Agency of Intention and the Neo-liberal Ideology in Diabetes Narratives

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1. Introduction

Studies of narratives of individuals with diabetes have often focused on individual interviews (Connor et al., 2012; Hamilton, 2001). While these studies illustrate how individuals with diabetes construct identities of diabetes management, they do not present a complete understanding of how persons with diabetes construct their identities unprompted by researchers' questions.

Through a detailed analysis of a case study, I illustrate how the identity of a patient with diabetes is constructed in a more natural setting: during an inpatient medical visit with a Nurse Practitioner, and, more specifically, how this patient mobilizes different types of agency to construct an identity of one who is knowledgeable yet not fully able to be self-reliant in the management of his disease. The data come from an audio-recorded interaction between one NP and a patient who has been hospitalized with diabetes.

The analysis of this case study is framed in terms of Ortner's (2001) concepts of 'agency of power' (ability to act unimpeded and maintain control over one's life) and 'agency of intention,' (agency that is limited by external, cultural constraints). Through close textual analysis, I show how this patient is able to *mobilize* both of these types of agency through intertextual reference to institutionalized discourse of diabetes, reproducing notions of individual responsibility for personal care. At times, he reentextualizes the diabetes discourse in order to reject an *agency of power* in disease management because of external constraints including government regulations, economic forces and a desire to be self-supporting rather than a member of the welfare state while still summoning a type of agency, albeit one that is limited by intention because of these external forces. More generally, the study provides an understanding of what the particular contexts are in which individuals reject an *agency of power* in favor of an *agency of intention.*

1.2 *Defining Agency*

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The problem of defining agency is addressed in Ahearn (2001, 2011) who notes that this term has been used across the social sciences, and specifically in linguistic anthropology to mean different things including as synonymous with free will or acts of social resistance. Rather than defining agency more narrowly, Ahearn provides a broader definition by defining it as, "the socioculturally mediated capacity to act" (2001: 112). This definition, as Ahearn acknowledges, is simply a starting point from which others who wish to pursue a theory of agency must add to. She poses a series of questions that one could ask in this pursuit including ones that are of particular importance here: "Must agency be conscious, intentional, or effective? What does it mean for an act to be conscious, intentional, or effective?" (112-113). These questions suggest that agency may vary in terms of an individual's intentionality to act or affect change or that agency may not necessarily imply one's success in affecting said change but may be limited to the attempt or intention.

Another common theme in more recent definitions of agency is that it can be viewed in qualitative rather than quantitative terms, indicating a shift away from determining whether or not a person 'has agency,' and instead focusing on the kind of agency a person is constructing or the ways that agency is socially or culturally negotiated (Ahearn, 2001). Within this notion is the idea that there are different types of agency (Andrus, 2009, 2010; Kockelman, 2007; Ortner, 2001, 2006). One way to delineate types of agency is proposed by Ortner (2001, 2006) who presents two categories: *agency of power* and *agency of intention*. Ortner defines *agency of power* as the "ability to act on their own behalf, influence other people and events, and maintain some kind of control in their own lives" (2001: 78). She contrasts this with *agency of intention,* explained as "agency of culturally constituted intentions" in which "people seek to accomplish things within a framework of their own categories of value" (2001: 80). Ortner is careful to point out that these two types of agency are not dichotomous but often bleed into one another. It is also important to note that *agency of intention* should not be thought of as synonymous with a lack of agency, but simply a different type of agency- one that may be more contingent upon external factors. In this paper, I use Ortner's categories as a framework for understanding how different types of agency get constructed, specifically in terms of how an individual with diabetes positions himself as having *agency of intention*, while often lacking *agency of power*.

All of these theoretical concepts of agency are important in leading to a more nuanced understanding of agency and how it is manifested in discourse; however, what is lacking in many of the prior accounts is how these theoretical models of agency help us understand constructions of identities as being endowed with more or less of one or the other type of agency. Taking this a step further, if one acknowledges, as many have, that there are variations in the types of agency that actors can project, how can these different types of agency be distinguishes linguistically?

The mobilization of different types of agency may exist, and in fact I argue that they do, in a variety of interactional settings. The particular focus of this paper is in a medical setting; however, the distinction of *agency of intention* and *agency of power* or any other division of agency is not limited to this particular setting. However, power-laden interactions such as those involving medical providers and patients, as well as the discourse of diabetes management seems to highlight these distinctions of agency types quite clearly.

