

Scripts: I am Not Normal

The Complex Tale of Alienation

They're all normal [S3 P6 cl 92]

They are not me, no one is me [S3 P6 cl 52]

You don't belong with them, with normal people? [S3 T5 cl104]

Text S3: *I am not normal*

- P They're not me - no-one's me. You know? I don't know anyone. It's just... I don't know anyone who has a borderline personality - no-one who feels the things that I feel. I'm sure people - more people are scared of rejection you know. And no-one likes that 'scared of people leaving' feeling but mine's just intensified - you know? It's just huge and I really struggle with lots of other things that other people don't struggle with.
- T And it separates you from others.
- P It does! I was talking - who was I talking to Um, she was saying - because I I don't know anyone with this so I don't know how badly I have it you know, and she was saying - and she was saying - I think I was reading, actually I don't think I was talking to Anne about it I think I was reading about how people that they can't relate - they can't even carry a normal relationship with anyone let alone have a partner and um, they try and kill themselves 3 or 4 times a week and they point the finger and they blame everyone else and they have huge temper tantrums and they go off and I kind off okay, I don't do those things - I do them to a certain extent but I don't do it that badly, but I don't know anyone like that you know? In my circle of friends they're all healthy. They're all normal and I struggle with that. You know?
- T Hm-mm
- P Yeah I do I struggle with that. A lot.
- T hard to -
- P Because I'm comparing myself with them
- T Mm
- P I'm comparing myself with the normal healthy people and I don't really belong anywhere. I don't belong in the Psyche 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.
- T But you can still be their friend or they you can still be your friend.
- P I'm not saying that I can't I agree with that. But it's hard especially considering what I'm going through especially since we're starting here it's been harder.

- T No-one quite knows what you're going through.
 P It's just that - I don't know - it's easier to play normal - to pretend you're normal when you're not seeing 2 doctors a week. It takes me at least a day to get over one of these sessions you know. It completely - it makes you feel like shit. And then I have another one! You know? And then I'm faced with another one and I know it's going to make me well and it's uncomfortable.
 T Mm
 P Um, but it's hard and it's easy to be normal when you don't have that.
 T Kind of block it out?
 P Sort of but not. You still feel
 T It's kind of like you're not seeing medical people so it's kind of like not in the medical there's so much
 P mm
 T So kind of feeling that you perhaps couldn't be normal?
 P No. Hopefully one day I will be and that's why I'm coming here.
 T so things can change.

[S3 P6 T5 cl 127-160]

6.1 INTRODUCTION

Chapter 5 explored Chronicles to show their lexicogrammatical representation of the ineffectual everyday normality of patients. This chapter now considers Scripts lexicogrammatically. The analysis ultimately reveals the patients' alienation from normality. The text above, *S3: I am not normal* has been selected to illustrate a typical Script. It is the tale of a patient, Gina, contrasting her own world with her perception of life for a 'normal' person. The three Scripts for investigation are *S1: I feel like a record* (Clare), *S2: I am being selfish* (the borderline text) and *S3: I am not normal* (Gina).

As it explores the lexicogrammatical features of Scripts, this chapter describes the patients' presentation of 'normality' as alien. It thus enables a re-examination of Meares' description of 'linear' and 'repetitive' features. Section 6.1.1 and 6.1.2 reintroduce the psychoanalytic (semantic) descriptions of the Conversational Model and the linguistic orientation of this study, first presented in chapter 2. Sections 6.3-6.31 present the lexicogrammatical analysis, first the experiential and then the interpersonal analysis for the patients, sections 6.3-6.16, and second for the therapist, sections 6.17-6.29, before a final discussion and conclusion in section 6.30. While some points of comparison to Chronicles are briefly introduced throughout the chapter, the overall comparison of Scripts to Chronicles and Narratives is delayed until chapter 8. Appendices C and D contain the lexicogrammar database with analysis and the major lexicogrammatical summaries.

6.1.1 Conversational Model Description

Scripts are described semantically in the Conversational Model theory as:

1. 'The contents of the traumatic system are not organised in narrative form... There is no ordering of these sentences. They are disconnected... The product does not have a sequencing, progressing, and evolving characteristics of a true personal narrative

that depends on the episodic and autobiographical memory. It is repetitive and invariant. The narrative is a thwarted one. It does not consist of episodes of personal history but rather, of facts the individual has to learn about himself or herself. The language is linear, offering few associational linkages.’ (Meares 2000:98)

- 2. ‘beyond the access of the reflective process’ (Meares 2000:130)
- 3. ‘diffusely spread throughout the patient talk and can interrupt other conversations’ (Meares 2000:3)

Scripts are closely aligned to Chronicles as ‘manifest in clinical conversations of a less complex, more automatic kind than the narrative of self’ (Meares1998:875) and contrasted with the more highly valued Narrative.

6.1.2 Linguistic Description

As was the case in chapter 5 Chronicles, the psychiatric semantic description is now set aside and this chapter returns to the naturally occurring language of patients and therapists to explore the complex syndrome of features in the lexicogrammar and the semantics of evaluation that create the text type Script. The semantic psychiatric description of the therapy initially raises the possibility that there would be a repetition of negative relational attributive clauses and negative mental affect, with a reduced role for material clauses. Because it is ‘facts the individual has to learn about himself or herself’ (Meares 2000:98) a Script could also be expected to be predominantly in the present tense.

6.2 OVERVIEW OF THE RANKS OF SCRIPT CLAUSES

The 316 Script clauses comprise 29.3% of the SCN Corpus when divided into clauses. Therapists, with 25% of the Script clauses, have a higher profile than in Chronicles. The ranking distribution of Script clause types is presented before the analysis of the ranked and embedded clauses. Clauses in various stages of ranking and completion are presented in the table 6.1 below.

Type of Ranking	Patient	Therapist	Total
Ranked	82% (258)	74% (79)	80% (340)
Rankshifted	12% (38)	18% (20)	14% (58)
Incomplete	3% (10)	4% (4)	3% (14)
Minor	3% (8)	4% (4)	3% (12)
Total Clauses	100% (316)	100% (107)	100% (423)

Table 6.1 Ranking Distribution as a Percentage of Script Clauses

This table presents the order of discussion of Script 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

6.3 THE EXPERIENCE OF ALIENATED NORMALITY

This section presents the patients' construal of their alienation from normality, which is then compared with the therapists' contributions to Scripts in sections 6.17-6.29. The extensive analysis, which has been summarised here, can be found in Appendix C.

6.3.1 Script Clause Types: Distribution

Clause Type	S1	S2	S3	Total Script Corpus
Material	42% (27)	19% (10)	31% (42)	31% (79)
Relational	36% (23)	36% (19)	38% (58)	37% (100)
Mental	12.5% (8)	27% (14)	22% (31)	22% (53)
Verbal	3% (2)	8% (7)	5% (4)	5% (13)
Behavioural	1.5% (1)	0%	3% (5)	2% (6)
Existential	5% (3)	0%	0%	3% (6)
Total Clauses	100% (64)	100% (50)	100% (140)	100% (254)

Table 6.2 Patient Clause Types as a Percentage of Patient Script Clauses

Table 6.2 summarises the patient clause types in the three Scripts (*S1: I feel like a record*, *S2: I am being selfish*, *S3: I am not normal*, see 6.1 above). The texts form three clusters of clause types: (i) relational and material clauses in almost equal proportions; (ii) mental and verbal clauses; and (iii) behavioural and existential clauses. Relational clauses are dominant. The high percentage of material clauses in *S1: I feel like a record* occurs because of repetition of material processes, for example, *I eat*. The increased number of mental clauses in *S2: I am being selfish* is one cluster of clauses describing a patient's selfishness. The transitivity analysis and discussion is presented in the same process type order as for Chronicle for consistency of reading, that is, commencing with material clauses.

6.4 NORMALITY AS DOING: MATERIAL CLAUSES

Table 6.2 above shows that material clauses are the second most dominant process types (after relational clauses), representing 31% (79/258) of the clauses. Following the pattern set out in chapter 4 and employed in chapter 5, material clauses are investigated in the following order: 6.4.1 summarises the range of lexical choices for these clauses; 6.4.2 summarises the Actors in material clauses in the order of Hasan's cline of dynamism

(1985:47); and 6.4.3 summarises the Goals and Ranges in material clauses, again according to Hasan's cline of dynamism (1985:47).

6.4.1 Material Processes: Lexical Choices

The 48 patient lexemes for patients introduce a restricted topical field, reflected in the eight therapist overlaps and the limited introduction of their own lexis. Table 6.3 below summarises the material lexis.

Patient and Therapist Lexis	Patient Only	Therapist Only
block, do, get, give, go, happen, separate, try	build, buy, carry, change, come, compare, contact, cope, cut, deal, eat, face, find, get over, go off, go on, handle, hold, kill, learn, leave, lie (I lay down), make, matter, move, overwhelm, pardon, point, put, read, reject, relate, ring, start, struggle, take, wait, walk, wear	identify, take on, throw

Table 6.3 Material Processes: (bold represents patient as Actor)

The lexemes represent daily activities, for example, *read*, *eat*, but also material processes that are close to mental processes because they represent actions of the inner world of patients, for example, *struggle*, *deal*.

6.4.2 Material Clauses: Participants: Actor: Patient

Table 6.4 below summarises the Actor in ranked clauses. It is arranged according to Hasan's cline of dynamism (Hasan 1985:47, see section 4.6.1).

Actor	Instances	Inscription Examples
Human Actors		
Patient	66% (54)	<i>I don't do those things</i>
Patient plus other	-	-
Specific Female: named friend	2% (2)	<i>Mary just rang then</i>
Specific Female: Mother	-	-
Male - Father	2% (2)	<i>Dad rang last night</i>
Someone	2% (2)	<i>Someone leaves me</i>
One (you)	1% (1)	<i>When you can't get a proper nights sleep</i>
Generalised people with borderline personality disorder	6% (5)	<i>they point the finger</i>
Generalised other people 'normal'	3% (3)	<i>they are not cutting themselves</i>
Things physical	-	
Abstract entity/idea /fact	15% (12)	<i>It separates you from others</i>
Total	100% (81)	

Table 6.4 Ranked Clauses: Grammatical Actor in Material Clauses

Table 6.4 above shows that 85 % of the material clauses construe the congruent world of human Actors. The principal Actor is the patient with 66 % (54/81 instances) of the clauses. This is the highest percentage of patient as Actor in the three text types, which is suggestive of the higher level of self-focus in Scripts. There is, however, also a distinct shift for the other human Actors in Scripts: as well as specified named Actors there is a group of generalised other people. These Actors are discussed in section 6.4.4, after a discussion of the grammatical Goal in patient clauses.

6.4.3 Material Clauses: Participants: Goal/Range

The clauses where the patient is Actor are now described according to the second Participant of the clause, the Goal. Table 6.5 presents the Goals, grouped together in descending order according to Hasan's cline of dynamism (Hasan 1985:47, see section 4.6.1), where to act upon an animate Goal is the most potent action.

Inscription Examples	Process Lexis	Goal/ Range Lexis
Goal/Range: Human Total= 6		
<i>to give myself a stupid cliché name</i>	give	myself (beneficiary)
<i>I would have killed myself long ago</i>	kill	myself
<i>Because I'm comparing myself with them</i>	compare	myself
<i>I'm comparing myself with the normal healthy people</i>	compare	myself
<i>Because I'm not trying to kill myself all the time</i>	kill	myself
<i>It takes me at least a day</i>	take	me
Goal: Thing Concrete Total= 6		
<i>I don't eat anything</i>	eat	anything (food)
<i>I don't eat much in the day</i>	eat	much (food)
<i>so should I buy a new car</i>	buy	car
<i>which job to take</i>	take	job
<i>and I have to give all my medication to a friend</i>	give	medication
<i>to get over one of these sessions you know</i>	get over	One of these sessions
Goal: Thing Abstract Total= 10		
<i>I never learned that</i>	learn	that
<i>and whether I've got it into my head or not</i>	get	It = idea
<i>try a different alternative</i>	try	something
<i>I've tried them all</i>	try	them (ideas)
<i>I've tried them all</i>	try	them all
<i>may be I just find</i>	find	missing
<i>and may be I never really learned</i>	learn	thing
<i>I don't do those things</i>	do	actions
<i>I do them to a certain extent</i>	do	them
<i>but I don't do it that badly</i>	do	Actions
Total Clauses: 22		

Table 6.5 Ranked Clauses: Grammatical Goal in Material Clauses [Key: negative in underline]

Figure 1. The effect of the initial concentration of the monomer on the polymerization of α -methylstyrene initiated by TiCl_4 in CH_2Cl_2 at -78°C . The polymerization was carried out in the presence of 0.01 mole of TiCl_4 and 0.01 mole of CH_2Cl_2 in 10 ml of CH_2Cl_2 . The initial concentration of the monomer was varied from 0.01 to 0.1 mole/l. The polymerization was carried out for 10 min. The polymerization was carried out in the presence of 0.01 mole of TiCl_4 and 0.01 mole of CH_2Cl_2 in 10 ml of CH_2Cl_2 . The initial concentration of the monomer was varied from 0.01 to 0.1 mole/l. The polymerization was carried out for 10 min.

[illegible]

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Circumstance: extent
Circumstance: extent
Circumstance: manner
Circumstance: manner

Extract 6.1 [S3 P6 cl77-93]

⁵³ Anne and her husbands are reported, *they're starting to build a house for themselves.*

In Extract 6.1 above the patient demonstrates ambivalence about her own normality, any contradiction of which is made harder by the use of generalised Participants. Although generalised these participants engage in specific material actions, with extensions of themselves as Goal in the habitual present, for example, *point the finger*, and with the addition of Circumstances, for example, *three to four times a week*, to anchor the ‘facts’ of this argument in time. When the patient presents herself in the argument the Circumstances become less specific, for example, *to a certain extent*, as she tries to disengage herself from people with borderline personality disorder. Although she is uncertain as to how well she fits this category, she does know that she does not fit with the *healthy, normal people*.

6.5 THE NORMALITY OF BEING AND HAVING: RELATIONAL CLAUSES

Table 6.2, in section 6.3.1 above, shows that relational clauses represent 32% (100/258) of the Script corpus, which is a similar percentage to relational clauses in the other text types and also to the Script material clauses. Table 6.6 displays the relational clause subtypes.

Relational Clause Subtypes	Instances
Rel intensive attributive	65% (64)
Rel intensive identifying	14% (14)
Rel possessive attributive	16% (16)
Rel possessive identifying	0
Rel circumstantial attributive	4% (4)
Rel circumstantial identifying	0
Relational Total	98

Table 6.6 Ranked Clauses: Relational Clause Subtype Distribution

The distribution of relational clauses shows a predominance of relational intensive attributive clauses, that is, clauses which describe the main people in the patients’ tales. The following sections display attribution for the human Participants for the different clause subtypes in the order indicated in chapter: relational possessive clauses, relational circumstantial clauses and relational intensive clauses. The following sections display Attribution for human participants for the different relational clause subtypes in the order indicated in chapter 4 and employed in chapter 5: relational possessive clauses, relational circumstantial clauses and relational intensive clauses. The importance of Appraisal in circumstantial and intensive relational clauses is discussed within the relevant sections.

6.5.1 Relational Possessive Clauses: Attributive and Identifying

Table 6.7 below summarises the 16 relational possessive clauses, all of which are relational attributive. They are attributed according to the characteristic of the Possession and the Possessor, that is, patients, specified normal people and generalised people with and without borderline personality disorder.

