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# "I got a migraine and that sucked": College Students' Affective Stance Towards their Migraine Experiences

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**"I got a migraine and that sucked": College students' affective stance towards their**

**migraine experiences**

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LING 441: Sociolinguistic Field Methods

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**Abstract**

Migraines are a genetically influenced disorder and they are a common cause for disability (Ruschel & Jesus, 2023). This study seeks to examine the affective stance of college students towards their migraines. Affective stance refers to overt expressions of emotions in relation towards a particular entity to convey an emotional position in relation to that entity (Du Bois & Kärkkäinen, 2012, Kiesling 2022). Since this study was seeking to research a specific community, both participants were recruited because of their migraine experience. The findings of this study reveal that college students generally take a negative stance towards their migraine experiences, with various different emotions encoded in the stance. Further, as the researcher who is also a college student that experiences migraines, I was an interactant in these instances of stancetaking, and I use invitations to laughter and irony to align with participants and demonstrate investment in the alignment (Jefferson, 1979, Partington, 2006, Trouvain & Truong, 2017). I also use backchanneling to align. The results and the discussion reveal the heavy emotional toll that the physical aspect of the migraines takes on college students. The findings of this study highlight a weakness of the social model of disability, namely that the model often overly focuses on social barriers to define disability, instead of factoring in the impairment as it relates to disability, as the impairment is not always neutral to disabled people's lived experiences (Shakespeare, 2017, Crow, 1992).

## Appendix A: Transcripts

**Transcription Conventions (Adapted From Cochrane, 2015)**

| | |
|---|---|
| . | final intonation |
| ? | rising intonation |
| : | lengthened syllable |
| th- | truncated word |
| the – | truncated intonation unit |
| the | notable emphasis (THE for software that doesn't allow underlines) |
| .. | pause during intonation unit from half a second to one second |
| ... | pause during turn from one to three seconds |
| (4.1) | pause greater than 3 seconds, timed to a tenth of a second |
| @ | laughter; repeated indicates greater length and/or intensity |
| hh | audible breath out |
| mhm | non-lexical backchanneling |
| " | direct constructed dialogue (often indicated by voice quality) |
| { } | comment on voice quality, or inaudibility {inaud.} where indicated |
| [ ] | overlapping speech ([[multiple brackets]] indicates a separate overlap) |
| , | continuing/phrase final intonation (not required for assignments) |
| = | latching (not required for assignments) |
| | line breaks indicate the end of intonation units in transcripts |

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**I: Hailey, 00:45:59 – 00:46:59**

This audio-recorded interaction took place between the participant, "Hailey," and the researcher, "Megha"; I am the researcher. Both Hailey and I are college students, and identify as South Asian women, and this interaction took place in an academic building on a college campus. At this point, I am asking Hailey how she feels about her migraines.

| | | |
|---|---|---|
| 1 | Megha: | so how do you feel like about the fact that you get them? |
| 2 | Hailey: | um (4.3) it is (3.0) |
| 3 | | usually like it's not something I think about until |
| 4 | | like the severe ones hit |
| 5 | | that like one or two times a week. |
| 6 | | um..and..um |
| 7 | | if I'm like out with my friends or |
| 8 | | or like taking an exam or something then I'm like |
| 9 | | this is so unfair @[[@]= |
| 10 | Megha: | [@ yeah] |

| 11 | Hailey: | =and I'm like <u>ugh</u> hh like um..like yeah |
| 12 | | um I'm 'cause |
| 13 | | I don't know it makes me feel like it's like- |
| 14 | | like it's definitely <u>not</u> something I can control um |
| 15 | | or something that I |
| 16 | | could've chosen |
| 17 | | um and so then I'm like <u>wow</u>: |
| 18 | | like it'd be really nice to like be someone who doesn't have to deal with this um. |
| 19 | | but then… |
| 20 | | but then other times I'm like uh |
| 21 | | but it's like..it's just a migraine like um |
| 22 | | like it could be worse @ um |
| 23 | | but..um..yeah. |

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**II: Hailey,  00:47:41 – 00:48:56**

At this point, I am asking Hailey if she has specific feelings towards having the more severe migraines, as Hailey gets migraines chronically.

| 1 | Hailey: | um..<u>definitely</u> like the unfairness feeling @[is a] big one..um I think |
| 2 | Megha: | [@ yeah] |
| 3 | Hailey: | um annoyance |
| 4 | | like why <u>now</u> of all times is one that happens. um |
| 5 | | what else um |
| 6 | | kind of like (3.2) |
| 7 | | I don't know if disappointment is the right word |
| 8 | Megha: | [okay] |
| 9 | Hailey: | [but like] like kind of like a..like..a |
| 10 | | like if I'm having a bad day and then it's like like [<u>great</u>] |
| 11 | Megha: | [<u>great</u>] [[@@]] |
| 12 | Hailey: | [[@@]] yeah on top of everything @ |
| 13 | Megha: | [like oh] great <u>perfect</u> |
| 14 | Hailey: | [@@@] |
| 15 | | @@ yeah @@ |
| 16 | Megha: | yeah |
| 17 | Hailey: | um yeah |
| 18 | Megha: | like frustration you're like- |
| 19 | Hailey: | @@ yeah yeah for sure um or… |
| 20 | | if I'm having a really <u>good</u> day and @ then I'm like hh |
| 21 | | @@ yeah um |
| 22 | | and I think like um |

| 23 | | that feeling is a little more like..um (4.7) |
| --- | --- | --- |
| 24 | | like maybe like… |
| 25 | | everything could be going great |
| 26 | | and then like |
| 27 | | this thing that I can't control would happen |
| 28 | | and then it's like wow um maybe that's |
| 29 | | maybe that's kind of going back to the unfair feeling but. |

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### III: Hailey, 00:52:39 – 53:49

At this point, Hailey is responding to a question about being stressed about the severity of her migraines becoming worse outside of school/academic activities.

| 1 | Hailey: | I think like when it gets to the point where its like |
| --- | --- | --- |
| 2 | | obvious to: my friends |
| 3 | Megha: | [mhm] |
| 4 | Hailey: | [um] that like I'm having a like bad migraine um… |
| 5 | | I..worry ..like |
| 6 | | about the responses… |
| 7 | | not because they would ever be like unkind or unsupportive |
| 8 | | but because like I don't want it to be like..hh..um |
| 9 | | like I don't want it to be  disruptive or like um |
| 10 | | like burdensome um and..like |
| 11 | | they always want to like |
| 12 | | help and support and take care um |
| 13 | | but I just don't want it to be like something that like… |
| 14 | | I don't know like um..mm (2.3) like.. |
| 15 | | distracts from whatever was like going on previously: |
| 16 | Megha: | [mhm] |
| 17 | Hailey: | [or] like changes the mood |
| 18 | | or like shifts like the attention.. |
| 19 | | like onto me um |
| 20 | | and so I guess that's more of like a |
| 21 | | like less stress about the pain itself and more like the response um= |
| 22 | Megha: | for sure |
| 23 | Hailey: | =even though it's like definitely them coming from a place of care and support |
| 24 | Megha: | [yeah] |
| 25 | Hailey: | [um] |

