The Hero of Caregiving: A Cognitive Approach to Identity and Positioning in Caregivers' English Narratives

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Abstract

This study investigates how caregivers position themselves and how they construct their identities via narrating. It aims at highlighting cohesion and topical coherence in caregiving narratives that enable the hearer/reader to better interpret events and experiences. Bamberg's narrative model with its linguistic based approach and its cognitive based approach is used to attain such objectives. The results show that cohesiveness is created in the narratives through the use of references as well as the use of the nominal grounding elements. Topical cohesiveness is attained through Bamberg's cognitive based approach. Transitivity analysis, clausal grounding, Bamberg's notion of identity, and his three levels of positioning are used to reveal how the narrators construct their identities and position themselves. The most frequently used level is level three in which the narrators position themselves to themselves. In addition, narrators are mostly identified as agents.

Key words: Caregiving narratives, Positioning, Identity, Grounding Theory, Bamberg's Narrative Model, Transitivity Analysis, English Narratives.

البطل في تقديم الرعاية : مقاربة معرفية للهوية والتموضع في سرديات مقدمي الرعاية باللغة الإنجليزية

المستخلص

تبحث هذة الدراسة كيفية وضع مقدمي الرعاية لأنفسهم وكيفية بناء هوياتهم من خلال السرد. تهدف الدراسة إلى تسليط الضوء على التماسك والتماسك الموضعي في سرديات تقديم الرعاية التي تمكن المستمع /القارئ من الوصول إلى أفضل تفسير للأحداث والتجارب. وتستخدم الدراسة نموذج بامبرغ السردي بنهجه القائم على اللغة، ونهجه القائم على الإدراك لتحقيق هذه الأهداف. تُظهر النتائج أن التماسك يتحقّق في السرد من خلال استخدام الإشارات المرجعية وكذلك استخدام عناصر التأريض الأسمية.و يتم تحقيق التماسك الموضوعي من خلال منهج بامبرغ القائم على أساس معرفي. ويُستخدم تحليل التعدي والتأريض الخاص بالجُملة ومفهوم بامبرغ للهوية ومستويات التموضع الثلاثة التي وضعها للكشف عن كيفية بناء الرواة لهوياتهم وتموضعهم. ويعد المستوى الثالث الأكثر استخدامًا للتموضع في هذة السرديات وهو المستوى الذي يموضع فيه الرواة أنفسهم لأنفسهم حيث يتم تعريف الرواة في الغالب على أنهم فاعلون.

الكلمات الدالة : سرديات تقديم الرعاية والتموضع والهوية ونظرية التأريض ونموذج بامبرغ السردي وتحليل التعدي والسرديات الإنجليزية

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1. Introduction

Caregivers are usually overwhelmed by many responsibilities which can lead to their depression. They may be burnout and are liable to physical and mental health condition. They may also feel a loss of self-identity. This study aims at showing how caregivers position themselves and how they construct their identities via narrating. It also aims at investigating cohesion and topical coherence of the caregiving narratives that enable the hearer/reader to better interpret events and experiences. This is achieved through Bamberg's narrative model with its linguistic based approach and its cognitive based approach. In addition, Langacker's (2008) theory of grounding is used to put events and states in relation to the current speech event in order to provide information about what happens, when it happens, and who is involved. Moreover, transitivity analysis together with Bamberg's notion of identity and levels of positioning are used to show how the narrators position themselves and construct their identities.

2. Sources of the data

Three types of first- person narratives are analyzed. The first type consists of five interviews with family caregivers of a radio program called "Hardship into Hope: The Rewards of Caregiving (1999)". A copy of this program, recorded on a CD, has been attached to the inside back cover of a book entitled *The Gifts of Caregiving: Stories of Hardship, Hope, and Healing* by Connie Goldman (2020). The second type of narratives are five TEDx talks on family caregiving on YouTube. The third type of narratives is a group of five first person columns drawn from the Canadian Broadcasting Corporation, CBC News Network. These first-person columns are personal stories and experiences of Canadians in their own words.

3. Objectives of the study

This study aims at showing how caregivers position themselves in relation to the care receivers, to their audience, and in relation to themselves. It also aims at investigating cohesion and topical coherence of the caregiving narratives that renders the narratives more persuasive

and that enables the hearer/reader to better interpret events and experiences. Finally, it reveals how the narrators construct their identities via narrating.

4. Theoretical Preliminaries

4.1 Bamberg's narrative model

Bamberg (2012) maintains that narratives attempt to explain or normalize what has occurred: they lay out why things are the way they are or have become the way they are. Bamberg (2012) drew on three approaches to work with narratives. a) a linguistic based approach that works through the lexical and syntactic structure of texts and follows their build up into the topical organization of the text, b) a cognitive – based approach entailing that the segments of the story are linked together by the structure of the plot, and c) an interactive – based approach that considers stories as local accomplishments among participants. It is noteworthy that the first two levels are used to analyze the data under investigation, while the third one is not used because the data is monologic and the third level requires a dialogic data.

4.1.1 The linguistic based approach

Narrators make use of linguistic devices to move the characters through the spatial and temporal connection of what happens. Hence, they build the characters and position them in relationships with one another. For example, a narrator can shift from a proper name to nominal form to pronouns or to simply not mentioning the referent. A narrator also uses spatial and temporal devices to build small thematic units like paragraphs and episodes to sequence random clauses into larger units. Thus, the analysis starts from the clause and its lexical – syntactic structure as the basic analytic unit and tie the clauses together to attain cohesion and form episodic structure necessary for story formation (Bamberg, 2012).

4.1.2 The cognitive - based approach

Bamberg (2012) argues that the emergent whole that results from narrative cohesion building is more than its linguistic components. The emergent units are the results of bottom-up construction process. They are reflections of overall structure that organizes its components from the top to the bottom representing conceptual units. These units include, as William Labov (1972) mentions ,and as summarized by Bengtsson and Andersen(2020), an abstract that briefly summarizes

the story; an orientation indicating the time, place, situation, and participants; a complication which describes a problem, crisis, or turning point; an evaluation in which the narrator steps forward from the unfolding events to comment on the meaning of the story and the emotions involved; a resolution describing the outcome of the complication; and a coda which is a conclusion that returns the narrator to the present .

