

Chronic Disease and Language: Understanding Social and Linguistic Representations to Improve Treatment and Prevention



Keynotes

Shona Hilton, The Importance of Stakeholder Involvement and Media Framing in Global Health Policy Debates about NCDs

For the first time in history non-communicable diseases (NCDs) now pose a greater global health burden than communicable infectious diseases and the media play a crucial role in framing public and policy debates about the causes of, and solutions to, NCDs. While the literature suggests that media debates should be a key concern for those interested in understanding public health policy processes, as yet there has been only limited research in this area. In politically-contested health policy debates, stakeholders often seek to engage the media to communicate arguments to the public for or against specific policy initiatives, consistent with their underlying interests. This seminar presents the findings from a scoping review on media representations of industries that contribute to NCD risk and provides evidence from the current sugar-sweetened beverage (SSB) taxation debate to highlight how stakeholders engage with the media to shape public and political opinion. This complex interdependency between the strategies used by stakeholders to influence global health debates and framing of evidence in media policy debates is poorly understood yet is crucial to understand if we are to tackle how the global producers and marketers of unhealthy commodities employ the media to directly lobby the public and set the policy agenda.

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Rusi Jaspal, Wonder Drug or Party Drug? Representations and Perceptions of HIV Pre-Exposure Prophylaxis

In the era of antiretroviral therapy, HIV is now considered a manageable chronic illness. Yet, it remains a stigmatised and feared health condition. Over the last decade, HIV incidence has been rising steadily among gay, bisexual and other men who have sex with men (MSM). This has led to novel ways of approaching HIV prevention beyond the use of condoms. Pre-exposure prophylaxis (PrEP) is a novel bio-medical HIV prevention tool, which has been discussed in scientific, social and political domains. It is highly effective if used properly and has in fact contributed to significant drop in new HIV diagnoses among MSM in London. Despite the proven effectiveness of PrEP, opponents argue that the HIV prevention drug poses a number of risks, which has induced scepticism in groups that could benefit from PrEP. Focusing on the linguistic, discursive and social aspects of debates around PrEP, this keynote lecture explores (1) coverage of PrEP in the UK print media, and (2) how a group of ethnically diverse HIV-negative MSM perceive PrEP as a potential means of protecting themselves from HIV infection, and how a group of HIV-positive MSM perceive PrEP as a means of reducing social stigma surrounding HIV. The future of HIV prevention among gay, bisexual and other MSM is discussed in view of these research findings. Moreover, the social and psychological

implications of social representations of PrEP are discussed in relation to sexual identity, behaviour and health among gay/bisexual men. It is argued that language is central to effective HIV prevention.

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Session 1: Media Representations

Tara Coltman-Patel, *The Subtle Stigmatisation of Obesity in the Media*

Obesity is a contentious topic and there is debate surrounding its legitimacy as a disease (Oliver 2006: 36). It is my contention that despite these debates, obesity is treated as a disease regarding the language used in reference to it. This language is riddled with bias ideologies that subtly but directly stigmatise those with obesity. It has previously been suggested that there is a direct correlation between weight stigmas embedded in obesity related discourse, depression and low self-esteem (Holland et al. 2015). Metaphors such as the 'obesity epidemic' and 'the war on obesity' are a ubiquitous aspect of obesity discourse in a wide variety of genres. This paper focuses on their occurrence British national newspapers. A combination of corpus linguistic methods and a critical discourse analysis approach was employed and the results were drawn from 11 years, 16.4 thousand articles and 9.7 million words worth of data. 'The obesity epidemic' was the most frequently used metaphor within the data. In addition to this, a salient pattern of violence and military metaphors was established. It will be demonstrated that through these metaphors, obesity is depicted as a serious, alarming issue that warrants 'fighting' and 'battling', policies, foods and medical interventions that could be utilised to help the issue are described as 'weapons' and obesity itself is described as an 'epidemic' and a 'time-bomb'. These metaphors result in an inaccurate representation of obesity, they encourage fear and they invite prejudice towards obese individuals.

