

Introduction:

The Complex Tale of Self in Psychotherapy

What type of person am I, Tess? [CE2 cl 183]

'Self' conceived in terms of conversation is useful in allowing us to chart an observable development of self from the first moments of life. It is useful, also, in allowing us to study self as shifting state in the therapeutic conversation, words being its marker.

(Meares 1998:876 my underline)

The protean nature of the self stems from its permeability to inner and outer influences, which are never fully separable from one another. We are shaped by a complex interweaving of external events and inner experiences, which become indistinguishable.

(Capps and Ochs 1995: 13 my underline)

Experience is the reality that we construe for ourselves by means of language.

(Halliday and Matthiessen 1999:3)

1.1 INTRODUCTION TO THE THESIS

This thesis is an investigation of the complex tale of self, where, in conversations with their psychotherapist, patients struggle in establishing a border between themselves and significant others, which in itself is fundamental to a deeper construal of their own existence. Their disorder, Borderline Personality Disorder, is introduced by the four quotations which themselves introduce this chapter. These quotations illustrate that the self, while involving an internal world we call consciousness, is dependent on our interactions with an outer world. Internalised consciousness is difficult to study directly, so in this thesis I turn to those interactions with the outer world for evidence of the complex tale of self. In this I am following the approaches of Systemic Functional Linguistics and the Conversational Model of psychotherapy, namely that self is a construction of meaning, so the meanings we can make by wordings (words and grammar) become a reliable index for evaluating the emergence and maintenance of self.

The demand for information in the first quotation, *What type of a person am I, Tess?*, with its attached vocative, demonstrates that many of the patients whose transcriptions are discussed in this thesis recognise the impact of external interaction and look to

others for the signs that reflect their own self. Their quest to determine self as a 'type' will be revealed in this thesis as their exploration of shifting values of 'normality'.

The second quotation introduces the notion of self as one essentially constructed in conversation, where conversation includes all the conversations of a patient's life, in the immediate world and the wider community, which are brought into the psychotherapeutic discussion. The elaboration of self in conversation is the foundation stone of the Conversational Model of psychotherapy, described further in section 1.4.1. This model, pioneered by Hobson and Meares, is used worldwide for a range of mental health disorders, including Borderline Personality Disorder, and has informed the therapeutic practice of a major Australian teaching hospital, where the data for this study was obtained. Patients with borderline personality disorder are considered a very difficult group to treat and their route to treatment using the Conversational Model of psychotherapy includes failure at other treatment regimens (Meares and Stevenson 1992:358).

The psychotherapy aims 'to develop, in an individual in whom the experience of self is diminished or stunted, a conversation which will foster the emergence of a personal reality that has the features of a dualistic, or reflective, consciousness.' (Meares et al. 2005:663). To achieve this, therapists take the patients' personal construals of self at face value and refashion them so that the symbolic form of self as language is given back to the patient, modified by new perspectives. These multiply options, that is, they provide more perspectives than patients already believe they have, and challenge patients to take up the new perspectives. Thus, as patients' mental health improves, an expanded repertoire of options of self can be expected.

Within the Conversational Model three conversational types (that is, three modes of symbolic exchange) are identified as having different clinical values. This thesis specifically investigates self within these three types of symbolic exchange, so that they provide a benchmark of theory for further investigation of the linguistic plausibility and consistency of many other concepts central to the techniques of the Conversational Model. If self is a construction of semantic interactions, then the account of those exchanges of meaning ought to be as consistent as possible in order to both rigorously establish this notion of self and to develop critical evaluations of the techniques (essentially linguistic) that the Conversational Model has generated.

The third quotation describes the complex relationship between inner and outer influences which create self. For borderline personality disorder patients, who struggle

to distinguish between inner and outer experiences, a fully integrated self is difficult to achieve. This study will describe the linguistic resources to construe and integrate 'inner' and 'outer' experiences and their development in different conversations.

The fourth quotation describes the essence of the linguistic model used in this thesis, namely SFL (Systemic Functional Linguistics), a model which has a social, interactional orientation and a multidimensional and in particular, multistratal approach. It is described briefly in section 1.5 and further in sections 2.6 and 2.7. The complex tale of self requires a model of language that can investigate complex and subtle variations in meanings. The social orientation of SFL, and specifically its orientation to inner and outer experiences, suggests its suitability for the study of the construal of self in language, both in the psychotherapeutic world and in wider contexts.

The chapter proceeds in the following order to introduce the key themes of this thesis. Section 1.2 introduces self; section 1.3 the choice of psychiatric data as a site for linguistic investigation; 1.4 three conversations in the Conversational Model; and section 1.5 the Systemic Functional Linguistics model. Section 1.6 describes the complexity of the tale of self, then section 1.7 introduces this present study and section 1.8 describes the structure of the thesis. Section 1.9 concludes the chapter.

1.2 SELF

The advantage of studying self as it is construed in language in psychotherapeutic discourse is that the setting is a naturally occurring context where self is the topic and self is theorised by one of the interactants, the psychotherapist. Thus a potentially nebulous and difficult to study topic can be grounded in a practical environment.

The theory of self in the Conversational Model derives from the psychologist-philosopher William James, who described self as a Stream of Consciousness: 'thoughts connected as we feel them to be connected are what we mean by personal selves' (James 1892, cited in Meares 1998:876). James' *personal self* exists as a duality, where humans are born with 'I', the knower, but develop a sense of 'me', the known. The 'me' that is known can be subdivided into inner life (me) and outer life in relation to others (identity). For patients with borderline personality disorder trauma disrupts the normal development of self so that they are unable to distinguish between the border of inner and outer experience. Their adult life therefore is 'strongly grounded in others and oriented towards external stimuli' (Meares 1993:90). This leads to the maladaptive

compensatory behaviours that characterise Borderline Personality Disorder (see chapter 2 and Appendix B).

The theory of self for patients, in contrast to therapists, is not construed as a theory of mental health but as alternative meanings pivoting around 'normality'. This theory becomes apparent in this study as both a lexical motif and covert grammatical patterns which realise different values of normality in different types of conversation.

The theory of self in SFL describes self in social relationships. Following on from Firth's description of the social person as a 'bundle of personae' (1957:184), Butt describes the 'semantic drift' of personality across different life situations (Butt and Matthiessen 2000). SFL provides a theory and model for investigation of self in language where 'Experience is the reality that we construe for ourselves by means of language' (Halliday and Matthiessen 1999:3). Self, from both psychiatric and linguistic viewpoints, is further described in chapter 2.

1.3 PSYCHIATRIC DISCOURSE IS A SITE FOR LINGUISTIC INVESTIGATION OF SELF

Mental health is increasingly an important issue in our society. Nearly one in five Australians experience mental health disorders, and these disorders are one of the leading causes of disability burden in Australia (AIHWA 2004, AIHWA 1999a). The burden of health of mental illness suggests advantages for a successful 'talking cure' (Freud's 1895 term, cited in Hall 1996) in adjunct with drug therapy.

The context of psychotherapy is directly relevant to linguistic study because:

1. the ideology of doctor-patient interactions is well described in the literature, thus providing a site for more delicate considerations of the psychiatrist-patient interaction within the broader medical context.
2. it is a site where self is the topic directly under investigation and for which psychiatric models (for example, the Conversational Model) exists for comparison of theory and realisation of self.
3. it is a novel and restricted context for patients. The way patients 'learn' therapy and construe themselves provides a rare opportunity to study ontogenesis and register development in adulthood.

4. it is a site where the contextual tensions between the intimacy required for development of self and the institutional constraints can be mapped and examined to determine how the context allows the creation of the therapeutically valued talk.
5. an investigation of the pathological self enables a description of the semantic creation of self, which can then be extended to the normal self.

1.3.1 The Conversational Model

For the investigation of self in language it is appropriate to investigate data from a psychiatric model that makes explicit claims about self and language, in particular where different language has different therapeutic significance. As suggested by its name, the Conversational Model is a theory grounded in language. It is an approach to psychotherapy used internationally to treat a range of mental illnesses, including borderline personality disorder, which is often considered an unresponsive disorder. Research shows that patients' harmful behaviours can be stopped or abated by treatment with the Conversational Model therapy (Stevenson and Meares 1992, 1999; Stevenson, Meares and Comerford 1993).

This, of course, raises the question of why their particular 'talking cure' should work. A description of this theory as an explicable, measurable and reproducible therapy would be beneficial for the health care system. If words and grammar are an index of self, and if treatment is with words, a systemic linguistic analysis can make a significant contribution to the measurability and reproducibility of the model.

The Conversational Model describes therapeutic outcomes in language-based terms which include: 'complex, non-linear inner language', 'relative poverty of metaphoric usage', 'not organised in narrative form', 'recount of external events without interpretation' and 'a more spontaneous and complex narrative form' (Meares 1998). The Conversational Model, however, has not yet developed a technical linguistic account of its language-based clinical insights. Its language account instead derives from accounts in earlier psychotherapy developed by James (1890) and others (Janet 1925; Hobson 1985), as well as in interdisciplinary ideas of the emergent properties of 'self-organising systems' (Meares 2002). Vygotsky (1978) has also had a significant influence on the Conversational Model's development of the perspective of self, including the role of symbolic play (Meares 1993) and the contrastive 'inner' and 'outer' speech forms (Meares 2002:18ff). The detailed description of these accounts in chapter 2 includes consideration of their limitations in comparison with a linguistic model of investigation.

Before a discussion of the linguistic model used in this thesis it may be pertinent to raise a possible objection and answer it: If a discipline has already built a store of its own linguistic resources, albeit a store of benchmark exemplar, the question arises as to why conduct further linguistic description.

First, because linguistics is a discipline in its own right: it has its own goals and it studies naturally occurring language data from a wide range of sources. Thus, a linguistic study of the data could be conducted without any interaction with the Conversational Model and would itself be a contribution to linguistic knowledge. Because the Conversational Model is so strongly theorised in language, as seen in the above descriptions, however, the potential for interaction is worthwhile.

Second, the Conversational Model is acutely aware of the need to expand their language based description with a linguistic model that enables therapists to:

1. substantiate what counts as success and evidence in their treatment model. While outcome studies (Stevenson and Meares 1992) demonstrate decreased instances of self-harm and reduced cost to the health system (Stevenson and Meares 1999) and therefore provide levels of evidence which are available outside of the discipline, the model does not directly substantiate that a change in language is a marker of change in self. That is, it does not substantiate their claim that self can be studied as 'shifting state in the therapeutic conversation' (Meares 1998:876).

The necessary addition of linguistic evidence is acknowledged by Meares (in an article where the linguistic exemplification is provided by Butt and Henderson-Brooks), 'the indices of beneficial change will be found in the structure of the therapeutic conversation. The discipline of linguistic analysis promises to advance our understanding of the therapeutic process and to make it amenable to scientific study' (Meares et al. 2005: 662).

2. train and appraise new therapists with a consistent reproducible model. Although Conversational Model practitioners can talk to each other by orienting to Meares' clinical definitions they also need to interact externally, as well as to a second generation of therapists working in the model. All therapists in training undergo rigorous supervision and can be passed or failed as therapists for inadequate skills, so an inter-practitioner standard is required which is achievable without having the theorist present. That is, there is a need for a reproducible theory separate from the theorist. (For this reason, the division of

texts into Scripts, Chronicles and Narratives for this study is taken from the best account in the Conversational Model's literature.) If, in this study of the plausibility of the linguistic generalisations of the Conversational Model theory, key relationships between the symbolic construction of the self and better health outcomes are discovered, then clearly this is something that needs to be codified for therapists for their own teaching.

3. engage in conversations across disciplines. If a full and systematically applicable description is available, linguistic indices of successful therapy can enable a growing interaction between different therapy models and between different disciplines. A detailed review of the model is found in the chapter 2, section 2.5.

1.4 THREE CONVERSATIONS

The texts chosen for this study occur within therapy sessions, which typically contain 50 minutes of interaction. The sessions range over a number of topics, including organisation of the sessions and medication, as well as the construal of the patient's self in tales of recent events, descriptions of current attributes and talk of anticipated actions. From the extended transcriptions of thirty of these sessions it was necessary to focus on what might be contrastive for the Conversational Model.

The following three extracts (A, B and C) from three different psychotherapeutic conversations exemplify the kind of distinctions the Conversational Model draws between three key notions for the presentation of self. Although Meares acknowledges many different forms of conversation, he suggests 'the tripartite classification... has a heuristic value. It gives us a way of thinking about the storying that is going on.' (Meares 1998:888)

Extract A

Speaker 1:

Everything is ticking me off at the moment, I feel like I'm going to blow. Charles was pissing me off extremely today. And like last night, you know, I got to work because I woke up at 6 o'clock, the customers were coming between 6.30 and 7, there were no customers before that. And um, so it was about 20 past 6, she's out the front smoking cigarettes and talking to the blokes that sit out the front. As I pulled up there was this good song on the radio and I thought I'm not going over there I'll just sit and finish my cigarette then I'll go into work. Margaret and Andrew came by cause they just live around the corner, and they just pulled up next to me and then they go "hi" you know and they got out just to say hello to me you know and "how are you Clare" and rah rah rah and there's Charles in front of these people going "hurry up get to work" or whatever to me. I said "excuse me" I said "my customers don't come until 6.30 so that's when I'll start" and she you know she's bitching about something and Margaret could see that I was really pissed off and she said "Clare don't let it get to you she just wants to try and put you down in front of these people and act like she's got one up on you but just don't let it, don't the other way you know". And I saw what she was saying, I definitely do, because that's the way I am.

Extract B

Speaker 1	How are you?
Speaker 2	I'm fine thanks Clare, what about you?
Speaker 1	er, not too bad, um
Speaker 2	Mm
Speaker 1	my my nights are getting me down a lot, um, I, I feel like um like a record when I say it but that's probably because I want you to give me a solution
Speaker 2	Mm
Speaker 1	and I'm waiting for a solution
Speaker 2	Mm
Speaker 1	and
Speaker 2	when you say your nights are getting you down what what about it is getting you down is the not sleeping or is it the eating?
Speaker 1	I know it's definitely the not sleeping,
Speaker 2	Mm
Speaker 1	uum, Betty its, its crazy I'm I'm up and I'm up and I'm up at least every hour till five thirty in the morning. I'm tired I'm so tired, but I'm up, I'm eating, well that, I've gotta eat you know, and and I, I eat in the nights and I don't eat much in the day.

Extract C

Speaker 1	I feel really good today. I worked today- saw the rest of my clients and stuff but went to the office and I even - I told one of the case workers off about one of their clients. I feel really good about it. Because they were being mean to him so I didn't do it on purpose. But I felt really good and all that stuff of the last couple of months - it's like the light goes on.
Speaker 2	The light goes on?
Speaker 1	Yeah or it's hard to explain really. Yeah it's like the light goes on and the bubble gets more transparent so that you're more in contact with the world.

The three extracts presented above are overtly different from each other in the following ways. Extract A is a solid block of text, showing a monologic tale similar to one that could be overheard any day in a café. In this monologue, projected speech represents conversations and events of the recent past. Extracts B and C, in contrast, are dialogues which do not look like everyday talk, but like talk between a professional and a client. They differ from each other in evaluation: Extract B is a repetition of negative patterns, while Extract C is positive and includes the explanation of feeling as a metaphor, *the light goes on*. These overt and easily accessible differences, however, may or may not be the relevant features to reveal any different semantics of self in different conversations. Further close investigation of meanings of these different conversational types across linguistic strata will enable us to determine if the semantic consistency in the three texts is sufficiently different to reflect crucially upon the different states of mind of the person projecting or interacting in the texts.

Thus the corpora for the present study¹ were chosen using the best accounts available in the Conversational Model theory to distinguish linguistic semantic variation, which

¹ The full description of the corpora selection is in chapter 3.

became apparent as the tripartite classification of Scripts, Chronicles and Narratives. Scripts and Chronicles realise the disruptions of self that occur in borderline personality disorder as 'clinical conversations of a less complex, more automatic kind than the narrative of self.' Successful therapy 'involves their transformation into a more spontaneous and complex narrative (of self)' (Meares 1998:875).

Extract A above represents the conversation Chronicle, which is described as:

1. 'characteristically a catalogue of problems with family, work, and with bodily sensation. Nothing comes from an interior world. The individual's experience is outer oriented, the language is linear and there is relative poverty of metaphoric usage' (Meares 1998: 884)
2. 'relatively logical and has a goal' (Meares 1998:880)
3. 'manifest in clinical conversations of a less complex, more automatic kind than the narrative of self' (Meares 1998:875)
4. 'a recount of external events without interpretation' where 'the patients present without images of the future or remembrances of the past' (Meares 2000:28)

Extract B represents the conversation Script, which is described as:

1. 'not organised in narrative form. There is no ordering of these sentences. They are disconnected.'
2. 'the product does not have a sequencing, progressing, and evolving characteristic of a true personal narrative that depends on the episodic and autobiographical memory.'
3. 'it is repetitive and invariant.'
4. 'it consists of facts the individual has to learn about himself or herself.'
5. 'the language is linear, offering few associational linkages.' (Meares 2000:98 for all of the above)
6. 'the same despairing tale, without images of the future or memories of the past' (Meares 2002: 222)

Extract C represents the conversation Narrative, which is described in contrast to Scripts and Chronicles as 'a more spontaneous and complex narrative form' (Meares 1998: 875). The therapy goal is to transform conversation from Scripts and Chronicles into

more highly valued Narratives: 'Rather than acting in a way which seems natural in the face of a boring conversation one tries to move within it, to become a part of it in the manner of James' intimate philosopher' (Meares 2000:124). Thus there is an expectation of change in therapy, with Narratives representing a new value of self and demonstrating successful therapy. It is important, nevertheless, to recognise that all three conversations, although separated for theory and analysis, can co-occur in a single session. Therefore the semantic shifts in the presentation of personality are a cyclic development across time and a matter of degree rather than absolute.