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### IV: Nora,  00:32:43 –00:33:13

This audio-recorded interaction took place between the participant, "Nora," and I. Nora's migraines are triggered by exertion while mine are not. At this point, Nora is describing her experience with migraines (the question was asking her to describe her experience with migraines), and she is explaining how her migraines are exertion-triggered, particularly after she got birth control for her migraines. More specifically, she is explaining how she had to end her athletic track season, and how she went to a summer camp for running.

| 1  | Nora:  | And then I went to..this camp |
|----|--------|-------------------------------|
| 2  |        | it's called Camp Varsity and um |
| 3  |        | it's a running camp @hh which sounds like- |
| 4  |        | awful for most people |
| 5  | Megha: | hh |
| 6  | Nora:  | but it- I promise it's fun um |
| 7  |        | but my first day there |
| 8  |        | I got a migraine and that sucked |
| 9  |        | and it's- it's weird too because..I |
| 10 |        | hh {creaky voice} Good Lord |
| 11 |        | I had to like- |
| 12 |        | they put me in a dark room and I just sat on the ground hh |
| 13 |        | and um..like |
| 14 |        | it- I just felt like such a wee:nie but hh |
| 15 | Megha: | hh |
| 16 | Nora:  | @ hh it's..it's..it's it's hard um |

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## V: Nora, 00:41:34 – 00:45:21

At this point, Nora is responding to a question about whether migraines "dictate" what she can and cannot do (in terms of activities), and if so, how.

| 1  | Nora:  | I was at Belle Isle with a friend… |
|----|--------|-------------------------------------|
| 2  |        | that actually goes here |
| 3  | Megha: | {click}[oh] |
| 4  | Nora:  | [and] we were looking for a bunch of other friends |
| 5  | Megha: | [[yeah]] |
| 6  | Nora:  | [[that]] were like in this this abandoned building @ somewhere |
| 7  | Megha: | {airy voice} yeah |
| 8  | Nora:  | so we were running across Belle Isle |
| 9  |        | and I noticed that my heart rate was getting really high |
| 10 | Megha: | mhm |
| 11 | Nora:  | and just in my head I was |
| 12 |        | like "calm down calm down [slow] down" |
| 13 | Megha: | {whisper}[yeah] |
| 14 | Nora:  | "you have to slow down" |

| 15 | Megha: | mhm |
|----|--------|-----|
| 16 | Nora: | um because it was hot out and I was afraid |
| 17 | | that I was going to give myself a migraine. |
| 18 | | and..I mean sometimes… |
| 19 | | <u>yeah</u> I'm- I get afraid of like physically exerting myself in just {inaud.} |
| 20 | | like- everyday..periods of time |
| 21 | | because I <u>really</u> don't want to be like a burden for my friends |
| 22 | | because if I got a migraine in Belle <u>Isle</u>… |
| 23 | | I mean..I would they'd hh |
| 24 | | I <u>could</u>? walk back |
| 25 | | but- I don't know if you know Belle Isle |
| 26 | | {soft voice}do you know Belle Isle? |
| 27 | Megha: | {nods} |
| 28 | Nora: | <u>yeah</u> um |
| 29 | | are you a Richmond person? |
| 30 | Megha: | no but my sister goes [to VCU] |
| 31 | Nora: | [yeah VCU] yeah |
| 32 | Megha: | so I like- |
| 33 | | so I was actually in Richmond over the weekend |
| 34 | Nora: | {high pitched} [oh] |
| 35 | Megha: | {smiling}[because] it was her birthday um [[yesterday] |
| 36 | Nora: | {excited} oh [[my gosh]] happy birthday to your sister |
| 37 | Megha: | yeah we went to like Carytown and stuff {creaky voice} it was so [fun] |
| 38 | Nora: | [I love] Carytown um |
| 39 | Megha: | but yeah I've been to Belle Isle |
| 40 | Nora: | yeah yeah but you know if I- |
| 41 | | like and I'm sure with you..with blind spots like |
| 42 | | walking f- on Belle Isle @ would be <u>really hard</u> |
| 43 | | so they'd probably have to like call someone or a ranger or like an- |
| 44 | Megha: | mhm |
| 45 | Nora: | like an ambulance or {laughing voice}something I don't know. |
| 46 | Megha: | yeah |
| 47 | Nora: | um so hh |
| 48 | | I <u>do</u> remember <u>once</u>… |
| 49 | | I: had..gone to practice |
| 50 | | and then I went to my {humorously}middle school boyfriend's house |
| 51 | Megha: | mhm |
| 52 | Nora: | and we were with a group of friends and I got..a migraine |
| 53 | | and I was just <u>lying</u> on the ground under a tree |
| 54 | | while everyone was like "are you okay?" |
| 55 | | because it's not- |
| 56 | | hh it's not a..<u>visual</u> illness |
| 57 | | and it's also not like a {downward inflection}broken bone. |
| 58 | | because you can't you can't point to a <u>cast</u> and you can't… |

| 59 |       | yeah you can't point to a cast you can't cough |
| 60 |       | like maybe they'll see me vomit |
| 61 |       | "oh <u>man</u> I've proved my point" but like that's <u>embarrassing</u> too |
| 62 |       | hh so I think with <u>my</u> migraines |
| 63 |       | there comes like a <u>weird</u> sense of <u>shame</u> with them |
| 64 | Megha: | mhm |
| 65 | Nora: | especially since they're activity-induced |
| 66 |       | [and I] hh <u>want</u> to be good at running [[and]] lifting and whatever |
| 67 | Megha: | [mhm][[right]] mhm |
| 68 | Nora: | and um..they just kind of hold me back |
| 69 | Megha: | mhm |
| 70 | Nora: | and sometimes internally I think |
| 71 |       | and I've talked to my mom about this too |
| 72 |       | I just think |
| 73 |       | I've held myself back from this because I was <u>afraid</u> of getting a migraine |
| 74 | Megha: | right |
| 75 | Nora: | <u>or</u> did I hold this- myself back because I was just <u>tired</u> or some[thing] using it as an excuse |
| 76 | Megha: | [yeah] |
| 77 | Nora: | and hh when I was <u>younger</u> |
| 78 |       | I mean that's why I got so many migraines |
| 79 |       | because I just{creaky voice} would never hold myself back <u>ever</u> |
| 80 | Megha: | mhm |
| 81 | Nora: | I would just always push{something thuds the table} myself to |
| 82 |       | like I would always push myself to a 100% |
| 83 |       | and it just <u>wasn't</u> sustainable |
| 84 |       | and um… |
| 85 |       | it's..it's weird because I <u>want to</u> be able to push myself to a 100% |
| 86 |       | but I also know the consequences of doing that |
| 87 |       | and overlooking the fact that I:..have..a <u>serious</u> issue |
| 88 | Megha: | mhm |
| 89 | Nora: | um that's hard to articulate to people that don't get migraines |
| 90 |       | and I <u>know</u> that no one in my life {snap} |
| 91 |       | like my boyfriend {snap} my friends {snap} |
| 92 |       | people {inaud.} that have seen me get migraines my mom {faint snap}my sister {snap} |
| 93 |       | like <u>none</u> of <u>them</u> think that I'm faking it |
| 94 | Megha: | mhm |
| 95 | Nora: | because why would I fake it? |
| 96 |       | why would anybody fake it? |
| 97 |       | <u>but</u> I think |
| 98 |       | and maybe this is also a <u>thing</u> related to..being a{airy voice} <u>woman</u> |
| 99 |       | that your pain isn't really seen as valid. |
| 100 |      | um especially when it's not visual |
| 101 | Megha: | mhm |
| 102 | Nora: | {click}so hh {creaky voice}yeah |

| 103 | Megha: | mhm |
| 104 | Nora: | {creaky voice}I don't know |
| 105 | | it just-I <u>don't</u> like being hh |
| 106 | | I don't like feeling like a <u>burden</u> {humorous}hh |
| 107 | Megha: | yeah |