HOLLAND, K, BLOOD, R, THOMAS, S AND LEWIS, S. (2015). Challenging Stereotypes and Legitimizing Fat: An Analysis of Obese Peoples Views on News Media Reporting Guidelines and Promoting Body Diversity. *Journal of Sociology*. 31 (2), 431-45.

OLIVER, J. E. (2006). *Fat politics: The real story behind America's obesity epidemic*. New York: Oxford University Press.

Gavin Brookes, Kevin Harvey, Neil Chadborn & Tom Denning, *'Our Biggest Killer': Multimodal Discourse Representations of Dementia in the British Media*

Dementia is now 'the leading cause of death' according to the Office of National Statistics (2016). Ever fixated with the newsworthy topic of dementia, the British press was quick to respond. Headlines referred to dementia as the nation's 'biggest killer', while (re)formulating other aspects of the report in distorting and emotive metaphorical terms. In this paper we examine the linguistic and visual semiotic features of news stories as they portray dementia as an agentive entity; a 'killer' which remorselessly attacks its 'victims'. Such a sensationalist and emotive representation not only frames dementia as a dreaded, devastating disease, but, we argue, also obscures the social contexts in which the syndrome is understood and experienced (not least by people with dementia themselves).

Ivan Ghio, The 'Democratisation' of HIV: Looking at Modality as an Entry Point into the Analysis of Social Responsibility

The advent of combination therapy in the mid-1990s has marked a turning point in the medicalization of HIV by defining the shift from a fatal condition to a chronic but manageable one (Arts et al 2012). Moreover, such medical advances have played a major role in the change of the social perceptions of HIV and the people living with it. Namely, the myth that HIV affects only certain social groups, for which they must be blamed, has become obsolete. This presentation explores how the discourse around HIV moves away from targeting a small audience to become more inclusive. In this light, I argue for the rise of a form of public responsibility. The latter is investigated using corpus-based methodologies (Baker et al 2013) across a corpus of newspaper articles published between 1996 and 2015. The entry point into the analysis of the so-called public-responsibility notion is provided by Palmer's (2001) (among others) modality system and, especially, deontic modality, intended as the degree of commitment to the realisation of an action or proposition expressed by a speaker. Five modal verbs (must, need, have to, should, ought to) that most explicitly encapsulate the deontic modality have been selected and ordered on a 'cline of deonticity', from the strongest to the weakest. Hence, the analysis focuses on the tri-gram 'personal subject deictics + modal verb + Hallidayan process type' in order to identify the social actors that are called upon to intervene and the type of actions expected to be performed within the discourse of HIV post 1996.

Arts, E.J. et al. (2012) 'HIV-1 Antiretroviral Drug Therapy. Cold Spring Harbour Perspective Med. 2(4)

Baker, P. et al. (2013) Discourse Analysis and Media Attitudes: The Representation of Islam in the British Press. Cambridge: CUP.

Palmer, F.R. (2001) Mood and Modality. Cambridge: CUP.

Neil Cook, Paola Dey, Dawn Archer, Aengus Kelly & Paul Egglestone, The Representation of Cancer in British Newspapers: Potential Implications

Introduction: UK cancer survival lags behind comparable countries in Europe (Baili et al, 2015). Symptom awareness campaigns like Be Clear on Cancer (2011) rely upon help-seeking behaviour. That behaviour is premised on attitudinal and emotional factors that newspapers may be (inadvertently) influencing (Hubbard et al., 2014, Khosravnik 2009, Gabrielatos & Baker, 2008).

Aims: 1) Exploring the representation of cancer in UK newspapers, and 2) examining the implications of such language use.

Method: A corpus linguistic analysis of 450 UK newspaper articles (March 2006-August 2014), drawing on WMatrix3 (Rayson, 2009): with a special focus on articles relating to ovarian cancer.