Because Scripts, Chronicles and Narratives are the texts that are directly theorised by the therapists themselves and are considered a core index of progress towards improved mental status, this thesis begins its dialogue between linguistics and the Conversational Model with the claims made about Scripts, Chronicles and Narratives, as a study of 'self as shifting state in the therapeutic conversation'. The linguistic interest in these conversations includes and encompasses why one form of conversation in a specific context (Narrative) is so crucial to the patients' development of self and what aspects of that conversation are the most therapeutic. Specifically, this thesis considers: the linguistic features which realise each type of conversation to determine if they are distinguishable; what particular aspects of language therapists value as indicative of improved mental health; why certain forms of co-construction should be so consequential for a patient's health and how patients progress from one type of talk to another.

This focus on Scripts, Chronicles and Narratives as the entry to the study, does not, however, preclude findings that concern other features of the Conversational Model. For example, phenomena encompassed by difficult terms (for example, linearity/non-linearity) are explored and integrated with the descriptions of the three text types. Linearity, a key theme of the Conversational Model seen in Scripts and Chronicles, is suggestive of non-optionality, that in all aspects of a patient's talk there is only one semantic orientation, one perspective and one anticipated contextual outcome. Narratives, as non-linear discourse, appear to involve an increased range of possibilities. The study's findings about any differences in the semantic tendencies in the three conversations can be thus defined by textual indices that, in the ongoing dialogue, can be generalised to other texts in a larger corpus.

The motivation for this thesis is linguistic, so that there is a responsibility to maintain the integrity of the linguistic evidence independent of whether or not it supports the psychotherapeutic theory. The first and foremost task of this thesis is to apply and

expand SFL theory and tools to a specific register of naturally occurring spoken language. This investigation begins with SFL and the Conversational Model's three text types, but was conducted independently of Meares' descriptions so that it can test his classification against his clinical descriptions. Thus, each chapter foregrounds the clinical descriptions of the data but then backgrounds them to allow a linguistic description of the features of natural language within the therapy context.

1.5 SFL IS A SUITABLE TOOL FOR THE INVESTIGATION OF THE CONVERSATIONAL MODEL

The linguistic theory and analytic tool of this thesis, Systemic Functional Linguistics (SFL), is a model developed since 1956 by the British linguist M.A.K. Halliday. It has a social, interactional orientation and a multidimensional, in particular, multistratal approach, suitable for achieving the levels of complexity required for a linguistic study of self. A key theme of SFL suggests that 'society, language and mind are indissoluble: society creates mind, mind creates society, and language stands as mediator and metaphor for both these processes' (Halliday 2003:90). SFL is introduced here to show its applicability for a study of language data from psychotherapy sessions and is described in detail in chapter 2.

All application of SFL to language data is simultaneously an investigation of the theory, where the investigation is used as a way of delimiting the theory (Hasan 2001). Thus, this socially oriented linguistics finds an opportunity and a challenge in the claims which the Conversational Model makes about language because they share, with Vygotsky (1962) and Trevarthen (1979, 1987), an interest in the role of language in the construction of self and social membership (see chapter 2).

This connection of socially based linguistic based theories with practical outcomes places SFL and the Conversational Model as compatible and cognate theories, which are relatable through their own terms. In the Conversational Model, linguists can find a site at which the self, often considered an inchoate, shapeless object, and language can actually be made tractable interactions as 'objects' of study. This is possible because the Conversational Model raises language claims which linguistic evidence can settle, namely that self in therapy has a specific form which can be examined through the distinctions that come from Meares' three conversational types. Thus the study of the Conversational Model data enables the testing of the claims of a functional linguistics at the same time as evaluating the Conversational Model with respect to its consistent appeals to language as evidence.

While the theories of the Conversational Model and SFL are similarly grounded in theory, they differ in their approach to language analysis. Meares' approach is through lexical instances; for example, he compares the meaning of *busy* and *good* to describe one afternoon (Meares 2001:132). This focus on lexis is a common approach by nonlinguists because it is the most obvious and easily accessible entry point, which is recognised in other linguistic psychotherapy studies, for example, Capps and Ochs (1995). The same limited approach is found by linguists when they engage with other disciplines, for example literary criticism (Lukin 2002) and high school English (Macken-Horarik 2003). These studies both demonstrate how English essays are 'valued' for language by markers and critics, without a systematic account of language. In the same way, mental health language can be 'valued' by experts in psychotherapy without a systematic linguistic account.

In contrast SFL provides a complex, systemic multistratal methodology for the investigation of linguistic patterns. In SFL language is a resource for making meaning, with choices (instances) occurring within a system potential. The model is multistratal, that is, language can be mapped across four strata: phonology, lexicogrammar, semantics and context, which allows the complex relations between strata and the full meaning potential of the conversations under investigation to be displayed. All four strata occur simultaneously but are separated for analytic purposes.

This study commences in the lexicogrammatical stratum, chapters 4-8, with reference to the semantic stratum through Appraisal. The context stratum is investigated at two levels: as context networks, chapter 9, and generic structure, chapter 10. Since within the overall context the value of saying something can be seen to shift from one situation to another, the delicacy of context networks carries the responsibility of allowing the changing semantics of the wordings to be revealed. In other words, more complex meanings can be investigated beyond the lexis alone because identical wordings mean different things in different contexts and different wordings can mean the same thing in a given context. Thus, the multistratal approach allows the semantic options to be mapped like a pathway through self and may show that although topics and words can vary, making it appear difficult to track the self, complex semantic patterns can remain consistent.

This study is consequently a study of register and follows the strong SFL tradition of register in two ways. First, it follows the tradition of register development, where theory and practice are investigated simultaneously. For example, Slade describes her aim 'to shed light on the nature and function of casual conversation' while at the same time to

'develop an integrative framework' (1996). Second, the expansion of the semiotic register of children (described in overview by Matthiessen 1993:268) establishes a model for studying the expanding semiotic of self for patients in therapy.

1.6 A COMPLEX TALE

The creation of self in language is complex in at least two ways: the story of self is 'a complex tale', and language is a complex system. Because a patient's achievement of 'complexity' is considered success in therapy as the valued Narrative ('a more spontaneous and complex narrative form' (Meares 1998:875)), three questions must be asked, what is complexity, what are the measures of this complexity, and how is it achieved?

Complexity is a word with a wide range of senses, both technical and general. Although it is increasingly used in scientific models, for example, complexity theory in mathematics, it is used in this thesis in a more general sense and I do not engage with all the complexity literature. The term is used in the Conversational Model either as a general term or as a technical metaphor taken from the sciences, for example, the complexity of fractal geometry (Meares 2000:127).

The complexity to which Meares alludes needs a linguistic theory that can also handle complexity. In SFL complexity aligns with a multistratal approach to language. This thesis progresses through the strata of lexicogrammar, semantics and context, which together show that meaning is complex. The subtlety and complexity, then, are not in the presence or absence of one linguistic phenomenon but in the alignment of the context with the semantics, with the grammar and, ultimately, with the timing and the intonation².

A variation at one stratum changes the value on every other stratum, so simple correlates are not plausible and misreadings are easily made. A non-linguist, while being finely attuned to linguistic impressions, can misplace the source of that impression. For example, a typical confusion can be to make a judgement at a phonological level (for example, to judge an accent) instead of recognising the source of the meaning as the content of argument or the grammar of logico-semantic relations, that is, at the semantic and grammatical level.

While understandable, the desire for simplicity in linguistic structure is in tension with the complexity of linguistic experience. Although linguistic findings are complex, they

are manageable and productive when addressed as a cluster of convergent patterns of selections across the different linguistic strata. When a number of systems of choice are working to a similar semantic outcome the 'drift' in meaning has a systematic basis, which can be evaluated publicly and reliably. Chapter 2 further describes complexity.

1.7 THIS STUDY

The data set for the present study, 30 hours of transcribed talk between therapists and patients, provides access to naturally occurring talk from a private and privileged access source. The corpora are described in detail in chapter 3. Within this wealth of data and potential research options the impetus for a closer linguistic analysis of Scripts, Chronicles and Narratives arises from my earlier study of the language of one person with borderline personality disorder treated by the Conversational Model (Henderson-Brooks 2000). That study investigated language across an eight month period of therapy to determine changes in the patient's presentation of reality (an experiential analysis) and her evaluation of that reality, including the participants in her life (Henderson-Brooks 2000). It demonstrated improvements in Affect, increased reporting of the patient's inner life, and more positive Appraisal of her world.

It also foregrounded a section of text, the 'Rain and Bunny' tale. This tale was considered by the therapist as a successful moment in therapy, despite the fact that it followed a breach in the code of therapy behaviour, which precludes therapists telling their own story to patients. Because it foregrounded 'successful' talk from the many hours of therapy transcriptions, it became apparent that different types of talk needed investigation for their role in therapy and that a linguistic exploration of the therapist's own textual classification of Scripts, Chronicles and Narratives was a relevant place to start. The study also showed that careful and detailed lexicogrammatical analyses provide the basis for building a semantic description of psychotherapeutic talk.

1.8 STRUCTURE OF THE THESIS

The thesis is divided into three broad parts. The first part, chapters 1-3, explains the motivation of the thesis. It describes in detail the relevant background literature of psychotherapy and linguistics and introduces the Conversational Model of psychotherapy, Systemic Functional Linguistics and the methodology of this study. The second part, chapters 4-10, provides a close analysis of the SCN Corpus (a corpus of

² While potentially important and worthy of serious investigation the phonology stratum is not further investigated in this thesis.

Scripts, Chronicles and Narratives) at the lexicogrammatical, semantic and contextual strata. The third and concluding part, chapter 11, draws the two descriptions together.

1.9 CONCLUSION

This chapter has introduced the linguistic investigation of the complex tale of self for patients with borderline personality disorder. It has presented the Conversational Model's three conversations, Scripts, Chronicles and Narratives, which represent 'self as shifting state in the therapeutic conversation' (Meares 1998:876). This thesis investigates these three conversations to determine whether they are distinguishable as text types. The semantic characteristics of these conversations constitute a guide to the complex tale of self with respect to these patients. When these characteristics are turned into a map of the meaning potential, they can provide a perspective on the semiotic repertoire that patients take up as they improve in their mental health. The study also considers key terms of the Conversational Model, for example, the contrastive *linear/non-linear*, as linguistic syndromes and discusses their role in the realisation of Scripts, Chronicles and Narratives.

The chapter has also introduced complexity. The key themes of the thesis demonstrate that the complex tale of self is a complex weaving of perspectives: the therapists' consideration of self as three types of conversation; the linguist's consideration of linguistic syndromes of features that realise 'experience as the reality we construe for ourselves' (Halliday and Matthiessen 1999:3); and the patients' consideration of self in relation to normality. The findings of this study establish the basis for a larger corpus study of a wider range of language features in the complex context of psychotherapy. It thus creates an opportunity to extend the dialogue between linguists and practitioners of the Conversational Model: the tools of one group increase the reflective capabilities of the other.

Literature Review

2.1 INTRODUCTION

Chapter 1 introduced this thesis as a linguistic investigation of the complex tale of self, weaving together ideas from psychotherapy and linguistics and the overlapping ideas of 'self' and 'complexity'. This chapter introduces the literature which informs the psychotherapy and linguistics in two sections. Part I, sections 2.2-2.4, is a general review of both psychiatric and linguistic literature relevant to this study. It also includes other disciplines which have investigated psychotherapy, for example, Sociology and Anthropology. Part II is a review of the specific theories of psychotherapy and linguistics which inform this thesis and were introduced in chapter 1, that is, the Conversational Model of Self Psychology in section 2.5 and SFL in sections 2.6 and 2.7. It includes their positions on 'self' and 'complexity'. Section 2.8 concludes the chapter. The literature discussed in this chapter provides the background for the linguistic analysis and explains the focus of investigation as Scripts, Chronicles and Narratives in the chapters which follow.

PART I: GENERAL PSYCHIATRIC AND LINGUISTIC LITERATURE REVIEW

2.2 PSYCHOTHERAPEUTIC INTEREST IN LANGUAGE

There is a widespread understanding among psychiatric and psychological practitioners that language is integral to healing of the self. Szasz states the case in an extreme form as 'psychotherapy (exemplified by psychoanalysis) consists simply of talking and listening'³ (1988, my underline). Psychotherapeutic literature contains many titles based in language, for example, *Narrative processes in the construction of helpful and hindering events* (Grafanaki 1999) and *When the Crunch Is a (K)not, A crimp in relational dialogue* (Pizer 2003)⁴.

Narrative became a dominant metaphor in psychology in the 1970s and 1980s for the development of self, specifically the idea that stories construct who we are, for example, *The stories we live by* in which McAdams expounds theories of mythmaking as a way of making sense of one's life (1993). Narrative also continues as a metaphor in health discourse, for example, 'Narrative medicine with stories of illness and health care delivery', a session at the 3rd international conference on Communication, Medicine and Ethics, 2005.

Although 'Narrative' suggests an opportunity for linguistic interaction, much of the psychiatric literature has no direct engagement with language itself, and consequently is likely to be simple, in the technical sense that it addresses an overt (folk) unit, for example, 'word'. This simplistic application lacks the potential to track changes and provides only a vague or nonexistent modelling of context. When psychiatrists and psychologists do use linguistic approaches, for example Bruner (1986, 1990) and Quigley (2001), they tend to take selectively and superficially from easily accessible and lexis driven models, for example, Austin (1962), Grice (1975), Wittgenstein (1953). In addition they react against Chomsky (1964, 1965)⁵. Although their application of linguistics may be limited, there are psychiatric/psychological models that investigate naturally occurring language data, which is now discussed. Specifically, to investigate the psychological model of Narrative, before the

³ The understanding that language itself is not so simple and that linguistics is integral to a rich understanding of language is often obscured in psychiatric literature.

⁴ The metaphor word play in the title is a common feature in psychiatric literature. See further discussion at the end of this section.

⁵ This is perhaps with good reason. Butt et al. claim 'Chomsky's linguistics in the U.S. has been inimical to the pursuit of any social research pertaining to language. Its proponents dismiss the scientific claims of any research agenda other than their own genetic, or "nativist" hypothesis. But the balance in linguistic thinking is being reconstituted. Authentic textual

current investigation of people with a disrupted sense of self, this chapter considers the work of Bruner (1986, 1990), on whom many other psychologists base their linguistic work.

Bruner's investigation of normal people's construction of self provides an important preliminary understanding. Bruner has a similar approach to 'self' to the Conversational Model (section 2.5) and SFL (section 2.6). Whereas Meares overtly suggests 'self as conversation' (1998) and SFL 'self as semantic drift' (Butt 2000), Bruner proposes:

selves are not isolated nuclei of consciousness locked in the head, but are distributed personally' and 'self, then is not a static thing or a substance, but a configuring of personal events into a historical unity which includes not only what one has been but also anticipations of what one will be (Bruner 1990:138).

Although this description is not directly language based in the manner of Meares, it is clear from the above quotations, that self must have some language manifestation, which Bruner further explains:

eventually the culturally shaped cognitive and linguistic processes that guide the self-telling of life narratives achieve the power to structure perceptual experience to organise memory, to segment and purpose build the very events of a life. In the end, we become the autobiographical narratives by which we 'tell about' our lives. (Bruner 1987:13, my underline)

Although this idea is now widespread throughout Narrative literature, the strength of Bruner's work is his interaction with naturally occurring language data. Bruner studies how one close family of six members creates different senses of self through autobiography, as they independently tell their life story to a researcher. Their Narratives are divided into categories following the Russian formalists.⁶

Bruner's attempt to linguistically analyse the data is limited, despite his acknowledgement that 'our best guide was literary and discourse linguistics' (1990:123). His linguistic discussion is limited to revealing words, telltale grammatical forms, mental verbs, deontic and epistemic modals, and signature expressions. However, even this level of linguistic analysis reveals differences in autobiography for different family members, for example, the son has spatially driven, *coming from/going to*, rather than chronologically driven stories. In contrast the mother has no agency in childhood but develops it in adulthood, for example, *everything was thrown at us*, becomes *I decided to take it into my own hands*. Eighty percent of the mother's verbs are stative, that is, *thinking, feeling, intending, believing* and *praying*, compared to her husband who has action oriented verbs. The

data, rather than intuitive syntactic fabrications, are being demanded by researchers across most theories.' (2003:167)

⁶ There are three story types: *fabula* (timeless and mythic with transcendent plights), *sjuzet* (which realises the timeless *fabula* in the form of the plot and in the unwinding net of language) and *forma*. These are not further explored here.

analysis then returns to a psychological analysis, where the mother is described as having a high subjectivity level (Bruner 1990:29). Bruner's results suggest that there is much to be discovered from a systematic linguistic investigation of psychotherapeutic language.

