A Socio-Pragmatic Study of Caregiving Discourse in Selected English Novels

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Abstract: The aim of the study is to explore the socio-pragmatic perspective of the discourse of caregiving in some selected novels in the English language. It investigates the linguistic nature of caregiving in terms of interactional practices, speech acts and politeness strategies in various social contexts. The study borrows from the eclectic approach that includes Searle's speech act theory, Brown and Levinson's politeness theory as well as socio-pragmatic approach that takes into account the influence of sociological factors on discourse.

The data are composed of two novels (My Sister's Keeper, 2004, and The Stone Diaries, 1993), and from which twenty extracts (ten from each novel) are selected for qualitative analysis. The study identifies four types of caregiving, each provided by a different type of person: professional, social, familial and institutional caregiving. It also explores the following aspects of care-giving: referential, interactional, directive, expressive, phatic, and regulative functions.

The pragmatic strategies employed in the discourse of caregivers, especially politeness and mitigation strategies, and the impact of social factors like age, gender, power and social status are examined. This study has found that the act of caring in literary text is a socio-pragmatic act and depends on the use of language and social relations, and the most prominent functions of care-giving are: directive and interactional

Keywords: Caregiving discourse, Gender, Functions, Socio-pragmatics

Introduction

Very much reflected in literature is the subject of caregiving, which demonstrates the interrelationships of humans within society, e.g., a parent taking care of children, or a person taking care of the sick and aged. Caregiving is demonstrated in the characters' words and interaction in English novels, as well as in the characters' feelings of love and responsibility. Understanding caregiving discourse in this way, from a socio-pragmatic perspective, can be useful in understanding how language is used to express care and how social and cultural factors influence the expression of care.

Social values and responsibility to care giving are also connected. Gilligan (1982) and Tronto (1993) suggest that cultural norms and expectations, and social roles, shape care. In novels, caregiving discourse will therefore transgress notions of duty, power, gender roles and emotional support. The dialogue between characters may reveal the authority, help-seeking, or the nature of the relationship..

This study is designed to analyse the discourse of caregiving in selected English novels in a socio-pragmatic approach. It is centered on the concept of speech acts and politeness strategies and the social context of character communication. This is to demonstrate that the care and caring in novels is not only a theme but also a linguistic and social activity that is developed through the interaction of everyday speech. In doing this, the study attempts to give an explanation for the important role of language in the formation of caregiving relationships within literary text.

This study is limited to the analysis of caregiving at the socio-pragmatic level and seeks to answer the following questions:

What types of caregiving appear in the data selected?

What are the functions of caregiving performed by caregivers in the data?

What are the pragmatic strategies employed to manifest caregiving in the data, and what are the most frequent ones?

What are the social variables affecting the performance of caregiving in the data selected?

The study aims at:

Identifying the different types of caregiving appear in the selected data.

Pinpointing the main functions of caregiving produced in the data under study.

Finding out the pragmatic strategies used to express and manifest caregiving, and determining the most frequently employed strategies.

Specifying the social variables that influence the use of caregiving in the selected data, and identifying the most dominant social variable.

Accordingly, the study hypothesized that:

Emotional caregiving is the most dominant type represented in the selected data compared to other types of caregiving.

Supportive and directive functions are the most prominent functions performed by caregivers within the caregiving interactions in the selected texts.

Politeness and mitigation strategies are the most frequently employed pragmatic strategies used to manifest caregiving in the selected data.

Social variables such as age and relational roles have a greater influence on caregiving discourse than other variables like gender and social status.

To fulfill the aforementioned aims the following steps will be followed:

Reviewing relevant literature on socio-pragmatics, caregiving discourse, speech act theory, politeness theory, and social variables.

Selecting data from the two chosen novels, *My Sister's Keeper* (2004) by Jodi Picoult and *The Stone Diaries* (1993) by Carol Shields, which contain clear caregiving interactions, with ten extracts from each novel selected for analysis according to the study's model.

Conducting a qualitative analysis to identify caregiving types, functions, and pragmatic strategies.

Interpreting findings within the theoretical framework and relating them to social variables.

Discussing results, drawing conclusions, and providing recommendations for future research.

Literature Review

Types of Caregiving

Professional Caregiving

This type is found in institutional settings (hospitals and clinics), where care-giving is very highly regulated. In this context language is formal, technical, standardized, and seeks to be precise, clear, and efficient in communication. The expression of emotion is typically limited, and there is a focus on procedural and diagnostic discourse with the aim of coordinating between health care staff and conveying correct patient states. (Tronto, 1993).