Results and discussion: We report three findings. 1) Words like 'cancer' and 'chemotherapy' collocated with negative processes or outcomes ('gruelling', 'endured', 'kills', 'died'). This served to "colour" the cancer-related stories, even when they were not intended to be inherently negative. 2) Articles frequently used battle and violence metaphors that may be damaging to public health awareness-raising attempts (Hauser & Schwartz, 2015). Although some patients can find such metaphors empowering, others perceive passivity or defeat (Demmen et al., 2015; Semino et al., 2015). 3) Themes of 'Relationships' and 'Kin' were key in terms of the support of, and effect of cancer on, family and friends. Such themes increase the "drama" of the story and the empathic connection with the reader, but also have the potential to negatively influence help-seeking behaviours if people are concerned about putting loved ones through the cancer experience (Whitaker, 2015). Based on these findings, we raise three implications for journalists and others to consider. Whether cancer reporting is (1) feeding into the negative perceptions of cancer, (2) increasing the fear factor

associated with late presentation (Robb et al 2009, Whitaker et al, 2016), and thus (3) negatively influencing early presentation and detection of cancer.

Session 2: Patient Narratives

Stella Bullo, Endometriosis Pain Description and Diagnosis Delay: A Cognitive Linguistic Study

Endometriosis is an incapacitating condition which has a highly restrictive effect on sufferers' quality of life and it accounts for 50% of infertility cases. It affects 1 in 10 women. With a worldwide average diagnosis time of 7.5 years, it is mainly diagnosed when exploring infertility rather than complaints about incapacitating pain and other associated manifestations (Arruda et al, 2003). The normalisation of pain by both medical practitioners and women and their social or family circles may partly account for such delay (Seear, 2009). Preliminary research has indicated that dismissal of pain and gate keeping is the main cause of diagnosis length; however, an inability to assertively articulate pain linguistically has also been identified in the early findings (Bullo, in progress). This paper explores the ways in which sufferers use metaphors and simile to describe endometriosis pain (Semino, 2010) in a corpus of pain descriptors gathered from sufferer's contributions to online forums and through interviews with 20 women. Findings show that the metaphorical narrative of pain not only allows an insight into how endometriosis pain is conceptualised but also enable a preliminary observation as to what may cause delay in seeking medical attention at the symptoms onset hence leading to the alarming length of diagnosis.

Arruda, M. S., Petta, C. A., Abrao, M. S. & Benetti-Pinto, C. L. (2003). Time elapsed from onset of symptoms to diagnosis of endometriosis in a cohort study of Brazilian women. *Human Reproduction*, 18(4), pp.756–759.

Bullo, S. (in preparation). Discourses of endometriosis and dis/empowerment: A preliminary study. The Language of Endometriosis research project, Manchester Metropolitan University.

Seear, K. (2009). The etiquette of endometriosis: Stigmatisation, menstrual concealment and the diagnostic delay. *Social Science & Medicine*, 69, pp. 1120-1227.

Semino, E. (2010). Descriptions of pain, metaphor, and embodied simulation. *Metaphor and Symbol*, 25, pp. 205–226.

Zsofia Demjen, Agnes Marszalek, Elena Semino & Filippo Varese, Linguistic Manifestations of Power and Control in Lived-experience Accounts of Voice-hearing

Voice-hearing can be a long-term source of distress in various forms of psychosis. We report on a pilot study investigating how 10 voice-hearers with psychosis talk about these experiences, focusing on linguistic manifestations of control and power on the part of voice and hearer. Voice-hearing is reported by approximately 70% of individuals with diagnoses on the schizophrenia-spectrum, but a sizable minority cope well with such experiences [1]. A key factor seems to be hearers' perceptions of the power of the voices to influence their actions and mental states and the extent to which they in turn feel in control of their own thinking and voices' behaviour. However, this 'sense of control' is measured by psychometric assessments which rely on voice-hearers' awareness of and willingness to disclose the nature of their relationships with voices, and which do not distinguish between potentially different types of control. To begin to provide a more nuanced account, we focus on well-established markers of power and control in language, including transitivity and interactional patterns in voice-hearers' descriptions of their experiences. We discuss, for example, the ways in which voices exert control via explicit commands ("Go and hurt that person.") and insults ("you fucking dog"), but also more indirectly via rogatives ("Why would you want to do something with your life?") that can be particularly difficult to question, or resist. We suggest that a linguistic approach can lead to a better understanding of the lived experience of voice-hearers and to new ways of assessing voice-hearers' relationship with voices.

