

Gender, power, and face in nursing communication: A sociolinguistic analysis of speech events in a Japanese healthcare manga series

Rieko Matsuoka¹ Keiko Okabe² Gregory Poole³

1 National College of Nursing, Japan : 1-2-1 Umezono, Kiyose-shi, Tokyo, 〒 204-8575, Japan

2 National Cancer Center 3 Doshisha University

matsuokar@adm.ncn.ac.jp

[Abstract] This article addresses the ways in which gender is projected in the communication events of manga discourse, with a particular focus on nurses. Descriptions of the origin of nursing illustrate that being a nurse implies being a mother, a female parent (Osler 1932, 1961), and that both etymologically and culturally the profession is closely related to femininity (Jones 1988). In the Japanese healthcare context, nurses are 95% female.

In the popular imagination a kangofu (nurse, literally “a lady who cares for others”) is a motherly “angel in white.”

The purpose of this study is to explore these socially embedded images as expressed in manga discourse. The data were collected from the Japanese manga series entitled “Nurse Aoi,” popularized as a television series in 2006. Volumes one to twenty, consisting of 182 episodes, were used for this study.

After examining 3,792 pages containing these episodes, five communication events that included derogatory utterances directed towards the young Nurse Aoi were selected for in-depth micro-level analysis from three perspectives— gender, power, and face. The first event is a face-to-face interaction with a director of internal medicine, the second is a face-to-face interaction with two patients, the third and fourth are telephone interactions with a medical doctor, and the fifth event examined is one in which Nurse Aoi’s brother acts as interlocutor.

The interactions in these events project either directly or indirectly a gender issue related to the occupational hierarchy of nurses and doctors, orchestrated through the frames of power and face. These communication events also suggest that power relations motivated by gender are based on each actor’s performativity and positionality of identity, intertwined with the societal expectations of healthcare occupations. In conclusion, derogatory phrases generated from macro-societal power relationship can be interpreted as both gender and occupational bias.

[Keywords] gender, manga discourse, power, face, nursing

Introduction

The 1989 British film *Scandal* is a fictionalized account of the Profumo Affair of 1963. The female protagonist is young and beautiful but totally lacking in social prestige. On the other hand, the main male characters are older and socially very powerful. John Profumo, in particular, enjoys one of the top positions in the British government as the Secretary of State for War. The power differential of the characters in this movie exemplifies a stereotypical societal image representative of gender bias. Beliefs surrounding gender are societal constructs — “man” and “woman” do not represent scientific, objective “fact,” but rather community norms (Tanesini, 1994). Studies of nursing experiences show how in the healthcare community, gendered discourse reveals norms that reinforce the silent oppression of nurses (Ceci, 2004).

In healthcare settings in Japan, 94.9 % of all registered nurses are female (Ministry of Health, Labour, and Welfare, 2010). Though there was a slight increase in the number of male nurses after the airing of the popular TV drama “Nurse-man,” as recently as 2001 the percent stood at only 4.2 (Ministry of Health, Labour, and Welfare, 2010). The small number of men in the nursing profession is not unique to Japan. In the UK, for example, male nurses have seldom exceeded ten percent of the profession (Whitlock, 2003). Indeed, as pointed out by Jones (1988), the origin of profession itself is closely related both etymologically and culturally to femininity or the female sex. Osler (1932, 1961), known as a father of medicine, also states that the origin of nursing dates back to the time when mothers cooled their feverish children using cold river water. Among other researchers on feminism in nursing (e.g., Ekstrom, 1999; Falk Rafael, 1996; Orr, 1989; Pannowitz, 2008, 2009),

Chodorow (1978, 1989) maintains that unlike boys, girls emerge from early stages of development with the socio-emotive construct of “empathy” built into their primary definition of self, reinforcing the theory that nursing is gendered as a feminine profession.

In the Japanese context as well, Naito (1994) maintains that femininity is represented as loving, faithful, sympathetic, ardent to heal hurt feelings, and having a motherly instinct toward the weak, which are all desirable qualities for nursing. Accordingly, as Muff (1982) suggests, social issues involving the nursing profession are largely issues of gender. A strong association of femininity has generated the representation of the nurse as a gentle “angel in white” and this has led to socially embedded images.

