----->+                                +looks at ver----->
im      #fig9.6

```

Figure 9.6 Head shake



Vera's account at this point follows what might be considered a typical retelling of her experience in that it situates the chronological order in which things occurred: reading the book, putting it down, then (almost) screaming out loud. This narrative is created in the present tense, emphasizing both the previous experience of reading and the here-and-now experience of re-telling. The listeners, as it were, follow her account as if it was happening now. As with the previous extract, the reading precedes her reaction: first she reads something, then she produces a response. While this might seem obvious (one has to experience something first before we can react to that experience), it is the reporting of this *in the same way* that is of interest here. She could, for instance, have begun by saying how she was so upset by the book and then talked about the story details. Instead, she says how she reads about "all the episodes with Didi" - again, an oblique reference without detailing the horror, but connected to the mentioning of Dr Mengele, a name which is cut of and illustrated through multimodal resources as carrying affective power - and then reports that she has to put the book away. In doing so, the affective 'response' is presented as a logical consequence of having read the book, and again here the object-side-ness of the affective stance is oriented to by both vocal and gestural features. For instance, even the wobbly voice on 'I read' (line 10) enacts the reading itself as a difficult experience.

The sequence does more than just present her book reading experience. It also appears to *enact* an embodied and emotional response in the retelling and, simultaneously, the restraining of that response. Not only does Vera verbally report that the book prompted a strong reaction - a report done in the present tense - she also embodies and seemingly re-lives this reaction during the reported sequence. This is a crucial distinction. Notably, Vera states that she is 'about to scream aloud' ('på väg å skrika högt'; lines 8-9). Even in the report of her reading of the book, the emotional responses appear tethered rather than impulsive reactions. This is shown multimodally: the holding of the breath, (line 10), the cut-offs and

audible breathing (lines 7, 9, 10), and the gestures with clasped hands throughout the excerpt, as well as her description of ‘about to scream aloud’ where no scream is produced. Her hands are clasped throughout this part of the sequence while gesturing backwards and forwards, before they are finally released and one hand flares up beside her face just before the word “pissed-off” (line 10, figure 9.5). As Vera recounts her reading of the text (told in the present tense, and thus re-lived through her story), she is creating two embodied affective stances - one in her story, and one as she is re-telling her story in the here-and-now (cf. Selting, 2010). The mentioning of a lexical category and attributing that category to herself (‘I become pissed-off’) is interesting, as it places Vera’s account in the subject-side category. She is avowing her reaction to the book to something within herself, without using counter-dispositionals (cf. Edwards, 2007). At the same time however, her subject-side position is linked to the object-side, i.e. the experience of reading, as it was this reaction which warranted the upset state.

The silence of the other students during this sequence is notable, though the stillness manifests in different ways for different students. Most of them are either looking directly at Vera, with frequent eye gaze shifts away from Vera as she speaks, or else looking down toward the table or their hands. No other students, nor the tutor, make any sounds during this section. It is difficult to tell whether or not Vera meets the gaze of the tutor or student sitting opposite, since she mostly gazes down or into middle distance. Notably, though, at the final point of the crescendo (“förbannad”, line 16), Maria (who has been gazing at Vera) looks away.

Similarly, Vera’s own eye gaze is mostly downwards, toward her hands or the desk in front of her, with the exception of the glance at Maria shown in Extract 1. So the other students are similarly not ‘invited in’ through eye gaze or gesture. Vera’s hands do not point or gesture toward others, but rather, are clasped and moving toward and away from her body,

and that is seen in both Extracts 1 and 2 (and figures 9.1-9.6). Even her facial expressions, such as the contorted face in figure 9.6, are seemingly directed at no one as her gaze is turned downwards. These gestures combined create an embodied affective stance which is enacted as controlled and restrained in response to the emotive state she describes herself as being in while reading. Eye glances are brief, hand gestures begin and then are paused or pulled back, words are cut-off, hesitant and produced with a voice that appears to be about to 'break' into tears. In short, the embodied stance here is produced as both a particular affective state and a controlled affective stance. The fact that Vera manages to speak, although using a wobbly voice, and moves from a highly charged affective stance to a more subdued account of the story, is testament to that enacted control. This control could also function as a replacement of a counter-dispositional (Edwards, 2007). Instead of claiming that her emotional enactment is not typical of her as a person (subject-side) but rather because of the horrors detailed in the book (object-side), she is showing with her controlled embodied affective stance that her affect is not part of her personality or testament to her being an 'overly emotional person', but rather that her emotional response is warranted and logical. The subject-side is thus managed not only through lexical but also non-lexical and embodied features of the interaction.