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1.3 Institutionalized Discourse of Diabetes & The Neo-liberal Paradigm

The widely distributed discourse of diabetes is characterized by notions of patient self-control and disease management through making choices to be educated and engaged in health-promoting behaviors. This can be seen in the statements posted on the American Diabetes Association website:

(1) Diabetes is a common disease, yet every individual needs unique care. We encourage people with diabetes and their families to learn as much as possible about the latest medical therapies and approaches, as well as healthy lifestyle choices. Good communication with a team of experts can help you feel in control and respond to changing needs (diabetes.org 2013).

The meta-function of this message is to put in place a neo-liberal discourse of agency as being the hands of individuals. The very first sentence presents the reader with a generic disease and juxtaposes it with a unique care-system, accomplished cleverly by the use of the contrastive conjunction, 'yet' in the second clause. It purports that people with diabetes can gain "control" through self-education ("learn as much as possible") and engaging in "healthy lifestyle choices." This discourse suggests that management of diabetes is entirely within the control of the diagnosed. The role of the individual is clear in the complement clause of the last sentence in which the second person pronoun 'you' is placed in the role of experiencer: "you feel in control" and agent: "[you] respond to changing needs." There is reference to the role that medical experts play (although "medical" is implied rather than stated) in diabetes management, but this is phrased only in terms of "good communication with…experts." Medical providers are thus positioned as aids rather persons who have the ability to control medical outcomes.

A similar message appears on a separate page of the same website, this one aimed at people who are 'pre-diabetic':

(2) "You can prevent or delay the onset of type 2 diabetes through a healthy lifestyle. Change your diet, increase your level of physical activity, maintain a healthy weight...with these positive steps, you can stay healthier longer and reduce your risk of diabetes." (diabetes.org 2013)[1]

There is a similar focus on healthy behaviors, this time more clearly defined as "diet," "physical activity" and "healthy weight." Unlike in the previous discourse, this one is specifically targeted to the reader through the use of the second person pronoun 'you' in the first sentence and the last clause as well as the use of imperatives "change your diet" "increase your…activity" and "maintain a healthy weight." Imperatives function here to make the reader understand that the ability to prevent diabetes is within his/her control if only he/she follows these preferred models of health. What is silenced, particularly in (2), is the role that family history and genetics play in diabetes. The ADA does acknowledge genetics as a determining factor elsewhere on their website; however, when they do it is backgrounded in comparison to the role of individual agency in disease prevention and management. It is not surprising, then, that the role of genetics does not get re-circulated in everyday discourses of diabetes in the same way that individual agency does. The

[1] Ellipsis is from the original quotation.

second excerpt, above, reinforces the idea that diabetes is dependent upon individuals' ability to make appropriate and health-focused choices.

1. 4 Neo-liberal Ideology and the Discourse of Diabetes

The institutionalized discourse of diabetes presented in the previous section is framed within the overarching neo-liberal discourse, which prioritizes individual agency over social-structural systems. Turner (2008) argues that the neo-liberal ideology, despite being complex, takes as it core argument a reaction against collectivism. Concepts that she associates with the neo-liberal ideology are "individualism," "personal responsibility, self-reliance" and "individual initiative" (2008: 218). These concepts appear, overtly and covertly, in the excerpts presented above in (1) and (2), in which the individual is placed at the forefront in terms of disease management. The concept of the individual is explicitly referenced in line 1 of excerpt (1): "every individual needs unique care." The focus is on the individuality of diabetics, a core concept of neo-liberalism that rejects treating individuals as simply members of a collective group. In this case, it is a rejection against the claim that diabetes affects everyone in the same way or that all diabetics encounter the same problems. Similarly, concepts of personal responsibility and self-reliance are evident in the previous examples, specifically in the ways that individuals are given the responsibility to "learn as much as possible," "feel in control and respond to changing needs," and, "change your diet, increase your level of physical activity, maintain a healthy weight." The neo-liberal ideology is, therefore, prevalent in the discourse of diabetes, which promotes individual effort as the only means to achievement of successful health outcomes. The discussion of the data will show how this broader socio-economic system is re-cited in individual responses, both in the alignment and disalignment stances.