Characteristic of Possession	Possessor	Possession Example
External Possessions		
Thing Positive and Neutral	Patient Anne	<i>Money</i> <i>Degree, work, partner</i>
Thing Negative	Patient Anne	<i>Another session</i> <i>Real Difficult patient</i> (this shows Anne's positive capacity)
Abstract Thing Positive	Patient	<i>a good nights sleep</i> (modalised <i>but yeah sometimes most, more often than not, if not all the time</i>)
Abstract Thing Negative	Patient Mary	<i>Don't have a clue, a feeling [[that it is probably part of my problem]]</i> <i>Something to tell me</i> (Negatively impacts on patient)
Behaviour Positive	-	-
Behaviour negative	BPD people	<i>Huge temper tantrums</i>
Internal Possessions		
Symptoms Non possession		<i>Don't have mood swings</i>
Symptoms Negative		
Problems Non possession	Normal people	<i>Don't have trouble tolerating middle ground</i> <i>Don't have any of those things</i> <i>Don't have a savage savage fear</i>
Problems Negative	-	-
Non Possession	-	-

Table 6.7 Ranked Clauses: Grammatical Possessions in Relational Possessive Clauses [negative in bold]

Table 6.7 above shows how patients use Possessions of 'normal' people to help evaluate their own 'lack of normality.' Possessions include both negative, *another session*, and positive, *money*, external Possessions and internal problems as 'non' Possessions, for example, *Don't have trouble tolerating middle ground*. Again, behaviour and symptoms, here *temper tantrums* and *mood swings*, demonstrate possessions close to the boundary. The Possessions vary semantically with the Possessor and this relationship is discussed below in the following sections: 1. Patients; 2. Anne; 3. generalised normal people; and 4. people with borderline personality disorder.

1. Patients

Possessions, overall, for patients are limited and negative. The one positive material possession, *heaps of money* [S3 P6 cl 25] is still problematic because the patient does not know what to do with it. The abstract positive *a good night's sleep* is highly modalised, *but yeah sometimes most, more often than not, if not all the time*, as if the patient has difficulty accepting a positive aspect of life. Therapy sessions are implicitly negatively appraised, *and then I have another one* [S3 P6 cl 152], because by attending therapy patients demonstrate that they are not normal.

Inner life is also expressed as possession, directly as *I have a feeling* [[*that it is probably part of my problem*]] [S2 P5 cl 80] and indirectly as *I don't have a clue where to start* [S1 P3 cl 84]. These grammatically possessive clauses are semantically agnate to the mental clauses, *I feel* and *I don't know*.

2. Anne, a Specified Normal Person

In contrast to the patient, Anne possesses Attributes of positive social esteem: normality. She has an education (*She's got a degree* [S3 P6 cl 40]), a job (*she's got work* [S3 P6 cl 37]), and interaction and impact on other human beings (*she had a real difficult patient* [S3 P6 cl 17]). Anne's positively appraised normality is in direct contrast to the patient's own anger and sadness at the lack of normality of her situation, seen in the other relational clauses.

3. Generalised Normal People

The people who don't have borderline personality disorder possess the absence of implied possessive negative internal Attributes of the patient, for example, *they don't just have a savage, savage fear of* [[*being rejected*]] [S3 P6 cl 118]. This is an indirect way for this patient to introduce her own symptoms, since the negative polarity for others implies her positive polarity, that she does possess negative attributes of inner life, *a savage fear*.

4. People with Borderline Personality Disorder

People with borderline personality disorder possess negative symptoms, for example, *they have huge temper tantrums* [S3 P6 cl 83], or an absence of positive things, *THEY CAN'T have a partner* [S3 P6 cl 79]. Thus, the negative Possessions of a class of people to which patients belong contribute to the patients' negative self appraisal.

6.5.2 Relational Circumstantial Clauses: Attributive and Identifying

The four relational circumstantial clauses are all attributive. They are a repetition of one idea, *I am up* (= out of bed in the middle of the night)[S3 P6 cl 18,19,20,23]. Such

repetition is alluded to by Meares as central to Scripts (2000:130). There are no Attributes of specified physical location and no circumstantial identifying clauses.

6.5.3 Relational Intensive Clauses: Attributive

The majority of the relational clauses (65%, 64/98) are intensive attributive. The same people who were Possessors in the possessive clauses are Carriers in these clauses. Their Attributes are discussed under the table headings in the following subsections: 1. Attributes of the patient; 2. Attributes of specified normal people, Anne and Mary; 3. Attributes of generalised normal people; 4. Attributes of people with borderline personality disorder; and 5. Appreciation of ideas.

1. Attributes of the Patient (Self Attribution)

The 23 inscriptions of Script relational intensive clauses with self as Carrier are repetitive and dispersed throughout the three texts. They are all negative.

Inscriptions	Appraisal		Inner/ Outer	Quality/ Classifier
Script 1 [P3 T3]				
<i>I AM not too bad (health)</i>	Affect	+happiness	Inner	Quality
<i>I'm tired</i>	Affect	-satisfaction (SE)	Inner	Quality
<i>I'm so tired</i>	Affect	-satisfaction (SE)	Inner	Quality
<i>and I just feel a bit tired of it</i>	Affect	-satisfaction (SE)	Inner	Quality
<i>and I feel really bad</i>	Affect	-satisfaction (SE)	Inner	Quality
<i>- I feel very awful</i>	Affect	-satisfaction (SE)	Inner	Quality
<i>I really feel so outa control in the night</i>	Judgement	-capacity (SE)	Inner	Quality
<i>because I feel [[like I've got to do something]]</i>	Judgement	-capacity (SE)	Inner	Quality
<i>I, I feel like um like a record</i>	Judgement	-capacity (SE)	Inner	Classifier
Script 2 [P5 T2]				
<i>I feel like [[it's really bad]]</i>	Affect	-satisfaction (SE)	Inner	Quality
<i>I'm really tired</i>	Affect	-satisfaction (SE)	Inner	Quality
<i>I was angry</i>	Affect	-satisfaction (SE)	Inner	Quality
<i>And I just got really angry</i>	Affect	-satisfaction (SE)	Inner	Quality
<i>and ^ I GOT really, really sad</i>	Affect:	-happiness (SE)	Inner	Quality
<i>As if I'm being selfish</i>	Judgement	- propriety (SS)	Inner	Quality
<i>I feel really selfish</i>	Judgement	-propriety (SS)	Inner	Quality
<i>or then I get angry or frustrated at my situation</i>	Judgement	-propriety (SS)	Inner	Quality
Script 3 [P6 T5]				
<i>and I don't really belong anywhere</i>	Judgement	-capacity (SE)	Outer	Classifier
<i>I don't belong in the Psych Hospital</i>	Judgement	-capacity (SE)	Outer	Classifier
<i>I don't feel [[like I belong there either you know]]?</i>	Judgement	-capacity (SE)	Outer	Classifier
<i>No I don't ^BELONG</i>	Judgement	-capacity (SE)	Outer	Classifier
<i>Because I'm not normal</i>	Judgement	-capacity (SE)	Outer	Classifier
<i>So no I don't belong with them</i>	Judgement	-capacity (SE)	Outer	Classifier

Table 6.8 Ranked Clauses: Relational Attributes of Patients Showing Appraisal

Appraisal

Self-appraisal is all negative.⁵⁴ Inner consciousness is reported as negative Affect, which is mostly negative satisfaction with bodily symptoms, for example, *I'm really tired*, or a negative reaction to life situations, *then I get angry or frustrated at my situation*. Judgement is mostly restricted to negative capacity self esteem and a cluster of negative propriety, social sanction for a patient's selfishness for not being contactable by mobile phone. This interaction between patient and therapist and the shifting evaluation co-created with the therapist is presented in chapter 8.

Quality/ Classification of Attribute

Attributes are predominantly Qualities of inner dissatisfaction, *I feel awful*. Classification is associated with belonging to the class of normal or the class of the mentally ill and the patient suggests she does not belong to either.

Inner / Outer Experience

Attributes represent the inner experience of the patient as negative Affect.

2. Specified Normal People

The attributes of specified normal people, Mary and Anne, are summarised in table 6.9 below.

Inscription	Appraisal		Inner/ Outer	Quality/ Classifier
Mary <i>a real drama queen type of person</i>	Judgement	-normality	Outer	Classifier
Anne <i>she's a physio</i>	Judgement	+normality (SE)	Outer	Classifier
<i>she's my age</i>	Judgement	+normality (SE)	Outer	Classifier
<i>and she's an architect</i>	Judgement	+normality (SE)	Outer	Classifier
<i>and she's married</i>	Judgement	+normality (SE)	Outer	Classifier

Table 6.9 Ranked Clauses: Relational Attributes for Mary and Anne [S3 P6 T5 cl 37-41]

In combination with her positive relational possessive clauses (*money, work, partner*), seen in section 6.9 above, Anne is also judged with positive normality self esteem. Classifying intensive attributes create a categorical description of Anne's normality; she's *a physio*, *she's my age*, *she's an architect*, and *she's married*. Interestingly, although Anne is the patient's friend there is no attribution of her inner world. Anne is described only by external Attributes: her role in this text is to provide 'proof' of how much the patient is missing out on. (Perhaps that is why the patient gets cross when Anne cries: Anne represents all the patient can't achieve rather than a friend with her own needs).

⁵⁴ The double lexicogrammatical negative in *I am not too bad* is a standard answer to *How are you?* and is semantically neutral.

3. Generalised Normal People

Inscription	Appraisal		Inner/ Outer	Quality/ Classifier
<i>They don't get incredibly angry all the time</i> [cl 116]	Judgement	+propriety (SS)	Inner	Quality
<i>In my circle of friends they're all healthy</i> [cl 91]	Judgement	+normality (SE)	Outer	Quality
<i>They're all normal</i> [cl 92]	Judgement	+normality (SE)	Outer	Quality*
<i>More people are scared of rejection</i> [cl 60]	Affect	-security	Inner	Quality

Table 6.10 Ranked Clauses: Relational Attributes for Generalised Normal People [S3 P6 T5]

Generalised people are represented in external Attributes, *normal*, *healthy*. They are also attributed with an inner world, for example, the assumption that normal people *don't get angry all the time*, which is used to contrast the negative inner world of the patient.

4. People with Borderline Personality Disorder

People with borderline personality disorder are not described in terms of relational attributes. They are described, instead, in material clauses with the exception of two possessive clauses shown in section 6.5.1 above. The patient never directly includes herself in the category of borderline personality disorder people, even though she is in this therapy programme because of her borderline personality disorder diagnosis.

5. Attribution of Ideas and Things

Table 6.11 below presents the 24 clauses where patients evaluate ideas and things.

Inscription	Thing Appraised	Appreciation
Script 1 [P3 T3] <i>Betty it's, it's crazy</i> <i>that's easy [[for some people to say]]</i> <i>It's been this way</i> <i>That's so rare</i> <i>It's crazy</i>	Patient behaviour People giving advice Patient's life A good night's sleep Patient situation	- valuation - quality - quality - quality (Contrary to therapist) -valuation
Script 2 [P5 T2] <i>Because it's selfish</i> <i>it's not right though is it?</i> <i>Yeah that's true</i> <i>that's a really childish question</i> <i>that's true</i>	Patient behaviour Patient behaviour Agrees with therapist Question Therapist appraisal of her situation	- valuation - valuation +balance - valuation (Comment on own question) + balance (Agreement with therapist followed by adversative but)
Script 3 [P6 T5] <i>that's bad</i> <i>It was good [[to see her]]</i> <i>And that was difficult</i> <i>It's just frustrating</i> <i>So it just depends on [[what's going on as to the intensity of the pain]]</i> <i>but it's always there</i> <i>It's just huge</i> <i>But it's hard</i> <i>it's been harder</i> <i>it's easier [[to play normal]]</i> <i>It completely – it makes you feel like shit</i> <i>and it's uncomfortable</i> <i>Um, but it's hard</i> <i>and it's easy [[to be normal]]</i>	Rejection Seeing friend Having to do with others Trying to make a decision Life satisfaction pain Fear of rejection To have friends To have friends When you are not seeing two doctors a week Having three sessions of psychotherapy Therapy Therapy When you don't go to therapy	-valuation + valuation (Immediately countered by adversative but) - valuation -valuation -quality - quality - quality -valuation -valuation +valuation -impact -impact +valuation

Table 6.11 Ranked Clauses: Relational Attributes Showing Appraisal: Appreciation

Table 6.11 above shows how evaluation is shifted by patients from self Judgement to judgement of their behaviour as an object, that is, Appreciation in Appraisal theory.⁵⁵ The patient's behaviour and life in general is described as negative evaluation, for example, *difficult, crazy*. Therapy is also blamed for the patient's perceived 'lack of normality, *it's easy [[to be normal]]* (when you do not attend therapy). Direct blame of the therapist is avoided through making therapy, rather than the therapist, the Agent, for example, *it makes you feel like shit*.

⁵⁵ There are difficulties in assigning these Appraisal categories, as they were primarily developed to appraise things aesthetically, that is, to appraise the 'notion of value in creative arts' (Hunston and Thompson 2000: 148). In this register of talk the topic for evaluation is 'self' and so Appreciation is aligned very closely to Judgement of patients. It could be suggested then, that in psychotherapy Appreciation appraises 'the notion of judgement'.

6.5.4 Relational Intensive Clauses: Identifying

Table 6.6 showed that relational identifying clauses represent only 14 % (14/98) of relational clauses. Table 6.7 displays the inscriptions.

Inscriptions
Script 1
<i>but that's probably because[[I want you// to give me a solution]] [cl 8]</i>
<i>It's definitely the not sleeping [cl 16]</i>
<i>[[the eating, the only side of the eating that gets me down]] is [[[[when I feel really sick //or when I've got really bad heartburn or indigestion throughout the night // because I'm laying on it]] [cl 28]</i>
<i>that's [[what I do]] [cl 31]</i>
<i>it's the first time [[I'm up]] [cl 40]</i>
Script 2
<i>I feel like [[it's really bad]] [cl 27]</i>
<i>But that means [[[that I'm becoming a very selfish person]] [cl 72]</i>
<i>but my problem is like [[I never really learned]] [cl 95]</i>
Script 3
<i>which was yesterday [cl 16]</i>
<i>They're not me [cl 52]</i>
<i>no-one's me [cl 53]</i>
<i>I think it was Anne [[I was talking to]] [cl 69]</i>
<i>that I can't ^BE THEIR FRIEND [cl 127]</i>
<i>so that's the hope[[I'm holding on to]] [cl 170]</i>

Table 6.12 Ranked Clauses: Relational Identifying

Generally these clauses summarise prior discussion, for example, *That is the hope [[I'm holding on to]]*[S3 P6 cl 170]. Extract 6.2 below, from S3: *I am not normal*, shows that, instead of equating ideas, relational identifying clauses display the patient's alienation by directly equating a definition of self as contrastive to other human beings.

P	what's going on as to the intensity of the pain // but it's always there.
T	Is it kind of like [[being your best friend]] you realize // how bad things are?
P	Well, how can anyone? //No-one can// They're not// me no-one's me

Extract 6.2 [S3 P6 T5 cl 44-52]

Extract 6.2 above occurs after a series of relational intensive clauses where the Attributives have described the patient as negatively valued in social esteem and hence not 'normal'. The patient reaches her conclusion in two equative identifying clauses, *they are not me*, *no one is me* [S3 P6 cl 51,52]. Thus, the patient has redefined herself as separate from the normal world.