In terms of gender discrepancy, Japanese society is often characterized as male-dominant, influenced by a Confucian philosophy that instructs wives to follow their husbands with loyalty—“*yamato nadeshiko*” is the personification of an idealized woman in such a patriarchal society. However, in western studies on nursing as well, as Cummings (1995) argues, gender socialization of American nurses mirrors the socialization of woman, and gender differences related to power are of course apparent in healthcare organizations in the States. Although there is an active feminist movement in Japan (e.g., Ueno, 1994; Kobayashi, 2004), there still exists a substantial gap between societal perceptions and expectations of males and females, as indicated in the Saft and Ohara (2009) study of adultery, for example.

Building on such past research into gendered notions of the nursing profession in general and in Japan in particular, the research presented here further explores through the examination of manga how the socially-embedded perceptions of nurses are not only related to gender, occupational, and hierarchical power but are also constructed in face-to-face or telephone interactions in healthcare settings.

Methodology

Data collection

Manga in Japan

According to the Oxford Dictionary of English (2003), “manga” is defined as “a Japanese genre of cartoons, comic books, and animated films...,” and as pointed out in prior studies (Matsuoka, Smith, and Uchimura, 2009; Matsuoka and Poole, 2010), manga in Japan belongs to a different genre from that of comic books in western countries, with regard to both form and function. For this reason the indigenous label, manga, will be

used in this article in order to distinguish this literature from the more general category of “comic books.” Manga can be regarded as “graphic novels” and Natsume (2004), the grandson of the literary figure of Natsume Soseki, established *manga-gaku* (literally “the study of manga”) as an academic field. Some manga address healthcare. The main characters are usually doctors or nurses. Such comics have been popular in Japan and the genre of *iryō-manga*, or “healthcare manga,” is well established. Tezuka Osamu, widely regarded as an important figure in manga, was a medical doctor and wrote “Black Jack,” the first officially recognized medical or healthcare comic story in the 1970s. It has become commonplace for healthcare comic books to be supervised by healthcare professionals (Todai Byoin kanshū *iryō-manga*, 2007), which is in salient contrast to negative nursing images generated by American mass media (Darbyshire and Gordon, 2005).

Recently, obtaining raw data from healthcare sites such as hospitals has become increasingly difficult due to the strict code of ethics for protecting the rights of patients. Since manga are published for public consumption, the use of this data source requires neither approval from ethical committees nor informed consent paperwork. Manga, with speech-balloons accompanied by pictures, can be analyzed as a “spoken” data, of sorts. Compared with foreign comics, manga have fewer words or lines, emphasizing instead the unspoken forms of communication that are a ubiquitous feature of all actual speech, with abundant graphic images expressing non-verbal and paralinguistic communication behaviors, especially important to the so-called “high context” communication style of Japanese (Hall, 1977). Though manga authors in general attempt to present a reasonable reflection of the real world, their writing is of course fictional and so may be exaggerated. Even so, Maynard (2004, 2008) lists manga or comic books as a legitimate genre for data in discourse analysis. In prior studies of discourse analysis in Japanese, in fact, manga have been used as effective source material for analyzing feelings and emotivity (Maynard, 2005). In healthcare studies, attitudes towards smoking have been analyzed and discussed using manga as data (Kawane, Watanabe, & Takeshita, 2007).

Data

The manga series entitled “Nurse Aoi” was selected as the data for this present study out of a number of possible series. Based on Okabe’s research (2009) on gender in three healthcare manga series focusing on nursing, “Nurse Aoi” provides the most scenes of gender bias out of three series: “Nurse Station”

(Shimazu, 1997-2002), "Otanko-Nurse" (Sasaki, 2000 & 2001), and "Nurse Aoi" (Koshino, 2004-2007). Okabe argues the differences may be because of the enactment of the "Revised Equal Employment Opportunity Law of 1999" and the subsequent change of the official title of "nurse" from *kangofu* to *kangoshi* in 2002. The suffix of "*fu*" indicates "lady, or woman," whilst that of "*shi*" is gender neutral. Ichinogawa (2002) points out the older version of *kangofu* evidenced the socially embedded power relations demanding nurses to be obedient to men. Of the three popular series, only "Nurse Aoi" began publication after this law and name change was enacted; male nurses appear only in "Nurse Aoi".

