4

Introduction To

The Lexicogrammatical Analysis of

Scripts, Chronicles and Narratives

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

I was really pissed off [Chronicle 2]
I'm not normal [Script 3]
I feel really good today [Narrative 4]

1. Extract Chronicle - *C2: Work Life*

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 Beatrice 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". [C2 P3 turn 119]

2. Extract Script - *S3: I am not normal*

P   I'm comparing myself with the normal healthy people and I don't really belong anywhere. I don't belong in the Psych Hospital because I'd much rather kill myself all the time but I don't feel like I belong there either you know?

T   You don't belong with them, with normal people?

P   No I don't.

T   Um why not here?

P   Because **I'm not normal.**

T   Mm.

P   They're not cutting themselves. They're not thinking of new ways to really hurt themselves and they're not thinking about how they will kill themselves and I have to give all my medication to a friend.

T   Mm. Kind of feel there's some ....

P   Yeah I am. They don't have trouble tolerating middle ground. You know? They don't have all these mood swings, they don't get incredibly angry all the time. They don't cry themselves to sleep every night. Um, they don't just have a savage, savage fear of being rejected and being alone. As I said they don't have to see 2 or 3 doctors a week and take 10 tablets a day. They don't have any of those things. So no I don't belong with them. [S3 P6 T5 cl 99-123]

3. Extract Narrative- *N5: The Bubble*

> P **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.
>
> T The light goes on?
>
> P 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.
>
> T Hm-mm
>
> P I feel like you know – I feel like one of them now while I'm in the shops, the people
>
> T You don't feel so separate
>
> P Mm it's amazing how different I feel.
>
> T It is amazing. So something's clearly shifted?   [N5 P5 T4 1-23]

4. Extract Narrative- *N1: Rain and Bunny Memory*

> P Mm I've always felt like that but I don't know why and yeh I remember when I was um I was in a pram and I was a baby and I remember my mother walking of a night and I could see you know the traffic lights changing colours and the cars and it looked really pretty /mm/ I remember that. I remember feeling very secure and warm sort of snuggly sort of thing /yeh/ and since then um I feel like that in the car and sort of in bed of a night when it's raining and that and I snuggle down I feel really secure.   [N1 P1 T1 25-38]

4.1 INTRODUCTION

The previous chapters introduced the psychiatric and linguistic approaches to therapy, and described the data selected for investigation. Chapter 2 presented the Conversational Model's orientation to techniques based on language and linguistic evidence and described the principal focus of this study as the Conversational Model's claims about three conversational types- Scripts, Chronicles and Narratives, which, according to Meares, present 'self as shifting state in the therapeutic conversation' (1998:876). Chapter 2 also presented SFL as a theory of meaning grounded in a functional, systematic and multistratal theory of language, which is suitable for application to the complex tale of self. Chapter 3 introduced the SCN Corpus for this thesis. From this corpus, the texts which introduced this chapter were selected to display a typical Script, a typical Chronicle and two typical Narratives to illustrate metaphor and memory.

For the next three chapters, chapters 5-7, the Conversational Model description of the conversational types is briefly introduced at the beginning of the chapter and then placed aside in order to concentrate on the description of the lexicogrammatical stratum. Chapters 9 and 10 continue the linguistic exploration with a consideration of the context and generic shape of the texts, then the final chapter reunites the linguistic and psychiatric approaches.

This short chapter, separate from the methodology of chapter 3, introduces the next three chapters for the following purposes:

1. to present the ideational transitivity and interpersonal analysis. This thesis is an application of SFL to a new context, which simultaneously extends the system and theory of SFL. This chapter extends appropriate sections of Halliday's SFL from the literature review of chapter 2 in order to provide the structure for the analysis and discussion of the next three chapters.

2. to explain the application of this analysis to clause ranks, for example, rank, rank shifted and incomplete clauses.

3. to describe, at appropriate places, the significance of each lexicogrammatical category for psychotherapy.

In all investigation of text there is a tension between text as product and text as process. The investigation of text, frozen in time as a transcription, moves away from the unfolding process towards the product end of the cline. These four chapters of quantification also lean towards text as product. However, in order to emphasise that the grammar occurs within an unfolding text, textual illustrations are included in each chapter to exemplify the findings in the quantitative data. The grammatical discussion directly follows the analysis.

Chapter 5 investigates Chronicles, chapter 6 Scripts, and chapter 7 Narratives. Chapter 8 brings together these findings and presents an overview of the three text types with the pertinent points of difference that distinguish them. This chapter also describes how therapists use linguistic strategies to co-create the text types with patients. The titles of each of the chapters have arisen from the results of the chapters. Similarly, the motif of 'normality' was first foregrounded by the linguistic analysis and then became a motif of the thesis.

Of the three text types, Chronicle is the chosen entry point for the lexicogrammatical analysis, for practical and theoretical reasons. Practically, it is the dominant and mostly easily identifiable text type in the BPD Corpus. It consumes most of the therapy sessions[33] and is easily distinguished on the page as a discrete section of patient talk with very few therapist turns. Theoretically, as the text of 'everyday' normality, a Chronicle is a tale that unfolds in the recent past and has the potential to become embedded evaluation in the Script and Narrative. Therefore it is the base against which the other two text types are

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[33] For example, *C1: Home Life* continues for 15 minutes.

contrasted. The order of presentation of results in the Chronicles chapter is maintained in the Scripts and Narratives chapters which follow.

The next three chapters are independent chapters, each of which can be read on its own as a separate grammatical investigation and only in chapter 8 are the three compared. Chapters 5-7 are by necessity long chapters. Rather than present all the lexicogrammar as appendices the majority of results are presented within the chapters to show the level of detail and thoroughness of the analysis. This enables the patterns of meanings to emerge from the lexicogrammar analysis, rather than be imported from the semantics of the Conversational Model.

This chapter proceeds in the following order: section 4.2 introduces the SCN Corpus as clauses and section 4.3 the ranks of the clauses. Sections 4.4-4.9 introduce the linguistic analysis (experiential and interpersonal) for the next chapters, section 4.10 describes the analysis of the rankshifted clauses and 4.11 concludes the chapter.

4.2 THE SCN CORPUS AS CLAUSES

The composition of the SCN Corpus was described in chapter 3. The texts chosen for the corpus were initially selected as discrete sections of text roughly similar in size, that exemplify 'Scriptness', 'Chronicleness' and 'Narrativeness' (see chapter 3). There are three texts of Scripts and Chronicles and five texts of Narratives (see section 3.4). These eleven texts were then divided into clauses for the lexicogrammatical analysis. The study is text driven and all quantification serves to demonstrate the patterns of the texts. The number of clauses per section was not deliberately chosen to be equal, so the analysis compares percentage of talk types for each text rather than raw figures. As it turned out the three text types have a fairly even number of clauses, being close to one third of the total clauses in each section.

Table 4.1 below displays the total number of clauses for all texts of the SCN Corpus as a way of introducing a necessary discussion about clause division. Table 4.2 follows immediately to show the clause divisions for patients and therapists, again to contextualise the discussion which follows.

Text	Total no. of Clauses	% of SCN Corpus
Scripts		
S1: I feel like a record	108	
S2: I am being selfish	124	
S3: I am not normal	191	
Total	423	29.3%
Chronicles		
C: Home Life	142	
C2: Work Life	160	
C3: The Watermelon	209	
Total	511	35.2%
Narratives		
N1: Rain and Bunny Memory	108	
N2: The Backyard	92	
N3: The Kafka Dream	230	
N 4: The Backpack	49	
N 5: The Bubble	29	
Total	508	35.2%

Table 4.1 SCN Corpus Showing Total Number of Clauses per Text Type

Text	Total no. of Clauses					
	Patient		Therapist		Total	
Scripts	316	75%	107	25%	423	100%
Chronicles	433	85%	77	15%	510	100%
Narratives	391	77%	117	23%	508	100%
Total	1140	80%	301	20%	1441	100%

Table 4.2 Clause Distribution for Patient and Therapist in SCN Corpus

The focus of the discussion in the lexicogrammatical chapters is motivated by the text. For each text type the texts chosen included two examples that tightly fitted the criteria and one that was borderline in order to determine the boundaries of a text type (see section 3.4.2). When no distinction between texts is apparent the individual texts have been summed and grouped as one text type for comparison with the other text types. When there is a distinction the texts are discussed individually.

4.3 RANKS OF CLAUSES

While complete ranked clauses make the greatest contribution to the creation of meaning, the other types of clauses should not be forgotten and, as I will demonstrate, have different semantic functions in psychotherapeutic discourse. Sections 4.3.1- 4.3.4 describe the different clause types, which include incomplete clauses, rankshifted clauses and minor clauses. The lexicogrammatical discussion for both patients and therapists, which follows

in sections 4.5-4.10, examines each of these clause types in descending order of importance.

4.3.1 Ranked Clauses (Major Clauses)

Ranked clauses, whether full or ellipsed, are the clauses that carry the principal meaning available for negotiation. They are the majority of clauses in most texts and that is also the case in this data. They are thus the primary focus of analysis in the following lexicogrammatical chapters. Note that in the total clause counts I have not differentiated between ellipsed and full clauses. Where ellipsis is directly recoverable it has been included as a full clause.[34]

4.3.2 Rankshifted (Embedded Clauses)

Rankshifted clauses are included in the analysis because of the semantic significance of the rank shift, that is, their arguments are not directly available for negotiation. The ratio of ranked to rankshifted clauses is consistent across the text types (S 82:12, C 87:8 N 82:11 and SCN Corpus total 83:10). The interest is not then in comparing the ratio of clauses in the text types but in the comparison of rank shifted meanings to the meanings which are available for argumentation and the variation of these meanings across text types.

4.3.3 Incomplete Clauses

As their name suggests, incomplete clauses are clauses for which there is a first Participant and a Process but for which a necessary and expected secondary Participant is not supplied.[35] They are common in spoken language as it is created as text unfolding, without editing. Eggins and Slade name these clauses as abandoned clauses (1997:106) and count them in the mood analysis but do not directly analyse them for mood. They demonstrate that clauses are abandoned because a speaker 'runs out of steam' or because they are interrupted and suggest that abandoned clauses are interesting because they can be seen as a display of changing tenor relations, for example, high overlap may be a sign of intimacy or a sign of power if one of the interactants continually interrupts another person's turn. Conversely, the high number of abandoned and restarted clauses may show that a person is allowed the floor even when speaking hesitantly (Eggins and Slade 1997:110).

While accepting this assessment for casual conversation, in psychiatric data the patient commands the conversation, so interruption does not have the same semantic value. With

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[34] Ellipsis is a common feature of spoken language exchanges since the full declarative initiates an exchange and ellipsis is the usual pattern of responding clauses.

[35] When only the first Participant occurs without a Process it is classed as repetition.

only two speakers and no competition for the floor, it is usually the primary speaker who restructures the abandoned clause. In this thesis these clauses are labelled 'incomplete' because 'abandoned' suggests a level of agency of which the speaker is not aware. Overall, this data displays a lack of incomplete clauses: even long turns of speech are very fluent.

Initially these incomplete clauses were tagged so they could be excluded (following Eggins and Slade 1997) in order to go directly to the analysis of ranked clauses. Closer inspection, however, revealed an interesting set of meanings, particular to the context of psychotherapy and varying between Scripts, Chronicles and Narratives. Thus, each chapter has a discussion of incomplete clauses after the presentation of the lexicogrammatical analysis of the ranked and rankshifted clauses, in order to consider the change in meaning potential that occurs at the point of incompletion.

4.3.4 Minor Clauses

Minor clauses are clauses that are not available for grammatical analysis. They have no mood structure and no recoverable ellipsis (Eggins and Slade 1997:94). There are three common types, all of which occur in this data:

1. lexicalised minor clauses, for example, *ok*, and exclamatives, *oh bugger the cakes*.

2. formulaic expressions, for example, *Hello, thanks*

3. non-lexical items which are conventionalised feedback, for example, *mmm*.

In this data non-lexical feedback markers have been included within turns when they do not interrupt the flow of the principal speaker. They are included as separate turns when they act as the whole turn and these turns have been counted in the total for minor clauses.

4.4 PRESENTATION OF LINGUISTIC ANALYSIS IN THE NEXT CHAPTERS

The next three chapters present summary tables of findings of the lexicogrammatical analysis of the SCN Corpus. More extensive tables appear in Appendix D. In each chapter the analysis and discussion are presented first for patients and then for therapists, followed by a combined discussion. To display this each of the next three chapters is divided into five parts. Parts I and II respectively present the experiential (transitivity) and interpersonal analyses for the patients' ranked clauses and Part III the lexicogrammatical analysis of the other patient clauses. Part IV presents the lexicogrammatical analysis of the therapist clauses and Part V discusses both analyses and concludes the chapter.

This separation of patient and therapist analysis is a temporary and artificial division for this section of the thesis only. It allows an investigation of (i) patient style which shows the typicality of the discourse, (ii) therapist style which shows the professional strategies and (iii) interactive style which shows the dialogic ensemble (Butt, Fahey and Henderson-Brooks 2003). 'Patients' is the sum all the clauses spoken by Patients A-G in the SCN Corpus. 'Therapists' is likewise the sum of all the clauses spoken by Therapists T1-T5 in the SCN Corpus. In the descriptive passages of individual texts, patients and therapists are named as their pseudonyms (see chapter 3).

In each following chapter the discussion proceeds from an overview of the clauses and ranks to the investigation of the data through the systems of the lexicogrammar. The systems are of course co-occurrent but are separated here for the purpose of analysis. The primary focus is the experiential and interpersonal metafunctions. Although the textual metafunction is the means of organising the ideational and interpersonal meanings as discourse, this level of organization is not further investigated directly at the lexicogrammatical level of the clause in this thesis. The textual organization above the clause is discussed in chapter 10, Generic Structure.

While the analysis and discussion of the next chapters follows the same general pattern, different features are sometimes singled out as being particularly relevant to the text type under discussion. In the inscriptions from the SCN Corpus which illustrate the grammatical quantification, lexical items and singular examples from the corpus are italicised and where they represent a longer extract the inscriptions are in 'comic sans' font and directly follow my text. Where the inscription is exemplary of a larger set it is preceded by 'for example'.

4.5 INTRODUCTION TO THE EXPERIENTIAL ANALYSIS

> *Language enables human beings to build a mental picture of reality, to make sense of what goes on around them and inside them.* Halliday (1985:107, my underline)

The experiential analysis of the next three chapters investigates patients' construal of their reality, within the context of therapeutic discourse, both as a representation of inner (inside them) and outer worlds (what goes on around them). This world of experience is compared and contrasted for Scripts, Chronicles and Narratives. The realisation of experience for patients can also be compared and contrasted to therapists' realisation and reinforcement of patients' experiences. The grammatical categories parallel the psychiatric interest in 'inner' and 'outer' experience (see section 2.4), showing that the lexicogrammatical analysis has a clear point of connection to the Conversational Model's language description.

