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Exploring Power Relations in Online Urdu Clinical Consultations on YouTube: An SFL Analysis of Mood and Modality

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Abstract

This study investigates power relations in Urdu clinical consultations on YouTube through the lens of Systemic Functional Linguistics (SFL), focusing on the interpersonal metafunction—specifically mood and modality. Recognizing the inherently asymmetrical nature of doctor–patient discourse, the research aims to explore how linguistic choices reinforce or negotiate authority in digital medical settings. A qualitative methodology was employed, analyzing a purposively sampled, transcribed YouTube video of an Urdu-speaking doctor's consultation, comprising 7,873 words. The analysis applied Halliday and Matthiessen's (2004) model to identify mood types (declarative, imperative, interrogative) and modality values (low, medium, and high). The findings revealed clear power asymmetry: doctors predominantly used imperatives and high-modality expressions to issue commands and assert expertise, while patients primarily relied on interrogatives and low-modality expressions, reflecting deference and uncertainty. Declaratives were used as tools by doctors, to share authoritative medical knowledge, and by patients, when reporting symptoms. Doctors wielded even more power in the digital realm, shaping the trajectory of conversations and often leading patients to branded content. These communicative choices illustrate how language hierarchically constructs medical interactions, especially in technologically driven cultural settings. This study contributes to Systemic Functional Linguistics and discourse analysis by focusing on Urdu digital healthcare exchanges. It shows that power and authority are clearly mediated by mood and modality. To further our understanding, future investigations would benefit from larger data samples and cross-linguistic comparisons.

Keywords: Doctor-Patient Interaction, Mood And Modality, Sfl, Power Relations, Urdu Clinical Consultations

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Introduction

Language is not a simple matter of communication—it plays a key role in forming relationships, social roles, and authority. It becomes a critical means by which doctors can spread their knowledge, steer discussions and influence decisions in instances such as medical consultations. These medical conversations often expose unequal power dynamics, as patients tend to be more reactive or deferential while doctors tend to take the lead. These roles are perpetuated through specific language use as well as by the institution. By focusing on these choices, in particular as they involve mood and modality, it is apparent that language is employed to control power during clinical encounters. Systemic Functional Linguistics (SFL) can be a useful perspective for this sort of analysis. Its interpersonal metafunction highlights how language serves to express attitudes, designated roles, and relations of control. In this respect, modality forms representing certainty, politeness, or obligation—adds delicate degrees to the expression of messages, whereas mood forms—like questions, imperatives, and indicatives—serve to establish the roles of speaker and listener.

In a clinical conversation, patients might employ interrogative or weaker modal forms to convey deference or uncertainty, while doctors commonly use assertively strong modal forms and statements of fact to assert authority. Culture-specific norms also affect these patterns. For example, honorifics and politeness phrases are directly related to social hierarchy and respect in Urdu. There is a dearth of research in SFL on real medical conversations in Urdu, although some SFL work has been done on the grammar and mood of Urdu. There remains ample room for exploration of the ways in which language mirrors and constructs power in culture-bound clinical settings.

Few studies have examined how linguistic choices in Urdu clinical consultations reflect power asymmetries and cultural values. With the rise of digital platforms, clinical consultations are increasingly shared publicly on YouTube, providing a rich and authentic source of data. These online interactions blend formal medical discourse with spontaneous communication, offering a unique opportunity to explore how power, identity, and authority are negotiated in real-time. Analyzing these consultations through the lens of SFL, with a focus on mood and modality, illuminates how language is used to express compliance, command, politeness, resistance, and agency within the culturally specific context of South Asian healthcare. Therefore, this study aims to fill a significant gap by investigating the linguistic realization of power relations in Urdu clinical consultations on YouTube. It builds on existing SFL and CDA research into discourse and power, while contributing original insights on Urdu medical discourse an area that remains largely unexplored.

Research Objectives

The research objectives of the study are:

1. To analyze the use of mood and modality in negotiating power and interpersonal roles in Urdu YouTube clinical consultations.
2. To examine how obligation, certainty, and politeness reflect cultural norms and hierarchies in Urdu medical discourse.
3. To explore how YouTube's digital context shapes the linguistic expression of power compared to traditional consultations.

Research Questions

This research study seeks to address following research questions:

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1. How are power dynamics constructed and negotiated through mood and modality in Urdu clinical consultations on YouTube?
2. In what ways do doctors' and patients' use of declarative, interrogative, and imperative moods reflect their social roles and relative authority?
3. How do cultural norms of hierarchy and politeness influence the linguistic expression of power and interpersonal relationships in Urdu medical discourse?

Significance of the Research

This research is significant both academically and socially, contributing to the understanding of language and power in digital healthcare communication. Academically, it enriches Systemic Functional Linguistics (SFL) by applying mood and modality analysis to Urdu clinical consultations on YouTube—a relatively unexplored area, especially in non-English digital discourse. This study also advances discourse analysis by highlighting how digital platforms, language, and professional roles interact to shape communication and power relations. Additionally, it offers valuable insights into contemporary Urdu linguistic patterns in medical settings, revealing how stance, obligation, and social roles are expressed.

