11 Positions Legitimated

11.1 Introduction

In this chapter we consider the phenomenon of legitimation. Legitimation can be considered as 'the process by which speakers accredit or license a type of social behavior'. Legitimation is enacted by argumentation – that is, through the provision of arguments 'that explain our social actions, ideas, thoughts, declarations, etc.' (Reyes, 2011: 782). One of the most common goals of legitimation in discourse, then, is to seek approval or acceptance from others, especially in cases where one might present a potentially controversial action as being an action which serves a wider group or community in some way.

Linguists and discourse analysts have established various frameworks for studying legitimation. Perhaps most notably, Van Leeuwen (2007; see also Van Leeuwen, 2008) identified four major categories of legitimation based on analysis of texts that were deemed to legitimate or de-legitimate compulsory education, such as children's books, brochures for parents, teacher training texts, and media texts. The categories of legitimation outlined by Van Leeuwen (2007: 92) were as follows:

- Authorization; that is, legitimation by reference to the authority of tradition, custom and law, and of persons in whom institutional authority of some kind is vested
- Moral evaluation; that is, legitimation by (often very oblique) reference to value systems
- Rationalization; that is, legitimation by reference to the goals and uses of institutionalised social action, and to the knowledge society has constructed to endow them with cognitive validity
- Mythopoesis; that is, legitimation conveyed through narratives whose outcomes reward legitimate actions and punish non-legitimate actions

Importantly, Van Leeuwen (2007) reiterates that strategies of legitimation can occur alone or in combination with each other within discourse. Central to the kinds of legitimation identified in the case studies to be discussed in this chapter is the notion of 'expertise'. We should thus note at this point that the first of these

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categories, 'Authorization', can be predicated on expert authority, in which case 'legitimacy is provided by expertise rather than status' (Van Leeuwen, 2007: 94). Significantly for many studies of health communication, including in the studies to be described in this chapter, this is distinct from authority granted by institutional status or customary tradition, for example, and can thus be invoked by social actors who might be less empowered than others in given health(care) settings, such as patients and practitioners.

In the sections that follow, we consider two case studies in which legitimation has been examined in the context of health communication, using corpus linguistic techniques. First, we describe research on legitimation in the context of disclosures of vaccine hesitancy. Second, we consider a study on patient feedback on healthcare services which considered, among other things, how patients contributing the feedback legitimated their comments and the evaluations of healthcare services and practitioners therein. Taken together, these case studies represent, respectively, a case in which legitimation in discourse was explicitly searched for and identified, and then a case in which legitimation was not expressly searched for but emerged as a discursive strategy within the data as part of a more general (corpus-based) discourse analysis.

11.2 Legitimation of Vaccine Hesitancy

In this section we show how corpus linguistic tools can be used to study how contributors to an online parenting forum legitimate their position in relation to the label 'anti-vaxxer', particularly by negating the applicability of that label to themselves (e.g., 'I am not an anti-vaxxer but . . . ').

As noted previously (see Section 3.3), the refusal or hesitancy to take up vaccinations for oneself or one's children has been labelled 'vaccine hesitancy' by the World Health Organization (WHO) and was included in 2019 among the top-10 global health threats. A 2014 WHO report from the Strategic Advisory Group of Experts on Immunization (SAGE) mentions three categories of determinants of vaccine hesitancy: (1) 'contextual influences' (e.g., religion, culture, politics, media environment); (2) individual and group influences (e.g., previous personal experiences with vaccinations, vaccination as a social norm or as not needed or harmful); and (3) vaccine/vaccination-specific issues (e.g., new vaccine, mode of administration, risks versus benefits).

More precisely, however, vaccine hesitancy tends to be described as a scale, involving different degrees and kinds of vaccination-related attitudes and behaviours (e.g., Larson et al., 2015). The label 'anti-vax' or 'anti-vaxxer' tends to be used informally – as well as in some published studies (e.g., Gravelle et al., 2022) – for the most vaccine-hesitant end of the scale.