Within SFL experience can be modelled in two ways: the transitive model and the ergative model (Halliday 2004:280). The transitive model is chosen here because it is directly effective for separating the differences between inner and outer representation of reality. 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' (1985:36).

Patients are predominantly investigating their effectuality within their own world in comparison to the effectuality of other people. This is a way of constructing self and exploring the meaning of normality, which becomes a central quest for these patients. Language also classifies the world, and in therapy there is an expectation of a progression to the classification of the 'inner' world as a way of making sense (meaning) for patients.

4.6 THE FIELDS OF EXPERIENCE

Halliday divides the experiential world into six types of experience: material, mental, verbal, behavioural, relational and existential (Halliday 1985:107). The field of experience is tabulated following Matthiessen (1995:156) because he highlights the field of consciousness, which is the primary focus in psychotherapy. Behavioural clauses have been added to the field of doing and happening and existential clauses to the field of being and having.

Field of Experience	Clause Type	Example
Field of consciousness		
internal	mental	*They saw the ball*
external	verbal	*They said "ball"*
Field of doing and happening	material	*They bounced the ball*
	behavioural	*They laughed*
Field of being and having	relational	*They were players*
	existential	*There were two players on the field*

Table 4.3 Field of Experience (adapted from Matthiessen 1995:204 with addition of behavioural clauses)

The clause types in the lexicogrammatical chapters are presented in the following order: material, relational, mental, verbal, behavioural and existential processes, which is the order of dominance in Chronicles, the first text under scrutiny, and is continued in each chapter for consistency. Each category, where relevant, is separated into sub clause types and lexical realisations to show the more delicate system potential and the instantial choices made by patients. Presentation conventions follow Halliday, where terms, for example, Participant, are capitalised when used technically and not capitalised when they refer to general meanings, for example, participant in the patients' tales.

4.6.1 Material Clauses: Field of Doing and Happening

Material clauses have been shown by Matthiessen to have the most lexical potential in the language system because most material processes have more extended senses than other process types (1999:46). They can refer to abstract as well as concrete senses (Halliday 2004:196) and can therefore be semantically extended across to other process types, creating the potential for many abstract material processes in English. In the next three chapters the results for material clauses are displayed in two sections: the first displays their lexical range, and the second shows the grammatical resource with particular attention to the patients and significant others as Participant, that is, either Actor or Goal.

The lexical range demonstrates the topics that can be introduced into the field of experience and any differences between Scripts, Chronicles and Narratives will indicate different fields of meaning available for discussion by the two interlocutors. In combination with these lexically explicit domains of experience, a grammatical analysis shows the different implicit domains of experience not directly available for discussion but equally essential in patients' construal of their world.

The principal Participants in material clauses, namely Actors and Goals, are investigated for effectuality or dynamism, which is defined by Hasan as 'the quality of being able to affect the world around us, and of bringing change into the surrounding environment' (1985:46). Hasan's cline of dynamism is reproduced in table 4.4 below with her examples (1985:46).

Dynamic		
↑ 1	Actor + Animate Goal	John took Harry to London
2	Actor + Inanimate Goal	John took the books with him
3	Sayer + Recipient	John told Harry ...
4	Sayer + Target	John praised the system
5	Sayer	John talked
6	Phenomenon + Senser	The picture attracted her
7	Senser	John recognised the house
8	Actor - Goal	John went away
9	Behaver	John woke up
10	Carrier	John was sleepy
11	Goal/Target...	John took Harry with him
12	Range	I watched the house
↓ 13	Circumstance/...	I have a sister
Passive		

Table 4.4 Hasan's Cline of Dynamism (reproduced from 1985:46)

The cline progresses across the clause-type configurations with 'dynamic' at one endpoint and 'passive' at the other. It shows that even in clauses that have the same structure, for example, Actor^Process:material^Goal, there is a difference in dynamism, which suggests that the semantic value of the –er role will differ. Human Actors are considered more dynamic than non-human Actors and to act upon human Goals is considered more dynamic than to act upon an object, and progressively more dynamic than an Actor without a Goal.

By positioning the Participants of Scripts, Chronicles and Narratives on this scale, it is possible to describe how patients represent their 'normality' as action in the different tales of their lives and compare this to the effectuality of other people in their tales.

4.6.2 Relational Clauses: Field of Being and Having

Relational clauses are central to an investigation of what constitutes the class of 'normality' for a patient in therapy. An exploration of relational clauses will provide a window into the world of patients as they identify, define and describe their worlds and the world of other humans, things and ideas. In relational clauses 'a relationship of being is set up between two separate entities' (Halliday 1994:213). The relative stability shows that the experiential weight is between the two Participants in the clause. Relational clauses construe experience as relatively inert compared to other clauses, for example, the static location of *she is in the dining room* compared to material action *she is walking into the dining room.* (Halliday 2004:212).

Relational clauses are divided into three categories of being and having: intensive, possessive and circumstantial. Within these categories, relational clauses do two distinct types of work: relational identifying clauses assign identity to someone/something (Halliday 2004:227) and relational attributive clauses ascribe class membership to someone/something (Halliday 2004:218).

Relational clauses also display overt evaluation of a patient's world, seen in particular in intensive relational clauses as Carrier:Attribute. Attribution allows both membership specification as entity (for example, *she is an architect*), or a quality (for example, *she is very generous*). Patients' attributes are further investigated for their semantic value, using the Appraisal framework (White 1999). Attributive clauses are grouped following Henderson-Brooks 2000, where the attribution of humans is separated from the attribution of ideas so that the semantic values of Judgement of humans and Appraisal of ideas can be

considered. The rhetorical advantage of Appreciation for both patients and therapists is discussed in chapter 8.

In the following chapters relational clauses are presented under their category headings: intensive, possessive and circumstantial, and then each category is subdivided further to account for the two distinct types of work: attribution and identification, as described above. Intensive clauses are the dominant category and the majority of discussion is reserved for them but the discussion commences with the less frequent categories of possessive and circumstantial relational clauses. In possessive clauses the value of the Possession is more delicately categorised into physical possessions, abstract possessions and possessions of bodily symptoms.

All discussion includes the first and second Participants of the relational clauses as a way of describing how normality can be constructed as a state of being. Relational clauses realise both inner and outer experience (Halliday 2004:212ff).[36] Within relational clauses inner experience is construed by mental attributes, for example, *she is happy* and outer experiences are construed as: (i) intensive with a non human Carrier, *the bottle is empty;* (ii) circumstance, *she is in the dining room,* or (iii) possession, *she has a table* (Halliday 2004:212).

4.6.3 Mental Clauses: Field of Consciousness, Internal

The power of mental clauses lies in their ability to project facts and ideas of inner consciousness into the discourse. Through patients' talk, their internal desires, reactions and ideas enter the therapy space, where they can be discussed and evaluated by both the therapist and the patient. Thus in therapy, 'We speak, not only to tell other people what we think, but to tell ourselves what we think' (Jackson 1931, cited in Meares 1998:885).

Originally Halliday subdivided mental clauses into cognition, affect and perception (1994:118). In more recent work Halliday and Matthiessen use the categories perceptive, cognitive, desiderative and emotive, which provide a degree of delicacy especially applicable to psychotherapy data (Halliday and Matthiessen 1999:138). This thesis follows Halliday and Matthiessen and the field of consciousness is divided into:

1. Mental Affect:desire clauses, which realise conscious desires;

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[36] As noted in chapter 3 and section 4.5.1 this linguistic separation of outer and inner attributes is also compatible with the Conversational Model.

2.   Mental Affect:emotion and Mental Affect:perception clauses, which realise reactions to the world;

3.   Mental Cognition clauses, which realise creation of ideas.

As with material clauses, the analysis of mental clauses is divided into two sections; (i) an analysis of the Process types to determine the range of mental acts patients report, and (ii) an analysis of the first and second Participants of mental clauses, in particular to determine how the inner worlds of the different Sensers are represented and the impact they have on the patients' worldview of normality. The grammatical presentation of reported thought is included in the presentation of speech in table 4.5 in section 4.6.4.

Section 8.19 extends the understanding of the function of *I remember* as a resource for meaning making. It examines the grammatical function of the second Participant of a mental clause, the Phenomenon, which represents the patients' memories as they are introduced into therapy.

Phenomena can be classified as either simple Phenomenon (a simple nominal group) or Hyperphenomenon. Hyperphenomena are further classified into (i) Macrophenomenon, which differ from simple Phenomenon only in composition (having a macro configuration of Participants, Processes and Circumstances (Matthiessen1995:258)) and (ii) Metaphenomenon, which differ in degree of abstraction, with the Phenomenon projected into existence as an idea or a fact.

Macrophenomenon are most frequently associated with mental processes of emotion and perception, whilst Metaphenomenon are most frequently associated with mental processes of cognition and desire (Matthiessen 1995:261). Not all mental clauses have a Phenomenon.

4.6.3.1 Grammatical Metaphor

Some mental processes function, not as mental processes, but as non-congruent realisations of modality, for example, when *I think* expresses probability. In these instances the analysis is recorded as grammatical metaphor but when *I think* functions as a process of cognition, it has been recorded as such. Similarly, *you know* functions as an interpersonal grammatical metaphor but at times is a direct reference to cognition and is analysed accordingly.

4.6.4 Verbal Clauses

Verbal clauses are considered in SFL to belong to the external field of consciousness. They are important in therapy as they represent inner thoughts which have become externalised

as speech and therefore represent patients' interactions with other people. Verbal clauses demonstrate: (i) who is given a voice in a patient's tale, (ii) how the represented voices are evaluated, and (iii) how speech itself is an evaluative device. They have a limited range of lexis, with *to say* the unmarked case in English. An investigation of Sayers in verbal clauses and the impact of speech on other people enables a comparison of the effectuality through speech across Scripts, Chronicles and Narratives. The lexicogrammar of verbal clauses also provides a linguistic entry point to further discussion with the Conversational Model, which itself is theorised in part by reference to the two Vygotskian voices of inner speech and outer speech (see section 2.5.4).

Verbal clauses present a complex issue for evaluation in these spoken texts. They are one of the ways that narratorial voice is introduced into therapy, where patients are the primary narrators and are therefore placed to present the inner speech (thought) and outer speech of both themselves and the other participants in their complex tales. Therapists have no other access to patient lives outside the sessions, so they have no way of knowing the veracity of reports about other people. Therapists are not expected to narrate other voices[37].

Grammatically speech can be represented in a multiplicity of ways. Table 4.5 below summarises Leech and Short's speech categorisation (1981) to show the linguistic representation of external consciousness (speech) and internal consciousness (thought).

Speech	Principal Feature	Example from Leech and Short
Free Direct Speech	No reporting clause	'I'll come back here to see you again tomorrow.'
Free Direct Thought		Does she still love me?
Direct Speech	Quotation marks Reporting clause	He said 'I'll come back here to see you again tomorrow.'
Direct Thought		He wondered, 'Does she still love me?'
Free Indirect Speech	The reporting clause is omitted but the tense and pronoun pattern are similar to indirect speech.	He would return there to see her again tomorrow.
Free Indirect Thought		Did she still love him?
Indirect Speech	Dependent 'that' clause Tenses shift further back.	He said that he would return to see her the following day.
Indirect Thought		He wondered if she still loved him.
Narrative report of Speech action	Only minimal account of the statement	He promised to return.
Narrative report of Thought Action		He wondered about her love for him.

Table 4.5 Categories of Speech and Thought, Summarising Leech and Short (1981:318-351)

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[37] The exception to this, *N1: Rain and Bunny Memory* and the therapeutic consequences are discussed in chapter 9.

Leech and Short set out to represent thought in the literary form of novels. However, the issue of the relationship between the domain covered by free direct speech and quotation and the domain covered by free direct thought and the layering of complexity in inner speech is pertinent to psychotherapy. There will be different uses of direct speech in Chronicles to Scripts and Narratives, depending on their different semantic purposes.

4.6.5 Behavioural Clauses and Existential Clauses: Field of Being and Doing

Behavioural and existential clauses are minimal (3-4%), in both this corpus and in a general corpus (Matthiessen 1999). Behavioural processes may be situated between material and mental processes for example, *cry, behave, wake* or between material and verbal processes, for example, *speak, talk*[38], *listen, yell*. They are included for analysis because of their potential to realise directly the bodily symptoms that the Conversational Model suggests occurs in Scripts and Chronicles. Existential clauses are analysed to show the different participants or ideas introduced into a text.

4.7 BOUNDARY CLAUSES AND CLAUSE DECISIONS

In the lexicogrammatical analysis, clauses are classified according to their grammatical reactances. Thus, the same lexical item may be assigned to a different clause type according to its sense in context. Process lexis which occurs at boundaries between process type categories, for example, *feel* (mental and relational) and *remember*[39] (cognition and perception) are also classified according to their reactances. *To feel* is classified as a mental process when it projects or perceives and as a relational process when the second Participant can have a premodifying intensifier. In this analysis, Processes realising ideational metaphor are classified according to their initial category, for example, *he had lots of anger* is classified as a relational possessive clause and the semantic significance is addressed in the discussion following the analysis.

In this analysis, the mental process of mental affect:desire *want* is always a verbal simplex and any following verbs (sometimes considered as a verbal group complex) are seen as separate non-finite clauses, for example, *if I want// to listen to music or something*. The separation foregrounds the fact that the choices in the second clause are restricted by the choice of *want* in the first clause (Martin, Matthiessen and Painter 1997:117), a foregrounding that is relevant to this psychotherapeutic context because of the limited number of mental affect processes and their therapeutic significance (see section 2.5.2).

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[38] *Talk* is a behavioural process because it does not project nor take verbiage.
[39] The semantic value of boundary clauses is further discussed in chapter 8.

4.8 OTHER PARTICIPANTS IN THE CLAUSE: CIRCUMSTANCES

Circumstances are discussed as they contribute to the patterns of transitivity. Table 4.6
below summarises the types of Circumstances which are described in chapters 5-7.

