8

A Complex Tale of Normality: Lexicogrammatical Features Across Scripts, Chronicles and Narratives

[BPD Corpus]	What type of person am I, Tess? [CE2 cl 183]
Chronicles:	I mean this is normal anyway [C3 P2 cl 2]
Scripts:	You don't belong with them, with normal people? [S3 T5 cl 104]
Narratives:	I feel like one of them now [N5 P5 cl 17]

To introduce this chapter in which the individual lexicogrammatical analyses of the preceding chapters are aligned, extracts from the texts which introduced chapters 5, 6 and 7 are re-presented below. The perspective of the lexicogrammatical variations in the tales of self can then be considered in relation to the perspective of the Conversational Model's account of the three conversations and to the perspective of patients' own explorations of self as variations of 'normality'.

Extracts

1. Chronicle

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

Extract 8.1 [C P3 turn 119]

2. Script

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.

Extract 8.2 [S3 P6 T5 cl 98-123]

3. Narrative

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, 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 8.3 [N4 P3 T3 cl 353-364]

8.1 INTRODUCTION

In conversation with their therapists, patients create a complex tale of self as they explore what type of person they are, exemplified by the question, *what type of a person am I, Tess*? This chapter brings together the lexicogrammatical patterns of Scripts, Chronicles and Narratives already discussed in the previous three chapters, and in doing so, shows the first phase of this thesis' linguistic analysis of how the complex tale of self comes to mean what it does[66]. This chapter shows how, for these patients in therapy, lexicogrammatical patterns differ between text types (the three different conversations) and therefore realise different construals of normality and hence self. The full significance of these lexicogrammatical findings will be seen when they are combined with the linguistic analyses of context and generic structure in the conclusion chapter of the thesis.

The lexicogrammatical analysis of the previous chapters showed how patients present arguments for their own effectuality and engagement with the world in comparison with the effectuality of other people. These chapters showed a contrastive functional shift between Scripts, Chronicles and Narratives. In the 'normal' world of Chronicles, 'real people' do real things to each other; in Scripts 'real people' and 'generalised people' provide proofs for a generalized theory of patient alienation from 'normality'; and in Narratives alternative versions of normality are contemplated, where real people are remembered positively, and self and others are imagined in positive situations. Thus, ineffectual actions in Chronicles become stabilised as an ineffectual syndrome of alienation in Scripts but in Narratives, actions and being are effectual and positive.

Chapters 5, 6 and 7 have presented fine-grained patterns, section by section, as they emerge from the close analysis of the text. To have merely presented these analyses as appendices would have done a disservice to the texts, since important differences would have been glossed over. In this chapter, however, while the patterns are drawn into finer focus the broad quantification that supports the discussion of the lexicogrammatical patterns is for the most part in Appendix D. The findings of chapters 5, 6 and 7 are now summarized to enable a comparison and discussion of the different worldviews which were disclosed in the earlier chapters. The chapter is divided into three parts: Part I summarising the transitivity analysis and Part II summarising the mood focus on the patient. While relevant therapist contributions are discussed throughout the chapter, Part III directly addresses the therapist's contribution to the discourse.

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[66] In the manner of Hasan's question, *How does this poem come to mean what it does?* (1985:40)

Within these parts sections 8.2 and 8.3 display the broad clause patterns to align the data of each text type, before sections 8.4- 8.16 discuss the salient lexicogrammatical syndromes as semantic resources within a psychotherapeutic context, and as linguistic findings which extend the theory of SFL. Sections 8.17 and 8.18 discuss the therapist lexicogrammatical patterns in the texts. Section 8.19 extends the findings of the chapter by a close examination of the grammatical resources of mental processes as a resource for the creation of Narratives and section 8.20 extends the findings by an alignment of key terms of the Conversational Model, *linearity* and *non-linearity*, with the lexicogrammatical syndromes described in the chapter. Section 8.21. concludes the chapter.

8.2 Overview of Ranks of Clauses

The previous three chapters each commenced with a broad overview of the clauses, followed by the close lexicogrammatical analysis, which is now summarised to show the consistency of the SCN Corpus and the overall contextual constraints of psychotherapy. These chapters showed that patients are the primary speakers with more than 75% of clauses.