Emotions are enacted as a logical and rational response

It is in the final section of Vera's turn that her stance is produced as a rational reaction to the horrors described in the book. This is a move from the retelling of the reading and framing the reaction to the experience as intense and emotionally challenging, to trying to understand how a person (and specifically, a doctor) could do such terrible things to other people. This section also produces a rational account for Vera's embodied affective stance in extract 2, and why it was warranted, logical and appropriate for this context. Formulated

sar: -----^^shakes head^
 19.VER: *asså de där >asså+ seriöst< (0.9) va .hh e de för+ ↑fel på*
 I mean it I mean seriously what's .hh wrong with
 mar: -----+drinks from cup-----+look at ver>>
 20.VER: *honom*? (0.4) °eller iva°*
 him or was
 Ver: *spins paper ----->>

In line 11, Vera moves into framing her account as primarily object-focused (“I don’t understahnd”) in contrast to the previous section where she verbally framed her experiences, both when reading and when re-telling/re-living the experience of reading, as primarily subjective, meaning the emotion (‘pissed-off’) was related to herself, although in relation to the book and the experience of reading it. The way that line is produced, with audible swallowing, together with a wobbly voice, shows a continuation of the affective stance produced earlier. Thereafter, Vera begins to focus her narrative more clearly on the events in the book, meaning the object-side, discussing (albeit with herself) how anyone could behave in this manner to another person, let alone a physician. In so doing, the subjective affective stance produced earlier is given a logical framework - because the actions of Dr Mengele were so atrocious, Vera’s affect was logical and reasonable.

The eye-contact between Vera and her fellow students during this sequence is limited, though it is more stable between Vera and the tutor, who sometimes nods, provides continuers (“mm”, line 14), or makes notes on a piece of paper. However, there is more active participation given by the other students at this point than during the previous excerpts, both through gaze by Maria (line 11-13, lines 17 and onwards) and Sara (lines 15-18). We also have Sara shaking her head (line 18) in a response to Vera’s rhetorical question on “how anyone could treat a person that way” (lines 17-18), Maria drinking from her cup (line 19)

and Ric shifting position (line 13) as well as the first audible confirmer from the tutor (“mm”, line 14). These instances show more participation by the other people in the room than the two previous sections combined, and it is because the account is orienting to object-side that this is made possible. In her narrative, Vera attributes her affective stance to an external source (the events depicted in the book) which allows for the other students to more easily partake in interaction, since they have also read the book. Thus, the framing of Vera’s intense enactment of affective stance as sensible and reasonable makes it possible for the others to treat it as a normal part of a seminar, as statements which can be agreed with or refuted, rather than a student ‘breaking down’.

In lines 12-13, Vera again frames her affective stance as logical and natural given the horrific nature of Dr Mengele’s behaviours, as she claims that because there are so many “terrible things” in the book, “it hurts to read it”. Again, her affective stance is attributed to the book itself and thus not an emotional disposition. Vera rationalises her affective stance after the fact (cf. Edwards, 1999) - it hurt so much that her reaction was warranted, and the character's actions are so horrible they are impossible to understand - hence her emotional ‘outburst’. It is when she begins to talk about how someone could ‘understand’ or make sense of the book that the others then begin to respond. This rationalisation is met with confirmation by some of the others - first by the tutor, which at the point at which Vera states that it ‘hurts to read’ the book, responds with a short but clear confirming continuer (‘mm’, line 14), Later, similarly, when Vera voices concerns about how a doctor could do something like that, it is precisely at the word ‘doctor’ that the student to her left, Sarah, shakes her head, with mouth slightly raised at one side and closed eyes; while expressing ‘no’, this is as if in alignment with Vera (cf. affectivity in storytelling; Selting, 2010). By looking at Vera and shaking her head (lines 15-18), she gives an affiliative response to Vera, aligning with her assessment of the character’s brutality, and that it is indeed impossible to understand his

actions, as Vera claims (e.g. Selting 2010, aligning with others through facial expressions/movements). Thus, Sara is legitimizing Vera's strong affectivity as a normal, and logical, reaction to the book. In general, then, more participation from the other students and tutor is seen during this sequence - however, two of the students who have been immobile during extracts 1 and 2 continue to be still with both gaze and body throughout this sequence.

At the end of the sequence, the intensity of affect is lessened to the degree that it could be possible for someone else to take the floor. However, Vera's behaviour shows that she has more to say about the book - her spinning of the paper (line 30) holds her turn, and right after that, Vera goes on to talk for several minutes, with minimal uptake from other participants. Vera's enactment stands in stark contrast to the physical and verbal stillness of the other students.