Circumstance Type	Circumstance Subcategory	Example Realisation
Extent	Temporal	For three hours
	Spatial	Every second step
Location	Temporal	In September
	Spatial	In the yard
Manner	Means	With a hammer
	Quality	Quickly
	Comparison	As fast as possible
Cause	Reason	Because of you
	Purpose	For better results
	Behalf	On behalf of us all
Contingency	Condition	In the event of rain
	Concession	In spite of the rain
	Default	In the absence of proof
Accompaniment	Comitative	With his friends
	Additive	As well as them
Role	Guise	As a concerned parent
	Product	Into pieces
Matter		About this
Angle		According to the Shorter Oxford

Table 4.6 Types of Circumstance in English. Reproduced from Martin, Matthiessen
and Painter (1997:104)

The class of Circumstance can be expected to collocate with certain clause types, for
example, material clauses collocate with Circumstances of location:spatial and
Circumstances of manner, and verbal and mental clauses with Circumstances of matter
(Matthiessen 1999:17). The type of Circumstance and the meanings may be expected to
vary across Scripts, Chronicles and Narratives as they describe different arguments about
normality.

4.9 INTERPERSONAL ANALYSIS

The interpersonal resources of this study span two strata; first, as a grammatical realisation
of the interpersonal metafunction and second as a semantic resource, namely Appraisal
(Martin 1996; see chapter 2 and section 4.10.1). Semantically, interpersonal and
experiential meanings are linked because 'How we feel is in constant negotiation with
what we do' (Martin 1996:36).

The interpersonal analysis is presented in the following order in the next three chapters: Mood, Speech Function, Modality, Polarity and Tense. Although the analysis is complete not all the findings are of equal semantic weight and so not all findings are discussed in detail in chapters 5-8.

4.9.1 Appraisal Analysis

The evaluation analysis is consistent with the grammar approach already taken and follows Martin's (2000) and White's (1999) Appraisal theory, which is firmly grounded in SFL. Consistent with the diffuse nature of evaluation itself, Appraisal must be a diffuse tool, which, within Martin's theory, is semantically centred (2000) but realised diffusely across the strata. This study focuses on the Appraisal categories of Attitude and applies them to the texts experientially in the mental and relational attributive clauses. Table 4.7 below presents the Appraisal subcategories used in this thesis, following Martin (2000).

Affect	Judgement	Appreciation
Realis	**Social Esteem**	+/- impact
+/- happiness	+/- normality	+/- quality
+/- satisfaction	+/- capacity	+/- balance
+/- security	+/- tenacity	+/- complexity
Irrealis	**Social Sanction**	+/- valuation
+/- fear	+/- veracity	
+/- desire	+/- propriety	

Table 4.7 Appraisal Subcategories Following Martin (2000)

For this research into psychotherapeutic discourse, the category choices have been very carefully aligned with the patient's Judgement in context. Sometimes this is difficult, for example, my *mother hates me*. It is hard to tell from the context if this is Affect or Judgement. It would be easy to assume a Social Sanction against the mother, as it is generally regarded as unacceptable to hate one's children. However, in this instance it seems the patient is reporting only her mother's Affect. In contrast, when she suggests her mother *wants attention* the tone of voice and the surrounding text indicates that here the patient is definitely judging her mother with negative Judgement: Propriety.

As the focus of this study is lexicogrammatical resources, a full Appraisal analysis, although potentially revealing, is not applied to this data, for example, Engagement and Graduation are not categorised. However, the more diffuse semantic topic of evaluation is discussed in relevant sections throughout this thesis.

4.10 RANKSHIFTED CLAUSES

All the preceding discussion in this chapter has been of the ranked clauses. Since rankshifted clauses are a downranking of meaning from clause to clause participant, their analysis has been included to briefly consider what has been rankshifted (and therefore is not directly available for negotiation) and whether there is variation across the three text types. Rankshifted clauses are also an evaluation technique because embedding an evaluation protects the evaluator (Halliday and Matthiessen 1994:224). Grammatically, a rankshifted clause can be a Participant, *[[What I really want]] is a glass of water*, or a post modifier of a nominal group, *the pistol shot [[that started the First World War]]*, or an adverbial group, *so quickly [[that he could not catch them]]* (examples from Butt et al. 2000:168). Each type of rankshifting is considered in chapters 5-8 for its different meaning. In particular, in section 8.19 the second Participant rankshifted clause is shown for its importance in clauses of *I remember*.

4.11 CONCLUSION

This chapter has introduced the methodology of the lexicogrammatical analysis in order that the next three chapters, chapters 5-7, can move directly to the presentation of the results of the analysis for Scripts, Chronicles and Narratives. These chapters will also show how, for patients, the lexicogrammatical features of Scripts, Chronicles and Narratives realise different patterns of meanings in their quest to define 'normality'. Chapter 8 then compares and contrasts these features to determine whether the three conversational types, which psychiatrists regard as important clinical manifestations of patient mental health, are linguistically differentiable.

Each of these next chapters begins with a citation and a prototypical text to introduce the linguistic patternings, which are then described as systems of choices for Scripts, Chronicles and Narratives. The importance of the clausal patterns is always in the environment of the whole text and so the quantification that follows is exemplified at appropriate places with extracts from the SCN Corpus. After establishing the lexicogrammatical features of Scripts, Chronicles and Narratives in chapters 5-8, chapters 9 and 10 consider meanings directly at the contextual stratum.

5

Chronicles: This is my Normality

The Complex Tale of the Everyday

because that is the way I normally **react** [C2 P3 cl 47]

I mean this is normal anyway [C3 P2 cl 2]

Text *C2: Work Life*

... 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 Beatrice 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 normally react but I just, I'm this close to feeling like just, I'd never do anything to her, I'd probably just walk out, but I'm that close to just feeling like I'm going to explode with her. She's a bitch man, she's just, you know we're there today and, and again every fucking time I take the orders right, I've got it all written out, you know what, so God damned simple, in layman's type way you know like it's just so simple to understand. Whatever the meal is ... knows I take the orders and then in a circle is the number of ones you make of that right, and it's all very nice, my writing is very coherent dah de dah de dah. Later on, but first of all, first of all um I said" right, the teachers have spoken to us. They want sauerkraut on every plate just so they can have a taste of it." "No, no no no, it's better, it's better putting it on side dishes this and that." And I said "gives more more work to Carl, more work to us, "I said "and they just want to try it." "No, no, no". Beatrice came in and I'm just ... and I said "listen Beatrice, you go speak to the teacher then because it's what he wanted." She goes "oh gee well okay" you know, she was doing it or whatever but then I went to get the sauerkraut with the tongs out of it and she goes to use her hands and I said "Beatrice, do you have to" and she's just there going "yes I do it's much easier much easier" and I'm just there wanting to, so you know and then, and then um get the rice out for her to make rice and it's all stained with this blue cabbage red cabbage colouring and she uses it anyway and I threw the rest out and she was shitty that I did that even though there wasn't much there /mm/ and and then after that comes back after the food's gone out is the fact that one fellow next to the teacher didn't get his meal. She says well there was only two chickens written, dah dah dah. I said Carl get me the book – got me the book – two chickens with garlic butter, one chicken with mushroom sauce written right there and she goes "oh well everybody, nobody's perfect everybody makes mistakes". I said "Beatrice I didn't say that everybody was perfect" and she goes "oh well you know it was my fault okay then whatever" you know and and its just and then I said alright where's the spatlaese we going to cook to have for lunch. She goes "no you can't" I said "why not?" "no, no, no you can't", "okay Beatrice we can't, Why not?", "No, you can't", I swear I was going to explode and then she goes "it's no good, it's no good for us to eat", I said "but you just served it to them" "yeah but it's no good for us I'm going to throw it out". It's its so disgusting. I can't believe I'm working there but then I'm thinking in my frame of mind where the hell am I going to work, you know, ...

5.1 INTRODUCTION

Chronicles are texts that present the 'normal self' of patients' everyday lives as they are discussed in conversation with their therapists. As we shall see, they include little evaluation. The text above, *C2: Work Life* has been selected to illustrate a typical Chronicle.[40] It is the tale of an event occurring in the life of the patient, Clare, since the last therapy session. It is a large block of text with no therapist turns. The three Chronicles for investigation are *C1: Home Life* (Patricia), *C2: Work Life*: (Clare), and the borderline text, *C3: The Watermelon* (Beth).

This chapter focuses on the lexicogrammatical features of these Chronicle texts. It provides a description of the reduced lexicogrammatical resources of patients as they present their everyday 'normality' and thus enables a re-examination of Meares' Chronicle description of 'external events without interpretation' where 'the language is linear and there is relative poverty of metaphoric usage' (Meares 1998:884).

This chapter and the following chapters for Scripts and Narratives are long with sections devoted to each category of transitivity, so that individual patterns emerge from the lexicogrammar itself and are not 'imported' from the psychotherapeutic model. The decisions and presentations for this chapter and chapters 6 and 7 have been described in chapter 4. Appendices C and D contain the lexicogrammar database with analysis and the major lexicogrammatical summaries. In chapter 8 the individual lexicogrammatical discussions of Scripts, Chronicles and Narratives are compared and contrasted. This establishes a basis for the context networks and generic structure discussions which follow in chapters 9 and 10.

Sections 5.1.1 and 5.1.2 reintroduce the psychotherapeutic (semantic) Conversational Model Chronicle descriptions and the linguistic orientation of this study, first presented in Chapter 2. Sections 5.2-5.28 present the lexicogrammatical analysis, first the experiential and then the interpersonal analysis for the patient, sections 5.2-5.16, and then for the therapist, sections 5.17-5.29. Section 5.30 concludes the chapter.

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[40] The explanation for the text chosen to introduce each lexicogrammatical chapter was given in chapter 3. A typical Chronicle may still commence with a patient's evaluation of her world and her feelings. After the first evaluative clauses, the tale could potentially become one of a range of text types. Here, it moves into a retelling of events at Clare's workplace, becoming a text to justify her opening evaluation. In the middle of the text there is an opportunity to focus on the evaluation of her reactions but, instead, the tale moves into a second cycle of retelling events to justify her feelings. The generic structure is further discussed in chapter 10.

5.1.1 Conversational Model Description

Chronicles are described semantically in the Conversational Model theory as

> *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* and as *relatively logical*
> *and has a goal.* (Meares 1998:880, 884).

The Conversational Model considers Chronicles and Scripts as 'manifest in clinical conversations of a less complex, more automatic kind than the narrative of self' (Meares1998:875). They are 'recounts of <u>external events</u> without interpretation' (Meares 1998:884, my underline) and the patients present 'without images of the future or remembrances of the past in a non-intimate, diminished form of relatedness' (Meares 2000:28).

Therapists listen to many hours of such talk but, as suggested in the two following quotations, the talk may not be highly regarded by therapists:

> *Pierre Janet's patients told him, day after day, <u>the same despairing tale</u>, without images of the*
> *future or memories of the past.* (Meares 2002:222, my underline)

> *Rather than acting in a way which seems natural in the face of <u>a boring conversation</u> one tries*
> *to move within it, to become a part of it in the manner of James' intimate philosopher.* (Meares
> 2000:124, my underline)

These 'boring' Chronicles are central to the Conversational Model. Although they are tales 'of **external events** without interpretation', they have the potential to develop either the deeply internalised negative interpretation of life in Scripts or the positive representation of self in Narratives.

5.1.2 Linguistic Description

In contrast, for linguists the Chronicle conversation is interesting because it offers the possibility for identifying particular linguistic patterns and meaning. While remaining aware of the psychiatric description of the patients' talk presented above, this chapter returns to the naturally occurring language of patients and therapists to explore the linguistic features of Chronicles. The linguistic discussion considers the complex syndrome of features in the lexicogrammar and the semantics of evaluation that create the text type Chronicle.

The psychiatric description of the therapy, initially raises the possibility that the emphasis on '*external events without interpretation*', that is, experiences of the outer world, will be

realised by: an increase in material and behavioural clauses; limited attribution in relational clauses (and hence reduced Appraisal); a predominance of the past tense; few mental clauses; and a lack of causal Circumstances. The therapist could be expected to have a limited contribution.

5.2 OVERVIEW OF THE RANKS OF CHRONICLE CLAUSES

The 510 Chronicle clauses comprise 35.5% of the SCN Corpus when divided into clauses. The ranking distribution of Chronicle clause types is presented before the analysis of the ranked and rankshifted clauses. Clauses in various stages of ranking and completion are presented in table 5.1 below.

Type of Ranking	Patient	Therapist	Total Chronicle
Ranked	87% (377)	66% (51)	83% (428)
Rankshifted	8% (32)	30% (23)	12% (55)
Incomplete	4% (18)	2% (3)	4% (21)
Minor	1% (4)	1% (2)	1% (6)
Total Clauses	100% (433)	100% (77)	100% (510)

Table 5.1 Ranking Distribution for Chronicle Therapist Clauses

This table presents the order of discussion of Chronicle clauses: the patient clauses are presented before the therapist clauses. Within the clauses of each speaker ranked clauses are discussed followed by rankshifted and incomplete clauses.

PART I: TRANSITIVITY ANALYSIS: PATIENTS' RANKED CLAUSES

5.3 THE EXPERIENCE OF EVERYDAY NORMALITY

This section presents patients' construals of their reality in tales of everyday normality. In chapter 8 a summary of the lexicogrammatical analysis compares and contrasts this construal with the alienation from normality in Scripts, chapter 6, and the imagined and remembered normality of Narratives, chapter 7. The patients' construal of their reality is also compared and contrasted to therapists' representation of patients' experiences, in section 5.17-5.28. The extensive analysis, which has been summarised here, can be found in Appendix C.

5.3.1 Chronicle Clause Types: Distribution

Clause Type	C1	C2	C3	Total Chronicle Corpus
Material	31% (32)	36% (49)	36% (47)	34% (128)
Relational	32% (33)	30% (41)	36% (47)	33% (121)
Mental	14% (15)	9% (13)	18% (23)	14% (51)
Verbal	13% (14)	18% (24)	7% (9)	13% (47)
Behavioural	8% (8)	4% (5)	2% (2)	5% (15)
Existential	2% (2)	3% (5)	1% (2)	2% (9)
Total Clauses	100% (104)	100% (141)	100% (130)	100% (377)

Table 5.2 Patient Clause Types as a Percentage of Patient Chronicle Clauses

Table 5.2 shows the distribution of process types in patient clauses in the three Chronicles (*C1: Home Life*, *C2: Work Life*, and *C3: The Watermelon*, see 5.1 above). They are consistently distributed and form three clusters of clause types: (i) material and relational clauses in almost equal proportions; (ii) mental and verbal clauses; and (iii) behavioural and existential clauses. The presentation of the analysis and discussion follows the order of dominant to least dominant category, that is, material clauses in 5.4, relational clauses in 5.5, mental clauses in 5.6, verbal clauses in 5.7 and behavioural and existential clauses in 5.8.

