Negotiating expertise and vulnerability: Positioning doctors and patients in medical journal illness narratives

In contemporary health communication, the boundary between professional and experiential voices in medicine is increasingly blurred. Many medical journals publish first-person narratives in which doctors and patients reflect on illness, treatment, and care from their respective perspectives. This study examines how such narratives discursively renegotiate the doctor–patient relationship through acts of positioning.

Grounded in Positioning Theory (Davies & Harré, 1990; Harré & van Langenhove, 1999) and qualitative discourse analysis, this poster presents a preliminary study of 139 narrative and reflective articles published between 2006 and 2016 in English-language specialised medical journals. The study extends Positioning Theory to the analysis of written medical discourse, an area that has received comparatively little attention, as positioning research has traditionally focused on spoken interaction (e.g. Ahlmark et al., 2014; Williams et al., 2025). At the same time, narrative texts published in medical journals remain an underexplored resource in studies of health communication, despite their growing prominence in narrative medicine and reflective practice.

The analysis was supported by Sketch Engine and ATLAS.ti, which enabled an initial exploration of the corpus by identifying recurrent linguistic patterns and their co-texts, as well as emerging themes across the narratives.

In the examination, particular attention was paid to linguistic patterns through which authority, vulnerability, and responsibility are negotiated. These include shifts in personal pronouns that move between individual and collective identities ("I was diagnosed", "we don't want to give up"), modal verbs expressing constrained agency ("I had to", "we must"), passivity patterns ("I was admitted", "I was asked to undergo"), and metaphorical framings (e.g., "journey", "crossing no man's land", "curriculum", "ghost of myself"). In doctor-authored narratives, reflective language and metaphors of role performance frequently frame professional authority as provisional and morally demanding, with expressions such as "playing doctor", "putting on the coat", or modal formulations like "I had to decide" highlighting uncertainty, responsibility, and emotional exposure. Patient narratives, in turn, frequently employ recognition-seeking formulations such as "take us seriously" or describe communication barriers as an "ordeal", highlighting the moral significance of being heard and believed ("How can I help you hear?").

The analysis shows that both groups engage in relational positioning. Doctors often portray expertise as fragile and reflective, while patients position themselves as knowledgeable collaborators. Across these narratives, well-being emerges not simply as a clinical outcome but as a discursively negotiated relational achievement grounded in trust, recognition, and communicative alignment.

References

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