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## VI: Nora, 00:46:13 – 00:48:53

At this point, I am asking Nora what emotions she would tie to her experience of getting migraines.

| 1 | Megha: | what like [emotions] would you maybe <u>tie</u>...to it? |
| 2 | Nora: | [I mean] |
| 3 | | emotionally? |
| 4 | Megha: | mhm |
| 5 | Nora: | {creaky voice on final syllable}<u>distrau:ght</u> hh @ |
| 6 | Megha: | [@@] [[hh]] |
| 7 | Nora: | [@ I am] [[frustr]]ated (30) |
| 8 | Megha: | [[[mhm]]] |
| 9 | Nora: | [[[I think]]] <u>everybody</u> would feel frustrated with <u>their</u> migraines |
| 10 | | s- like scared? |
| 11 | Megha: | mhm |
| 12 | Nora: | I mean I told you..I gave myself a panic attack just from the <u>fear</u> of like <u>having</u> one. |
| 13 | | it's like seeing an oncoming train |
| 14 | Megha: | mhm |
| 15 | Nora: | honestly |
| 16 | | when I can't- when I get little s-.. spots in my vision that I [can't] see |
| 17 | Megha: | [mhm] |
| 18 | Nora: | I just |
| 19 | | I know that there is <u>no</u> preventing it |
| 20 | | because <u>we</u>..<u>tried</u> |
| 21 | | medication after medication after medication |
| 22 | | I was <u>really</u> lucky to be able to do that because not everybody <u>can</u> um |
| 23 | | but also like hh we |
| 24 | | I got these injections because they were like |
| 25 | | "oh Sumatriptan injections. |
| 26 | | {talking fast}those'll work. those are so fast. your migraines are so fast. they work so fast." |
| 27 | | um..we tried them, |
| 28 | | and I {inaud.} inject myself with them a million times |
| 29 | | I had to ask my ex-boyfriend..with an Epipen |
| 30 | | I keep bringing up my boyfriends but I've only had <u>two</u> |
| 31 | Megha: | you're <u>so</u> good |

| | | |
|---|---|---|
| 32 | Nora: | um I had to ask my ex-middle school boyfriend |
| 33 | | the one who hh I had a migraine on the- his [front lawn] |
| 34 | Megha: | [the tree?] |
| 35 | Nora: | [[it was]] under the tree |
| 36 | Megha: | [[yeah]] |
| 37 | Nora: | to give me an injection once |
| 38 | Megha: | mhm |
| 39 | Nora: | but I finally got used to just <u>doing</u> them myself |
| 40 | | um {click} <u>but</u> uh |
| 41 | | it's- it got to the point where the injections |
| 42 | | like the name brand ones were like |
| 43 | | {sing song voice}a thousand dollars a <u>pop</u> |
| 44 | Megha: | hh |
| 45 | Nora: | and it was like "oh shit we cant do that anymore" |
| 46 | Megha: | hh |
| 47 | Nora: | so we had to like change it up |
| 48 | | and we just realized that- they don't <u>work</u> |
| 49 | | because they don't <u>work</u> there's no <u>stopping</u> <u>them</u> um |
| 50 | | yeah so fear (34) is a big thing |
| 51 | Megha: | mhm |
| 52 | Nora: | that..I feel..with my migraines |
| 53 | Megha: | mhm |
| 54 | Nora: | frustration |
| 55 | Megha: | yeah |
| 56 | Nora: | um disappointment |
| 57 | Megha: | mhm |
| 58 | Nora: | sometimes like shame |
| 59 | | because you know hh |
| 60 | | even when I <u>don't</u> get a migraine but I like stop a workout early |
| 61 | | I'm like "aw come on man you could have pushed{high pitched voice}<u>through</u>" |
| 62 | | and even if I <u>couldn't</u> have..pushed through there's no way of knowing |
| 63 | | because you <u>really</u> only know if [you]= |
| 64 | Megha: | [you] go there |
| 65 | Nora: | =<u>go there</u> and you <u>get</u> one you know |
| 66 | Megha: | yeah |
| 67 | Nora: | um..so sometimes it's almost |
| 68 | Nora: | it's like a Catch 22 perpetually |
| 69 | Megha: | yeah |
| 70 | Nora: | like always <u>stuck</u> between hh… |
| 71 | Nora: | <u>risking</u> it |
| 72 | Megha: | mhm |
| 73 | Nora: | or not risking it |
| 74 | Megha: | mhm |
| 75 | Nora: | and feeling disappointed with myself. |

| 76 | Megha: | absolutely |
| 77 | Nora: | um and the {high pitched voice} <u>funny</u> thing is too |
| 78 | | like if any of my friends got migraines I wouldn't |
| 79 | | it- I wouldn't accuse them of faking it <u>ever</u> |
| 80 | | because..I don't like- |
| 81 | | why would anyone do that? |
| 82 | | it doesn't make <u>any</u> sense |
| 83 | | but I think I just hold myself to a different <u>standard</u> |
| 84 | | or I- I don't- |
| 85 | | it's not even a <u>standard</u> I just like hh@ |
| 86 | | @ I just am <u>irrationally</u> |
| 87 | Megha: | mhm |
| 88 | Nora: | <u>afraid</u> of seeming <u>weak</u> |
| 89 | Megha: | [yeah] |
| 90 | Nora: | [or] like I'm faking it |
| 91 | Megha: | mhm |

**Introduction**

Migraines are a genetically influenced disorder, characterized by moderate-to-severe headaches, light and sound sensitivity, and nausea (Ruschel & Jesus, 2023). They are a common cause of disability and loss of work, and they are recurrent, usually spanning hours or days (Ruschel & Jesus, 2023). This study aims to examine the affective stance of college students towards migraines, attempting to answer the question "what affective (Du Bois & Kärkkäinen, 2012) stance (Kiesling, 2022) do college students with migraines take towards their migraine experience?" Both participants, "Nora" and "Hailey," were recruited specifically because they had migraine experiences, and they were interviewed by me,"Megha," who also experiences migraines. These findings will show that a generally negative affective stance is taken towards their migraine experiences, with varying specific emotions encoded in the stance.