The clause rank distribution is similar across the text types, despite the fact that Scripts are texts where patients have difficulty talking and Narratives are texts where the therapist is more directly involved in text creation. Ranked clauses represent over 80% of the SCN Corpus, showing that the majority of meanings are available for interpersonal negotiation. Rankshifted clauses account for 10% of the SCN Corpus and do not reveal any noteworthy differences between the texts. Overall, there are very few incomplete clauses, yet these semantically important (see section 8.12). Minor clauses are rare (see section 4.3.4) and are not salient to the comparison, so they are not further discussed. Thus, the clause ranks of the three text types provide an equally distributed stable corpus of similar clausal patterns, from which an investigation of different experiential and interpersonal meanings can be undertaken.

PART I: NORMALITY AS EXPERIENCE:

TRANSITIVITY SUMMARY OF RANKED CLAUSES FOR THE PATIENTS

8.3 CLAUSE TYPES: DISTRIBUTION ACROSS TEXT TYPES

Table 8.1 below shows the patient clause distribution in the three text types and the SCN Corpus as a whole, alongside Matthiessen's General Corpus of 2000 clauses (1998) for comparison. It is segmented into three clusters, representing the descending order of frequency. The differences between corpora reflect the specific context of the SCN Corpus.

Chronicles	Scripts	Narratives	SCN Corpus	Matthiessen
Material (34%)	Material (31%)	Material (31%)	Material (32%)	Relational 23%
Relational (32%)	Relational (37%)	Relational (38%)	Relational (36%)	**Material 51%**
Mental (14%)	Mental (21%)	Mental (25%)	Mental (20%)	Mental 9%
Verbal (12%)	Verbal (5%)	Verbal (3%)	Verbal (9%)	Verbal 10%
Behavioural (4%)	Behavioural (2%)	Behavioural (1%)	Behavioural (2%)	Behavioural 5%
Existential (2%)	Existential (2%)	Existential (1%)	Existential (2%)	Existential 2%

Table 8.1 Clause Types for Scripts, Chronicles and Narratives (Bold: dominant category when it is not relational)

In Table 8.1 above material and relational clauses represent stasis and action; mental and verbal clauses represent reflection and action; and behavioural and existential clauses represent action and stasis. They are now discussed according to the clusters.

8.3.1 Relational - Material Clauses

Material clauses are consistent across the 3 text types (Chronicles 34%, Scripts 31% and Narratives 31%) making them the most common clause type for Chronicles and the second for both Scripts and Narratives, but all are considerably fewer than Matthiessen's general corpus (51%) (Matthiessen 1999:16). There are also more relational clauses compared to Matthiessen's general corpus. Thus the SCN Corpus shows the overall context of therapy is still one where the semiotic relationship between participants is a dominant way of construing reality.

8.3.2 Mental - Verbal

Overall, there are more mental clauses in the SCN Corpus than Matthiessen's general corpus, showing where inner consciousness (thought) is being brought to outer consciousness (talk) for discussion in therapy. However the subcategories show it is a world of thinking rather than emotion, namely mental clauses in Scripts and Narratives display mental cognition rather than mental affect:emotion or mental affect:desire. Consistent with

their 'event' orientation Chronicles have the fewest mental clauses. They have instead a dominance of verbal clauses, as patients retell conversations of the past few days.

8.3.3 Behavioural - Existential

Behavioural clauses are represented similarly across the text types, with the slightly higher percentage in Chronicles representing an increased number of speech behavioural clauses. The percentage of existential clauses is consistent for all the text types and the general corpus.

8.3.4 Overall Discussion

The discussion of table 8.1 above demonstrates that the differences between Scripts, Chronicles and Narratives are not realised as differences in the broad quantification of clause types. Instead more localised variations of meaning must be considered. Sections 8.4-8.16 now present the grammatical Participant and Process choices in the experiential analysis and Mood and Appraisal choices in the interpersonal analysis, as they realise different semantics of normality, specifically patients' different effectuality upon their world.