6.6 SENSING NORMALITY: MENTAL CLAUSES

Table 6.2, in section 6.3.1 above, showed that mental clauses represent 21% (53/258) of total Script clauses. Mental clauses are in the second band of clause distribution for overall clause types. Each of the mental process types discussed in 4.6 as most relevant for this thesis is discussed in the following order: 6.6.1 summarises the range of lexical choices; 6.6.2 discusses the Sensors of each mental process type; and 6.6.3-6.6.5 investigate, in turn, the other mental process subdivisions.

6.6.1 Mental Processes: Clause Subtypes and Lexical Choices

Table 6.13 below summarises the mental clause subtypes. The table includes the limited range of mental lexis.

Mental Clause Type	Patient Lexis	Therapist Lexis
Affect:emotion	like (1)	-
Affect:desire	want (3)	want (3)
Affect:perception	-	-
Cognition	agree, believe, consider, know, pretend, realize, suppose think (48)	know, feel, imagine, realise, reflect, think (11)
Total	52	14

Table 6.13 Ranked Clauses: Mental Clause Subtype Distribution and Lexis [instances in brackets]

Ninety two percent (48/52 instances) of patient mental clauses are mental cognition, which also have the widest variety of lexis. Mental affect:emotion and desire, seen in Chronicle as ineffectuality, is almost absent, showing that, in Scripts, the negative worldview is not construed through the patient as Sensor. The lexis of emotion is restricted to *like* discussed in section 6.6.3 below.

6.6.2 Mental Clauses: Participant: Senser

Consistent with the general pattern of spoken English where Senser is predominantly the speaker, in Scripts the patient is the primary Senser in 82% (42/51) of clauses. The limited other people as Senser (18%, 9/51 clauses) are not specified human beings, but non-specified classes, *No-one* and the *normal people*. Because of the limited overall number of instances of mental clauses the following sections include all the Participants in the same discussions.

6.6.3 Mental Affect:Emotion and Desire

The only mental affect:emotion process in Scripts, *like*, occurs in a clause where the Senser is the generalised no-one, *And no-one likes that [[and scared of people leaving feeling]]* [S3 P6 cl 61]. In this clause *feeling* has been downranked into the nominal group.

Mental affect:desire is also notably almost absent. The limited patients' desires are negative, for example, *I don't want a mobile phone* [S2 P5 cl 1]. The desires of other people, for example, that a father will be able to contact Clare *whenever he wants* [S2 P5 cl 6], have negative impact on the patients. The limited mental affect:desire suggests that the thwarted *wants* of Chronicles have become complete non-expression in the Script.

6.6.4 Mental Affect:Perception

There are no mental affect:perception clauses in Scripts, demonstrating that the patient world in Scripts is given not perceived.

6.6.5 Mental Cognition

As in Chronicles, mental cognition is the dominant subgroup of mental processes, with patient as Senser in 81% (40/49) of mental cognition clauses. The unfolding pattern of patient cognition is displayed in Extract 6.3 below:

Depending on
I don't know
someone rejects me that's bad or someone leaves me or then I get angry or frustrated at my situation
and I think about it too much.
Like last night was pretty bad I went to a friend's house. It was good to see her
but I don't know
but she was saying how she cried today, <<which was yesterday>> because she had a real difficult
patient<<she's a physio>>. /mm/ And that was difficult I'm really tired
and I didn't know
which job to take
I don't know
whether I should move out, got heaps of money so should I buy a new car - ah It's just frustrating.
As I came home
I was angry
and I thought about Anne,
and I thought-about [[having to come here]]
and I thought about [[how I have to take 10 tablets a day just to keep upright]]
And I just got really angry
and ^ I GOT really, really sad
and I thought about Anne
I thought about the situation
you know she's got work she's my age and she's an architect, she's got a degree and she's married and
they're starting to build a house for themselves
I was thinking
can't be serious So it just depends on what's going on as to the intensity of the pain but it's always there.

Extract 6.3 [S3 P6 cl 4-48]

In Scripts, 50% (25/49 clauses) of mental cognition clauses have negative polarity, for example, reporting on what the patient *doesn't think* and *doesn't know*. Some negative instances are direct responses to therapist queries and others are suggestive of

disconnection with the world, for example, *I don't know anyone with borderline personality disorder*.

In Extract 6.3 above *I don't know* demonstrates the patient's inability to understand her situation or to make a decision. *Thought* is shown as the cause of the patient's internal state of Affect, for example, she was *angry*, then she *thought* and then she *got really angry* and *really really sad*. Thus emotions are enclosed within the patient herself, showing increased alienation from the world, in contrast to the external human causes of anger in Chronicle.

When the Sensors of cognition are generalised normal people, mental cognition clauses also demonstrate limited thoughts and negative polarity. However, these clauses are semantically different from the patients' clauses. Rather than displaying inability to think, as was the case for patients, the clauses display a positive sign of normality by the absence of negative thoughts. They are also suggestive of thoughts that patients do have. For example,

They're not thinking of new ways to really hurt themselves [S3 P6 cl 110]

They're not thinking about how they will kill themselves [S3 P6 cl 110]

Reporting other people's inner consciousness may be a sign of intimacy in some contexts, but here the claim to know the mind of a very large and non specific group is being used to support the overall argument that, as well as the external attributes of normality previously discussed, normal people are different in their inner consciousness.

6.7 TALKING ABOUT NORMALITY: VERBAL CLAUSES

Verbal clauses are limited in Scripts (5%, 14/258 instances).

6.7.1 Verbal Processes: Lexical Choices

This is limited to the unmarked *say*, which reflects the limited number of Script verbal clauses and the general tendency in English for words to describe neutral verbal processes.

6.7.2 Verbal Clauses: Participant: Sayer

Nine clauses are patients' self reporting speech, which is mostly confined to representing the speech of the immediate context of the current session, for one of five distinct semantic reasons;

1. to add an evaluation of the current talk, *I feel like a record when I say it* [S1 P3 cl 7].

2. to clarify a preceding clause, *I'm not saying ...*(two instances). These are the only two instances of negative polarity of speaking.
3. to textually reference previous talk within the session, *as I said* (three instances). These textual links also reinforce the repetition of the text.
4. to introduce authorial voice, as an irrealis generalised Sayer, Somebody, *I don't have a clue where to start because somebody might say "Just lay in bed then and try a different alternative."* There is no textual clue as to who *somebody* might be, but the authorial voice (albeit a weak one) counters any suggestion the therapist might be about to make as a solution to the patient's troubles.
5. to introduce other Sayers: (a) the direct speech of a father at the beginning of S2: I am being selfish could potentially have created a Chronicle about a phone but instead develops into a Script about selfishness; (b) the specified human Anne's speech justifies the patient's evaluation of her own life, *she was saying how she cried today... and that was difficult.*

Thus, direct speech, so dominant in its evaluative role in Chronicles, in Scripts is further processed to become ascriptive evaluation in relational clauses. This suggests different generic purposes for Scripts and Chronicles, which are discussed in chapter 9.

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

As in Chronicles, existential and behavioural processes form the smallest cluster of process distribution in the Script texts, each being limited to 2% of the total clause types.

6.8.1 Behavioural

Six behavioural clauses concern *blaming*, which is close to mental action, and *sleeping*, *walking*, *talking* and *crying*, which are part of the struggle of normal daily activities. These bodily functions, although suggested by the Conversational Model as dominant in Chronicles (see section 5.1) in this corpus are seen in Scripts.

6.8.2 Existential

The three existential clauses continue the pattern of alienation, as the patient distances herself or others by nominalising feelings and wishes as existents, for example:

There is a wish [S1 P3 cl 68]

There is a feeling that I would have a solution too [S1 P3 cl 69]

There is a wish that somebody would have the solution [S1 P3 cl 70]

These depersonalised feelings are agnate with *I wish*, and *I feel* but the patient has removed herself from ownership of the Affect (*feeling*) and Desire (*wish*). In any case, these desires are soon thwarted: there is no *solution* and no answer to her *wish*.

6.9 CIRCUMSTANCES: SITUATING THE CLAUSE

Table 6.14 below presents the distribution of Circumstances for the 81 clauses in which they appear, with a comparison to Matthiessen’s general corpus (1999:17).

Matth. Corpus	Circumstance Type	Patient % (instances)
4%	accompaniment	10% (8)
1%	Angle	0%
7%	Cause	0%
5%	Extent	16% (13)
44	Location:spatial	34% (28)
15%	Location:temporal	13% (11)
1%	Manner: comparison	5% (4)
5%	Manner: means	0%
13.1%	Manner: quality	6% (5)
20%	Total Manner	11% (9)
3%	Matter	13% (11)
1.7%	Role	1% (1)
Total		100% (81)

Table 6.14 Circumstances in Scripts

The principal Circumstance type is Location, most frequently associated with material clauses, even though in Scripts relational clauses are dominant. Circumstances of extent semantically add verisimilitude to a claim, but in the same way as generalised Participants are used to argue a world view, the Circumstances are also generalised: (i) as generalised extents which attempt to be specific by the addition of numerical ‘evidence’, for example, *to try and kill themselves three to four times a week* [S3 P6 cl 80] and (ii) as all encompassing extents, for example, *I’m not trying to kill myself all the time* [S3 P6 cl 102]. The movement between specific instances and generalisations is foregrounded in the clause where the patient struggles to choose the most appropriate extent *sometimes, most, more often than not, I do get a good nights sleep* [S1 P3 84]. This also demonstrates the difficulty the patient has accepting a positive report of her life. Circumstances of cause or angle are absent, which again shows that the world of the Script is taken for granted.

PART II: INTERPERSONAL ANALYSIS OF PATIENTS' RANKED CLAUSES

The presentation of the interpersonal analysis for Ranked clauses follows the order set out in chapter 4: 6.10 summarises and discusses choices in the mood and speech function; 6.11 presents modality; 6.12 polarity; 6.13 tense; and 6.14 summarises Appraisal. The interpersonal analysis of mood and Appraisal is in Appendix C.

6.10 MOOD STRUCTURE AND SPEECH FUNCTION

Table 6.14 below summarises Mood and Speech function for Script ranked clauses. Overall, the mood selections show that Scripts are self-focused talk and not for the most part reporting interactions with others.

Lexicogrammatical Analysis	
Mood	Patient Instances
Declarative	239 (96%)
Declarative tagged	1
Interrogative	4
Imperative	1
Exclamative	3
Total	249⁵⁶
Semantic Analysis	
Speech Function	Patient Instances
Give information	234 (94 %)
Demand information	14 (5%)
Demand Goods and Services	1
Total	249

Table 6.15 Ranked Clauses: Mood and Speech Function

6.10.1 Mood: Declarative

Ninety six percent (239/249 clauses) of the finites spoken by the patient are grammatically declarative mood but slightly fewer (94%) work semantically to give information. This indicates that in Scripts patients predominantly give information, congruently realised by declarative clauses. Tagged declaratives show patients seeking agreement with therapists, for example, *but it's not right is it?* [S2 P5 cl 56]

6.10.2 Mood: Interrogative

The limited number of Interrogatives (four) has a limited semantic range in Scripts. Only two of the five types in the SCN Corpus (see section 5.10.2) are present in Scripts.

⁵⁶ There are nine non finite clauses which contribute to the Script clause total of 258.

- 1. when a patient asks questions of herself in the presence of the therapist, for example, *so should I buy a new car* [S3 P6 cl 26]: not answered.
- 2. when a patient questions a therapist, for example, *How are you?* [S1 P3 cl 1] :answered.

In Scripts, except for those directed to the therapist, interrogatives do not demonstrate engagement with other human beings, but show patients’ alienation from the world.

6.10.3 Mood: Imperative

The two demands for goods and services again show the alienation of patients because real human participants are not reported making demands on each other. Instead, they are projected by a generalised human being in an irrealis verbal clause, *somebody might say ‘just lay in bed and try a different alternative.’* [S1 P3 cl 50-52]

6.10.4 Mood: Exclamative

The three Exclamatives are swear words which occur within one turn, as a reported response to another participant, for example, *oh shit!* [S2 P5 cl 119]. This displays the patient’s dissatisfaction at the imposition of her father.

6.11 MODALITY

Table 6.16 below summarises the limited Script modality in the ranked clauses.

Modality	Instances
Modal Finite	
Probability	2
Usuality	0
Obligation	5
Readiness ability	9
Readiness inclination	2
Total	18
Mood Adjunct	
Degree	1
Intensity	7
Time	-
Obviousness	-
Obligation	1
Readiness (inclination, ability)	1
Probability	8
Usuality	5
Total	23

Table 6.16 Ranked Clauses: Modality

The infrequent use of modality shows the patients' worldviews are not available for negotiation. Finites of ability, with five of the nine instances having negative polarity, show a world of ineffectuality, displaying what the patient cannot do, for example, *I can't handle it*. Even grammatically positive polarity represents non-achievement of ability because the subject is non-specific with a transferred negative, for example, *No-one can^REALISE*. The only exception is at the end of a Script: the patient contradicts the therapist, herself suggesting, *so things can change*. This apparent optimism is perhaps more suggestive of the patient's contrariness.

That alternative worldviews only arise when patients are refuting therapists' positions is seen also in modals of probability and usuality, for example, when the patient explores the therapist's position: *like I suppose the issue is [[how much of yourself are you supposed to give]]* [S2 P5 cl 98] or *but that's probably because [[I want you// to give me a solution]]* [S3 P3 cl 8]. Similarly, when one therapist encourages a patient to concede that her poor sleeping is not a consistent pattern, the patient's reply is highly modalised, *sometimes, most, more often than not, if not all the time ^ I DO HAVE A GOOD NIGHT's sleep*.

6.12 POLARITY

Twenty-three percent (61/260 clauses) of the patient ranked clauses have negative polarity, of which 45 instances are directly associated with negative self-attribution. Normal people do not possess negative Attributes (11 instances), which is simultaneously a positive evaluation of them and added negative evaluation of the patient. People with borderline personality disorder *can't even carry a normal relationship with anyone*, which is a negative evaluation of a class of people which includes the patient.

6.13 TENSE

Table 6.17 summarises the primary tense for ranked clauses in Scripts.

Tense	Instances
Present	180 (70%)
Past	44 (17%)
Future	2 (1%)
Modal finites	18 (7%)
Non finite clauses	14 (5%)
Total	258

Table 6.17 Ranked Clauses: Tense in Patient Clauses

Scripts are predominantly located in the present (70%), consistent with a discussion of self-attributes. All past references are to the recent past. Two future references occur at the end of *S1: I feel like a record* when the patient is being contrary to the therapist, see section 6.12 above, and hoping that she will be better one day, for example, *No. Hopefully one day I will be* [S3 P6 cl 161].

6.14 APPRAISAL

Appraisal analysis, which was displayed in relational clauses (see section 6.5.3 above), shows the dominant Script pattern of negative Affect, dissatisfaction with life and a negative evaluation of patients' capacity to be normal.

PART III: LEXICOGRAMMATICAL ANALYSIS OF OTHER CLAUSES

6.15 RANKSHIFTED CLAUSES

Twelve percent (38/316) of patient Script clauses are rankshifted clauses: they are equally distributed as (i) Participant (6 mental clauses and 12 relational clauses), for example, *my problem is [[I never really learned]]* and (ii) postmodification qualifier in 20 clauses, for example, *it's the first time [[I am up]]*. There is no consistent rankshifting of ideas or emotions.