**Theoretical Background**

Scott Kiesling, in his review paper "Stance and Stancetaking," (2022) provides an overview of stance, which is one of the primary theoretical frameworks in this analysis. Stance refers to the ways in which people position themselves in conversation, and stancetaking usually involves an ideological component, while positioning is more related to identity. The stance object, in stancetaking, refers to the object towards which speakers take a stance; what makes the study of stance and stancetaking useful is that it allows researchers to examine the relationship that the speaker attempts to indicate and establish with other interactants in the conversation (Kiesling, 2022). More specifically, stance is sociolinguistically useful to analyze the *contrast* between these relationships, i.e., whether and how a speaker indicates stance can affect their relationship with other interactants (Kiesling, 2022). Finally, stancetaking is inherently dialogic and intersubjective — once a speaker makes or attempts a stance signal, other speakers will either take up or resist it in many ways (Kiesling, 2022).

The notion of the speaker is vital in the study of stance and stancetaking — Goffman (1981) points out three primary roles that are collapsed into the "speaker" role. First, there is the author, who composes the essential text; second, the animator articulates and produces the utterance/speech; third, the principal takes responsibility for the utterance. For the purposes of this study (and seemingly, stance generally), the three roles are collapsed into one — "the speaker" but as Goffman points out, the three roles can easily be separated. Du Bois (2007) provides a useful model for understanding stance via the Stance Triangle. Two sides of the stance triangle are created by speakers and their respective positionings via evaluations of the stance object, and the third side is created via the alignment or disalignment of the two utterances (Du Bois, 2007) and by extension, the speakers. Therefore, the entire Triangle, with all 3 sides, refers to a single stance act. Within this stance act, there are 3 vital dimensions to stance — first, the evaluation which is the position the speaker takes towards the stance object; second is the alignment, i.e. whether speakers are aligned or disaligned, and it is this dimension of stance that requires minimally 2 utterances (Du Bois, 2007); third, investment, which refers to how committed the speaker is to aligning with the principal's evaluation (Kiesling, 2022).

When considering affect, affect crucially involves a public and overt display of emotion within a communicative context (Du Bois & Kärkkäinen, 2012). Affect does not necessarily have a narrative nor is it crafted through cultural contexts (Rice, 2008); instead it is more like a degree of intensity that is prior to an articulated or indexed referent (Massumi, 2005 as cited in Rice, 2008). Within the context of affect, the stance object is the thing to which the speaker expresses or displays an overt, emotional reaction or an affective orientation towards; the affect display is the evaluation (Du Bois & Kärkkäinen, 2012). Another important aspect of affective stance is the subject, i.e. the speaker who places themselves in the subject position. In the context of affective

stance, the positioned subject refers to the speaker who orients affectively towards the specific stance object(s) (Du Bois & Kärkkäinen, 2012). Finally, importantly, as Kiesling (2022) discusses, alignment is another key feature of stancetaking; in affective stance contexts, alignment refers to how co-participants line up affective stances, and how these co-participants assess the nature of their own affective stances towards the shared objects; they "take stock of the affective stance differential" (Du Bois & Kärkkäinen, 2012).

Fiehler (2002, as cited in Glapka, 2019) provides a model for emotion expression and thematization; emotion/affect may be overtly expressed to some degree but it is predominantly thematized (i.e., made the topic of the conversation). Within this framework, emotion/affect can be constructed experientally not only through words to describe emotion, but also through other specific, contextually specific forms of thematizing feeling; it is a continuum (Fiehler, 2002, as cited in Glapka, 2019). One example of this is in the work of researcher Golato. Golato (2012) examines the particle 'oh' in English and its equivalent forms in German, and she importantly describes how it not only functions as a marker of surprise, but also expresses an emotional change in state, both positive and negative. Golato's work importantly demonstrates that there does not need to be the overt verbalization of the emotion in order to indicate an emotional stance. Further, affect can also be indicated by specific features of voice quality. For example, Pratt (2023) finds that male students used increased creaky voice, slower speech rate, and postural stillness to constitute their definition of 'chill' and to differentiate themselves from whom they considered to have "no chill."

Partington (2006) explains how sarcasm can occasionally play a bonding role between interactants, and that this bonding role can help account for some ways in which sarcasm can result in a positive appraisal. Importantly, he explains that there is no general consensus on

whether sarcasm and irony are essentially the same (Partington, 2006) and thus, for this study, I have not differentiated between the two. In the context of this research, the function of sarcasm and irony are essentially the same — an utterance that conveys the opposite of the speaker's desired meaning. Further, when considering an ironic utterance, the strength of the irony (indicated by the utterance itself) demonstrates the strength of polarity in the speaker's implied, intended meaning (Partington, 2006). Additionally, both irony and humor employ similar mechanisms to ensure their success, so it is unsurprising that there is some overlap between the two (Partington, 2006).

One of these similarities seems to be the role they both play in social bonding. Trouvain & Truong (2017) explain that laughter plays an important social function and that it helps facilitate social bonding. Particularly, when considering alignment and disalignment (which are especially important to the theoretical framework of stancetaking), laughing together can be seen as a sign of alignment or affiliation while not laughing together can be seen as disalignment or disaffiliation (Trouvain & Truong, 2017). Jefferson (1979) comments on the turn-taking nature of laughter, detailing that speakers invite listeners to laugh, and that the listener accepts that invitation. In particular, one manner speakers offer this invitation is by laughing first, and the listener accepts the invitation by laughing just after the onset of the speaker's laughter (Jefferson, 1979). Similarly, it is possible to decline the invitation to laugh when the listener (or recipient) actively declines to laugh, and recipients can place speech right after the onset of the speaker's laughter (Jefferson 1979). While Jefferson (1979) explains that there seems to be a distinction between single-party and multi-party laughter, for the purposes of this study, only single-party invitations are relevant since there were only two people present, in total, for these interviews.

On the topic of migraines and linguistics, Nasciamento et. al (2014) find that on the social media platform Twitter, users who experience migraines use a variety of different words to describe their migraines in real time online. Among these words, they find that "worst" and "bad" were the leading words that users used, and they were used to primarily differentiate the severity of their migraine attacks from the more common ones. Their principal finding is that on social media, the language surrounding migraines was highly colloquial and heterogenous, and somewhat informal because of the lack of doctor-patient formality. Because the interviews in this study were also conducted in a relatively informal environment, it is expected that the participants' language will also be relatively informal because of the lack of doctor-patient formality.

Since migraines are a common cause for disability, it is important to examine the social model of disability in relation to migraines. Shakespeare (2017) articulates what the social model of disability is — a model where disability is caused not by the physical impairment of disability but by societal barriers that prevent disabled people from participating in society. The social model has a set of key separations — impairment is different from disability, as impairment is individual and private, while disability is structural and public; the social model is different from the medical or individual model because it defines disability as a social creation instead of a physical one; and finally, disabled people are distinguished from non-disabled people, and that disabled people are necessarily oppressed and thus civil rights (compared to charity or pity) are the solutions to this oppression (Shakespeare, 2017). While the social model has numerous strengths — it is politically effective, it is instrumental in demonstrating how disabled people face societal oppression for their disabilities, and it is psychologically beneficial in improving the

self-esteem of disabled people and building a positive sense of collective identity — it also has weaknesses.