[1] Jenner et al. Positive and useful auditory vocal hallucinations: Prevalence, characteristics, attributions, and implications for treatment. *Acta Psychiatrica Scandinavica* 2008; 118(3): 238-45.

Dariusz Galasinski, Pain in Men's Suicide Notes

In this paper, I am interested in discursive constructions of pain in men's suicide notes. I focus on pain experienced by those who wrote the notes, both physical and psychological. The data I base this study on come from the Polish Corpus of Suicide Notes (<http://www.pcsn.uni.wroc.pl>), which contains 456 genuine suicide notes written by boys and men between 1998-2008. The article is anchored within the constructionist view of discourse, taking a text-oriented, qualitative approach of critical discourse studies. In the paper, I argue that there are two ways in which pain is constructed in the suicide notes, both of which discursively remove its experience from the writing authors. First, it is consistently constructed in terms of Hallidayan mental processes, in other words, the authors construct themselves as thinking about pain, rather than experiencing it. Second, it is constructed as an objective phenomenon, ready to be inspected, positioned outside the writer's experience. In the conclusions, I argue that such constructions have two aims. On the one hand, they are consistent with and help maintain the dominant model masculinity in which the authors of suicide notes are situated. On the other, they construct suicide as a rational choice.

Session 3: Doctor-patient Interaction

Lee Oakley, Metaphor and Mental Health on Campus: The Perspectives of University Welfare Tutors

Welfare tutors are often the first point of contact for students seeking professional, emotional and/or medical support during their time at university. Whilst they themselves are rarely medically-trained professionals, they can refer students on to a range of medical specialists including counsellors, psychotherapists, and GPs. Such referrals can take weeks or months, depending on the point in the academic calendar at which the referral was made, and often involves contact with additional student support services and/or administrative staff. Students in mental distress thus often have to negotiate a series of well-being 'gatekeepers' before they are able to access the desired services, whether this is intentional (e.g. university policy) or not (e.g. due to their lack of awareness of the available resources and services). Given the primary 'gatekeeping' and advisory role of the welfare tutor, it is thus worthwhile to examine their role(s) in the student referral process, and also their attitudes towards one of the main sources of welfare appointments within their daily schedules (i.e. mental health issues). The present paper therefore reports on a qualitative discourse analysis of 17 semi-structured interviews with welfare tutors based at a Midlands university, which were conducted in July/August 2017. The purpose of the study is to investigate how the language that welfare tutors use potentially shapes the way undergraduate students disclose and speak about mental health issues. The presentation focuses on one particular linguistic feature: that of the metaphors used by the welfare tutors to reflect on the long-term mental health issues presented by their students. I outline the different source domains drawn upon, and highlight some of the potential issues which may arise for the students as a result of their use. Finally, I conclude the paper by reflecting on what could be considered good practice for metaphor use by welfare tutors.

Deborah Chinn, Creating a Disabled Identity: Overriding Speaking Rights of The Patient with Intellectual Disabilities in Multi-person Health Consultations

Background: From a constructivist perspective, an intellectually disabled identity is understood not as an intrinsic aspect of the individual, but rather created discursively, for instance through denial of the speaking rights accorded to those who are deemed competent members of the speech community. In healthcare this can mean that patients with intellectual disabilities are denied opportunities to describe bodily experiences and participate in healthcare decision-making. Previous research has held clinicians to account for failing to involve the patient with intellectual disabilities them as the

primary informant on their own health, but third parties (family members or staff) also run the risk of 'overstepping the mark' and 'speaking for' the patient, rather than supporting the patient's communication.

Methods: Data is taken from a collection of 34 video-recordings of patients with intellectual disabilities attending their annual GP health check with a focus on consultations where the (adult) person with intellectual disabilities was accompanied by a parent. Conversation analysis provides a methodology that allows for a detailed examination of the practices that clinicians use in multi-party interactions to select or exclude the patient with intellectual disabilities as a 'next speaker', compared to normative conversational practices for co-ordinating turns at talk.

Findings: Analysis indicated that there were occasions when the patient with intellectual disabilities was selected as 'next speaker' by the clinician asking questions during the health check, but the family member provided the response. Examination of multimodal communicative resources used by participants (gaze, bodily orientation) suggests that the parent may exploit ambiguity in speaker selection set up by the clinician leading to undermining the patient's rights to speakership.