Recent survey-based research has found, however, that a relatively small proportion of the population self-identifies as an 'anti-vaxxer' or can be

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appropriately described as such. Motta and co-authors (2023) report that out of 5,010 US-based respondents to a survey, 8 per cent fully identify with the anti-vaxxer label, while an additional 14 per cent say that they do so 'sometimes'. Motta's team also found that adopting an anti-vaxxer identity provides a potentially beneficial sense of belonging to a like-minded group which goes beyond the rejection of vaccines and particularly includes a distrust of scientific expertise. Gravelle and colleagues (2022) analysed 13,251 responses to a vaccination-related survey from the UK, the US, and Canada; based on a four-point scale of vaccine attitudes, they place in the 'anti-vax' group 3 per cent of UK respondents and 7 per cent of both US and Canadian respondents. However, they also note that 'a large percentage of the public in each country has mixed attitudes towards vaccines', while strong support is associated with older age, higher levels of education, and left-wing political views (Gravelle et al., 2022: 8).

Several typologies have been proposed of arguments against vaccinations, mainly based on the analysis of online interactions and anti-vaccination websites. In Table 11.1 and the following section, we draw from Fasce and colleagues' (2023) taxonomy, which is based on a systematic review of 152 scientific articles published between 1967 and 2021. Within this taxonomy, anti-vaccination arguments may draw from one or more of 62 themes, which are subsumed under 11 'attitude roots . . . the psychological predispositions that lead people to selectively search for and adopt arguments to oppose vaccination' (Fasce et al., 2023: 1463).

Against this background, we have used a corpus that was created as part of the Questioning Vaccination Discourse project (Quo VaDis; www.lancaster.ac.uk/vaccination-discourse/) to study how contributors to the online parenting forum Mumsnet legitimate the statement that they are not 'anti-vax'.

11.2.1 Vaccine Hesitancy on Mumsnet

Founded in 2000, the parenting website Mumsnet reported 104 million unique user visits in 2019 and receives 1.2 billion page views per year (Mumsnet, 2021). Its forum section, Mumsnet Talk, currently hosts 243 topics via sub-forums organised around a specific subject, such as 'Children's health', 'Coronavirus', and 'Am I Being Unreasonable?' (AIBU). Vaccinations are one of the topics that contributors to Mumsnet write about. Indeed, a 2017 study found that 29 per cent of parents in England who use the internet as a source of vaccine-related information specifically access Mumsnet (Campbell et al., 2017).

As part of the Quo VaDis project, preliminary analysis of a corpus containing 895 threads of vaccination-related discussion, amounting to 6,269,560 words, attests to the prevalence of conflictual positions within family networks with respect to vaccination (reported in Coltman-Patel et al., 2022).

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Table 11.1 *Fasce et al.'s (2023) taxonomy of anti-vaccination arguments*

Attitude roots	Themes
Conspiracy ideation	Government cover-up; Big pharma; Population control; Made-up threat; Targeting the disadvantaged
Distrust	Negligent healthcare; Untrustworthy data; It is just a theory; Exaggerated risk; Financial interests; Systemic corruption; Absence of liability; Oppressive outgroups; Do your own research
Unwarranted beliefs	Alternative medicine; Natural is best; Overmedicalization; Alternatives to vaccination; Science denial; Absurd causality; Vaccinated are a threat; Fallacious logic; Disease disappears by itself
Worldview and politics	Science-related populism; Libertarianism; Politicization of vaccines; Traditionalism; Rejection of modernity
Religious concerns	Impurity; Appeal to natural order; Religious authority; The work of God; Religious exemptions
Moral concerns	Unethical experimentation; Anti-abortion position; Sexual promiscuity; Health is not business; Anti-utilitarianism; Bad parenting
Fears and phobias	Side effects; Safety concerns; Dreadful injuries; Toxicity hazard; Contraindications; Immune compromise; Trypanophobia
Distorted risk perception	Vaccination is unnecessary; Disease is not serious; Misperception of risk; Cost-benefit analysis; Vaccination is not for me
Perceived self-interest	Free-riding; Luxury measures
Epistemic relativism	Truth is relative; Anecdotal evidence; Epistemic superiority; Individualistic epistemology; All or nothing
Reactance	Resisting coercion; Personal autonomy; Vindication of civil liberties; Going against the herd

From Fasce et al., 2023: 1468–9.