2. The Current Study

This paper focuses on how the neo-liberal discourse of diabetes management gets *taken up* in the context of a medical visit as the patient seeks to present himself as someone who, for the most part, lack *agency of power* but displays *agency of intention* in his disease management. The data for this paper come from a larger corpus of 20 Nurse Practitioner-patient interactions. The NP in this study, June,[2] is a hospitalist (i.e. working exclusively in the inpatient setting) and a member of an internal medicine team. Her role as the diabetes specialist on the team is to provide support for the physicians; however, she meets with patients individually and provides services and education that patients would not get elsewhere. One of June's main tasks is to evaluate the patient's insulin needs and determine the appropriate dose both while in the hospital and upon discharge. Kyle, the patient in this study, is 35 years old. He works as a commercial truck driver and has had diabetes for over three years. He is currently taking an oral medication that is not effective in controlling his diabetes, based on his A1c (an objective measure of blood glucose levels over a two to three-month period).

The interaction that the analysis is drawn from is 30 minutes and 46 seconds long and is the first time that June and Kyle have met. Kyle's wife is also present, but is not an active participant in the interaction. June's purpose in meeting with Kyle is to discuss his high blood sugars and the possibility of getting a waiver to be on insulin. She is aware

[2] All names have been replaced with pseudonyms.

from reading his chart that he is a commercial driver and is also familiar with federal regulations preventing commercial drivers from taking insulin while working; however, she is also aware that there is a waiver process that would allow Kyle to take insulin and continue driving professionally.

3. Analysis

The following section presents three examples of how Kyle, the patient, draws on the neo-liberal ideology of diabetes management in order to enact an *agency of intention.* The second and third examples focus more specifically on how this type of agency is co-constructed in the interaction.

3. 1 Agency of Intention and Circulating Discourses of Diabetes Management

The first excerpt occurs at 00:53 in the interaction. Prior to this exchange, June asked in general terms what problems Kyle faces. She uses a technique that she repeats with many patients in which she asks, "what's your angsts, concerns, worries, fears" (line 4) in an attempt to discover what the patient views as his/her greatest obstacles to disease management. What Kyle focuses on is his job and the importance of his job in maintaining his health. This presents a predicament since it is precisely his job as a commercial truck driver that prevents him from being on insulin, which would better manage his blood sugar levels. In excerpt 1, Kyle uses the neo-liberal discourse of diabetes management to show his knowledge and therefore, an *agency of power*; however, this agency is presented within a larger frame of *agency of intention*, illustrated in the constraints that are placed upon him by his occupation.

(3) Excerpt 1: 'what goes on at home"

30. June: what goes on at home
31. what goes on when you drive your truck
32. anything's wide open so you guys go first
33. what's your angsts concerns worries fears (2.0)
34. Kyle: that's my livelihood (.) if I lose my CDL license
35. I lose my <u>insurance</u> I lose my <u>job</u> (1.0)
36. and that- ah that's somethin' to be-
37. that's a major step (2.0)
38. and with the economy right now I'm lucky to <u>have</u> a job
39. and if I screw around and mess it up (1.0)
40. I'm- I won't have any health insurance
41. for me to go to a doctor let alone even be <able to pay> bills (.)
42. that's one of the reasons I don't go straight to insulin
43. and if I watch my diet and I'm not sick
44. my glyburide/metformin takes care of it it keeps it down

Kyle draws on the institutional discourse, couched in neo-liberal idealism, in lines 43-44 by invoking the importance of diet, staying healthy, and taking the prescribed medication (i.e. glyburide/metformin). He shows his knowledge of proper diabetes management by referring to commonly held understandings of the importance of diet and medication. This illustrates that Kyle is able to assert a certain type of agency in that if he controls these aspects of his health, he can maintain a relatively low blood sugar level- "it keeps it down." Through his display of knowledge on how to control his disease, he

reproduces the institutional discourse, acknowledging the role of individual agency in controlling diet and medication. The process of intertextuality then allows Kyle to create a certain identity; similarly, it is through the indirect reference to the larger discourses, that one can recognize the identity he is creating. However, despite the ways in which Kyle seems to be displaying the *agency of power* that is characteristic of the institutional discourse, it is prefaced by his claim of dependency on his job as a possible barrier to successful disease management. He equates his job to his "livelihood" and his access to care. In line 35, the job is tied into "losing his insurance;" this connection to access to health is repeated in lines 40-41, where he claims he "won't have any health insurance" and will not have money "to go to the doctor let alone pay…bills." His health is then contingent upon his ability to keep his job and, in turn, his insurance.