5.4 NORMALITY AS DOING: MATERIAL CLAUSES

Table 5.2 above shows that material clauses are the dominant clause type, representing 34% of total clauses (a similar percentage to the total SCN Corpus, where they are 32% of the clauses). 'Doing' and 'happening' in material clauses contrasts with the stasis of 'being' and 'having' in relational clauses. Following the pattern set out in chapter 4, material clauses are investigated in the following order: 5.4.1 summarises the range of lexical choices for these clauses; 5.4.2 summarises the Actors in material clauses in the

order of Hasan's cline of dynamism (1985:47); and 5.4.3 summarises the Goals and Ranges in material clauses, again according to Hasan's cline of dynamism (1985:47).

5.4.1 Material Processes: Lexical Choices

The 58 material lexemes, which are presented in table 5.3 below, are included here because they represent the domain of topics that appear in Chronicles. They represent the everyday actions of 'self' as tales of past events about a day at work, a day at school and a day at home. The therapists' lexis (repeated in section 5.14) is included for direct comparison.

Patient and Therapist Lexis	Patient Only	Therapist Only
build, do, drop, get, go, happen, live, try	blow, **bring**, **bump**, **buy**, **carry**, **come**, convert, cook, die, drop, eat, excuse, end, **explode**, **finish**, get on, give, **help**, keep, leave, let, **live**, make, **meet**, piss, **pull**, **put**, react, restrict, ride, salvage, screw, serve, sink, **sit**, smash, smoke, sneak, start, stop, **struggle**, **take**, touch, **use**, **walk**, **wander**, **work**, write	fall, pay, resolve, throw

Table 5.3 Ranked Clauses: Material Process Lexis: (bold represents patient as Actor)

Because patients choose the topical field and do most of the talking they have a wider lexical set (58 different material lexemes). Because therapists are contextually constrained to follow the patients' topical field and not to introduce new topics, their lexical set shows a repetition of a selection of the patient lexis (eight lexemes) and a limited range of material lexis of their own (four lexemes).

Material processes can be used in both concrete and more metaphorical abstract senses. Extract 5.1 below illustrates how this potential can be deployed by therapists to fulfil their clinical goal of moving from outer directed talk to inner consciousness. Early in *C2: Home Life* the patient introduces *build* into the conversation as a concrete material process, *To build an aviary* [C2 P1 cl 25]. The therapist does not echo or engage with this use at all, because it is has no therapeutic advantage. Yet, later in the same Chronicle, the patient uses *build* in an abstract sense of *builds up*.

T1	at the end of the day you have to live with that ...isn't it?
P1	Yeh and I suppose after a while it <u>builds</u> up
T1	To resentment... and frustration
P1	Yeh I don't get on with my husband's mother

Extract 5.1 [C2 P1 T1 cl 63-66]

This time the therapist confirms *builds* as related to emotion and extends it by completing the circumstance as an abstract (rather than physical) location of mental attributes, *builds up to resentment and frustration*. This shows the therapist trying not to remain in the concrete

everyday story but to move it to a more reflective type of talk. In this extract the therapist's goal is not achieved as the patient returns to talking about her mother-in-law's behaviour.

5.4.2 Material Clauses: Participants: Actor

The Actor in ranked clauses is summarised in Table 5.4, which is arranged according to Hasan's cline of dynamism (Hasan 1985:47, see section 4.6.1).

Actor	Instances	Inscription Examples
Actor: Human		
Patient	36% (42)	*I threw the rest out*
Patient plus other	4% (5)	*We had to bring cakes in*
Mother	1% (1)	*She lives in the house with his brother*
Mother-in-law	4 % (6)	*She sneaks down*
Beatrice	7% (9)	*She came in*
Husband	4% (4)	*He was living with his mother*
Son	12% (14)	*He dropped the watermelon*
Male	4% (5)	*He handed me the book*
Someone	-	
Therapist	-	
One (you)	6% (7)	*You have to get permission*
People plural	7% (9)	*They (Andrew and Sarah) pulled up*
Other people general	4 % (4)	*I don't think anyone else would have spent four bucks on a watermelon*
		They would have made toffees (other parents)
Total	**91%**	
Actor: physical things	1% (2)	*The watermelon smashed open*
Abstract entity/idea /fact	8% (10)	*Something has happened.*
		It all falls apart
		It never stops
Total	**100% (118)**	

Table 5.4 Ranked Clauses: Grammatical Actor in Material Clauses

Table 5.4 above shows that 91 % of all material clauses represent the congruent world of Human Actors (the most dynamic Actor in Hasan's cline) doing things. Within this, the most frequent Actor is the patient, doing daily tasks (45%, 41/118 clauses). The other human Actors are for the most part specified humans, for example, Beatrice and mother-in-law. Non-specified humans include, for example, the parents at school, *They* (other parents) *would have made toffees* and customers, *my customers don't come until six thirty*. There is also a cluster of abstract entities as happening, *something has happened.*

Table 5.4 above also displays the grammatical categorisation of the Process and the first Participant of the clause. The semantics of effectuality (or dynamism, on Hasan's cline), however, require that material processes are also considered in connection with polarity,

irrealis and mood choice, that is, the intersection with the interpersonal analysis (discussed in full in Part II below). In Chronicles the mood choice is predominantly positive, with only eight negative instances, for example, *my customers don't come until six thirty*. In three instances the negative polarity is connected to modality, for example, *she shouldn't have done what she did.*

Material clauses do not usually display actions that are not achieved. However, in a series of imperatives addressed to the son, for example, *get dressed,* what appears to be action oriented is a description of futility because the receiver of the imperatives does not do them, rendering the giver of the orders, Beth, as impotent. Grammatically, this is because imperatives have the addressee as potential grammatical Actor. This contrasts to the semantic Actor who induces the action and whose effectuality is dependent upon whether the order is carried out or not.

5.4.3 Material Clauses: Participants: Goal / Range

The clauses where the patient is Actor are displayed in table 5.5 below according to the second Participant of the clause, the Goal/Range. Again, they are grouped in descending order according to Hasan's cline of dynamism, where to act upon an animate Goal is the most potent action. Not every instance is included in this table: the total of the clause type is presented with some example inscriptions.

Inscription Examples	Process Lexis	Goal/ Range Lexis
Human as second participant of the clause total = 7		
I met my husband	Meet	My husband (Range)
I upset her	Upset	Mother-in law (Range)
I bumped into his teacher	Bump into	Teacher (Range)
I don't get on with my husband's mother	Get on	Mother-in law (Range)
I'd never do anything to her	Do	Anything, mother-in-law (beneficiary)
Goal: Thing Concrete Total=12		
I threw the rest out	Throw	the rest of the food
I'll go and buy a watermelon	Buy	a watermelon
I had to carry the Stewart House bag	Carry	Stewart House bag
I went to get the sauerkraut	Go	Sauerkraut, (Circ: accomp)
Goal: Thing Abstract Total=2		
that I did that	Do	concept
maybe I shouldn't	Do	behaviour
Goalless Total=21		
I'll just sit	Sit	-
As I pulled up	Pull up	-
I'm not going over there	Go	Circ: loc
I'd probably just walk out	Walk	Circ: loc
get on with the day sort of thing	Get on	Circ: manner
Total Clauses	**42**	

Table 5.5 Ranked Clauses: Grammatical Goal in Material Clauses [Key: negative in underline]

Table 5.5 above displays the ineffectuality of the patient. Only 28% (12 instances) of patient as Actor in material clauses are Goal directed. The clauses where humans are second Participant are separated to show that the patients' actions on other people are non impacting, for example, *to meet* or negative action, *I upset her* and one act alluded to but not realised, *I'd never do anything to her*. Instead, patient acts on concrete physical objects, such as *a watermelon*. The Goalless clauses, which are the majority of material clauses, are clauses of movement, for example, *to wander*. In terms of Hasan's cline of dynamism, patients do not act upon their world, especially upon animate Goals, with much force. The other human Participants display a similar distribution of Goals, acting upon things rather than humans.

Patients are never Goal in Chronicles, that is, no one acts on them. Thus, in material clauses patients' choices of both Actor and Goal demonstrate a syndrome of low impact on the world. Similarly, in the imperatives discussed in 5.4.2 above the patient cannot induce another person to act. Thus, a tale that seems as though it is about actions and counter actions, when closely examined grammatically, is in fact a tale with low material impact.

5.5 THE NORMALITY OF BEING AND HAVING: RELATIONAL CLAUSES

Table 5.2, section 5.4 above, shows that relational clauses represent 33% of the Chronicle clauses, slightly less than the full SCN Corpus, where they are 36% of the clauses. The Chronicle relational clauses are in similar proportions to material clauses, perhaps surprisingly given the expectation from the Conversational Model, that the Chronicle is a world of 'external events'. Yet, as the following sections, 5.5.1- 5.5.3 show, relational clauses can reveal as much about 'external events' as inner Attributes.[41]

Table 5.6 summarises the distribution of the relational clause subtypes. The majority of relational clauses are intensive attributive (58%).

Relational Clauses	Instances
intensive attributive	70 (58%)
intensive identifying	23 (20%)
possessive attributive	20 (18%)
possessive identifying	0 (0%)
circumstantial attributive	5 (4%)
circumstantial identifying	0
Relational Total	**121**

Table 5.6 Ranked Clauses: Relational Clauses Subtype Distribution

As chapter 4 indicated, the discussion of relational clauses proceeds in the following order: relational possessive clauses, relational circumstantial clauses and relational intensive clauses. The importance of Appraisal in circumstantial and intensive relational clauses is discussed in the relevant sections.

5.5.1 Relational Possessive Clauses: Attributive and Identifying

Table 5.7 below summarises the 23 relational possessive clauses according to the characteristics of the Possessions. Possessions are arranged in a descending cline from external to internal possessions and within external possessions from positive and neutral to negative, abstract and behaviour. Within internal possessions they descend from symptoms to problems. Those items in the table with no entries are taken up in the Script and Narrative chapters. Other columns in the table show the Possessors for each category and some sample inscriptions of Possessions.

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[41] The SFL division of inner and outer experience in relational clauses is described in section 4.6.2.

Characteristic of Possession	Instances	Possessor	Sample Possession
External Possessions			
Thing Positive and Neutral	15	patient (2), patient and husband (3), other people (10)	*granny flat, shed, pork, breakfast, watermelon, birds*
Thing Negative	-		
Abstract Thing Positive	-		
Behaviour Positive	-		
Behaviour negative	2	patient and husband	*argument*
Internal Possessions	-		
Symptoms Negative	1	husband (1)	*rheumatic fever*
Problems Negative	2	patient (2)	*anger, enough*
Non Possession	-		
Total	**20**		

Table 5.7 Ranked Clauses: Grammatical Possessions in Relational Clauses

Patients (with or without a co-possessor) predominantly possess external physical Possessions, for example, *we own one of the sheds* [C3 P2 cl 26]. Behavioural possessions and symptoms are semantically close, so that while behaviour is coded as an external possession it is close on the cline towards internal experience as Possession. Some clauses, although grammatically relational possessive clauses, are congruently agnate with other relational subgroup process types: (i) illness as possession[42]: Patricia's husband *had rheumatic fever* [C1 P1 cl 72], which is agnate with <u>he was ill</u>; (ii) behaviour as possession: so *my husband and I had an argument* [C1 P1 cl 95], which is agnate with the material/behavioural action <u>to argue</u>; (iii) inner life as possession: *you've just about had enough by that time* [C3 P2 cl 19] (you are exhausted) and *I've got a lot of anger towards her* [C1 P1 cl 68] (I am angry), both of which are ideational metaphors for relational intensive meanings of an inner life. The Possessions of other people are limited to physical Possessions, for example, *money, watermelon*. There are no relational possessive identifying clauses.

5.5.2 Relational Circumstantial Clauses: Attributive and Identifying

The limited inscriptions of relational circumstantial clauses place the patient either in their physical world, for example, *When I'm not **there*** (the workplace) [C1 P1 cl 90] or in metaphorical locations, for example, *I ended up **in tears*** [Cl P1 cl 11]. Extract 5.2 below shows how *feeling* is located spatially,

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[42] This is a quite common resource in English. See *On the grammar of pain* (Halliday 1998). Halliday suggests that in English the construction of *I have a headache* is more common than *my head aches* because the first clause places the subject *I* in theme position.

> but I just, I'm this close to [[feeling <<like, just, I'd never do anything to hurt her, I'd probably just walk out >>but I'm <u>that close to</u> [[just feeling like I'm going to explode with her]]]]

Extract 5.2 [C2 P3 cl 48-51]

Here, the patient's attempt to describe her emotions is closely aligned to material action. The feeling is not an attributive emotion, for example, *anger*, but is described in proximity to a physical outburst of anger, *explode*.

Other relational circumstantial clauses show Chronicles as telling events of the everyday. They place the tale's participants in congruent temporal or spatial locations, for example, setting the temporal location of the incident, *it was about 20 to 6*. There are no circumstantial identifying clauses.

5.5.3 Relational Intensive Clauses: Attributive

The majority, 58% (70/121 instances), of the relational intensive clauses are attributive. This section considers the Attributes of the human participants in Chronicles, first as self-attribution of the patients in section A and second as Attributes of other people in the patients' tales in section B. Table 5.8 shows the first Participant, the Carrier, in the relational attributive clauses.

Carrier	Instances
Patient (self)	18 (28%)
Other humans	16 (25%)
Ideas	21 (33%)
Things	9 (14%)
Total	64

Table 5.8 Ranked Clauses: Carrier in Relational Clauses

The table shows that Attributes of self, other humans and ideas have a similar distribution in Chronicles. The focus on the Attributes in the following sections also allows an investigation of the semantic resource of Appraisal, as realised in relational clauses.

A. Relational Intensive Self Attributive Clauses

The 18 inscriptions of relational intensive attributive clauses with self as Carrier in table 5.9 below all show negative Attributes. These clauses occur at the beginning of a Chronicle, before the events which justify the Attributes are presented, and are repeated at places in the tale which recommence a further unfolding of events. They are analysed for: (i) Appraisal; (ii) whether the relational Attribute represents an 'inner' experience (closer to mental sensing clauses) or an 'outer' experience (closer to material clauses) (Halliday

2004:212); and (iii) whether the Attribute is a Quality or a Classifier (Halliday 2004:220). A discussion of each of these categories of analysis follows directly after the table.