Social Caregiving

Social caregiving occurs in everyday interactions which are not formal. It is informal, flexible, context-dependent, and is guided by social and physical relationships. Care is expressed in language, interaction and spontaneous emotional response, and that everyday language and interaction are the parts of the ordinary social life to which caregiving belongs, rather than institutional duty. (Held, 2006).

Familial Caregiving

Caregiving by family members takes place in the context of family relationships, and is heavily shaped by feelings of attachment and intimacy. Language is very affective (usually implicit) and includes expressions of affection, empathy, and shared understanding. This mode of care focuses on emotional continuity and family identification, through communication that enhances family relationships and sustained commitments. (Rogers, 1995).

Institutional Caregiving

Institutional care involves providing care within a facility like a nursing home or rehabilitation centre. It is defined by the use of bureaucratic and procedural language, such as documentation, reports and standardized care procedures. Its emphasis is on effectiveness, accountability, and task management, sometimes de-emotionalizing the aspect of care to put it under organizational management and under a systematic approach. (Tronto, 2013).

Functions of Caregiving

Referential Function

This function includes the sharing of details regarding health issues, treatment methods and instructions for care. It is essential to convey between caregiver and care recipient the knowledge in a clear and structured way, to minimize ambiguity and help in the decision making process. (Jakobson, 1960).

Interactional Function

This function is about sustaining and building social relationships in an empathetic, encouraging and supportive manner. It enhances the sense of social distance between the participants, cultivates trust, cooperation, and emotional connection that are imperative in any caring environment where relational supports are as critical as physical ones. (Halliday, 1978).

Directive Function

In the directive function, it is related to the control of behaviour in the form of directives, instructions and requests. It is a reflection of the hierarchical relationship that is frequently found in care settings, particularly institutional settings, between the caregiver and the patient, and how the caregiver influences patients' behavior to ensure adherence to treatment plans and safety protocols. (Jakobson, 1960).

Expressive Function

This function is related to the expression of emotions and psychological states such as comfort, anxiety, pain, or reassurance. It highlights the human and emotional dimension of caregiving communication, contributing to emotional support and enhancing the psychological well-being of care recipients (Jakobson, 1960).

Phatic Function

This function of the language is called the phatic function, which is the communicative connection established, maintained or checked when no new information is being transferred. Contains greetings, small talk and attention checking expressions that maintain interaction and provide a conducive communicative setting. (Jakobson, 1960).