Conclusions: Despite service ideologies promoting autonomy and participation for patients with intellectual disabilities, examination of real life health encounters illustrate how micro-level interactional practices can undermine these principles.

Tess Fitzpatrick, Kerry Lutchman-Singh & Christine Davies, Linguistic Representations in Cancer Care: Lexical Perspectives on (Mis-)communication between Patients and Health Professionals

A cancer diagnosis confronts the patient with unfamiliar words and meanings; minimising the negative impact of this requires both linguistic and clinical attention. The research reported in this paper is from an on-going collaboration between health professionals and applied linguists, which aims to enhance mutual understanding in cancer-related consultations. Using techniques from lexical processing studies, we designed an experimental tool with the capacity to reveal affective, as well as definitional, features of lexical items commonly used in cancer care. Item selection was informed by clinicians, and by Chapman et al, who had found that "A substantial proportion of the lay public do not understand phrases often used in cancer consultations" (2003: 557). Linguistic scrutiny of Chapman et al's paper identified three types of word that impair communication: i) medical terminology (e.g. radiotherapy, palliative); ii) 'crypto-technical vocabulary' - familiar words with unfamiliar, context-specific, meanings (e.g. mass, progression); iii) words such as surgery, where the term's associations are more positive for one party (clinicians) than the other (patients). Three hundred members of the public participated in our study. Definitional data were collected by asking how they would interpret phrases typically used in cancer consultations. Affective (connotational) data were collected using semantic differential and word association methods. Bio-data enabled us to investigate whether demographic profiles influenced the degree to which lay interpretations overlapped those of health professionals. Preliminary findings reveal persistently problematic terms, and identify patient groups susceptible to misunderstandings. We analyse inaccurate and incomplete definitional knowledge among participants, and differences in connotations evoked, and consider the impact of this on communication events. Plans are outlined for an intervention to enhance health professionals' awareness of lay interpretations, and to provide strategies for noticing and addressing misinterpretations.

Chapman, Abraham, Jenkins, & Fallowfield (2003). Lay understanding of terms used in cancer consultations. *Psycho-Oncology*, 12(6), 557-566.

Alan Beattie, 'Idiopathic Peripheral Neuropathy': A Degenerative Disease or a Disorder of Discourse?

To explore language in a case of idiopathic peripheral neuropathy, I'll narrate a patient's journey from GP, through NHS neurology services at local, regional and national levels, interspersed with 4 sessions as a specimen patient for medical students on 'Neurology Practicals'. I'll select some problematic instances of language-in-use, interrogate these through sociolinguistics, and highlight lessons for health intervention.

- 1) Naming-the-case has proceeded from 'slight unsteadiness' to 'peripheral neuropathy' to 'severe idiopathic axonal symmetrical chronic degenerative progressive peripheral sensori-motor neuropathy'. Is lexical elaboration and successive abstraction of the diagnostic label a distancing move?
- 2) During lab-based nerve conduction tests, the patient (who rates 'normal' on everyday activities) is told: 'with these readings I'd have expected you to be in a wheelchair'. Is this social labelling? ontological choreography?
- 3) A neurologist dismisses the neurophysiologist's comment (above), saying 'X should never have said that – should know better'; another neurologist (later) says 'lab reports are always subjective; if there's a discrepancy, I trust the examination in clinic'. What does this conflict of registers between rival trades signify?
- 4) When a students' session reaches 'testing for reflexes', a ripple of sniggers and groans arises; conduct of the tests is half-hearted, a mock-up, almost slapstick, leading to ambivalence, or 'no useful information here'. Is this an ironic reframing of the no-longer-convincing 'reflex' metaphor?
- 5) New metaphors for motor control (beyond mechanistic/cybernetic/synergetic) notably musical - eg re-tuning; modulation; kinetic melodies; orchestration - are readily discussed by clinicians in research contexts; not elsewhere. Is this an account-marker, separating differently-valued kinds of knowledge?
- 6) The patient asks a neurologist: 'all these old folk tottering about the streets...if they were subjected to neurological examination what proportion would end up with my diagnosis?'; he replies: [head-in-hands] 'oh, lots'. What might emerge from conversation between the discourses of 'neuropathology' and 'cultural gerontology'?