Inscription	Appraisal		Inner/ Outer	Quality/ Classifier
Chronicle 1 [P1 T1]				
I got very upset and depressed [cl 21]	Affect	-happiness	Inner	Quality
then I was that angry [cl 96]	Affect	-satisfaction	Inner	Quality
as far as I was concerned [cl 109]	GM		Inner	Quality
I was a threat or something [cl 81]	Judgement	-propriety (SS)	Inner	Quality
Chronicle 2 [P3 T3]				
I feel* [[like I'm going to blow]] [cl 2]	Affect	-satisfaction	Inner	Quality
that I was really pissed off [cl 37]	Affect	-satisfaction	Inner	Quality
I'm this close [[to feeling]] [cl 48]				
but I'm that close [[to just feeling like I'm going to explode with her]] [cl 51]	Affect	-satisfaction	Inner	Quality
Chronicle 3 [P2 T2]				
yeah I was a bit stressed this morning [cl 1]	Affect	-security	Inner	Quality
And I was so upset [cl 10]	Affect	-happiness	Inner	Quality
My reaction is a bit over the top [cl 113]	Judgement	-capacity (SE)	Inner	Quality
I just, I felt a bit silly [Cl 89]	Judgement	-capacity (SE)	Inner	Quality
got upset [Cl 90]	Judgement	-capacity (SE)	Inner	Quality
You're constantly, constantly at him [cl 126]	Judgement	-capacity (SE)	Inner	Quality
You're this this this all morning [cl 134]	Judgement	-capacity (SE)	Inner	Quality
I'm a highly strung Mum [Cl 179]	Judgement	-normality (SE)	Inner	Classifier
if I'm a perfectionist [Cl 18]	Judgement	-capacity (SE)	Inner	Classifier
I'm just a highly strung person, naturally [Cl 53]	Judgement	-tenacity (SE)	Inner	Classifier

Table 5.9 Ranked Clauses: Relational Attributes of Patients Showing Appraisal (Attributes in bold)
[Key: SE = Social Esteem, SS = Social Sanction, GM = grammatical metaphor (discussed in mental clauses)]
* the grammatical classification of *feel* as either relational or mental is described in section 4.7.

1. Appraisal in Attributes

The inscriptions show that negative Affect and negative Judgement dominate the Appraisal choices. Although Affect is said to represent the inner world (Halliday 2004:212), in Chronicles negative Affect indicates that the inner emotions of 'anger' and 'upset' are caused by negative external factors and demonstrate negative Satisfaction with the world, for example, anger at Beatrice. Judgement of self concerns Social Esteem, showing patients as lacking in capacity and normality. The sole Judgement of negative propriety Social Sanction, *I was a threat or something*, is projected from the mother-in-law and the patient does not agree with that Appraisal.

2. Quality/Classifier of Attribute

The majority of clauses have Attributes of Quality. Classifier Attributes are limited to one cluster of text where the patient categorises her humanity to the classes of a *highly-strung*

person, _a perfectionist_ and _a highly strung Mum_ (a negative category of motherhood). There is some ambivalence in the Appraisal here, _I'm a highly strung person_, is modified by _naturally_ which suggests it is not her fault and in _if I am a perfectionist_ the conditional suggests that she is not totally aligning herself with this Appraisal. In this way, negative Judgement also works to excuse behaviour rather than judging it directly.

3. Inner/Outer Experience

The clauses where the Attribute is a Classifier represent patients' experiences in the external world. The inner world of emotions in Chronicle is restricted to negative internal reactions to external events which patients feel helpless to overcome.

B. Attributes of Others

In Chronicles, patients, who present themselves negatively, also present the same negativity to the world of other people, specifically the other major participants[43] in their complex tales. Table 5.10 presents the 16 relational attributive clauses for other people, with the same categories of analysis as for the self attributive clauses.

Inscription Examples	Appraisal		Inner/ Outer	Quality/ Classifier
Mother-in-law [Chronicle 1]				
she's eighty [cl 114]	Judgement	-capacity (SE)	Outer	Classifier
and she's elderly [cl 119]	Judgement	-capacity (SE)	Outer	Classifier
she's very elderly [cl 113]	Judgement	-capacity (SE)	Outer	Quality
over the years she's been ... oh sort of sly [cl 83]	Judgement	-propriety (SS)	Inner	Quality
she was really nasty to me [cl 78]	Judgement	-propriety (SS)	Inner	Quality
Husband [Chronicle 1]				
him and his mother were very very close [cl 75]	Judgement	+normality (SE)	Outer	Quality
when he was a child [cl 73]	Judgement	+normality (SE)	Outer	Classifier
and they were very close [cl 71]	Judgement	+normality (SE)	Outer	Quality
he's not worried about the aviary [cl 47]	Judgement	-tenacity (SE)	Inner	Quality
in the meantime he was cranky with me [cl 104]	Affect	-satisfaction	Inner	Quality
Beatrice [Chronicle 2]				
She's a bitch man [cl 52]	Judgement	-propriety (SS)	Outer	Quality
and she was shitty [cl 101]	Affect	-satisfaction	Inner	Quality
Son Edward [Chronicle 3]				
Cause he's just...go go go every bloody morning [cl 21]	Judgement	-normality (SE)	Outer	Quality
Generalised [Chronicle 2]				
everybody, nobody's perfect [cl 114]	Judgement	-capacity (SE)	Outer	Quality
that anybody was perfect [cl 118]	Judgement	+capacity (SE)	Outer	Quality

Table 5.10 Ranked Clauses: Relational Attributes of Other People Showing Appraisal (Attributes in bold)

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[43] The major participants are: mother-in-law and husband in C1; Beatrice in C2; and the son, Edward, in C 3.

1. Appraisal in the Attributes of Others

The Judgement of other people in Chronicles is entirely negative. Two clauses report negative Affect and therefore the inner consciousness of other participants, *she was shitty, he was cranky* and the remainder are Judgement. In contrast to the patients themselves, Judgement also includes negative social sanction, that is, other people are not just judged as socially incompetent but judged as immoral in their behaviour towards patients. Even the mother-in-law's negative social esteem Attributes, for example, *being elderly,* are suggested by the patient as working to the mother-in-law's advantage.

Paradoxically, although Beatrice evokes an entire Chronicle she has a limited representation in the relational attributive clauses (two instances). However, the force of the lexis is strong, *she is a bitch, she was shitty.* Rather than directly evaluating Beatrice in relational clauses, the principal means of evaluating Beatrice is by evoking Judgement of her material actions, for example, putting out reused food. The hearer is thus invited to share the patient's moral universe and make a negative Judgement of Social Sanction against Beatrice.

2. Quality/ Classifier

Other people are represented for their Qualities. Their only classification is on age, *elderly* and a *child.*

3. Inner/Outer Experience

Other people are represented by their outer Qualities (11 instances) and inner Qualities (5 instances), which both have a negative impact on the patient.

4. Attribution of Ideas and Things

Nine clauses directly evaluate things, most frequently *the watermelon* in C3, which is *four bucks* and *heavy.* Twenty-one relational clauses attribute abstractions (in Appraisal this is Appreciation), which negatively evaluate the events of the everyday. This negative impact Appreciation is close to negative Judgement, for example, *it is so disgusting.*

5.5.4 Relational Intensive Clauses: Identifying

Table 5.11 presents the relational clause inscriptions for Chronicles.

Inscription Examples
Chronicle 1
^THAT IS the same way at home too sometimes [cl3]
and that's [[how my relationship started with her]] [cl82]
Chronicle 2
so that's [[when I'll start]]" [cl34]
that's the way [[I normally react]] [cl47]
and then in a circle is the number of ones [[you make of that]] [cl 60]
because it's [[what he wanted]] [cl 82]
it was my fault okay [cl 120]
alright where's the pork[[we are going to cook]] [cl123]
Chronicle 3
this is normal anyway [cl 2]
but Edward is Edward [c 13]
well that's the way kids act [cl 15]
because it wouldn't matter [cl 38]
what's the point? [cl 93]
What's the bloody point? [cl 94]
What's the point in doing anything anyway? [cl 95]
whether it's me or Edward [cl98]
um, it doesn't matter [cl 99]
but that's the way[[am]] [cl 114]
that's not the problem, money, [cl 147]
It's only for me [182]

Table 5.11 Ranked Clauses: Relational Identifying Clauses

Relational intensive identifying clauses contribute 20% (23/121 instances) of Chronicle relational clauses. With one exception[44] relational intensive identifying clauses are all in the present tense. Consistently, they are summaries of evaluation which equate the preceding events with an evaluation of life in general, for example, *that is the same at home* [C1 P1 cl 3]. From this summation a tale is launched to prove the generalisation about life.

Relational intensive identifying clauses also summarise preceding behaviour which is more directly linked to a description of the patient herself, for example, *because that's the way [[I normally react]]* [C2 P3 cl 47]. These clauses, while replete with meanings are difficult to categorise, because they present reality as an identifying bald assertion. *That is the way...* suggests an unchangeable 'fact' with evaluative lexis positioned in the rankshifted clause (*normally*), which increases the difficulty for a therapist to engage with a patient's worldview. The immutability of these facts is addressed by the patient in a clause of

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[44] *it was my fault*, which is a direct speech quotation

negative Appreciation/Judgement, *What is the bloody point?* Thus, relational identifying clauses can be recognised as anchor points in the Chronicle of everyday events, because the summary of the everyday has the potential to become the embedded evaluation of the Script.

5.6 SENSING NORMALITY: MENTAL CLAUSES

Mental clauses are essential for the expression of an interior world, so there is an expectation that there will be limited mental processes in Chronicles, which focus on telling everyday events. Mental clauses represent 14% of the total Chronicle clauses. They belong with verbal clauses to the second band of clause distribution and are considerably fewer than either relational or material clauses.

5.6.1 Mental Processes: Clause Subtypes and Lexical Choices

Table 5.12 below shows the distribution of the mental clause subtypes and the limited range of mental lexis. The therapist lexis is included for direct comparison.

Mental Process Type	Patient Instances	Chronicle Patient Lexis	Therapist Lexis
Affect:emotion	7	*feel, get, like*	-
Affect:desire	9	*want*	*expect* (only 1 different lexis) 1 instance
Affect:perception	5	*look, see*	
Cognition	31	*believe, feel, know, make, matter, mean, relate, think, tick, understand, wonder*	*feel, relate, see, think, want, wonder* **10 instances**
Mental Total	**52**		

Table 5.12 Ranked Clauses: Mental Clauses Subtype Distribution and Lexis [Grammatical metaphor has not been included in the above table for reasons discussed in 4.6.3.1].

The majority of mental clauses are mental cognition (51%), which also has the widest range of lexis, suggesting that thinking rather than emotion is the principle interior reference. The emotional lexis is limited in both range of lexical choice and number of instances.

Each of the mental process types discussed in section 4.6 as most relevant for this thesis is discussed in the following order: 5.6.2 discusses the Sensers of each mental process type; and 5.6.3-5.6.5 investigate, in turn, other mental process subdivisions.

5.6.2 Mental Clauses: Participants: Senser

There is a congruent realisation of specified humans sensing their own world. The primary Senser is the patient with 50% (26/52) of the clauses. While this is consistent with the normal pattern of English, where the Senser role is largely restricted to the speaker, it will be seen that this is consistently fewer than the other two text types (sections 6.6.2 and 7.7.2 below). The remainder of the Sensers are the major participants (see section 5.5.3) in the patients' lives with two exceptions: (i) addressed to the therapist, *you know [[what I mean]]* [C3 P2 cl 43] and (ii) a generalised Senser, *everybody else thought* [C1 P1 cl 112].

5.6.3 Mental: Affect:Emotion and Affect: Desire

There is a limited range of mental affect either as (i) emotion: patient (2 instances) for example, *which I didn't like doing*; other participants (5 instances) for example, *she* (mother-in-law) *doesn't like it too loud*; or (ii) desire: patient (one instance) *over the years like if I want* (conditional mood) and other participants (9 instances) for example, *he* (husband) *likes // to keep the peace*. Regardless of the Senser, all of the emotions and desires have a negative impact on the patient.

Extract 5.3 below shows the contrast between the effectuality of the different Sensers. The mother-in-law and brother-in-law have emotions which impact on the world. In contrast, the patient and her husband, in their limited emotion, are ineffective on the world: their likes and dislikes are ignored. The extract illustrates how the clauses of desire and emotion together cascade to demonstrate the pointlessness, from the patient's point of view, of having emotions and desires[45].

Text	Semantic Outcome
Um over the years like if I want to listen to music or something	The patient presents her desire
she doesn't like it too loud	The mother-in law's desire override the patient
I have to put it down	The patient acts according to mother-in law's desires not her own
which I didn't like [[doing]]	The patient feels negative emotion

Extract 5.3 [C1 P1 cl 15-18]

Thus, in Chronicles, specific participants in the patients' tales, here the mother-in-law, have emotions and desires which induce the patients to act against their own desires. At the same time patients themselves have emotions or desire which do not influence their world.

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[45] The pointlessness is a direct and consistent realisation of the grammar, not the lexis. A lexis only investigation would not easily reveal this.

The physical isolation, already seen in the material clauses is thus carried through in the mental clauses, again as a lack of potency to have effective desires.

5.6.4 Mental Affect: Perception

Although perception is grammatically a subgroup of mental affect, in Chronicles perception is close to cognition, where the patient can *see* another's point of view, *I saw what she was saying,* [C2 P3 cl 45] and report that others could *see* her son's behaviour, for example, the teacher *can see that Edward doesn't act like that for other people* [C3 P2 cl 181].

5.6.5 Mental Cognition

Mental cognition is the dominant subgroup of mental clauses. More than half the clauses (19/30), see table 5.11 above, report the patients' *thinking, meaning,* and *knowing.* The reporting of other people's inner consciousness is limited to: (i) specific people who do not understand the patient, for example, *He* (son) *doesn't understand the value of money* [C3 P2 cl 143]; (i) generalised people, for example, you (generalised 'one'), everybody else and anybody else; or (ii) the therapist as addressee, *you know what I mean* [C3 P2 cl43].

The limited representations of other's inner consciousness includes their inner thoughts, for example, *Everybody else thought* [C1 P1 cl 112]. These non specified thinkers demonstrate the beginning of generalisation, from the specific incidents of the everyday to what will become 'truths' about normal people in Scripts (see chapter 6).

The patient's own thoughts are twice introduced. One is a storytelling device[46], *I thought 'bugger the cakes! I'll go and buy a watermelon'* [C3 P2 cl 32-34] and the other highlights the patient's ineffectuality,

> And his brother said no and **I thought** how could he say no because we own the shed and he just said it would bring mice or rats and he doesn't like the idea.