Delimitations of the Study

This study is delimited to ensure a focused and manageable scope. The research specifically analyses publicly accessible clinical consultation videos on YouTube. The language focus is Urdu, with allowances for occasional code-switching. With an emphasis on the interpersonal metafunction, particularly the systems of mood and modality, this study makes use of the Systemic Functional Linguistics (SFL) framework. It is beyond the scope of the analysis to discuss how these systems of meanings participate in creation and reflection of power relations in doctor-patient interactions at a general linguistic level or content of medical discourse.

Literature Review

This section discusses the key concepts related to this study such as mood and modality in SFL, power relations in discourse, dynamics of Urdu clinical consultation, and theoretical framework used in the present study.

Power Relations

Language power is something that emerges in interaction rather than something that people simply have. Foucault (1980) and Fairclough (1989) suggest that language is used to direct people's behavior or to maintain power hierarchies in institutional settings. This difference is still especially visible in medical consultations: patients tend to respond more passively or warily, doctors like to take the lead in institutional discourse. Van Dijk (2008) asserts that institutional discourse is contributed to in a way that reflects the predominance by means of managing to talk around a certain subject, the ability to have someone else speak, and who gets to speak. These trends are indicative of larger power dynamics and social mores. Looking at how those relationships are created in everyday interactions, such as between doctors and patients can show how authority is established, or sometimes challenged and resisted, through everyday language.

Urdu Clinical Consultation Dialogues

Cultural norms such as high power-distance, propriety, and non-confrontationalism often shape doctor-patient interactions in Urdu-speaking settings. This asymmetry is encouraged by honorific, polite address words and questions. Urdu is a high-context language, which means much of the meaning is assumed, and traditions of showing

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respect and respecting authority are easily adopted during Ramadan. More and more of these interactions are becoming available to the public, as communication-based digital platforms (such as YouTube) now make clinical conversation performative at an unprecedented scale. Urdu medical consultations have not been much explored from a discourse perspective, especially in the context of online interactions, which may challenge the habitus.

Mood and Modality in Systemic Functional Linguistics

Created by Halliday and elaborated by Matthiessen (2014), Systemic Functional Linguistics (SFL) provides a comprehensive model of how language creates social roles and relationships. Declaratives, interrogatives and imperatives are members of the mood class and the interpersonal metafunction in SFL accounts for the inter-relatedness of these grammatical resources and how they work differently in terms moulding the speaker's interpersonal relationship with the listener. The speaker's stance on necessity, obligation, possibility, or volition, however, is contained within the modality. In medical domain, mood and modality play critical roles to express authority or uncertainty in speech. Studies find that patients tend use softer modal expressions when expressing doubt or asking for permission, widely expressed by terms such as “maybe” or “can I,” whereas physicians use stronger ones, like “you must take this medicine,” as a way to assert control. In the case of Urdu, they indeed have been studied, but very little is yet known about what role they play in clinical interactions in Urdu, especially in online or digital context, though we have extensive knowledge about the same in English. Studying SFL in this context can enable us to see how language choices serve to both shape and reflect power relations.

Theoretical Framework

The study brings to bear the interpersonal metafunction as described by Halliday and Matthiessen (2004) in their influential *An Introduction to Functional Grammar* (3rd edition) which combine with a Systemic Functional Linguistics (SFL) framework, forms its methodological basis. As one of the three central SFL metafunctions, the interpersonal metafunction is especially useful for analyzing how language is used and how it manifests relationships of power and relations between speakers. The final methodology is used to discover the power relations in doctor-patient conversation on YouTube through the Urdu clinical online consultations. The study identifies system of language mood and modality as the key components of linguistic system which are necessary and significant in order to convey modality and interpersonal in order to communicate the meanings of authority, responsibility, probability and interpersonal attitudes. Key Features of Halliday and Matthiessen’s (2004) Framework are as follow:

Comprehensive and Updated Model

The 2004 edition presents a refined and expanded model of the interpersonal metafunction, improving on earlier editions by offering more detailed categories and clearer distinctions within the systems of mood and modality.

Clause as Exchange

The study conceptualizes each interaction as a clause-as-exchange, where speakers adopt roles (e.g., giving or demanding information) and choose structures (e.g., declaratives, interrogatives, imperatives) to enact social relationships. This helps in identifying patterns of authority or deference in Urdu clinical talk.

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Mood Types and Speech Roles

The framework provides a full breakdown of mood types (declarative, interrogative, imperative) and speech roles (giving/demanding information or goods & services), which are essential for analyzing how doctors and patients position themselves and each other in interaction.

Modality Systems

Modality is a central focus in this study, and the 2004 model offers a nuanced categorization of modality types (e.g., obligation, inclination, probability, usuality) and modality values (low, median, high), which are particularly valuable for analyzing how certainty, necessity, or politeness are linguistically expressed in Urdu consultations.

Cross-Linguistic Relevance

While the model is developed based on English, Halliday & Matthiessen (2004) acknowledge its adaptability to other languages. This cross-linguistic potential makes it suitable for analyzing Urdu interactions, especially in identifying the functional equivalents of mood and modality in Urdu grammar and pragmatics.