8.4 Normality as Doing: Material Clauses

8.4.1 Process Lexical Choices

In therapy, patients do most of the talking and choose the topical field (see chapter 9) and therefore may choose from a potentially wide lexical range. Of course, there are repetitions of lexemes across text types, so it is not the lexemes themselves that are being compared, but their value. In Scripts and Chronicles material lexis concerns everyday action. In Narratives material processes realise not only the current everyday, but also the physical and emotional lexis of childhood, for example, *hop, jump,* and *snuggle*. This demonstrates the commencement of a duality of experience, where the physical and emotional things of the past and present co-exist within the same tale.

For the most part therapists' material process lexis mirrors patients' lexical choices. In Scripts, therapists do not expand the patients' lexical range, but in Chronicles, they shift concrete lexis to more abstract lexis, for example, *to build* (see section 5.4.1), which introduces an opportunity to discuss the inner world. In Narratives, therapists have the widest range of lexical choices (16 lexemes), which shows their increased contribution to the field of the text and therefore to the co-creation of the discourse.

8.4.2 Participants in Material Clauses

Table 8.2 below summarises the Participants (Actor and Goal) in material clauses of the SCN Corpus, with illustrative text.

<table>
<tr><th colspan="3">Chronicles</th></tr>
<tr><td colspan="3">And um, so it was about 20 past 6, she's out the front smoking cigarettes and talking to the blokes [[that sit]] out the front. As I pulled up there was this good song on the radio and I thought I'm not going over there I'll just sit and finish my cigarette then I'll go into work. Sarah and Andrew came by 'cause they just live around the corner, and they just pulled up next to me</td></tr>
<tr><th>Actors</th><th>Goals</th><th>Semantics</th></tr>
<tr><td>1. Patients (45% of clauses)</td><td>Concrete physical Goals
Patients do not act upon nor be acted upon by anybody</td><td rowspan="2">Real people do concrete actions
Patients are not acted upon
Actor and Goal together show a syndrome of lack of material impact upon the world</td></tr>
<tr><td>2. Named specified people (46%)</td><td>Other people act on the world and patients</td></tr>
<tr><th colspan="3">Scripts</th></tr>
<tr><td colspan="3">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 they point the finger and um, they try and kill themselves 3 or 4 times a week and they blame everyone else and they have huge temper tantrum and they go off
To give myself a stupid cliché name
I'm not trying to kill myself all the time</td></tr>
<tr><th>Actors</th><th>Goals</th><th>Semantics</th></tr>
<tr><td>1. Patients (66%)</td><td>Patients are Actor and Goal upon themselves. They have no other Goals</td><td rowspan="3">The world is restricted</td></tr>
<tr><td>2. Named specified people (4%)</td><td>Limited Actors with effective actions</td></tr>
<tr><td>3. Generalized people-
(i) normal people (6%)
(ii) people with borderline personality disorder (6%)</td><td>They act upon themselves or in clauses without Goals</td></tr>
<tr><th colspan="3">Narratives</th></tr>
<tr><td colspan="3">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</td></tr>
<tr><th>Actors</th><th>Goals</th><th>Semantics</th></tr>
<tr><td>1. Patients (25%)</td><td>Very few Goals</td><td rowspan="4">Positive actions are imagined and remembered [67]</td></tr>
<tr><td>2. Patients plus other (18%)</td><td rowspan="3">Interaction occurs between people</td></tr>
<tr><td>3. Named specified people (19%)</td></tr>
<tr><td>4. Imagined people (8%)</td></tr>
</table>

Table 8.2 Ranked Clauses: Summary of Material Clauses (Key: bold: material processes)

[67] Chafe (1994:32) points out that imagination and memory are not the differences between fact and fiction, because memory is reconstruction and imagination can be based in reality.