6.16 INCOMPLETE CLAUSES: INCOMPLETE KNOWLEDGE

Three percent (14/316) of Script clauses are incomplete clauses. They are predominantly relational attributive and are often associated with *I don't know*. This co-occurrence, far from being an idiolectal feature, is common for all patients in all incomplete clauses, in all Scripts, and not found elsewhere in the BPD Corpus. The following five examples are presented below, with incomplete clauses marked by asterisks, to show their semantic value.

1. *I wouldn't ** (followed by) *I don't know how to do it Betty* [S1 P3 cl 45]
2. *It's just that*(followed by) I don't know* (followed by) it's easier to play normal* [S3 P6 cl 136]
3. *I feel like I've got to do something or I've got to be*(followed by) I don't know*(followed by) cause like Mary rang* [S2 P5 cl 16] The feeling is not completed here. Instead the patient starts on a recount of events.
4. *I feel as if like [long pause]... I don't know*(followed by) maybe I just find that it wears me out more* [S 2 P5 cl 61]. A negative feeling is introduced as wearying.
5. *I feel really*(followed by) I feel like such a *(followed by) I don't know*(followed by) I don't want to give myself a stupid cliché name but I just feel so outa control in the night* [S1 P3 cl 92]. This example is completed with a negative evaluation.

These incomplete clauses with *I don't know** consistently foreground the patients' difficulty in retrieving an evaluation.

PART IV: THE COMPLEX TASK OF THERAPISTS IN SCRIPTS: YOU ARE NORMAL?

And [[86.1 what you're saying]] obviously is [[[[that in the past part of the way you might have coped with it unconsciously]] is [[to blame it on something [[that wasn't you]]][[having to make the decision]]]] which was the phone. [S2 T4 cl 86]

Following the patterns set out in chapter 4 and followed for the patient data in this chapter, sections 6.17-6.29 below turn to the contributions of therapists to the creation of Scripts. The findings for the therapist 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. Therapists have 25% of the clauses in Scripts, the most of the three text types. At the same time as therapists are involved in the interaction, they are trying to avoid being drawn into patients' negative worlds ('primed into the Script' Meares 2000:110).

6.17 OVERVIEW OF THE RANKS OF SCRIPT CLAUSES

Table 6.1, from section 6.2, is repeated here to show the therapist clause distribution in Scripts.

Type of Ranking	Patient	Therapist	Total
Ranked	82% (261)	74% (79)	80% (340)
Rankshifted	12% (38)	18% (20)	14% (58)
Incomplete	3% (9)	4% (4)	3% (13)
Minor	3% (8)	4% (4)	3% (12)
Total Clauses	100% (316)	100% (107)	100% (423)

Table 6.1 Rank Distribution for Script as a Percentage of Scripts

Therapists have a higher percentage of rankshifted clauses compared to patient. Rankshifted clauses are discussed further in section 6.28.

PART IV: A) TRANSITIVITY ANALYSIS OF RANKED CLAUSES FOR THERAPISTS

6.18 NORMALITY AS EXPERIENCE

Table 6.18 presents the Script clause type distribution for therapists.

Clause Type	S1	S2	S3	Total
Material	9	4	3	20% (16)
Relational	7	25	9	53% (41)
Mental	3	7	4	18% (14)
Verbal	2	0	0	2.5% (2)
Behavioural	3	0	0	4% (3)
Existential	2	0	0	2.5% (2)
Total Clauses	26	36	16	100% (78)

Table 6.18 Therapist Clause Types as a Percentage of Therapist Scripts

As occurred in Chronicles, the same three clusters of clause types appear for therapists as for patients. In the first cluster however the order of relational/material is reversed, so that therapists have Relational clauses as the dominant clause type. There are very few verbal, existential or behavioural clauses. The order of presentation of clause types in the next sections follows that for the patient, that is, commencing with material clauses.

6.19 NORMALITY AS DOING: MATERIAL CLAUSES

Table 6.3 below is here reproduced from section 6.4 above to present the limited therapist material lexis.

Patient and Therapist Lexis	Patient Only	Therapist Only
block, do, get, give, go, happen, separate, try	build, buy, carry, change, come, compare, contact, cope, cut, deal, eat, face, find, get over, go off, go on, handle, hold, kill, learn, leave, lie (I lay down), make, matter, move, overwhelm, pardon, point, put, read, reject, relate, ring, start, struggle, take, wait, walk, wear	identify, take on, throw

Table 6.3 Material Processes (bold represents patient as Actor)

Material clauses for therapists do not necessarily concern the material world. They may represent abstract ideas, for example, *so people have been giving you solutions* [S1 T3 cl 57].

Table 6.17 below shows the principal Actor in therapist material clauses.

Actor	Instances
Human	
Patient	5
Therapist	2
One (you)	2
Other people generalised – 'borderline personality disorder'	2
Abstract entity/idea /fact	5
Total	16

Table 6.19 Ranked Clauses: Material Processes: Actor in Therapist Clauses

Table 6.19 shows Actors in therapist material clauses are from within a limited field, restricted to patients, people with borderline personality disorder, therapists and abstract ideas, with the patient or Abstract things as the principal Actor. When the therapist is Actor it is in relation to the direct work of the therapy, *I mean I'm just throwing that up as an idea* [S2 T4 cl 47].

6.20 THE NORMALITY OF BEING AND HAVING: RELATIONAL CLAUSES

Relational clauses represent 53 % (41/78 instances) of therapist corpus. Ninety percent of these clauses are relational intensive (12 identifying and 22 attributive). The four relational

possessive clauses have either patient or an abstract idea as Possessor, and all the Possessions are abstract entities: *a rest, a good night's sleep, the decision* and *negative connotations*. There are no relational circumstantial clauses. Thus, therapists are not reflecting the physical world of patients' Possessions but instead introduce discussion of the patients' internal world.

6.20.1 Relational Clauses: Intensive: Attributive

Table 6.20 below presents the therapists' relational intensive attributive clauses.

Inscription	Appraisal		Quality/ Classifier
Script 1 T3			
<i>I'm fine thanks Clare</i> [cl 2]	Affect	+happiness	Quality
<i>what about you?</i> [cl 3]	Neutral		Quality
<i>So it must be hard</i> [cl 73]	Appreciation	-quality	Quality
<i>That's a big difference</i> [cl 88]	Appreciation	+valuation	Classifier
Script 2 T4			
<i>You feel guilty</i> [cl 28]	Judgement	-propriety (SS)	Quality
<i>as if you're not being generous</i> [cl 33]	Judgement	-propriety (SS)	Quality
<i>As if you're being selfish</i> [cl 35]	Judgement	-propriety (SS)	Quality
<i>as if you're just self concerned with how you are</i> [cl 40]	Judgement	-propriety (SS)	Quality
<i>^AS IF YOU ARE not concerned the other person</i> [cl 41]	Judgement	-propriety (SS)	Quality
<i>Or may be you're more in touch with [[how wearying it's always been]]</i> [cl 66]	Judgement	+capacity (SE)	Quality
<i>So now that you're aware of that</i> [cl 88]	Judgement	+capacity (SE)	Quality
<i>Well I think you're right</i> [cl 81]	Judgement	+veracity (SS)	Quality
<i>It's not right?</i> [cl 59]	Judgement	-propriety (SS)	Quality
<i>In terms of it's actually wrong?</i> [cl 60]	Judgement	-propriety (SS)	Quality
<i>It's an important one isn't it?</i> [cl 78]	Appreciation	+valuation	Classifier
<i>^IS IT something like that?</i> [cl 30]	Appreciation	+valuation	Quality
<i>^IS IT Something like that?</i> [cl 42]	Appreciation	+valuation	Quality
<i>it's very different between [[being selfish]]</i> [cl 74]	Appreciation	+valuation	Quality
<i>Well really ^YOU ARE becoming in a way self-caring</i> [cl 73]	Judgement	+normality (SE)	Quality
Script 3 T5			
<i>mm Kind of feeling as some freak or something?</i> [cl 112]	Affect	-satisfaction	Quality
<i>how bad things are?</i> [cl 49]	Appreciation	-valuation	Quality
<i>It's kind of like [[you're not seeing medical people]]</i> [cl 156]	Appreciation	+valuation	Quality
<i>Is it kind of like [[being your best friend]]</i> [cl 47]	Appreciation	+valuation	Quality
<i>that you perhaps couldn't be normal?</i> [cl 160]	Judgement	-capacity (SE)	Quality
<i>You don't belong with them, with normal people?</i> [cl 104]	Judgement	-normality (SE)	Classifier
<i>you can still be their friend</i> [cl 124]	Judgement	+normality (SE)	Classifier
<i>they can still be your friend</i> [cl 125]	Judgement	+normality (SE)	Classifier

Table 6.20 Ranked Clauses: Relational Attributive Clauses for Therapist Showing Appraisal

1. Appraisal

Therapists have limited relational Attributes realising Affect. The two Affect clauses are both restricted Affect: (i) a neutral reply to a standard conversational opening, *I'm fine thanks Clare* [cl 2] and (ii) a suggestion about the patient's inner state, *kind of feeling as some freak or something?* [cl 112]. Instead relational clauses most frequently realise Appraisal Judgement (16 instances). Of these, eight are social sanction and six are social esteem. They mostly clustered in S2: *I am being selfish* where the therapist moves the evaluation from negative to positive, which is discussed further in chapter 8. Judgement always concerns patients, never generalised normal people or borderline personality disorder people.

2. Quality/Classifier

Therapists attribute qualities to patients. Most instances occur in S2: *I am being selfish* in a discussion of whether the patient is really selfish. Classification occurs around normality and friendship.

6.20.2 Relational Clauses: Intensive: Identifying

Therapist relational identifying clauses are presented in table 6.21 below.

Script 1 T3
<i>Is it the not sleeping ^THAT IS GETTING YOU DOWN</i> [cl 13]
<i>or is it the eating?</i> [cl 14]
Script 2 T4
<i>And might that mean [[that you're a bad person?]]... somehow?</i> [cl 44]
<i>So the question on top <I guess> is [[why does it feel so wrong]]</i> [cl 83]
<i>or ^ THE QUESTION IS -[[why sorry - does it feel not okay to do [[what you might want //to do [[which is [[to not hear from people <you know> when they're low or when they're dumping stuff on you.]]]] [cl 84]</i>
<i>And [[what you're saying]] obviously is [[[[[that in the past part of the way you might have coped with it unconsciously]] is [[to blame it on something [[that wasn't you]]][[having to make the decision]] which was the phone</i> [cl 86]

Table 6.21 Ranked Clauses: Relational Identifying Clauses for Therapist

In contrast to the patients' simple nominal groups, for example, *they are not me*, therapists' relational clauses contain complex nominal groups as the therapists' try to equate the patients' talk as a summary statement, available for the patients to assess, for example, *what you are saying is....* Thus relational identifying clauses are used to re-organise meanings so that new relations are created for investigation by patient and therapist. In Scripts, however, the patients do not take up the new meanings.

6.21 SENSING NORMALITY: MENTAL CLAUSES

Table 6.22 below summarises ranked mental clauses for the therapist.

Mental Clause Type	Therapist Lexis	Instances	Sample Inscription
Affect:emotion	-		
Affect:desire	want	3	<i>as if to want</i> [S2 T4 cl 37] //to have a bit of a rest occasionally for something[[that's wearying]]...
Affect:perception	-		
Cognition	feel, know, realize, reflect, imagine, think	11	<i>I am imagining// that it's hard...</i> [S2 T4 cl 55]

Table 6.22 Ranked Clauses: Mental Clauses for Therapist (*wonder is both congruent when representing patient world and metaphorical when representing therapist).

Therapists have limited mental lexis. They do not use mental affect:emotion clauses either for themselves or for patients, nor are there any mental affect:perception clauses. To decrease the interpersonal risk of speaking about someone else's desires, therapists' use mental affect:desire, which directly mirrors the patients' desires and is modalised or conditional, for example, *as if to want*.

For therapists, mental cognition is the most frequent mental clause type (11 instances). However therapists only present their own cognition as grammatical metaphor, *I know, I am imagining*. Instead clauses suggest patient cognition, *so kind of feeling that....* When talk becomes difficult and the conversation stalls, one therapist questions a patient, *do you think so?* The therapist's lexis *feel* is grammatically mental cognition because it projects, but it uses the ambiguity of *feel* as relational attribute to simultaneously introduce emotion into the conversation (see chapter 8).

6.22 TALKING ABOUT NORMALITY: VERBAL CLAUSES

Therapists' verbal clauses reflect previous patient speech as Extract 6.4 below illustrates.

Speaker	Clause	Text
P3	5	My my nights are getting me down a lot, um,
	6	I, I feel like um like a record
	7	when I say it
	8	but that's probably because [[I want you// to give me a solution]]
	9	and I'm waiting for a solution /mm/
T3	10	and when you say
	11	^THAT your nights are getting you down
	12	what what about it is getting you down?
	13	Is it the not sleeping ^THAT IS GETTING YOU DOWN

Extract 6.4 [S3 P3 T3 cl 5-13]

In this extract the therapist's verbal group in cl 10 works coherently to directly reflect and reintroduce the patient's earlier speech, cl 7. The therapist then has a choice of which clause from the patient's turn to amplify here: either *I feel like a record* (to ask *what is the feeling?*) or *waiting for a solution* (to ask *how does that feel?*). Even within the clause actually spoken, *what about it is getting you down?*, the patient is given the option to explain the agency and focus on 'what' is impacting, that is, *the nights* or the *not sleeping* rather than being asked to engage with the emotion of *getting down*. When the patient chooses to repeat her symptoms the conversation continues as Script rather than a preferred conversation and the therapist appears to have contributed to the continuation.

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

Two existential clauses introduce safety and security into the conversation, *when there is somebody else there, there is a sense of safety and security* [S1 T3 cl 97,98]. The three behavioural clauses display the therapist reflecting back a patient's behavioural clauses, for example, *you'd wake up* [S1 T3 cl 81].

6.24 CIRCUMSTANCES: SITUATING THE CLAUSE

The 22 Circumstances in the therapist data are predominantly location:spatial and location:time. There are very limited Circumstances of cause or manner. The therapist thus remains in the congruent patient world.

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

6.25 MOOD STRUCTURE AND SPEECH FUNCTION

Lexicogrammatical Analysis	Instances
Mood	
Declarative	54 (80%)
Declarative tagged	-
Imperative	-
Interrogative	14 (20%)
Exclamative	-
Total	68
Semantic Analysis	Instances
Speech Function	
Give information	42 (60%)
Demand information	26 (40%)
Demand Goods and Services	-
Total	68

Table 6.23 Ranked Clauses: Mood and Speech Function of Therapist Clauses

Mood selection is restricted to declarative mood (80% 54/68 instances) and interrogative mood (20%, 14/68 instances). However, speech function analysis shows a decreased giving of information (60%, 42/68 instances) with a subsequent increase in the demands for information to 40% (26/68 instances). Therapists' demands for information in Scripts reflect the need to prompt conversation because of difficulties the patients have in engaging and continuing talk.

6.26 MODALITY AND TENSE

Modality is restricted for therapists, as well as patients. There are nine clauses containing Modal Finites with probability and ability as the dominant types. There are no clauses of obligation. Mood Adjuncts are of intensity, probability and usuality. The dominance of the present tense (53 instances) and the limited past tense (five instances) shows the therapists' interest in the present. They do not directly question patients about the past.