The difference between Bruner's 'landscape of action' and 'landscape of consciousness'⁷ suggests a compatibility with the division in SFL of experiential categories of 'inner' and 'outer' consciousness, although Bruner himself does not draw any parallels. Although Bruner has a similar philosophical approach to language to SFL, for example, Bruner's support of Vygotsky as one of the few psychologists who pursued the impact of language on the nature of man as a species (Bruner 1990:11), there is limited acknowledgement of socially oriented models of linguistics. Halliday (1975) is mentioned in a footnote of people working in child language, but there is no interaction with his language theory or any other functional linguistic model with a strong grounding in context. Chomsky is included as representing all linguistics in order to discount linguistic models and thus to allow Bruner to propose his own model.

In light of the last two decades of research ... I shall propose a very different approach from Chomsky's dealing with human readiness for language. Without intending to belittle the importance of syntactical form in language, I shall concentrate almost exclusively on function and what I have called the grasp of context. (Bruner 1990:72, my underline)

While Bruner is admirable in his engagement with language data and for including linguistic analysis, his methodology, taken selectively from diffuse sources (Austin, Grice, Wittgenstein and the Russian formalists) limits his ability to engage with the complexity of the syndrome of features that occur across linguistic strata. His language derived psychological conclusions are not a systematic linguistic investigation.

Similarly, Quigley's 2001 study of self and identity in children theorises the importance of linguistics:

if language and language development are to be central scholarly concerns for psychologists, it is important to explore the basic premise that using certain linguistic forms or constructions actually brings out certain discourse types. This means not just looking at what is accomplished outside of the individual speaking in certain ways, but at how one's sense of self, of identity, of agency, of moral responsibility, and so on, is constructed: the real-time effects of a speaker's grammatical choices and situated opinions. (2001:147, my underline).

This sounds promising but Quigley too has a restricted understanding of linguistics. She interacts with Chomsky only to discount him and, like Bruner, she ignores sociolinguistics, functional linguistics and CDA, instead proposing her own linguistic model. This tendency

⁷ Following A. Greimas and J. Courtes, cited in Bruner 1987:17.

by nonlinguists to invent language systems in psychologically driven language investigations is noted by the linguist Chaika:

Because they all speak and understand, there is a great temptation for people to think that they understand how language actually works. This means that scholars feel free to make pronouncements on language data without the benefits of studying linguistics, in a way that they'd never make pronouncements about physics or biology. (Chaika 2000:1, my underline).

Sometimes these 'pronouncements' foreground a lack of understanding of language. For example, Hall's doctorate is written without the verb *to be* to 'create a more true-to-fact language map' (1996) but he still uses relational processes (*x represents y*) with no understanding that this is agnate with *to be*,⁸ and which achieves the exact semantics he is trying to avoid. In the four methods of therapy he investigates, Hall suggests that it may be the talking that is most effective in bringing about change, but he does not linguistically differentiate the talk across the four therapies and does not engage with any linguistic model external to psychotherapy (1996).

Even in 'Narrative' discussions (already noted as an overtly linguistic topic) in psychology, linguistic theory is mostly ignored. One exception, Russell and van den Broek, demonstrates an awareness that theoretically Narrative as structure is important, 'Until research is focused on specific formal features of narrative text, a crucial dimension of human experience and psychotherapy will go unexplored.' (1993:339). However, once again, instead of turning to established linguistic models they impose their own structure across their data, demonstrating anew Chaika's observation of the ad hoc nature of linguistic investigation by nonlinguists and contrasted against the power of SFL as a linguistic theory and practice which is reproducible across texts and contexts, not re-invented in every study.

Metaphor is another overt and frequent entry to language discussion in psychotherapy, both in the professional writings of the therapists, for example, *A crimp is a (k)not*, (mentioned above) and within the therapy itself. Chaika describes how metaphor figures largely in the literature of psychotherapy and suggests that, although many people associate metaphor with poetry and literature, it is very much the language of everyday (2000). Ferrara investigates the role of metaphor in psychotherapy, and shows that it is a common feature, citing a study that found three metaphors per hundred words in one hour of therapy (1994:129). She suggests that 'metaphor is used as an oblique, non threatening

⁸ For example, 'the ubiquitous nature of language as the use of symbols *makes* it an ever-present phenomenon in our lives' (1996:11).

way of talking about problems' and is useful because it 'distils and compresses thoughts and feelings which sum up global insights' (1994:129). Ferrara proposes that metaphors can then 'be a tool of the joint production that leads to successful therapy... creating meaning together paves the way to other collaborative work' (1994:129). However, although instances of lexical metaphors are easy to code, the systemic meaning and the role of grammatical metaphor has not been taken into account in these studies.

2.2.1 Psychotherapeutic Interest in Context

The general institutional context of culture of psychiatry is well documented in the medical and psychiatric literature, for example, Charon *et al.* (1996) and Szaz (1988). A changing power paradigm can be followed, with an increasing emphasis on the rights of the patient who is considered to be 'an expert in his or her own right and as such has unique perspectives and valuable insights into his or her physical state, functional status and quality of life' (Roter and Hall 1992:8).

The contribution of both participants in the therapy context is drawn attention to by the psychologists Barclay and Kee:

the manner in which meaning takes shape is dependent upon a background and context that has been developed over the course of the clinician's education and experience. The client brings a different context, that of his or her life experience. It is the clinician's educational background, training and experience that are supposed to provide a guarantee of understanding, and of appropriate response and intervention. (2001:672)

They go further to suggest that clinicians may be unaware of their own contextual ideology:

Psychotherapists can see that their clients are often victims of personal fictions, but they often do not see that their own clinical interpretations are guided by codes and linguistic categories that are equally fictional or at least susceptible to change. (Barclay and Kee 2001:684)

They conclude that 'a semiotic analysis and its subsequent category of linguistic analysis can offer a ground for a theory of psychotherapy' (2001:671), although no practical model is offered.

The backgrounding of therapists' own contextual contributions demonstrates Hunston's observation that 'ideologies do not exist in silence, but neither are they expressed overtly' (2000:8). Psychotherapists may not challenge or understand that psychiatric talk occurs in an ideology. Meares himself has a limited theoretical discussion about the contextual constraints upon meaning making that influence the production of Scripts, Chronicles and

Narrative (see section 2.5.11). Further to this, the simple unistratal (lexical) approach to actual language in therapy, as described in the previous section, means that psychotherapists do not have a method to account for either canonical or unfolding localised contexts in their sessions.

Although not well described as a contextual problem, the bidirectionality of context (that is, the context both creates the talk and is created by the talk, discussed further in section 2.6) can be problematised by psychiatrists. For example, Bergmann, in a structured elicited language study of question and answer admission interviews in a mental hospital, notes that it is the psychiatrists who construct events which require discretion:

there is not first an embarrassing, delicate, morally dubious event or improper behaviour about which people then speak with caution and discretion; instead the delicate and notorious character of an event is constituted by the very act of talking about it cautiously and discreetly.
(Bergmann 1992:139)

Thus, this section's brief discussion of context as approached by psychotherapists suggests that even when context is considered and acknowledged as important, psychotherapists lack a model to investigate context more delicately.

2.3 OTHER RELATED DISCIPLINES

Although it is beyond the scope of this thesis to engage with other disciplines' approach to psychiatric data, a few studies should be mentioned. As early as 1927, in an article titled 'Speech as a personality trait', Sapir suggested that linguistics would be useful to psychotherapy because it is objective (Sapir 1956:543). Since then the psychiatric world has been studied by sociological, anthropological and ethnographical research, for example, the sociologist Goffman's ethnography of a mental hospital (1961).

The stories of people with borderline personality disorder, specifically, have been studied through interviews with patients. Research occurs within different disciplines, including psychological perspectives (Barrow 1998), feminist critiques (Hennigar 1998) and nursing studies (Hanson 1996).

2.4 LINGUISTIC AND PSYCHIATRIC INTERACTION

The preceding sections showed the psychiatric view of language, noting the limitations of a folk model of linguistics. This section considers linguists who have focused on psychiatric discourse. Some like Rochester and Martin have a separate section and others are briefly mentioned.

The first half of the twentieth century was dominated by the behaviourist framework, in both linguistics and psychology. Then, after the 1960s, with its quest for idealised speech and Chomskian linguistics, the 1970s saw the gain in prominence of the study of naturally occurring language as exemplified by Labov and Fanshel's 1976 study in which natural language data, from one therapy session with a person with anorexia, was analysed. This work, as well as Labov's other pioneering work on the structure of Narrative (for example, Labov and Waletzky 1978), has been widely referenced in psychotherapy literature by both linguists (Chaika 2000; Capps and Ochs 1995) and non-linguists (Bruner 1986). The reaction against Chomsky is also seen across paradigms (see section 2.2).

Within the different linguistic paradigms throughout the second half of the century, spoken medical discourse has been widely investigated (Charon et al. 1994). Conversation Analysis, with its emphasis on the close study of naturally occurring language, and Discourse Analysis, with its emphasis on the assumed beliefs of the participants and the intentions of the speaker and hearers, both further the body of general spoken language research, which could then be applied to psychotherapy data.

Throughout this period, SFL was also emerging as a discipline which, in contrast to the innatist view of Chomskian linguistics, emphasises language as a social semiotic (Halliday 1978). SFL emphasises the social nature of language in construing the world for both individuals and groups. In this way, psychotherapy can be seen as a particular social institution where certain kinds of meaning are being constructed.

Rochester and Martin

Rochester and Martin's 1979 study is seminal in explaining the different approaches to language and the difficulties in studying language in psychiatry. In their study of schizophrenia, they study 'language in action' rather than language as a behavioural manifestation of an illness. While schizophrenia is primarily a thought disorder, the assessment of thought disorder can only be inferred from speech. Their clinical dilemma is also reflected in my research, where the inner thoughts of a person with borderline personality disorder are externalised in talk with the therapist and successful changes of the inner self are judged by language changes⁹.

⁹ In addition to external behavioural outcome measures (see Stevenson and Meares 1992).

Rochester questions why thought disorders have always been described in terms of thought and not systematically described in language. She suggests: (i) clinicians have not noticed the inferences on which they base their descriptions (1979:17); and (ii) because psychiatrists use metaphors to convey their clinical experiences, they are speculative about language use (1979:19). She acknowledges that linguists too can contribute to the lack of full language description when they focus exclusively on patient studies in rigorous experimental conditions to evoke individual responses, rather than studying naturally occurring language in psychiatry. These difficulties in relation to Meares' research will be discussed in section 2.5.11. Rochester and Martin clearly demonstrate how a linguistic analysis of language in action can inform psychiatric debate.

Since Rochester and Martin there have been ongoing linguistic investigations of psychotherapy from sociolinguistic ethnographic models and sociolinguistic functional models. Ethnographic based linguistic studies include: Ferrara's (1994) work with a range of people paying for mental health services; Chaika's research which leads her to advocate for the role of a linguist in mental health services (2000); and Capps and Ochs' (a psychologist and a linguist 1995) longitudinal study of one patient with agrophobia, which is now discussed.

Capps and Ochs

Capps and Ochs approach psychotherapeutic language from a similar perspective to Bruner and theoretically place their work in the tradition of Vygotsky, Bakhtin and Schegloff (1995:116). They suggest 'the road back from mental trouble ... requires a re-narrativising, reconstruing, another life construction... the way back must involve using language to reconstrue and thereby to construct a new narrative about our lives and our world' (1995:10). Although they do not name it as such, Capps and Ochs describe the bidirectionality of language and context, seen in their quotation from Toni Morrison (a Nobel laureate for literature) 'narrative is radical, creating us at the very moment it is created.' (1995:10). Capps and Ochs also refer to 'inner' and 'outer' selves:

The protean nature of the self stems from its permeability to inner and outer influences, which are never fully separable from one another. We are shaped by a complex interweaving of external events and inner experiences, which become indistinguishable. What 'actually happened' in some past event in our life is inextricably tied to the phenomenological meaning we ascribe- that is, to our experience of the event. And this meaning changes as we continually respond to the blending of external and internal forces that make up our ongoing experience- as we revise and reshape the story of our lives. (1995:13, my underline)

Capps and Ochs use natural language data to investigate the development of self in terms of external events and inner experiences, through a two and half year study of a person with agoraphobia. From the taped therapy sessions they created a corpus of 53 Narratives (following Labov and Waletsky 1978) and linguistically analysed changes in Narrative across time. They showed a master storyline which is consistent for the patient, even as the stories vary, with an ability of the patient to show herself as more agentive over her world as time progresses. The strength of Capps and Ochs is the demonstration of the particular linguistic construction of the world from an agoraphobic viewpoint and how the patient's children are scaffolded into a similar worldview. The work could be extended by a more delicate discussion of the subtypes of Narrative.

Fine and Muntigl

Within functional linguistic models, Fine has studied a range of psychiatric disorders, specifically those with language disorders in their definition (Fine 2001). He suggests '[b]oth the lay and clinical community recognise that some atypical language behaviour helps to identify psychiatric disorders. A functional approach to language provides the means to classify the atypicalities in meaning and wording associated with psychiatric disorders' (2001:916). Fine emphasises that the language of psychiatry must be considered as language in context, consistent with his functional approach.

Similarly, couple counselling in family therapy (that is, not specifically a pathological psychiatric therapy) has been studied functionally by Muntigl (2004). He describes different semiotic phases to therapy, where clients move from negative construals of events to an expanded semiotic potential where they are able to construe themselves as agentive to overcome problems without direct therapist scaffolding. Specifically, the nominalisation of behaviour enables a distance for evaluation and change for couples. This study of six conjoint sessions of a non-pathological therapy shows the value of a systematic approach to naturally occurring data in a setting where change can occur relatively quickly. It provides background data to compare and contrast if people with borderline personality disorder, who have a disrupted sense of self, can realise the same degree of semiotic potential.

Garbutt

Garbutt has studied borderline personality disorder with reference to SFL. Using data from the Westmead program, he studied empathetic statements in Self Psychology (1990) and reported speech in therapy (1996). His work particularly focuses on the therapist's

contribution, coding reported speech across 15 sessions for temporal domain. Garbutt's work provides an initial linguistic evidential base for Meares' model, showing that therapists concentrated on the therapeutic relationship in the present and patients concentrated on the recent past. He found little reference however, to the remote past of childhood (2000:59). These findings suggest that further linguistic investigations could reveal evidence for or against the Conversational Model's clinical expectations.

PART II: LITERATURE REVIEW OF THE PSYCHIATRIC AND LINGUISTIC MODELS OF THIS THESIS

2.5 THE CONVERSATIONAL MODEL

2.5.1 Introduction

This section moves from the general consideration of psychiatric approaches to language discussed above to a close consideration of the model under investigation in this thesis, that is, the Conversational Model of Self Psychology as developed by Russell Meares¹⁰, which was introduced briefly in section 1.3.1. This is the model of therapy for treatment of Borderline Personality Disorder at Westmead Hospital. Section 2.5.2 presents a description of Borderline Personality Disorder, sections 2.5.3-2.5.11 describe the psychotherapeutic theory supporting the treatment and section 2.5.12 critiques the linguistic aspects of the model.

2.5.2 Diagnostic Features of Borderline Personality Disorder

The Diagnostic and Statistical Manual of Mental Health (DSM) states that Borderline Personality Disorder has, as its essential feature,

a pervasive pattern of instability of interpersonal relationships, self image, and affects, and marked impulsivity that begins in early adulthood and is present in a variety of contexts (DSM-IV 1994:650)

The DSM-IV further describes individuals with borderline personality disorder as having a great fear of abandonment and a sensitivity to any potential for separation, which makes them very sensitive to their environment and to other people's reactions. Patients may have disturbances of identity and an unstable sense of self which is based on being bad or evil, but may rapidly shift from victim to 'righteous avenger of past misdeeds' (DSM-IV 1994:651) which may be displayed in angry outbursts or sarcasm. Alternatively they may have feelings that they do not exist at all.

Patients may idealise caregivers and have high expectations of availability and fulfilment of their demands. Any breach of these ideals can cause patients to feel great disillusionment with their caregiver and anger at the perceived abandonment. Recurrent self-harm episodes, in an effort to avoid abandonment, are common causes of presentation to the medical profession (Stevenson and Meares 1992:361). The complete DSM-IV diagnostic criteria for Borderline Personality Disorder, against which successful treatment is measured, are presented in Appendix B.

Borderline personality disorder is notoriously difficult to treat, with individuals so damaged as to be considered 'unanalyzable' (Stevenson and Meares 1992:358). Treatment involves hospitalisation when required, medication and ongoing medical supervision. The Westmead regimen also includes two years of psychotherapy treatment based on the Conversational Model, which is outlined in the following sections.

2.5.3 Meares' Adaptation of Ideas of Normal Infant Development of Self

Meares' therapeutic approach, the Conversational Model, is influenced by the work of Robert Hobson in London in the 1960s (Meares 1992:359) and is placed within the framework of Self Psychology.¹¹ Therapeutically, it is used for treatment of a range of conditions including anorexia and anxiety. At Westmead Hospital, it is used successfully for treating Borderline Personality Disorder. In a longitudinal study by Stevenson and Meares, after twelve months of psychotherapy treatment patients had statistically significantly improved on all outcome measures, with 30% of the patients no longer fulfilling the diagnostic criteria for Borderline Personality Disorder (Stevenson and Meares 1992). A further twelve months after cessation of therapy the treatment was still successful (Stevenson and Meares 1999).