4.1.3 Identity in Bamberg's Model

"Identity is a label attributed to the attempt to differentiate and integrate a sense of self along different social and personal dimensions" (Bamberg, 2011b, p.4). Bamberg (2011b), and Bamberg, Defina & Schiffrin (2011, as cited in Bamberg, 2011a) maintain that a narrative is one of the main pillars of identity construction whether they are identities of institution, groups and communities, or individuals. In their narratives, narrators are doing relational affective identity work which is understood in terms of three kinds of navigation practices; sameness versus difference, agency versus passivity, and constancy versus change. Through sameness versus difference, narrators show themselves as different, similar, or the same vis-à-vis others. They, through discursive choices, define a sense of self as different from others, or as belonging to others' communities. Agency versus passivity is a discursive space that is constructed in the form of navigation process between two opposite directions: one coming from world to person and the other from person to world. The navigation between agency and passivity renders the characters as either successful agents and in control or as passive deserving blame. As for constancy versus change, narrators construct the characters as constant or as undergoing some change that results in a different and new persona. Navigating through these kinds of practices reveals that identities and narratives are 'processual'; it is an interactive and continuous process of negotiating and navigating 'who we are' in relation to one another (Bamberg, 2020, 2011a).

4.1.4 Positioning in Bamberg's Model

Bamberg maintains that identity construction in narratives is twofold: analyzing "the way the referential world is constructed with characters in time and space as well as a function of the interactive engagement" (Bamberg & Georga Kopoulou, 2008, p. 380). Bamberg investigates the process of positioning at three different levels: Positioning level one (1) investigates how story characters are constructed in position to one another in the narratives through analyzing the linguistic and

paralinguistic means as well as the three identity spaces discussed in the previous section. Positioning level two (2) investigates how narrators position themselves vis-à-vis their audience. This level aims at understanding why the story is told at this point in the conversation. Positioning level three (3) investigates how narrators position themselves to themselves, they provide answers to the question Who am I? (Bamberg and Georga Kopoulou, 2008, Bamberg, 1997, Bamberg, 2020).

4.2 Grounding Theory

In cognitive grammar, grounding is "the process whereby a speaker and hearer (or writer and reader) are situated within a particular viewing arrangement and how they are in some way connected to an expression" (Bennett, 2014, as cited in Harrison, 2017, p.16). On the other hand, the ground in cognitive grammar "is used to indicate the speech event, its participants (speaker and hearer), their interaction and the immediate circumstances (notably, the time and place of speaking)" (Langacker, 2008, p.259). There are two types of grounding: nominal grounding and clausal grounding according to whether we are profiling a noun or a verb.

4.2.1 Nominal Grounding

In nominal grounding, the speaker directs the hearer's attention to a certain discourse referent. Nominal grounding elements include definite and indefinite articles (the, a, an, and zero article); demonstratives (this, that, these, and those); and quantifiers (all, most, some, no, every, each, any) (Langacker,2008).

4.2.1.1 Definite and Indefinite articles

The definite article 'the' profiles a unique referent and an instance of an entity, while the indefinite grounding element 'a/an' singles out an instance of a larger set (Giovanelli & Harrison, 2018). The definite article means that just one instance is directly accessible in the current discourse space. Thus, the nominal type's description is enough to identify the referent. On the other hand, the indefinite nominals are grounded, but their referent is said to be unidentified (Langacker,2008).

4.2.1.2 Demonstratives

Demonstratives single out different kinds of instances: 'this' and 'that' ground singular nouns; and 'these' and 'those' ground plural nouns. 'This' and 'these' are proximal demonstratives that encode closeness between the speaker and the referent, and 'that' and 'those' are distal demonstratives that encode a distance between the speaker and the

referent (Giovanelli & Harrison, 2018). As Langacker (2008) points out, the speaker directs the listener's attention to a specific referent that is found in the discourse context: the pointing gesture is an overt analog of the mental process named 'singling out' which is characteristic of nominal grounding and this has a directive force to seek out the intended referent.

4.2.1.3 Quantifiers

Quantifiers include all, most, some, no, every, each, and, any. They generally profile a virtual referent and they quantify the noun in terms of number or amount (Evans & Green, 2006).

We also have intrinsic grounding that includes proper names and indirect grounding that includes possession. It is noteworthy that these two types don't require a separate grounding element (Giovanelli & Harrison, 2018).

4.2.2 Clausal Grounding

Whereas nominal grounding identifies an instance of a type, clausal grounding links events to our conception of knowledge in the world. It shows how the profiled events fit into our sense of reality (Giovanelli & Harrison, 2018).

It is noteworthy that Langacker (2008) sets a model of reality that is summarized in Giovanelli and Harrison (2018) as

Conceived reality: consisting of events that we know about and that happened in the past.

Immediate reality: consisting of events that we are aware of at the present moment.

Projected reality: consisting of events that we can be sure of occurring based on our knowledge.

Potential reality: consisting of events that could possibly happen.

Irreality: consisting of events that have not happened and which we have no knowledge of.

Hence, clausal grounding situates the profiled relationship with respect to the speakers' current conception of reality. There are two main clausal grounding strategies: tense and modality. **Tense** is normally said to indicate an event's location in time relative to the time of speaking. With zero (or – s), the present tense occupies immediate reality and the

process is coincident with the time of speaking. On the other hand, the past tense with (-ed) and its variants, places the profiled process in non-immediate reality (Langacker, 2008). The second strategy of clausal grounding is **modality** and is defined as "the phenomenon that shows a speaker's attitude towards the potentiality of an event" (Giovanelli & Harrison, 2018, p.123). And Modal verbs carry some kind of energy or force that leads to an event occurring.

There are four types of modality:

1- Deontic modality: concerned with aspects of obligation and permission.
2- Epistemic modality: concerned with degrees of certainty and possibility.
3- Boulomaic modality: concerned with aspects of desire.
4- Dynamic modality: concerned with aspects of ability.