The series of "Nurse Aoi" was originally published in the weekly comic book "*Morning*" consisting of a compilation of manga series. The series gained in popularity and was independently published in book form beginning in 2004. "Nurse Aoi" has presently reached 31 volumes, the most recent coming out in August 2010. In 2006, "Nurse Aoi" was televised as a TV drama series and the average viewing rate of the twelve shows was 14.18% (ARTV, 2010).

Koshino Ryo, the author of this series has never worked as a nurse. However, he conducted interviews with nurses in order to acquire the resources for this manga series and to check the contents of his manga so that each fictional episode might be based on some reality. Partly because of this, technical healthcare terms appear in each episode, and the glossary at the end of every volume is helpful for general readers.

The main character, Misora Aoi, is twenty-four years old and came to work at the local hospital from a large-scale major hospital after violating the law prohibiting nurses from making incisions, even though her emergency operation saved a patient's life. She finished three years of nursing school and when she was 21 years old she started to work as a nurse, meaning at the time of the manga series she has three years of experience. She is from a rural area in Japan and both of her parents are dead. She has one younger brother, who is a baseball player at a high school. Her boss, Nurse Komine, is a single parent who has never been married and often uses the male register in her speech.

Procedure

Out of the 20 volumes with 182 episodes consisting of 3,792 pages, the following five communication events including derogatory phrases were selected for in-depth micro-level analysis. As a result of marking all derogatory phrases and non-verbal behaviors towards a nurse in 182 episodes, eleven scenes

were selected. Eleven selected scenes were classified according to the actors— nurse, doctor, patient, or other party—and derogatory phrases used—*omae*, *kuseni*, *takaga*, and *konna*. Then the final five scenes were selected as excerpts for in-depth analysis. The interactions in these scenes project either directly or indirectly the gender issue related to the occupational hierarchy of a nurse and a doctor, orchestrated with power and face.

Data analysis

The five excerpts are subject to analysis that focuses on three concepts—gender, power, and face. As suggested by Tannen (1986), languages carry polysemy or pluralistic implications and functions, which may make the discourse ambiguous to interpretation. For instance, "thank you," superficially the speech act of gratitude, could in a certain context mean "stop here," the speech act of request. Furthermore, Wittgenstein (cited in Pannowitz, 2008) argues that language is not only embedded in the background social life, but actually forms this life. Therefore, we suppose that in-depth, micro-analysis of the communication excerpts in this nursing manga reveals a social reality in healthcare discourse, even though the social figures are constructed in a fictional story.

Gender

The term "gender" is usually used to refer to the social or cultural aspect of "sex," the biological or physiological distinction between males and females. However, Butler (1990) argues that "sex" and "gender" are not so simply defined. According to her, in addition to social labeling, gender is "performativity", following the notion of Beauvoir's formulation that "one is not born but rather becomes, a woman." This, Butler argues, leads to the distinction between "sex" and "gender", which is that of an identity acquired. "Gender" used here is based on Butler's notion.

Power

The notion of "power" is a socially situated one, following Foucault's concept. According to Foucault (1978), power is the multiplicity of force relations. In other words, "power" is regarded as relative and does not exist alone. In terms of to power in communication, Bourdieu (1991) states that linguistic exchanges are relations of symbolic power. In this article, considering these perspectives, power is the multi-layering of relations actualized in language exchanges.

Face

For the following analysis, besides the main concepts of "gender" and "power", "face" is another important notion.

According to Goffman (1967), face is the self-image that has been established during a person's life history. Face-threatening acts, acts that negatively affect an individual's face, and politeness, the strategy for mitigating such face-threatening acts, are useful concepts to our analysis (Brown & Levinson, 1987). Another sociolinguistic theory we will draw on is the "grand strategies of politeness" employed by Leech (2003, 2005), consisting of generosity/tact, approbation/modesty, obligation, agreement, and feelings.

Findings and Discussion

The first scene is from the first day for Nurse Aoi at the new hospital. She will be introduced to the director of internal medicine, Dr. Hamamatsu, by her boss Nurse Komine. Ms. Komine effects masculinity using a simple male register of language. In a different social setting, conceivably Nurse Komine would use a more formal register of language to introduce Nurse Aoi to Dr. Hamamatsu.

This scene is an event that involves primarily Nurse Aoi and Dr. Hamamatsu, who uses a speech register that effects a superior social position.