One salient weakness of the social model is that it does not consider impairment to be an important part of many disabled people's lives; it claims that societal oppression is the only factor that contributes to disability status. Yet, Crow (1992) points out that for many disabled people, impairment is not always irrelevant, neutral, or positive; for many disabled people, personal struggles related to impairment will remain even after achieving civil rights. She points out that the key difference between the movement for disability rights and other civil rights movements is that there is nothing inherently unpleasant about the embodiment of difference in other groups; race, sexuality, gender, etc. are neutral facts but that is not the case for disability. Thus, Shakespeare (2017) explains this key critique — that the social model very strongly disowns individual and medical approaches that it risks implying that impairment is not a problem; disabled people face both discrimination and intrinsic limitation, unlike other marginalized groups.

**Methodology**

I conducted two sociolinguistic interviews in late 2023, and all interactions were taken from these two interviews. The participants were recruited specifically because they experienced migraines, and I had never met them prior to the interviews. As far as I am aware, the participants do not know each other, and the interviews were conducted separately. These interviews were conducted in an academic building on a college campus. The first 3 excerpts were taken from "Hailey," a South Asian woman, who is a college student, who experiences chronic migraines. The last 3 excerpts were taken from "Nora," a white woman, who is a college student, whose migraines are triggered by exertion and exercise. In both of these excerpts, I am

the participant "Megha," a South Asian woman, who is also a college student, who experiences episodic migraines. With the exception of IV, for all of these interactions, both Nora and Hailey are aware that I experience migraines. Nora becomes aware immediately after the end of interaction IV that I experience migraines.

The excerpts were reviewed for the expression of affect, and each token was coded for an overt expression of emotion (using an emotion word) or the lack thereof, the presence or absence of laughter, the presence or absence of irony, and then 7 affective categories — weakness, disappointment/unfair, disruptive, fear, frustration, shame, and difficult to bear. The "difficult to bear" category refers to expressions of affect that indicate that their migraine experience is a difficult and challenging experience. When there was no overt expression of emotion, the token was coded into the category of the most recently mentioned overt emotion. There were no instances of any positive emotions in any of these excerpts. Each token was coded into only one affective category.

Table 1 illustrates a selection of tokens, from both "overt expression of emotion" and "no overt expression of emotion," and it illustrates their affective category alongside their context. The context was included to better explain why non-overt expressions were coded into that category. Further, the participant from which the token was retrieved from was also coded, to better account for the context. Other coding decisions, such as the presence or absence of laughter can be noted from the transcripts. Unlike some of the following affective expressions, the transcripts themselves mark the presence of laughter, so that was not included in this table. Irony was also not included here, since none of these tokens were coded into that category.

**Table 1: Selection of Tokens With Their Categories**

| Token | Overt vs. Non-overt | Participant | Context | Affective Category |
|---|---|---|---|---|

|  | expression |  |  |  |
|---|---|---|---|---|
| ugh | non-overt | Hailey | migraine severity increasing | disappointed |
| sucked | non-overt | Nora | migraine experience while at a summer running camp | frustration |
| weenie | non-overt | Nora | migraine experience while at a summer running camp | weak |
| burdensome | overt | Hailey | migraines becoming obvious to friends | disruptive |
| afraid | overt | Nora | possibility of a migraine while at Belle Isle with friends | fear |
| embarrassing | overt | Nora | her friends potentially seeing her vomit so she can prove she has a migraine | shame |
| distraught | overt | Nora | responding to the question of what emotions she would tie to her migraines | difficult to bear |

All transcription conventions were adapted from Cochrane (2015). Transcripts are labeled I-VI, corresponding to the Transcripts section.

**Analysis**

For this section only, I have represented myself as "Megha" because in these interactions, I am an interactant who is aligning/disaligning with participants' stances, and my role resembles that of a participant. Thus, I chose to label myself "Megha" to reflect my role as an interactant and participant in these interactions. For all other sections, I have used the first-person pronoun "I" instead of "Megha," to reflect my role as the researcher.

Both Nora and Hailey laugh when discussing their migraine experience, but Hailey employs a greater level of laughter, in addition to irony usage, while Nora does not employ irony and has decreased levels of laughter.

When discussing Hailey's migraines in I and II, Hailey often laughs when discussing emotions of disappointment/unfairness; these emotions constitute much of her affective stance. An example is demonstrated below:

II (9-15).

| 9 | Hailey: | [but like] like kind of like a..like..a |
|---|---|---|
| 10 | | like if I'm having a bad day and then it's like like [great] |
| 11 | Megha: | [great] [[@@]] |
| 12 | Hailey: | [[@@]] yeah on top of everything @ |
| 13 | Megha: | [like oh] great perfect |
| 14 | Hailey: | [@@@] |
| 15 | | @@ yeah @@ |

In addition to the laughter here, Hailey and Megha both employ irony, and both the laughter and the irony indicate, under Du Bois's Stance Triangle (2007), alignment towards the stance object — Hailey's migraines. More specifically, the stance object here is a specific characteristic of migraines — their tendency to increase in severity. As both Partington (2006) and Trouvain & Truong (2017) explain, irony and laughter play an important role in social bonding, and here, Megha and Hailey reinforce their alignment through their laughter and irony usage. Importantly, while the laughter and irony serve to reinforce the existing alignment between the two

interactants, it is crucial to note that the laughter here stems from the simultaneous, overlapping, and exact ironic utterance that Megha and Hailey make (10-11). Megha indicates her stance by overlapping the exact lexical item Hailey does, and the ensuing laughter on both interactions' parts indicate their aligned stance and their social bond, as a result of their stances. Further, both Megha and Hailey have both experienced migraine severity increasing, and thus Megha's alignment is not only because she too experiences migraines but rather, the alignment occurs because of Megha's own personal experiences too. This alignment, born of experience, may help explain the significant level of investment (Kiesling, 2022) in the alignment for Megha; her further utterance of "great perfect" indicates that Megha strongly aligns with Hailey, and she wants Hailey to know that investment. Hailey's continued laughter and "yeah" (15) illustrates that Hailey is aware of this strong alignment.

A similar instance of alignment can be seen in I (7-11):


| 7 | Hailey: | if I'm like out with my friends or |
| 8 | | or like taking an exam or something then I'm like |
| 9 | | this is so unfair @[@]= |
| 10 | Megha: | [@ yeah] |
| 11 | Hailey: | =and I'm like ugh hh like um..like yeah |


This instance demonstrates Jefferson's (1979) research about laughter invitation; Hailey invites Megha to laugh with her, and Megha accepts the invitation by laughing just after the onset of Hailey's laughter (9-10). Unlike the previous instance, however, because Hailey is offering an invitation to laugh, Megha signals her alignment with Hailey's stance by accepting the invitation to laugh. This acceptance is in line with Trouvain & Truong (2017), who explain that laughing together can be seen as a sign of alignment or affiliation. Since Megha's laughter is placed right at the onset of Hailey's laughter, and there is overlap in their laughter, it follows that they are, as

Trouvain & Truong explain, laughing together and thus, Megha's laughter is a marker of alignment. Similar to the previous instance, however, Megha's alignment is partly also based in her own migraine experience and thus, Megha's laughter as well as "yeah" (10) serve to further illuminate the investment Megha has in aligning with Hailey's stance.