[C3 P2 cl 32-34]

Here, the brother-in-law speaks, that is, he expresses his outer consciousness, but the patient's reaction, that is, her inner consciousness, is not externalised until it is reported at a later time to a third person, the therapist. The pattern is consistent with the ineffectuality of mental affect:emotion and desire, as illustrated above and shows how verbal, mental and material clauses are linked to create the overall pattern of ineffectuality.

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[46] This is discussed further in chapter 9.

Chronicles show a foregrounded primary tense pattern for mental clauses. Because tense is both an interpersonal and ideational resource the majority of the discussion is reserved for the interpersonal section (5.13) but it is worth commenting here that the present in present tense is the marked representation of mental clauses. In Chronicles it shows the unfolding of a thought, being reported as it occurs without further processing, for example, *but then I'm thinking in my frame of mind where the hell am I going to work?* [C2 P3 cl 145]. Thus the mental clauses, limited in number, range and effectuality show a limited access to the internal world.

5.7 TALKING ABOUT NORMALITY: VERBAL CLAUSES

5.7.1 Verbal Processes: Lexical Choice

Table 5.13 presents the lexical choices for the verbal processes, including the therapist lexis for comparison.

Patient and Therapist	Patient Only	Therapist Only
tell, say	apologise, ask, bitch, explain, go, swear, sympathise	beat, mention, raise

Table 5.13 Verbal Process Lexis

Verbal processes in general have a limited range of lexis, with *to say* as the unmarked case. The variety, though limited, indicates the storytelling aspects of Chronicles.

5.7.2 Verbal Clauses: Participants: Sayer

The patient is the narrator of the entire Chronicle, but within Chronicles patients also give voice to other Sayers. This section shows how the patients' use of verbal clauses is evaluative: both as (i) who is given a Sayer role in their tale and (ii) the evaluation of these Sayers. Table 5.14 presents the different Sayers in Chronicle.

Sayer	Instances
Self	23 (49%)
Mother-in-law	6 (13%)
Brother-in-law	2 (4%)
Husband	2 (4%)
Positive friends	3 (7%)
Negative workmate	7 (15%)
Teacher	2 (4%)
Neighbours negative	1 (2%)
Someone	1 (2%)
Total	**47**

Table 5.14 Ranked Clauses: Sayer in Verbal Clauses

The dominant Sayer is the patient (49 %, 23/47 instances). Other Sayers are real specified people in the patients' lives. Three full extracts are now presented to show the different effectuality of different Sayers. Extract 5.4 below, from *C2: Work Life* (which contains the most verbal clauses) illustrates first that direct speech is used powerfully to demonstrate the intensity of feeling, which the patient, Clare, has in one particular incident in her life and secondly that she is an ineffectual Sayer in her own tale. Yet, somewhat paradoxically, in the context of therapy it also demonstrates to the therapist the reasons why she feels like she is *going to blow* and justifies her dissatisfaction with life.

Text	Outcome
She's out the front smoking cigarettes and <u>talking</u> to the blokes [[that sit out the front]]	Beatrice is talking (behavioural process)
As I pulled up there was this good song on the radio and I thought	Projected thought, that is, an internal monologue with no impact on external participants
I'm not going over there I'll just sit and finish my cigarette then I'll go into work. Sarah and Andrew came by cause they just live around the corner, and they just pulled up next to me and then they <u>go</u>	
"hi" you know and they got out	Dialogue is scene setting, adds veracity, placement to tale
just <u>to say</u> hello to me you know and "how are you Clare" and rah rah rah	Contrasts a civil conversation with friends before the Beatrice incident
and there's Beatrice in front of these people like <u>going</u>	
"hurry up get to work" or whatever to me.	Beatrice orders Clare
I <u>said</u>	
"excuse me"	An attempt for power. Clare holds her own against the command
I <u>said</u>	
"my customers don't come until 6.30 so that's when I'll start"	
and she you know she's <u>bitching</u> about something and Sarah could see that I was really pissed off and she <u>said</u>	Clare's speech leads to Beatrice 'bitching' and Clare gets upset
"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, In fact, act the other way you know".	Sarah's speech calms Clare down Sarah provides the motive, giving Clare insight
And I saw [[what she was <u>saying</u>]], I definitely do because that's the way [[I normally react]]	Clare agrees so Sarah's speech is effective

Extract 5.4 [C2 P3 cl 10- 47]

The next section of this extract is not included as it continues the same pattern as above. The extract resumes at the end of the Chronicle.

Text	Outcome
She goes "no you can't" I said "why not?" "no, no, no you can't", "okay Beatrice we can't, Why not?" "No, you can't." I swear I was going to explode and then she goes it's no good, it's no good for us to eat" "I said "but you just served it to them" "yeah but it's no good for us I'm going to throw it out" It's its so disgusting I can't believe I'm working there but then I'm thinking in my frame of mind where the hell am I going to work	Clare and Beatrice are involved in exchange of dialogue Clare is speaking Increased anger at Beatrice's refusal to accept Clare's position Beatrice wins the exchange despite her lack of reason for her food practice But here in front of the therapist audience the story has fulfilled its purpose of explaining why she feels like she is going to explode The addressee has been positioned to agree with the narrator's evaluation (see chapter 8)

Extract 5.4 [C2 P3 cl 125-146]

The ineffectuality of speech is consistent across all Chronicles. Extract 5.5 below, from *C1: Home Life*, shows that even when the patient, Patricia, speaks to her husband, a positively evaluated person in her tale, her speech still has no impact.

Text	Outcome
so...and I told my husband [how I felt]]	Patient speaks
and at first he didn't understand [[why I was getting upset over the aviary]]	Patient is not understood
and ...I tried to explain to him [[what I was feeling and that]]	Tries to explain
and he just said	Husband's speech negates patient's affect
he's not worried about the aviary	
But to me he's putting his feelings aside for his brother just to not have arguments	Patient reflects on his inner consciousness but has no impact on the event

Extract 5.5 [C1 P1 cl 44- 50]

In contrast to this patient's ineffectuality, Extract 5.6 below, also from *C1: Home Life*, shows the most powerful speaker is the mother-in-law: when she speaks the world is once again impacted. Initially, Patricia can do nothing but, even when she does speak, it has negative repercussions, that is, her mother-in-law uses her power to withdraw speech so that

the patient can only wander aimlessly in the streets and yell ineffectually. In this tale speech leads to this patient's humiliation.

Text	Outcome
she'll come down	
and she'll **say** to me	*mother-in-law* speaks
don't **tell** my husband something	
its secret	↓
and so I **don't say** nothing	Patricia obeys
and then when I'm not there	
she sneaks down	
and **tells** my husband	Mother-in-law speaks
and then **tells** my husband	
that I knew for months	↓
so my husband and I had an argument	Patricia and husband argue
and then I um was that angry	
that I **told** her off	Patricia speaks
and um she was going to throw dog all food over me	*mother-in-law* potential action
and she **wouldn't speak** to me	*mother-in-law* refuses to speak
I think it was for about a month	
my husband had to end up*	Husband has to speak
um kept on **talking** to her and talking to her	
to get her **to speak** to me	↓
but in the meantime he was cranky with me	Impacts relationship
and because I'm **yelling** at his mother	Patricia speaks
and he **wouldn't speak** to me for about a week	*Husband* refuses to speak
I was walking the streets	Patricia is displaced
just um wandering around upset and depressed and that	= alienation from family
because as far I was concerned	
she was in the wrong	Patient judges *mother-in-law*
she shouldn't have done [[109.1 what she did]]	
and everybody else thought	Other people think = alienation from community
um because she's very elderly	
she's eighty	Other people excuse *mother-in-law*
they all thought	
oh poor lady	
because I upset her	
And ^I **yelled** at her and all that	Patricia speaks and is seen
and she's elderly	negatively against her community
and she went up um the neighbour	
our neighbour come up	
an like sympathising with her	
and she's crying	
and my husband's up there and that and stuff like that	
and ...I had to end up **apologising** to her ...so	Patient has to do humiliating speech
Therapist: That would have been very humiliating	

<div align="right">Extract 5.6 [C1 P1 cl 87- 128]</div>

This extract is very significant as a picture of Patricia's ineffectuality to speak in her world. Her tale shows how speaking can be powerful for other participants, especially her mother-

in-law, and how the withdrawal of speech is also a powerful act by her mother-in-law and husband. But for the patient, speech is disempowering: it alienates her from her husband and community and leads to humiliation. This illustrative tale has the potential to become a belief of the futility of speech within Script texts. Thus, grammatical patterns, although not consciously used by the patients, display the consistent and powerful beliefs of patients about their lack of impact upon their world.

The most succinct illustration of powerless speech is illustrated in the irrealis and negative modality, _It wouldn't matter if you said_ "right, now, Edward carry this down and do it like this and this" because it doesn't sink in. [C3 P2 cl 38-42]. Here the patient is reporting what is so ineffectual to say that she doesn't even speak it.

5.8 THE NORMALITY OF BEING AND DOING: BEHAVIOURAL AND EXISTENTIAL CLAUSES

Behavioural and Existential clauses form the smallest cluster of process distribution in Chronicles, being limited to 5 and 10% of clauses respectively.

5.8.1 Behavioural Clauses

Behavioural clauses are limited in Chronicles, consistent with the SCN Corpus and other general corpora (Matthiessen 1999). The 18 behavioural processes include 12 processes situated between material and verbal processes, that is, speaking and listening, for example, _talk, listen, yell_, and six processes situated between material and mental processes, that is, physiological, for example, _cry, behave, wake_. The predominance of verbal behavioural processes in Chronicles shows how much of the participants' actions are verbal (as discussed in the section 5.7 above.) Behavioural processes are not the grammatical resource to present the Conversational Model description of a 'catalogue of problems with family, work, and with bodily sensation' (Meares 1998:880).

5.8.2 Existential Clauses

In Chronicles all the existents are material entities: _customers, good song, Beatrice, not much (food) and two chickens_. This reinforces the materiality of the patients' worlds.

5.9 CIRCUMSTANCES: SITUATING THE CLAUSE

Circumstances in Chronicles describe the physical context in which events occur. Extract 5.7, from C1: Home Life, presented in section 5.7, is re-presented here to illustrate the unfolding of location spatial circumstances.

> She'll come **down** **[Loc:spatial]** and she'll say to me don't tell my husband something its secret and so I don't say nothing and then when I'm not **there** **[Loc:spatial]** she sneaks **down** **[Loc:spatial]** and tells my husband and then tells my husband that I knew for **months** **[Extent:temporal]** so my husband and I had an argument and then I um was that angry that I told her off and um she was going to throw dog food **all over me** **[Loc:spatial]** and she wouldn't speak to me I think it was for **about a month** **[Extent temporal]** my husband had to end up* um kept on talking to her and talking to her to get her to speak to me but in the meantime he was cranky **with me** **[Accompaniment]** and because I'm yelling at his mother and he wouldn't speak to me for **about a week** **[Extent:temporal]** I was walking the streets just um wandering around upset and depressed and that **[manner]** because **as far I was concerned [Loc:spatial **]** she **was in the wrong [Loc:spatial **]** she shouldn't have done [[109.1 what she did]] and everybody else thought um because she's very elderly she's eighty they all thought oh poor lady because I upset her And ^I yelled at her and all that and she's elderly and she went up um **the neighbour** **[Loc:spatial]** our neighbour come up **[Loc:spatial]** an like sympathising **with her** **[Accompaniment]** and she's crying and my husband's up there and that and stuff like that **[Loc:spatial]** and ...I had to end up apologising to her ...

<div align="right">

Extract 5.7 [C1 P1 cl 87-128]

[Key**: metaphorical locations]

</div>

Extract 5.7 shows that the Circumstances of the Chronicle place the tale in time and space, attached to the material, concrete events of everyday normality. This is consistent across all clause types. Table 5.15 displays the Circumstances according to process type.

Process Type	Instances	Circumstance Type
Material	58	Extent:temporal, Extent: spatial
Relational	39	Location:spatial is the dominant type manner:means
Mental	9	Location:spatial, Extent:temporal, spatial and extent;
Verbal	3	Extent:temporal, Matter
Behavioural	6	Location:temporal
Existential	5	Location temporal

Table 5.15 Ranked Clauses: Circumstances According to Clause Type

Since there is a close relationship between material clauses and Circumstances of location (Matthiessen 1999:17) the high number of material clauses in Chronicles allows for the potential co-existence of a high number of location spatial clauses. With three exceptions, *I ended up in tears* [C3 P2 cl 11], *in the end you're thinking* [C3 P2 cl 135] and *she was in the wrong* [C3 P2 cl 112] all locations are congruent physical locations. However, even in relational, mental and verbal clauses, in which there is an expectation of other circumstance types, Circumstances of location:spatial and location:temporal still consistently dominate.

PART II: INTERPERSONAL ANALYSIS: PATIENTS' RANKED CLAUSES

The presentation of the interpersonal analysis for Ranked clauses follows the order set out in chapter 4: 5.10 summarises and discusses choices in the mood and speech function; 5.11 presents modality; 5.12 polarity; 5.13 tense; and 5.14 summarises Appraisal. The interpersonal analysis of mood and Appraisal is in Appendix C.

5.10 MOOD STRUCTURE AND SPEECH FUNCTION

Table 5.16 summarises Mood and Speech function for Chronicle ranked clauses with mood. Chronicles are predominantly patient talk without much therapist interaction. Patients give information, congruently realised by declarative clauses.

Lexicogrammatical Analysis	
Mood	**Patient Instances**
Declarative	318 (90%)
Declarative tagged	-
Interrogative	11 (3%)
Imperative	19 (5%)
Exclamative	5 (2%)
Total	**353**[47]
Semantic Analysis	
Speech Function	
Give information	314 (89%)
Demand information	18 (5%)
Demand Goods and Services	21 (6%)
Total	**353**

Table 5.16 Ranked Clauses: Mood and Speech Function

5.10.1 Mood: Declarative

Ninety percent (318/377) of the clauses spoken by the patient are declarative, showing how mood choices realise a context in which patients are the principal speakers giving information about their lives.

5.10.2 Mood: Interrogative

There are five distinct subsets of the interrogative in the SCN Corpus, which are shown here with Chronicle examples:

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[47] There are 22 non finite clauses which contribute to the Chronicle clause total of 377.

i) where patients report their own interrogatives within conversations with others for example, Clare to Beatrice, '*Alright where's the pork [[we are going to cook]]?*' [C2 P3 cl 123]: answered by the patient.

ii) where patients are questioned within the Chronicle, for example '*what have you got there?*' [C3 P2 cl 166]: answered by the patient.

iii) where patients evaluate another person in their tale, for example, '*How could he say no?*' [C21P1 cl 132]. This interrogative judges her brother-in-law: it was not addressed to him: rhetorical question.

iv) where patients ask questions to themselves in the presence of the therapist, for example, '*What's the point in doing anything anyway?*' [C3 P2 cl 95]: rhetorical question.

v) where the patient directly questions the therapist. There are no occurrences of this in Chronicles.