The theoretical framework of the Conversational Model originates from the works of William James (1892), Heinz Kohut (1971), Jean-Pierre Piaget (1929), Colwyn (1979, 1987) and Lev Vygotsky (1962). The ideas of these researchers are outlined here, in relation to Meares' adaptation of their work, in particular the development of self.

James

The psychologist-philosopher William James described 'self' as a Stream of Consciousness: 'thoughts connected as we feel them to be connected are what we mean by personal selves' (James 1892, cited in Meares 1998:876). James' *personal self* exists as a duality. James suggests that humans are born with 'I', the knower, but develop a sense of 'me', the known. The 'me' that is known can be subdivided into the inner life (me) and outer life in relation to others (identity). The self develops in stages that begin with the mother as selfobject (an outer focus), moving through the quasi-illusory other to the emergence of personal reality, which includes an inner life.

¹⁰ Emeritus Professor of Psychiatry, Department of Psychological Medicine, University of Sydney at Westmead Hospital, NSW.

¹¹ Self psychology itself is a broad field of psychotherapy with different disciplines and theoretical positions within it, as revealed by a Medline reference search (Medline2002).

Self	Meares' Third Term	Stages of Development of Self
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Human Being</div> <div style="display: flex; flex-direction: column; align-items: center;"> <div>I = knower</div> <div>Me = known</div> </div> <div style="margin-left: 10px;"> <div>Inner life = self</div> <div>(Seamlessly united)</div> <div>Outer me in relation to others= identity</div> </div> </div>	Myself existing in the space between self and other	Emergence of personal reality Quasi-illusory other Mother as self object

Figure 2.1 James' Dualism of Self with Addition of Meares' 'Myself'

Figure 2.1 above summarises James' dualism of self with a third term 'myself' added by Meares, in relationship to normal child development. 'Myself' is a quality of self that comes to life in the 'space' between self and other:

the third term is no longer visible but it is now manifest in language. ...Self is not only inner but is found...in this metaphoric space. 'Myself' involves not only a sense of inner experience but also movements of this experience going on between 'me' and other people (Meares 2000: 26)

Meares refers to this as the original 'doubleness' of self, the achievement of which is important for normal development and in therapy (Meares 1993:26). The division into 'selves' is a theoretical construct only, since in adulthood these two 'selves' usually seamlessly unite (Meares 1998:878).

Kohut, Piaget and Trevarthen

Child development studies demonstrate the development of the known 'me'. Trevarthen in particular describes the protoconversations between a mother and her baby as an integral part of achieving 'intersubjectivity' (Trevarthen 1979:321ff). Meares describes how the mother provides a responsive mirroring of the baby's state, acting like an extension of the baby's subjective life. Kohut names the mother in this role as the '*selfobject*'. This selfobject is not a separate person but in Meares' words is experienced by the child 'as a part of him or her, half of a single system made up of two major pieces' (Meares 1993:25). In order to develop an independent sense of self, change must occur, which by the age of 18 months can be demonstrated by the child's ability for symbolic play. Symbolic play coincides with the beginnings of language (Piaget 1929; cited in Meares 1998:878) and is described by Meares as a stage of 'doubling' (Meares 2000:21). The child is absorbed in a game using objects (for example, blocks) to be whatever he wants them to be within his world, thus constructing for himself a reality. In this safe environment he chatters as he plays. Thus, as the attention moves increasingly to the toys (rather than the caregiver), children gradually develop an emergence of their own personal reality separate from the

caregiver, through an intermediary stage of chattering with an imaginary friend (Meares' 'quasi-illusory other' and 'double') and finally to transfer that to themselves as an inner self (Meares 1993:25ff).

At the same time, the child makes a distinction between the things themselves and talking about things. Through this play the child develops a sense of what is 'mine', which James notes as the transference from 'not this thought or that thought but my thought' (1890, cited in Meares 1998, my underline). The continuing ability to have one's own thoughts is demonstrated at approximately age 5 when children learn that they can know things that others do not. This ability to have a secret is a step towards intimacy, since a secret may be shared as a gift. Therefore symbolic play 'shows us self in embryonic form' (Meares 1998:880) because the doubleness seen in play persists as an inner and outer self, seamlessly united in normal adulthood.

The normal development of the inner self has been described in detail because it is central to the therapy model used to treat people with a disrupted sense of self (see section 2.5.6). Since the inner and outer lives and the language accompanying them are important in normal child development, the theory of the developing self requires a language description. Here, influenced by Vygotsky, Meares argues 'that the human individual has at his or her disposal two principal language forms. One of them is clearly the communicative kind. The other may relate to the emergence of inner life' (Meares 1999b:1). Because Vygotsky is central to Meares's language theory and has been influential in both psychiatric theory and linguistic theory, his work is considered in some detail in the following section.

2.5.4 Vygotsky's Ideas of Child Development and the Two Forms of Human Language

The true direction of the development of thinking is not from the individual to the socialised, but from the social to the individual. (Vygotsky 1962:20)

Vygotsky suggests that, in the ontogenesis of a child, the outer world precedes the inner world, a view also fundamental to the work of Halliday (1975) and Hasan (1996), and foundational in SFL, which places the ontogenesis of language in the social (see section 2.6). Wells (1999) very clearly articulates the similarities between Halliday's development of ideas and Vygotsky's, claiming that any differences relate to the emphases of the two disciplines. Whereas Vygotsky emphasises the intra-organic development, the emphasis of Halliday and Hasan is inter-organic. Hasan offers a full critique of Vygotsky, discussing the similarities and differences between Vygotsky and developments in systemic theory (1996).

In his description of language and the individual, the work of Vygotsky interacts with that of Piaget (Vygotsky 1962:126-138). Piaget divides language into egocentric speech of play (thinking aloud) and socialised speech (exchanges with others). Whereas Piaget considers that egocentric speech atrophies with age, Vygotsky states that 'egocentric speech is a transitional stage in the evolution from vocal to inner speech' (1962:17). The egocentric language, which commences in the world of childhood play with objects, does not disappear but evolves inwards to become the language of inner speech (or James' 'stream of consciousness'). Normal adults are thus capable of two conversations: with others and with themselves ('oneself').

Vygotsky tries to describe the language with oneself, but, as he himself concedes, it is hidden from direct observation and as an area of speech 'is one of the most difficult to investigate' (Vygotsky 1962:152). Vygotsky claims that the inner speech of adults serves the same function as the egocentric speech of a child, that it is 'thinking for himself' rather than social adaptation. 'It also has the same structural characteristic: out of context it would be incomprehensible to others because it omits to mention what is obvious to the speaker' (Vygotsky 1962:18). His description of inner speech as disconnected and incomplete is based upon his observations of child language, where the ellipsis of the subject of a sentence and the preservation of the predicate occurred with such regularity that it must be 'the basic syntactic form of inner speech' (Vygotsky 1962:139).

Vygotsky's grammatical description of children's egocentric speech (and therefore adult inner speech) follows the formalism of his day in considering that the correctness of language was only being achieved in mathematics, with spoken language having aesthetic charm but being grammatically incorrect (Vygotsky 1962). Since Vygotsky there has been an increasing body of work demonstrating the complexity of spoken language (for example, Eggins and Slade 1997). Vygotsky's observations, although not articulated as such, would fit well within modern understandings of the grammar of spoken language, placing inner language as the furthest point on a cline of intimacy. The methodological difficulties in comparing the language of child development to that of adult inner thought are beyond the scope of this thesis and the reader is directed to Vygotsky 1962, Chapter 7, for discussion of his behaviourist experiments for describing the grammar of egocentric speech. Although Vygotsky's language descriptions are of his time, his work is central to both SFL and the work of Meares in its emphasis on the outer life as directing the ontogenesis of the inner life. Meares' development of this idea and his application of it to the treatment of borderline personality disorder is further explained in the sections below.

2.5.5 The Disruption to Development of Self in Borderline Personality Disorder

Meares' treatment approach is based upon the theory that:

Borderline personality disorder is a consequence of a disruption in the development of self. The principal assumption is that a certain kind of mental activity, found in reverie and underlying symbolic play, is necessary to the generation of the self. This kind of mental activity is nonlinear, associative, and affect laden. In early life its presence depends on a sense of "union" with caregivers, in which they are experienced as extensions of the developing individual's subjective life. Development is disrupted by repeated "impingements" of the social environment. ... (Stevenson and Meares 1992:358-359, my underline)

The preceding sections have demonstrated how, in normal development, children develop an interior language which is an indication of the developing sense of self. It is usual for children to move from having the caregiver as a 'double' to 'doubling' for themselves, as they learn to internalise the sort of care given by the selfobject (love, comfort and security).

However, as a consequence of a disruption in the development of self, the person in trauma (that is, with borderline personality disorder) has become 'undoubled' (Stevenson and Meares 1992:358). This person lacks a sense of a selfhood, leaving them with a sense of internal nothingness so that their adult life is strongly grounded in others and oriented towards external stimuli (Meares 1993:90). These two factors lead to the maladaptive compensatory behaviours described in the diagnostic criteria of borderline personality disorder (section 2.5.2 above and Appendix B).

2.5.6 Meares' Therapeutic Aims

The aim of the therapy is maturational. Specifically, it is to help the patient discover, elaborate, and represent a personal reality i.e., a reality that relates to an inner life and that has an affective core. The first task is to establish the enabling atmosphere in which generative mental activity can arise. In order to do so, the therapist must imaginatively immerse himself or herself in the embryonic inner life of the patient. Empathy inevitably fails. The second main task of the therapist is to detect these failures...and then to allow these experiences to be the starting point of experiential explorations. (Stevenson and Meares 1992:358-359)

The aim of the therapy is to recreate, conversationally, that safe developmental space of childhood as an adult metaphorical play space. In this space people with borderline personality disorder can reconstruct their reality to develop a new interior life, which will provide the normal coping mechanisms of adulthood and thus decrease their maladaptive behaviours.

This is achieved, in the first instance, by the therapist being a selfobject (comparable to Trevarthen's 'protoconversation' and Meares' 'doubling' in child development). However, the therapist must do more than just 'resonate' (Meares 2000:125) with patients' experiences or the patients will not be able to develop their own sense of self.

Indeed, unless there is progression beyond it, there is danger of a new system of entrapment arising, in which the therapist is merely an echo. In order for self to emerge, the therapist's response must ultimately have an effect beyond that of engagement and which participates in the elaboration of inner life. (Meares 1993:121).

For treatment to succeed, the 'undoubling' of experience in trauma must be replaced with a 'redoubling' in therapy as a step towards achieving a whole sense of self. Instead of the toys of childhood, in the adult metaphoric 'playspace', words are now the symbols that are manipulated to create a personal reality. Meares suggests that the child's experience 'is equivalent to an adult who is lost in thought' (1998:880). Meares' argument, therefore, is that by helping the patient to be lost in thought, the therapist provides the adult equivalent to the child's situation for developing inner speech and thus an inner life. Once patients achieve inner speech they can develop an inner life and cope with normal adult demands.

2.5.7 Meares' Theory of Language

Inherent in the name of the therapy itself and from the preceding discussion, Meares must have an elaboration of the Conversational Model of self which involves some form of linguistic theory, even if it is not stated directly. The Conversational Model describes self as a mental activity, which can be measured by the observation of language since self is manifest in conversation (Meares 1998). In addition, self is described as a form of memory which emerges ontogenetically throughout childhood (Meares 1994).

Thus Meares approaches the therapy from two angles: therapy is both a progression in the ability to remember and a progression of improved mental activity, each expressed by the self in conversation (Meares 2000). Conversation itself is then described in two different ways: as two human languages (see section 2.5.8) and three types of conversation (see 2.5.9). The role of memory in Meares theory is discussed in section 2.5.10.

2.5.8 Two Human Languages

Following Vygotsky, Meares describes two forms of language, that is, external language (later referred to as social speech) and internal language (later referred to as inner speech) (Meares 1998:875). In a metaphor influenced by fractal geometry, Meares describes external language as linear and internal language as nonlinear, which becomes the measure of successful therapy (2001:127). The extension of his theory of the two forms of language is shown below, first in his definitions from 1993 and 1998, and then in a table (2.1 below) from 2002.

'an external language (like Vygotsky's language for others) which is linear, logical and directed towards 'reality'' (Meares 1993:41). 'The linear language is found undiluted in legal and political documents.' (Meares 1998:882)

'an internal language (language for oneself) which is non linear and complex. It is condensed, makes jumps, and moves capriciously according to associations and analogies. It is often lacking the grammar of ordinary communicative language.' (Meares 1998:880) *'The nonlinear form is found, relatively pristine, in certain kinds of poetry'* (Meares 1998:882)

The Two Human Languages	
Inner Speech (internal speech)	Social Speech (external speech)
Non-linear	Linear
Non-grammatical (from Vygotsky 1962:142)	Grammatical
Analogical, associative (equivalent to an adult lost in thought (Meares 1998: 880))	Logical
Positive Affect <i>Increase in number of mental processes of Mental: Affect and Mental: Cognition</i>	Variable Affect <i>Lack of reporting of mental affect and mental cognition, relational clauses as repetition of negative affect, listing of symptoms and problems</i>
Non-communicative	Communicative
Inner-directed	Outer directed <i>Material clauses without Goals</i>
Intimate	Non-intimate
Self-related	Identity-related

Table 2.1 reproduced from Meares 2002:19. The linguistic realisations of the features from Henderson-Brooks 2000 are included in italics.

Meares suggests that the language of therapy is fostered by therapists' being 'aware of the series of themes of sensations, perceptions, feelings, imaginings and memories' (Meares 2000:126) in order to 'foster a form of mental activity which is non-linear, non logical which is found in states such as reverie' (Meares 1992: introduction). Successful gaining of this state is manifest in 'a conversational form of greater complexity' (Meares 2000:128).

Meares' two human languages raise interesting questions about how his clinical descriptions will be realised linguistically, which is discussed further in section 2.5.12. There is also an observer's paradox in trying to achieve a state of inner speech in the presence of another person. Patients' language use in therapy can only ever be an external representation of inner speech.

2.5.9 Meares' Theory of Scripts, Chronicles and Narratives

Meares' second approach to therapy language is through the theory of three conversations: Scripts, Chronicles and Narratives, which were introduced in chapter 1. This thesis investigates the construal of self through this approach. Table 2.2 below collates descriptions of the terms Scripts, Chronicles and Narratives across the development of the theory in Meares writing (1992, 1998, 2000, 2002) with particular reference to *The Self in Conversation* (1998) and *Intimacy and Alienation* (2000).

Three Conversations

	Scripts	Chronicles	Narratives
Description	<p>Deeply entrenched beliefs about self</p> <p>'The script lacks a sequencing quality. It is repetitive governed by "invariant organizing principles' (Brandchaft and Stolorow 1990, cited in Meares 1998: 887)</p> <p>'the contents of the traumatic system are not organised in narrative form... There is no ordering of these sentences. They are disconnected... The product does not have a sequencing, progressing, and evolving characteristics of a true personal narrative that depends on the episodic and autobiographical memory. It is repetitive and invariant. The narrative is a thwarted one. It does not consist of episodes of personal history but rather, of facts the individual has to learn about himself or herself. The language is linear, offering few associational linkages'...</p> <p>'I am calling this kind of a narrative a script and using the word according to its literal meaning.' (2000:98)</p>	<p>Recount of external events without interpretation</p> <p>'The chronicle is a primitive history, facts are narrated without philosophic treatment.' (1998:884)</p> <p>'The Clinical chronicle is, characteristically a catalogue of problems with family, work, and with bodily sensation. Nothing comes from an interior world. The individual's experience is outer oriented, the language is linear and there is relative poverty of metaphoric usage' (1998: 884)</p>	<p>Interesting, alive and animated</p> <p>'Successful therapy involves their transformation into a more spontaneous and complex narrative form' (1998:875)</p> <p>'The goal of therapy is to talk in a stream of consciousness way that is a conversation rather than a narrative' (1998:876)</p>
Linearity	<p>Linear External speech</p> <p>'The language is linear, offering few associational linkages' (2000:98)</p>	<p>Linear language is the language in everyday life External speech</p> <p>'It is relatively logical and has a goal.' (1998:880)</p>	<p>Non-linear Internal speech</p> <p>'This curious nonlinear form of language has the purpose of representing and so fostering the emergence of a personal reality.' (1998:881)</p>
Stimulus to create the talk	Trauma	<p>External world Stimulus entrapment</p>	<p>Internal world Associative</p>
Occurrence in Therapy	<p>Throughout therapy</p> <p>Can interweave into chronicle or narrative and can suddenly interrupt and thwart the narrative</p> <p>'The script interrupts other conversations' (2000:3)</p>	More dominant at beginning of therapy	'This type of conversation is not usually possible until near the end of therapy.' (2000:129)

Therapist	Therapist can be primed into the script by the patient. (2000: 110)	'Rather than acting in a way which seems natural in the face of a boring conversation one tries to move within it, to become a part of it in the manner of James' intimate philosopher.' (2000:124)	'The therapist's apparently simple remarks can be seen as triggers of complexity.' (2000:124) 'The therapist's first task is to develop a relationship with the patient in which it is possible for a mental activity, which is non linear and feeling based, to emerge.' (2000:130)
Intimacy	None	Non intimate, diminished form of relatedness	Full intimacy with self
Memory	Semantic memories of habitual facts (personal attributes) 'located in the present as traumatic semantic memory' (2000:53)	Episodic memories are a more primitive and earlier developed form than autobiographical memories	Autobiographical memories are remote episodes from one's own life Shared memories help to cement relationships and build a culture
Self Reflection	'beyond the access of the reflective process.' (2000:130)	None (2000: 123)	Yes an increasing ability
Visualisation	None	None	Play like, drift in images, feelings, memories, ideas, speculative wandering
Lexical Metaphor	No	No	Yes ++
Time	Present limited temporal dimension Habitual present as patient enters directly into the experience	Present without images of the future or remembrances of the past. (2000: 28)	Past or imagined
Complexity	None	None	++ 'a state of greater maturity will be manifest in a conversational form of greater complexity' (Meares 2000:128)
Sequencing	Disassociated	Logical and has a goal	++

Table 2.2 Summary of the Conversational Model Description of Scripts, Chronicles and Narratives

Table 2.2 above shows the distinctions between Scripts, Chronicles and Narratives in the Conversational Model. Essentially, Scripts and Chronicles are 'manifest in clinical conversations of a less complex, more automatic kind than the narrative of self' (Meares 1998:875). They represent the linear language (external speech) in everyday life which is 'relatively logical and has a goal.' (Meares 1998:880). The goal of therapy is to transform them, into 'a more spontaneous and complex narrative form' that is, a Narrative (internal speech) (Meares 1998:875). In Narratives, 'this curious nonlinear form of language has the purpose of representing and so fostering the emergence of a personal reality.' (1998:881)

The movement of terms across Meares' theory, for example, 'spontaneous' becomes a metaphor for non-linear talk in some writings (Meares 1998:875), demonstrates that a simple, lexically attached model presents difficulties for interaction between practitioners and for the transmission of theory to new therapists.