Table 8.2 above shows the range from specified Actors and actions in Chronicles to a generalised people 'doing' or 'not doing' in Scripts and then to imagined people and actions in Narratives. In all three text types, patients act upon limited Goals, but in Narratives they commence interactions with other participants, for example, *meet some people.*

8.5 Normality of Being and Having: Relational Clauses

The relational Participants (Carrier/Attribute, Token/Value and subcategory, Possessor/ Possession) in relational clauses are considered in the following sections. Relational clauses set up a semiotic relation between Participants, which allows the creation of abstract relations of characterization and identity. Thus, it can be expected that different realisations of the first Participant will display differences in meaning that are indicative of patients' arguments about normality.

8.5.1 First Participants in Relational Intensive Attributive and Relational Intensive Possessive Clauses

The same people who filled the first Participant role in material clauses also fill the first Participant role in relational clauses. In Chronicles named real people have Possessions and Attributes of current everyday material reality. In Scripts real people, in particular Anne, display habitual positive Attributes to contrast the patients' negative views about themselves. Further, in Scripts generalized people possess inner and outer Attributes. These exemplify habitualised truths, for example, *they're all healthy,* which are therefore hard to counterargue. In Narratives imagined people demonstrate an experiment with possible positive Attributes, which potentially includes the patient in the future.

Table 8.3 below summarises the second Participants of the attributive and possessive relational clauses according to their first Participants, with textual illustrations.

	Participant	
1st	2nd	
	Possessions	**Attributes**
	Chronicles	
P	Material goods *we own the shed*	Negative Affect and negative qualities of inner life *I am very upset and depressed*
NSP	N/A	Negatively judged *She's a bitch man*
	Scripts	
P	Negative feelings *I don't have a clue where to start*	Negative symptoms *I'm tired, I'm so tired*
NSP	Positive material goods *Money*	Positively judged (+norm. SE.) *she's married*
GNP	Do not possess negative symptoms *they don't have mood swings*	Positively judged (+norm. SE.) *In my circle of friends they're all healthy*
BPD	Negative behaviour *Huge temper tantrums*	N/A
	Non possession *can't have a partner*	
	Narratives	
P	Possessions of childhood:abstract *I had a happy childhood*	Positive self attribution in the past and present *I felt really happy I feel really secure*
NSP	N/A	N/A
IP	N/A	N/A

Table 8.3 Ranked Clauses: Summary of Relational Clauses
Key: P = Patients; NSP = Named Specific People; GNP = Generalised Normal People; BPD = People with Borderline Personality Disorder; IP = Imagined People; SE. = social esteem.

The second Participants in table 8.3 above are discussed first for relational possessive clauses and then for relational attributive clauses.

8.5.2 Second Participant: Relational Possessive Clauses: Possessions

In Chronicles patients possess everyday material goods, for example, *the shed,* and some negative feelings. In Scripts, Possessions are dichotomised between those of other people and those of the patient. Patients possess negative emotions, for example, *I don't have a clue where to start.* Named specified people possess positive things, for example, *money.* Generalised normal people don't possess negative symptoms, for example, *don't have mood swings*, which, of course, implies that patients do. In Narratives, patients possess positive abstract concepts, for example, *a lovely childhood.* Negative possessions, even bodily symptoms, for example, *ulcers*, belong to the past.

In summary, the Participants in relational possessive clauses display different realities in the three text types: material reality in Chronicles, an alienated reality in Scripts and a world of positively assessed abstract and physical Possessions in Narratives.

8.5.3 Second Participant: Relational Intensive Attributive: Attributes

In Chronicles relational Attributes are consistently negative, displaying negative Affect, negative Qualities of inner life and negative Judgements of self and other people. Attributes in Scripts are also negative; they classify patients and repeat symptoms of negative Affect (negative satisfaction), for example, *I'm tired, I'm so tired.* Other people, in contrast, are judged well for their positive Social Esteem, which only increases the alienation patients describe in their world. In Narratives attribution maintains a self-focus, but in these texts it is positive, occurring in the past, continuing in the present and anticipated in the future.