Scene 1 1:71-73 (Nurse Aoi and Dr. Hamamatsu)

1. Nurse Aoi: *A. Ohayo gozaimasu.*
(noticing the important-looking doctor is around)
[Oh, good morning sir.]
2. Doctor H: *Umu.* [Oh].
3. Nurse Komine: '*Uchi*' no Naika-bucho Hamamatsu
[Our director of internal medicine, Hamamatsu]
Sonzai-kan mo naiga, kami mo nai.
[(in whisper) He has neither presence of character, nor presence of hair!]
(Looking around, Doctor H noticed Nurse Aoi who looks nervous.)
4. Nurse Aoi (bowing): *Misora to moushimasu.*
[My name is Misora.]
Yoroshiku onegaishimasu.
[It is a pleasure to meet you.]
5. Doctor H: *Ja "omae" de iiya.* [OK, even "you" will have to do!]
6. Nurse Aoi (in shock): *O...* (*Omae?! [to herself, y..you?!]*)
Haa... [Well...]
7. Doctor H: *KOOHII* [Coffee!]
8. Nurse Aoi (still in shock): [.....]
Ha? [What?]
9. Doctor H (looking annoyed): *Kikoenakatta no? KOOHII*
[You could not hear me? Coffee!]

10. Nurse Aoi (exasperated, to herself):
(Koohee wo nani!? Katsura totte atamakara bukkakete yarooka!?)
[Coffee, what!? I'll give you coffee—take off your hairpiece and pour it on your (bald) head is what I'll do, ha!?]
11. Nurse Aoi: *Do...doozo.* [Here you are.]
12. Doctor H: *Umu.* [Yeah.]
13. Nurse Aoi (to herself): (*Irundayona- Kouyuuuyatsu* [There are always some jerks like this.])
(Nurse wa tsuma ya hisho ja naittsuuno! [Nurses are definitely not wives or secretaries!])

Dr. Hamamatsu, the director of internal medicine, speaks impolitely even when Nurse Aoi introduces herself to him in a polite manner as shown in line 4. He does not pay any attention to her self-introduction, and calls her *OMAE* [you], a rude and derogatory form of address, which is normally used for children or adults of a lower social status. Sometimes *OMAE* is used by a husband when addressing his wife in the case of male-dominant couple. *OMAE* is also used by men when addressing partners to show intimacy, derived from a relationship of male dominance and paternalistic or chauvinistic feelings towards their female dates. *OMAE* as a form of address is therefore strongly colored with gender-motivated power projection. The particle *de* following *OMAE* is also derogatory and adds the nuance of being unimportant.

The manner of response, *UMU* in lines 2 and 12, also indicates the doctor's condescension towards Nurse Aoi, a young nurse. Through using this language he exercises "power" towards Nurse Aoi and indirectly Nurse Komine, who is very much accustomed to his impolite discrimination and therefore pays little attention.

In addition to the utterance *OMAE* and the response utterance *UMU*, the manner of request found in line 7 shocks Nurse Aoi and she appears annoyed as well as exasperated. However, on the surface she decides to accommodate this older doctor's request for coffee, as shown in lines 7 and 9. These acts by Dr. Hamamatsu are face-threatening and lacking in politeness as they exercise the symbolic power of being both male and the director of internal medicine.

The second scene is conducted between Nurse Aoi and an arrogant and spoiled patient. Mr. Tamaki is in the hospital for diabetes but in a child-like way he asks Nurse Aoi to bathe him as if he were a patient who cannot move his limbs.

Scene 2 1:172-173 (Nurse Aoi and patient)

14. Patient Mr. Tamaki: *Hiiki da!!* [Not fair!!]
(*Tamaki-san wa tohnyo-byo desu.* [Mr. Tamaki suffers from diabetes.])
15. Nurse Aoi: *Ha?* [What?]
16. Patient T: *Datte acchi-no jiisan zenshin fuiteirunoni ore fuite kurenai jan!!*
[I mean you bathe the old guy over there but not me!]
17. Nurse Aoi: *Datte Tamaki-san hitoride ofuro haireru janai desuka!*
[Because you can bathe yourself, right?]
(*Soreni sonna jikan mo nain dayo.* [Besides, I do not have such a time!])
18. Patient T: *likara fuite yo.* [Just clean me, please.]
Ore datte nyu-in hi haratterun dayo.... [I also pay hospital fees.]
HAKUI NO TENSHI DARO [You are an 'angel in white', right?]
19. Nurse Aoi: (looks astounded)
20. Patient Mr. Kimura: *Oi GAKI!* [Hey, brat!]
Aoi-chan wo komarasun ja ne-yo. [Don't bug Aoi.]
21. Patient K: *Soreni kangoshi-san wa tenshi ja nee.*
[Besides, nurses are not angels.]
Datte shinde naishi. [Because they are not dead.]