2.5.10 Memory Talk

Table 2.2 above shows that self within Scripts, Chronicles and Narratives is linked to three different kinds of memory:

1. Autobiographical memory is the memory of oneself in the remote past. It is the latest to develop in evolutionary terms and the most significant in therapy since

both self and intimacy depend upon a particular kind of memory.... There is a doubleness in this state. One lives in the immediate present, and at the same time is aware of a different domain of experience which belongs to another time in one's life. (Meares 2000:2)

It is associated with Narratives.

2. Episodic memory can be either of recent episodes or generic episodes, and also involves degrees of reflectiveness. It can be part of either Narratives or Chronicles.

3. Semantic memory is the memory associated with Scripts and trauma. It is the lowest evolutionary form of memory. These memories 'are beyond reflective awareness and in this sense are unconscious. When triggered they are not known as memories... This experience is located in the present... It can lead to a repetitive and limited kind of conversation which has the form of a script' (Meares 2002:23). It exhibits features of loss of inner speech:

There is frequently (i) devitalisation, (ii) negative emotional tone, (iii) outer orientation (iv) loss of reflective function and (v) linear thought form. The change in the underlying form of relatedness is reflected in the grammatical structure e.g. questions might be asked, so that a subject-object dichotomy becomes salient. (Meares 2002:23)

2.5.11 The Conversational Model: Drawing the Descriptions Together

Meares’ three approaches to therapy, that is, through two types of language, three text types and three types of memory talk, are summarised to show their interrelationship in table 2.3 below.

Self Orientation	Text Type	Therapeutic Value	Memory	Psychiatric Language Description
Inner directed	Narrative	Highly valued Rare occurrence Later in therapy	Autobiographic	Distant Past Non-linear
External stimulus directed	Chronicle (the outer world is a pseudo inner world)	Low value Frequent occurrence Early in therapy	Episodic	Recent past Catalogue of problems with family, work, bodily sensations No interpretation of events Linear
	Script	Low value Frequent occurrence Can intrude throughout therapy	Semantic	Triggered by trauma Repetition of facts concerning oneself as bad Linear

Table 2.3 The Relationship of Meares’ Theory of Conversation to Memory (Henderson-Brooks 2000)

Table 2.3 shows that Scripts are the most basic form of conversation and can present itself at any stage in therapy. They have a more limited temporal dimension, occurring in the present as a repetition of negative ‘facts’ about a person. They are externally oriented and have semantic memory. Chronicles are talk of the everyday, which dominate the clinical conversation. They are externally triggered recounts of recent life events without evaluation, which proceed in a linear manner. They have episodic memory. Narratives are talk which reflect an inner language, spoken in the presence of the therapist. They are internally focused and tell autobiographical memory in a non-linear manner. They are the conversations which become the marker of a developed sense of self.

The goals of the therapy are three simultaneous movements: from Script and Chronicle to Narrative; from linear (external speech) to nonlinear language (internal speech), and from episodic and semantic memories to autobiographical memory. In this study, the investigation of self in conversation is approached through Scripts, Chronicles and Narratives.

2.5.12 A Linguistic View of Meares’ Theory of Language

The preceding sections have shown that a theory of language is integral to the Conversational Model. If ‘words are the marker of self’ (Meares 1998:876), then it can be expected that changes in words can demonstrate changes in self. Meares’ refrain is that

the language must move from being 'linear, goal directed, logical and less complex to being a language that represents a kind of mental activity that is nonlinear, associative, and affect laden, expressed in greater complexity' (Meares 1993, 1998, 2000). Thus, Meares very specifically connects 'self' to language and language to a set of features.

However, the problems everyone has with language become Meares' problems. Thus the issues raised in the general discussion about language as approached by non-linguists also apply to Meares (see section 2.2). The Conversational Model clearly has a relatively adequate clinical description of the features of the talk. Yet it does not have a very clear linguistic specification, which demonstrates Rochester's claim about psychiatric description -that since the terms are themselves metaphorical descriptions of clinical experiences, the language descriptions become speculative and not themselves linguistically rigorous or quantifiable (1979). The following sections consider the key terms of the Conversational Model.

1. Linear, Non-linear

Although the concepts of *linear* and *non-linear* language are an integral part of Meares' theory, he does not provide unequivocal criteria for distinguishing what constitutes *linear* versus *non-linear* in relation to language. In a general way he exemplifies *linear* language with legal language and *non-linear* language with poetry (Meares 2000:25). This may be a means to reveal the metaphoric content of the two modes of language; or it may be a way of bringing out the different expectations of semantic connectedness which Meares associates with the contrast between linear and non-linear. That is, Meares may be highlighting that linear language (like legal reasoning) involves demands of combinations and that non-linear language (like poetry) is richer for associative suggestions and metaphoric progression -hence encompassing new angles, revisions, reflections and speculations. Thus at first consideration this is not a straightforward contrast to implement.

Linguistic investigations that begin in language features can contribute to an understanding of the Conversational Model's *linear/non-linear* contrast. Extensive research into literary texts and legal reasoning make it clear that poetry is not always metaphoric and associative and reasoning in the legal environment can often be metaphoric. For example, Hasan provides an exemplum for a linguistic analysis of poetry (1985) and Korner, in her Appraisal study of legal reasoning, demonstrates the extent of evaluation in 'linear' legal reasoning (2000). Consequently, there is a great deal of scope for analysing linguistic patterns in order to establish which aspects of 'non-linearity' are being responded to by

Meares. Likewise, what constitutes a pattern of 'linearity' and of singularity of goal in the orientation in Scripts and Chronicles will be brought out in this study¹².

Other examples of related terms which are similarly lacking in linguistic characterisations in the Conversational Model literature, for example, 'invariant organizing principles' (Meares 2000:98) and 'a-grammatical' language (Meares 2002:19) (see table 2.3 above) are not directly addressed in this thesis. They however demonstrate the scope for a linguistic investigation of the Conversational Model.

The problems surrounding the lack of unequivocal criteria for distinguishing concepts are understandable given that Meares does not claim to be a linguist and when he does talk about language he tends to draw on the works of psychiatrists and philosophers, rather than linguists, to inform his view (Meares 2000).¹³ This again makes sense given that much of dominant linguistics in the last half century has been concerned with linguistics that does not relate to the social construction of mind. On the other hand, Meares use of Vygotsky in describing the ontogenesis of inner language, while clearly relevant to the social construction of mind, will not produce sufficient tools for the description of spoken language in the twenty-first century. Meares' view of complexity, as in 'a state of greater maturity will be manifest in a conversational form of greater complexity' (Meares 2000:128)- derives from Vygotsky's now contentious view 'that written speech is the most elaborate form of speech' (Vygotsky 62:144).¹⁴

Similarly, Meares relies on Wittgenstein's 1953 description of language games (Meares 2000:11) which parallels current register theories in trying to account for language variation across situations. Current work on register and on the different functions of language within registers could assist the conversational model (for example, Biber 1988), specifically pertaining to linear/non-linear, grammatical/a-grammatical.

Meares is not alone in his turning to philosophers for a linguistic model. While philosophers' views on language are widely cited, Butt suggests that 'linguistic notions with a direct relevance to such concepts are made relatively invisible by the attitudes to linguistics from those outside the subject' (2000b:20).

Yet, Meares' does engage with systemic linguistic evidence in the work of Garbutt 1990,1996; demonstrated by his citation of Garbutt's analysis of reported speech in

¹² For example, *linear* and *non-linear* may better be described within the generic structure of the language.

¹³ Again, this is consistent with the psychiatric approaches described in a general review.

¹⁴ Recent works (cited in Eggins and Slade 1997) demonstrate the grammatical intricacies of spoken language.

psychotherapy (1996, see also section 2.4 above) as an evidential base for his arguments (2000:59). This demonstrates that linguistic evidence provides a degree of measurability for the conversational aspects of therapy to match that attained for other benefits of treatment, for example, decreased hospital admissions (Stevenson and Meares 1992).

A clear example of the support a linguistic analysis could provide for his theories is seen where Meares discusses the significance of a patient's lexical choice of *busy* rather than *good* as the attribute describing a weekend (2000:132), briefly mentioned in section 1.5. His discussion and reasoning behind the word choice explains the psychotherapeutic implications, but it would be easy to argue against him that this is just one instance of what could be a purely chance wording. Presumably, Meares could support his argument with other instances. However, rather than relying on a purely lexical argument, a systemic analysis of Appraisal and transitivity choices could easily provide an evidence base for patterns of self, conscious and unconscious, which would be hard to counterargue.

2. Scripts, Chronicles and Narratives

Scripts, Chronicles and Narratives are terms with wide currency as both general and specific senses in the social sciences and thus in both linguistic and therapy literature (for example, Jordens 2003; Hall 1996). Script is a term which has wider currency in psychoanalysis. Transactional analysis, for example, uses Script analysis, where Script is defined as 'a life plan based on a decision made in childhood, reinforced by parents, justified by subsequent events, and culminating in a chosen alternative, for example, the Red Riding Hood Script (Berne 1974:446).

Chronicle is also a common term in medical literature, as the following titles from a Medline database illustrate: *Chronicles, sick listing and sour reactions*; *Ten Chronicles on turning the tide of French medical workforce*; *Chemotherapy in gastric cancer, a brief Chronicle*.

Narrative has a wide usage (see section 2.2). This complicates Meares' writings as he moves between the multiple senses and tries to specify his own use of Narrative¹⁵. In the one article he uses the word both as a superordinate and as his own specific theoretical term when he states 'the progressive and sequencing nature of this process resembles the form of narrative'. However it is important that, in this article, the stream of consciousness

¹⁵ Meares agrees that the term Narrative may have such wide currency across disciplines that it may not now be the term of choice to describe these conversations (personal communication 2002).

is understood not as narrative but as a special form of conversation, where the 'special form of conversation' is then named as Narrative (Meares 1998:876). There is also a mixture of general and specific in 'I am calling this kind of a narrative a Script and using the words according to its literal meaning' (2000:98). This is clearly a generic use of narrative because within his theory Narrative and Script are antitheses.

3. Complexity

Complexity is another general word with multiple senses, especially within the scientific world, from where Meares takes his metaphor. Although complexity is a refrain in Meares work, 'a state of greater maturity will be manifest in a conversational form of greater complexity' (Meares 2000:128), the term is not well articulated in his theory. It appears to be synonymous with Vygotsky's view 'that written speech is the most elaborate form of speech' (Vygotsky 1962:144)¹⁶. It also derives from the complexity of fractal geometry, which is closely aligned to non-linearity (Meares 2001:27). The investigation of complexity is approached linguistically in this thesis through the multistratal approach of SFL.

4. Memory

Memory within psychological categories is well described in Meares' theory, see section 2.5.10 above. Meares suggests 'one lives in the immediate present, and at the same time is aware of a different domain of experience which belongs to another time in one's life.' (Meares 2000:2) Although he suggests that different types of memory occur in different conversations he does not describe how they are distinguished linguistically. The lexicogrammatical resources of memory will be discussed in the lexicogrammatical discussions of chapters 7,8 and in the conclusion, chapter 11.

2.5.13 The Conversational Model Approach to Context

In the Conversational Model the term 'context' is limited to the material situational setting (see chapter 9) with the closest description being of 'intersubjectivity of field' (Meares 2001b:767), following Trevarthen. Thus the theory does not allow an overt discussion of the features that influence the production of Scripts, Chronicles and Narratives, whereas in SFL, context is theorised as placing constraints upon meaning making.

In practice, however, patients and therapists are aware of the therapeutic implications and constraints at two levels of context: a static or canonical context of therapy and a

¹⁶ More recently it has been shown that spoken language is as elaborate as written language, with its complexity deriving from grammatical intricacy rather than lexical density. For further description of the intricacy of spoken language see Eggins and Slade 1997.

dynamic unfolding context. Therapists are particularly aware of the unfolding context as 'subtle shifts, perturbations and minute fluctuations' and their effects on *spontaneity* of talk (Meares 2001b) which occur throughout the sessions. For patients there is much at stake because their mental health is being judged by their ability to correctly judge and respond to the contextual expectations of the therapist and so patients in this study are very astute at drawing attention to the contextual pressure (see chapter 9).

Canonical Context

The clinical importance of the canonical context is now introduced through two extended quotations from Meares. They display the tension between psychiatric theory and clinical experience, where friendlike conversations are viewed as 'irresponsible behaviour' but work in context to achieve desired therapy outcomes. Terms which directly foreground contextual constraints are in bold.

Quotation 1

This quotation demonstrates the contextual tension between therapist as 'role' and therapist as 'real person'.

At the next session. Dr. B waits apprehensively to see if his patient will show up. To his surprise, he finds, that not only does his patient show up, the patient has experienced a major shift. The patient explains that it was valuable to see that Dr. B is a real person, not someone playing a therapist role. Some months later, the patient says, "I prefer to know if I'm pissing someone off. Honesty is important; those relationships will last. They don't have to coddle me, just be real" ... the therapist's "reality" is essential to the therapeutic process (Meares2001b:763, my bold).

This raises the question of how a highly institutionalised context of talk (the *constraint of the intersubjective field* in the quotation below) allows and creates a therapy of 'friendlike conversations'.

Quotation 2

This quotation further presents the tension of friendlike talk in therapy.

As the therapeutic task is directed toward emergence of personal being, the therapist's goal is to foster a nonlinear form of mental activity that resembles the shape of the stream of consciousness. The process of self is manifest linguistically. Elements of another kind of language, resembling that described by Vygotsky (1962) in observing symbolic play, begin to appear, embedded in the linear language directed toward and by the environment. Spontaneous shifts and movement become evident. In working toward this state, the therapist tries, against the constraint of the intersubjective field, to maintain his or her own "aliveness" and spontaneity — evidence of which is helpful as a model and also because, as Ringstrom remarks, it may enhance the patient's sense of trust. In these cases, as Ringstrom points out, where the developmental story is characterized by parental inauthenticity, it may also have the effect of a "corrective emotional experience".

The therapist's leap to freedom is often an attempt to maintain his or her own sense of "aliveness"—his or her own self, or personal being, which is stifled by a constrictive

intersubjective field. Whether his or her spontaneity is beneficial depends on how free the analyst is of the effect of this field and of the influence of projective identification.

A wonderful example was given by the late Robert Hobson (1985). Hobson's patient Sam was a sullen, glowering, delinquent adolescent whose surly frowns and brief, grudging replies were his only responses. Hobson wrote:

It went on week after week, until I felt I could stand it no longer. . . . One day, just before seeing Sam, I had been listening to a radio commentary on the Test match at Lords where England was playing South Africa. I forget the details now, but the position was exciting. I was full of it when Sam came in. For some reason I spontaneously and unreservedly poured out my opinions and feelings about the state of the game—an irresponsible piece of behaviour. Then I asked him what he thought about the state of play and at that moment—this is the vital part—I really needed a response. Sam smiled. For the first time [pp. 3-8].

This was the turning point. However, it is important that, rather than leading at first to better communication in "therapy" mode, they talked, with passion, about cricket for the next few weeks. This led to a widening of their conversation to include discussions of Sam's ideas, wishes, and impulses. A great change in the boy had begun to occur.

As Hobson was absorbed in the cricket conversation, he was relatively free of influence of the intersubjective field. He, perhaps like Ringstrom, spoke as he often spoke with a friend. His spontaneity connected with something alive in Sam—an answering passion. (Meares 2001b:766, 767)

The above extended quotations show that Meares is interested in two aspects of context which have direct impact upon the creation of the desired therapy language. First, to 'foster a nonlinear form of mental activity' the therapist has to create a change in 'intersubjective field' (context), which goes against the general contextual constraints of psychiatry. Second, to gain desired therapy outcomes both Hobson and Dr B have to behave like 'real people', which, in conversation, means talking about their own interests. While being therapeutically beneficial this talk is described by Hobson as an *irresponsible piece of behaviour*, because it breached the general contextual canonical expectations of psychiatry that psychiatrists do not introduce themselves as topic into the context. Thus, there is always the tension between the clinical experience (that is, instances) and the system potential of context, which is discussed in chapter 9.