Furthermore, the analysis demonstrates the presence of a negative, sometimes antagonistic, attitude towards people who may be perceived as 'anti-vaxxers'. For example,

> Unless there is a known family history of certain allergies the case against vaccination is a load of dangerous hippy bullshit. Yes there have been some cases of vaccinations causing harm but this is shit bad luck the same as if your beloved child gets leukaemia or is hit by a bus.

Despite the contributor's dismissive attitude towards the position of being 'against' vaccination, there is an appeal to rationality ('unless there is a known family history') and some mitigation on the basis that certain circumstances might justify 'vaccine hesitancy' (i.e., the risk of harm).

In view of this, we report on a small study of the expression and qualification of ideological positions in relation to vaccinations. In what follows, we will focus on contributions to the forum in which individuals dissociate from the identity of

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'anti-vaxxer' (i.e., someone who is ideologically opposed to vaccination). However, what we will show is that this tends to indicate a more complex and considered position, whereby participants take 'anti-vaccination' as a point of reference but explain that the position is insufficient or undesirable in some way that precludes them from adopting the identity unreservedly. Thus, in establishing an 'anti-vaccination' position as the nexus, the contributor creates a point of comparison for their own ideas, which are variously likened or contrasted with the notions associated with 'anti-vaccination'.

Our analysis is conducted using the Quo VaDis Mumsnet corpus: 31,211,157 words consisting of 12,288 threads from 41 Mumsnet Talk topics with Original posts containing the strings 'vac*', 'vaxx*', or 'jab*' (where the asterisk stands for zero or any character or a sequence of characters), with optional prefixes un (-), re(-), anti(-), and pro(-).

11.2.2 Identifying Ideological Positions about Vaccination

We set out to retrieve from the Mumsnet corpus expressions of self-reference in relation to vaccination – that is, occurrences of the first-person singular pronoun *I* in close proximity to mentions of vaccines or vaccinations. To that end, we established the query I ++* (*vac*|*vax*); this query syntax allowed for variation in the syntactical relationship and premodification of the reference to the vaccine (indicated in the ++* component), as well as variation in the lexical form of reference to the vaccine/vaccination, as indicated in the (*vac*|*vax*) component. The query returned 11,370 matches in 3,203 different texts and generated a list of 5,306 different formulations, the most frequent of which (30+ occurrences) are shown in Table 11.2.

The research team was not interested in reports of people having a vaccination, nor their intention to do so, but rather contributors' positioning of themselves in relation to labels suggesting attitudes towards vaccinations, such as 'pro-vaccine' and 'anti-vax'. While participants appeared to claim a 'pro-vaccination' stance for themselves ('I'm very pro vaccine'), references to an 'anti-vax' position were more commonly dissociative, as in 'I'm not an antivaxxer'. This can be expected, given the evidence that in these Mumsnet discussions, pro-vaccination contributors sometimes respond rather aggressively to views and behaviours that may be described as anti-vaccination (Coltman-Patel et al., 2022). Subsequently, we refined our query to target self-references in relation to an 'anti-vaccination' perspective, as follows: I ++* (anti-va*|antiva*|anti va*) for further investigation. This query generated 1,093 occurrences from 480 different texts, which were expressed according to 457 different formulations. The most common are shown in Table 11.3.

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Table 11.2 *Most frequent formulations resulting from the query I ++* (*vac*|*vax*)*

Rank	Phrase	Occurrences
1	I had the vaccine	379
2	I had my vaccine	175
3	I've had the vaccine	154
4	I've been vaccinated	128
5	I had the AZ vaccine	125
6	I think the vaccine	99
7	i wasn't vaccinated	83
8	I'm not anti vax	72
9	I got the vaccine	67
10	i have been vaccinated	64
11	I didn't vaccinate	61
12	I had my first vaccine	61
13	I have had the vaccine	59
14	I had the pfizer vaccine	56
15	I am pro vaccine	55
16	I'm not an anti-vaxxer	53
17	I'm not anti-vax	53
18	I'm pro vaccine	49
19	I've had my vaccine	48
20	I will have the vaccine	48
21	I'm fully vaccinated	46
22	I get the vaccine	46
23	I have the vaccine	46
24	I had my vaccination	44
25	I am pro vaccination	42
26	I'm not anti vaccine	39
27	I would have the vaccine	39
28	I don't vaccinate	38
29	I had the vaccination	37
30	I'm very pro vaccine	34
31	I had the oxford vaccine	33
32	I want the vaccine	33
33	I wouldn't vaccinate	33
34	I haven't vaccinated	31
35	I'm a vaccinator	30
36	I am not anti vax	30
37	I had been vaccinated	30

The next step of the analysis was to examine concordance lines and determine how the referent of the 'anti-va*|antiva*|anti va*' label indicated an ideological position.