In examining YouTube-based Urdu clinical consultations, this framework allows the researcher to: identify asymmetries in doctor–patient discourse by analyzing who controls the interaction, reveal implicit and explicit markers of power through modality (e.g., "You must take this medicine" vs. "You might try this"), and classify the mood choices made by both doctors and patients and interpret how these choices reflect power, respect, resistance, or compliance. By applying Halliday and Matthiessen's (2004) model, the study contributes to a deeper understanding of power relations in digital medical discourse, particularly within the socio-cultural and linguistic context of Urdu.

Past Studies

In the past, many researchers conducted various studies in the field are;

Ijam and Al-Ameedi (2024) used the mood and modality in Gemma Metcalfe's A Gripping Psychological Thriller: A Mother's Sacrifice to analyze the theme of maternal sacrifice linguistically constructed. They analyzed specific extracts in view of the interpersonal metafunction, as it is described in the Systemic Functional Linguistics (SFL), especially considering Halliday and Matthiessen's (2014) approach. The study combined qualitative and quantitative analysis in mixed-methods design and examined how various mood types coded for the concept of voluntary sacrifice, and how the modality system indexed characters' intrinsic states of mind, certainty, obligation, and point of view.

Hoang (2024) is a qualitative study which is about how A Tale of Two Cities (Book the First) is translated in Chapter (1) "The Period" of Charles Dickens. The study included an extensive analysis and classification of clause simplexes in terms of transitivity characteristics such as process types, participant roles and circumstantialities, and mood structures such as modality and mood types, and subject forms. Based on SFL, the study was concerned with the experiential metafunction through transitivity and the interpersonal metafunction through mood and modality. The findings revealed a prevalence of processes of material (53.7%) and relational (26.2%) nature. Moreover, the declarative modality was employed throughout (100%), authenticating the continuity of point of view. The past simple tense was the most frequent (84.1%) and all subjects were non-interactive, without modality, as it is expected to be in a detached, objective narrative voice typical of the literary text.

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In a related development, Muhammad (2024) examined the role of Systemic Functional Linguistics (SFL) and mood investigation to reinforce the efficacy of public health communication during the period of COVID-19 pandemic. The study analyzed 100 health messages taken from official government websites, social media, and public service announcements. The application of the analysis was in the identification of grammatical mood types (declarative and imperative moods) in order to appreciate how information was either to perform work on the reader and instruct the public or to inform. By employing mixed methods, the study utilized qualitative and quantitative analyses to identify types of clauses and calculate frequency of use across the dataset. The study was underpinned by Halliday's (1973) interpersonal metafunction underpinning the Systemic Functional Linguistics framework, which stresses the relationship between language and social relationships by which people use each other and their resources to develop written or spoken interaction. Main results were: 70% of the messages were in the imperative mood related to urgencies and control of public behavior. 30% of the messages were in the declarative mood, linked to factual information and trust generation.

Aklima (2023) explored the interpersonal uses of language in the film Crazy Rich Asians that how mood and modality are used to construe Rachel Chu's attitudes, meanings, and intercultural identity in a diasporic space. The analysis was based on 233 clauses produced by Rachel taken from the transcribed subtitles of the film. Through qualitative content analysis we systematically transcribed, coded, categorized, counted and interpreted the data. The theoretical lens for the present study was SFL, particularly the interpersonal dimension as proposed by Halliday and Matthiessen (2014). Mood types and modality are analysed, and each level rearranges items in three scalar distances. The findings indicated a large preference for the declarative mood (176 of 233 clauses, 75.5%) suggesting Rachel's tendency to utilize language to share information or feelings. The most frequent type was modalization (68% of modal clauses), mainly those with medium modality values, expressing a cautious/tentative evaluative stance. In her extensive use of mood and modality, Rachel has succeeded in expressing a variety of interpersonal meanings such as respect, uncertainty, confidence, and cultural flexibility.

Sembiring and Habibah (2022) conducted study on *The Chronicles of Mulan* movie. The research aimed to investigate how the protagonist, Mulan, uses language to communicate with others, with a particular focus on mood and modality to uncover the interpersonal meanings embedded in her speech. Employing Systemic Functional Linguistics (SFL) as the theoretical framework especially Halliday's interpersonal metafunction the study examined how various mood types and modal expressions reflect relationships and attitudes. This descriptive qualitative study utilized non-participant observation and purposive sampling to select 43 relevant clauses spoken by Mulan to significant characters such as her father, the commander, and the witch. The analysis explored mood types (declarative, interrogative, imperative), mood elements (Subject, Finite, Residue), and modality, including modal operators like *can*, *might*, and *must*. The findings revealed that Mulan predominantly employed declarative moods (34 out of 43 utterances), indicating a tendency to provide information .She demonstrated assertiveness by speaking to authority figures more frequently and using imperatives.