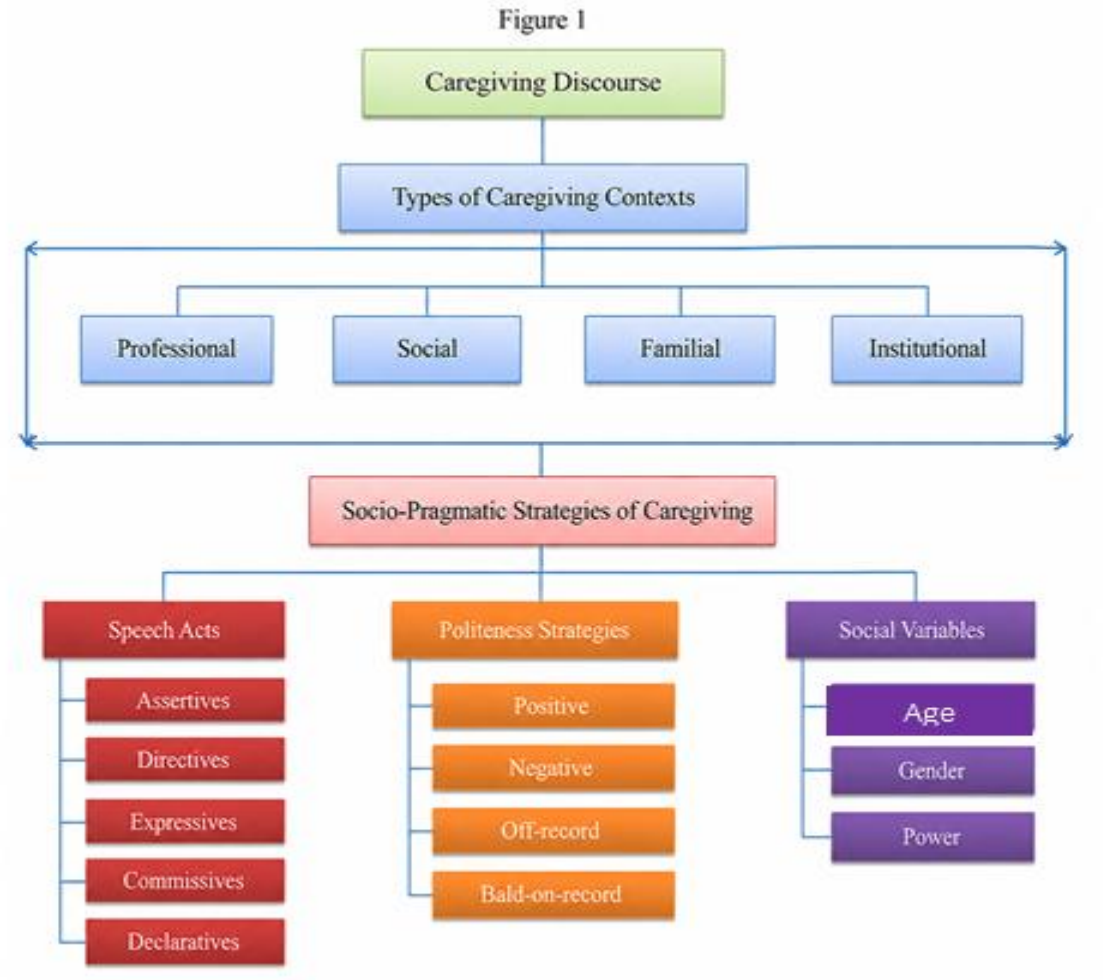
Regulative Function

This function involves arranging of interactional structure, such as turn taking, sequencing and managing conversational flow. It provides a sense of orderliness in communications and allows for a sense of the way discourse is controlled and organized within care settings, especially when institutional care is involved, where coordination is a crucial aspect. (Fairclough, 1992).

The Model of Analysis

This study adopts an eclectic model to analyze caregiving discourse in the selected English novels. The model (see Figure 1) is based on Searle's (1976) classification of speech acts, which views language as actions performed within context, and Brown and Levinson's (1987) politeness theory, which explains how speakers maintain respect and reduce face-threatening acts during interaction. All theoretical frameworks are presented in Chapter Two.

Figure 1



Data Analysis and Findings

Excerpt 1

"Hey, Kate, does it hurt now?" Jesse says, and he presses his thumb, hard, against the bruise on his sister's spine.

Kate howls, lurches, and spills bathwater all over me. I lift her out of the water, slick as a fish, and pass her over to Brian.

"You get yourself out of the tub this minute," I tell Jesse.

He stands up, a sluice of four-year-old boy, and manages to trip as he navigates the wide lip of the tub. He smacks his knee hard, and bursts into tears.

I gather Jesse into a towel, soothing him as I try to continue my conversation with my husband.

Context:

The excerpt takes place in a domestic family setting, that is, in a bathroom setting during family caring activities with children. The interaction takes place between siblings (Kate and Jesse), between one of the siblings and a caregiver figure (the mother) and between one of the siblings and another adult (Brian). It is an archetypal scenario of a familial caregiving situation in which simultaneously care, discipline and management of the emotions are exercised physically.

The scene is set during a time of some confusion in the process of bathing, a normal care activity is accidentally harmed, and both emotional and role-related stresses come into play. As the caregiver is simultaneously engaged in multiple interactional demands: child care, accident response, and adult conversation, a layered communicative environment is created which is urgent and multitasking..

1. SOCIO-PRAGMATIC VARIABLES

Age:

The interaction is based on the premise of age as a basic asymmetry. Children are dependent (vulnerable and have low ability in the regulation). The caregiver, however, is an adult with a role of responsibility, which gives him or her the authority to give directions and to intervene protectively. This age-dependency asymmetry is a socially accepted form of using strong directives and corrective behaviour in the caring relationship..

Gender:

Care-taking arrangement is an implicit arrangement of gender in which care taker is the mother and she is the one who regulates both emotional and physical aspects of care. This is an example of culturally assigned connections between femininity and caring activities, in particular in the family and child-centered space. Expectations that are gendered influence the allocation of care and emotional regulation in the scene.

Power:

There is an imbalance in power in the power relation. The caregiver has situational and relational authority based on responsibility, knowledge, and protective obligation. Children are emotionally reactive and mostly act with compliance. This power is not coercive, however, but protective and regulatory; that is, to keep people safe, to regulate their behavior, and to stabilise the caregiving environment in times of disruptions.