How, then, can we begin to understand the actions of the other participants and how they help create this affective stance? During the entire sequence, the physical stillness of the other students appear to create a void where Vera's distress is played out in solitude. The lack of uptake or reassurance from the other students, found in other institutional settings where there is crying/upset/strong affective practices (cf. Hepburn & Potter, 2012), is normative given the uncommon-ness of such affectivity in an educational setting (Sorjonen & Peräkylä, 2012). Added to that, the very purpose of the fiction seminars is to spark emotional engagement. Viewing affect as dialogic in nature (see Wetherell, 2012), this sequence could be interpreted as very atypical, almost a monologue, but that would be erroneous. Rather, the other students, through their silence, create an arena where Vera can play out the multimodal affective narrative to its fullest. The very quietness from the other students both verbally and bodily, makes a silent backdrop for her to enact her multimodal affective stance against, and it also creates the possibility for her to keep control and reign in her affect, without completely breaking down. So, the stillness of the room helps Vera as well as the other

students come back to a sense of normalcy. Vera and the other students, then, together create a way of 'doing being a student in affect' by Vera creating an affective stance which is intense to the point of eruption, without actually erupting. No heavy crying goes on, no screaming, just a body in a room describing and enacting an affective episode while at the same time creating an affective stance in a medical education seminar.

Discussion

Our analysis of this single sequence has focused on three key aspects of embodied affective stance in medical education interaction. First, that a trouble source is marked not only through embodied features, but it is also marked as *emotional trouble*, foregrounding what is to come thereafter. Second, in recounting Vera's reaction to reading the trouble source, she not only embodies an affective stance but also enacts it as if it were a re-living of an affective stance taking place during the time of the reading. This is narrated as an experience so intense and painful that the re-enactment in the here and now physically shows what the experience of reading was like as well as what the experience of re-enacting the affective state is like, through wobbly voice, gestures with clasped hands, cut-offs at important words, avoiding the gaze of others with a few notable exceptions, and rocking of the body back and forth.

However, despite the intensity of this embodied affective stance, it is seemingly controlled by the speaker Vera: the sequential build-up and details of the original response to the book, the temporal placement of verbal and non-verbal actions, and the decrease of intensity of affect just after the peak of story-telling ('pissed-off'). The 'holding back' also serves the purpose of controlling Vera's responses in line with the situated 'feeling rules' (Hochschild, 1979) of the educational setting. Besides the reference to 'pissed-off' there are no lexical categories of emotions used by Vera, only her embodied affective stance which is

enacted in relation to the other students and the tutor. No requests for elaboration are made by the other group members - they treat the affective stance as something which they are able to understand without clarifications, and they show that understanding through their minimal responses, giving Vera the space her enactment needs. Finally, after the 'controlled release' of the affective stance, the rationality of Vera's response is presented in contrast to the incomprehensibility of the actions of the trouble source. In sum, Vera's embodied affective stance is enacted multimodally through both vocalisation and bodily gestures in a social interaction in which the other participants respond minimally. The emotion here is neither purely attributed to a subject-side disposition to be 'emotional', nor to the object-side description of the worldly horrors, but rather is produced through and in the embodied enactment of affect.

In this chapter, we contribute to existing literature on emotion and affective stance in interaction in several ways. First, our analytical interpretations are based on a multimodal analysis of video-recorded data, which enables us to build upon previous analyses of emotional stances in interaction based on audio-only recordings (Hepburn, 2004; Hepburn & Potter, 2012; Heritage & Lindström, 2012). As such, we can draw on embodied stances enacted through eye gaze, facial and bodily gestures, as well as through the vocalisations of those present. Moreover, rather than examining the use of emotion *categories* in talk (such as, 'he's a jealous person'), our focus is on embodied affective stances, where emotion is not only stated through lexical categories but rather enacted through various non-lexical vocalisations, raised pitched or breathy sounds, and hand gestures and eye gaze (see also Peräkylä & Ruusuvuori, 2012).

Second, taking a DP approach, we do not deny the ontological status of emotion (in that we are not suggesting that people do not 'have' such experiences) but rather we contest the epistemological status of emotion (in that we argue against there being a distinct 'internal'

experience that is 'expressed' through affective displays). Like other contributions to this volume, we seek ways to transcend the subject-object dualism that permeates much work on embodiment and discourse. In this sense, we avoid reference to 'expressions' or 'displays' since such terms are loaded with psychological baggage that may suggest that there is an internal reality that is being expressed through vocalisations and other modalities. That is, they perpetuate the subject-object distinction in discourse that we are troubling. By contrast, we seek to show how the body becomes mobilised in distinct and observable ways in interaction, and that it *becomes embodied* through these interactional practices.