Putri and Laila (2022) research the coverage of Covid-19 vaccination in Indonesia online newspapers. They examined the grammatical realization of mood and its function of interpersonal meanings in six articles. They employed a descriptive qualitative

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research method to gather data through documentation and observation. 259 clauses were investigated according to coding and triangulation: here the authors' modulation of mood, modality and attitudinal meanings were analysed. The research was based on Systemic Functional Linguistics (SFL) with focus on the interpersonal metafunction (Gerot and Wignell). High, medium, and low modality levels are categorized. Five major Subject and finite combinations were identified with tense, "to be," modal, "have" and "do" having Subject and finite tense occurring the most frequently in 97 clauses. Notably all 259 clauses were in the indicative mood, emphasizing the articles' role as providers, not solicitors, of action or response. In terms of modality, certainty dominated, consistent with the authorial stance of attempting to present an impression of confidence and factual authority.

Oloko (2022) examined power dynamics and language use within doctor–patient interactions, with a particular focus on family planning consultations. Although the precise publication date is unspecified, internal references to a 2022 WHO report suggest that the study was completed and published sometime thereafter. The research analyzed a recorded clinical exchange between a doctor and a patient at a private hospital in Nigeria, aiming to uncover how power is enacted and negotiated linguistically through the use of mood types and mood elements. Employing a triangulated methodological approach, the study integrated Systemic Functional Linguistics (SFL) and Critical Discourse Analysis (CDA), thereby facilitating a multidimensional analysis of both qualitative and quantitative data.

The framework centered on SFL's interpersonal metafunction, particularly mood analysis, while CDA offered a lens through which to critique power asymmetries and social hierarchies embedded in medical discourse. Findings revealed that the doctor predominantly controlled mood elements such as Subject, Predicator, and Finite especially through the frequent use of imperatives, affirming the physician's authoritative role.

Zhang (2021) explored the power relations between doctors and e-patients in online medical consultations (OMC) in China. The data consisted of 100 quasi-synchronous, text-based OMC cases gathered from the question-answer sections of three prominent Chinese e-healthcare platforms. These cases involved a single doctor and a single e-patient. The study employed poststructuralist discourse analysis and specifically adopts positioning theory (Davies & Harré, 1990) to investigate the power relations emerging from discursive positionings. The study identified dynamic power relations that challenge the traditional doctor-patient roles. Three main types of power relations emerged: Negotiation of expert power, softening of doctors'institutional power and foregrounding of e-patients' reward power. These findings imply that the online context of medical consultation has the potential to disrupt the traditional powerful–powerless hierarchical relationship between doctors and patients. The empowerment of e-patients observed online may also influence doctor-patient dynamics in face-to-face settings in the future.

Nguyen (2017) explored the dynamics of power relations between a doctor and a patient during a medical consultation, using Systemic Functional Linguistics (SFL) as the core analytical framework and Critical Discourse Analysis (CDA) as a complementary lens. The research focused on a single eight-minute doctor–patient interaction sourced from YouTube, analyzing 266 individual clauses and 55 clause complexes. Employing a top-down approach rooted in SFL, the study began by examining contextual variables—field, tenor, and mode—and proceeded to a detailed lexicogrammatical analysis, particularly of transitivity, mood, and modality. Data collection and analysis involved transcription,

coding, computer-assisted processing, and both quantitative and qualitative procedures. The theoretical foundation was grounded in Halliday's metafunctional model, especially emphasizing the interpersonal metafunction through mood and modality, as well as broader contextual elements such as register and stratification. Key findings revealed that the doctor subtly exercised institutional power by consistently using positive declarative moods, modulation particularly inclination and medium to low modality values.

Karimi (2017) explored how patient-centered care is constructed through language by analyzing a specialized corpus of 69 transcribed oncology consultations—collectively known as the Oncology Consultation Corpus (OCC) containing over 200,000 words. The study examined how personhood and patient-centeredness are semiotically realized in the linguistic choices of both oncologists and patients with advanced cancer. Grounded in Systemic Functional Linguistics (SFL), the analysis combined register analysis, transitivity-concordance methods, and semantic interpretation, with particular attention to the experiential and interpersonal metafunctions of language. The findings revealed that oncologists tended to assume a facilitative communicative stance, characterized by weak classification and framing, thereby fostering transparent and collaborative interactions.

Research Gap

Although several studies have applied Systemic Functional Linguistics (SFL) to analyze power relations and interpersonal meanings in various contexts such as films, literature, online messages, and clinical settings most of them focus on English or other non-Urdu interactions. Research by scholars like Yu Zhang (2021), Nguyen (2017), and Oloko (2022) highlights how mood and modality help construct power dynamics in medical consultations. However, these studies are either based on private, text-based, or non-Urdu clinical contexts. There is currently a lack of research focusing on Urdu clinical consultations in publicly accessible online spaces like YouTube. To date, no research has considered the mood and modality through which such contexts represent and navigate power relations between doctors and patients. The present study addresses this gap which employs SFL to analyze authentic Urdu doctor patient interactions available on the internet (YouTube), contributing to the existing body of literature.

Research Methodology

The research design, methods used for data gathering, and the techniques employed for data analysis of the study are described in this section.