6.27 POLARITY

Therapists generally keep their talk positive, limiting negative polarity to seven instances which reflect the patient's behaviour, for example, *when you can't get a proper nights sleep* [S1 T3 cl 74] or question patient interpretations, for example, *You don't belong with them, with normal people?* [S3 T5 cl 104]

PART IV: C) LEXICOGRAMMATICAL ANALYSIS OF OTHER CLAUSES

6.28 RANKSHIFTED CLAUSES

The 18 rankshifted clauses function primarily as Participant in relational clauses. They cluster in S2: *I am being selfish*⁵⁷ as the interactants discuss the patient's selfishness, for example, *[[84. I why, sorry, – does it feel not okay to do [[what you might want //to do [[which is [[to not hear from people <you know> when they're low or when they're dumping stuff on you.]]]. S 2: I am being selfish* is discussed in detail in chapter 8.

6.29 INCOMPLETE CLAUSES

Therapists incomplete clauses expand the interpersonal potential by adding modality of probability and an irrealis process (I'm imagining) to the turn, for example, *it can be hard to ** (followed by) *it might** (followed by) *well I'm imagining it might be hard to do something...* [S2 T4 cl 54]. Here, the therapist softens the patient's self evaluation but eventually completes the initial clause, which allows a repetition of the key emotional topic, the patient difficulty.

⁵⁷ They are absent in S1: *I feel like a record* and there is only one occurrence in S3: *I am not normal*.

PART V

6.30 CONCLUSION

This chapter has shown in detail the lexicogrammar with which Scripts reveal patients' alienation from normality as a current state of inert Attributes: *I am being selfish, I am not normal* and *I feel like a record*. Scripts generalise life as a static estranged world, in which patients contrast their own lack of normality with the normal life of both specified and generalised normal others. They also demonstrate their separateness from these normal people as well from people with borderline personality disorder.

The lexicogrammatical patterns show that patients have a restricted construal of their world, consistent across all clause types. They have a restricted material impact upon the world, with the majority of material clauses being Goalless- the only Goals are limited to patients' actions upon themselves. In relational attributive clauses, patients possess repetitions of negative attributes and symptoms. In relational identifying clauses the most poignant sense of alienation is seen, for example, *they are not me, no-one is me*. Mental affect:emotion clauses are limited and mental affect:desire clauses are absent in Scripts. Mental cognition clauses demonstrate a lack of knowing. The mental clauses together show how an enclosed interior world: the patients' own emotions are in a circular relation with their thoughts.

Normal people, both specified (Anne) and generalised people provide patients with a contrastive normality. These people act upon their worlds and possess positive physical Possessions and Attributes. In contrast, people with borderline personality disorder possess negative attributes and display the ambivalence patients feel about whether or not they belongs to this group.

Once a worldview becomes so consistently generalised it is hard to negotiate change. This may suggest why Scripts are dispreferred therapy talk (Meares 2000:124) and thus why therapists try to change the tale. This chapter showed one therapist's failed attempt to change a Script, see section 6.22. A successful attempt is discussed in chapter 8.

In the opening section of this chapter the psychiatric description of Script was presented as 'facts the individual has to learn about himself or herself' and as 'repetitive and invariant. ...The language is linear, offering few associational linkages.' (Meares 2000:98). It was suggested that these would be realised linguistically as negative mental affect clauses, a

repetition of negative relational attributive clauses, and a reduced role for material clauses. The investigation in this chapter has shown an absence of mental affect:desire clauses, which suggests that the unrealised wants of Chronicles are now unable to be expressed. Repetition of negative Attributes did occur. It may be that the repetition, limited field and present tense are the features that suggest 'linearity'. The linguistic finding of the role of other people as 'proofs' in an argument for lack of normality in self was not predicted by the Conversational Model. It will be explored further as generic structure in chapter 10.

In this chapter, Scripts have been shown to represent an alienation from normality as negative present tense Attributes and limited engagement with the world, in contrast to the normality of other people. Chapter 7 now considers the therapeutically valued Narrative, where normality is remembered or anticipated as a positive experience.

Narratives: This is How I Would Like Normal to Be

The Complex Tale of Normality as Imagination and Memory

I feel like one of them now [N5 P5 cl 17]
It's amazing how different I feel [N5 P5 cl 21]

Text N4: *The Backpack*

- P I remember describing to you once that Edward could make you feel the safest or the highest I could feel
- T Mm
- P Just by his approval or whatever, his love and he also make me feel the lowest
- T Mm
- P I could feel, and he played me like a yo-yo all the time
- T Mm
- P And without a doubt, that is the biggest fear in relationships
- T Mm
- P ...I fantasise about dropping it all, and just being able to say, I fantasise about just having a pack on my back and just saying see ya you don't bother me. But they bother just in being, just in being in a relationship bothers me so, in order to keep me feeling like I have a chance, cause I think the inevitable, I think the inevitable for that is disappointment in a relationship, so I just think to myself, well Clare remind yourself, you could just throw that backpack on your shoulder and walk away and just say see ya you don't bother me.
- T Mm huh. Some day you'll be able to do that.
- P yeah yep
- T But then you won't be afraid of being alone.
- P That's right.
- T Whereas now there is that fear.
- P It is. It is. I sort of also fantasise a little bit about, you know those sort of American movies or something, where you see, it's usually a man, sometimes a lady, and they sort of just, er, they're travelling a bit or something and they stop off at a place to stay, just a little motelly place or something, have dinner, meet someone, meet some people, have a chat whatever, go back, go on their merry way the next day, and whatever. For some reason I've got this lovely dream in my head at the moment that I wish I could do that.

[N4 P3 T3 turns 350-364]

Text N1: Rain and Bunny Memory

- P Weird [6 secs] I like this weather we're having.
- T Do you?
- P Yes I love it when it rains. /mmm/ I like the cooler weather /yeh/ I don't like the heat.
- T Yes yes
- P Cold weather
- T Yes and playing with the rain. And it's like a child isn't it? Children like rain.
- P Mmmm yeh it feels very also when it's raining umm in the car it feels very secure like a security thing when I'm in the car
- T Yeh
- P And the rain's falling
- T And you're not getting wet
- P Yeh I don't know why but that's how it feels
- T Interesting
- 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.
- T Yeh it's a nice feeling isn't it?
- P Mmmm
- T Yes
- P But It's really weird isn't it?
- T But it shows you how you know you can remember even from such a young age you can remember the feeling of feeling secure
- P Yeh I don't know how old I was. I just remember looking out from the pram. I was lying down and I saw these pretty lights. I liked the lights.
- T Yeh ... [tea cup rattles] and you felt warm and you felt secure.
- P Why how far back do you remember? for yourself?
- T Um I think three years actually three years yeh but not everything because my brother was born. There is a three year difference /mm/ so I remember the day we went to visit went to visit my mother with my grandparents and my father in hospital when she had him. And I described the room to my mother and she said 'yes that was it' so it must have been three years because it we are exactly three years difference yeh
- P Oh right mm [4 secs] [loud car sounds] yeh I remember back further
- T Do you?
- P Yeh I remember another time. I was in the cot and I had ulcers on my tongue and my mother took me to the doctors and the doctor gave her this stuff to put on my tongue. She put it on my tongue but it was poison /mm/ and I nearly died. /right/I had to go to hospital /mm/ and I remember in the hospital they had wallpaper on the walls and it was all bunnies /right/ and I remember the bunnies. I could see the bunnies hopping /mm/ on the wallpaper /right/ I remember that.
- T Right how was it? Was it like a funny feeling or was it happy?
- P Happy
- T Happy feeling yeh
- P Yeh because the wallpaper was coming alive. /yes/ All the little bunnies were jumping around. /yes/ yeh I felt really happy. Apparently I was very very sick because he shouldn't have told her to put that stuff on my tongue /mm/ because it was poison /mm/ because I had the ulcers right back towards the back of my tongue as well /mm/ and then it went down me throat. /yeh/ She used to say you get ulcers on your tongue from telling lies.
- T Oh right

[N1 P1 T1 turns 326-357]

7.1 INTRODUCTION

Chapter 5 showed the lexicogrammar of Chronicles' which represents an ineffectual everyday normality for patients and chapter 6 showed the lexicogrammar of Scripts which represents patients' alienation from normality. This chapter now considers Narratives lexicogrammatically. The chapter ultimately reveals the commencement of a complex 'normality'. Texts *N4: The Backpack* and *N1: Rain and Bunny Memory* have been selected to illustrate typical Narratives. They are tales of patients presenting life as a positively imagined self and a positively remembered self. The five Narratives for investigation are *N1: Rain and Bunny Memory* (Patricia), *N2: The Backyard* (Emma), *N3: The Kafka Dream* (Fiona, the borderline text), *N4: The Backpack* (Clare) and *N5: The Bubble* (Fiona).

The chapter eventually enables a means of re-examining Meares' description of 'nonlinear', 'spontaneous' and 'complex' features, and the expanded lexicogrammatical resources of patients which create a positive remembered or imagined 'normality'. Section 7.1.1 and 7.1.2 reintroduce the psychoanalytic (semantic) descriptions of the Conversational Model and the linguistic orientation of this study, first presented in Chapter 2. Sections 7.2-7.28 present the lexicogrammatical analysis, first the experiential and interpersonal analysis for the patient in sections 7.2-7.16 and then for the therapist, sections 7.17-7.30. Section 7.31 concludes the chapter. Appendices C and D contain the lexicogrammatical database with analysis and the major lexicogrammatical summaries.

7.1.1 Conversational Model Description

Narratives are not independently defined in the Conversational Model but are described in contrast to Scripts and Chronicles, which are 'manifest in clinical conversations of a less complex, more automatic kind than the narrative of self' (Meares1998:875). The goal of therapy is to transform Scripts and Chronicles into 'a more spontaneous and complex narrative form' (Meares1998:875). The language of Narratives is 'a form of mental activity which is non-linear, non-logical which is found in states such as reverie' (Meares 1992: Introduction, my underline). Although not easily defined, Narratives are recognised clinically by the therapists as valued therapy talk.

7.1.2 Linguistic Description

As was the case in the previous two chapters, the psychiatric semantic description is set aside and this chapter returns to the naturally occurring language of patients and therapists to explore the complex syndrome of features in the lexicogrammar and the semantics of evaluation that create the text type Narrative. Because Narratives are valued as a sign of

improved mental health, it could be expected linguistically that there is an increase in positive affect Appraisal and an increased representation of the inner world in mental clauses.

7.2 OVERVIEW OF THE RANKS OF NARRATIVE CLAUSES

The 391 Narrative clauses comprise 35.2% of the SCN Corpus when divided into clauses. Although Narratives are the texts which are the most directly interactive, there is not the increased clause contribution by the therapist that might be anticipated, with the therapist to patient clause ratio of 23%:77%. This demonstrates that Narratives remain consistent with the context of psychotherapy, where patients do the majority of the talking.

The ranking distribution of Narrative 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 7.1 below.

Type of Ranking	Patient	Therapist	Total
Ranked	82% (320)	83% (97)	82% (417)
Rankshifted	11% (42)	9% (11)	10% (53)
Incomplete	5% (18)	5% (6)	4% (24)
Minor	3% (11)	2% (3)	3% (14)
Total Clauses	391	117	508

Table 7.1 Rank Distribution as a Percentage of Narrative Clauses

This table presents the order of discussion of Narrative 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

7.3 THE EXPERIENCE OF POSITIVE NORMALITY

This section presents the patients' construal of their reality as either an imagined or remembered normality. The realisation of the patients' positive self in Narratives is compared and contrasted to therapists' realisations and interactions with the patients' experiences in sections 7.16-7.27. The extensive analysis, which has been summarised here, can be found in Appendix C.

7.3.1 Narrative Clause Types: Distribution

Clause Type	N1	N2	N3	N4	N5 ⁵⁸	Av.
Material	23%	41%	30%	27%	25%	31% (98)
Relational	34%	31%	44%	27%	65%	38% (121)
Mental	38%	21%	19%	40%	5%	25% (80)
Verbal	3%	4%	3%	6%	0%	3% (10)
Behavioural	0%	3%	1%	0%	5%	1% (4)
Existential	2%	0%	1%	0%	0	1% (2)
Total Clauses %	100	100	100	100	100	100 (318)

Table 7.2 Patient Clause Types as a Percentage of Narrative Clauses (dominant clause type highlighted)

Table 7.2 shows that overall, relational clauses are dominant. There is some variation in clause types between the individual texts, in part due to the short text *N5: the Bubble*. *N1: Rain and Bunny Memory* has more mental clauses because of the cluster of *I remember* clauses, *N2: The Backyard* more material clauses because of repeated childhood actions and *N4: The Backpack* more mental clauses in the fantasy. For consistency of reading, the discussion is presented in the same clause type order as for Chronicles, that is, starting with the material clauses.

7.4 NORMALITY AS DOING: MATERIAL CLAUSES

Following the pattern set out in chapter 4 and employed in chapters 5 and 6, material clauses are investigated in the following order: 7.4.1 summarises the range of lexical choices for these clauses; 7.4.2 summarises the Actors in material clauses in the order of Hasan's cline of dynamism (1985:47); and 7.4.3 summarises the Goals and Ranges in material clauses, again according to Hasan's cline of dynamism (1985:47).

⁵⁸ N5 has only 23 ranked clauses.

7.4.1 Material Processes: Lexical Choices

Although material clauses are not the dominant clause subtype in Narratives, the 54 material lexemes, which are presented in table 7.3 below, represent an expanded topical domain.

Patient & Therapist Lexis	Patient Only	Therapist Only
climb, do, shift, show, work, visit	build, change, chop, come, defend, die, discover, drop, elbow, fall, find, fit, flex, give, happen, have, hide, hop, jump, leave, lie, lose, move, play, prepare, punish, put, rain, root, see, send, sentence, separate, sit, snuggle, spend, stay, stick, tag, take, throw, travel, use, wait, walk	count, crick, cut, end, get, go, hang, make, stop

Table 7.3 Material Processes (bold represents patient as Actor)

The process lexis for patients is still concrete actions of the everyday, now extended to the domain of childhood, for example, actions, *hop*, *jump*, and the positively imbued lexis, *snuggle*. Therapists introduce their own lexis to extend the material action.

7.4.2 Material Clauses: Participants: Actor

Table 7.4 below summarises the Actor in the material clauses. It is arranged according to Hasan's cline of dynamism (Hasan 1985:47, see section 4.6.1).

Actor	Instances	Inscription Examples
Human Actor		
Patient	25% (19)	<i>I built Lego</i>
Patient plus other	18% (14)	<i>We just made collages out of everything</i>
Mother	13% (10)	<i>She made tinsel out of bottle tops</i>
Male	6% (4+1 father)	<i>Dad sat on all the memories</i>
Someone	-	
Therapist	-	
One (you)	11% (9)	<i>because you've done something</i>
Other people generalised	8% (6)	<i>and they are travelling a bit or something</i>
Things Physical	4% (4)	<i>The little bunnies were jumping around</i>
Abstract entity/idea /fact	15% (12)	<i>It just sort of hangs over me</i>
Total	79⁵⁹	

Table 7.4 Ranked Clauses: Grammatical Actor in Material Clauses

Table 7.4 shows human Actors in 81% (80/98) of Narrative material clauses. The patient, however, is the sole Actor in only 25% (19/98) of the material clauses, but also appears as Actor with others in 18% of clauses, showing that overall patients construe themselves as Actor in 43% of clauses. In Narratives, generalised other people display the freedom of others to act as they please, but rather than creating alienation for patients, they suggest a

⁵⁹ The other material clauses without Actor are non-finite or passive clauses.

potential for patients to do the same. This is illustrated in Extract 7.1 below, where a patient introduces fantasised other people and then concludes, not that she is different (as in Scripts), but that she wishes she could be like them, thus creating an alternative model of action and being. Also, immediately prior to Extract 7.1 below, the patient suggested a modalised action with positive modal ability, *you could throw your backpack on your shoulder and walk away*. [N4 P3 cl 18,19]

I sort of also fantasise a little bit about, you know, those sort of American movies or something where you see*
its usually a man, sometimes a lady,
and they sort of just, er, they're travelling a bit or something
and they stop off at a place [[to stay]] just a little motelly place or something
have dinner,
meet someone
meet some people
have a chat whatever,
go back,
go on their merry way the next day, and whatever.
For some reason I've got this lovely dream in my head at the moment
that I wish I could do that

Extract 7.1 [N4 P3 cl 30-43]

7.4.3 Material Clauses: Participants; Goal

Table 7.5 below shows the second Participant of the material clauses.