Dynamic Context

Meares is also clinically aware of the unfolding dynamic context, as the following quotation shows.

Appropriate, or "correct" cannot be determined in any prescriptive way, as it depends on the therapist's capacity to be "within" the patient's experience. What emerges, in many cases, could not have been described in a textbook. The therapist can know whether his or her response is beneficial only by what happens next. The criteria chosen for this judgment are determined by the maturational purposes of the therapeutic endeavour. (Meares 2001b:760).

Although Meares suggests it could not be able to be 'described in a textbook'¹⁷ it is possible for a linguist to describe or map the contextual shifts which occur when 'speaking to a friend in therapy' creates therapeutically beneficial talk rather than

therapy breakdown. A collection of successful instances in the context enables a probabilistic profile of therapeutically successful contexts. Thus a linguistic investigation of Scripts, Chronicles and Narratives requires a close examination of the context that creates and is created by them.

Such an investigation can help therapists to systematically map what is currently described anecdotally, against which they can assess clinical strategies and appropriate contexts for either self revelation or conflict with patients. Thus, in chapter 9, one Narrative, *N1: Rain and Bunny memory*, is analysed closely because Meares suggests it works 'because of a preceding joke telling' (Meares 2001b:762). Linguistically, this can be explained as a change in field for the therapist simultaneous with a change in tenor to increased intimacy, which includes, but is not limited to, instances of joke telling. Together they have a positive effect and raise the question as to what other factors might contribute to the creation of successful talk (for example, length of time of social contact). Overt and systematic context networks make it possible to precisely pinpoint and discuss the places where the context is under pressure and these contextual pressure points may well be the places where the most important therapy is achieved. They also provide a systematic explanation to other professionals as to why the therapy is successful.

2.5.14 System and Instance

The above discussion of context has shown that a clinical theory closely grounded in practice is always in flux between instances (therapy sessions) and the system (the Conversational Model). For example, *N1: Rain and Bunny Memory*, introduced above, is initially judged by Meares as a failure because it does not follow therapy rules, but later as a success because it becomes a therapeutically beneficial moment. This Narrative is thus foregrounded as a positive 'instance' against the background tendency (system) for therapist self-revelation to be seen as negative. The Conversational Model does not have a theory to explain the relationship between instance and system, whereas in SFL the interplay of instance and system potential is well established particularly in stylistics, where the tension of a probabilistic form for a given genre and the artist playing against that form is the cutting edge of great art.

The above sections showed the importance of language to the Conversational Model and raised questions about the linguistic investigation of self and the need for a multistratal linguistic model to answer them. Now, after this long but necessary

¹⁷ I suggest 'prescribed' or 'predicted' is more appropriate.

discussion, I wish to move away from Meares' terminology to introduce the linguistic model for the investigation of this naturally occurring language in a psychiatric setting.

2.6 SYSTEMIC FUNCTIONAL LINGUISTICS (SFL) AS THEORY

The theory of language informing this thesis is Systemic Functional Linguistics, hereafter SFL. The choice of theory is pragmatic and task specific and in no way negates other linguistic paradigms. SFL describes language as social semiotic (Halliday 1978) making it appropriate for the investigation of a semantic self. SFL is also a multistratal theory, allowing for 'complex' relations between phonology, lexicogrammar, semantics and context to be investigated. It describes language as a system of choices, where the choices speakers/writers make reveal choices at the semantic and contextual strata. Figure 2.2 below displays the strata.

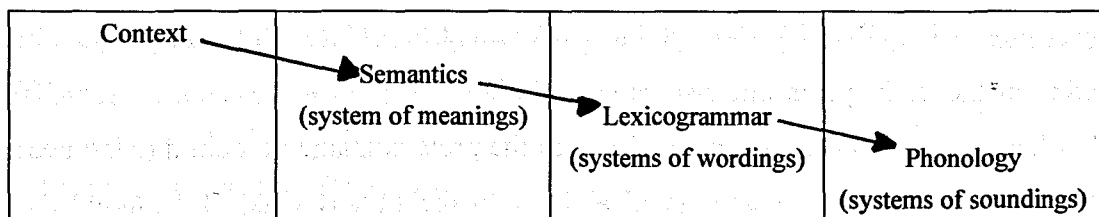


Figure 2.2 SFL as Multistratal Theory

Thus SFL can be used to investigate self in Scripts, Chronicles and Narratives as a complex syndrome of features from different stratal analyses. This section begins with the theory behind the theory to show the study of language at sites which are directly relevant to this research.

2.6.1 SFL Research

1. Language as a Social Semiotic

Since the most powerful meaning making patterns constitute our language, the interpretation of personality will necessarily involve interoperations of language. This does not appear contentious when language is conceived of as meaningful behaviour. (Butt 2000a:320)

The role of a person (the self) in social relationships is fundamental to SFL and integral to understanding what is happening for a patient in psychotherapy. As seen in section 2.3, Sapir suggests 'speech as a personality trait' (1927:49). Further to this, Firth described every social person as a 'bundle of personae' (1957:184) and Butt expands Firth's work to suggest that for each human being there is 'semantic drift' which is carried across different life situations and across the metafunctions (2000).

In SFL accumulating choices (where choice is the metaphor that replaces rule in other paradigms) suggest alternative ways of expressing reality and reveal the speaker's

increasing cultural repertoire (Butt and Matthiessen 2000:25). This means 'we can both deconstruct and reconstruct our realities to enabling degrees' (Burton 1982:200). Thus within psychotherapy a patient not only reveals consistent lexicogrammatical patterns, (consistent to 'self' and to a general 'patient' pattern), but also has the possibility to construct new patterns of personality which are realised within the lexicogrammar and seen by therapists as variations in mental health in Scripts, Chronicles and Narratives.

2. The Ontogenesis of Language in the Social

The ontogenesis of the self develops through language in the social environment. Storytelling and the interactions in a child's life create and expand their reality. Halliday's 'Learning how to mean' (1979), Hasan's interpretation of mother-child talk (1996) and Painter's (1996) child study are seminal descriptions of child language development which emphasise the ontogenesis of the construction of meaning through social interaction. Halliday showed the development of a child's protolanguage, which begins in the early years but discontinues during transition to the adult system. The adult language has functional continuity with the protolanguage of a child (Matthiessen 1994:588) but adds a lexicogrammatical layer to the already existing phonology and semantics. Thus, not only does language itself move from 'outer' to 'inner' language but also the semiotic universe simultaneously expands on exposure to language. Childhood is then regarded as a semiotic apprenticeship (Matthiessen 1993:268).

This view accords with the views of Vygotsky outlined in Section 2.5.4. The compatibility with the theoretical framework underpinning Meares' model suggests SFL is an appropriate linguistic model for the investigation of the language of people with borderline personality disorder.

In Painter's work 'SFL is used as a framework within which the child's 'cognitive' development can be seen in linguistic terms as the building of meaning potential which gains realisation in texts.' (1996:95). Similarly, the patients in therapy in this study are building a 'meaning potential' to replace stunted childhood development. In part, this gains realisation as Scripts, Chronicles and Narratives, which can be systematically compared for their meaning potential. Thus we can consider whether Scripts and Chronicles are truncated systems that develop into the expanded semiotic universe of a Narrative.

SFL investigations of children's expanding semiotic universes have largely focused on the scaffolding of the ideational metafunction in educational settings, for example, Rothery (1994), but the metaphor of scaffolding can also be considered in the

counselling setting, for example, Muntigl considers scaffolding in his research into couples' therapy sessions (2001). In his study clients were scaffolded by therapists' questions and reformulations from giving extreme case descriptions to a new construal of meanings. Eventually clients were able to eliminate problems and construe themselves as agentive without further therapist scaffolding.

In the present study, where the patients are trying to determine their identity (*What type of a person am I, Tess?*) the topic is self and the skill is reflexivity, which suggests the institution of therapy primarily scaffolds the interpersonal, in contrast to the ideational scaffolding in educational institutions. This raises questions of how therapists can contribute to the increased reflexivity of patients within a conversation. How do therapists scaffold patients into new interpersonal meanings? Is it problematic that Scripts, Chronicles and Narratives are assumed to be achievable by patients even when they are not role modelled? This is particularly important in the case of 'reverie', where no direct access to inner thoughts is available.

3. SFL in Conversation Research

A strength of SFL is the applicability of the theory to both spoken and written language. Recent advances in the analysis of spoken language include Eggins and Slade's (1997) description of the register of casual conversation, which has relevance to this study of spoken language and informs the methodology (see chapter 3). Candlin's description of 'casual conversations used for professional purposes' in nurse-patient relationships (Candlin, in Sarangi 2000:241) is apt for the context of psychotherapy, where the language at first glance can have more in common with casual conversation than a medical setting.

Spoken language data can be obtained as solicited talk or as naturally occurring talk. Spoken solicited language examples include Plum's interviews at dog shows (1998) and Jorden's colorectal cancer narratives (2000). Although naturally occurring data in medical contexts is difficult to obtain due to ethical and access difficulties it is nevertheless achieved, as exemplified by Moore's analysis of HIV doctor-patient relations (2003) and Kealley's nursing studies (2004). Both solicited and naturally occurring language can expand the knowledge of spoken language from the SFL perspective, but for the purposes of this thesis, the advantage of naturally occurring language is that it is a privileged access to an otherwise private interaction. It provides a rare view to study directly and closely the natural progressions of different ways of talking and its relation to mental health.

4. SFL and Stylistics

Stylistic techniques are shown to be a useful way of approaching a linguistic study of personality (Butt and Matthiessen 2000) and could be a way to investigate the Scripts, Chronicles and Narratives of patients undergoing psychotherapy, given that Meares has already constructed their discourse in terms of text types and has described a 'science of poetics', which corresponds to 'stylistics':

It is possible, through skilled analyses of the therapeutic conversation, to chart the processes of these encounters and to mark the movements of beneficial change. An emergent discipline in which such studies would be performed might be called 'a science of poetics'. (Meares et al. 2005)

Although this thesis is not structured directly as a stylistic approach, the syndrome of features across linguistic strata is essentially a stylistic investigation. In stylistics the term 'foregrounded' is used to describe an element which is highlighted, usually as a contrast to the other patterns of the text (Hasan 1985:33). Stylistics also emphasises syndromes of features rather than just one overt grammatical category. In her study of Camus' *L'etranger*, Caffarel (2002) demonstrates that, rather than the use of the *passé composé* as the sole feature to realise Absurdism, it is in fact it is a syndrome of tense, agency and taxis that foregrounds the lack of causality and meaning in the novel.

Similarly, in the present study, it could be expected that no single feature will encapsulate the differences between the conversational types. In particular the more diffuse terms, such as *linear*, *non-linear*, *spontaneous* and *complex* could be expected to be revealed as a syndrome of linguistic features. They are discussed as they occur in the linguistic analysis chapters, 5-10, and summarised in chapter 11.

2.6.2 SFL as a Context Model

SFL is a social linguistic theory, theorising the dialectic between language and context. It is therefore a model of linguistics suitable for an investigation of the self in a very specific location of talk, that is, a heavily institutionalised setting where even seemingly casual talk is therapeutic (see section 2. 5.10 above).

If the data is approached from the context stratum there is an expectation of the language of hierarchy. If the data is approached from the lexicogrammar of the field, that is, daily life, there is an expectation of casual conversation, so that at first it seems a mismatch to be discussing familiar topics in a social hierarchy. So the context of therapy is a very specific meaning-making site, where there is a meta-analysis of the day to day, which must be learnt. Thus in saying 'speakers must acquire a knowledge of

social location to be a successful speaker in the culture' (Hasan 2001: plenary), Hasan provides support for the 'generally accepted tenet among therapists is that it sometimes takes up to a year to learn how to do therapy' (Ferrara 1994:16). This then suggests that there are contextual constraints on the creation of Scripts, Chronicles and Narratives and it may be that the clinically valued Narratives cannot be created early in therapy.

The SFL model accounts for context as both being created by the participants and simultaneously limiting the types of meanings that can be exchanged by the participants. It also accounts for two levels of context: (i) the canonical static context of the psychotherapy session, and (ii) the dynamic unfolding context that allows and creates Scripts, Chronicles and Narratives.

An early account of the theory of Context of Situation can be read in Halliday (1978) and a more recent one demonstrating the expansion of the theory can be read in Hasan (1999). The SFL theory of context has its roots in Malinowski's¹⁸ anthropological work, which was developed into a more general linguistic theory by Firth, who stated in 1935 that 'all linguistics was the study of meaning and all meaning was function in a context' (reprinted in Firth 1957). Developing this further, Halliday proposed that the 'context of situation is a theoretical construct for explaining how a text relates to the social process in which it is located' (1999:10). This construct uses a conceptual framework for the context of situation, with three features, namely field (what is happening), tenor (who is taking part) and mode (the part language is playing). Together they create a 'contextual configuration' in which meanings are being exchanged and which are realised in the lexicogrammar (Halliday and Hasan 1985b:55). Theories of context continue to develop in the work of Halliday and Hasan (1985), Martin (1992), Lecki-Tarry (1995), Hasan (1995), Butt and Matthiessen (2000) and Butt (2002).

Butt's extension into context networks offers a 'detailed, fully relational account of the contrasts operating in any given semiotic environment' (Butt 2003:1). Although his networks were initially developed to map contexts in the areas of science and pedagogy, their aim for generalized applicability has enabled the mapping of a wide range of contexts. Examples include caring for young children (Hasan 1999, 2000); subjectivity in television advertisements (Hoadley 2002); shared decision making in HIV doctor-patient interactions (Moore 2003); disability care (Butt et al. 2002); and Vietnamese government settings (Hung 2002). Thus the networks themselves are being shaped by their application to new contexts: that is, the theory and application co-create each

¹⁸ From his work in the Trobriand Islands Malinowski coined the terms *context of situation* for the environment of the text and *context of culture* for the whole cultural history behind the texts. The separations and the distinctions

other. It can be expected that the psychotherapy context will suggest further areas of the network which will require greater delicacy of description (see chapter 9).

Table 2.4 below briefly overviews the canonical Context of Situation of psychotherapy, under the headings of the contextual configuration, Field, Tenor and Mode.

Field of Discourse: What Language is Being Used to Talk About	The conversation occurs within the field of psychiatric discourse, which itself is within medical discourse and intersects with casual conversation used for professional purposes (section 2.3 above). These 'professional purposes' restrict the field of talk to an examination of the patient's self as past, present and future. It includes all participants in patients' stories. The therapist's portrayal of their own life is restricted by the context, although, as will be shown, breaches of topic can have beneficial psychotherapeutic effects.
Tenor: The Role Relations Between the Interactants	The power relationships between doctors and patients are well studied across many disciplines and can be further explored in Poyton (1985) and Butt et al. (1995). ¹⁹
Agentive or Societal Roles	Borderline personality disorder patients are not naïve to psychotherapy. Both participants enter the conversation with a general understanding of the psychotherapeutic context and their respective roles as patient and therapist. In the initial therapy sessions therapists and patients negotiate the form of this particular psychotherapeutic relationship. In these sessions therapists have the longer turns to explain the therapy. As the therapy progresses patients have longer turn taking rights and are expected to give rather than demand information (Garbutt 1996:28). They can also criticise therapists in a manner which is not reciprocal. In contrast, therapists have the right to question patients about their life and expect revelation from them but not to reciprocate. ²⁰ Their task is to resonate with the patients' language. Thus agentive roles are not symmetrical.
Status (Social Hierarchy)	A therapist may be the expert in psychotherapy but a patient is <i>the expert in her own biography</i> (Garbutt 1996:121). Similarly, therapists are experts on medication but patients are experts in their own dosage regimen so patients are co-participants in medication choices. Patients have the right to terminate the relationship but therapists have the right to schedule patients to psychiatric institutions.
Social Distance	Social distant is great and always remains within the societal roles.
Mode: The Role Language is Playing in the Interaction	The language is spoken and the mode is face-to-face communication, which is generated for the moment. The language shares features of casual conversation, for example being lexically sparse but grammatically dense, containing restarts, hesitations and interruptions (Eggins 1994:57). However it differs greatly in turn taking organisation. Here, there are only two participants who have ordered turn taking, with the patient expected to have the longer turns.

Table 2.4 Context Description for Psychotherapy

2.6.3 SFL as a Genre Model

Like the term Narrative, Genre has multiple senses across disciplines and a long history as part of literary theory and Narratology. Genre theory in SFL is a descriptive tool of text structure applicable for all texts, including non-literary texts. Genre theory can be

between culture and situation are still being debated in SFL. Context networks focus on context of situation.

¹⁹ Eggins and Slade (1997:52) follows Poynton (1985) in a more ideologically driven framework of i) *Power: equal-unequal*, ii) *Contact: frequent-occasional*, iii) *affective involvement: use of vocative, slang*. These are suited to casual conversation but Butt et al's (2000:192) category of agentive roles is more appropriate to the psychiatric context.