Research Design

This is primarily a qualitative study based on the theoretical framework of Systemic Functional Linguistics (SFL) and specifically the interpersonal metafunction as expounded by Halliday and Matthiessen (2004). The qualitative approach lends itself to a fine-grained analysis of naturalistic language used in online consultations, and it seeks to explicate the oppressive forces at work. Based on mood structures and modality selections, this study further explores how participants negotiate interpersonal roles, claim authority, and frame meaning in a virtual doctor–patient interaction.

Data Collection

Data collection methods and materials for the current study include the following:

Source of the Data

The content for this study was taken from publicly available video on YouTube of an online consultation by an Urdu Speaking Doctor. The video showcases the doctor answering questions posed by multiple patients in real time. YouTube, as a platform for digitally

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mediated health discourse, provides a rich and authentic context for analyzing professional–layperson interactions in a public space.

Sampling Technique

A purposive sampling technique was used to select the video. The selection criteria included: The video must be in Urdu, it must feature a doctor–patient consultation format, it should reflect natural, spontaneous spoken interaction and it must be publicly accessible and legally available for academic use. This method ensured the selection of a contextually rich and linguistically relevant sample for applying SFL-based analysis.

Sample

The final sample consisted of one transcribed video containing 7,873 words. The transcription includes the full doctor–patient interaction where the doctor sequentially answers patients' queries. The video was downloaded from YouTube and then transcribed using online software. Table 1 shows the detailed description of the video.

Table 1: ***Detailed Description of the Selected YouTube Video Used in the Study***

Channel	Date	Length
Dr. Harris Hassan Qureshi	May 28, 2025	47:45 Minutes (7,873 words)

Data Analysis Procedures

The transcribed data was analyzed using Halliday and Matthiessen's (2004) framework of the interpersonal metafunction. The analysis focused on two core systems:

Mood Structure

Each clause was examined to identify the mood type (declarative, interrogative, and imperative) and speech role (giving vs. demanding; information vs. goods & services). This analysis helped reveal how authority and control were linguistically managed in the consultation.

Modality

The study categorized modality expressions based on: Type (e.g., obligation, probability, inclination), value (high, medium, low), and orientation (subjective vs. objective; explicit vs. implicit). This helped assess degrees of certainty, obligation, and power positioning in the doctor's speech and, where applicable, in patient input. The data was manually coded and categorized using linguistic criteria established by Halliday & Matthiessen (2004). A clause-by-clause analysis was conducted to identify recurring patterns and deviations in mood and modality choices. These patterns were then interpreted to understand how power is linguistically constructed and negotiated in the online clinical setting.

Data Analysis

This analysis examines the power relations in a transcribed online clinical consultation conducted in Urdu by a doctor on a social media platform. Grounded in Halliday and Matthiessen's (2004) SFL Framework, this study focuses on the interpersonal metafunction to explore how language is used to enact social roles and establish authority. The analysis dissected the choices of Mood (declarative, interrogative, imperative) and Modality (obligation, probability, etc.) made by the doctor and the caller/patients to reveal the asymmetrical power dynamics inherent in this digital medical discourse.

Clause as Exchange and Speech Roles

The entire interaction functions as a complex series of exchanges where the primary speech roles are clearly delineated:

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The Doctor

The doctor primarily adopts the role of Giver of Information (medical advice, general knowledge) and Demander of Goods & Services (requesting patients to perform actions like getting tests, watching videos, or muting their mics).

The Callers/Patients

The callers/patients primarily adopt the role of Demander of Information (seeking diagnosis, advice, or clarification) and Giver of Information (providing details of their ailments).

This fundamental setup immediately establishes a power asymmetry, with the doctor controlling the flow of expert knowledge and directing the actions of the participants.

Analysis of Mood Choices

The selection of mood types by the doctor and the callers is a primary indicator of their respective roles and power.

Mood Choices of the Doctor

Imperative Mood: The doctor frequently uses the imperative mood, which is a strong linguistic marker of authority. These commands are not limited to medical instructions but also extend to managing the digital space itself.

Medical Commands. "یورین کا ٹیسٹ کرائیں۔ الٹراساؤنڈ کرائیں۔ ایکس رے کرائیں۔" (Get a urine test. Get an ultrasound. Get an X-ray.) This directly positions him as the expert demanding a service (diagnostic action) from the patient.

Discourse Management Commands. "فیل فری ٹو آسک" (Feel free to ask.), "آپ لوگ جوائن کریں" (You people should join.), "مائیک میوٹ کر دیں"" (Mute the mic.). These commands establish his role as the moderator and controller of the interactional space.

Redirection Commands. "آپ میری پہلے یوٹیوب پہ ویڈیو دیکھ لیں"" (First, watch my video on YouTube.). This is a powerful move unique to digital consultations. He is not just giving advice but directing the patient to a pre-packaged commodity of information that he owns and controls, reinforcing his brand and authority.

Declarative Mood. The doctor uses the declarative mood to state facts, offer opinions, and provide information, thereby cementing his position as the knowledge holder.

Statements of Fact/Expertise. "جس کی قسمت میں جو لکھا ہے وہ ہونا ہے۔" (What is written in one's fate, will happen.), ""فیٹی لیور آپ کا دعاؤں سے صحیح ہو جائے گا تو وہ نہیں ہوگا۔" (If you think your fatty liver will be cured by prayers, it won't be.) These high-certainty statements leave no room for debate.