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Table 11.3 *Most frequent formulations resulting from the query I ++* (anti-va*|antiva*|anti va*)*

Rank	Phrase	Occurrences
1	I'm not anti vax	72
2	I'm not an anti vaxxer	56
3	I'm not an anti-vaxxer	53
4	I'm not anti-vax	53
5	I'm not anti vaccine	39
6	I am not anti vax	30
7	I'm not anti vaccination	23
8	I'm not anti-vaccine	22
9	I am not anti vaccine	22
10	I am not an anti Vaxxer	20
11	I am not anti-vaccine	20
12	I am not an anti-vaxxer	17
13	I am not anti vaccination	14
14	I am not anti-vax	14
15	I'm not anti-vaccination	13
16	I'm not an anti vaxer	11

11.2.3 Discursive Strategies for Legitimating Vaccine Hesitancy

The first step in our analysis was to separate those occurrences that referred to a third party, rather than the contributor themselves (e.g., 'I have friends who are anti-vax', 'I have not seen any anti-vaxx posts'). Of the 1,093 occurrences returned from our query, 284 (25.98 per cent) actually refer to someone or something else. What remained were 809 (74.02 per cent) occurrences in which participants describe their own ideological position in relation to an 'anti-vaccination' perspective. We observed only 6 (0.55 per cent) instances in which contributors claimed an anti-vaccination perspective for themselves:

> Yes i am proudly antivax and have been for a few years now. (Discussion topic: General health)

For the most part, contributors referred to how their beliefs misalign with what they recognise to be 'anti-vax', which involved various degrees of dissociation or qualification. For example, in the following extract the author disassociates themselves unequivocally from the *anti-vaxxer* label:

> I'm not an anti-vaxxer in the slightest, and I despair at those who are. (AIBU)

In contrast, the author of the next extract qualifies their position in relation to the label:

> I'm not completely anti vaccination but we have a strong family history of allergy/asthma etc so have to weigh that up (General health)

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Several contributors problematise the absolute position of 'anti-vaxxer' and state that the label is used to dismiss and distance people who express anything other than complete support for vaccines and vaccination schedules:

> I'm not an anti-vaxxer either though – it's just an accusation that gets thrown at anyone on MN who has any questions/concerns about vaccines/delays vaccines/ selectively vaccinates or has any issue with any vaccine or its timing in the UK vaccine schedule tbh. (AIBU)

Furthermore, while the 'anti-vaxxer' label is often posited in binary opposition to the 'pro-vaccination' label, some posters offer the alternative stance of being 'pro-choice' – an argument that Fasce and co-authors (2023) capture via the 'Personal autonomy' theme:

> I'm not an anti-vaxxer. My family are all up to date with vaccinations. I am pro choice (Behaviour development)

In the previous example, the statement that the writer's family 'are all up to date with vaccinations' is used to establish their credentials as someone who is not anti-vaccination. In our data, the provision of this kind of detail often occurs in close proximity to the negation of the anti-vaxxer identity.

In several instances, contributors negotiate additional positions of vaccine hesitancy along a cline by presenting anti-vax as a matter of degree, as suggested by the expressions 'I'm not completely anti-vaccination', 'I'm not particularly anti-vaccine', or 'I am more anti-vaccine than pro-vaccine'. In most cases, however, rather than alluding to a scale of attitudes towards vaccinations, contributors set out to legitimate their position by making explicit in what specific respect they may adopt a critical position towards vaccinations or not take a particular vaccination.