(Giovanelli & Harrison, 2018, p.123)

4.3 Systemic Functional Grammar

M.A.K.Halliday and C.M.I.Matthiessen (2004) use the term metafunction to refer to the three functions applied to text analysis: interpersonal, ideational, and textual. The interpersonal metafunction refers to the use of language to represent social roles and attitudes. Determining the theme and rheme of the clause is the responsibility of the textual metafunction. The ideational metafunction refers to the use of language to express human experience and it deals with transitivity analysis (Halliday & Mathiessen, 2004). There are six types of processes in the transitivity system, which represent the ideational or experiential metafunction. Halliday distinguishes between these processes in terms of "what we experience as going on 'out there', in the world around us, and what we experience as going on inside ourselves in the world of consciousness including perception, emotion and imagination" (Halliday & Mathiessen, 2004, p.214). The first type, on the one hand, represents the outer experience, such as actions and events, and it is called material. On the other hand, the second type which represents the inner experience which is a reaction to the outer experience is called mental. The third type of processes is related to "identifying and classifying" which represents the relational process. The fourth type of process falls between material and mental processes, and it is called behavioral. The fifth type is the verbal and as its name suggests it includes verbs of saying and meaning. Finally, there is a type that falls between material and relational processes

that is related to existence, which is the existential (Halliday & Mathiessen, 2004).

5- Methodology

Bamberg's narrative model with its linguistic based approach and its cognitive based approach, is used to investigate the coherence and the topical cohesiveness of the narratives. These two approaches seek to reveal the way narratives form cohesive sequence of events and the way events are conceived as part of episodes. In addition, Langacker's grounding theory (2008) is used to put events and states in relation to the current speech event to provide information about what happened, when it happened and who was involved. Moreover, transitivity analysis together with Bamberg's notion of identity and levels of positioning are used to show how the narrators position themselves and construct their identities. It is noteworthy that what is essential in the transitivity analysis is the type of the process itself regardless of the participants of the clause.

6- Analysis and discussion
6.1 Text as Linguistic Structure
6.1.1 Person Reference

Different person references are used in these narratives to create cohesion, and to build the characters and position them in relationship with one another.

6.1.1.1 Personal Pronouns

Table 1: Personal pronouns

I	We	You	He	She	It	They
41%	12.5%	12.5%	11.5%	10.5%	9.5%	2.5%

Personal pronouns are one of the most essential markers of identity construction. They connect an utterance to the immediate context of the speaker and the addressee. It is noteworthy that personal pronouns are extensively used in the data. The most frequent personal pronoun used is 'I', which is typical of personal narratives. It is used 41% by the narrator who is entirely the caregiver and it focuses on the narrator's sense of identity and agency. The pronouns 'He' and 'She', usually referring to the care receiver, are only used 11.5% and 10.5% respectively. They focus on representing the care receiver as a passive victim of the disease. The pronoun 'we', referring to the caregiver and the patient or to the family members, is used 12.5% and it shows how co-operative the family members are in facing their problems.

Examples:

1- **I** was cleaning the kitchen after making and serving evening meal (Samy, 2022).
2- **He** was diagnosed with Parkinson's disease (TED, 2019c).
3- **She** pinched my dad's thigh (Wilson, 2022).
4- **We** raised our three children (TED, 2019a).

In example 1, the narrator and the caregiver, who is the wife of a patient, is speaking about her daily chores. Thus, positively positioning herself as an agent. In example 2, another wife was speaking about the illness of her husband who is diagnosed with Parkinson's disease. Her husband is negatively positioned as a victim and as an undergoer. In example 3, the narrator is speaking about her mother and how she behaves as an aggressive Alzheimer's patient. Thus, negatively positioned as an agent of a negative action. Finally, in example 4, the narrator is speaking about her memories with her husband and how they used to share shouldering their responsibilities. Thus, positively positioning themselves as agents. Using these pronouns helps the reader identify the characters involved in the narrative and link between the personal pronouns and the possessive adjectives like 'I' (the narrator) and 'my mother', 'my husband', 'my wife', and 'my father- in -law', who usually represent the patients. Consequently, the characters are positioned in relationship with one another.

6.1.1.2 Object Pronouns

Table 2: Object pronouns

Me	Him	Her	Us	Them
33%	37%	13%	10.5	6.5%

The object pronouns are used with different frequencies in the narrative. 'Me' is used 33% to refer to the narrator and 'her' and 'him' refer to the care receivers. The cohesive flow of the participating characters is indexed by the shifts between the subject pronouns and the object pronouns.

Examples:

5- I felt like the world didn't prepare **me** for what was happening to our family (TED, 2019b).

6- She was crushed from the guilt of moving **him** into a care facility when strangers looked after   him (McCaffery,2022).

7- It took only three days after my mom's visit with the doctor to get **her** a placement (Wilson, 2022).

In example 5, the narrator, who is the caregiver, feels unprepared for her father's illness. This positions her negatively as a helpless victim who does not know what to do. Here, we have the identity space of 'sameness'; caregivers are not usually prepared for this experience. In example 6, the narrator is speaking about her mother-in-law who moved her husband into a care facility. Hence, she is positioned as an experiencer who feels guilty of her action. We also have the identity space of' sameness'; caregivers usually feel guilty of moving their patients into a care facility. In example 7, the narrator is speaking about moving her mother into a hospital. Hence, she is positively positioned as an agent and her mother is negatively positioned as an undergoer who has no right to object. Here, we have the identity space of 'agency'; the caregiver quickly placed her mother into a hospital. As is shown, the characters are built and are positioned in relationship with one another through the use of the pronouns.

6.1.2 Definiteness

In these narratives, there is an extensive use of overt grounding. From a cognitive perspective, the definite article 'the' is used to single out unique referents that the reader's attention is drawn towards.

Table 3: Definite and Indefinite Article

Definite Article	Indefinite Article
66%	34%

The nominals in these narratives are mostly grounded through the use of the definite article except for few instances where the indefinite article is used. Moreover, once the frame of 'family caregiving' is activated and is part of the current discourse shared by the writer and the reader, parts of it can be referred to through the use of the definite article like: the house, the kitchen, the bedroom, the stove, the bed, the hospital, the doctor, the specialist, the emergency room, the stroke, etc. From a cognitive perspective, the use of the definite article as an overt nominal grounding element makes the scene being presented to the reader and the hearer appear to be easily identifiable and conceptually close. In addition, the aspects of our cognitive model of family caregiving are activated. The previous examples of the grounded nominals represent the place of caregiving 'the house' and its component parts: the room, the kitchen, and the bedroom. The examples also show the daily chores of the wife as a caregiver which position her as an agent; she cooks on the stove, she

cleans the house, and she manages the finances. This also attains cohesiveness which enhances the interpretation of the narratives. It is noteworthy that the narrator's use of the definite article makes the reader and the hearer feel closer to the story narrated and can easily focus on the entities that are profiled in each of the nominals. On the other hand, the indefinite articles select from a set to activate space for new information to be introduced into the narrative like: a daughter, a parent, a will, a caregiver support group, a wheelchair, and a nursing home. The indefinite article introduces the new ideas found in the narrative to the ground. It can be noticed that the narrators introduce the main theme of the narratives, which is family caregiving, through the use of the indefinite article to give further details about it in their narratives: how a daughter can take care of her parent and how a parent can use a wheelchair or can be sent to a nursing home. It is clearly shown that the definite and the indefinite articles create cohesiveness in the narratives, build up the topical organization of the text, and help the readers to enhance their understanding.