2. TYPE OF CAREGIVING

In the excerpt the predominant form of caregiving is Familial Caregiving, where all relationships are between a group of family members, which includes parents and children. This can be seen from:

The presence of siblings (Kate and Jesse)

Parental intervention in physical safety and emotional regulation

The intimate domestic setting (bathroom, bathing process)

Caregiving is a naturalized parenting role, caring for, disciplining and emotionally supporting children in the context of everyday family life. This suggests that the family structure associated with caregiving is complex, with caregivers (mothers) playing a protective and correcting role and caring for multiple children.

3. SPEECH ACTS

1. Assertives:

"Kate howls, lurches…"

"He smacks his knee hard, and bursts into tears."

These statements are assertives, since they describe events in the caregiving domain that are observable. The illocutionary force of their words is that they depict the physical world as it happens – tell a story about physical reactions, injury and the physical consequences that followed. They help to create a situational frame that is rich with details and from which care choices are made.

2. Directives:

"You get yourself out of the tub this minute," I tell Jesse.

The speech act is directive and with high illocutionary force. It acts as a cue for a behaviour, but this behaviour is designed to prevent an undesirable action. "this minute" amplifies the imperative, hence its directive force becomes more authoritative, elevating inter-personal mitigation (the linguistic polite) over physical safety.

3. Expressives:

"I gather Jesse into a towel, soothing him…"

This is an expressive gesture, in which the caregiver expresses emotional care by engaging in comforting touch and verbalization. It indicates empathy, concern and affective involvement, which adds to the emotional aspect of care..

"Kate howls…" (implicitly expressive)

Although not produced by the caregiver, this utterance functions as an expressive indicator of pain and distress, contributing to the emotional atmosphere of the interaction.

CAREGIVING FUNCTIONS

1. Directive:

The one aspect of this passage which is most clearly included in its structure is the directive function, in which language is most primarily used to control behaviour, prevent damage and coordinate rapid physical action. In such care settings speech has more of an aggressive effect on behavior than communicative effect. The direct form is apparent in such phrases as: "You get yourself out of the tub this minute!" This is a typical form of command. The imperative form of the verb "get yourself out" is used with the intensifier "this minute" to give urgency and authority. Linguistically this is Halliday's perspective of language as a regulatory action, as the utterances regulate the behavior in real time.

In addition to explicit commands, there is also directive force in the narration of "action" verbs: "I lift her out of the water… and pass her over to Brian." Not a spoken language, but it is indicative of directive function in discourse. Implicit coordination is seen in the quick transfer of the child, with actions being regulatory signals. The caregiving context is structured with frequent, constant micro-directives, numerous of which are physically enacted.

In addition, the surrounding events (injury, a fall, crying) add to the demand of directive speech. The main communicative need is to regulate the child so that he is safe, and the caregiver is constantly intervening and restoring safety.

2. Expressive:

The expressive aspect is also very prominent because the passage is rich in emotional intensity and bodily reactions, which convey pain, stress and concern for care. Language and narration here is externalizing the affective experience besides describing the events.

One example is: Kate howls, lurches. The verb howls is a clear example of Jakobson's expressive function which means a state of the addresser's emotions.

The caregiver's response, "I take Jesse and put him in a towel and calm him down", is another expression of emotional regulation with care. "Soothing" encompasses both physical activities and emotional support to lessen distress.

"as I try to continue my conversation with my husband" This indicates emotional and cognitive stress, because the caregiver has to balance distress management with social interaction, so that there is an implicit tension of expression..

POLITENESS STRATEGIES

Bald on-record Politeness:

"You get yourself out of the tub this minute,"

This is a direct, unabated command. It's a typical example of the bald-on-record approach to linguistic politeness, which cuts through to the chase and is done in the moment rather than with the formality of politeness. The high face-threatening potential is warranted in the context of the urgent nature of the physical threat, and it is more important to be efficient than to mitigate.

Positive Politeness:

"I gather Jesse into a towel, soothing him…"

This reflects positive politeness strategies through physical comfort and emotional reassurance. It emphasizes solidarity, care, and psychological closeness, reducing emotional distance between caregiver and child.

Negative Politeness:

Negative politeness is only weakly shown and is only indirect, in that instructions are absent of softening devices. The urgency of the situation restricts the chance of any mitigating strategy and so makes the need for autonomy less important than the need to comply now.