Self-Identification. "میں جی یورولوجسٹ ہوں۔" (I am a urologist.), "میرا جو واٹس ایپ ہے وہ میرے فیس بک، انسٹا سے لنکڈ ہے۔" (My WhatsApp is linked to my Facebook and Instagram.) These declaratives establish his credentials and control the channels of communication.

Interrogative Mood. The doctor's questions are classic diagnostic tools used to demand information.

Diagnostic Questions. "کیا پرابلم ہے آپ کو؟" (What is your problem?), ""ملک شیک میں شوگر ڈالتے ہی آپ؟" (Do you add sugar to your milkshake?). By asking questions, he controls the topic and directs the patient to provide specific, relevant information.

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Mood Choices of the Callers/Patients

Interrogative Mood: Callers predominantly use the interrogative mood, positioning themselves as supplicants seeking information or services.

Requesting a Service. "سر آپ کا پرائیویٹ نمبر مل سکتا ہے؟" (Sir, can I get your private number?). This is a demand for a 'good' (the number), framed as a polite question. The doctor's refusal reinforces his power to set boundaries.

Seeking Information/Validation. "اس میں کوئی اتنا زیادہ ایشو تو نہیں ہوتا؟" (There isn't a major issue with that, is there?). This seeks validation for a personal choice, positioning the doctor as the ultimate arbiter of what is "healthy."

Declarative Mood. Callers use declaratives almost exclusively to provide information about their condition, effectively answering the doctor's explicit or implicit questions.

Presenting Symptoms. "اسکن کا مسئلہ ہے میرا اسکن ڈارک ہے" (I have a skin problem, my skin is dark.), "میرا فیٹی لیور ہے" (I have fatty liver.). These are statements of fact from their perspective, offered up for the doctor's expert evaluation.

Imperative Mood. Notably, the callers do not use the imperative mood when addressing the doctor. They never command or direct him, which is a powerful linguistic signal of their subordinate position in the hierarchy of the consultation.

Analysis of Modality

Modality choices reveal the degree of certainty, obligation, and politeness, further highlighting the power imbalance.

Modality in the Doctor's Speech

High Modality (Obligation & Certainty): The doctor consistently uses high-modality expressions to convey authority and urgency.

Obligation. "ایک تو آپ کو ایکسر سائز کرنے کی ضرورت ہے۔ واک کرنے کی ضرورت ہے۔ ویٹ کم کرنے کی ضرورت ہے۔" (Firstly, you need to exercise. You need to walk. You need to lose weight.). The term "ضرورت" (is necessary/is needed) signifies high obligation.

Certainty/Probability. ""آپ کو پین اس وجہ سے ہو رہا ہو گا کہ آپ کا آپ کا انفیکشن بھی ہو سکتا ہے۔" (You must be having pain because you could also have an infection.). The future tense "ہو گا" (will be) is used here to express high probability or a strong assumption based on expertise. ""وہ ہونا ہے۔" (It has to happen.) expresses absolute certainty.

Median Modality (Ability/Suggestion). The doctor uses median modality to offer suggestions, which still carry the weight of expert advice.

"وہ آپ دیکھ سکتے ہیں۔" (You can watch that.)."دوبارہ دیکھا جا سکتا ہے کہ کیا ہو رہا ہے۔" (It can be checked again what is happening.). The use of "سکتا" (can be) presents an option, but one that is strongly recommended by an authority figure.

Modality in the Callers' Speech

Low to Median Modality (Possibility & Politeness): Callers often use lower-value modality, reflecting their uncertainty and deference.

Possibility. " "آپ کا پرائیویٹ نمبر مل سکتا ہے؟(Can your private number be gotten?). This is a classic low-modality request for a possibility.

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Subjective Belief. "مجھے لگتا ہے کہ مجھے زیادہ سانس پھولتا ہے۔" (I feel/it seems to me that I get more out of breath.). The phrase ""ہے لگتا expresses a subjective feeling rather than a concrete fact, inviting the doctor's expert confirmation. This contrasts sharply with the doctor's objective, high-certainty statements.

Power Relations in the Digital Clinic

The application of Halliday and Matthiessen's (2004) SFL framework demonstrates a clear and significant power asymmetry between the doctor and the callers in this online Urdu consultation.

Doctor's Dominance

The doctor's authority is linguistically constructed through his dominant use of imperatives (to command action and manage the discourse), declaratives (to assert expert knowledge), and high modality (to express obligation and certainty).

Patient's Subordination

The callers' subordinate role is reflected in their primary use of interrogatives (to request information and services) and declaratives to provide symptom-related information. Their language is characterized by lower modality, expressing uncertainty and deference.

The Digital Context as a Power Amplifier

The online, one-to-many format amplifies the doctor's power. He is not just a physician but also a moderator and content creator. His ability to mute participants, control the queue of speakers, and redirect patients to his own branded content (YouTube videos) represents a form of power that does not exist in a traditional clinical setting. The platform's architecture inherently supports his role as the central, authoritative figure.

Findings and Discussion

In this section, findings and discussion of the present study are presented.

