**Theories of Language Exercise**

This exercise is developed from Influential British cultural theorist Stuart Hall’s (1997) demarcation of three different theories of representation:

* *Reflective* – reflecting the true nature of something (realist);
* *Intentional* – reflecting the speaker’s unique perspective (critical realist);
* *Constructionist* – creating and constructing realities (constructionist).

Read the following excerpts from eight[[1]](#footnote-1) published TA papers and identify which of these broad theories of language best captures how the authors of each paper treat and make sense of their data. How did you make that judgement? What features of the excerpts influenced your judgement?

**Example 1: Excerpt from a focus group study of gay identity in Aotearoa/New Zealand**

*Daniel: […] Don’t forget from my perspective well it is a bit different because I have been out for 16 odd years, so it is a bit old hat to me. But I have always sort of seen it as not a label, I mean I say that I am gay and that is fine, but it is not something that, um it’s something that the straight world puts on me, they call me gay, or they call me poofter, or they call me queer, or they call me homosexual, or so it is something the straight world puts on me.*

Daniel suggests he does not need to find a stable identity which evokes the ambiguity and fluidity around identity possible when invoking a queer identity (see e.g., Jagose, 1996). In stating that the identity he inhabits is “old hat” he signals that the labelling which was possibly useful at earlier stages of his life is now of less salience. The repair in the third to last line appears to cover a construction like “. . . it’s not something that um [matters to me, but] . . .” In this he resists the heteronormativity and the marking of difference in labelling, and constructs these categories as socially and outsider imposed, rather than (gay) community/ies driven or developed. (Adams et al., 2014)

ANSWER:

WHY?

**Source**: [Adams, J., Braun, V., & McCreanor, T. (2014). “Aren’t labels for pickle jars, not people?” Negotiating identity and community in talk about ‘being gay.’ *American Journal of Men’s Health*, 457-469.](https://journals.sagepub.com/stoken/rbtfl/HV30W8Q16IJQUE1INS2VZS/pdf/10.1177/1557988313518800)

**Example 2: Excerpt from an interview and audio diary study of sleep in heterosexual couples in the UK**

The 'doing' of partner is a culturally defined role which, in the UK, generally involves the sharing of a double bed and a commitment to caring for partner's well-being during the night. It involves balancing one's own needs and preferences with those of one's partner. Partners must negotiate, for example, bedtimes and wake up times, when to set the alarm, which side of the bed to sleep on, whether to have the windows open or closed, whether to have the heating on, what type of mattress and pillows to have, whether to read in bed or not, whether to sleep cuddled up or apart, and what to do about snoring and/or other behaviours that potentially disturb the other partner. The potential for disturbance between partners when sharing a bed is high:

*She (partner) woke me up last night talking about something, and because she stole all the covers and it was freezing cold. I had to actually prise it off her body because she can be quite a quilt snatcher.* (M <40 with children)

*We've been going to bed a little bit later than I want, a little bit earlier than he* (partner) *wants and I think it's making him wake up early in the morning* — *instead of him coming to bed two hours later than me, he's waking up three hours earlier.* (F <40 no children)

*(Partner) did his lovely ‘not snoring’, but holding his breath …. I woke up a couple of times in the night to check he was still alive*. (F <40 with children)

(Hislop et al., 2005)

ANSWER:

WHY?

**Source**: [Hislop, J., Arber, S., Meadows, R., & Venn, S. (2005). Narratives of the night: The use of audio diaries in researching sleep. *Sociological Research Online*, *10*(4), 13–25.](https://journals.sagepub.com/stoken/rbtfl/X7HHIEIS4G65TTJPESSOH/pdf/10.5153/sro.1194)

**Example 3: Excerpt from a qualitative survey study of British lesbian and bisexual women’s clothing practices**

*I know so many different styles of lesbian, it would be impossible to have a general description. Even so, my ‘gaydar’ works much better for women who dress in trousers and have short hair. (White, middle-class lesbian woman, aged 53 [P93])*

*I thought the idea that all lesbians/bisexuals had cropped hair and wore butch clothes was just a stereotype. Until I ventured on to the gay scene, I thought those sorts of women hadn’t existed for decades! (White, working class bisexual [just ‘not straight’] woman, aged 21 [P89])*