We also contribute to the development of theory within DP, by pushing forward what we know or have theorised around embodied practices, and how DP can - theoretically and analytically - deal with these practices. In this chapter we have provided an illustrated example in which a speaker (Vera) embodies a stance that suggests upset, distress or anger (or all three), but which, apart from a reference to being 'pissed off', is enacted rather than named. Our work thus contributes to existing DP and CA work on emotions and affect that seeks to detail the ways in which emotions are accomplished in different settings. Just as non-lexical utterances such as *mmm* can enact an embodied gustatory pleasure without having to articulate this through lexical terms (Wiggins, 2002), so can an affective stance be enacted without having to be seen as a reference to, or indicator of, an internal state. It works in and of itself. We do not need to 'know' what Vera 'feels' to understand how embodiment is a central part of this interaction. That does not mean we do not care, rather that our analytical gaze rests on how it is that bodies become relevant in particular ways, at particular moments, in interaction.

We conclude, therefore, with a call for more research on emotions/affect, embodiment, and discursive practices that is not reductionist nor divisive. Much of the academic arguments around bodies and discourse are driven by having different research

questions and goals as much as it is about theories and perspectives. We hope to have provided an example in which DP work can contribute to such diverse fields as emotions, medical education, multimodality and social interaction.

References

- Augoustinos, M., Hastie, B. & Wright, M. (2011). Apologizing for historical injustice: Emotion, truth and identity in political discourse. *Discourse & Society*, 22: 507-531.
- Buttny, R. (1993). *Social accountability in communication*. London: Sage.
- Cekaite, A., & Andr n, M. (2019). Children's laughter and emotion sharing with peers and adults in the preschool. *Frontiers in psychology*, 10, 852.
- Childs, C. & Hepburn, A. (2016). Discursive psychology and emotion. Ch. 8 in C.Tileaga & E. Stokoe (Eds.) *Discursive Psychology: Classic and contemporary issues*. (pp.114-128). London: Routledge.
- Cleverly, J., Heath, C., vom Lehn, D., & Luff, P. (2012). Revealing surprise: the local ecology and the transposition of action. Oxford University Press.
- Clift, R. (2014). Visible deflation: Embodiment and emotion in interaction. *Research on Language and Social Interaction*, 47(4), 380-403.
- Couper-Kuhlen, E. (2009). A sequential approach to affect: The case of 'disappointment'. *Talk in interaction: Comparative dimensions*, 94-123.
- Du Bois, J. W. (2007). The stance triangle. *Stancetaking in discourse: Subjectivity, evaluation, interaction*. 164: 139-182.
- Edwards, D. (1995). Two to tango: Script formulations, dispositions and rhetorical symmetry in relationship troubles talk. *Research on Language and Social Interaction*, vol. 28(4): 319-350.
- Edwards, D. (1997). *Discourse and Cognition*. London: Sage

- Edwards, D. (1999). Emotion discourse. *Culture & Psychology*, 5(3): 271-291.
- Edwards, D. (2005). Moaning, whinging and laughing: The subjective side of complaints. *Discourse Studies*, 7(1), 5-29.
- Edwards, D. (2007). Managing subjectivity in talk. In A.Hepburn & S.Wiggins (Eds.) *Discursive research in practice: New approaches to psychology and interaction*. Pp. 31-49. Cambridge: Cambridge University Press.
- Ellis, D., & Cromby, J. (2012). Emotional inhibition: A discourse analysis of disclosure. *Psychology & Health*, 27(5), 515–532.
- Ellis, D. & Tucker, I. (2015) *Social psychology of emotion*. London: Sage.
- Evans, M. (2007). Medical Humanities: An Overview. *Principles of Health Care Ethics: Second Edition*. 199-266.
- Goodwin, C. (1980). Restarts, pauses, and the achievement of a state of mutual gaze at turn-beginning. *Sociological inquiry*, 50 (3-4), 272-302.
- Goodwin, C. (2007). Participation, stance and affect in the organization of activities. *Discourse & Society*. 18(1): 53-73.
- Haakana, M. (2001). Laughter as a patient's resource: Dealing with delicate aspects of medical interaction. *Text & Talk*, 21, 1-2. 187-219.