Goal /Range	Inscription Examples	Process Lexis	Goal/ Range Lexis
Patient as Sole Actor Total =19 Goal: Human Total =3 Goal: Thing Concrete total = 2 Goal: Thing Abstract total = 3 No Goal: total = 11	<i>I <u>can't even defend</u> myself</i> <i>I built lego</i> <i>I <u>didn't do</u> it on purpose</i> <i>I went to the office</i>	Defend Built Do Go	Myself Lego Action Circumstance
Patient + Other Total =14 Goal: Human Total = 0 Goal: Thing Concrete total = 2 Goal: Thing Abstract total = 5 No Goal total = 7	<i>We just made collages</i> <i>We did so much stuff together</i> <i>We used to climb on the roof</i>	- Did Climb	- Actions -

Table 7.5 Ranked Clauses: Grammatical Goal in Material Clauses (negative clauses in underline)

Patient as Actor and Goal

Patients are Actors on self and things. The patient is Goal in a series of agentless passive clauses in *N3:The Kafka Dream*, for example, *where I was being sent off* [N3 P5 cl 153]. They suggest the unreality of participants who act on the patient in a dream. Clauses without Goals are discussed in the section below.

Other Participants, Goal

Other human Actors act on material things, for example, *she (my mother) made playdoh from scratch* [N2 P4 cl 48]. They also act upon the patient as Goal, for example, *he always thrashed me* [N2 P4 cl 36]. Although these clauses could lead to negative self talk, in the context of the Narrative they continue as positive texts.

Clauses Without Goals

There are 18 goalless clauses with patient as Actor, but rather than lacking impact upon the world these clauses are completed by Circumstances, for example, *we moved into our house* [N5 P5 cl 4]. The Circumstances introduce a location for the movement and hence contribute to an increased representation of interaction with the world.

7.5 THE NORMALITY OF BEING AND HAVING: RELATIONAL CLAUSES

Table 7.2, in section 7.3.1 above, shows that relational clauses represent 38% of the Narrative clauses, the largest representation of relational clauses in the SCN Corpus. Table 7.6 below shows the distribution of the relational clause subtypes⁶⁰.

Relational Clause Subtypes	Instances
intensive attributive	70 (58%)
intensive identifying	21 (18%)
possessive attributive	26 (21%)
possessive identifying	0
circumstantial attributive	4 (3%)
circumstantial identifying	0
Relational Total	121

Table 7.6 Ranked Clauses: Relational Clause Subtype Distribution

As in chapters 5 and 6 the majority of relational clauses are intensive attributive (58%, 70/121 instances). But an important difference is that the finite of these clauses sets them in past, future or hypothetical time more often than the present. Discussions of Tense occur in section 7.13.

The following sections display attribution for the human Participants for the different clause subtypes in the order indicated in chapter 4: relational possessive clauses, relational circumstantial clauses and relational intensive clauses. The importance of Appraisal in circumstantial and intensive relational clauses is discussed within the relevant sections.

⁶⁰ There the same number of instances for Chronicles and Narratives (121) so direct comparison is easier.

7.5.1 Relational Possessive Clauses: Attributive and Identifying

Table 7.7 below summarises the relational possessive clauses, all of which are attributive, according to the characteristics of the Possessions. They are presented in a cline from external possessions to internal possessions, where abstract possessions are close to the border between the two classes.

Characteristic of Possession	Instances	Possessor	Sample Possessions
External Possessions			
Thing Positive	4	Place: hospital, home, garden	<i>they had wallpaper on the walls</i> <i>it's got all these half rooms underneath under the house</i>
Thing Neutral	0		
Thing Negative	0		
Abstract Thing Positive	11	Patient, patient and brother (1)	<i>I had a lovely childhood (3), adventures, dream (6)</i>
Internal Possessions			
Symptoms Negative	3	Patient	<i>I had ulcers on my tongue</i>
Problems Negative	0		
Behaviour Positive	2	Imagined people	<i>have dinner, have a chat</i>
Non Possession	6	Patient	<i>I haven't had it in the last week or so = dream (6)</i>
Total	26		

Table 7.7 Ranked Clauses: Grammatical Possessions in Relational Possessive Clauses (possessions in bold)

The possessive clauses include positive evaluation, for example, *lovely dream*. Physical Possessions belong to childhood memories of place, for example, the *childhood family home*. Abstract Possessions are actions and dream based. Even bodily signs, for example, *ulcers*, are remembered Possessions rather than current signs. There is no possession of feeling.

7.5.2 Relational Circumstantial Clauses: Attributive and Identifying

Four circumstantial locational clauses place patients in a physical location in their childhood or in a dream. Two circumstantial clauses are in the continuous present where the feelings are now represented as ongoing. For example, *I feel like that (secure)// when I'm in the car* [N1 P1 18] connects a past experience to a persistent current emotion.

7.5.3 Relational Intensive Clauses: Attributive

Seventy relational intensive attributive clauses represent the highest number of Attributes for the three text types. The following sections display the Attributes as: A), Attributes of patients, B) Attributes of other people and C) Attribution of ideas.

A) Attributes of Patients

Inscription	Appraisal		Inner/ Outer	Quality/ Classifier
Narrative 1 [P1 T1] <i>I've always felt like that (= very secure) [cl 25]</i> <i>I feel like⁶¹ that (= secure) in the car and sort of in bed of a night [cl 35]</i> <i>I feel really secure [cl 38]</i> <i>I felt really happy [cl 89]</i> <i>Apparently I was very very sick [cl 90]</i> <i>and I was a baby [cl 29]</i>	Affect Affect Affect Affect Judgement Judgement	+security +security +security +happiness -happiness (SE) +normality (SE)	Inner Inner Inner Inner Outer Outer	Quality Quality Quality Quality Quality Classifier
Narrative 2 [P4 T3] <i>I'm a bit like dad [cl 4]</i>	Judgement	-normality (SE)	Outer	Quality
Narrative 3 [P5 T4] <i>when I'm down [cl 4]</i> <i>because I always feel so out of control of things [cl 104]</i> <i>I'm completely powerless [cl 58]</i> <i>It's sort of a bit like my whole life, in a way [cl 103]</i>	Affect Affect Judgement Appreciation	-happiness -security -capacity (SE) -valuation	Inner Inner Inner -	Quality Quality Quality Quality
Narrative 4 [P3 T3] <i>feel the lowest [[I could feel]] [cl 3]</i>	Affect:	-security	Inner	Quality
Narrative 5 [P4 T4] Patient as 'I' <i>I feel really good today [cl 1]</i> <i>I feel really good about it [cl 6]</i> <i>But I felt really good and all that stuff of the last couple of months [cl 9]</i> <i>I feel like one of <u>them</u> now (normal people) [cl 18]</i> <i>Mm it's amazing [[how different I feel.]] [cl 21]</i> Patient as 'you' <i>you're more in contact with the world [N5 cl 15]</i> <i>like you're inferior [N5 cl 91]</i> <i>because you're not good enough [N5 cl 90]</i> <i>like you're not privy to the information [N5 cl 88]</i> <i>and you had to be careful [N5 cl 40]</i> Patient as 'we' <i>before as we were children [N5 cl 61]</i> <i>we were inseparable [N5 cl 30]</i>	Affect Affect Affect Affect Appreciation Judgement Judgement Judgement Judgement Judgement Judgement	+satisfaction +satisfaction +satisfaction +satisfaction +impact +normality (SE) -normality (SE) -capacity (SE) -capacity (SE) -capacity (SE) +normality (SE) +normality (SE)	Inner Inner Inner Inner Inner Outer? Inner Inner Outer Inner Outer Outer	Quality Quality Quality Classifier Quality Quality Quality Quality Quality Quality Classifier Quality

Table 7.8 Ranked Clauses: Relational Attributes of Patients

[Key: SE = Social Esteem, SS = Social Sanction]

Discussion

Narrative Appraisal shows a distinct possibility for a positive worldview. Self Attributes include positive Attributes and positive clusters of Affect: security, happiness and satisfaction. They mostly represent inner experiences. Negative self esteem occurs in a

⁶¹The closeness of relational categories of *feel* to mental categories is seen in that the Appraisal is classified as Affect.

strange dream for which the overall Appraisal prosody is positive. Negative Judgement is also shifted interpersonally into the generalised *you*, although it is clearly the patient herself that is being described. The majority of Attributes are Qualities. Classifying Attributes class the patient as *baby* and importantly, the one attribution of normality occurs when the patient can describe herself as *one of them now*, that is, she can define herself within the category of normal people.

B) Attributes of Others

Other humans have a limited presentation in Narratives. They are usually family members, in particular the inclusive ‘we’ of a patient and her brother. There is only one clause of human attribution outside of the family, a negative Judgement: propriety of a patient’s staff, *Because they were being mean to him* [N5 P5 cl 7] which she contrasts with her own positive behaviour.

C) Appreciation of Ideas and Things

The majority of Appreciation, 87 % (30/35 clauses) is of ideas and non physical things, for example, *feelings*. Most of these occur in *N3: The Kafka Dream*, where they summarise long stretches of talk, as a patient tries to explain the deeply interior world of a dream. Physical things, for example, classifying a tree in a childhood garden, represent only 13% of Appreciation (6/35 clauses). Table 7.9 below presents Appreciation in the patient’s attributive clauses.

Feel classification was explained in section 4.7.

Inscription	Appraised	Appreciation
Narrative 1 [P1 T1] <i>it was all bunnies</i> [cl 78] <i>it looked really pretty</i> [cl 32] <i>^IT WAS Happy</i> [cl 85] <i>in the car it feels very secure like a security thing</i> [cl 17] <i>it's really weird isn't it?</i> [cl 42]	The wallpaper The traffic lights changing colours Feeling Feeling The situation	neutral +quality +quality +quality +impact
Narrative 2 [P4 T3] <i>it wasn't at all</i> [cl 74] <i>it just have been so intimate and close</i> [cl 71] <i>isn't that horrible</i> [cl 2] <i>it makes me feel really awful</i> [cl 72]	The bush wasn't lantana Childhood not remembering the 'happy stuff' Dream	neutral +quality -quality -impact
Narrative 3 [P5 T4] <i>it's always sort of the same</i> [cl 70] <i>always just as obscure</i> [cl 71] <i>it's sad</i> [cl 6] <i>it's like that</i> [cl 17] <i>that's not clear either</i> [cl 24] <i>it's all really, not obscure</i> (can't find the word) [cl 25] <i>it was a place of like no return</i> [cl 43] <i>it's so stupid in details</i> [cl 44] <i>it's no good</i> [cl 169] <i>It's just like poor old Fiona</i> [cl 181] <i>feeling [[like it's not a good place]]</i> [cl 171] <i>it's always the same sort of feeling and ending</i> [cl 152] <i>it's not always the same</i> [cl 151] <i>it sorted of sounded like [[I started to feel better]]</i> [cl 148] <i>it was interesting</i> [cl 142] <i>that was one of those little details [[109.1 you have in the dream]]</i> [cl 109] <i>it's really unsettling</i> [cl 94] <i>may be that's [[how Kafka felt]]</i> [cl 84] <i>it's a really dark</i> [cl 173]	Dream Dream Dream 'the way I can just say books and you know them' Dream Dream Dream (classification) Dream Dream Fiona Dream Dream Dream Health 'I stopped having dream' Dream details Situation in dream powerless in a dream Dream	-quality -impact -quality +quality -quality -impact -quality -valuation -quality -valuation -quality -quality +valuation +valuation +impact neutral -impact -quality -quality
Narrative 4 [P3 T3] <i>that is right</i> [cl 26] <i>it's usually a man, sometimes a lady</i> [cl 32] <i>it's like [[the light goes on]]</i> [cl 13] <i>it's like [[the light goes on]]</i> [cl 10] <i>it's hard [[to explain]]really</i> [cl 12]	Agree with therapist Person (classification) Emotion Emotion Positive emotion	+valuation +valuation +valuation +valuation -valuation

Table 7.9 Ranked Clauses: Relational Intensive Attributive Clauses Showing Appreciation

Appreciation shows a dominant pattern of positive qualities and positive valuation of ideas and events. The negative valuations occur in a dream and do not have the impact on the patient that present life events would have.

Two relational clauses display changing state *the bubble gets more transparent* [N5 P5 14] and *the wallpaper was coming alive* [N1 P1 87]. They represent the patient’s observation of these past events unfolding in real time, grammatically showing a duality of view. In doing this they introduce a perspective of change that may then be applied to self, which is seen in the negative as *not wanting to become an awful person*, but could potentially occur as a positive appraisal.

7.5.4 Relational Intensive Clauses: Identifying

Table 7.10 below presents the relational intensive identifying clauses. The first clauses, from N1 are close to attribution but are included here because they represent a technical class definition.

Cl.	Relational Intensive Clauses: Identifying
	Narrative 1 [P1 T1]
73	<i>but it was poison</i>
93	<i>because it was poison</i>
	Narrative 2 [P4 T3]
13	<i>so that is [[what I say]]</i>
81	<i>it was the neighbourhood kids and probably Eugenie [[tagging along behind]]</i>
	Narrative 3 [P5 T4]
131	<i>– it wasn’t only me</i>
7	<i>it’s this really weird dream</i>
48	<i>it’s not actual fear</i>
76	<i>^THE FEELING IS Scared</i>
132	<i>it’s other people as well</i>
137	<i>especially with the last couple of months that’s [[how I feel]]</i>
145	<i>Oh it was the one</i>
158	<i>yes and that’s [[how I feel a bit]]</i>
188	<i>It’s all control in the thing, like in the process</i>
85	<i>that’s [why he wrote that story]]</i>
	Narrative 4 [P3 T3]
5	<i>And without a doubt, that is the biggest fear in relationships</i>

Table 7.10 Ranked Clauses: Relational Intensive Identifying Clauses

The relational identifying clauses are widely dispersed in their semantics. Some are very close to attributive clauses, for example, *it was poison*, and others explain the participants and situations of the tale, for example, *it was the neighbourhood kids*.