The most commonly cited concern expressed in the data relates to the (potential) harmful effects of the vaccine. This tends to involve arguments that Fasce and colleagues (2023) capture via the themes relating to the 'Fears and phobias' attitude root, such as 'Safety concerns' and 'Dreadful injuries'. In many cases, such concerns were informed by personal or family circumstances of medical histories, reflecting the individual dimension in SAGE's (2014) categorisation of determinants of vaccine hesitancy:

> I'm not an anti-vax person at all! Just having lost a baby before and having severe anxiety and depression during this pregnancy it's not an easy thing to do hence the fact I've left it so long (Pregnancy)

> Thanks but DS can't have it. The last vaccine he had nearly killed him (no I'm not an anti-vaxxer – [his temperature shot up, wouldn't come down despite plying him with copious amounts of Calpol and nurofen] and he ended up in hospital with major breathing problems) (AIBU)

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The provision of details about serious health-related events arguably involves the legitimation strategy of rationalization, in that each writer has very good reasons for their concerns about vaccinations. At the same time, the disclosure of traumatic personal circumstances also appeals to emotion. The first example also explicitly references the writer's emotional state following the trauma of losing a baby ('severe anxiety and depression'). Furthermore, we also find examples of mini narratives that serve as cautionary tales and demonstrate Van Leeuwen's (2007) category of mythopoesis.

Relatedly, the novelty of the vaccines is one of the factors leading to speculation about their potentially harmful effects. The 2014 WHO report noted previously mentions specifically the introduction of new vaccines as one of the causes of this kind of vaccine hesitancy (SAGE, 2014: 12). In our data, the strategy for redirecting efforts towards swift development of the vaccines against COVID-19 – in particular – introduced doubt as to whether they had undergone sufficient testing in the first place, alongside concerns regarding the as-yet unknown long-term effects:

> I am not a fan of rushed-through vaccines, there needs to be proper testing. There's no way I would have such a vaccine, and I'm not an anti-vaxxer. (Coronavirus)

> I'm not an anti-vaxxer, my son has had his vaccines. I'm just wary of new vaccines for historical reasons: www.ncbi.nlm.nih.gov/pmc/articles/PMC1383764/ (Coronavirus)

> No I won't be getting it immediately, we've all had our jabs so I'm not an anti-vaxxer by any means. I feel it's too rushed and the long term side affects aren't known yet (Coronavirus)

The previous examples are typical of our data from the 'Coronavirus' topic on Mumsnet in that they all mention previous vaccinations as part of the writer's credentials as a non-anti-vaxxer. They include different strategies for authorisation (the hyperlink to a scientific paper in the first example) and rationalisation (through references to what is 'known').

A very specific approach to the presentation of oneself as a rational agent capable of making decisions involves referencing one's own 'research' (see also the previous discussion on 'informed', and Fasce et al.'s (2023) 'Do your own research' theme):

> I am not an anti-vacs person but I do like to research the decisions I make for my family (Pregnancy)

This implicitly suggests a lack of trust in how scientific findings are used in vaccination programmes and policies, as well as a belief in one's own ability to acquire sufficient expertise to make independent decisions.

The importance of autonomy and independent decision-making is also reflected in the major theme of resisting mandated vaccination. Some writers express disagreement with vaccination-related policies, the coverage of the

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vaccination programme, or elements of compulsion (see Fasce et al.'s (2023) 'Resisting coercion' theme):

> I'm really not anti-vax in any way. I volunteered for the coronavirus vaccine trials and will have the vaccine when available. I just don't personally agree with compulsory vaccinations. (Coronavirus)

> I am not anti-vaccine I am anti a vaccination policy that demands that everyone aim at herd immunity regardless of their childs history and vulnerability. (Children's health)

Others make a distinction between 'necessary' and, by implication, unnecessary vaccinations, and claim to take up only the former:

> I am not anti vaccinations at all but I do like to know that they are necessary before I have them or allow my children to have them. (AIBU)

> No way am I taking two doses of a vaccine I don't need and I'm not an anti-vaccer (AIBU)

In all these cases, the legitimation of the writer's position relies primarily on their rational ability to assess policy and the necessity of vaccinations on a case-by-case basis. The rejection of mandatory vaccinations also potentially involves moral evaluation, insofar as the writer is concerned about the implications of compulsion for fellow citizens.