8.5.4 Relational Intensive Identifying: Token and Value

In Chronicles, identifying clauses summarise preceding events, for example, *that is the way I am.* In Scripts, identifying clauses contrast patients to the world, for example, *they are not me, no one is me.* In Narratives, there are no such summarising identifying clauses: the most succinct summary of the patients' self-description is Attributive, in a clause in which a patient changes her patient's self-classification to positively belonging to the world, *I am one of them now.*

8.6 Sensing Normality: Mental Clauses

Mental clauses, where patients are the predominant Sensers, are considered the most direct expression of patients' inner worlds.[68] Table 8.4 summarises mental clauses in the SCN Corpus with illustrative text.

[68] Quoting 'sayings' and 'thinkings', including one's own is multifaceted semantically. The grammatical resources, however, are not explicit in that there is no simple report in the semantics that corresponds with the lexicogrammar. That is, there is no system for encoding 'imagine as my thoughts' compared with 'imagine as my words, directly to myself'.

Chronicles		
Over the years like if I want to listen to music or something she (mother in law) doesn't like it too loud I have to put it down which I didn't like doing		
Sensers	**Lexicogrammar**	**Semantics**
Patients and other people	All patients' mental affect is impacted on by other people's mental affect	Limited inner world Ineffectual desires of patients, effectual desires of other people
Scripts		
1. 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 2. They're **not thinking** of new ways to really hurt themselves		
Sensers	**Lexicogrammar**	**Semantics**
Patients	All the patient's mental affect is negative and ineffectual	Reduced and ineffectual inner world
Other People	The interior world of what normal people are **not** thinking is reported	
Narratives		
1. 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. **2.** P: I just **thought** that was one of those little details you have in a dream T: I **think** it is a really interesting one P: *I just **thought** that it was interesting that I've stopped having it*		
Sensers	**Lexicogrammar**	**Semantics**
Patients	Mental cognition works for interpersonal purposes, where moving cognition to the past Tense allows thought to be negated if it is challenged.	*I remember* introduces memory *I fantasise* introduces imagination Extends the inner world and displays a duality of consciousness
Other people	Limited representation to general *everybody knows*	

Table 8.4 Ranked Clauses: Summary of Mental Clauses [Key: mental processes in bold]

Table 8.4 above shows the variation of mental clauses. In Chronicles, patients' mental affect is impacted upon by others. The structure of the if/then clause suggests that *if* a patient wants, inexorable events are put into action. In Scripts, mental affect is limited but represented as negative and ineffectual. In Narratives, mental cognition can be used to introduce the past or the imagination, so that patients can exist in a dual time - the present of therapy and the positive past or imagined future (see section 8.19).

8.7 TALKING ABOUT NORMALITY: VERBAL CLAUSES

Table 8.5 summarises patient verbal clauses in the SCN Corpus with illustrative text.

Chronicles		
1. He wanted to convert that into an aviary for the birds [[we've got]] And his brother **said** no and I thought how could he **say** no ^ BECAUSE we own the shed and he just **said** it would bring mice or rats and he doesn't like the idea 2. It wouldn't matter if you **said** right now Edward carry this down and do it like this and this because it doesn't sink in		
Sayers	**Grammatical Features**	**Semantic**
Patients Other people	Recent past Unprocessed direct speech Outer orientation to audience. Speech is reported as evaluation	Patient speech has no impact on a patient's world
Scripts		
I don't have a clue where to start because somebody **might say** "just lay in bed then and try a different alternative."		
Sayers	**Grammatical features**	**Semantic**
Patients Other people	Present tense For the most part the direct reporting has become an ascriptive evaluation Very limited direct speech Direct speech is negative generalised imagined speech	Speech is only used in an argument to support a negative life view
Narratives		
1. and I even - **I told**[69] one of the case workers off about one of their clients. 2. I fantasise about just having a pack on my back and just **saying** 'see ya, you don't bother me'. Well Clare remind yourself you could just throw that backpack on your shoulder and walk away and just say see ya, don't bother me.		
Sayers	**Grammatical features**	**Semantic**
Patients	Recent past and deep past speech Imagined positive speech Positive reported speech behaviour	Speech is positive and effectual in both the real and imagined world Suggestive of an internal dialogue and border of a separate self

Table 8.5 Ranked Clauses: Summary of Verbal Clauses [Key: verbal and behavioural verbal processes in bold]