The minimization of *agency of power* can be seen not only in the invocation of how his health is directly dependent on his job, and vice-versa, but also in the way he positions himself discursively. In lines 34-35, he puts himself in the semantic role of patient (one who undergoes a state of change): "If I lose…", rather than the role of agent. He further takes this position in line 38, in which the economy is introduced as a reason to hold on to a job, despite the repercussions it may have on his health. Again, in line 38, he places himself in the position of experiencer (a position characterized by an absence of volition): one who "is lucky to have a job." This suggests that Kyle sees himself as lacking in *agency of power*, something that is assumed to be available to all diabetes patients, according to the prevailing discourse. Rather than taking an agentive role, he places himself in the semantic roles of patient and experiencer. In line 39, this stance changes as he places himself in an agentive role, although it is not clear what he means by 'if I screw around and mess it up.' Screwing around seems to refer any act that would jeopardize his job, even if that means becoming healthier by taking insulin.

Kyle creates a position for himself in which he is not endowed with the power to take control of his health entirely ("that's one of the reasons I don't go straight to insulin", line 42) because of factors such as the "economy" and what is inferred regarding losing his CDL (Commercial Driver's License) if he were to go on insulin. However, he is able to claim an *agency of intention*, drawing on the institutional discourse of maintaining a healthy diet ("if I watch my diet"), taking medication ("my glyburide/metformin") and being healthy ("if I don't get sick").

One of the salient aspects of this excerpt is the fact that the two type of agencies both seem to be mobilized by Kyle, supporting Ortner's (2001) claim that *agency of intention* and *agency of power* are not necessarily mutually exclusive but instead social actors have the ability to invoke these two types of agencies at different discursive moments. Although Kyle briefly, in the last few lines of this excerpt constructs an identity that seems to display *agency of power*, this enactment of agency is backgrounded by his claims of lacking in full agentive power to control his health (lines 38-42).

3.2 Co-construction of Agency of Intention

The previous example illustrates the way in which Kyle claims agency, often limited *to agency of intention,* in managing his diabetes. The excerpts in this section illustrate how the identity of one who is limited to *agency of intention* may be co-constructed in discourse, in this case by Kyle and June.

Prior to the beginning of Excerpt 2, June is explaining how she can help Kyle access the waiver and get started on the process, she then switches in line 127 to how he is not alone in this problem of needing to be on insulin but unable to take it because of his job.

(4) Excerpt 2: 'it's a bite, isn't it?'

127. June: but you are not the only truck driver in here with a crappy A1c
128. who needs insulin and can't take it (2.0)
129. Kyle: it's just [ahh:
130. June: [it's a bite isn't it?=
131. Kyle: =you know what kills me is all these people fightin' (.)
132. to get on welfare that can work that don't and here I'm tryin' ta-
133. June: tryin' to work=
134. Kyle: =to work [and
135. June: [and you need this stuff (.) you need this stuff
136. cuz the pills aren't strong enough

Excerpt 2 presents a slightly different identity in that it is more clearly co-constructed by the NP, June. June first explains that he is not alone in having "a crappy A1c." Kyle expresses his lack of *agency of power* in lines 131-132, in which he compares himself, as a hard-working individual, to "all these people" who are "fightin' to get on welfare"- a group who "can work that don't." In this, he invokes the neo-liberal ideology of self-reliance and hard work and juxtaposes himself as being in contrast to others who rely on government handouts and are able but unwilling to work. Kyle puts himself in the semantic role of agent in lines 6-8- "I'm tryin' to work"- but this is muted by the fact that he is only able to 'try' and cannot necessarily succeed in this aspects of his disease management. He does this within a limited sense of agency, in that rather than claiming that he is fulfilling the neo-liberal model of personhood, he is 'tryin'- perhaps indicating that he has the desire or intention but is unable to fully realize a greater agency. His intention to work hard and be the self-sufficient model of neo-liberalism is clear here, but the outcome is not. That is, whether he will ultimately be successful in his attempt at being a self-sufficient member of society is unclear; however, this may be less important than the oppositional stance Kyle creates in his use of 'tryin'. What is significant in Kyle's discourse is that he is positioning himself in opposition to those who do not 'try' but instead rely on government aid. In creating this contrast between himself as one who claims *agency of intention* yet is stifled by governmental/occupational restrictions, and others who are receiving support from the government, he indirectly give agency to the government- in their ability to provide aid to those who are not willing to work for themselves while preventing him from both working and being healthy because of the department of transportation restrictions on insulin usage for commercial drivers.