In Chronicles the predominant uses of the interrogative are (a) to evaluate another specified human participants through direct speech, seen in types (i) and (ii) above, and (b) to provide narration of the futility of the patient's life, seen in types (iii) and (iv) above. The semantic expectation of demanding information is to have information provided. Yet, in Chronicles, although patients meet others' demands for information, their own demands for information are either not directed at other people or, when they are, these demands for information are not met.

5.10.3 Mood: Imperative

The semantic demands for goods and services are congruent with the grammatical imperative mood. The main cluster of imperatives is a list of demands, in particular negative ones, by Beth to her noncompliant son, for example, *Have your breakfast, don't touch the chook, leave the chook alone, don't go outside.* [C3 P2 cl 127-130] (see section 5.4.2).

Whereas Mood analysis alone suggests the speaker's power to give orders, semantically these orders are not enacted. This demonstrates the semantic significance of the imperatives and highlights the patient's lack of impact upon their world, which was so strongly patterned in the transitivity (see sections 5.3-5.9).

5.10.4 Mood: Exclamative

Exclamatives occur in direct speech and contribute to the evaluation of the story, for example, *oh poor lady!* [C1 P1 cl 116] – an evaluation of the patient's mother-in-law.

5.11 MODALITY

Table 5.17 presents the limited patient modality in the ranked clauses of Chronicles.

Modality	Instances
Modal Finite	
Probability	4
Usuality	0
Obligation	10
Readiness ability	6
Readiness inclination	8
Total	28
Mood Adjunct	
Degree	0
Intensity	5
Time	0
Obviousness	0
Obligation	0
Readiness (inclination, ability)	0
Probability	6
Usuality	4
Total	15

Table 5.17 Ranked Clauses: Modality

The general lack of modality suggests that, in this tale of recent events, there is a denial of arguability or potential for an alternative view for patients, that is, their worldviews are not available for negotiation. The most common Modal Finite is obligation, where patients have to act because of another person's desires, seen in section 5.6.4, for example, *Um over the years like if I want to listen to music or something she doesn't like it too loud I have to put it down which I didn't like doing* [C1 P1 cl 14-18].

5.12 POLARITY

Only 11% (42/377 clauses) of patients' Chronicle ranked clauses have negative polarity, which is explained by the fact that Chronicles are predominantly tales of what happened, in the unmarked case as positive polarity. Of the 42 clauses of negative polarity, 12 have the patient as Subject, demonstrating what the patient does not do/think/feel/ know/ (material and mental processes) or attributes (relational clauses) that a patient is not.

5.13 TENSE

Table 5.17 summarises the primary tense for ranked clauses in Chronicles.

Tense	Instances
Present	185 (50%)
Past	129 (34%)
Future	5 (1%)
Modal finites	31 (8%)
Non finite clauses	27 (7%)
Total	377

Table 5.18 Ranked Clauses: Tense in Patient Clauses

Tense is both an interpersonal and ideational resource. Table 5.18 shows that the talk is predominantly in the past and present tense. The dominance of present tense clauses is a feature of the large amount of reported speech. The past is the recount of recent past actions. The future has limited representation in Chronicle where it reports speech which is not given, rather than any imagined or anticipated life.

5.14 APPRAISAL

Appraisal analysis, which was displayed in the discussion of the relational clauses (section 5.5.3 above), shows the dominant Chronicle pattern of limited overt Appraisal and limited emotive lexis, for example, *I feel like I'm going to blow*, *She's a bitch man*. Direct speech and thought present verbal actions as a tale for audience evaluation (section 5.8). The limited Appraisal foregrounds the bald assertions of Chronicles.

Grammatically, the nominal group is the main resource in English for evaluation. In Chronicles, patients use simple unevaluated nominal groups, leaving the therapists for the most part to nominalise and interpret patient actions. However, the limited therapist turns reduce the opportunities for appraising the patient world in therapy. A discussion of evaluation and the complexities of tracking it, when everything in this therapeutic context is evaluative, is presented in chapter 8.

PART III: LEXICOGRAMMATICAL ANALYSIS OF OTHER CLAUSES

5.15 RANKSHIFTED CLAUSES

Only 8% (32/377) of patient Chronicle clauses are rankshifted. Table 5.19 below presents the clause distribution.

Rankshifted Clause as Participant	Instances
material clauses	2
mental clauses	7
relational clauses	8
verbal clauses	2
Total	**19**
Rankshifted Clause as Postmodifier	
relational clauses	10
material clauses	1
mental clauses	1
behavioural clauses	1
Total	**13**

Table 5.19 Rankshifted Clauses

The limited rankshifted clauses show no significant pattern of embedding. The clauses contain limited modality and Appraisal. Emotion, which is limited in the ranked clauses, is also not found in the rankshifted clauses. There is no reporting of Affect and only three clauses of rankshifted 'feeling': *I told my husband [[what I felt]]* [C1 P1 cl 43]; *I tried to explain to him [[what I was feeling]]* [C1 P1 cl 45]; *I'm this close [[to feeling]]* [C2 P3 cl 48]. The 'feelings' are Participant in the clause but they are not further described, that is, although *I told my husband [[what I felt]]* the 'feelings' are not overtly expressed in any surrounding clauses. When 'feeling' is expanded, as was described in section 5.5.2, it is as a somatic 'feeling' with a proximal location to potential action, *that close to [[just feeling like I'm going to explode with her]]* [C1 P1 cl 51].

5.16 INCOMPLETE CLAUSES: INCOMPLETE SELF

Section 4.3.3 showed that incomplete clauses are generally regarded in casual conversation as a feature of tenor relations between speakers (Eggins and Slade1997:106). Incomplete clauses present an opportunity from the system potential for a speaker to:

1. rephrase the same wording, or

2. clarify with similar wording, or

3. change direction or meaning of the clause, or

4.   allow for the turn to be taken by the other speaker.

In Chronicles, where patients have the dominant number of turns and speech is fluent, they have only 18 incomplete clauses (4%). However, these consistently change the direction of the clause from a clause of evaluation to a clause of action, which becomes an illustration[48] of the stated evaluation. The following four examples demonstrate this.

Example 1. In the typical Chronicle that opens this chapter, *C2: Work Life*, I noted that there was a potential to create a different text type from the initial evaluations. It is therefore interesting that the points of possible generic changes are accompanied by incomplete clauses as in the following: *She's a bitch man, she is just, you know,* *(followed by) *we're there today...* [C2 P3 cls 52,53]. Here, the patient avoids a second lexical evaluation of the other person, Beatrice, and uses the clause instead to set the temporal and physical location Circumstances that launches another illustration of Beatrice's behaviour to prove the evaluation, *she is a bitch.*

Example 2. *C1: Home Life* has 5 incomplete clauses, for example, *because my living arrangements are** (followed by) *um we live with my husband's mother.* Here, the patient has the opportunity to evaluate her living arrangements but instead she supplies a neutral 'fact', *we live....* Later, when the patient does come close to evaluation, she frames it in another (her mother-in-law) voice, *I was*(followed by) *I think she thought I was a threat or something* [C1 P3 cl 78].

Example 3. *C3: The Watermelon* has the most incomplete clauses. This Chronicle also has the most therapist turns, including incomplete clauses. In the first 100 clauses of the text, incomplete clauses are merely restarts of information. But then the therapist begins to use these incomplete clauses to therapeutic advantage. In the only example of this in Chronicles, the therapist interrupts Beth's talk about action, *do*, with evaluation, *feel,* which elicits Beth's agreement.

P	You always sort of <u>do</u>
T	so it <u>felt</u> like [[...]] [49]
P	yeah.

[C3 P2, T2 cl 100-102]

---

[48] In genre theory this is an Exemplum. The role of Exemplum in Chronicle is explained in chapter 10.
[49] This is linguistic evidence of mirroring by the therapist which is discussed further in chapter 8.

It may be pertinent that twenty-two clauses after this Beth uses, for the first time, an incomplete clause to try and articulate a meaning. *Well, yeah, but I mean* *(followed by) *but but it, but it <<see what I mean>>, it's like it <u>wouldn't matter</u> how early that I gave Edward the tablet.* [C3 P2 cl 121]. This extract is an evaluation but one that still suggests the inevitability and impotency of her actions to change the course of events.

Example 4. This example shows the grammatical shift in the lexis *like* within one turn, *but it's just that I want to be <u>like</u> (1)* (followed by) <u>like</u> (2) he doesn't understand the value of money but <u>like</u> (3) the bloody watermelon was four bucks* [C3 P2 cl 121].

From the pivot of a comparative description, *I want to be <u>like</u>* (1)* which is potentially emotional affect, *like* changes lexical sense to *like* (2) as a conjunction of another fact that proves her point and then changes further to a idiolect punctuation *like* (3). Thus in one turn, *like* moves further away from the realisation of a relational ascriptive quality of self to the attribution of the monetary value of a watermelon.

PART IV - THE COMPLEX TASK OF THERAPISTS IN CHRONICLES: THIS IS YOUR NORMALITY?

/mm/
I wonder//whether it must feel [[like you're just managing to keep
everything together// to keep his behaviour just under control enough.]]

[C3 T2 cl 24,25]

This chapter has so far presented the contribution of patients to Chronicles. It now turns to the complex task of therapists. Summaries of the analysis of therapist clauses are presented and discussed separately, even though the texts are co-created with patients, in order to highlight the different contributions of the interlocutors. Therapists are relatively absent in the Chronicles as 'products', while being integral to the 'process' of creation of these texts. They are present physically and when not speaking still provide vocal feedback markers /mm/ and other non-linguistic responses which enable a patient to persist in a Chronicle. They have very few turns[50] and hence few (15%) of the clauses for analysis.

The relative lack of therapist turns suggests that once a Chronicle commences it is difficult for either therapists or patients to change the track of the conversation from this dispreferred type of talk to the clinically more valued Narrative talk. Following the patterns set out in chapter 4, the following sections, 5.17- 5.28, consider the contribution of therapists to the creation of Chronicles. The findings for therapists are presented in the same order as the three parts of the preceding patient discussion. The discussion of the tables occurs at the end of each section.

5.17 OVERVIEW OF THE RANKS OF CHRONICLE CLAUSES

Table 5.1, from section 5.2, is repeated below to re-introduce the therapists' clause distribution in Chronicles.

Type of Ranking	Patient	Therapist	Total Chronicle
Ranked	87% (377)	66% (51)	83% (428)
Rankshifted	8% (32)	30% (23)	12% (55)
Incomplete	4% (18)	2% (3)	4% (21)
Minor	1% (4)	1% (2)	1% (6)
Total Clauses	100% (433)	100% (77)	100% (510)

Table 5.1 Ranking Distribution for Chronicle Therapist Clauses

Therapists have a greatly increased ratio of rankshifted clauses (30% compared with 8% for the patient corpus), the significance of which is discussed in section 5.27.

PART IV: A) TRANSITIVITY ANALYSIS OF THERAPIST'S RANKED CLAUSES

5.18 NORMALITY AS EXPERIENCE

Table 5.20 below presents the Chronicle clause type distribution for therapists. There are a limited number of clauses.

Clause Type	C1	C2	C3	Total
Material	43%	0%	27%	31% (16)
Relational	29%	0%	32%	37% (16)
Mental	21%	0%	22%	21% (11)
Verbal	0%	0%	16%	8% (6)
Behavioural	7%	0%	3%	4% (2)
Existential	0%	0%	0%	0%
Total Clauses	14	0	37	100% (51)

Table 5.20 Therapist Clause Types as a Percentage of Therapist Chronicle Clauses

The same three clusters (material/ relational, mental/verbal, behavioural/existential) occur as for patients. Relational clauses are the dominant clause type for therapists but the order of presentation of clause types follows that for patients, that is, commencing with material clauses.

5.19 NORMALITY AS DOING: MATERIAL CLAUSES

Table 5.3, from section 5.4.1 above, is reproduced below to show that therapists' material lexemes are reconfigurations of the patient world, as the therapist has limited material lexis of their own.

Patient and Therapist Lexis	Patient Only	Therapist Only
build, do, drop, get, go, happen, live, try	blow, bring, bump, buy, carry, come, convert, cook, die, drop, eat, excuse, end, explode, finish, get on, give, help, keep, leave, let, live, make, meet, piss, pull, put, react, restrict, ride, salvage, screw, serve, sink, sit, smash, smoke, sneak, start, stop, struggle, take, touch, use, walk, wander, work, write	fall, pay, resolve, throw

Table 5.3 Ranked Clauses: Material Process Lexis: (bold represents patient as Actor)

Table 5.21 below, shows the Actor in the therapist material clauses.

Actor: Human	
Patient	11
Male	1
One (you)	7
Abstract entity/idea /fact	3
Total	22

Table 5.21 Ranked Clauses: Material Clauses: Actor

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[50] In *C2: Work Life* the therapist has no turns.

Table 5.21 shows the patient is Actor in most clauses. This again indicates that the role of therapists is to reflect on the patients' worlds and to summarise patients' actions. The one instance where a therapist expands the material clause with emotion, *IT BUILDS UP ^ to resentment and frustration* [C1 T1 cl 66], was discussed in section 5.4.1.

5.20 THE NORMALITY OF BEING AND HAVING: RELATIONAL CLAUSES

Relational clauses carry a high semantic load. They are a dominant category of clause types for therapists, representing 37% (16/51 clauses) of the therapist corpus. All the clauses are relational intensive[51]; one is identifying and the remainder are relational intensive attributive[52]. In contrast to patients, but in keeping with their therapeutic role, therapists mainly supply Attributes for patients and ideas (Appreciation in Appraisal), with limited Attribution for other people.

5.20.1 Relational clauses: Intensive: Attributive

Table 5.22 below displays all the ranked relational intensive attributive clauses for therapists. They are categorised as for the patient clauses with the exception of the inner/outer category, which is not applicable here.