Table 8.5 above illustrates different patterns of effectuality in verbal clauses. In Chronicles, they continue the pattern of ineffectuality seen in material and mental clauses. Patients' speech is ineffectual upon others, yet the speech of others impacts upon patients. The parataxis of desires, speech and consequences suggests the impotence of even having desires. In the limited number of Script verbal clauses, irrealis people have speech that *could* impact on the patient, as part of an argument about the futility of life. The grammatical patterns of these two text types seem inexorable, yet, in Narratives, patients' speech is effectual both as actual reported speech, *I told one of the case workers off,* and imagined speech, *I could say 'see ya'*. It also shows an internal patient dialogue, which is suggestive of an internal self, displayed in the presence of a therapist. Thus there is the possibility of change and an expanded repertoire of self.

[69] A behavioural process (see chapter 7).

8.7.1 Direct Speech

Verbal clauses are pivotal for the progression from outer to inner experience because they show the relationship between thoughts to self and speech with others. They have the grammatical ability to project a clause as direct or indirect speech. Direct speech is dominant in Chronicles, rarely seen in Scripts and Narratives, and not seen in therapist talk. It is now considered in more detail.

The dominant use of direct speech in Chronicles raises the question of whether Chronicles are simply unprocessed accounts of life without internalization, or carefully constructed tales directed to an audience. This section discusses the semantic advantages of direct speech in therapy under the following three rhetorical headings: Appeal to Veracity, Entertainment, and Evaluation of the World.

1. Appeal to Veracity

As part of patients' overall presentation to their therapists, direct speech describes unfolding recent incidents in patients' lives and may function as an appeal to veracity, that is, 'this really happened and was really said'. It is therefore the most direct representation of patients' interactions outside of the therapy room, even though it is not 'proof', because the therapist has no access to the other interactants in the tale[70] to ascertain veracity. These conversations of what people say and do to patients then become part of the justification that occurs in the stabilised evaluation in Scripts.

2. Entertainment

Direct speech is a general feature of texts whose purpose is to entertain (see chapter 2). As Chronicles, but not Scripts or Narratives, have a dominance of direct speech, this may suggest that Chronicles are audience directed, that is, patients are in 'storyteller' mode rather than speaking to themselves in the presence of a therapist.

3. Evaluation

The most common motivation for direct speech, described by Chafe, is

> to introduce evaluative information associated with an earlier speech event. The distal event is remembered as one that communicated affect through exclamations, repetitions, colloquial vocabulary, or prosody. The current speaker attempts to re-create the same evaluative quality by imitating those features *(1994: 217)*.

[70] I am not suggesting this is a negative aspect of clinical therapy. Therapy works with patients' perceptions of life, as they create self, in contrast to contexts which require 'factual' recall, for example, law courts.

Direct speech is not only evaluative as 'who does what to whom/what where, when how and why' (Hasan 1985:36) but is simultaneously evaluative as implicit judgement, for example, all of Beatrice's speech evokes judgement of her inappropriate behaviour. Direct speech may also introduce extranarratorial commentary on the unfolding tale, for example, *he said he's not worried about the aviary, but to me that's putting aside his feelings for his brother* [C1 P1 cl 148]. The fact that the 'distal event' (see Chafe above) is recent suggests that the evaluation is not yet deeply entrenched.

The three rhetorical purposes discussed above display the challenge of investigating narratorial voice and raise further possibilities for the exploration of evaluation in direct speech, beyond the scope of this thesis. There are also contextual questions concerning the degree to which direct speech is organised through a potentially censorious filter, that is, one's sense of wanting to present oneself positively, or, in the context of therapy, perhaps to present oneself negatively and other people worse. In Chronicles, direct speech is clearly audience directed. In Scripts, imagined speech supports an argument, and in Narratives, the most inner reflective talk, direct speech is imagined to self and others. While, however, it is still debatable whether it is possible to achieve unmediated, uncensored and unanticipated discourse where there is no sense of a predecided persona, this is beyond the scope of this thesis and is not further addressed.