6.1.3 Demonstratives

From a cognitive perspective, demonstratives are overt nominal grounding elements. The demonstratives 'this' and 'that' that ground singular nouns are more frequently used than 'these' and 'those' that ground plural nouns.

Table 4: Demonstrative pronouns

This	These	That	Those
38.5%	7.5%	44.5%	9.5%

The demonstrative pronoun 'this' is the second most frequently used demonstrative pronoun and it is used 38.5%.

Example

8- I didn't anticipate in **this** journey how irrelevant I would feel (Oujla,2022).

In this example, the narrator has previously been speaking about the troubles she faces with her three disabled children and how she was mistreated by the doctors and the specialists to the extent that she felt irrelevant. Hence, she is negatively positioned as a victim. The 'journey' refers to her journey of shouldering the responsibility of her disabled children. She uses the proximal demonstrative pronouns 'this' to direct the reader's/hearer's attention to the journey of caregiving. It encodes closeness between the speaker and the referent. The narrator uses 'this'

because this journey has not ended and she is still suffering from the same troubles. This creates topical cohesiveness and reveals the main theme of the narratives which is caregiving.

The distal demonstrative pronoun 'that' is the first most frequently used demonstrative pronoun and it is used 44%.

Example:

9- I came out of **that** experience when dad finally left his body (Goldman, 2002).

In the previous example, the narrator was speaking about his tiring experience of caregiving with his father. He is negatively positioned as a victim of that experience. He uses the demonstrative pronoun 'that' to refer to that distal experience that he was speaking about and which he lived several years ago. From a cognitive perspective, the pronoun 'that' encodes distance between the speaker and the referent and refers to the experience of caregiving creating topical cohesiveness. It also refers to the main theme of the narratives which is caregiving.

6.1.4 Transitivity Analysis

Transitivity analysis reveals how the participants are represented. It is noteworthy that no detailed analysis is needed. The researcher refers only to the type and tense of the processes as a clausal grounding element to see how the profiled events fit into our sense of reality.

By analyzing the fifteen narratives, the following frequencies are concluded:

Table 5: The types of processes

Characters	Narrator 1st main character (the caregiver)	2nd main character (the care receiver)	We
Types of Process	Material Process 36% Mental Process 36% Verbal Process 15% Relational Process 10% Behavioral Process 3%	Material Process 40% Relational Process 26% Mental Process 23% Verbal Process 11%	Material Process 52% Relational Process 25% Mental Process 17% Verbal Process 6%

Table 6: Frequencies of Tense

Present	Past
44%	56%

The characters identified in each narrative are related to one another. The narrator is the first main character and is usually the caregiver, and the second main character is the care receiver. It is noteworthy that the past tense which is the normative narrative strategy is used 56% while the present tense is used 44% and this shows that the narrators are still suffering from the same problems of caregiving and they give advice to the reader/the hearer.

6.1.4.1 The first main character (The caregiver)

1.4.1.1 Material Process

The Material and the mental processes are the most frequently used processes. They are used 36%.

Examples:

10- The narrator in narrative 1 said "Because she was getting weaker and weaker, so I moved into her house … [I] **cooked** meals on the stove … **bathing** her, **cleaning** her, **changing** doctors, looking for miracles just putting everything I had into **trying to keep** her alive" (Goldman, 2002).

11- The narrator in narrative 5 said "three nights in a row, I **sat** with her all night, **rubbing** her back and trying to get her lay down" (Goldman, 2002).

12- I **prepared** the food, ensured he had his medications and **took care** of the household (Samy, 2022).

In the above examples, it can be seen that all the material processes are grounded in the past tense, thus, accessible as conceived reality in which knowledge in the past material processes is an established knowledge that took place in the past. The narrators look back not from the current ground but from the initial past events and locate the readers within its time frame, thus becoming more persuasive. In the above three examples, the caregivers are positively positioned as agents who do the daily chores in addition to taking care of their patients and this reveals their relationships with their patients (positioning level 1). As for the identity spaces, in example 10, first, we have the identity space of 'sameness'; the narrator is positively identified as just the same as any caregiver who shoulders the responsibility of taking care of her mother; she cooks meals, bathes her mother, and cleans her. She changes doctors and puts

everything she has into trying to keep her alive. Second, we have the identity space of 'change'; throughout her life, as a child, her mother used to take care of her but everything has been positively changed and it is now the narrator who takes care of her mother. In example 11, we have the identity space of 'agency'; the narrator takes care of her mother- in – law, she stays with her for three successive nights and rubs her back to get her lay down. In example 12, we also have the identity space of 'sameness'; the narrator is just the same as caregivers who take care of their husbands. She speaks about the daily chores she uses to do; she prepares food, ensures he has his medications, and she takes care of household. The narrator is also identified as a changing character. In the past, she used to share everything with her husband and now, she takes care of him and does the daily chores alone.

6.1.4.1.2 Mental process

The Mental processes and the material ones are equally used. They are used 36%.

Examples:

13- I was **overwhelmed by guilt** (Wilson, 2022).
14- I **remember** screaming out. I didn't even **know** who heard me, I can't take this anymore (TED, 2019a).
15- I **struggle with feelings** of worry, irritation, sadness, and guilt (Samy, 2022).

   In example 13, the narrator feels guilty because she moves her mother, who is an aggressive Alzheimer's patient, into a geriatric psychiatric hospital. She is negatively positioned as an experiencer who suffers from a sense of guilt but she cannot do anything to overcome this feeling (positioning level 3). Thus, we have the identity space of 'passivity'. In example 14, the narrator, whose wife has a stroke and is paralyzed, screams out because he can no longer carry the burden of taking care of her. He is negatively positioned as a victim of caregiving who cannot bear taking care of his wife anymore (positioning level 1). Hence, so far, we have the identity space of 'passivity'. In example 15, the narrator feels worried, irritated, sad, and guilty because she begins to think about herself. The narrator is positioned here as an experiencer (positioning level 3). We have the identity space of 'difference' as caregivers do not usually think of themselves.