²⁰ There are exceptions to this when the patient does demand self revelation from the therapist, for example when she wants to know how far back he can remember. However it is a marked choice going against the overall tenor.

applied to spoken and written texts in storytelling and non-storytelling genres. The approach to genre is not homogeneous within SFL, with debate concerning the stratal placement of Genre and Register.²¹ It is not my intention to fully engage with the alternative views or the great wealth of literature on generic structure; for this the reader is referred to Hasan (1996), Martin (1992), Rothery (1994), Ventola (1987), Plum (1988), Eggins and Slade (1997).

Genre studies in other medical spoken contexts, similar to this present study, include Moore's generic structure description of decision making in HIV (2003) and Jorden's comparison of the narrative complexity of patients with cancer to the degree of life disruption caused by their cancer (2001). Here, Jordens shows that generic complexity is strongly and significantly related to life disruption and he suggests that generically complex texts display the unfolding processing of the life changing event while generically simpler texts show when patients have processed the event for themselves. Jordens then extends genre research to include an illness genre, which shows the work patients do in order to come to terms with a life changing event.

This study uses a Genre theory which is theorised for both storytelling and non-storytelling genres and allows for a complex relation between texts to consider the three conversations suggested by the Conversational Model. The study commences with established generic structures and adapts the descriptions to the specific context where necessary (see chapter 10).

2.6.4 SFL as a Model of Complexity

Complexity has been introduced in this chapter as a motif through the Conversational Model. Complexity is not directly an SFL term but the multistratal model assumes language is a complex system and allows the description of complexity. The multistratal model is discussed in more detail in section 2.7 below.

2.6.5 SFL as Evaluation

Evaluation of 'self' and others is central to psychotherapy and is realised through all the texts at all linguistic strata. But therein lies the difficulty for analysis. The most overt access to evaluation is the evaluative lexis, which Hunston and Sinclair claim can lead to a restricted view that

²¹ The difficulty concerns providing a model that does not suggest that culture and purpose are existing separately to the actual texts through which they are realized (Butt et al. 2000).

evaluation doesn't have its own grammar and can be most efficiently explored in lexical terms alone. This bias arises partly at least because, from the viewpoint of a general grammar of the language, evaluation appears parasitic on other resources and to be somewhat randomly dispersed across a range of structural options shared with non evaluative functions. (Hunston and Sinclair 2000:75).

They then suggest that, in contrast to a limited lexical realisation, a more systematic approach can be made. A detailed description of various functional models can be found in Thompson and Hunston (2000), which includes work by Conrad and Biber, and Martin's Appraisal theory. Appraisal theory is based within SFL as part of the interpersonal metafunction which describes the resources for positioning a reader/hearer to the evaluation of the writer/speaker (Martin 1996; White 1999). It was developed by Martin and used in the Disadvantaged Schools Project (DSP) (Iedema, Feez, and White 1994) for media analysis. Eggins and Slade (1997) move Appraisal theory from a written resource of authorial voice to a resource for creating solidarity between speakers within casual conversation.

In psychotherapy Appraisal theory has interesting parallels to both media analysis and casual conversation. Media reports the activities of others and becomes the voice of their representation to the reader, directing the reader's view. In psychotherapy, patients report their feelings about themselves and others. The only way therapists have of knowing the participants in patients' stories is through patients' points of view. In the same way that readers must be aware of the evaluation biases in the media, therapists must be aware of patients' evaluations, especially if they want to challenge or realign them.

Similarly, psychotherapeutic discourse shares appraisal features with casual conversation, where the affectual rapport and shared evaluation is essential for ongoing dialogue.²² The need for shared meanings is stated by White:

by appraising in affectual terms, the speaker invites their audience to share that emotional response or to at least see that response as appropriate, well motivated or at least as understandable. When that invitation is accepted then solidarity or sympathy between speaker and listener will be enhanced. Once such an empathetic connection has been established then there is a possibility that the listener will be more open to the broader ideological aspects of the speaker's position. When the invitation to share the emotional response is not taken up, when the affectual value is seen as inappropriate, or bizarre or dysfunctional then solidarity or sympathy will most probably be diminished (White 1999:10, my underline)

²² The need for the receiver to share the emotional response of the writer/speaker acknowledges the context of reception and that different receivers will import different social values to their reception. For example Martin (1996:19) lists terms which would evoke opposite evaluations depending on the reading position (formal or functional) of the linguist.

The need for creating solidarity through appraisal systems has interesting applications in psychotherapy. Patients, by nature of their diagnosis of borderline personality disorder, have false and inappropriate appraisals. Therefore therapists must work to simultaneously create a community of shared appraisal in order to maintain the relationship and to modify or role model new ways of appraising.

Although White is not referring to psychotherapy, his theory that 'once such an empathetic connection has been established then there is a possibility that the listener will be more open to the broader ideological aspects of the speaker's position' aligns with Meares' theory that 'resonance with the patient's affect is essential in order to create an effect beyond that of engagement and which participates in the elaboration of inner life' (Meares 1993:121, see section 2.5.6).

If therapy is successful the therapist's appraisal should move from 'resonating' with the patient's appraisal to providing a new model of appraisal. Simultaneously there should be changes in the patient's self appraisal from a negative system to a more positive system which resonates with the therapist's positive appraisal. Meares suggests that this occurs by a movement from Scripts and Chronicles to Narratives. If these changes can be seen in the linguistic analysis then it provides evidential support for both Meares and White.

2.7 SFL AS TOOL

SFL views language as functional, where meaning is construed through a system of choices at the level of phonology, lexicogrammar and semantics and context. A full account of SFL as tool can be found in Halliday (1994/2004). This thesis studies meaning as it is realised across strata, not only in the semantic stratum itself. In fact meaning is so central to this study that there is no separate analysis chapter for the semantics and the semantic discussions are dispersed at appropriate places throughout the thesis, for example as Appraisal in chapters 5-8.

A short introduction to the specific application of SFL is presented in chapter 4. Just as within the lexicogrammar stratum the three metafunctions co-exist but are separated for the purpose of analysis, it must be emphasised that all three strata co-exist and the separation is an artifice for purposes of analysis. The linguistic analyses of Scripts, Chronicles and Narratives are presented in chapters 5-10. The complex relationship between the context, semantics and lexicogrammar is reconnected in chapter 11.

Table 2.5 below displays the relationship between the Context of Situation and the lexicogrammar.

Situation: Feature of the context	Text: functional component of the semantic system (metafunctions)	Lexicogrammar: realisation of semantics
Field of discourse (what is going on)	Experiential meanings	Transitivity, naming
Tenor of discourse (who are taking part)	Interpersonal meanings	Mood, modality, person, Appraisal
Mode of discourse (role assigned to language)	Textual meanings	Theme, information, cohesive relations

Table 2.5 Relation of the Text to the Context of Situation (modified from Halliday & Hasan 1985:26)

2.7.1 Lexicogrammar

In SFL the experiential world is divided into five types of experience: material, mental, verbal, behavioural, and relational. Transitivity emphasises the effect of one participant upon another, which Hasan succinctly summarises as ‘who does what to whom/what where, when how and why’ (Hasan 1985:36) and in this thesis a transitivity analysis investigates the different construction of reality within Scripts, Chronicles and Narratives. The interpersonal metafunction emphasizes the interactional nature of language and in this thesis an interpersonal analysis investigates patients’ attitudes to their worlds. The interpersonal analysis includes an Appraisal analysis of relational attributes. The textual metafunction is the means of organising the ideational and interpersonal meanings as discourse and in this thesis it is not analysed directly.

2.7.2 Context Networks

The detailed systemic choices applied to the lexicogrammar are paralleled by the application of context networks developed by Butt (2002) as an extension from the networks of Hasan (1999). An extensive description of networks, including context and semantic networks, is provided in Butt and Matthiessen (2000), and Hasan (1996; 1999). The network methodology for this thesis is described in section 9.3.

2.7.3 Appraisal

Categories of Appraisal used in this thesis are described in section 4.9.1. Appraisal is discussed as an extension of the interpersonal analysis within the lexicogrammar of relational clauses in chapters 5-8. The broader topic of evaluation is discussed throughout the thesis, including in the structural elements in chapter 10.

2.7.4 Generic Structure

The genre analysis of Scripts, Chronicles and Narratives follows the SFL work of Eggins and Slade (1997), who define Genre as 'a theory of the unfolding structure texts work through to achieve their social purposes' (1997:231), where the social purpose under investigation here is the achievement of self in psychotherapy. The full methodology for the generic structure analysis is outlined at the beginning of chapter 10.

2.8 CONCLUSION

This chapter has placed the current research within the literature for both the psychotherapeutic Conversational Model and the Systemic Functional Model of linguistics. First, the chapter has placed the research within the general contexts of psychiatric and linguistic literature, and second, the chapter has described and placed the two theoretical approaches separately and in relation to each other.

The chapter has shown the Conversational Model's orientation to techniques based on language and linguistic evidence and shown how psychotherapy sessions for patients being treated with the model offer a linguistic site at which the study of the complex interaction of self and language can be made tractable. Specifically the chapter has considered the Conversational Model's approach to 'self as shifting state' as three types of conversation; Scripts, Chronicles and Narratives. Further it has shown that key concepts of the model, for example, *linear* and *non-linear* language are integral to Meares' theory although he does not provide unequivocal criteria for distinguishing the terms, in this example, what constitutes *linear* versus *non-linear* in relation to language.

The chapter then introduced SFL as an appropriate model for the complexity of the task of investigating the complex tale of self in psychotherapy. SFL is a linguistic model with a social, interactional orientation applicable to the study of the social creation of self. It has a multidimensional and in particular, multistratal approach to language that enables the complex tale of self to be mapped, where the full semantics of self will be dispersed across strata in a consistent and reproducible way. The chapter has further shown that an alignment can be drawn between SFL and the Conversational Model, which have a shared theoretical basis in Vygotsky, and Trevarthen.

The thesis now moves to the linguistic analysis. Chapter 3 introduces the data and methodology of the study. Chapter 4 introduces the lexicogrammatical analysis, which is detailed for Scripts, Chronicles and Narratives, separately in chapters 5-7 and then in comparison in chapter 8. Chapters 9 and 10 gather this lexicogrammatical evidence for

the context analysis. The linguistic patterns revealed in this thesis will be able to stand alone as a description of language in action, independent of the psychiatric theory. However, a reconnection of the two descriptions will benefit both disciplines. This is discussed, along with the conclusions and implications of this study, in chapter 11.

Introduction To The Corpora and General Linguistic Analysis

Because we're here in a therapeutic environment, so everything so small can have meaning, I guess.

[FC T4: cl 143]

3.1 INTRODUCTION

The previous chapter introduced the literature of the Conversational Model of psychotherapy and the linguistic theory of SFL. This chapter describes the data and the linguistic methodology for studying the complex tale of self, through an investigation of the 'meanings', small and large, of Scripts, Chronicles and Narratives as they occur in the 'therapeutic environment' of psychotherapy. The larger data set for this study is a Borderline Personality Disorder Corpus, hereafter BPD Corpus, a collection of thirty transcribed audio recordings of patients undergoing psychotherapy for borderline personality disorder, with psychiatrists-in-training and fully qualified psychiatrists. From this corpus a smaller corpus was chosen for more detailed linguistic analysis. It represents texts chosen according to the Conversational Model's claims about three conversational types and is called the Scripts, Chronicles and Narratives Corpus, hereafter the SCN Corpus.

Sections 3.2, 3.3 and 3.4 describe the data collection and introduce the corpora. Section 3.5 explains the transcription choices made to present the data in the most appropriate form for lexicogrammatical and contextual analyses. Section 3.6 introduces the focus of analysis for this research and section 3.7 describes the presentation of results.

3.2 DESCRIPTION OF THE DATA

3.2.1 Data Collection

The data for this thesis were selected in collaboration with Professor Russell Meares, Professor of Psychiatry at the University of Sydney and Director of Psychiatry at Westmead Hospital. They consist of audiotapes²³ recorded between 1999 and 2002, which were originally collected for the purposes of both psychiatric and linguistic research. Since

all the Conversational Model psychotherapy sessions are routinely recorded by the psychiatrist in training for supervision purposes²⁴ as well as research, in theory a large corpus of data already exists. In practice, the keeping of the tapes by the therapists was more 'ad hoc' and the set was incomplete for one of three reasons: (i) sessions were recorded over once supervision had occurred, (ii) some tapes were taken by the therapists when they moved to other hospitals and (iii) sometimes the beginnings and ends of sessions were not recorded²⁵.

The data for this study were selected from available tapes. The opportunity to gain privileged access to an environment of natural language between patient and therapist was worth the difficulties.²⁶ This thesis is qualitative research, providing a window into a world of language not often accessed by outsiders.

3.2.2 Ethics Approval

Westmead Hospital and Macquarie University Ethics approval have been granted. All the patients in this study signed consent for release of data for psychiatric and linguistic research. In order to preserve their anonymity, as well as to ensure the data itself is the sole source for revealing linguistic patterns, at no time have I had any contact with the patients. Similarly, the only contact with the therapists in this data occurred with two therapists at the handing over of the tapes. Anonymity was further preserved in the transcriptions (see section 3.5.2).

3.2.3 The Therapists

Five therapists were selected: two are accredited Conversational Model Psychiatrists and three are psychiatric registrars, training in the Conversational Model. Two therapists are male and three are female. Because this is a qualitative study there is no need for a matched control. The choice of five therapists enables a linguistic evaluation of the Conversational Model rather than an investigation of individual therapists. Since all therapists are trained in the technique there should be inter-practitioner reliability. If Scripts, Chronicles and Narratives are recognisable features of the Conversational Model

²³ Video taping, although certainly revealing, would be too intrusive for this fragile patient group.

²⁴ Chaika emphasises that taping sessions and re-listening allows therapists to see connections that they might not see at the time of speech (2000).

²⁵ Practically, the use of 90 minute tapes (45 mins per side) to record 50-60 minute sessions allows a potential to leave off the last few minutes of sessions. The beginnings can also be missed as the participants settle.

²⁶ Many linguistic studies of psychotherapy language occur from elicited/solicited language, for example, Bruner's tales (1986). Naturally occurring data in medical contexts is more difficult to obtain due to ethical and other access issues but is achievable, for example, Moore's HIV doctor-patient data (2003) and Kealley's nurse-patient data (2004). Each type of study has its role but for the purposes of this thesis naturally occurring language enables a direct study of the language description theorised in the Conversational Model.

of therapy it is important to demonstrate that they occur across different therapists rather than are inherent in only one practitioner.

This study is in no sense a critique of the skill of any of the therapists. It is a linguistic window into an otherwise very private interaction. The results, however, will be part of an ongoing dialogue between linguists and therapists: a linguistic contribution to an understanding of the therapy that can be integrated into the theory and training of future therapists.

3.2.4 The Patients

Seven patients were selected: six females and one male. Women are twice as likely to be diagnosed with borderline personality disorder (Scully 1996:265) and this imbalance is reflected in the data collection. For each patient at least two sessions were selected. The time from commencement of therapy was variable. Although a two year contract is the agreement, some patients may still be in the intermediate stage of progress at the end of this time: in other words, the time into treatment is not directly indicative of the stage of treatment.

This study of data collected from a naturally occurring setting investigates what the language itself directly reveals in patterns of context, semantics and lexicogrammar. It is not an ethnographic study: no personal details nor medical history were obtained. This both protects the patients' privacy and keeps the linguistic findings independent of information not available in the tapes.²⁷

3.3 THE BORDERLINE PERSONALITY DISORDER CORPUS (BPD CORPUS)

The BPD Corpus comprises 30 sessions of talk across 7 therapist-patient dyads. It is summarised in table 3.1 below. The SCN Corpus texts are noted to show their placement in the BPD Corpus. All patient names are pseudonyms chosen to match the letter of the tapes in order. Thus the second patient, patient B, is Beth and the third patient, patient C, is Clare. The exception is patient A, who is called Patricia for continuity with Henderson-Brooks 2000. The therapists' names are also pseudonyms, commencing with the letter T, although only one of them is ever directly addressed within the transcriptions.

²⁷ In some linguistic paradigms there is a tension between ethnography and independent linguistic analysis. For example, Ferrara (1994) emphasises the advantages of not knowing the participants and not being present at recording, that is, collecting naturally occurring data. Although she allows the data 'to speak for itself' she also does extensive ethnography, but only with the therapists. Therefore, the therapists have a second entry into the data and can give their insight into why things occurred in the session but the patients do not. SFL, however, is clear on studying the meanings realised in the text itself, without requiring a further interpretation by the speakers.

Psychotherapy sessions are one hour long but the audiotapes vary in length (see section 3.2.1), depending on completeness of taping by the therapist. Seven of the sessions are recorded in their entirety.