Excerpt 2

"Rise and shine." I pull up her shades, let the sun spill over her blankets. I sit her up and rub her back. "Let's get you dressed," I say, and I peel her pajama top over her head.

Trailing her spine, like a line of small blue jewels, are a string of bruises.

Context:

The scene is a private domestic room in the morning when the body is being cared for and dressed. The interaction is marked by physical closeness, regular care-giving gestures and by the fact that there are visible physical bruises present, thereby adding a hidden layer of concern to the already familiar sequence of care-giving..

1. SOCIO-PRAGMATIC VARIABLES

Age:

The relationship has an obvious imbalance between the independent person and the adult who needs their help. The role of the caregiver is to take care of the body, arrange the daily

schedule and provide physical care; the role of the other person is to be dependent and to need support with the basic activities of daily living..

Gender:

Gender is not explicitly stated but the caregiving behavior aligns with socially constructed expectations that associate close bodily care and domestic nurturing with feminized caregiving roles, particularly within family-based environments.

Power:

Power is unequal, based on dependency and physical frailty. The caregiver has situational authority, provided by the physical assistance and regulation of routine. This is not an oppressive authority, but rather a caring one; there's an implied tension from the bruising, making the carers' relationship more sensitive and observational.

2. TYPE OF CAREGIVING

This caregiving type is most prevalent and is called Familial Caregiving because the interaction takes place in a close setting, with a routine morning activity, physical support and emotional connection. The actions are unstructured, non-instrumental, and situational.

A second level of interpretation, Professional Caregiving is hinted at by the physical signs of bruising, like clinical response to body state. Yet, the relationship continues to be a family-like one in terms of context and relationality.

3. SPEECH ACTS

Assertives:

"Trailing her spine, like a line of small blue jewels, are a string of bruises."

This functions as a descriptive assertion that presents observable physical evidence, constructing a factual representation of bodily condition within the caregiving context.

Directives:

"Let's get you dressed,"

This is a mild directive that organizes behavior and guides the addressee toward completing a required daily task, with reduced imposition through inclusive phrasing.

Expressives:

"Rise and shine."

This utterance carries an expressive function, conveying encouragement and affective warmth in initiating the waking process.

"I sit her up and rub her back."

This action conveys expressive care through soothing physical contact, signaling empathy and emotional support.

Caregiving Functions

1. Directive:

The directive function is the most dominant in the excerpt, as language is primarily used to regulate bodily behavior and structure the morning routine.

"Let's get you dressed,"

This use of speech structures and guides action and physical movement, as a clear regulatory mechanism in caregiving interaction. The caregiver uses language to initiate, direct and coordinate movement away from or towards a body, and the use of language is used as the major communicative means in the passage, directing the body from rest to activity and from

activity to rest.

Politeness Strategies

Positive Politeness:

"Let's get you dressed,"

"Rise and shine."

These expressions reduce social distance through inclusivity and supportive tone, reinforcing solidarity and relational closeness within caregiving interaction.

Negative Politeness:

These are minimally present, as urgency and routine necessity limit mitigation of imposition. The caregiver prioritizes action over autonomy preservation.

Bald On-record Politeness:

"Rise and shine."

This utterance is direct, unmitigated, and functionally oriented toward immediate action.

Excerpt 3

"It could be a virus. I'd like to draw some blood and run a few tests."

Jesse perks up at this news. "You know how they draw blood, Kate?"

"Crayons?"

"With needles. Great big long ones that they stick in like a shot—"

"Jesse," I warn.

"Shot?" Kate shrieks. "Ouch?"

"Only a small one," I promise.

Context:

The clip is set in a health care setting in the middle of a physician's visit with a mother and her children. The interaction takes place in a family orientated healthcare context in which the simultaneous overlap of medical assessment, emotional reassurance and sibling interaction are present. This is a family situation in which a parent/carer is caring for the child and is a medical situation where the parent/carer is attempting to manage the child's fear and remain emotionally contained during the examination process.

The scene unfolds after a blood test is suggested by the doctor, when there is slight emotional strain. Jesse makes Kate's anxiety even worse by describing the process in a terrifying way, the mother instantly regulates the interaction, and the mother calms the child. Communicative environment includes emotional control, reassurance for child, and negotiation of fear in a caregiving interaction.