   It is noteworthy that, throughout the narratives, caregivers sometimes try to resist their sad emotions and sense of guilt.

Examples:

16- Now, I'm going to **understand** that I am the only one responsible for my emotions and I can **choose** how to deal with them (Samy, 2022).

17- I **am learning** that it is Ok to express my feelings that I am not violating any caregiving code (Samy, 2022).

18- I **had to learn** that I didn't become selfish there was no way I was gonna survive this (TED, 2019a).

In examples 16 and 17, the narrator expresses her feelings and uses the mental processes of cognition to show that she is responsible for these emotions and know how to deal with them and in doing so, she is not violating the caregiving code. Thus, she is now positively positioned as an agent and in control (positioning level 3). As for the identity space, we have the identity space of 'change'; the narrator has changed, she no longer feels sad or irritated. On the contrary, she knows how to deal with her negative emotions. In example 18, the narrator has to learn that he should be selfish to survive; he is now positively positioned as an agent and in control (positioning level 3). We have the identity space of 'change'; he has changed when he realized that he should be selfish.

6.1.4.1.3 Verbal process

The verbal process, which is used 15%, is the third frequent type of process.

Examples:

19- I would like to **encourage** all of you to look at the caregiving journey as a chance for personal transformation (TED, 2016).

20- I'd **say**, well, somebody has to do it (Goldman, 2002).

21- and I **said**, Barry, if you don't live while we take care of her then you're waiting for her to die (Goldman, 2002).

In example 19, in trying to attain attachment with the audience, the narrator is positively positioned as an agent who addresses the audience and encourages them to consider the caregiving journey as a chance to transform their characters, this reveals her relationship with the audience (positioning level 2). In example 20, and 21, the narrators are positively positioned as agents and the patients are positioned as undergoers which reveals their relationships with their patients (positioning level 1). In examples 19 and 21, we have the identity space of 'difference'; these narrators are different from most of the caregivers. They are not overwhelmed by caregiving and they advise others to change and think of

themselves. In example 21, the narrator tells her husband what they should do. She warns him that if he doesn't live while he takes care of his mother, then he is waiting for her to die. On the other hand, in example 20, the narrator says that he takes care of his father out of duty. He is identified as different from most of the caregivers in these narratives who takes care of their patients out of love.

6.1.4.1.4 Relational process

The relational process, which is used 10%, is the fourth frequently used type of process.

Examples:

22- I **was** no longer just her husband. I **was** now her husband and her caregiver. The next two years were like a living hell for both of us (TED, 2019a).

23- I **am** the epitome of an inter-generational, sandwiched caregiver (Oujla,2022).

24- I **am not** always selfless (Samy,2022).

In example 22, the narrator who is his wife's caregiver, is positively positioned as an agent, but the following two years were like a living hell for the two of them (positioning level 3). This shows how much he suffers in taking care of his wife. We have the identity space of 'sameness' because he is like all caregivers who get tired of shouldering the responsibility of caregiving alone. In example 23, the narrator who is her parents' and her disabled children's caregiver says that she is the epitome of an intergenerational, sandwiched caregiver and this shows how much she suffers as a caregiver. Thus, she is negatively positioned as a victim and as an undergoer who suffers from the intergenerational caregiving (positioning level 3). Here, we have the identity space of 'difference'; she differs from all caregivers because she complains of taking care of her three children in addition to her parents and being ill-treated by the doctors. Finally, in example 24, the narrator says that she is not always selfless and she sometimes thinks about herself. This positions her as an agent and in control who thinks about herself (positioning level 3). We have the identity space of 'change'; she has changed from thinking only about her husband to becoming a little bit selfish.

The mental processes, the verbal processes, and the relational processes are grounded either in the past tense as conceived reality or in the present tense which shows that the tense of the moment of speaking (speech time)

is equivalent to the time of the event (event time). The past tense verb is no longer experienced directly but is accessible through recall. Caregivers, shift their vantage point to a past event that acts as a reference point to allow access to the narrative events. It also places the profiled process in non-immediate reality so that both the speaker /writer, the caregiver, and the hearer/reader are considering the event from the same perspective and hence, the speaker/the writer becomes more persuasive.

6.1.4.2 The Second Main Character (The care receiver)

The second main character is always the care receiver who can be a wife, a husband or a parent. It is noteworthy that the characters in a narrative are identified as relating to one another to attain cohesion and to build up the topical organization of the text.

6.1.4.2.1 Material process

The material process, which is used 40%, is the most frequently used type of process.

Examples:

   25- Within a week, he **landed** in the hospital on antipsychotics (Bertlod,2022).
   26- He **maintains** the cars and the house (Samy,2022).
   27- He **squinted** again (McCaffery, 2022).

In example 25, the narrator's husband, is misdiagnosed with moderate to severe dementia and he is brought in the hospital on antipsychotics because it is unsafe to leave him alone. Thus, he is positioned as a victim of dementia. In example 26, Sushila's husband used to maintain the cars before he got sick. Thus, he is placed in the agentive position before he gets sick and in non-agentive position after he gets sick. In example 27, the narrator's husband squints as a symptom of his disease. Thus, he is positioned as a victim of dementia.

6.1.4.2.2 The relational process

The relational process, which is used 26%, is the second most frequent type of process.

Examples:

   28- As he **got** older, he **became** more frail [frailer] (Goldman, 2002).
   29- She **has** aggressive Alzheimer's (Wilson, 2022).
   30- Near the end of her life, she **got** really bad where she couldn't lay down at night (Goldman, 2002).

In example 28, the narrator, a caregiver for a family's friend, is speaking about the friend who is 91 years old and becomes frailer. In example 29, the narrator's mother is an aggressive Alzheimer's patient. In example 30, the narrator's mother- in -law, who is lung cancer patient, gets bad at the end of her life and couldn't lay down at night. We can see that the relational processes position the care receivers as victims to various diseases.

6.1.4.2.3 The mental process

The mental process, which is used 23%, is the third frequent type of process.