Inscription	Appraisal		Quality/ Classifier
Chronicle 1 [P1 T1]			
[[Keeping the peace]] um is one thing [cl 60]	Appreciation	+balance	Classifier
[[The price that one pays for that]] is another thing [cl 61]	Appreciation	-balance	Classifier
That would have been very humiliating [cl 126]	Appreciation	-valuation	Quality
So it's like the complete opposite, really, isn't it? [cl 80]	Appreciation	-valuation	Quality
Chronicle 3 [P2 T2]			
it must feel [[like you're just managing to keep everything together// to keep his behaviour just under control enough.]] [cl 25]	Appreciation	-valuation	Quality
it feels [[like no matter what you say to him // He's just going to go off// and not going to do it the way [[you want it]]]] [cl 46]	Appreciation	-valuation	Quality
it's interesting [[that you raised your mother]] [cl 73]	Appreciation	+impact	Quality
it was kind of like the last straw, <I guess>? [cl 163]	Appreciation	-impact	Classifier
whether your Mum was a bit of a perfectionist [cl 85]	Judgement	-capacity (SE)	Classifier
So it felt [[like no matter how hard [[you try]], //it's just going to go down the tubes anyway]] [cl 101]	Appreciation	-valuation	Quality
Sounds pretty busy [cl 111]	Appreciation	+quality	Quality
you felt upset [cl 119]	Affect	-satisfaction	Quality
every second you're feeling that way [cl 151]	Affect	-satisfaction	Classifier
And it's not like Mum [cl 54]	Appreciation	-valuation	Quality

Table 5.22 Ranked Clauses: Attributes in Relational Clauses Showing Appraisal

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[51] There are no relational possessive clauses and no relational circumstantial clauses.
[52] The high use of *like* reduces the number of identifying clauses, for example, *it was kind of like the last straw* is attributive in contrast to *it was the last straw*, which is identifying.

The grammatical ability of relational clauses to set up a relationship between two Participants is exploited by therapists to reconstrue the material and mental clauses of patients as an Identity or Attribute. In doing this they summarise the actions and thoughts of patients as ideas that can be evaluated. Relational clauses are therefore a resource to potentially move the telling of unexamined life events in Chronicles to the evaluation of ideas that can be reflected upon as patients gain insight into their lives.

1. Appraisal

Appraisal, as always, must be read in context. Since the patient's story is negative, a therapist's seemingly negative appraisal of a patient is actually positive amplification, that is, therapists support the notion that patients' lives are difficult. There is no direct Judgement of patients, with the only Judgement of other people reserved for a patient's mother, modified by the conditional, _whether your Mum was a bit of a perfectionist_ [cl 85].

Appraisal is predominantly Appreciation, associated with things and ideas rather than people. In this context Appreciation is very close to Judgement. The shift to Appreciation moves the interpersonal tenor so that the Judgement of patients becomes externalised. This provides an interpersonally safe space, since for a therapist to assume and report what a patient is feeling could be relationship threatening for these people with borderline personality disorder. Feelings are very personal and semantically vulnerable, so therapists use _it_ to graduate the feeling to a more neutral measure for evaluation of an idea, _so it feels_.

Affect is reported for the patient only, not for other people. Again, therapists distance Affect to an Attribute of an act, for example, _that would have been very humiliating_, rather than an Affect of a person, <u>you</u> _would have been humiliated_, with the addition of modality of probability _would_ to further disengage the Judgement. The whole clause is agnate with <u>I can see that you might have thought that it would have been humiliating</u>.

The five relational clauses which have _feel_ as process display the ambiguity of the semantics of 'feel' and the grammatical fuzzy boundary of _feel_ as either mental or relational process, discussed in section 4.7. The ambiguities are exploited to therapeutic advantage, as is illustrated in the following turn where _feels_ is followed by a rankshifted clause:

So it feels like [[46.1 no matter what you say to him // 46.2 He's just going to go off //46.3 and not going to do it the way [[46.4you want it]].]]

[C3 T2 cl 46]

Here, *it feels like* does not supply an Attribute (for example, *it feels like happiness*). Instead, the rankshifted clause commences a cascade of action clauses, which matches the patient justification of their emotions, seen in the verbal clauses, section 5.7. This is close to the mental process *feel*. Thus in Chronicles, therapists do not move the patient discussion to feelings: they are still mirroring the 'action' orientation of the patients.

2. Quality/ Classifier

Therapists mostly attribute Qualities to things and actions, *that would have been humiliating*, rather than classify patients.

5.20.2 Relational clauses: Intensive: Identifying

The one identifying clause summarises previous patient clauses *which is[[[[get on with it]] // and not talk about [[how you felt]]]]* [C1 T1 cl 2]. This equates the previous actions of the patient, *You just have to do< what>[[1.1what you've been asked or told to do]]*. It provides the overarching abstract for which C1: *Home Life* becomes an exemplum to show the therapist's summation is true. The structure of the Chronicle is discussed further in chapter 10.

5.21 SENSING NORMALITY: MENTAL CLAUSES

Table 5.23 below summarises the ranked therapist mental clauses.

Mental Clause	Therapist Lexis	Instances	Sample Inscription
Affect:emotion	feel	2	*how one feels about it well* [C1 T1 cl 62]
Affect:desire	want	2	*she wanted you and the house [[to be just perfect]]* [C3 T2 cl 86]
Affect:perception	see	2	*I can see [[how that must build up // when you're constantly at him// having to be at him all day]]* [C3 T2 cl 160]
Cognition	relate, think, wonder*	3	*I immediately thought about you and about [[how you would never be like that as a child]]* [C3 T2 cl 77]

Table 5.23 Ranked Clauses: Mental Clauses for Therapist [*wonder is congruent when representing patient world and metaphorical when representing therapist.]

Therapists have limited mental lexis and as contextually expected, only report their own inner consciousness twice. Their role is to reflect on the patient experience and not tell a separate story. Since patients' mental affect:emotion occurs in only four clauses, the therapists have a limited basis to reflect upon, seen in the limited therapist clauses.

Once again, therapists exploit the ambiguities in the grammar. Here they use interpersonal grammatical metaphor, with its hints at cognition as well as the modality realising Engagement, to commence a series of action as they did with *feel* in section 5.20 above, to summarise previous patient turns, for example:

> P I'm wondering if I'm a perfectionist or you just have ha...you've just about had enough by the time
> school comes that you just can't take any more. Cause he's just...go go go every bloody morning
> and I'm just thinking oh God, you know, like, it just never stops.
> T I wonder whether it must feel [[25.1 like you're just managing to keep everything together// 25.2
> to keep his behaviour just under control enough.]]

Extract 5.7 above demonstrates the tight relationship between relational and mental clauses. The mental grammatical metaphor, *I wonder*, parallels the patient turn and modalises the graduated and modalised it *must feel* before introducing the patient actions summarised in a rankshifted clause.

5.22 TALKING ABOUT NORMALITY: VERBAL CLAUSES

Therapists use verbal clauses for different semantic purposes from patients. For therapists verbal clauses are a summarising device which attribute Sayer and connect thematically to a patient's prior utterances (with one exception; *no matter what you say* [C3 t2 cl 75]). For example,

> P I'm just a highly strung person, naturally
> T And it's not like mum though, you were saying

Here the therapist introduces a more salient therapeutic topic, moving from the negative self evaluation to a discussion her mother as causality of the current situation. The patient does not take up the new topic and the negative self talk continues.

A longer extract, Extract 5.8, is presented below to further illustrate the important semiotic work of verbal clauses:

> T Yeah. I mean it's interesting [[73.1that you raised your mother]], because <<I mean when
> you were telling me about that, you know, no matter what you say, he just doesn't do it>>,
> I immediately thought about you and about [[77.1how you would never be like that as a
> child]], You know you would have done exactly [[78.1what was expected of you]].
> P Mm. Yes.
> T So it's like the complete opposite, really, isn't it?
> P Yeah, Yeah. It is.

Extract 5.8 above once again illustrates patient ineffectuality. Throughout the Chronicle, the patient has clearly and consistently demonstrated her ineffectuality and her compliance to the needs of others in her covert grammatical choices (see patient transitivity sections 5.3- 5.16 above). The therapist cannot just mirror the patient lexis or they would remain in the Chronicle. The therapist summary, *no matter what you say, he just doesn't do it*, shows

how perceptive therapists are to the covert grammatical patterns, not directly spoken by patients. The summary of the patient grammatical patterns presents the issue into therapy so it can be discussed as an idea, rather than a Chronicle of events. That the therapist has recognised and understood in this example is seen by the patient's agreement. This is beginning to move the text from Chronicle into a more therapeutic text. This shows why *C3: The Watermelon* is a border text (see chapter 3). In *C2: Work Life*, where there is no therapist turns, there can be no movement to a more reflective text, demonstrating the importance of the therapists' speaking role.

5.23 THE NORMALITY OF BEING AND DOING: BEHAVIOURAL AND EXISTENTIAL CLAUSES

In the two behavioural clauses representing lack of verbal action the therapist summarises the patient's previous turn *and not talk about [[how you felt]]* [C1 T1 cl 2] which again has the feeling embedded. There are no existential clauses.

5.24 CIRCUMSTANCES: SITUATING THE CLAUSE

The 14 Circumstances in the therapists' ranked clauses data mostly mirror patient talk, for example, *You live in the granny flat* [Loc:spatial]. In contrast to patients, there are also limited Circumstances of manner means, *and you can relate very well to that* and manner comparison *it was kind of like the last straw, <I guess>?* There are no clauses of causality in Chronicles. Thus, the therapist talk is also located physically in the material world of the patient.

PART IV: B) INTERPERSONAL ANALYSIS: THERAPISTS' RANKED CLAUSES

5.25 MOOD STRUCTURE AND SPEECH FUNCTION

The therapist's principal speech function is giving information, realised as 45 declarative clauses, two tagged declaratives and no other mood selection. This displays the theory of the therapy, which is based on conversation not questioning.

5.26 MODALITY AND TENSE

Table 5.24 below presents the very limited therapist modality (9 instances in 51 clauses).

Modality	Instances
Modal Finite	
Probability	2
Usuality	0
Obligation	2
Readiness ability	2
Readiness inclination	1
Total	7
Mood Adjunct	
Intensity	2
Grammatical Metaphor	
Total	2

Table 5.24 Ranked Clauses: Modality

Probability disengages a therapist from the evaluation, for example, *That would have been very humiliating* (see section 5.20 above). Modal ability, *I can see [[how that must build up]]* shows the therapist's ability to follow the patient's point of view. Patients' abilities are positively appraised at the mental/ material clause border, *you can relate very well to that.* The limited modality shows that a reduction of the interpersonal distance from direct patient Judgement is not achieved in modality. Instead is most achieved in impersonal relational clauses commencing with *It is like.*

The present tense and past tense are dominant in summaries of patients actions, for example, *so you said* and in present relational clauses providing evaluation of the patient's tale, for example, *So it's like the complete opposite, really, isn't it?*

5.27 POLARITY

Therapists keep the talk positive. Only two instances of negative polarity occur, *trying to get him to behave or not to do that* and *its not like mum.*

PART IV: C) LEXICOGRAMMATICAL ANALYSIS OF OTHER CLAUSES

5.28 RANKSHIFTED CLAUSES

All the rankshifted clauses are Participants in other clauses, primarily as the Participant in relational clauses, seen in section 5.20 above. They nominalise the actions of patients that can then be appraised as ideas. Other actions are nominalised into simple nominal groups, for example, the son's actions, *Cause he's just...go go go every bloody morning and...like, it just never stops* is nominalised by the therapist to *his behaviour* which can then be evaluated. There are only four Circumstances in embedded clauses and like the

Circumstances in the ranked clauses they mirror the patients' Circumstances of location:spatial.

5.29 INCOMPLETE CLAUSES

The two therapist incomplete clauses occur in the same turn as a therapist tries to summarise the patient's recent experience. It is in the borderline Chronicle, *C3: The Watermelon, But so that feeling kind of..<< like you are saying >> it kind of, it** (followed by) *every second you're feeling that way, you're feeling you've got to** (followed by) *you're trying to get him into line every second of the day.*

PART V

5.30 CONCLUSION

This chapter has shown in detail the lexicogrammar with which Chronicles describe the normal world of patients as they go about daily life outside of the therapy sessions. The world of Chronicles is a real world, cemented in real time with Actions, Possessions and Attributes attached to real, named specific individuals. Patients in this world present an ineffectual normality. More powerful semantically than any overt evaluative lexis is the consistent and detailed ineffectuality in the grammar. All the clause types contribute to the same picture of ineffectuality: patients are ineffectual Actors, Speakers, Sensers and Sayers. They construe their ineffectual normality consistently, in both action, *how I normally react* and stasis in the relational clauses *this is normal*.

In contrast, patients, in their Chronicles, present other people as having an effectual normality. The other participants in the complex tale are effectual Actors, Speakers, Sensers and Sayers. Further, these people negatively impact upon patients, for which they are subsequently negatively evaluated.

Material process clauses connect patients' feelings to outer experiences rather than an inner world, for example, *I'm that close [[to just feeling like I'm going to explode with her]]*. Direct speech reports negative interactions with other people. In that respect the tale is relatively unprocessed, that is, the evaluation occurs as the speech unfolds and is not further nominalised as an idea. Therapists have limited conversational contributions in Chronicles but they have the potential to make the covert patterns of patients overt in the nominalisations of patient actions, seen in the borderline text *C 3: The Watermelon* (see section 5.2.2 above).

In the opening section of this chapter it was suggested that the psychiatric description of 'external events without interpretation' that is, the experiences of the outer world, might be realised linguistically by an increase in material and behavioural clauses, limited attribution in relational clauses (and hence reduced Appraisal), a predominance of the past tense, few mental clauses and a lack of causal Circumstances, with a limited therapist contribution. The analysis showed that, although mental clauses are limited, especially mental affect clauses, there is no increase in behavioural clauses to suggest a bodily symptom focus. The chapter showed instead that, in texts of predominantly material

clauses, a lack of patient effectuality was consistently demonstrated across the experiential and interpersonal features.

The Conversational Model's focus in Chronicles where language is 'linear' (Meares 1998:884) is harder to correlate linguistically. 'The same despairing tale, without images of the future and memories of the past' (Meares 2002:222) suggests in part that the linearity is seen in the dominance of present and past tense chronologies. The lack of causality in Circumstances may also contribute to the linearity. The lexicogrammatical features of Chronicles discussed in this chapter display a world that is presented as given, with little room for negotiation. Thus linearity may be to do with a singular and un-negotiated worldview. This issue will continue to be explored in later chapters, here, however, one could speculate that the grammatical ineffectuality of patients contributes to the reasons why therapists do not regard Chronicles highly.

Thus, in this chapter, Chronicles have been shown to represent the normality of the everyday as a series of ineffectual events. The next chapter, chapter 6, considers the lexicogrammatical features of the other negatively regarded text type, Script, and chapter 7 considers Narrative, the conversation more positively regarded by the therapists.