In this excerpt, it is clear that Kyle is not alone creating an identity of one who wants to be successful and self-sufficient but is supported by June in this construction. She, in fact, problematizes Kyle's situation before he even expresses it himself. She anticipates his complaint in line 128 and interrupts by voicing that complaint for him: "It's a bite isn't it?" She is essentially aligning with the complaint before he actually voices it. The use of the tag question here, an example of what Holmes (1995) considers a facilitative tag, signals an affiliative stance toward what she believes Kyle feels. Similarly, in line 133 she completes his utterance, "tryin' to work" which is repeated in the following line. Again, in lines 135-136, her use of what Tannen (1984) terms 'cooperative overlap' indicates her support for his previous statement. Her utterance in line 135 acts as an attempt to finish his thought by continuing to express the problematic situation of 'tryin' to work' but needing

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medication. The use of overlaps and latching here by both participants indicates a shared construction and an alignment in terms of content. Although these are essentially claims of Kyle's position as limited by governmental restrictions yet attempting to be in control and be the model neo-liberal citizen, June aids in this construction throughout the exchange.

A similar example of the co-construction of the neo-liberal ideology appears in a further discussion of the department of transportation's regulations regarding insulin usage. This excerpt begins with June challenging and yet defending the department of transportation and their regulations regarding commercial drivers. Kyle then continues to challenge the regulations by claiming that they are not protecting people as they should.

(5) Excerpt 3: 'it's a government program'

473. June: we need the department of transportation to get on board with
474. the insulin management…to give them their due they're trying
475. to protect the public (.) and those laws came out when that
476. was (.)
477. Kyle: but they don't
478. June: the case [when
479. Kyle: [it's a government program they don't protect like they
480. should
481. June: yeah its outdated (.) the new stuff (.) less chance of: those things
482. behind the wheel instead of greater chance (.) yep (.) yep (1.5)
483. Kyle: you hear more drunk drivers in a commercial vehicle than you do
484. a- uh blood sugar drop or anything like that

This except begins with June stating "we need the department of transportation…" She creates an alignment with Kyle by using the first person plural pronoun 'we' to illustrate that this is a shared problem rather than one that Kyle is facing on his own. It also indicates that she feels that the current regulations are problematic and aligns with Kyle's previous claims (Excerpt 2) of lack of agentive power in managing his illness.

Kyle takes up the argument regarding the government's role in failing to provide aid to those who need it. In line 479, he argues, "It's a government program they don't protect like they should." This is presented as a counter-claim to June's defense of the department of transportation in line 474-475. June supports his claim with the token of agreement "yeah" (line 481) and repeats this agreement at the end of line 482 twice: "yep." These tokens of agreement serve to aid in Kyle's claim of the lack of government help and further support the larger claim he is making in the discourse, that the government intervenes in some ways – by providing welfare to those who don't need it, yet interferes with hard-working individuals being able to manage their health while working. He positions the government in the adversarial, agentive role in line 479 and indirectly places himself in a beneficiary role (a recipient of an event or action) as one of the people the government should be but is failing to protect. Through this construction, Kyle positions the department of transportation (and more widely) "the government" as having *agency of power* and simultaneously denies himself this type of agency.