Examples:

31- He **likes** my cooking (TED, 2019c).
32- My mom **would look up** no recognition on her face (TED, 2015).
33- She **was determined** she way going to stay in her own home no matter what (Goldman, 2002).

In example 31, the narrator's father- in -law, who is a dementia patient, likes her cooking. In example 32, the narrator's mother is an Alzheimer's patient who looks up with no recognition on her face as a symptom of the disease. She is positioned as a victim of the disease. In example 33, the narrator's mother refuses to leave her house and determines to stay at home. She is positioned as an agent who makes her own decision.

6.1.4.2.4 The verbal process

The verbal process, which is used 11%, is the fourth frequent type of process.

Examples:

34- One day my wife **complains** to me about this bad headache that she had for three days. She **called** it the headache of her life (TED, 2019a).
35- He **turned the question to me** "How did you feel when you learned I have dementia?" (McCaffery, 2022).

In example 34, the narrator's wife complains about her bad headache before she gets a stroke. In example 35, the narrator's husband asks her how she feels when she knows that he is diagnosed with dementia. The care receivers are positioned as victims of disease. It is noteworthy that all the above processes are grounded both in the present and the past tense; to become more persuasive and impressive, narrators speak about their past experiences as conceived reality. These past experiences act as

a reference point to allow the hearers to access the narrative events. They also use the present tense as an immediate reality to show how much they are affected by their experiences and to give advice to the readers/hearers.

6. 1.5 Modality

From a cognitive perspective, modality is the second type of clausal grounding and it reveals the narrators' attitude towards the potentiality of the event and the caregiving as the main theme of the narratives.

Table 7: Types of Modality

Epistemic Modality	Dynamic Modality	Deontic Modality	Boulomaic
51%	30.5%	16%	2.5%

6.1.5.1 Epistemic modality

Epistemic modality is the most frequent type of modality. It is used 51% and it is concerned with degrees of certainty and possibility of the narrators' propositions.

Examples:

36- Love **could** cure cancer (TED, 2019a).
37- People **would** say aren't you good to take care of your father? (Goldman, 2002).
38- I **might have** even died before my wife **would** have (TED, 2019a).

In example 36, the narrator, whose father is a cancer patient, is positioned as an experiencer who loves her father to the extent that she thinks that this love could cure cancer (positioning level 1). She uses 'could' which indicates a median degree of possibility because she is not quite sure of that. Here we have the identity space of 'difference'; most caregivers believe that visiting doctors and giving patients their medications regularly can cure the diseases. In example 37, the narrator, whose father was very old and needed help, moved to live with his father lest people would say 'aren't you good to take care of your father'. He uses 'would' which indicates a median degree of possibility because he predicts that people would say so. This means that he does not do this out of love or duty (positioning level 3). He is positioned as an agent but with negative motives. Hence, we have the identity space of 'difference'; caregivers usually do this out of love and duty. In example 38, the narrator, whose wife had a stroke and was paralyzed, said that if he had not learned to become selfish, he might have even died before his wife would have (positioning level 3). He is positively positioned as an agent.

He uses 'might' which indicates a weaker degree of possibility because this is unlikely to happen and it is considered as an exaggeration. In this example, we have the identity space of 'change'; the narrator has changed from being passive in dealing with caregiving problems to being agentive and solves his problems. These epistemic modal verbs are based on the image schema of FORCE (COMPULSION) where one entity exerts a force on another entity.

6.1.5.2 Dynamic modality

The Dynamic modality is the second frequent type of modality. It is used 30.5% and it is concerned with aspects of ability of both the caregivers and the care receivers.

Examples:

39- She **couldn't** lay down at night and there was cancer in her lungs (Goldman, 2002).
40- Paul **could** no longer remember how to use a phone (Bertlod,2022).
41- She still **can't** talk, but she can communicate (TED, 2019a).

In example 39, the narrator explains why her mother- in- law couldn't lay down at night because she has lung cancer. In example 40, the narrator, whose husband suffers from dementia, says that her husband could no longer remember how to use a phone. In example 41, the narrator, whose wife has a stroke, explains that she can't talk but she still can communicate. These examples reveal that the narrators focus on the negative effect of the various diseases on the care receivers and on how severe their illnesses are. They also show how much caregivers can suffer when they give care to the patients. The Dynamic modals of disability 'can' and 'could' are based on the image schema of FORCE (ENABLEMENT), where the entity has the physical or metaphorical power to perform some act, an ability which the patients lack.

6.1.5.3 Deontic modality

The third frequent type of modality is deontic modality that is used 16%. It is concerned with aspects of obligation and permission of the caregivers.

Examples:

42- I think you **have to** live while you are caregiving (Goldman, 2002).
43- Caregiving **must** never become a burden (Goldman, 2002).
44- Caregivers **must** be selfish to survive (TED, 2019a).

In example 42, the narrator whose mother- in- law is a cancer patient, tells her husband that he is obliged to live while taking care of his mother and that they must not be fully dedicated to caregiving. This implies that the narrator's husband is fully dedicated to his mother (positioning level 1). In this example, we have the identity space of 'sameness'; the narrator is similar to all caregivers who are fully dedicated to serving their patients. In example 43, the narrator, whose wife is an Alzheimer's patient, tries to cope with caregiving and always feels proud of his sick wife and advises the audience to cope with caregiving which must never become a burden (positioning level 2). In this example, we have the identity space of 'difference'; the narrator is different from most caregivers who do not feel proud of their patients and consider caregiving as a burden. In example 44, the narrator, whose wife has a stroke, goes into utter despair over what his wife passes through. Then he finds a way out to become a little bit selfish and advises the audience, the caregivers, that they must be selfish to survive (positioning level 2). In this example, we have the identity space of 'difference'; the narrator is different from most caregivers who are usually self-sacrificing. These deontic modal verbs of obligation, 'must' and 'have to', are based on the image schema of FORCE (COMPULSION). Hence, the obligation in the above examples is very strong.