Lack of trust is more explicitly present when references are made to the unreliability of governments and pharmaceutical companies:

> I'm not an anti-vaxxer at all, but I don't understand why people suddenly seem to blindly trust our corrupt government and these terrible drug companies to have out best interests at heart, when time and time again they've shown that they don't. (Coronavirus)

> I am not anti vaccines- myself and my family are up to date with our vaccines but I do question the government's desperation and I wonder why others follow blindly what the government is feeding them. (Coronavirus)

This kind of argument is captured by Fasce's team (2023) in the themes 'Government cover-up' and 'Big Pharma' (from the 'Conspiracy ideation' attitude root) and is included under 'contextual influences' in SAGE's (2014) report. In our examples, a position of mistrust is presented as different and separate from being an anti-vaxxer. The first example also makes explicit how the writer sees trust as less rational than the position they have adopted (cf. 'blindly trust').

Finally, a frequent qualification of the writer's position in relation to vaccination involves the rejection of specific vaccines, or combinations of vaccines, reflecting SAGE's 'vaccine/vaccination-specific issues' as a major determinant of vaccine hesitancy:

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> I'm not an anti-vaxxer at all, me and my kids have had all other jabs, but I'm not convinced with this one. [flu vaccine] (Pregnancy)

> I'm not an anti-vaxxer and modern medicine has saved my life on more than one occasion. However, I question the wisdom of overloading little immune systems with up to 19 vaccines in one go, I think it should be spread across several injections over the months. (AIBU)

Such contributions challenge the wholesale adoption of an 'anti-vaxx' philosophy in arguing for the assessment of each vaccine according to its individual merits. The final example reflects a common concern surrounding the number of vaccines that are administered, particularly when seen in relation to the perceived vulnerability of infants.

In summary, the principled selection of concordance lines involving the first-person negation of an anti-vaxxer identity has led us to identify the range of ways in which Mumsnet contributors reject that identity while at the same time legitimating a nuanced position in relation to vaccinations. By and large, this involves the use of Van Leeuwen's (2007) legitimation strategy of rationalization – that is, the process of legitimating a position by referring to knowledge and the cognitive validity of positions presented as reasonable, acceptable, appropriate, or even superior to those who may disagree. On the one hand, our observations are consistent with previous findings that the identity of 'anti-vaxxer' is adopted by a relatively small proportion of people, while a much larger proportion have some specific concerns about vaccinations that coexist with taking up available vaccines most of the time. On the other hand, we have shown how the concerns and qualifications that are presented in our data as consistent with *not* being an anti-vaxxer are captured by existing typologies of determinants of vaccine hesitancy and well-known arguments against vaccination.

11.3 Legitimation of Patient Evaluations of Healthcare Services

In this section, we turn to a case study in which legitimation was identified as a recurring discursive strategy in corpus data, even though it was not explicitly searched for from the outset of the analysis. This work comes from the wider programme of research on patient feedback introduced in Chapter 6. In that chapter, we saw how, faced with the absence of reliable demographic metadata, the researchers involved in that project had to rely on patients' disclosures of aspects of their identities within the comments themselves as a way of examining the possible influence of such identity factors on the feedback given (see Baker et al., 2019; Section 6.2 in this book). While this was an area of focus that was pursued in line with the questions set out by the healthcare provider partner on the project, the NHS, the resultant analyses indicated legitimation as a recurrent discursive strategy in the comments.

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11.3.1 Strategies of Legitimation

One such example arose in the analysis of patients' comments that mentioned age. Specifically, it was found that (particularly older) patients frequently referred to their older age as part of a broader description of their experience using healthcare services. In such cases, Baker and colleagues (2019) argue, patients can index their experience as healthcare consumers and, accordingly, construct themselves as 'informed' or 'expert' patients (Fox et al., 2005), in this case as expert healthcare service users, in particular regarding regular standards of healthcare service provision and, as such, what they might reasonably expect. In this way, the patients positioned themselves as having reasonable expectations, thus rendering them as qualified and reasonable evaluators of the services they accessed. As detailed in Chapter 6, such comments were accessed through concordance searches of queries which were determined to be productive for identifying cases in which patients described their age (as opposed to, say, someone else's age or simply the number of years that they had been seeing a provider).

Such cases could indicate the legitimation of positive feedback. For example, in the following comment, a patient notes his age ('I am a 55 year old man') before then describing how he has 'been a patient with this surgery all my life'. This autobiographical segment was then followed by a positive appraisal of the practice, where the preceding segment served to legitimate this man's perspective as an experienced patient at the practice, with his evaluations being based not on a single visit but on consistently positive experiences over a long period of time ('I have always had a positive relationship with . . . ').