Session 4: Multimodal Artefacts

Veronika Koller & Stella Bullo, 'Fight Like a Girl': Tattoos as Multimodal Identity Constructions by Women with Endometriosis

In this paper, we look at the topical tattoos worn by women with endometriosis to identify the linguistic and visual features that are combined in them and to discuss what identities are constructed for the wearers through these multimodal artefacts. Drawing on sociological approaches to the practice of tattooing (e.g. Atkinson, 2003), we cross-reference these findings on identity with the experiential functions that the wearers report the tattoos fulfill as well as the interpersonal functions that emerge from the practice of posting images of the tattoos on social networking sites. The evidence derived from about 1,000 tattoos posted mainly on Instagram and Pinterest allowed us to utilise multimodal approaches to discourse (e.g. Kress and van Leeuwen, 2006) in order to come up with 31 descriptors combining lexemes, images, intertextuality and personalisation, and type font. We compared and contrasted these elements to generate cumulative evidence indicating the identities of the wearers as constructed by the tattoos. Preliminary findings suggest a dominant identity as aggressive, active and positive, alongside more subversive identities as fragile, invisible and suffering. This has implications for the diagnosis of the condition in that we recommend including visual tools in consultations between healthcare professionals and women with endometriosis.

Atkinson, M. (2003). *Tattooed: The sociogenesis of body art*. Toronto: University of Toronto Press.

Kress, G. & van Leeuwen, T. (2006). *Reading Images: The grammar of visual design*. London: Routledge.

Michele McIntosh, Choose Less Booze: Discursive Strategies in an Alcohol Reduction Campaign

Surprisingly few published papers focus on the discursive elements of public information in health promotion, despite the abundant quantity of such materials produced by health organisations. In this presentation I will share the results of such a study, in which I used a multimodal critical discourse approach to analyse a preventative campaign produced in the UK by the NHS under its Change4Life brand. This multimedia campaign, aimed at reducing alcohol use, and hence a range of chronic alcohol-related diseases and conditions, was supposedly aimed at a large section of the population, although through my analysis I was able to uncover its true target audience. My focus is upon the TV advertisement and the accompanying leaflet which formed part of this campaign. I will identify several multimodal discursive strategies and demonstrate the ways in which they attempt the contradictory aims of asserting control over the health-related behaviour of citizens whilst operating in a neoliberal capitalist context in which freedom to choose is paramount and health is publicised in similar ways to consumer products. I will explore the contribution made to the production or disruption of these strategies by the various semantic communicative modes including the layering and diversification of meaning in a multimedia campaign. I will also make recommendations for improvements, including linguistic adjustments, in order to align the campaign closely with social rather than individual success and consideration of whether the Change4Life programme is a suitable platform for this campaign.

Poster Presentations

Laurel S. Stvan & Becky Garner, Health as a Foreign Language: Student Perspectives on Prediabetes

We examine undergraduate awareness of prediabetes risks. 86 million Americans have prediabetes, increasing their risk of Type 2 diabetes (T2D). Without lifestyle changes, 15% to 30% of prediabetics will develop T2D within five years. Symptoms can decrease through weight loss, increased physical activity, and decreased sedentary behavior (CDC 2017). Yet, 40-50% of students are physically inactive. We recorded five on-campus focus groups, to study ways that wording influences views of causality e.g., “Fat”: people assume they cannot become fat if they eat fat-free food, but disregard becoming fat by eating other high-calorie ingredients; “Sugar”: people tracking blood sugar levels often focus only on sugar that they eat, and not other carbohydrates that equally affect blood sugar (Stvan 2007). Student opinions reinforced these trends. We examine their responses. Talking about prediabetes, how are dietary choices involved? a: “Sugar.” b: “Fake sugar as well.” c: “I know some people have to have dessert with every meal.” What level of risk do you as a student have for getting diabetes in your lifetime? d: “I think mine is... pretty low. I don’t have anyone in my family that has diabetes.” e: “I think we are at lower risk because of the education we are getting... We know more.” f: “I think different... Outside of these classes, [health and obesity] is a foreign language for most students.” Personal/peer experiences shaped students’ opinions. Claiming not to discuss health with family or healthcare professionals, students cited Internet resources for information, social networks for support. Campus intervention goals would necessitate countering dietary misinformation, emphasizing physical activity, and tapping friendship networks.