6.1.6 Positioning frequencies

Table 8: Levels of positioning

Positioning level	Level 1	Level 2	Level 3
Frequency	40%	6.5 %	53.5 %

From table 8 above, it can be concluded that the identity of the narrators is constructed through the three levels of positioning 1, 2, and 3. The most frequently used level is level three (3) which is used 53.5 %. In this level, the narrators position themselves to themselves. They identify themselves and speak about their own experiences. The second frequently used level is level one (1) which is used 40%. In this level, the narrators position themselves in relation to their patients. The least used level is level two (2) which is used 6.5%. In this level, the narrators position themselves vis-à-vis their audience and this is quite evident in TED narratives in which the narrators speak about their own experiences on stage and give advice to their audience. In these three levels of positioning, the narrators positively position themselves as agents (66.5%) who speak about the effort they exert to take care of their

patients. They also negatively position themselves as victims (20%) who speak about how much they suffer during the experience of caregiving. Finally, they position themselves as experiencers (13.5 %) who express their feelings towards their patients and their determination to change their lives. This is shown in table 9.

Table 9: Narrator's role

Narrator's role	Agent	Victim	Experiencer
Frequency	66.5%	20%	13.5%

6.1.7 Identity frequencies

Table 10: Identity practices

Identity practices	Agency vs Passivity		Sameness vs Difference		Constancy vs Change	
Frequency	3.5%	6.5%	3.5%	26.5 %	0%	20 %

In their narratives, the narrators do relational affective identity work using the three kinds of navigation practices; sameness versus difference, agency versus passivity, and constancy versus change. The most frequently used identity space is 'agency' which is used 33.5%. Caregivers are identified as responsible agents who take care of their patients, but, in the meantime, they are burnt out. The second frequently used identity space is 'difference' which is used 26.5 %. Some caregivers define a sense of self as different from others. They are not overwhelmed by caregiving and they advise others to change and think of themselves. Other caregivers complain from being ill-treated by physicians and specialists, which is not the norm with all caregivers. The third frequently used identity space is 'change' which is used 20%. Some of the caregivers have undergone some change and become a different and new persona. They change from being helpless, desperate, and passive, resulting from their hard experiences, to being strong, resistant, and agentive. They start to be a little bit selfish and think of themselves to be able to care for their patients. The fourth frequently used identity space is 'sameness' which is used 13.5%. Some caregivers focus on how they are similar to others in taking care of their patients and they speak about the daily chores they use to do. The least frequently used identity space is 'passivity' which is used 6.5%. Very few numbers of caregivers in the data under investigation render themselves as passive characters who cannot take care of their patients and deserve blame.

6.2 Text as a cognitive structure

Bamberg (2012) maintains that labov's (1972) narrative units are reflections of an overall structure that organizes the narrative components from the top to the bottom representing conceptual units. By applying Labov's (1972) narrative structure model to the fifteen narratives, the following results are obtained.

Table 11: Elements of narratives

Abstract	Orientation	Complication	Evaluation	Resolution	Coda
8%	8%	16%	47%	10%	11%

From the above table, it can be concluded that the six elements of the narrative are found in all the narratives under investigation. It is noteworthy that 'evaluation' is the most frequently recurrent element because, as highlighted by Labov (1972, p.366), "it is the means used by the narrator to indicate the point of the narrative, its raison d'être". Moreover, the 'coda' is extensively used in the narratives because the narrators usually give an advice to the audience/readers in several parts of the narrative which is not the norm in other types of narratives where they usually insert the coda at the end of the narrative to return to the speech time (the present). A full analysis of a whole narrative is introduced as a sample of all the narratives.

The analyzed narrative (TED,2019a) has two main characters: the narrator and his wife who has got a stroke and is paralyzed. The narrative starts with nine free clauses that give an idea about the topic of the narrative and might be considered as a kind of preparation to what follows but not a summary. These free clauses are followed by the 'abstract' that briefly summarizes the story and directly introduces the main theme of the narrative, i.e.: caregiving. The narrator gives an advice to the audience; "caregivers need to learn how to become selfish if they want to survive." The 'abstract' is followed by the 'orientation'. It introduces the two main characters of the narrative and their relationship, the time, the place, and the situation. "My wife, Charlene, and I had a fairy tale story book, romance courtship, and marriage. For the first 21 years of our lives together, we were in love with each other so much. I just know I had to marry this girl before she got away." The narrator has been married to his wife for 21 years now. They were in love with each other and they got married. The 'orientation' is further elaborated, and this represents background information about the narrator's family. The situation is revealed in showing how he and his wife raised their three daughters and got them married twice. When he and his wife start to enter into the emptiness phase of life and do whatever they want whenever they

want, his wife complains about a bad headache that she called it the headache of her life. The first complication (complication 1) starts here with a turning point. His wife suffers a massive stroke that left her severely speech impaired and paralyzed on the right side. "One day my wife complains to me about this bad headache that she had for three days. She called it the headache of her life that just wouldn't go away … My wife had suffered a massive stroke". The narrator then provides the first evaluation (evaluation 1) revealing his new role as a caregiver. "In that moment I was no longer just her husband, I was now her husband and caregiver". Then he provides the second evaluation (evaluation 2), "the next two years was like living hell for both of us". The coming four clauses represent the resolution (resolution 1) to the complication, "I quickly learned that if I didn't become selfish there was no way I was gonna make this thing" and if he had not become selfish, he could have ruined his health and might have even died before his wife. The narrator then provides an evaluation (evaluation 3) to reveal his feelings, "I started feeling guilty all the time". He feels that he shouldn't be thinking of himself but he realized that this does not necessarily mean that he deserves it.

The narrator then provides the second complication (complication 2). He didn't receive any help and he didn't ask for it; "I was always never getting any help but worse than that it was because I couldn't even ask for help, I just had it in my mind." He provides new evaluation (evaluation 4) and reveals his feelings towards this problem; "If I couldn't do this all by myself, I was a failure as a caregiver." He also feels isolated hopeless and helpless as his friends stopped calling him; "It wasn't long before I started feeling these isolation feelings like I was alone in the world." The resolution (resolution 2) of this complication is introduced in the following few clauses. "Thanks God that somebody invited me to a caregiver support group. I didn't know what that was but I was desperate so I went and everything changed for me". He learnt there how to become selfish to be able to survive and to be able to take care of his wife. "I had to learn that if I didn't become selfish, there is no way I was gonna survive this and if I didn't survive who was gonna take care of Charlene" In the following clauses, the narrator provides another resolution (resolution 3); his wife now is doing well. She manages to overcome the grief process and to accept her health condition and starts to communicate non-verbally. Her husband brings her a power chair and "she got to go wherever she wants. Now that has been all over the world with me." This resolution is followed by another evaluation (evaluation 5) that reveals

the narrator's new feelings; "She's my hero, I am so proud of her … because of Charlene, I can now help other caregivers stay alive and stay healthy". Dave's attitude towards his wife's illness and caregiving has changed drastically. He is now proud of her and can help other caregivers to stay alive and healthy.