8.8 Normality as Existential and Behavioural Clauses

As in Matthiessen's general corpus, there are limited behavioural clauses in the SCN Corpus. The expectation that behavioural clauses would present an obsession with bodily symptoms was not realised. Instead, bodily symptoms are expressed in relational clauses either as current symptoms in Scripts and Chronicles, or past symptoms in Narratives (see section 8.5).

Again, as in Matthiessen's general corpus, there are limited existential clauses in the SCN Corpus. They introduce different Existents for the three text types. Chronicles introduce physical existents, for example, *two chickens*, Scripts introduce limited emotions, for example, *a feeling,* and Narratives introduce childhood possessions, for example, *a garden,* and emotions, for example, *a lot of fear.*

8.9 Summary of First Participant Role

The sections above have summarised the different Participant roles in the transitivity analysis of Scripts, Chronicles and Narratives. They showed that by careful and detailed analysis a consistent picture of different aspects of the patient self in relation to other people

has been established. In both Chronicles and Scripts patients are ineffectual first Participants, that is, ineffectual Actor, Sayer and Senser. In contrast, other real people are effectual Participants across all the clause types, and their actions have a negative impact upon patients. In Narratives, patients are remembered and imagined as effectual Actors, Sayers and Sensers, and other people, both real and imagined, are also effectual first Participants.

The same pattern is followed in relational attributive clauses. Negative attributes are applied to patients in Scripts and Chronicles. Other people are negatively attributed for their negative impact upon patients in Chronicles. In Scripts, other people have positive Attributes to highlight the differences between patients and normal people. In Narratives, positive Attributes are applied to real and imagined human Participants, including patients.

8.10 CIRCUMSTANCES

Table 8.6 below summarises Circumstances in the SCN Corpus.

Circumstances	Scripts	Chronicles	Narratives
Patients	Generalised Circumstances specify claims about generalised Participants	Circumstances in material clauses physically place real Participants in time and space	Circumstances physically place things in childhood
	No Circumstances of cause or angle	No Circumstances of cause or angle	Slight increase in Circumstances of cause and angle
Therapists	Reflect patient talk, locate patients in congruent material world	Reflect patient talk, locate patients in material world	Most Circumstances occur as physical locations in a dream Circumstances of extent in a therapist's memory
	No Circumstances of cause or angle	No Circumstances of cause or angle	No Circumstances of cause or angle

Table 8.6 Ranked Clauses: Circumstances

Circumstances are consistent across Scripts, Chronicles and Narratives as physical locations of time and space. They suggest that life is presented as a given without being directly attributed to any obvious cause. This raises interesting issues for how the argument structure about self is created. If the world is given and negative in Scripts and Chronicles, and given and positive in Narratives, what is the resource for modifying the argument about self? The issue is further addressed in chapter 10.

8.11 RANKSHIFTED CLAUSES

Rankshifted clauses do not show significant differences between Scripts, Chronicles and Narratives, so no further discussion is presented.

8.12 Incomplete Clauses: Variations of Self

Scripts	Chronicles	Narratives
Evaluation of emotion is not completed	Few incomplete clauses Change relational to material clause (thereby changing potential evaluation to actions)	Evaluation of emotion is completed Therapist and patient co-create clause

Table 8.7 Ranked Clauses: Incomplete Clauses

In section 4.3.3 attention was drawn to Eggins and Slade's suggestion that abandoned (incomplete) clauses are interesting in casual conversation because they reflect tenor relations (1997:110). In this context, however, a comparison of incomplete clauses demonstrates unanticipated differences between Scripts, Chronicles and Narratives (see table 8.7 above). In Chronicles, incomplete clauses allow patients to swap from evaluation (a relation clause) to an action (a material clause), for example, *She's a bitch man, she is just,** [71] (followed by) *you know, we're there today and, and again, every fucking time I take the orders...* [C2 P3 cls 52,53]

In Scripts, incomplete clauses foreground the patients' difficulty to complete an evaluation, especially of feelings, for example, *I feel as if, like, [long pause]** (followed by) ... *I don't know, maybe I just find that it wears me out more* [S 2 P5 cl 61].