Many of the women commented on the diversification of lesbian (and bisexual) identities and lesbian (and bisexual) styles and that there is no longer a lesbian ‘uniform’ or ‘dress code’. Some described appearance mandates as contextual and subject to broader shifts in fashion and politics; as well as regional and cultural variations. Some participants reported that dungarees were part of the lesbian ‘uniform’ in the 1970s, and in the 1980s, feminist lesbians had short hair, didn’t wear make-up and wore home-made knit-wear. In the 1990s the typical lesbian was androgynous, wearing ‘bovver boots’ and checked shirts, and in the 2000s ‘sexy’ lesbians had short, heavily styled hair, wore boy-it jeans and ski, skate and surf brands such as Fat Face. (Clarke & Spence, 2013)

ANSWER:

WHY?

**Source**: Clarke, V., & Spence, K. (2013). “I am who I am”: Navigating norms and the importance of authenticity in lesbian and bisexual women’s accounts of their appearance practices. *Psychology & Sexuality, 4*(1), 25-33. https://doi.org/[10.1080/19419899.2013.748240](https://www.researchgate.net/deref/http%3A%2F%2Fdx.doi.org%2F10.1080%2F19419899.2013.748240?_sg%5B0%5D=_mFiEPNjIlkgAG4xAtWQ7wtcgC5bPkZVLA-N4ZfCgmAGvj6cIg_l4u48mywkVKc7vTIRR3a1sgO8Sy2s2eBxoycv7g.54Owg6J2wmmCjxBVWkXsbpSo8b4JLwM4ZYLttF-8zRQIB1pfUaaJQs9ruJk-mnyckpTnlR3WpnrgqalS3bOowQ)

**Example 4: Excerpt from a New Zealand focus group study of heterosexual sexual health and the ‘condom-as-killer’**

*Jenna: Yeah they’re just so annoying and like you know half the time they’re just going to like come off or like rip or something it’s just like why (laughs) if it’s going to rip we may as well just not use one anyway and just have proper sex without annoying things.*

Like Stella’s earlier account of a piece of ‘plastic’ (Extract 14), the condom is here described in a way that positions it as inadequately designed for sex, and thus not really suitable for use in that context. But of primary analytic interest is Jenna’s claim around ‘proper sex’. If ‘proper sex’ is what you do without a condom, a condom can only detract from sex in its pure form; condom-sex can only be ‘not proper sex’. Such descriptions invoke a ‘natural’ state of sex that is condomless, and implicitly contrast with an ‘unnatural’ state of sex: sex that involves condoms (see also Lowe, 2005). (Braun, 2013)

ANSWER:

WHY?

**Source**: [Braun, V. (2013). ‘Proper sex without annoying things’: Anti-condom discourse and the ‘nature’ of (hetero)sex. *Sexualities*, *16*(3-4), 361-382.](https://journals.sagepub.com/stoken/rbtfl/VGB5Y5TC4MBXQ7Y3XZSE/pdf/10.1177/1363460713479752)

**Example 5: Excerpt from a New Zealand questionnaire study of adverse emotional and interpersonal effects of antidepressants**

*I felt a bit of nausea, dizziness and unsteadiness 2 or3 times when I missed taking the anti-depressants for more than 2 days.*

*When I reduced the dose – from 1 tablet to half a tablet – I had vivid nightmares. This has also happened if I forget to take them.*

*Electric shocks in brain when coming off them. I get terrible “brainzaps” when withdrawing, even if I forget to take the meds for a day or two.*

*Tried few times to stop,very bad withdrawal but also panic attacks became very severe so still on them now. Just reducing the dosage now…severe withdrawal effects.*

The fear of the consequences of coming off, and therefore being psychologically addicted [to antidepressant medication], is, for some, based on fear of, or actual experience of the return of depressive symptoms; for example: ‘I'm scared to come off the anti-depressants in case the problems return’; and ‘Many times I have tried to wean myself off them but when I do I start getting very weepy.’ Nevertheless it seems that, for some people, there are also additional, quite real withdrawal effects (Belaise et al., 2012), and that these can contribute to a decision to go back on the medication. Only 21 participants recalled being informed of these effects by the prescriber.” (Read et al., 2014)

ANSWER:

WHY?