Findings

Based on the analysis of Mood and Modality choices in online Urdu clinical consultations, the following patterns were observed:

Speech Roles

The interaction clearly reflects specific speech roles. The doctor primarily functions as the *Giver of Information* (offering medical advice) and the *Demander of Goods & Services* (requesting certain actions). On the other hand, the callers or patients usually act as the *Demanders of Information* (seeking advice) and *Givers of Information* (providing details about their health conditions).

Power Asymmetry

This division of roles instantly establishes a power imbalance, placing the doctor in a dominant position over the callers.

Doctor's Mood Choices

The doctor frequently uses the imperative mood, a strong linguistic signal of authority. Examples include.

Medical Commands (e.g., "Get a urine test..."),

Discourse Management Commands (e.g., "Mute the mic.") and *Redirection Commands* (e.g., "First, watch my video on YouTube.")

The declarative mood is used to share facts, offer professional opinions, and provide medical information, reinforcing the doctor's role as a knowledge-holder. This includes:

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Statements of Expertise (e.g., about fate or fatty liver) and *Self-identification* (e.g., sharing qualifications or contact details)

The interrogative mood is used diagnostically, allowing the doctor to guide the interaction and extract relevant information (e.g., "What is your problem?").

Callers'/Patients' Mood Choices

Callers predominantly use the interrogative mood, positioning themselves as help-seekers (e.g., "Sir, can I get your private number?", "There isn't a major issue with that, is there?").

Patients predominantly employ the declarative mood to describe their symptoms or to respond to the physician's questions (e.g., "I have a skin problem...", "I have fatty liver.").

Significantly, they refrain from using imperative forms, which suggests an underlying recognition of the doctor's superior professional or social status

Doctor's Modality Choices

The doctor consistently employs high-modality expressions to reinforce authority and communicate urgency. These expressions often convey obligation (e.g., through phrases such as "is necessary" or "is needed") and certainty or probability (e.g., the use of future tense or statements like "It has to happen"). Furthermore, modal median is noted when the doctor makes recommendations that are less constraining, although continue to express professional authority, such as "You can watch that."

Callers'/Patients' Modality Preferences

There are a few low-modality terms used by patients to express uncertainty and to hedge out stance that is deferential to the doctor. These bind expressions and possibility (or permission), such as "Can your private number be gotten?" and subjective attitude (e.g., "I believe..." or "In my opinion..."), indicating a lower authority in communication and respect for the doctor's superior status.

Discussion

The examination of Mood and Modality (Martin, Matthiessen and Painter, 1997: 138-177) in an SFL-inspired study of MOOCs in Urdu provides a clear account of the dynamics of a typical conversation between a doctor and a caller in Urdu medium online consultations. The language each side uses here reflects the roles and the social position that they represent. The doctor employs the imperative frequently, a grammatical tool of authority. By giving instructions about treatment or behavior or technical issues like muting the microphone, Marshall establishes control not just over the content but over the structure of the interaction. Ironically, encouraging callers to watch his own YouTube videos is a mode of control not available within offline consultations: it serves both to bolster his expert identity and to build up his cyber presence. The doctor's speech is comprised of statements about the events of the narrative. These are generally presented with a tone of absolute, leaving no room for dissenting opinions. If he tells her something about whom and what he is, using sentences that are declarations, he asserts himself into the role of an expert, and by the context he creates, he effectively creates a "game" in which it is his nature to pass Judgment. Furthermore, the doctor's questions are interrogatives in more than the typical sense: they direct the conversation, assisting the doctor to gather pertinent medical information while allowing him to control the exchange of dialogue.

The patients, on the other hand, use question when they want advice or clarification or permission. This vocabulary corresponds to their secondary status and dependence on the doctor's knowledge. Even in their declaratives, they talk mainly about their symptoms and say information about themselves, which they assume to be data

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from the doctor. What is especially striking is the lack of imperatives from the callers. Their refraining from issuing direct orders indicates their acknowledgment of the doctor's superior status in the communication and their own submissive role.

In porno modality also exposes the power imbalance. The doctor often uses high modality mood expressions such as must and mustn't. “It must” and “It will” are there to affirm his authority to get things done. Even his less extreme acts, like telling a newscaster “You can watch that” = there’s no making mistakes with that guy. Indeed, the callers frequently do in fact employ low-modality structures. They employ tentative phrases, such as “I feel” or “It seems to me” — which indicate uncertainty, consideration, and a request for confirmation. Such phrases... manifest their caution, or reliance upon the judgment of the physician.

Across consultations, the moods and modalities used construct a very clear unevenness of power. The doctor speaks in orders, assured pronouncements, and commanding suggestions, and these carry the assertion of his superiority. The use of questions, tentative assertions and polite modality by the callers in contraposition highlights their inferior status and their need to receive support. The internet setting of such consultations again complicates this power relationship. As a medical doctor and YouTuber, he has all the technical power in the world during the session: deciding who gets to speak, how, and when. With this kind of control, which involves muting participants or directing them to his own digital content, he is able to further assert his influence beyond traditional clinical environments.