In this scene, the patient Mr. Tamaki, who appears to be not very old, is being overly demanding towards Nurse Aoi, the young nurse. Mr. Tamaki started the conversation by saying "hiiki da [not fair]." Presumably he would use the same language towards a veteran nurse such as Nurse Komine. Mr. Tamaki's request for bathing implies the expectation of mothering within the occupation of nursing.

Regarding line 18, Mr. Tamaki exercises "power" by being impertinent through the use of the expression ***likara***. In healthcare settings in Japan, as elsewhere, nurses are at the risk of becoming victims of sexual harassment. The first phase of line 18 might develop into an act of sexual harassment. Here, however, a second patient reprimands the first using humor to "save" Nurse Aoi. The positive language for nurses ***Hakui no tenshi*** [an angel in white] functions here in pluralistic manner. It is, in principle, not derogatory or negative, but can be used to express unwarranted demands, as in this instance. Uttered by Mr. Tamaki, ***hakui no tenshi*** has a derogatory effect as suggested in Darbyshire and Gordon (2005). Whether he intended it as a "compliment" or not is not entirely clear, but of course unrealistic compliments may be face-threatening. The image or expected features of an "angel in white" are "being gentle, compassionate, kind, and generous," which may be effective for

demanding difficult or irrational requests. Here, again, the second patient Mr. Kimura, who later utters nurses are not dead as a joke, blames Mr. Tamaki for being impertinent and for exercising symbolic power towards Nurse Aoi in his assertion of being a fee-paying patient. Even Mr. Kimura's manner of reprimanding Mr. Tamaki, however, can be interpreted as motivated by that fact that Nurse Aoi is a young female nurse. The form of address ***Aoi-chan*** could be viewed as inappropriate in that it is overly intimate. In this scene, power is exercised by gender and features attached to femininity, and money in the form of hospital fees. All these interactions are face-threatening and lack politeness.

The third scene is based on telephone conversation, instead of face-to-face interaction.

Scene 3 2:120-121 (Nurse Aoi and Dr. Tadokoro)

On phone

22. Nurse Aoi: *Misora desu.* [This is Misora speaking.]
Noro-san no koto nanodesuga, fukubu ni shikori ga aruyou desu.
[As for Mr. Noro, there seems to be tension around his abdomen.]
Kensagono masui de ishiki wa hikuinodesuga, hanchoutuu ga aruyouni kanjimasu.
[Because of the anesthesia administered for his examination his level of consciousness is low, but I believe he is in pain.]
Ketsuatsu to shinpaku wa antei shitemasuga.
[But his blood pressure and pulse are stable.]
23. Doctor Tadokoro: *Sorenara toriaezu yoosu wo minasai.*
[In that case, just wait and see.]
Watashi wa isogashiinda. [I am busy, ok?]
Kiruyo. [Let me hang up now.]
24. Nurse Aoi: (**Silence**)
25. Nurse Aoi: (in a serious manner) *Sugu kitekudasai.* [Please come here immediately.]
Jikanga nain desu. [We do not have time.]
Moshi, Noro-san ga 'Senko' dato shitara....
[What if Mr. Noro has a case of perforation....]
26. Doctor Tadokoro: (with grimace) *Nani* [What]
Senko? [perforation?]
27. Patient (company president): *Tadokoro-sensei, nanika attanodesuka?*
[Dr. Tadokoro, did something go wrong?]
28. Doctor Tadokoro: (puzzled) *E!?* [What!?] *Iya iya* [No no]

- Nanimo arimasen yo.* [Nothing has happened.]
Ha ha ha. [Ha, ha, ha]
29. Doctor Tadokoro (to Nurse Aoi): (exasperated)
Watashi wa toriaezu yousu wo miro to ittendayo.
 [I am saying we should wait and see for the present.]
*Nurse no **kuseni** deshobarunjanai.*
 [You are just a nurse, so be quiet.]
 (Doctor Tadokoro hangs up the phone.)
30. Nurse Aoi (shocked): (Silence, hearing the hanging up sound of telephone.)