Stvan, L.S. 2007. “Lexical Conflation and Edible Iconicity: Two Sources of Ambiguity in American Vernacular Health Terminology.” *Communication & Medicine* 4(2): 189-199.

CDC. 2017. “Prediabetes.” Centers for Disease Control and Prevention.
<https://www.cdc.gov/diabetes/basics/prediabetes.html>

Soumya Shanmughan Chettyar & Kare Grainger, Patient Compliance and the Therapeutic Relationship in Indian Physiotherapy: An Ethnographic Discourse Analysis

Previous literature from physiotherapy specifies the necessity of a good quality relationship to make the patient comply with the treatment. However, none of the literature identifies how the specific characteristics of the discourse of compliance or noncompliance are linked to form a positive therapeutic relationship. So, the purpose of this study is to identify these factors in a South Indian physiotherapy setting. An ethnographic approach was used to observe the interactions between the patients and therapists in both public and private sector consultations in an Indian physiotherapy outpatient department in Kerala. A total of 21 Audio-recorded patient-therapist interactions along with field notes and individual semi-structured interviews of patient and therapist were collected. The data were collected in the local language and were translated into English by the researcher. The discourse analysis of the data takes elements from Fairclough's critical discourse analysis as well as from the pragmatics and ethnography of communication. The analysis looked at how compliance and noncompliance are managed in the interaction. Complaints interactions were characterised by seeking agreements and common grounds. Non-compliant patients expressed resistance in the form of refusals and challenges based on ideological belief or expression of an attitude. Resistance, assertiveness and appeals higher-authority were found as the interactional features from the therapist to convince the non-compliant patient. Certain, underlying contextual-factors were also found to be relevant includes the patient and therapist's age-related attitude, the patient's affordability, patient education and opposing ideologies about health-care. The identified interactional features can help professionals to identify those communication skills involved in compliance-gaining. The interpreted contextual-factors will help the service providers to consider what steps may be taken to enhance treatment compliance and to promote the therapeutic-relationship in overseas communities.

Sylvie Vranckx, From Fat Phobia to 'Diabetophobia' and the Other Way Around: A Not-So-Objective Analysis of Representations in Brussels

Recently, French actor Jean Reno "came out" as diabetic in an interview with magazine L'Express. He mentioned his fear of stigmatization due to a certain victim-blaming ideology in France, as opposed to the "can-do" attitude prevalent in the U.S. according to him. The guilt-inducing, ableist attitude which Reno denounces also seems common in Belgium. A recurring problem with both the general public and the medical profession namely seems to involve trying to scare overweight people into losing weight by predicting diabetes and other long-term illnesses. This can lead to counterproductive results, with overweight patients reporting delaying medical visits and sometimes even treatment for fear of fat-shaming, "apocalyptic" threats and other forms of degrading language, complete with the naïve idea that they "just have" to exercise more or diet to lose weight in the long term. This trend continues despite the existence of an informative brochure by state-sponsored lifelong learning organization Question Santé, "Surpoids et obésité : Quand prévention rime avec discrimination," as well as despite the fact that Belgium recognizes physical appearance, size, and real or imagined health status as discrimination criteria. Similarly, some diabetic patients report reluctantly visiting their GP, who will often patronize them about their glycaemia and/or weight—thereby infantilizing them or even depriving them of their agency. Based on testimonies as well as the author's experience as a "yo-yo dieter" whose father has type-2 diabetes, this paper will link fat-shaming discourse and some (but not all) forms of diabetes stigma and will also investigate the connections and dissonances between the representations conveyed by Belgian agencies and diabetic patients' lived experience. Its framework will rely on standpoint epistemology, on disability studies, and on Adrian Furnham's analysis of ableism on the basis of the Just-World Hypothesis.