The excerpts presented in 2 and 3 illustrate how the two participants in this interaction co-create a narrative of *agency of intention*, and how, in many ways, June, the medical provider not only supports the narrative that the patient is constructing but initiates aspects of this narrative, as specifically seen in Excerpt 2. The co-construction illustrates how both patients and medical providers might invoke the institutional discourse not only to align

with it, as we might expect providers to do, but also to indirectly disalign with that narrative. In Excerpt 2, when June uses the tag question, 'it's a bite, isn't it?,' she is referring specifically to the government regulations that do not allow commercial drivers to take insulin. However, what is implied is her understanding that, for this particular patient, control of his disease is not entirely in his hands. She seems to be acknowledging that proper management of diabetes may not be entirely within the control of each individual patient, despite the neo-liberal ideology that the institutional discourse purports. In this excerpt, she aids in the construction of a narrative that disaligns with that particular discourse and instead supports the patient's overarching discourse of *agency of intention.*

3.3 *Manifestations of Agency of Intention*

Associating discursive manifestations of agency often involves invocation of grammatical and syntactic forms (Silverstein, 1976; Hill & Mannheim, 1992: Duranti, 1994, 2004; Dixon, 1994) that illustrate how an individual creates a particular stance in relation to their own agency. However, little has been noted regarding how particular types of agency may be mobilized. The data from this case study alone, is not enough to provide an exhaustive account of the linguistic manifestations of *agency of intention*, however, the analysis presented here can offer a starting point.

Agency is typically associated with the semantic roles of agent, or one who intentionally performs the action. However, this view may be too limiting for all types of agency. As the analysis presented here has shown, *agency of intention* may be more likely represented in the syntactic constructions of experiencer and patient. These syntactic constructions allow the speaker to position him/herself as someone who does not have volitional control in a particular situation or event. In the data set presented here, Kyle positions himself as an experiencer, as one who "is lucky to have a job" and patient (e.g. "If I lose my job") as he is simultaneously dependent upon and constrained by that job.

The use of the agentive role is done so with hedges, for example "tryin." The syntactic form then seems to be overridden through the use of certain lexical items that convey an attempt at control but inability. For example, the use of 'try' or 'tryin' as in Excerpt 2 mitigates Kyle's power in exercising complete control and illustrates his position of being hindered by external forces in fully managing his disease. Additionally, Excerpts 2 and 3 illustrate how a narrative of *agency of intention* can be discursively constructed. This type of co-construction itself may be characteristic of a type of agency that is contingent upon external factors. However, this claim would need to be substantiated through a larger data set.

4. Conclusion

Previous accounts of agency provide researchers with a rough framework in which to analyze individual narratives. Definitions of agency are often vague- either intentionally or because agency itself is a difficult concept to pin down (Ahearn, 2001). Ahearn, for example, is careful to claim that her "bare bones definition" of agency intentionally leaves room for interpretation and application. As agency may take many forms, the focus of this paper is on the ways in which institutionalized discourse may project a particular type of agency that is resisted in individual narratives and replaced by a different type of agency. Specifically, the analysis presented here illustrates how the discourse of diabetes purports an *agency of power* for individual with diabetes, yet individuals may resist this type of

agency, and claim a type of agency that is contingent upon external forces, what I refer to as *agency of intention* (following Ortner, 2001). By positioning himself as one who has *agency of intention,* Kyle both aligns and dis-aligns with the institutional discourse of diabetes. He demonstrates his knowledge of the disease and proper management of it, reflecting the neo-liberal ideology of individually initiated and managed care. He also invokes the neo-liberal ideology of being self-reliant in managing his health while confronting oppositional forces that limit his ability to fully be the model neo-liberal citizen and patient. It is as if despite his best efforts, his agency in disease management is contingent upon external forces including his job, the economy, and federally mandated restrictions on commercial drivers.

Kyle's narrative illustrates is the complexity of diabetes management. He illustrates that maintaining one's health, despite the prevailing discourse of the American Diabetes Association, may not be entirely within the control of the individual. The narrative Kyle constructs also illustrates how this prevailing discourse gets picked up and entextualized in the discourse of individuals with diabetes and medical providers, as they both align and dis-align with the institutional discourse.

While the analysis presented here has focused on a specific discourse genre (i.e. medical discourse), the larger claim of how various types of agencies may get enacted in interaction is not specific to this particular genre. Although the discussion of diabetes management lends itself to the ways in which these identities may bet constructed, this type of construction of multiple agencies is present in a range of discourse and is deserving of more careful attention by researchers. In better understanding the complexity of *agency,* as I have attempted to do here, we may better understand how identities are constructed within larger ideological paradigms.

Appendix: Transcription Conventions

[	overlapping speech
=	latching, or no gap between utterances
-	cut-off speech
…	deleted lines
?	rising intonation
.	falling intonation
> <	fast speech
underline	marked stress

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