Nora, however, does not laugh quite as much nor does she employ irony; much of Nora's affective stance involves feelings of fear and weakness, which is different from Hailey. For example, in IV (7-16), she is narrating a story about getting a migraine while she was at a summer camp for running, shortly after she began birth control for her migraines. Nora is an extremely active person, and since her migraines are exertion-triggered, she had been describing how she had to essentially end her athletic track season and how she went to this summer camp.

| 7 | Nora: | but my first day there |
|---|---|---|
| 8 | | I got a migraine and that <u>sucked</u> |
| 9 | | and it's weird too because..I |
| 10 | | hh {creaky voice} Good Lord |
| 11 | | I had to like- |
| 12 | | they put me in a dark room and I just sat on the ground hh |
| 13 | | and um..like |
| 14 | | it- I just felt like such a <u>wee:nie</u> but hh |
| 15 | Megha: | hh |
| 16 | Nora: | @ hh it's..it's..it's it's <u>hard</u> um |

Nora's usage of the word "weenie" (14) conveys how she felt weak for having to sit out the very first day she got there. Since athleticism (particularly, running) is an activity that is important to her, being unable to participate in the camp activities is why her getting a migraine "sucked" (8) and denotes her frustration with her migraines. Notably, unlike Hailey, Nora does not engage with much laughter compared to Hailey; there is only one instance in this section (16), and even that instance is much shorter than Hailey's laughter. As Jefferson (1979) explains that one technique of declining a speaker's laughter invitation is to place speech right after the onset of

laughter, it seems like Nora here is not extending an invitation to laugh; she exhales audibly and places speech right after her short instance of laughter. Importantly, it is immediately after this interaction that Nora asks Megha if she experiences migraines (which Megha affirms), and this is a potential explanation for why Nora does not extend the laughter invitation. At the time of this interaction, since Nora is unaware that Megha experiences migraines, Nora may be unsure of what Megha's stance towards migraines is, which is why she does not extend the invitation. Further, while alignment can be indicated through laughter, it does not always do so. Thus, perhaps Megha does not try to laugh to indicate alignment (unlike Hailey) because she recognizes that Nora does not know Megha's stance towards migraines, and perhaps Nora may not realize that any potential laughter is to align with Nora's stance. Importantly, however, Megha still finds a way to align with Nora — with the audible breath. In (14), Nora produces an audible exhale, and in (15) Megha does the same, and Nora once again produces an audible breath in (16). In producing this same audible breath (15), Megha is attempting to signal her alignment towards Nora's stance, and perhaps Nora recognizes this breath as alignment.

When asked directly how she feels about her migraines, Nora once again mentions her frustration, along with other emotions. In this interaction, Nora is aware that Megha experiences migraines. VI (5-13) illustrates her emotion towards her stance towards her migraines — she is responding to a question about which emotions she would tie to her experience of migraines:

| 5 | Nora: | {creaky voice on final syllable}<u>distrau:ght</u> hh @ |
|---|---|---|
| 6 | Megha: | [@@] [[hh]] |
| 7 | Nora: | [@ I am] [[frustr]]ated |
| 8 | Megha: | [[[mhm]]] |
| 9 | Nora: | [[[I think]]] <u>everybody</u> would feel frustrated with <u>their</u> migraines |
| 10 | | s- like scared? |
| 11 | Megha: | mhm |
| 12 | Nora: | I mean I told you..I gave myself a panic attack just from the <u>fear</u> of like <u>having</u> one. |
| 13 | | it's like seeing an oncoming train |

Notably, unlike the previous interaction, Nora here does extend a laughter invitation, which

Megha accepts and Nora and Megha do laugh together; Megha's laughter here indicates

alignment with Nora's stance towards her migraine experience. Since Megha's question was

about Nora's emotions towards the experience of migraines, the stance object here does not refer

to the migraine attack itself but rather, the condition of migraines itself. However, there does

seem to be some overlap between the two stance objects (the migraine condition and the

migraine attack itself); Nora believes that everyone would feel frustrated with their migraines

(9), which refers to the condition itself. Yet, the fear she describes (10-13) seems to be directed

towards both the migraine attack as well as the condition; she seems to be afraid both of

experiencing the pain that accompanies an attack as well as the thought of experiencing a

migraine. She recounts an earlier story she told Megha in the interview about how she gave

herself a panic attack because she was afraid of getting a migraine. She ultimately did not get a

migraine, but she had to be picked up from her place of work to go home because of her panic

attack. Her fear at the possibility of experiencing a migraine, while at work, illustrates how fear

is encoded in her stance towards the condition itself, and towards the possibility of experiencing

migraine attacks when she exerts herself. She recognizes that if a migraine attack were to occur,

it would be debilitating and thus, she is fearful towards the possibility of experiencing one.

Nora's usage of "distraught," therefore, indicates the agitation and pain that comes with this fear

and frustration of having to experience migraines, particularly because they are triggered by an

activity that is important to her (i.e., exercise and being physically active).

One of Nora's central emotions in her affective stance, however, is the feeling of being

seen as weak. She already briefly mentions this when discussing her experience at the running

camp in IV(14). However, she goes into greater detail in VI (78-90), when explaining her fear of being seen as weak:

| 78 | Nora: | like if any of my friends got migraines I wouldn't |
| 79 | | it- I wouldn't accuse them of faking it <u>ever</u> |
| 80 | | because..I don't like- |
| 81 | | why would anyone do that? |
| 82 | | it doesn't make <u>any</u> sense |
| 83 | | but I think I just hold myself to a different <u>standard</u> |
| 84 | | or I- I don't- |
| 85 | | it's not even a <u>standard</u> I just like hh@ |
| 86 | | @ I just am <u>irrationally</u> |
| 87 | Megha: | mhm |
| 88 | Nora: | <u>afraid</u> of seeming <u>weak</u> |
| 89 | Megha: | [yeah] |
| 90 | Nora: | [or] like I'm faking it |

Nora clearly acknowledges that her fear of seeming "weak" is irrational, yet, crucially, this fear is different from the previous example mentioned, where Nora is afraid of experiencing the migraines. Fear seems to be a central emotion in her affective stance. In some sense, her fear of her migraines themselves and the condition could be considered more 'rational' because of the pain and frustration that accompanies them, but her fear of being perceived as weak is "irrational" because she cannot fathom perceiving anyone else that way. Crucially, therefore, there seem to be two different stance objects where fear is considered. First, as previously detailed, is the fear she experiences towards her migraine condition and the migraine attacks; this fear is rooted in the physical aspects of the migraine condition and attack. Second, the emotional fear of being perceived as weak or as if she is faking it, is directed towards her own, migraine-experiencing self. Thus, when she experiences migraines, she becomes the second stance object towards which her own stance is the emotional fear of being perceived as weak or faking it.