Therapist & Patient	T'script	Date	Duration	Time into Therapy	SCN Corpus
T1 = Tony (Psychiatrist in training) P1 = Patricia	PA	30/7/99	+30 mins*	Session # 2	<i>C1: Home Life</i> <i>N1: Rain and Bunny Memory</i>
	PB	6/8/99	+32 mins*	Session # 3	
	PC	3/3/00	+57 mins+	7.5 months	
	PD	21/3/00	+57 mins+	8 months	
T2 = Tim (In training) P2 = Beth	BA	4/4/99	+60mins+	Session #8	<i>C3: The Watermelon</i>
	BB	24/10/00	+ 45mins *	Session #130	
T3 = Tracey (Psychiatrist) P3 = Clare	CA	/1/3/01	+45mins*	2 years	<i>S1: I feel like a record</i>
	CB	8/3/01	+60mins+		<i>C2: Work Life</i>
	CC	27/3/02	+45 mins*		
	CD	3/4/02	+45 mins*		
	CE	28/11/ 01	+60mins+		
	CF	Unknown	*45mins*		
	CG	Unknown	+45mins*		<i>N4: The Backpack</i>
P7 = Dave	DA	6/6/01	+ 30mins*		
	DB	Unknown	+45mins*		
P4 = Emma	EA	19/10/01	*50mins+		<i>N2: The Backyard</i>
	EB	25/1001	+55 mins+		
	EC	Unknown	*45mins*		
	ED	18/12/01	+45mins*		
	EE	21/12/01	*45mins*		
T4 = Tina (Psychiatrist in training) P5 = Fiona	FA	28/11/02	+60mins+		<i>S2: I am being selfish</i> <i>N5: The Bubble</i> <i>N3: The Kafka Dream</i>
	FB	3/12/02	+45mins*		
	FC	4/12/02	+45mins*		
	FD	5/12/02	+45mins*		
	FE	10/12/02	+45mins*		
	FF	12/12/02	+45mins*		
T6 = Tess (Psychiatrist) P6 = Gina	GA	11/5/01	+30mins*	Session #10	<i>S3: I am not normal</i>
	GB	15/6/01	+55 mins +	Session #19	
	GC	15/4/02	+30mins*	Session #89	
	GD	6/5/02	+30mins*	Session #94	

Table 3.1 The BPD Corpus

Key Duration:

+ beginning/end of session is present

* beginning/end of session is missing

3.4 THE SCRIPTS, CHRONICLES AND NARRATIVES CORPUS (SCN CORPUS)

3.4.1 Description of the Corpus

The BPD Corpus (30 sessions of talk across 7 therapist-patient dyads) described in section 3.3 above demonstrates the richness of data available and is an important initial step in the linguistic analysis of the Conversational Model. Immersion in the full audiotape corpus is invaluable as a background corpus and for further research. It motivates the selection of the texts for the SCN Corpus.

The SCN Corpus is a smaller corpus derived from the BPD Corpus. It provides representative Scripts, Chronicles and Narratives for close linguistic analysis.²⁸ The decision to study Scripts, Chronicles and Narratives was described in Chapter 2 as a choice to investigate an aspect of a therapy that is highly foregrounded in the Conversational Model. Within the model Meares describes types of talk in therapy as Scripts, Chronicles and Narratives, according to his semantic descriptions based on clinical meanings in the texts and structures. His definition of these text types was introduced in three conversations in section 1.4. The 'inner' meanings and structures of the texts have 'outer' meanings as therapists make clinical judgements on patients' mental health. Therapists also take the meanings of Scripts, Chronicles and Narratives as knowledge for peer interaction and to train the next generation of therapists. Thus, the identification of Scripts, Chronicles and Narratives needs reliability across practitioners.

Methodologically, the data are approached as instances of text. I followed the best account of Scripts, Chronicles and Narratives available in the Conversational Model literature to choose the texts for this study. This thesis is the first stage of a cyclic engagement between a linguistic theory and a psychotherapy theory, a complex cycle which simultaneously impacts on the theory of therapy, the practice of therapy, and the theory and application of linguistics. When the present investigation is completed, the complex features of the broader BPD Corpus will be further investigated to test the reliability and validity of the description through a linguistic profile, which can then be developed by the therapist as semantic clarification²⁹. Thus the linguistic description of the naturally occurring data will be of use to the wider context and to the theorists to validate their clinical experience.

Initially three texts from one patient were chosen, one Script, one Chronicle and one Narrative, and trialed in a pilot study. Then, after extensive reading of the entire corpus, a

²⁸ This procedure of selecting smaller corpora from many hours of talk is usual for the investigation of spoken text, for example: Eggins and Slade (1997); Plum (1988); and Moore (2003).

final corpus of eleven texts was chosen to investigate the features of Scripts, Chronicles and Narratives. This selection is now called the SCN corpus. It contains three texts each of Scripts and Chronicles and five texts³⁰ of Narratives: a Narrative of lexical metaphor, a fantasy, a dream recollection and two texts of childhood memory. The text lengths were chosen according to natural breaks in the conversation and matched topic shifts. The full SCN Corpus is in Appendix A.

For each text type three different patients were chosen to show that the text types occur across a range of patients, and to avoid foregrounding idiolect. For Chronicles and Narratives the piloted text is included. However, the texts chosen for Scripts do not include the trialed text because once the wider corpus became available, more suitable Script-like texts became apparent. Table 3.2 below summarises the SCN Corpus. Each text is named according to a dominant lexical motif in the text. The placement of the text in the BPD Corpus was shown in table 3.1 above.

	Patient	Therapist	Turns	Text Name
Scripts				
S1	Clare A (P3)	Tracey (T3)	1-30	<i>S1: I feel like a record</i>
S2	Fiona E (P5)	Tina (T4)	27-63	<i>S2: I am being selfish</i>
S3	Gina A (P6)	Tess (T5)	127-160	<i>S3: I am not normal</i>
Chronicles				
C1	Patricia A (P1)	Tony (T1)	146-164	<i>C1: Home Life</i>
C2	Clare E (P3)	Tracey (T3)	119	<i>C2: Work Life</i>
C3	Beth B (P2)	Tim (T2)	10-39	<i>C3: The Watermelon</i>
Narratives				
N1	Patricia D (P1)	Tony (T1)	326-357	<i>N1: Rain and Bunny Memory</i>
N2	Emma A (P4)	Tracey (T3)	90-96	<i>N2: The Backyard</i>
N3	Fiona F (P5)	Tina (T4)	69-150	<i>N3: The Kafka Dream</i>
N4	Clare G (P3)	Tracey (T3)	350-364	<i>N4: The Backpack</i>
N5	Fiona E (P5)	Tina (T4)	141-148	<i>N5: The Bubble</i>

Table 3.2 Texts of the SCN Corpus

3.4.2 Inclusion Criteria for Scripts, Chronicles and Narratives

The Script, Chronicle and Narrative sets each include two texts that tightly fit the criteria and one more borderline text precisely so that the boundaries can be determined. A Script, Chronicle or Narrative introduces the appropriate analysis chapter.

²⁹ An NHMRC grant has been received for this purpose.

³⁰ There are five Narratives because it allows for the subsets. Two texts are very short.

Scripts: These were identified as texts which include ‘repetition of negative facts concerning oneself’ (see section 3.2.10), for example, *I am up, I am up*, but which do not tell a story separately. Theoretically a Script can be a very small text, interrupting other longer texts, but for the purposes of analysis longer extents of Script were selected. Therapists have high involvement in these texts but do not change the patterns. *S1: I feel like a record* is a repetition of the hopelessness of a patient’s daily cycle, which she cannot break. *S3: I am not normal* is a repetition of a patient’s sense of alienation in a world of normal people. *S2: I am being selfish* is a border text of repetition of a patient’s selfishness, which the therapist and patient begin to reconstrue as self care as the text ends³¹. This in turn creates the context that enables a Narrative to occur later in the same session (see chapter 9).

Chronicles: These texts were chosen for their long turns where patients tell recent events with little input from the therapist; that is, ‘externally oriented’ texts with ‘no interpretation of events’ (see section 2.2.10). *C2: Work Life* is the tale of a recent evening at work. It has no therapist turns and continues after the selected text for the remainder of the session. *C1: Home Life* tells of recent events with a patient’s mother-in-law. It shows the therapist attempting to redirect the Chronicle but unable to change the course of the conversation. *C3: Watermelon* is the tale of a recent morning at school and is at the border of the Chronicle category because at the end of the session the therapist returns to the topic and discusses it as metatext.

Narratives: Texts were initially chosen as two subsets. The first subset consists of texts with *remember* or *dream* lexis. *Remember* represents the introduction of autobiographical memory (see chapter 8) and *dream* represents the internal world being talked about to another person since ‘a dream is a deeply personal experience, one that can be experienced only singly. However, in the telling, a dream becomes the shared experience, part of the social fabric’ (Ferrara 1994:107). *N1: Rain and Bunny Memory* describes happy feelings associated with rainy weather and a positive description of childhood memories. It was a foregrounded text in Henderson-Brooks 2000 and is a highly valued text in the Conversational Model (Meares 2001:761). *N2: The Backyard* describes a happy childhood playing with a brother, contrary to the patient’s current feeling towards him. *N3: The Kafka Dream* tells of a dream as positive and negative. It is the border text because it begins to discuss ideas external to the Narrative.

³¹ The cohesion chain for this progression is in section 8.18.

The second subset consists of metaphorical and fantasy texts, for example, *the bubble gets more transparent*, because metaphor is highly valued as 'nonlinear' and 'inner oriented' by the therapists (Meares 1998: 880, 884). *N4: The Bubble* is a short happy description of the current state of being and *N5: The Backpack* describes a fantasy of how the patient would like to act, with a backpack as a metaphor for freedom. The analysis of these texts further revealed their consistency with the first subset. Both subsets involve the projection of a duality of consciousness: of time (*I remember*) reality (*I dream, I fantasise*), and association (metaphor) (see chapter 11).

Another small corpus was also selected from the BPD Corpus: texts containing the lexis *remember* for an investigation of the grammatical introduction of memory (see chapter 8). Indeed, there is the potential for many subcorpora for investigations beyond this thesis.

3.5 TRANSCRIPTION OF AUDIOTAPES

3.5.1 Transcription Details

The whole thirty hours of available audiotape was transcribed. Four of the tapes were transcribed by me, two were already transcribed by a therapist, two by another researcher and the remainder by a professional medical transcriber. All the texts of the SCN Corpus were checked by me for accuracy and consistency. The transcription conventions used in this thesis follow Conversation Analysis conventions modified by Eggins and Slade for their systemic analysis of casual conversation and were appropriate to this spoken language corpus (1997:2-5).

The transcription detail was matched to the intended lexicogrammatical analysis. Thus phonetic details have not been included: intonation markers, breathing, vowel lengths, stress markers or phonetic pronunciations are not noted³². I have listened to all the tapes repeatedly, however, and I am very familiar with the sound patterns. The orthography is standard with the exception of *coz* (shortened *because*) and *yeh* for agreement shorter than *yes*. Fillers and backchannelling are represented orthographically as *um* and *mm* to express doubt and agreement respectively and *oh* is recorded as it was spoken.

Where backchannelling does not interrupt the flow of meaning of the speaker's turn it has been included in slanting brackets within the turn, */mm/*, to save space and aid readability (following Garbutt 1990). When backchannelling does interrupt the speaker's flow of

³² Plum supports this matching of transcriptions to purpose in his large spoken language corpus, 'when represented in written form does not constitute a misrepresentation of essentially 'synoptic texts'... any loss of information suffered in such an idealisation is of little or no consequence to the study of the text.' (1988:112).

thought it has been placed as a separate turn. Overlaps, pauses and all restarts are included to represent the conversational aspects of this patient and therapist dialogue. Table 3.3 below summarises the transcription conventions.

Symbol	Meaning
.	Falling tone or orthographic fullstop; used when required for ease of readability
,	Small break, comma in orthography used for ease of readability
?	High rising tone, indicative of a question
“”	Quotation marks where tone changes indicate that the speaker is quoting someone rather than reporting speech
(words in parenthesis)	Transcriber's guess
[inaudible]	Transcript inaudible
[words in square brackets]	Paralinguistic and non verbal information
...	Pause of less than 3 seconds
[5 secs]	Timed pause greater than 3 seconds
=	Overlap, simultaneous used when both participants speak at once. Placed at the beginning of the overlap
= =	Overlap, contiguous, when there is no interval at all between first and second speaker turns. The symbol is placed at the end of the first speaker's turn and the beginning of the second speaker
Yeh	Agreement shorter than yes
/mm/	When agreement marker occurs within the other speaker's turn
-word	Restart
A345	Turn number
A345.1	First salient clause for analysis within a turn

Table 3.3 Summarised Transcription Key (adapted from Eggins and Slade 1997:5) Emphatic stress markers or surprise intonations are not included because they did not occur in this data.

3.5.2 Anonymity

The transcriptions were modified to preserve anonymity. As well as patient and therapist pseudonyms (see section 3.2.2) pseudonyms for the other named participants in the patients' life tales were randomly selected from names of the British Royal Family. Placenames and restaurant names were also altered to avoid identification.

3.5.3 Turn Division

The transcriptions of the SCN Corpus are divided into turns. For the lexicogrammatical analysis each turn is further divided into clauses (a total of 1443 clauses) and entered into a Microsoft Access database. Each text is labelled as Script 1-3, Chronicle 1-3 or Narrative 1-5 and the clauses are numbered within the text type. When clauses are quoted within the chapters they are labelled as shown for this example, *They're all normal* [S3 P6 cl 92] where S3 refers to Script 3, P6 refers to patient 6 and cl 92 shows it is the ninety-second

ranked clause of Script 3. Embedded clauses are further differentiated, for example 92.1 where .1 is the first embedded clause within the ranked clause 92. There is potential for multiple analyses from the database. For this study, the data has been coded for 33 categories. The database of the texts divided into clauses and the major categories of process type is presented in Appendix C with a list of all other lexicogrammatical features that were coded in the database.

3.6 ANALYSIS OF DATA

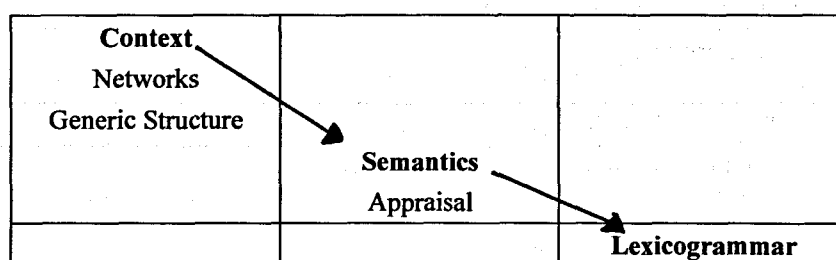


Figure 3.1 Multistratal Analysis

Figure 3.1 above illustrates the stratal choices of this thesis. The transcribed data (with reference to the audiotape where necessary) contain many opportunities for a variety of analyses. Essentially, this thesis is a multistratal descriptive study of a Register, using SFL as the analytic tool. It describes lexicogrammar and semantics (chapters 4-8), and context as networks (chapter 9), and genre (chapter 10).

3.6.1 Lexicogrammatical and Semantic Analysis

The lexicogrammatical analysis is the major focus of this thesis. Chapter 4 introduces the methodology of the three following lexicogrammatical chapters. Within each of these chapters the focus is on the experiential and interpersonal metafunction. The semantic (discourse) stratum is not addressed in a separate chapter but relevant analyses are included at appropriate points, for example, Appraisal in the relational clauses sections of the transitivity analysis and in interpersonal analysis of the lexicogrammatical chapters.

As each choice has a consequence for meaning, this thesis is a qualitative analysis. Quantification, however, is useful in discerning grammatically significant patterns (without attempting to provide statistical correlations) and so the lexicogrammar includes quantitative analysis (see section 4.2).

3.6.2 Context Analysis

The context is explored after the lexicogrammatical analysis through (i) context networks (chapter 9) and (ii) generic structure (chapter 10). The methodology was introduced in chapter 2 and is presented directly at the beginning of the each respective chapter.

3.7 PRESENTATION OF RESULTS

In this multistratal investigation the presentation of results is challenging for two reasons:

- i. the three stratal meanings occur simultaneously at the time of discourse and the division of the strata is an artefact of analysis. The choice of entry stratum in this thesis is the lexicogrammar, as it is the major investigation. The context as realised by the lexicogrammar is presented second.
- ii. the lexicogrammar analysis could be presented in one of two ways; (a) as lexicogrammatical chapter headings, that is, experiential and interpersonal with the Scripts, Chronicles and Narratives as subheadings or (b) with Scripts, Chronicles and Narratives as chapter headings and the lexicogrammar as subheadings. The latter was chosen because it maintains the focus on Scripts, Chronicles and Narratives and enables a direct reconnection of the linguistic theory and the Conversational Model theory.

Each chapter commences with a patient citation about normality to represent the third strand of this data, the patients' investigation of their own normality. Then the other two strands are introduced: a selected text represents the text type under linguistic investigation, followed by a brief discussion of the Conversational Model. This approach allows all three strands to be displayed, yet maintains the linguistic analysis as dominant.

3.7.1 Appendices

Appendix A contains transcriptions of the SCN Corpus; Appendix B, the DSMIV classification; Appendix C, the SCN Corpus as clauses with major lexicogrammatical analyses; Appendix D, the analysis tables from which summary tables are presented in the main thesis and Appendix E presents the context networks used in the thesis.

3.8 CONCLUSION

This chapter introduced the data and methodology for this linguistic investigation of self in psychotherapeutic discourse. It explained how the data were obtained and the reasons for the broad background data set, the BPD Corpus, and the smaller corpus selected for detailed linguistic analysis, the SCN corpus. The transcription methods in preparation for

analysis were described. Then the decisions regarding the methodology of multistratal analysis were discussed and the chapter concluded with general decisions for the presentation of results. The next chapter introduces the general issues of the lexicogrammatical analysis in preparation for the individual lexicogrammatical analyses of Scripts, Chronicles and Narratives in chapters 5, 6, and 7.