To sum up, language is not simply the transferring of medical knowledge between participants in these online consultations; it is actively engaged in constructing and reifying social order and the social group. The doctor and the callers construct their doctoring roles together, not just as a result of mood and modality, but also through and through the digital medium and the authority it can accrue to the medical professional. This exposes the subtle effects that language has in maintaining institutional power in the contemporary, mediated healthcare environment.

Conclusion

This research investigated how power relations are linguistically realized in online Urdu clinical consultations using the theoretical principles of Systemic Functional Linguistics (SFL), focusing on the interpersonal metafunction specifically mood and modality. An examination of the doctor-patient interaction on YouTube demonstrates a marked imbalance of power. The doctor’s words were found to employ imperatives, declaratives, and high modalization more often- all conveying assertion, certitude and the control of turning the interaction. Instead, the callers made use mainly of interrogative and low to medium modality, in deferential and dependent stance. All of their declaratives were limited to a description of symptoms or a response to the doctor’s question, and they were marked by uncertainty, subjectivity and politeness. Crucially, the patients did not use imperatives to underscore their lesser status and the platform lent even more authority to this doctor, who was now not just playing his traditional role as a doctor, but was now also acting as a moderator and content creator; directing patients towards his branded online resources and controlling participation live. Taken together, the results demonstrate how linguistic resources in general, linguistic mood and modality in particular, shape not just a medium to communicate but a system through which action and power constitutions can be exercised, sustained, and legitimized in digital clinical environments.

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Recommendation and Suggestion for Future Research

In the future, a larger number of digital-based Urdu-clinical encounters should be compared with their traditional counterparts to investigate reliability and influence of the platform. Cross-cultural and multimodal analyses, which we were not able to include in the present research, would further our understanding of how the use of language contributes to the visual construction of power. The inclusion of additional SFL metafunctions would yield a fuller analysis. These findings can be used to guide the training of health professionals toward more empathic and culturally sensitive practice in encounters whether digital or face-to-face. Integrating other SFL metafunctions would provide a more comprehensive analysis. These insights can inform communication training for healthcare professionals, promoting more empathetic and culturally aware practices in both digital and face-to-face consultations.

References

Aklima, I. (2023). *An interpersonal functions analysis through mood and modality in "Crazy Rich Asian" movie* [Undergraduate Thesis]. Universitas Islam Negeri Ar-Raniry.

Fairclough, N. (1989). *Language and power*. Longman.

Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings, 1972–1977* (C. Gordon, Ed. & Trans.). Pantheon Books.

Halliday, M. A. K., & Matthiessen, C. M. I. M. (2004). *An introduction to functional grammar* (3rd ed.). London, England: Arnold.

Halliday, M. A. K., & Matthiessen, C. M. I. M. (2014). *Halliday's introduction to functional grammar* (4th ed.). Routledge.

Hoang, V. V. (2024). Transitivity and mood resources realising experiential and interpersonal meanings in *A Tale of Two Cities*: A systemic functional linguistics analysis. *VNU Journal of Foreign Studies, 40*(6), 1–28. https://doi.org/10.63023/2525-2445/jfs.ulis.5323

Ijam, D. M. M., & Al-Ameedi, R. T. K. (2024). A systemic functional linguistic analysis of mood and modality in one of Metcalfe's novels. *Theory and Practice in Language Studies, 14*(5), 1360–1370. https://doi.org/10.17507/tpls.1405.08

Karimi, N. (2017). *Patient-centred advanced cancer care: A systemic functional linguistic analysis of oncology consultations with advanced cancer patients* [Doctoral dissertation, Macquarie University]. Macquarie University Research Online.

Muhammad, M. B. (2024). Mood analysis of COVID-19 messages: A systemic functional linguistics approach to understanding public health communication. *International Journal of Linguistics, 5*(3), 1–20. https://doi.org/10.47604/ijl.3009

Nguyen, T. N. (2017). Doctor-patient power relation: A systemic functional analysis of a doctor-patient consultation. *VNU Journal of Foreign Studies, 33*(3), 24–43.

Oloko, M. J., & Sonde, S. O. (2024). A symmetrical power relations and language use in doctor–patient interaction. *Ọ̀ PÁ Ǹ BÀ TA: Journal of African Discourse Studies, 1*(1), 93–106.

Putri, R. Y., & Laila, M. (2022). Mood analysis of written utterances in Indonesia's COVID-19 vaccine article in online newspaper. *Notion: Journal of Linguistics, Literature, and Culture, 4*(2), 85–93. https://doi.org/10.12928/notion.v4i2.6100

Sembiring, J. A., & Habibah, L. A. (2022). Mood and modality analysis in *The Chronicles of Mulan* movie. *English Teaching and Linguistics Journal (ETLiJ), 3*(2), 75–93.

Van Dijk, T. A. (2008). *Discourse and power*. Palgrave Macmillan.

Journal of Social Signs Review

Online ISSN 3006-4651

Print ISSN 3006-466X

Zhang, Y. (2021). Dynamic power relations in online medical consultation in China: Disrupting traditional roles through discursive positioning. *Chinese Journal of Communication, 14*(4), 369–385. https://doi.org/10.1080/17544750.2021.1891556