In this scene, Nurse Aoi noticed a serious error made by Dr. Tadokoro, who usually only cares for privileged patients. Mr. Noro, a pharmaceutical representative, has always treated Dr. Tadokoro as a privileged customer. One day, Mr. Noro was advised to have a thorough medical checkup and blood was found in his stool. The cause was hemorrhoids but in a surgical procedure conducted by Dr. Tadokoro, a polyp is found and removed. However, in doing so the doctor perforated Mr. Noro's intestine causing the patient pain. Even after Nurse Aoi pointed out that there exists the possibility of a gastrointestinal perforation, Dr. Tadokoro took no action. The pejorative word **kuseni** uttered by Dr. Tadokoro should be focused on in this scene. The core function of **kuseni** is as a concession or contrast such as 'despite of', but **kuseni** here implies multiple functions and is often derogatory in usage. Nurse Aoi's comments may have caused Dr. Tadokoro insecurity and so reacts with the comment "you are just a nurse, so be quiet." **Kuseni** here comes from the socially-embedded assumption that doctors are superior in diagnostic skill and that a nurse's role is only as an assistant to the doctor. The form of address **sensei** used by nurses when addressing all doctors of course reflects this assumption even though **sensei** may sometimes be used sarcastically. This word reflects the hierarchy of doctors and nurses, one in which doctors are more knowledgeable. Based on the concept that knowledge is power, doctors are in the position of enjoying "power"; however, doctors with this power may suffer more when they commit any serious error. This utterance **kuseni** implies power generated both from occupational hierarchy and gender to the lesser degree. The utterance as well as behavior by Dr. Tadokoro are face-threatening and lack politeness.

The fourth scene is the continuation of scene 3, and Nurse Aoi tries to persuade Dr. Hamamatsu and other doctors to help her out with Mr. Noro's case.

Scene 4 2:124-125 (Nurse Aoi and Drs. Hamamatsu, Takagi,

- and Kurusu)
31. Doctor Hamamatsu: (silence but looks puzzled.)
32. Nurse Aoi: (seriously) *Sensei!!* [Doctor!!]
33. Doctor Hamamatsu: *Datte akumade tantou wa tadokoro-sensei desho.*
 [You know, Dr Tadokoro is his attending doctor anyway.]
CT no kensa datte tantou-sha no shiji nashini katteni yattara shitsurei desho.
 [It is rude to give a CT exam without his permission, isn't it?]
34. Doctor Kurusu: *Soreni onaji naika demo senmon wa chigau.*
 [Besides, we all have different specialties even in internal medicine.]
Koko wa daigaku no youni ikyoku ga naikara senmon gotoni kojinde sekinin wo motte kanja wo tantou surukoto ninatte irundesu ne.
 [We here do not have sectional departments like university hospitals, so each individual doctor is supposed to take care of his patient according to his specialty.]
35. Doctor Takagi: *Hetani shinsatsushite makikomarerunowa gomen dashi, kanja nimo yokunai koto da.*
 [I would like to avoid being involved in this case as there is the possibility that my examination would not be accurate. It is not fair to the patient.]
36. Doctor Hamamatsu: *Tadokoro-kun wo yobushika naidesho.*
 [The only thing we can do is to call Dr. Tadokoro, I guess.]
Boku-tachi mo kakawaruhodo hima janaishi, izurewa gekano shochi mo hitsuyouni nattekuru daroushi.
 [We are not that free to be involved in this case, and also the surgical treatment will be necessary eventually.]
37. Nurse Aoi: *Sorenara, jikan mo nainode, sensei kara geka no sensei ni tanonde moraemasen ka?*
 [In that case, we do not have much time, so would you ask the surgeons to take care of this case?]
38. Doctor Hamamatsu: *Nande boku ga geka ni atama wo sagenakya nannai no?*
 [Why on earth do I have to kowtow to the surgeons?]
Soremo tanin no misu de dayo?
 [And this is someone else's error?]
39. Doctor Kurusu: *Kareni hetani kuchi wo dasuto, wareware no chiryouhoushin nimo kuchi wo dashikanemasenkara ne--*
 [Well, if we should intervene carelessly, he will likely retaliate by interfering with our treatment policies--]
40. Doctor Takagi: *Hontou kare puraido takai kara.*
 [You said it. He is really proud of himself.]
41. Doctor Kurusu: *Nurse **nanka** ni katteni shindan*

sarechattara, kare mo tachiba naiyone!