1. SOCIO-PRAGMATIC VARIABLES

Age:

There is a clear asymmetry in the interaction due to age. The child (Kate) is in an early developmental stage in which the emotional regulation and comprehension of medical procedures are limited, while the caregiver (mother) is an adult authority figure with a strong sense of emotional regulation. Though also a child, Jesse communicates more through his explanations, creating Kate's emotional response. With this age difference, the caregiver needs to intervene and speak reassuringly.

Gender:

The caregiving role is implicitly gendered as a role for a mother as the primary emotional regulator and supporter of the situation. This corresponds to the socially constructed norms of women being nurturing and child-oriented in their domestic environment. Although not explicitly mentioned in this excerpt, the maternal reactions are indicative of this division of emotional responsibility between the genders.

Power:

Power relations are asymmetrical but non-coercive. The mother holds authority based on adulthood and caregiving responsibility, allowing her to interrupt, correct, and reassure the children. The children, especially Kate, respond mainly through emotion and limited understanding. This power is used in a protective and regulatory way, aiming to reduce fear and maintain stability within the interaction.

2. TYPE OF CAREGIVING

This excerpt shows the predominant form of caregiving, which is Familial Caregiving, in a domestic family environment between a mother and her children. This will be evident when siblings (Kate and Jesse) are present, and the mother's direct response to handling emotional responses and informational confusion surrounding a medical issue.

Caregiving is grounded in what happens in the home, not the formal, institutional or professional practice. The mother has an emotional reassuring role and a behavioural regulating role, especially when reacting to the child's fear and correcting the misinformation he/she is giving.

3. SPEECH ACTS

Assertives:

“It could be a virus.”

“I’d like to draw some blood and run a few tests.”

“With needles.”

“Only a small one,” I promise.

These utterances function as assertives because they present medical information and explanations related to diagnosis and procedures. Their illocutionary force lies in describing the clinical situation and clarifying what will happen, thereby constructing shared understanding within the caregiving interaction.

Directives:

“Jesse,” I warn.

This utterance functions as a directive speech act because it is intended to regulate Jesse’s behaviour. The warning implicitly instructs him to stop or modify his speech in order to avoid increasing the child’s fear. It carries a controlling force that maintains emotional stability within the interaction.

Expressives:

“Shot?” (Kate shrieks)

“Ouch?” (Kate shrieks)

These utterances function as expressives because they reflect the child’s emotional reaction to fear and anticipated pain. They express anxiety and distress, contributing to the emotional atmosphere of the interaction.

Commissives:

“Only a small one,” I promise.

This speech act is a commissive because the speaker pledges to achieve an underserved condition that lessens fear, namely he promises the procedure will be minimal. The illocutionary force is in giving reassurance with the commitment that is meant to help the child remain calm.

Caregiving Functions

1. Directive:

In this extract the most salient feature of the language is the directive function, which is used mainly to control behaviour, to ensure safety and to manage immediate responses in a tense situation of care. The caregiver repeatedly uses regulatory language that attempts to guide and correct the children's behavior.

Something simple is, "Jesse," I warn. The words constitute an indirect directive since the warning is supposed to prevent Jesse from going on with his frightening explanation to Kate. The illocutionary force is the one to take charge of the behavior of speech so that there is no escalation of emotion.

One such example is: “But it's just a small one, I promise.” The reaffirmation aspect is intended to help the child feel better, but it is also directional, helping to focus the child's emotional response in a direction towards a sense of calm and acceptance of the medical intervention.

Politeness Strategies

Bald On-record politeness:

“Jesse,” I warn.

This strategy is positioned in the caregiver's intervention into Jesse's verbal behavior without mitigation. There are no "softer" words used and no attempt at politeness. The utterance is an immediate corrective gesture to regulate and halt the situation, rather than an attempt to be polite in language, and focuses on the urgency of the situation, rather than on linguistic politeness.

Positive Politeness:

“Only a small one,” I promise.

The use of this utterance is a reflection of positive politeness as it is used to reassure and reduce the psychological threat that is associated with the medical procedure. Uses supportive language to help reduce anxiety and develop closeness and trust between the caregiver and child.

Negative Politeness:

“I’d like to draw some blood and run a few tests.”

This utterance demonstrates negative politeness through the use of an indirect and mitigated form (“I’d like”), which softens the imposition of the medical request. It respects the hearer’s autonomy and reduces the force of the directive associated with the procedure.

Off-record Politeness:

“With needles.”

This utterance functions as an off-record strategy because it presents information in a minimal and indirect way without full explanation. This creates interpretive space and reduces the directness of the potentially threatening information, thereby lowering the emotional impact on the child

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