Her two different stances importantly come together in the following interaction in V

(62-80):

| 62 |  | hh so I think with <u>my</u> migraines |
| 63 |  | there comes like a <u>weird</u> sense of <u>shame</u> with them |
| 64 | Megha: | mhm |
| 65 | Nora: | especially since they're activity-induced |
| 66 |  | [and I] hh <u>want</u> to be good at running [[and]] lifting and whatever |
| 67 | Megha: | [mhm][[right]] mhm |
| 68 | Nora: | and um..they just kind of hold me back |
| 69 | Megha: | mhm |
| 70 | Nora: | and sometimes internally I think |
| 71 |  | and I've talked to my mom about this too |
| 72 |  | I just think |
| 73 |  | I've held myself back from this because I was <u>afraid</u> of getting a migraine |
| 74 | Megha: | right |
| 75 | Nora: | <u>or</u> did I hold this- myself back because I was just <u>tired</u> or some[thing] using it as an excuse |
| 76 | Megha: | [yeah] |
| 77 | Nora: | and hh when I was <u>younger</u> |
| 78 |  | I mean that's why I got so many migraines |
| 79 |  | because I just{creaky voice} would never hold myself back <u>ever</u> |
| 80 | Megha: | mhm |

Here, she once again expresses her stance towards the migraine condition when she explains in

(73) how she has held herself back because of her fear of experiencing a migraine attack, but she

challenges the credibility of the fear by calling into question its existence. When she explains

how the other possibility is using the fear of experiencing a migraine as an excuse to stop her

workout early (75), her two stances interact with each other. On one hand, her fear of the

migraine attack is a physical fear, but her emotional fear of being perceived as weak for stopping

her workout early is a fear that is resultant from her physical fear. Thus, while fear is overarching

in her stance, it applies itself in different ways to different stance objects. Further, in (68), she

states that the migraines themselves hold her back but in both (73) and (79), she states that she is

the one holding herself back. One possible explanation for this switch in subjectivity is that Nora

has perhaps equated herself with migraines because of the shared similarity that they both hold

her back during workouts and other forms of physical activity. Thus, her stance encompasses a

sense of frustration and shame towards herself when she has to stop a workout early, and this ties

in to her fear of being perceived as weak and her accompanying shame; she may see no effective

difference between herself and her migraines holding her back. The stance object, therefore,

seems to be the entity holding her back from her workouts.

Interestingly, both Nora and Hailey are afraid of being considered "burdens" by their

friends when they experience migraines. This is best illustrated by the following excerpts:

III (1-10):

| 1 | Hailey: | I think like when it gets to the point where its like |
|---|---------|-------------------------------------------------------|
| 2 | | obvious to: my friends |
| 3 | Megha: | [mhm] |
| 4 | Hailey: | [um] that like I'm having a like bad migraine um… |
| 5 | | I..worry..like |
| 6 | | about the responses… |
| 7 | | not because they would ever be like unkind or unsupportive |
| 8 | | but because like I don't want it to be like..hh..um |
| 9 | | like I don't want it to be  disruptive or like um |
| 10 | | like burdensome um and..like |

Here, Hailey is concerned about the impact that her migraines have on her friends, and she

worries that it will be "disruptive" (9) when she is with her friends. She explains that her friends

would never be unkind or unsupportive (7), and thus they would never hold it against her, but she

emphasizes that she doesn't want the migraines to cause her to be burdensome. This is important

because a characteristic feature of migraines is that they are often debilitating, particularly with

the more severe ones, as Hailey is explaining in this entire interaction III. Importantly, Hailey

experiences "worry" (5), which is an emotion based in fear.

Nora feels similarly when regarding migraines in the context of being with her peers, as illustrated in V (19-24):

| 19 | Nora: | <u>yeah</u> I'm- I get afraid of like physically exerting myself in just {inaud.} |
|----|-------|------------|
| 20 | | like- everyday periods of time |
| 21 | | because I <u>really</u> don't want to be like a burden for my friends |
| 22 | | because if I got a migraine in Belle <u>Isle</u>… |
| 23 | | I mean..I would they'd hh |
| 24 | | I <u>could</u>? walk back |

Like Hailey, Nora is concerned about not wanting to be a burden for her friends (21), should she experience a migraine when she is with them. Particularly, she seems to be concerned about how her friends would have to take care of her because one of Nora's aura symptoms, as she explains earlier in the interview, is blindness in one eye, which would make navigating Belle Isle difficult in addition to the pain she will experience.

Both Hailey and Nora are worried about being seen by their friends as a burden and as disruptive because of their migraines, even as they acknowledge their friends do not necessarily see them that way. In Du Bois's Stance Triangle (2007), they are in alignment with each other because the stance object here is themselves experiencing migraines around their friends, and they have the same evaluation of the stance object (i.e., fearing being burdensome).

Importantly, in V (90-107), Nora mentions again about feeling burdensome:

| 90 | | and I <u>know</u> that no one in my life {snap} |
|----|-------|------------|
| 91 | | like my boyfriend {snap} my friends {snap} |
| 92 | | people {inaud.} that have seen me get migraines my mom {faint snap}my sister {snap} |
| 93 | | like <u>none</u> of <u>them</u> think that I'm faking it |
| 94 | Megha: | mhm |
| 95 | Nora: | because why would I fake it? |
| 96 | | why would anybody fake it? |
| 97 | | <u>but</u> I think |
| 98 | | and maybe this is also a <u>thing</u> related to..being a{airy voice} <u>woman</u> |
| 99 | | that your pain isn't really seen as valid. |
| 100 | | um especially when it's not visual |
| 101 | Megha: | mhm |

| 102 | Nora: | {click}so hh {creaky voice}yeah |
|---|---|---|
| 103 | Megha: | mhm |
| 104 | Nora: | {creaky voice}I don't know |
| 105 | | it just-I <u>don't</u> like being hh |
| 106 | | I don't like feeling like a <u>burden</u> {humorous}hh |
| 107 | Megha: | yeah |

Here, Nora states that she does not like feeling like a burden (106), which is different from when she expressed the fear of being perceived as a burden by her friends. As contrasted with the previous instance where she mentions her fear of potentially feeling like a burden, here, she explicitly clarifies that she does not like feeling like a burden, meaning that she has felt like a burden before, and she does not like that feeling. Perhaps her previous experience of actually feeling like a burden may explain why emotional fear is so heavily present in her stance; she seems to have experienced feeling like a burden and is afraid of feeling that way every time she experiences a migraine attack. Thus, while both Nora and Hailey share the similarity of feeling like a burden around their friends, Nora's feelings of being burdensome may extend more generally, as there is no specified set of people for whom Nora feels like a burden in the interaction above.

**<u>Discussion</u>**

Since stance requires there to be minimally 2 utterances and different interactants, during these interactions, I was the other interactant, besides the participant. Thus, regarding my own positionality, it is important to acknowledge that I share similar experiences and identities with both participants. Although stance is primarily about ideologies and attitudes compared to identity (Kiesling, 2022), my own identity impacted the stance I took in these interactions, and what stance(s) I aligned and disaligned with. While, of course, it is possible for any researcher to examine affective stance towards migraines, the participants' knowledge of my own migraine

experience may have allowed me to align with their evaluations in different ways than another researcher, who does not experience migraines, potentially could have.