[He will surely lose face if **merely** a nurse makes the diagnosis, right?]

42. Nurse Aoi: (in a big voice)

Sensei, *chotto matte kudasai.*

[Doctors, please wait.]

Jikan ga nain desu. [We do not have much time.]

43. Doctor H: *Sonnani bokura wo semeraretemo komaru.*

[Stop blaming us.]

In the similar way of *kuseni* in the previous scene, *nanka* in the line 41 functions in a derogatory way. Compared with *kuseni*, *nanka* does not imply concession or contrast, but can be used in a self-degrading fashion when the speaker wants to appear humble, for instance. This word not only reveals the weaker position of nurses, but also shows how doctors' use their position of power when dealing with nurses. This power is derived in this case from both occupation and gender. This single word can work as a face-threatening marker and lacks in politeness.

In an ethnographic study based on actual narratives of the nurses, Pannowitz (2008, p.363) provides an excerpt from a nurse saying that she does not want to be in conflict with medical staff. The female nurse in Pannowitz' study wishes to collaborate with the other medical staff and so must gauge how to do this in a non-conflicting fashion. In this scene, Nurse Aoi has raised her voice in order to save the patient, even at the risk of confronting the medical doctors, until one of the doctors used a derogatory phrase *nanka*. Different from the actual voice from an existing nurse in Pannowitz' (2008) ethnographic research, the present data of manga discourse is fictional, and the main character, Nurse Aoi, is described as an ideal nurse who is willing to sacrifice herself in order to save her patients though she makes mistakes. Notice that the excerpts for analysis are from the earlier part of the series as Nurse Aoi has succeeded in developing a good relationship with medical staff through these difficult communications, projecting subjectivity of positionality that is motivated by gender and power in terms of macro-level hierarchy.

The last excerpt for this article is between Nurse Aoi and her younger brother, following his observation of what his sister is doing.

Scene 5 4:152-153 (Nurse Aoi and her brother, Souta)

44. Patient Mrs. Nishida: (desperately)

Hontou no koto itte kudasai, Sensei. [Doctor, please tell me

the truth.]

45. Patient Nishida: (with sad eyes) *Watashi no byouki mou wakatterundesho!?*

[You know my illness already, right?]

46. Doctor Etoh: (embarrassed) *Hai, a iya* [Oh, yeah, no...]

(While Dr. Etoh is struggling with Patient Nishida, Nurse Aoi is going to leave the room.)

47. Nurse Aoi: (in a whispering voice) *Shitsurei shimashita.* [I must be going now.]

48. Doctor Etoh: (running from the patient): (with tears in his eyes)

Sonoken ni tsuite wa Misora-san (Nurse Aoi) ni itte arimasunode kanojo kara kiite kudasai!

[Regarding that matter, I told Ms. Misora about that, so please ask her!]

49. Nurse Aoi: (surprised) *E?* [What!]

(From outside the room Nurse Aoi's brother Souta sees his sister Aoi lowering her head and explaining the situation to Patient Nishida)

50. Souta: (exasperated) *Bakkamitei-* [It is just silly]

Anna WAGAMAMA na isha to kanja ni HEKOHEKO shitesa-

[Why do you have to be so obedient to these selfish doctors and patients?!]

Sassato yamechaeba? Konna shigoto.

[Why don't you just up and quit this job?]

(Nurse Aoi looks sad hearing this.)

51. Nurse Aoi: *Onaka hetta ne-* [Aren't you hungry?]

Nani tabetai? [What do you want?]

Tsukuru karasa. [I will cook it for you.]

52. Souta: *Gaishoku de iiyo.* [Let's eat out.]

Ne-chan no meshi wa mazui kara. [Your cooking is terrible.]

Konna in the line 50 functions pejoratively in a fashion similar to that in scene 3 and 4.