7.6 SENSING NORMALITY: MENTAL CLAUSES

While the total number of patient clauses for Narratives is 22%, their occurrence varies considerably across individual texts, from over 30% in two texts to as low as 5% in N 5:

The Bubble, a text with a dominant pattern of relational clauses which describes rather than narrates. In two of the five Narrative texts mental process clauses move into the highest cluster with relational and mental clauses, suggesting an increased role of mental processes for Narratives. Two texts form a separate middle cluster and the final text, N5 moves to the lowest cluster. This anomaly suggests Narratives may be divided into subgroups but this possibility that must be taken back to the therapists. It is further discussed in chapters 8 and 11. Each of the mental process types discussed in 4.6 as most relevant for this thesis is discussed in the following order: 7.6.1 summarises the range of lexical choices; 7.6.2 discusses the Sensors of each mental process type; and 7.6.3-7.6.6 investigate, in turn, the other mental process subdivisions.

7.6.1 Mental Processes: Clause Subtypes and Lexical Choices

Table 7.11 presents the distribution of the mental clause subtypes and the increased range of mental lexis for Narrative clauses. Cognition is the dominant mental clause subtype. It includes the therapist lexis, which is discussed in section 7.19.

Mental Process Type	Patient Instances	Narrative Patient Lexis	Therapist Lexis	Therapist Instances
Affect:emotion	9	feel, like, love	feel, like,	3
Affect:desire	2	want, wish	-	-
Affect:perception	6	look, see	see	1
Cognition	63	bother, fantasise, feel, imagine, know, mean, remember, remind, think, work out	know, mean, remember, think, wonder	15
Total	80			19

Table 7.11 Ranked Clauses: Mental Clause Subtype Distribution and Lexis [Grammatical metaphor has not been included in the above table for reasons discussed in 4.6.3.1]

Narratives include positive lexis, for example, *fantasise*, *wish* and positive Affect *love*, where the second Participant, the Phenomenon, is the rain, not a human being, *I love it when it rains*. This is discussed further in section 7.6.3.

7.6.2 Mental Clauses: Participants: Sensor

Patients are the primary Sensors (82%, 66/80 clauses). The limited other people as Sensor (18%, 14/80 clauses) are represented by the generic Sensor *Everybody*, for example, *Everybody else knows the whole process*. The therapist is Sensor in two direct questions:

1. *Do you know that book?* : easily answered
2. *Why how far back do you remember? for yourself?* : This breaches context but is still answered by the therapist, see section 8.17.

7.6.3 Mental Affect: Emotion

All instances of mental affect:emotion are positive and seven of the eight instances cluster in one section in *N1: Rain and Bunny Memory*. This demonstrates the rarity of these moments in the entire SCN Corpus.

The Phenomena of mental affect:emotion clauses are all things not people, for example, *I liked the light*. Specifically, six instances of positive mental affect:emotion have the *weather* as Phenomenon, for example, *I like the cooler weather*. Although weather is externally oriented and potentially banal topic for the expression of Affect (see chapter 10) it introduces a childhood memory and hence further emotion.

7.6.4 Mental Affect: Desire

Consistent with the whole SCN Corpus, Mental affect:desire is limited in the Narratives. The three instances are:

1. *I keep wanting to say lantana* [N2 P4 cl 72]: a set phrase referring to word finding difficulties.
2. *I just don't want to become an awful person* [N5 P5 cl25]: signals the negative end to a Narrative.
3. *For some reason I've got this lovely dream in my head at the moment// that I wish// I could do that* [N3 P4 cl 42-44]. This is the one instance of a truly positive mental affect:desire. The future desire impacts into the present Affect in next clause, *I feel really good today* [N3 P4 cl 44].

7.6.5 Mental Affect: Perception

Mental affect:perception clauses are principally visual perception with Phenomena which includes: things, *I saw these pretty lights*; and two Macrophenomenon⁶²; *I could see [[the bunnies hopping on the wallpaper]]* [N1 P1 cl 80], and *I could see [[the traffic lights changing colours]]* [N1 P1 cl 37]. They cluster with positive mental affect: emotion clauses and are also closely connected to the mental cognition of memory. The following extract, Extract 7.2, illustrates the close connection of the mental clause subtypes.

- | | |
|---|--|
| 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. |
| P | Yeh I don't know how old I was. I just remember looking out from the pram. I was lying down and I saw these pretty lights. I liked the lights. |

Extract 7.2 [N1 P1 T1 turn 338,344]

⁶²The subtypes of Phenomenon are described in sections 4.6.3 and 8.19.

The distinctions between the subtypes of Phenomenon are important to the investigation of the grammatical resource of mental cognition clauses, in particular *I remember*, see 7.6.6 below. The connection of non-finite clauses as Macrophenomenon in mental processes for perception and cognition (as *remember*) is discussed in section 8.19.

7.6.6 Mental Cognition

In Narratives, as in Chronicles and Scripts, mental cognition is the dominant mental clause subtype and is significant for its positive value. Seventy-two percent of mental clauses are positive, which marks an increase in positive knowing and thinking. The four past tense instances of 'thought' foreground a changed semantic of the interpersonal resource, where the patient uses *I thought* as a grammatical metaphor to project a positive evaluation and to negotiate meanings with the therapist, including a potential disagreement, for example,

T: There are lots of layers to the dream// I think it is a really interesting one

P: I just thought// that it was interesting //that I've stopped having it. [N3 T4, P5 cl 139-143]

The past tense of *thought* with modality enables the patient to distance her disagreement with the therapist. If the therapist argues further, face can be saved by saying that it was a past assessment and her current position is changed.

The Phenomena of mental cognition include the most complex of all clause types. There are two particular features of mental cognition clauses, first their capacity to have Phenomena as simple or Macrophenomenon or even no Phenomenon at all in the same clause or to project a Metaphenomenon in a separate clause (again, see sections 4.6.3 and 8.19 for grammatical description). All of these are found in Narratives after mental cognition processes. 21 clauses have a direct Phenomenon, for example, *I only remember bad stuff* [N2 P4 cl 37], 10 clauses have Macrophenomena, for example, *I just remember [[looking out from the pram]]* [N1 P1 cl 46], and 19 clauses project Metaphenomena, for example, *I just remember// that we spent time doing that* [N2 P4 cl 34]. Only six clauses have no Phenomenon, which represents what patients *do not know* or *do not remember*.

The second feature is dependent on their ability to project Metaphenomena. The possibility of connecting the present to either the past with *I remember* or to the imagination, *I fantasise* demonstrates a dualistic time frame, the importance of which is discussed in chapter 8.

7.7 TALKING ABOUT NORMALITY: VERBAL CLAUSES

The limited number of verbal clause instances (ten) all have *to say* as the unmarked process. Semantically, patients’ talk is effective and positively appraised, for example, *I feel really good today// I even – I told⁶³ one of the caseworkers off about one of their clients* [N5 P5 cl4,5]. Direct speech to self also illustrates the agency and pleasure of a patient, *Well Clare remind yourself you could just throw that backpack on your shoulder and walk away and just say ‘see ya, you don’t bother me’* [N4 P3 cl 17,18]. This internal dialogue suggests an acknowledgement of an interior self, a major development according to the Conversational Model.

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

As in Chronicles and Scripts, existential and behavioural processes form the smallest cluster of process distribution in the Narrative texts, each being limited to 1% of the total clause types.

7.8.1 Behavioural Clauses

Behavioural clauses represent speech: *call, lie, tell, talk*, and physiological actions: *look, cricking and creaking* and *waking*, rather than physiological symptoms of ill health.

7.8.2 Existential Clauses

Existential clauses introduce two physical entities from childhood, *a garden* and *a spider* and two negative feelings, both within a dream, *a foreboding feeling* and *a lot of fear*.

7.9 CIRCUMSTANCES: SITUATING THE CLAUSE

Table 7.12 below displays the distribution of Circumstance types with a comparison to Matthiessen’s general corpus.

Matth Corpus	Circumstance Type	Patient % (Instances)
4%	Accompaniment	7 % (7)
1%	Angle	0%
7%	Cause	3 % (3)
5%	Extent	7 % (7)
44%	Location: spatial	51% (53)
15%	Location: temporal	15% (15)
1%	Manner: comparison	4 % (4)
5%	Manner: means	11 % (11)
13%	Manner: quality	(1)% (1)
19%	Manner Total	16% (16)
3%	Matter	2% (2)
2%	Role	0% (0)
100%	Total	100% (103)

Table 7.12 Circumstances in Narratives

⁶³The semantics of speaking is also realised in behavioural speech processes.

As in *Chronicles* and *Scripts*, Narrative Circumstances of location:spatial and location:temporal are the dominant Circumstance type. Physical locations are related, in childhood memories, to places of the remote past, for example, *in the pram*. Circumstances also construe feelings as accompaniment, for example, *with this horrible feeling*. There is a slight increase in Circumstances of cause and manner in Narratives, where they are used to layer positive context, in the present tense, for example, *For some reason* [cause] *I've got this lovely dream* [positive appraisal] *in my head* [location:spatial] *at the moment* [location:temporal] [N4 P3 41]. The cause is still unknown to the patient, *for some reason*, but the patient is not upset by this.

PART II: INTERPERSONAL ANALYSIS OF PATIENTS' RANKED CLAUSES

The presentation of the interpersonal analysis for Ranked clauses follows the order set out in chapter 4: 7.10 summarises and discusses choices in the mood and speech function; 7.11 presents polarity; 7.12 modality; 7.13 tense; and 7.14 summarises Appraisal. The interpersonal analysis of mood and Appraisal is in Appendix C.

7.10 MOOD STRUCTURE AND SPEECH FUNCTION

Table 7.13 summarises mood and speech function for Narrative ranked clauses.

Lexicogrammatical Analysis	
Mood	Patient (Instances)
Declarative	290 (99%)
Declarative tagged	0
Interrogative	2
Imperative	1
Exclamative	-
Total	293⁶⁴
Semantic Analysis	
Speech Function	Patient (Instances)
Give information	270
Demand information	22
Demand Goods and Services	1
Total	293

Table 7.13 Ranked Clauses: Mood and Speech Function

7.10.1 Mood: Declarative

Narratives are highly interactive texts between patients and therapists. This suggests a potential for patient interrogatives, yet Narratives are still 99% in the declarative mood, congruently realising the giving of information. This demonstrates that Narratives remain within the general contextual constraints of therapy, where patients predominantly give information about themselves.

7.10.2 Mood: Interrogative

Narratives are limited to two of the five subcategories of interrogative in the SCN Corpus (see section 5.10.2):

1. where the patient asks questions to herself in the presence of the therapist, for example, what do you call it? (searching for a word) [N2 P4 cl 46]. It represents an unfolding sense of the patient being engaged with her own inner consciousness, as thinking aloud to herself.

2. where the patient directly questions the therapist. These have three different semantic outcomes:

- i. do you know the book? [N3 P5 cl 14] is an acceptable experientially as field and interpersonally safe. A therapist answer continues the conversation;
- ii. What do you think it would mean? [N3 P5 cl 111] is a contextual breach that is not answered;
- iii. Why how far back do you remember for yourself? [N1 P1 cl52] is a contextual breach, which becomes an important trigger for a positive Narrative, discussed in detail in chapter 9. There are no reported questions to other people in Narratives.

7.10.3 Mood: Imperative

The sole imperative in Narratives is self talk, *well Clare remind yourself, you could just throw that backpack on your shoulder and...*[N4 P3 cl 17-22]. The patient still has a limited interaction on the world but is not negatively impacted upon by others. The self imperative again represents the patient's interior world.

7.11 MODALITY

Table 7.14 presents subtypes of Narrative modality in the ranked clauses.

Modal Finite	Instances
Probability	2
Usuality	4
Obligation	3
Readiness Ability	6
Readiness Inclination	0
Total	15
Mood Adjunct	Instances
Degree	1
Intensity	8
Time	1
Obviousness	1
Obligation	0
Readiness (inclination, ability)	0
Probability	6
Usuality	2
Total	19

Table 7.14 Ranked Clauses: Modality

⁶⁴ There are 25 non finite clauses which contribute to the Narrative clause total of 318.

Patients report positive modal ability in the past, for example, *I could see [[the bunnies hopping]]* [N1 P1 cl80] and inclination, for example, *I could just throw on the backpack* [N4 P3 cl 18]. Modal obligation is not overtly applied by other people: for example, *I had to go to hospital* [N1 P1 cl 75] does not imply an Agent. Thus in Narratives there are not the inexorable obligations from external sources seen in the other text types. Mood Adjuncts are either low modality: *we just had these adventures* [N2 P4 cl 28] or grammatical metaphor of probability, *I think it was a willow* [N2 P4 cl 19].

7.12 POLARITY

Only 10% (43/391) of the clauses have negative Polarity. The overall positive polarity reports the patients’ descriptions of memories and imagined life.

7.13 TENSE

Tense	Instances
Present	177 (56%)
Past	108 (34%)
Future	1
Modal finites	15 (4%)
Non finite clauses	17 (5%)
Total	318

Table 7.15 Ranked Clauses: Tense in Patient Clauses

Narratives contain past and present tenses, as for the other text types. However, in Narratives, the past and present are linked within clause complexes. For example, *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* [N1 P1 cl 35], shows that the past, introduced by *I remember* has ongoing implications for the patients’ current state of being, firstly by the use of a non-finite clause, *feeling*, and then by the present tense, *I feel*. The past tense introduces Relational Possessions and Attributes of childhood into the conversation. The one future tense occurs within a dream recount, *but I know I’m going to be punished*. [N3 P5 cl 22]

7.14 APPRAISAL

Appraisal analysis, which was displayed in relational clauses (see section 7.5above), shows a dominant Narrative pattern of the possibility of a positive worldview, which is remembered or fantasised and has an current positive impact on the patient’s emotional state. Patients are also able to appraise the ambivalence in their lives, for example, *weird*, which is suggestive of the ability to maintain multiple viewpoints.

PART III: LEXICOGRAMMATICAL ANALYSIS OF OTHER CLAUSES

7.15 RANKSHIFTED CLAUSES

Only 11% of patient Narrative clauses are rankshifted. Table 7.16 below presents the clause types for the Rankshifted clauses.

Rankshifted Clause as Participant	Instances
relational clauses	12
material clauses	11
mental clauses	3
verbal clauses	3
behavioural clauses	-
existential clauses	-
Total	29
Rankshifted Clause as Postmodifier	
relational clauses	7
material clauses	8
mental clauses	1
verbal clauses	2
behavioural clauses	-
existential clauses	-
Total	18

Table 7.16 Rankshifted Clauses

The limited rankshifted clauses demonstrate that rankshifted clauses as Participant are the Macrophenomenon of mental clauses seen in section 7.6.5 above, *I could see [[the bunnies hopping]]*, or the second Participant of a relational clause, which summarises a state of being, for example, *that is [[what I say]]*. Meanings, however, are not set up as relations between two rankshifted participants in a relational clause, that is, complex new relations are not created. Rankshifted clauses are also postmodifiers, for example, *I like this weather [[we're having]]* which further the description of the second participant.

7.16 INCOMPLETE CLAUSES: AN OPPORTUNITY TO RECALIBRATE SELF

There are eighteen incomplete patient clauses (5%) in Narratives. Patients are able to complete the incomplete clause. Five examples are presented below.

1. *and I feel really** (followed by) *there is that foreboding feeling [[that I have]]*[N3 P5 cl 29].

In this example the feeling is completed as an existential clause with evaluation of the nominal group. It comes from *N3: The Kafka Dream*, which has the most incomplete

clauses, perhaps because of the difficulty of articulating one's dream to another person. All incomplete clauses are relational clauses.

2. *it feels very*(followed by) also when its raining umm in the car it feels very secure like a security thing.* [N1 P1 cl 1]

Here, the ability to complete a *feel* clause is further developed when the patient includes a specific circumstance of location for the feeling and then continues with the positive emotion.