Yet, an important consideration with my role also being a researcher involves the desire to keep participants at ease during the interview. Thus, as a researcher, it was my primary goal to make participants feel comfortable discussing their experiences, which means that my own participation in these interactions were influenced by this desire. Thus, while I still align and indicate investment in aligning myself with the participants, it is possible that there are instances where my backchanneling is not reflective of alignment to a specific stance but rather, it reflects my desire to keep the participants at ease. Additionally, it is also possible that participants may perceive this backchanneling as alignment with their stance. However, in the analysis above and in the discussion that follows, there are no instances where I did not intend to align via backchanneling.

As for both participants in this study, Hailey and Nora have very different experiences with migraines, and their affective stances reflect these experiences. Both participants share important similarities — at least one parent also experiences migraines, they are both college students in their pre-20s, and they both identify as cis women. Yet, Hailey's migraines are chronic (she experiences them nearly every day) while Nora's are exertion-induced, and she only began to experience them starting around age 12-13 (7th grade).

For most of the conversation with both participants, the pertinent theme was about migraines and migraine experiences, meaning that both participants had already been talking about their experience for some time before describing affect. Consistent with both Golato (2012) and Fiehler's model for the expression of emotion (2002), emotions were not always overtly expressed using emotion words by both participants — there were utterances such as

"ugh" and "weenie" that referred to frustration and weakness respectively, yet they were important contributors to analyzing the participants' affective stances. As previously mentioned, there seem to be key differences in both stances towards migraines.

Most of Hailey's affective stance towards her migraines revolve around the two primary categories of disappointment/unfairness and frustration (see II (18-19) for frustration), but primarily disappointment/unfairness. As both the researcher but primarily also as a participant, I indicate significant levels of investment when aligning myself with Hailey's stance, particularly with feelings of frustration and disappointment/unfairness over the migraine condition. Since Hailey is aware that I too experience migraines, she extends Jefferson's (1979) laughter invitations, which I accept in order to align myself with her stance. Importantly, however, the stance object I align myself with is not Hailey's chronic migraines but rather, the migraine condition because I experience migraines episodically, not chronically. The primary ways in which I align myself with Hailey are by accepting her invitations to laugh and by backchanneling (both lexical and non-lexical). Additionally, my usage of irony, which overlaps with Hailey's own usage, further indicates both my alignment and investment with Hailey's stance.

For Nora, however, her affective stance predominantly revolves around affective categories of fear and weakness, where she is afraid of experiencing migraines and she is afraid others will perceive her as weak. Therefore, when considering the Stance Triangle, there are two stance objects. First, her migraines themselves — she takes an affective stance expressing fear of experiencing them, and I align myself with Nora via backchanneling. The second stance object, however, is the perception of herself by others as "weak," and her stance towards this object too involves the expression of fear, and I once again align myself with her evaluation. Yet, the ways that I align myself with Nora are different from Hailey, where I use less laughter than I do with

Hailey, and I use no irony. Instead, I opt to backchannel (both lexical and non-lexical) to indicate

alignment. Perhaps the decision to backchannel instead of laugh is based in the lack of laughter

invitations Nora extends, particularly in III where Nora does not yet know that I experience

migraines. When she does, as in VI, I accept. Another potential explanation for this decision is

because I am less invested in aligning myself with Nora's stance as I am with Hailey's; my

migraines are more similar to Hailey's than they are to Nora's. Since my own migraines are not

limited to just one trigger, since they can occur unexpectedly, and since I have experienced them

for my whole life, my own experience is far more similar to Hailey's than to Nora's. Thus, it is

possible that my actual, own affective stance towards the migraine condition is more similar to

Hailey's than it is to Nora's, which may help explain the differing levels of investment.

It is interesting to consider what causes a difference in Hailey's and Nora's stances, and

one possible explanation is the duration of the participants' migraine experiences. Since Hailey

has had them chronically and lifelong, that may explain why her stance is centered more around

disappointment/unfairness and frustration; she has gotten used to them throughout the duration of

her life, even as a child. In contrast, however, Nora's began relatively later in her life and are

specifically exercise-triggered, and she and her family tried plenty of medication (see VI

(19-22)), and she knows there is no preventing the migraines from occurring. While both

participants do experience migraines, their migraine experiences hold key differences that seem

to affect their stance.

Despite the key differences between both stances, both stances are negative in nature,

without expressing neutrality or positivity towards the migraines. This importantly highlights

what Crow (1992) and Shakespeare (2017) bring up in their critique of the social model of

disability. This data underscores the importance of considering the role of impairment in

disability, and that disability cannot be separated from the impairment itself, particularly in cases where the impairment causes pain or is chronic, as with migraines. When describing their affective stances, both participants do acknowledge societal factors that impact their migraines; Nora, for example, mentions how expensive migraine medication is, and how she had to discontinue its usage. Yet, a large part of both participants' affective stance revolves around their negative emotions surrounding the physical condition of the migraines—the impairment itself.

Migraines can take an emotional toll on those who experience it, and this study reveals how those experiences are not pleasant, hence the critique of the social model of disability (Shakespeare, 2017). While the social model of disability is a valuable and powerful model to conceptualize disability, it is vital that models of disability also factor in the impairment for disabled people. Further, as this data illustrates, participants do not take neutral or positive stances towards their migraines, particularly when it is painful on both an emotional and physical level.

Additionally, this study importantly illustrates that different experiences with the same condition can lead to different stances, and these different experiences can also play a role in determining levels of investment, in addition to alignment. Migraines have varying symptoms, and while all symptoms fall under the broad category of "migraines," there are differences that can help account for various stances. Yet, when considering that migraines not only take physical tolls on those who experience them, they also have a large emotional toll, as illustrated by this data.

## Conclusion

This study examined the affective stance of college students towards their migraines. Affective stance refers to the expression of emotion towards certain stance objects, examining

affective stance towards migraines adds to the existing body of research about this. In taking a stance, participants are able to also assess my own stance, as I share the similarity of experiencing migraines. The findings of this study indicate how even among college students, affective stance can vary, including stances that express fear, disappointment/unfairness, weakness, frustration, shame, difficulty, and disruptiveness; there are no positive emotions that were expressed by either participant. Disappointment and frustration seem to be common, particularly when regarding how migraines cannot be controlled. Both participants, despite their dissimilar experiences and stances, share the common concern of being regarded as a burden when interacting with their peers. In assessing my own alignment with the participants, I, as an interactant, am able to align with both speakers in both conversations, but with varying degrees of investment towards the alignment. In order to successfully align myself with both Nora and Hailey, I accept invitations to laugh, and with Hailey, I use irony to indicate alignment and investment in the alignment. I also backchannel to indicate my own alignment with both Nora and Hailey. Finally, this study emphasizes the importance of factoring in the impairment in disability models, as this study shows how the physical experience of migraines takes a significant, emotional toll on those experiencing migraines.

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