- Heath, C. (1988). Embarrassment and interactional organization. In Drew, P. & Wootton, A. (Eds.) *Erving Goffman: Exploring the interaction order*. P. 136-160. Cambridge: Polity Press.
- Heath, C. (2002). Demonstrative suffering: The gestural (re)embodiment of symptoms. *Journal of Communication*, 52(3): 596-616.
- Hepburn, A. (2004). Crying: Notes on description, transcription, and interaction. *Research on Language and Social Interaction*, 37(3), 251-290.

Hepburn, A., & Potter, J. (2012). Crying and crying responses. *Emotion in interaction*, 195-211.

Heritage, J. (2011). Territories of knowledge, territories of experience: Empathic moments in interaction. In T. Stivers, L. Mondada and J. Steensig (Eds.) *The morality of knowledge in conversation*. Cambridge: CUP.

Heritage, J. & Lindström, A. (2012). Knowledge, empathy and emotion in a medical encounter. (p. 256-273.) In M-L. Sorjonen & A.Peräkylä (Eds.) *Emotion in interaction*. Oxford: OUP.

Hochschild, A. (1979). Emotion work, feeling rules and social structure. *American Journal of Sociology*, 85 (3): 551-575.

Hoey, E. M. (2014). Sighing in interaction: Somatic, semiotic, and social. *Research on Language and Social Interaction*, 47(2), 175-200.

Howard, C., Tuffin, K. & Stephens, C. (2000). Unspeakable emotion: A discourse analysis of police talk about reactions to trauma. *Journal of Language and Social Psychology*, 19(3): 295-314.

Locke, A., & Edwards, D. (2003). Bill and Monica: Memory, emotion and normativity in Clinton's Grand Jury testimony. *British Journal of Social Psychology*, 42(2), 239-256.

Mascolo, M. F. (2009). Wittgenstein and the discursive analysis of emotion. *New Ideas in Psychology*, 27(2), 258-274.

McNaughton, N. (2013). Discourse(s) of emotion within medical education: The ever-present absence. *Medical Education*, 47: 71-79.

Montgomery Hunter, K., et al. (1995). The study of literature in medical education. *Academic Medicine* 70(9): 787-794.

- Nussbaum, M. C. (1990). *Love's knowledge: Essays on philosophy and literature*. New York: Oxford University Press.
- Osvaldsson, K. (2005). On laughter and disagreement in multiparty assessment talk. *Text - Interdisciplinary Journal for the Study of Discourse*, 24(4), pp. 517-545
- Peräkylä, A. (2012) Epilogue in A.Peräkylä & M-L.Sorjonen, M.-L. (Eds.) *Emotion in interaction*, Oxford: Oxford University Press.
- Peräkylä, A., & Ruusuvuori, J. (2012). Facial expression and interactional regulation of emotion. In A.Peräkylä & M-L.Sorjonen, M.-L. (Eds.) *Emotion in interaction*, pp. 64-91. Oxford: Oxford University Press.
- Peräkylä, A. & Sorjonen, M.-L. (2012) (Eds.) *Emotion in interaction* Oxford: Oxford University Press.
- Potter, J. (1996) *Representing reality*. London: Sage
- Ruusuvuori, J. (2007). Managing affect: Integration of empathy and problem-solving in health care encounters. *Discourse Studies*, 9(5): 597-622.
- Sandlund, E. (2004). Feeling by doing: The social organisation of everyday emotions in academic talk-in-interaction. *Karlstad University, PhD thesis*.
- Selting, M. (2010). Affectivity in conversational storytelling: An analysis of displays of anger or indignation in complaint stories. *Pragmatics*. 20, 2, 229-277.
- Stivers, T., Mondada, L., & Steensig, J. (2011). Knowledge, morality and affiliation in social interaction. *The morality of knowledge in conversation*, 3-24
- Wetherell, M. (2012). *Affect and emotion: A new social science understanding*. London: Sage.
- Wetherell, M. (2013). Affect and discourse-what's the problem? *Subjectivities*.
- Wetherell, M. (2015). Trends in the turn to affect: A social psychological critique. *Body & Society*, vol. 21 (2): 139-166.

Wiggins, S. (2002). Talking with your mouth full: Gustatory mmms and the embodiment of pleasure. *Research on language and social interaction*, 35(3), 311-336.

Wilkinson, S., & Kitinger, C. (2006). Surprise as an interactional achievement: Reaction tokens in conversation. *Social psychology quarterly*, 69(2), 150-182.

Wittgenstein, L. (1953) *Philosophical investigations*.