Source: Read, J., Cartwright, C., & Gibson, K. (2014). Adverse emotional and interpersonal effects reported by 1829 New Zealanders while taking antidepressants. Psychiatry Research, 216(1), 67-73. <https://doi.org/10.1016/j.psychres.2014.01.042>

**Example 6: Excerpt from a study of self monitoring of blood glucose in type 2 diabetes in Scotland**

*Participant F33.4—Why did I stop? Because it was sore and I didn’t like it. And then I kept thinking, “Well I’m filling out this book, nobody ever looks at it.” And you go to the doctors, and they take your blood, and they can decide from what your levels are—so why am I inflicting this pain on myself for nothing? […]*

How participants viewed healthcare professionals sometimes seemed to affect their attitude to self monitoring. In our sample, older and less well educated participants articulated being particularly interested in what they perceived to be health professionals’ attitudes and had, for example, stopped self monitoring because “nobody ever looks at it” (participant F33.4). Others in these groups did not engage with their readings, but simply collected data on their readings in the hope that their doctor would take an interest (“four checks in the week, I do. But I write it down, and that’s as far as it goes” participant M35.4). (Peel et al., 2007)

ANSWER:

WHY?

**Source**: Peel, E., Douglas, M., & Lawton, J. (2007). Self monitoring of blood glucose in type 2 diabetes: Longitudinal qualitative study of patients' perspectives. *British Medical Journal*, 335-493. <https://doi.org/10.1136/bmj.39302.444572.DE>

**Example 7: Excerpt from a UK qualitative survey student of students’ responses to a gay pride t-shirt worn by one of their lecturers**

*I thought it was unnecessary and quite in our faces as society is very accepting to homosexuals & lesbians. (P68)*

*I just wondered why she was wearing it, I don’t think being gay is a big issue in today’s society and so I found it in my face and offensive. (P41)*

Denials of societal heterosexism work to close down accusations of homophobia and to frame them (or the “accuser”) as irrational (Nadal et al., 2010). Indeed, what is offensive here is not societal homophobia (because it does not exist) but Victoria’s misplaced—and thus irrational—accusation of prejudice. The reference to “today’s society” invokes the liberal imperative of historical progress (Billig, 1988) and locates homophobia firmly elsewhere—in this instance, in the unenlightened past. (Clarke, 2019)

ANSWER:

WHY?

**Source**: Clarke, V. (2019). “Some university lecturers wear gay pride t-shirts. Get over it!”: Denials of homophobia and the reproduction of heteronormativity in response to a gay themed t-shirt. *Journal of Homosexuality, 66*(5), 690-714. <https://doi.org/10.1080/00918369.2017.1423217>

**Example 8: Excerpt from a New Zealand interview study exploring men’s vasectomy decision-making process**

*Michael: You get to a point, you know, make a commitment with a woman and then suddenly bang one day there's commitment with a woman and then suddenly bang there's children and there's bang there's a vasectomy and it's bang you're getting old and it's bang you're retired and it's just another one of those steps in life that you need to take to go through it.*

In Michael's account, there was something passive about his status in relation to the life course – it happened to him, he was carried along by it, noting only the points of transition as he progressed through them (‘bang’) with very little clarity as to how he got to these points. The vasectomy was therefore constructed as *evidence* of a milestone fulfilment, the end of child bearing, as much as it was a contraceptive choice. This sense of being carried along by the life course does not mean the vasectomy was not significant for the men, they more often than not constructed it as a ‘big deal’, and Michael himself referred to it in terms of being a ‘sacrifice’ ([Terry & Braun, 2011a](https://www.tandfonline.com/doi/full/10.3109/14647273.2014.949311)). Although the operation itself was often referred to in terminology similar to Chad's (“it's just such a pathetic little operation”), its significance to their partners and to themselves was inflected with meaning. (Terry, 2014).

ANSWER:

WHY?

**Source:** Terry, G. (2014). “Suddenly, bang, one day there's commitment with a woman…”: Men, vasectomy and the life course. *Human Fertility*, 17(3), 197-202. https://doi.org/10.3109/14647273.2014.949311

1. Actually, seven TA papers and one wild card – not a TA study but a study that nonetheless reports themes in qualitative data. [↑](#footnote-ref-1)