Nurse Aoi's brother uses language in a sarcastic manner. Even if he suggests that his sister quit her job, his real thoughts may be more sympathetic. He may feel that nursing is too demeaning for his well-meaning sister who is not good at avoiding difficult situations. *Konna* qualifies the job of nurse as lowly and enhances the value of his sister Nurse Aoi, who he thinks needs not be engaged in such employment. *Konna* can be used both negatively and positively as a marker of emphasis, and here on the surface it is used negatively. However, it is possible to use this same word in another way, such as "*Konna taihen na shigoko yoku yatterune.* [You are great at doing **such** a difficult

job.] The following interaction seems to be done in the similar way; that is, on the surface, what her brother Souta is saying is scornful, but it is also possible to interpret his utterance as thoughtfulness. Such micro-level, face-to-face interactions construct macro-level, socially-embedded practices of gender and power inequity.

Concluding Remarks

Through the excerpts given above, the present study suggests that power relations motivated by gender are intertwined with the status of both nurses and doctors in the society. That is, macro-level societal expectations are actually constructed through the performativity of face-to-face micro-level interactions. This is in contrast to Waugh's study (2010) which suggests that face-to-face interaction merely contributes to the construction of power and identity. The communication events evolve based on each actor's performativity and positionality of identity, one that is strongly affected by the gender and occupation of the interlocutors as suggested in Vickers and Deckert (2010). Derogatory expressions generated from macro-societal power relationship can be interpreted as both gender as well as the face-saving strategy of politeness. The insulting or derogatory language observed in the interactions exposes the socially-embedded identity of gender and occupation, and constructs the communication.

Though these data from fictionalized language in Japanese manga may represent exaggerated cases of interactions between a young female nurse and older doctors and patients, we argue that the features presented here may well reflect real problems in communication in healthcare settings. However, future studies drawing on actual data from real healthcare settings are necessary in order to both confirm the transferability of the findings in this present study as well as to more precisely analyze the face-to-face, micro-level interactions that work to construct, on a macro-level, socially-embedded notions of gender, power, and face.

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看護コミュニケーションにおけるジェンダー、パワーおよびフェイスの研究：

日本の医療マンガにあるスピーチイベントの社会言語学的分析

Rieko Matsuoka¹ Keiko Okabe² Gregory Poole³

1 国立看護大学校 2 国立がん研究センター 3 同志社大学

【要旨】 本稿は看護師に焦点を置きつつ、ジェンダー観が漫画ディスコースのコミュニケーションにおいてどのような形で表出されているかについて論じる。看護職の起源に関して Osler (1932,1961) は、女性の親つまり母であることを含有していると述べている。実際、Jones (1988) が指摘するように、看護の起源は語源的にも文化的にも生物学的な女性性と深く関係している。日本の医療現場では男性看護師は僅か5%ほどであり、女性性の強いイメージは看護師が常に優しいことを要求する「白衣の天使」というものに表出されている。本研究の主要な目的は、漫画ディスコースにおいて表現されている、これらの社会的に刷り込まれたイメージを探求することである。データは、「ナースあおい」というタイトルの日本の漫画シリーズから収集した。この漫画シリーズは多くの読者に読まれテレビドラマ化されたほどである。182の挿話からなる1巻から20巻を本研究対象とした。これらの挿話を構成する3,792ページの内容を精査したうえで、ジェンダー、パワー、およびフェイスという3つの概念を用いてマクロレベルで解析する対象として5シーンを選択した。1つ目は内科部長との関わりで、2つ目は患者との関わり、3つ目と4つ目は、医師との電話でのやりとりで、5つ目は弟とのコミュニケーションである。これらのコミュニケーションの相互作用が、「力関係」や「フェイス」と統合的に作用しながら、看護師と医師といった職業的ヒエラルキーと関わるジェンダー問題を直接あるいは間接的に表出していた。また、マクロレベルの社会的構造における職業と絡み合ったジェンダー観に誘発された力関係が直面したマイクロレベルの相互関係に組み込まれていることが示唆されている。登場人物のジェンダーもしくは職業に影響されたアイデンティティの遂行性や立位置に基づいて、コミュニケーションのシーンが構成されている。結論として、マクロ社会的な力関係から作り出される軽蔑的表現はジェンダーおよび職業的偏見であると解釈できよう。

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