> Caring, Supportive & Helpful GP & GP practice I am a 55 year old man, I have been a patient with this surgery all my life. I have always had a positive relationship with the Doctors, Nurses & Staff at [Anonymised] Medical practice.

However, this kind of self-construction of an experienced, 'expert' patient identity could also be used to legitimate negative feedback. This accords with Reyes's (2011) observation that legitimation strategies are typically invoked in order to justify contentious propositions. Indeed, negative feedback could be viewed as contentious – face-threatening, even (Austin, 1962) – when we bear in mind that such comments are directed at the providers themselves. For example, the following comment represents something of an inverse of that seen above. This patient described himself as 'over 60 years old with a lot of excellent dental practice on my teeth' before then providing a negative appraisal of the dental practice in question. This autobiographical segment serves two functions: in addition to (self-)constructing the commenter as an

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experienced, 'expert' patient, the evaluation of their past experiences as 'excellent' simultaneously presents them as a reasonable and balanced judge of such services, capable of praising services when they are good and criticising them when they are not. This latter point arguably takes on more pronounced importance in the context of particularly severe criticism; indeed, in the following comment, the patient describes the practice as 'by far the wors[t]' they have encountered, notes how they are 'still in a great deal of pain', and accuses the dentist of being 'oblivious to the challenges' that are particular to older patients' dental treatment requirements.

> I am over 60 years old with a lot of excellent dental practice on my teeth . . . and this is by far the worse I have ever encountered having moved to Chelmsford within the last year . . . since the appointment . . . I have still a great deal of pain . . . the dentist seem oblivious to the challenges they have in regard to mature teeth of the older generation.

Additionally invoking what Van Leeuwen (2007) terms 'authorization' by describing their experience (and thereby indexing a kind of 'expertise') in their comments, some patients were also found to deploy argumentation based on 'moral evaluation' (Van Leeuwen, 2007) as means of legitimating their evaluations. As a reminder, moral evaluation is legitimation by (often very oblique) reference to value systems. As an example, the patient writing the following comment constructs himself as not being burdensome to the NHS, which keys into a moral discourse that public health systems should be used only when necessary (Llanwarne et al., 2017). The patient evokes this discourse by first noting his age ('73 year old male') and history of 'heart problems', which might set up an expectation that this patient has complex healthcare needs and would thus have to use the NHS frequently. However, the patient then describes how he consciously does not use the NHS very often, as he is aware of the strain that services are under ('tended not to visit my GP because I know they are very busy'). Moreover, when he uses such services, he does so rarely, only for routine appointments, and notes how he always attends these ('I only have a check up once a year which I always attend'), perhaps indicating an awareness of how much missed appointments cost the NHS (Llanwarne et al., 2017). We can also note how, at the end of the comment, the patient describes how 'considering going to A&E . . . is totally against [his] principles', explicitly invoking a moral evaluation to again position himself as a conscientious user of healthcare services who is opposed to using Accident and Emergency services for non-emergencies and is aware of the issues that doing so would cause for the NHS (see, for example, Adamson et al., 2009). This background information helps establish this patient's credentials as a genuine and conscientious patient (as opposed to being a 'time-waster'), which then legitimates his complaint about a lack of appointment availability.

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> I am a 73 year old male with a history of heart problems but have in the past few years tended not to visit my GP because I know they are very busy and I only have a check up once a year which I always attend. If I have any minor ailments I tend to consult my local Chemist for advice. I had cause to visit my GP today 25/03/2015 to make an appointment, only to be told that the earliest appointment is in 13 days time on Tues. 07/04/2015. I was not even offered an appointment to see another GP in the Practice. This is an absolute disgrace and I am considering going to A&E. which is totally against my principles.

Another area in which patients appealed to value systems to legitimate their evaluations was with respect to ideas and attitudes relating to gender, specifically in the analysis of comments in which patients disclosed their identities as men or women. For example, in the following excerpt, a patient complains about the pain he experienced when having a filling put in at the dentist. He legitimates his account of the amount of pain he experienced by referring to the fact he is a 'a big 6ft man'. It is implied here that this patient would ordinarily be able to withstand a large amount of pain, and thus the pain that he experienced was exceptionally severe, prompting his complaint.