The last clauses of the narrative represent the coda (coda 1) where the narrator returns to the present "If every caregiver can learn to become selfish in order to survive and if they can really do that, they will become stronger, healthier, and happier not only in their caregiving responsibilities but in everything that they strive for in life." The narrative ends with this coda of four clauses where the narrator gives his final thought on caregiving in the form of an advice to help the audience change their attitude towards caregiving.

Finally, Bamberg's cognitive based approach is used to investigate cohesion and topical coherence of the caregiving narratives that render the text more persuasive and enable the hearer/reader to interpret events and experiences better. Moreover, the six elements of the narrative are found in all the narratives which render the narratives topically cohesive.

7. Conclusion

Cohesiveness is created in the narratives through the use of references in which the pronoun 'I', typical of personal narratives, is used 41%. Hence, the narrator positions himself/herself as an agent. Moreover, the cohesive flow of the participating characters is indexed by the shifts between the subject pronouns and the object pronouns. From a cognitive perspective, cohesiveness is attained by the use of the nominal grounding element of the definite article. It makes the reader/hearer feel close to the story narrated and can easily focus on the entities that are profiled in each of the nominals. Most of the nominals grounded by the definite article activate the frame of family caregiving. On the other hand, the indefinite article introduces new ideas related to family caregiving to the ground. Hence, creating cohesiveness in the narratives enhances the reader's interpretation of events and experiences. Moreover, demonstratives as overt nominal grounding elements, are used by speakers/writers to direct the listeners/readers attention to a specific referent that is present in the discourse context and in our narratives, it is family caregiving. Again, this creates topical cohesiveness and reveals the main theme of the narratives which is family caregiving.

On the macrolevel of analysis, topical cohesiveness is attained through Bamberg's cognitive based approach. Labov's six elements of the narrative, which Bamberg uses, are found in all the narratives which render the narratives topically cohesive. Evaluation is the most frequently recurrent element to indicate the point of the narrative. What is remarkable about caregiving narratives is that the coda is extensively used because the narrators usually give advice to the audience/readers on how to deal with caregiving. First, caregivers should consider caregiving as a gift. Second, they need to learn how to become a little bit selfish if they want to survive.

Transitivity analysis, clausal grounding, Bamberg's notion of identity, and his three levels of positioning are used to reveal how the narrators (the caregivers), construct their identities and position themselves. Past tense which is the normative narrative strategy, is used 56% while the present tense is used 44%. Grounding the processes in the past tense makes them accessible as conceived reality and helps the narrator to locate the reader within this time frame. On the other hand, the present tense shows that the tense of the moment of speaking (speech time) is equivalent to the time of the event (event time). Hence, the processes are grounded in the present tense as an immediate reality to direct the reader's attention to the coda of the narrative. Through transitivity analysis and clausal grounding, we can see how the narrators position themselves and construct their identities in the narratives. Positioning level 3 is the most frequently used level in which the narrators position themselves to themselves. This is quite clear in the material processes when they speak about their daily chores. In these processes we have the identity space of agency. Positioning level 3 is also quite evident in the mental processes when the narrators express their feelings; they feel guilty, angry, irritated and sad. They are positioned as experiencers who suffer from these feelings and at the same time are positioned as victims of caregiving. Hence, they have the identity space of passivity. Later on, caregivers try to resist these sad emotions and sense of guilt. They realized that by expressing their feelings and becoming a little bit selfish, they are not violating the caregiving code. Hence, they have the identity space of 'change'. They changed from being passive to being agentive. It is noteworthy that the mental processes are grounded in both the past tense and the present tense as they moved from narrating their past experience to expressing their present feelings to persuade their audience. Narrators also use the relational process to give themselves attributes showing the various roles they play. As for modality, the clausal

grounding element, the epistemic modality is used to reveal how certain the narrators are about their ability to change. Positioning level 1 is the second frequently used level in which the narrators position themselves to their patients. This is clear in the material processes to show the physical effort they exert to take care of their patients. Thus, they positively position themselves as agents in relation to care receivers. Hence, we have the identity space of 'agency'; Narrators shoulder full responsibility. They also use the mental processes to express their feelings towards their patients and to show how exhausted they feel. Here, we have the identity space of 'sameness' as most caregivers have similar feelings. As for modality as clause grounding element, the narrators use epistemic modality to express what they believe can do to help their patients and the degree of their certainty. Hence, they are positioned as experiencers who reveal what they believe. The narrators also use deontic modality to express what they should do to their patients. They are positioned as agents.   Here, we have the identity space of 'sameness' as most caregivers are obliged to take care of their patients. Positioning level 2 is the third frequently used level in which the narrators position themselves vis-à-vis their audience and this is quite evident in the TED narratives in which the narrators speak about their own experiences on stage and give advice to their audience. The narrators use the verbal process to address their audience and advise them to consider the caregiving journey as a chance to transform their characters. In addition, they use the deontic modality to direct their audience to become a little bit selfish. Here, we have the identity space of 'difference'; they are different from most caregivers who are usually self-sacrificing. It is noteworthy that the processes are usually grounded both in the present and the past tense. To become more persuasive and impressive; narrators speak about their past experiences as conceived reality. These past experiences act as a reference point to allow the hearers to access the narrative events. They also use the present tense as an immediate reality to show how much they are affected by their experiences and to give advice to the readers/hearers.

The second main character is always the care receiver who can be a wife, a husband, or a parent. From the transitivity analysis, it can be concluded that the material process is the most frequently used type. It is used 46%. It reveals how the care receivers physically suffer from their illness and it shows how they were active before they became ill. This reveals the efforts caregivers do to take care of their patients. Hence, they are positioned either as agents sharing everything with the caregivers or as victims of diseases. The relational process is the second frequent type

of process. It is used 26% and it either names the patients' illness or it describes their sufferings during their illness. Hence, positioning them as victims of their diseases. The mental process is the third frequent type of process and is used 23%. It either describes the mental status of the care receivers or what they like during their illness so they are positioned as either victims of the diseases symptoms or as agents who have their own preferences.

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