3.

P	mm and I sort of like I feel... *
T	you feel like you are in the dark?
P	a lot especially <u>with the last couple of months</u> that's the feeling I had

[N3 P5/T4 cl 134-136]

This example shows the same grammatical patterning of Circumstance can be gained with co-creation with a therapist, since therapists can use the break created by the incomplete clause as a point to interact and thus complete the evaluation.

4.

P	yes it's it's like * it's not actual fear it's just a sense of *
T	being committed
P	Yeh yeh or um
T	Sent away?
P	And not being able to come back

[N cl 47-51]

There are two moves to this interaction in example 4 above. In the first the patient accepts the therapist lexis, *yeh yeh* and in the second she extends the therapist lexis rather than simply repeating it.

5. *Maybe we did, actually, I lie, there is some*(followed by) I do remember some of the good stuff* [N2 P4 cl 49].

Here, the restarted clause introduces the patient's inner consciousness with *I remember*.

The above examples show that incomplete clauses are used to expand the semantic potential of the patient by providing a second entry to emotion and to create the talk of intimacy, as two people co-create clauses.

PART IV: THE COMPLEX TASK OF THERAPISTS IN NARRATIVES:
THIS COULD BE YOUR NORMALITY

Yeh, it's a nice feeling isn't it? [T1 cl 39]

Following the patterns set out in chapter 4 and followed for the patient data in this chapter, sections 7.17-7.27 below turn to the contributions of therapists to the creation of Narratives. The findings for the therapist 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.

Therapists have 23% of the clauses in Narratives, slightly fewer than Scripts. Yet in this text type therapists are intimately involved in the co-creation of the positively evaluated Narrative. I return to this in chapter 8.

7.17 OVERVIEW OF THE RANKS OF NARRATIVE CLAUSES

Table 7.1 from section 7.1 is repeated here to show the therapist clause distribution in Narratives.

Type of Ranking	Patient	Therapist	Total
Ranked	82% (320)	83% (97)	82% (417)
Rankshifted	11% (42)	9% (11)	10% (53)
Incomplete	5% (18)	5% (6)	4% (24)
Minor	3% (11)	2% (3)	3% (14)
Total Clauses	391	117	508

Table 7.1 Rank Distribution as a Percentage of Narrative Clauses

Ranked clauses are the predominant clause type, showing that therapists keep the meanings at a ranked, and therefore, negotiable level.

PART IV: A) TRANSITIVITY ANALYSIS OF THERAPISTS' RANKED CLAUSES

7.18 NORMALITY AS EXPERIENCE

Table 7.17 below presents the clause type distribution for the therapist. Percentages are only displayed for the texts with large enough clause numbers.

Clause Type	N1	N2	N3	N4	N5	Total Instances
Material	4% (1)	1	21% (13)	1	2	18 (19%)
Relational	59% (14)	1	56% (35)	2	2	54 (57%)
Mental	25% (6)	0	17% (11)	0	0	17 (18%)
Verbal	4% (1)	0	0	0	0	1 (1%)
Existential	4% (1)	1	5% (3)	1	0	6 (5%)
Behavioural	1	0	0	0	0	1
Total Clauses	24	3	62	3	4	97 100%

Table 7.17 Ranked Clauses: Therapist Clause Types for Therapist Narrative Clauses

Even with limited clauses and variation between the texts, the majority of therapist clauses are relational, suggestive of their role in summarising the state of being for patients. The discussion of the therapist talk follows the same order as for the patients.

7.19 NORMALITY AS DOING: MATERIAL CLAUSES

Table 7.3, from section 7.4, is reproduced below to show that the therapist material clauses expand the lexical range of the Narratives. It is followed immediately by table 7.4 which displays the Actor in therapist material clauses.

Patient & Therapist Lexis	Patient Only	Therapist Only
climb, do, shift, show, work, visit	build, change, chop, come, defend, die, discover, drop, elbow, fall, find, fit, flex, give, happen, have, hide, hop, jump, leave, lie, lose, move, play, prepare, punish, put, rain, root, see, send, sentence, separate, sit, snuggle, spend, stay, stick, tag, take, throw, travel, use, wait, walk	count, crick, cut, end, get, go, hang, make, stop

Table 7.3 Material Process Lexis: (bold represents patient as Actor)

Actor	Therapist Instances
Human Actor	
Therapist	0
Patient	8
Patient plus other	1
One (you)	3
Things Physical	1
Abstract entity/idea /fact	3
Total	16

Table 7.18 Ranked Clauses: Material Clauses: Actor

Therapists do not report their own actions in Narratives, but are concerned with the patients' material world. They also move beyond repetition of patient lexis to a contribution of new lexis, thus showing their increased participation in text creation.

7.20 THE NORMALITY OF BEING AND HAVING: RELATIONAL CLAUSES

Relational clauses represent 57% (54/97 clauses) of the therapist corpus. Apart from three relational possessive clauses which reflect other people's inner life, for example, *Everybody else has sort of, an intrinsic sense of their lives?* [N3 T4 cl 193], and the possession of their own ideas, for example, *Well, I have ideas* [N3 T4 cl 113], the remainder of the clauses are relational intensive⁶⁵; 10 identifying and 37 attributive. Therapists mainly supply Attributes for patients and ideas. Table 7.19 below displays examples of therapist relational intensive attributive clauses and relational identifying clauses. With the exception of both the Inner/Outer category (which is not applicable here) and the Quality/ Classifier distinction (again not applicable because the Attributes are all Qualities), they are categorised as for the patient clauses. A full table of instances is in Appendix D.

Inscription	Appraisal
Narrative 1 [P1 T1] <i>Yeh it's a nice feeling isn't it?</i> [cl 39] <i>Yeh ... and you felt warm</i> [cl 50] <i>and you felt secure</i> [cl 51]	Affect +satisfaction Affect +satisfaction Affect +security
Narrative 2 [P4 T3] <i>But it sounds like [[you're describing some closeness in those early years]]</i> [cl 63] <i>But then you won't be afraid of being alone</i> [cl 25]	Affect +satisfaction Affect +security
Narrative 4 [P3 T3] <i>like you're doomed?</i> [cl 31] <i>but I'm just curious</i> [cl 114] <i>Everybody else is more informed?</i> [cl 191] <i>It's quite cruel isn't it?</i> [cl 123] <i>it's a really interesting one</i> [cl 140] <i>mm. It's very powerful</i> [cl 159] <i>cause it's quite a vivid description isn't it</i> [cl 120]	Judgement -normality Judgement +capacity Judgement +capacity Appreciation -impact Appreciation +impact Appreciation +impact Appreciation +impact
Narrative 5 [P5 T4] <i>You don't feel so separate</i> [cl 20] <i>It is amazing</i> [cl 22]	Judgement +normality Appreciation +impact
Relational Identifying	
Narrative 1 [P1 T1] <i>because it we are exactly three years difference yeh</i> [cl 62] <i>so it must have been three years</i> [cl 61]	Neutral therapist story Neutral therapist story
Narrative 3 [P5 T4] <i>what's the feeling?</i> [cl 74] <i>because that's often your question</i> [cl 180] <i>When was the last time [[you had it]]?</i> [cl 144]	Neutral Neutral Neutral

Table 7.19 Ranked Clauses: Examples of Therapist Relational Intensive Clauses Attributive and Identifying Showing Appraisal. (Identifying clauses are in bold).

⁶⁵ That is, there are no relational possessive clauses and no relational circumstantial clauses.

Since relational intensive clauses set up a relationship between a Participant and an identity or a description, the work of the therapist is demonstrated as taking the predominantly mental or material clauses of the patient and reconstruing them to descriptions of Identity or Attribute. The Appraisal shows the focus on the patients, suggesting and reinforcing patients' Affect, for example, *and you felt warm and you felt secure*, [N1 T1 cl 51,52] and showing Appreciation of their situation as impact on the therapist, for example, *it's a really interesting one* [N4 T3 cl 140]. Any self Judgements suggest therapist's capabilities, for example, *I'm just curious* and maintains the patient focus. Table 7.20 also shows limited complex nominalisation and shows that feelings are maintained at the main clause level and thus directly available for negotiation.

7.21 SENSING NORMALITY: MENTAL CLAUSES

Table 7.20 below summarises the ranked therapist mental clauses.

Mental Clause Type	Therapist Lexis	Instances	Sample Inscription
Affect:emotion	Feel, like	3	<i>Children like rain</i> [N1 T1 cl 41]
Affect:desire	-	-	
Affect:perception	see	1	<i>to see [[115.1 what you think of it]]</i> [N3 T4 cl 115]
Cognition	remember know think mean wonder work out	14	<i>I remember the day we went to visit my mother</i> [N1 T1 cl 57]

Table 7.20 Ranked Clauses: Mental Clauses for Therapists

Therapists' contribute a limited number of mental clauses. This is appropriate within the institutional context (see chapter 9) where therapists do not report their own Affect. Indeed there are only 3 Affect clauses, two reflecting the patient's Affect, *WHAT YOU feel* [N3 T4 cl 98], and one reflecting generalised children's Affect, *Children like rain*, [N1 T1 cl 13].

The therapists' dominant mental clause subtype is mental cognition. They reflect on their own cognition, for example, the contextual breach, *so I remember the day [[[we went to visit...]]]]* [N1 T1 cl 57] and they use grammatical metaphor to modalise their position. The remainder of the mental cognition clauses reiterate the patient's cognition, for example, *you can remember the feeling of feeling secure* [N1 T1 cl 41].

7.22 TALKING ABOUT NORMALITY: VERBAL CLAUSES

The one verbal clause contributed by the therapist occurs in *N1: Rain and Bunny Memory* when the therapist is recounting a childhood memory. In a breach of context he remembers

what his mother said when he was young. The lack of verbal clauses again reflects that it is not the role of the therapist to recall their own previous speech.

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

Therapists contribute six existential clauses which summarise patient evaluations from preceding clauses into an idea as an Existent, for example, *But there's a sense of enjoying each other's company* [N2 T3 cl 82].

The one behavioural clause, *I described the room to my mother* [N1 T1 cl 58], shows that these clause types do not make a noteworthy contribution to therapists' experiential realisation.

7.24 CIRCUMSTANCES: SITUATING THE CLAUSE

Therapists contribute limited therapist Circumstances (17 instances). These mostly occur in *N3: The Kafka Dream* to locate the patient in the dream. Four Circumstances of Extent refer to the temporal extent a therapist can remember. There are no Circumstances of causality or angle, suggesting that therapists are still reflecting and remaining in the congruent physical material world of patients.

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

7.25 MOOD STRUCTURE AND SPEECH FUNCTION

Lexicogrammatical Analysis	Therapist Instances
Mood	
Declarative	81 (85%)
Declarative tagged	2 (2%)
Imperative	-
Interrogative	12 (13%)
Exclamative	-
Total	95
Semantic Analysis	Instances
Speech Function	
Give information	44 (46%)
Demand information	51 (54%)
Demand Goods and Services	-
Total	95

Table 7.21 Ranked Clauses: Mood and Speech Function of Therapist Clauses

The majority of clauses are declarative but the principle speech function is to demand information, usually to expand or clarify the patients' previous statements, for example, tagged declaratives, *and it's like a child, isn't it?* [N1 T2 cl 2] or to directly question, *Is it like a funny feeling?* [N1 T1 cl 83]. This shows the interpersonal safety that allows therapist questions that patients will answer. Giving information summarises previous patient talk, for example, *There are a lot of layers to the dream.* [N3 T4 cl 138].

7.26 MODALITY AND TENSE

Table 7.22 below summarises Tense for Narrative therapist clauses.

Tense	Instances
Present	72 (62%)
Past	17(14%)
Future	7 (6%)
Modal finites	5 (4%)
Non finite clauses	17 (14%)
Total	118

Table 7.22 Ranked Clauses: Tense in Therapist Clauses

In Narratives the talk is predominantly in the present tense as the therapists reflect on the patients' current state. However, for the first time, the therapist introduces the future, for example, *But then you won't be afraid of being alone* [N4 T3 cl 25].

There are only five Narrative therapist clauses containing modality. They foreground the positive patients' ability, for example, *even from a young age you can remember the feeling of feeling secure* [N1 T1 cl44].

7.27 POLARITY

Therapists keep talk positive. Only 10% (10/97 clauses) are negative. They include negative polarity of demanding clarification, for example, *Somehow information's not available to you?* [N3 T4 cl87].

PART IV: C) LEXICOGRAMMATICAL ANALYSIS OF OTHER CLAUSES

7.28 RANKSHIFTED CLAUSES

Therapist rankshifted clauses are still limited in Narratives (9%, 11/117 clauses), where they have the role of embedded Participants in the clause. The process types of the rankshifted clauses are mostly material, so that all the affectual talk is in the main clauses, keeping

patterns of feelings overt. Rankshifted material clauses show that the actions of the patients have been nominalised so that they can be discussed by the patient and therapist, for example, *What do you think// that thing [[about sticking your hands out or else to be cut off or your fingers out]]^IS?* [N3 cl 106].

7.29 INCOMPLETE CLAUSES

Therapists' incomplete clauses foreground lexis and alternative positions, for example, *so you are left feeling** (followed by) *how does it feel? low or?** (followed by) *what is the feeling?* [N3 cl 73]. While keeping the focus on *feeling* as the topic under discussion, this multiple approach to *feeling* allows the patient a choice to reformulate the emotion in the manner that is most comfortable, either as feeling attached to herself, *you are left feeling** or as separate *what is the feeling?*

7.30 A FOREGROUNDED TEXT

Throughout the chapter *N1: Rain and Bunny Memory* emerges as a foregrounded text, in particular for its breach of contextual expectations and its ability to create a dualistic time frame. Chapter 8 returns to this text to show the differences between Scripts, Chronicles and Narratives, while chapter 9 maps its contextual breach.

PART V

7.31 CONCLUSION

This chapter has shown in detail the lexicogrammar with which Narratives reveal a world of alternative normality as patients remember childhood, imagine a future or discuss a dream. In Narratives positive aspects of self begin to appear, as patients are materially, mentally and verbally effective upon the world. Patients begin to discuss multiple points of view, including alternative positions about themselves. There are hints into inner consciousness in reported thoughts to self and self interrogatives. Therapists co-create texts to such an extent that one therapist even breaches the contextual expectations in a brief recount of an incident in his life.

In the opening section of this chapter it was suggested that the psychiatric description of *non-linear* language and 'a more spontaneous and complex narrative form' (Meares 1998:875) would be seen as an increased representation of the inner world and increased positive mental affect. The chapter showed these increased representations of the inner world were particularly seen in conversations to self. Positive mental affect occurred within a dualistic experience, which also appears to be a way of realising the 'spontaneity', 'non-linearity' and 'complexity' proposed in the Conversational Model. A dualistic time frame occurs when remembered and imagined texts use 'displaced' language (language which is separate from the immediate experience, Chafe 1994:32). A dualistic reality occurs in dreams because they introduce a world that is beyond the constraints of the everyday world. A dualistic association occurs in the bubble metaphor in *N4: The Bubble* as a displacement between congruence and metaphor, where new associations are formed across meanings rather than time. In Narratives these dualistic experiences allow a range across topics and associations that is not possible in either Scripts or Chronicles.

The preceding three chapters have presented the lexicogrammar of Scripts, Chronicles and Narratives separately and in fine detail. In the next chapter, chapter 8, the findings are summarised to compare and contrast their distinct contributions to the complex tale of self in psychotherapy.