> Now I am a big 6ft man who has under gone a lot of dental work and have never felt pain like it. I ended up shaking and crying. I had to wait for an hour afterwards as I couldn't drive my car.

There were also cases of women mentioning their identities for similar reasons, for example, describing their pain threshold as high by referencing how many times they had given birth or describing how they had given birth with little or no pain relief, as in the following extract.

> I am not a soft woman l gave birth with no pain relief, that was an absolute doddle compared to this!

Overall, then, although Baker and colleagues (2019) did not explicitly set out to identify instances of legitimation strategies being used in the discourse of the patients' feedback, their qualitative examination of the comments revealed the recurring use of such strategies to contextualise – and, in the process, legitimate – the appraisals of healthcare services given. Such strategies were particularly visible in comments in which patients disclosed aspects of their identities (namely their age and sex identities). Where comments disclosing age tended to invoke a version of 'authorization' based on patients' implicit self-constructions of themselves as expert users of healthcare services, comments mentioning patients' sex identities tended to draw on moral values to construe patients as having a high threshold for pain tolerance. While legitimation strategies in age-based comments could be used to justify positive or negative feedback, those found in the gender-based comments tended to be used in support of negative appraisals. Baker and

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colleagues (2019) argue that the use of such legitimation strategies, particularly in the case of negative comments, could represent a means by which patients try to ensure that their comments and feedback will be taken seriously.

11.4 Conclusion

In this chapter, we have explored the ways in which corpus linguistic techniques can support the analysis of legitimation in health-related discourse. Through detailed case studies – ranging from analyses of vaccine hesitancy discussions on online forums, to patient evaluations of healthcare services – our exploration has highlighted the complex interplay of personal narratives, societal expectations, and medical authority in shaping public perceptions and behaviours with regard to health and health(care).

The examination of vaccine hesitancy on Mumsnet revealed not only the depth of personal conviction but also the societal and ideological undercurrents that influence such stances. Here, legitimation strategies are often deployed as part of a nuanced negotiation of identity, wherein individuals articulate their positions in relation to broader societal labels, such as 'anti-vaxxer', both to align themselves with but also distance themselves from charged public dialogue around this issue. Patient feedback on healthcare services, meanwhile, also offers a rich ground for observing legitimation in action. The patients analysed by Baker and colleagues (2019) were found to draw upon their personal experiences and societal roles – underscored by their age and/or gender identities – in order to lend credibility to their evaluations of healthcare services and healthcare providers. This act of self-positioning serves to authorise the patients' perspectives, potentially with the aim of ensuring that their comments will be valued and taken seriously by providers, particularly in cases in which comments expressed severe criticism.

These examples illustrate the role that corpus linguistic methods can play, then, in identifying and illuminating strategies of legitimation that are employed within different genres of health-related discourse. Notably, taken together, the case studies presented also showcase the versatility of corpus linguistic techniques in this endeavour. More specifically, while in the first case study legitimation strategies were searched for – perhaps in a fashion redolent of 'corpus-based' approaches – in the latter case study they were not expressly sought but emerged from the analysis, in a fashion we might associate more with 'corpus-driven' approaches. However legitimation might be approached, crucial to both approaches for the identification and analysis of legitimation strategies was the qualitative analysis of extended (and, as far as possible, contextualised) samples of the corpus data (or, better still, the entire texts in question). Such qualitative engagement was beneficial not only for understanding the rhetorical effects of

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such legitimation strategies but, before that point, for actually *identifying* such strategies. This is because legitimation strategies are certainly not driven by 'form' but represent the kinds of discursive functions that are difficult – if not impossible – to identify through automated methods and/or by looking at decontextualised lists of (key)words, collocates, or clusters. Indeed, as noted, some categories of legitimation strategies, such as those assigned to 'moral evaluation', are marked in terms of their often-subtle textual manifestations (being 'often very oblique'). With this in mind, and as the case studies discussed in this chapter demonstrate, any analysis of legitimation strategies in a corpus will benefit from – and perhaps even depend on – close, qualitative examination of the data by the human analyst.

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