In Narratives, incomplete clauses allow patients a second attempt to articulate their feeling (in contrast to completion difficulties in Scripts and a misrouting of the clause in Chronicles), for example, *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].

Therapists use incomplete clauses in Scripts and Chronicles in a limited way to reposition or relexicalise for therapeutic advantage, for example, to hedge modality, *It can be hard to** (followed by) *it might**. Although incomplete clauses could potentially introduce new topics without the interpersonal cost of a completed clause, this function is not used by therapists in Scripts and Chronicles. Therapists, instead, follow the patient pattern, as seen in the following example where the nominalisation of a feeling is not completed by the therapist but commences an action clause: *But so that feeling kind of, it kind of, it,** (followed by) *like you're saying every second you're feeling that way you've got to** (followed by) *you're trying to get him into line every second of the day.* [C3 cl 149-153].

[71] * marks the point of incompletion

In contrast, incomplete clauses in Narratives maintain a range of grammatical choices around feelings, for example, *so you are left feeling** (followed by) *how does it feel? Low? Or?** (followed by) *What is the feeling?* [N3 cl 73]. This reduces the interpersonal cost of talking about feelings and encourages the patient to continue with the topic. In Narratives clauses can also be completed in concert between therapists and patients, for example,

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

Extract 8.4 [N3 P5/T4 cl 134-136]

Here the interactants are able to complete the turns without conflict, which displays a feature of intimate talk (see Eggins and Slade 1997:176ff) and further provides a new access to the inner consciousness in patients. Whereas, in casual conversation, see section 4.3.3, incomplete clauses may show no significance other than the draft nature of spoken language or word finding difficulties (Eggins and Slade 1997), in the particular context of psychotherapy, however, they show systematic and subtle differences in the presentation of self.

PART II: NORMALITY AS INTERPERSONAL:
SUMMARY OF RANKED AND RANKSHIFTED CLAUSES

8.13 MOOD CHOICE AND SPEECH FUNCTION

In all three text types, the principal speaker, the patient, provides information in a series of declarative clauses. There are two functional contrastive meaning shifts of mood across Scripts, Chronicles and Narratives, which are now discussed.

8.13.1. Imperative Mood / Demands for Goods and Services

In Chronicles, patients are compliant to the demands of others, but are ineffectual in their own demands, for example, to a noncompliant son, *don't touch the chook.* In Scripts generalised people hypothetically give orders, for example, *somebody might say 'just lay in bed'*. In Narratives, in contrast, imperatives are used effectually in an empowering order to self, *well Clare remind yourself.* As well as being an effective order this is suggestive of an interior world (see section 8.7 above).

8.13.2. Interrogative Mood / Demands for Information

In Chronicles, there is a range of interrogatives, partly as a storytelling feature, as they report patient questions to self and others, even those that are unanswered. There are no patient questions to therapists. Scripts have a limited interrogative range because patients remain self-focused and have no questions to other people in their tales. However, an external focus on the immediate is also evident, as patients ask therapists questions that breach the psychotherapy context and make the continuation of talk difficult (see chapter 9 for breaches of context). Narratives are positively self-focused texts, and also include questions to therapists. Yet, these questions, even when they breach context expectations, create texts of further patient revelation (see section 8.19 below and chapter 9).

8.14 MODALITY

Modality is limited across the SCN Corpus (4.5% (65/1443) clauses). Initially this may suggest an overall non-negotiability of patients' worlds. Closer engagement with the text, however, suggests that negotiation of different worldviews is not structured through modal verbs, finites and adverbs. It is therefore necessary to consider other linguistic features, at all strata, to ascertain how patients and therapists come to negotiate and change patients' worldviews. The generic structure discussion in chapter 10 shows that there are rhetorical structures which demonstrate alternative views of self for patients. Yet even when two

clauses are set up rhetorically as antitheses, there may be no sense in which the argument is being graded grammatically.

Lexicogrammatical analysis of the limited modality shows Obligation is the dominant modal type. In Chronicles, patients are obligated to others, yet other people do not reciprocally fulfill patient obligations. In Scripts, obligation to self, for example, *I have to take ten tablets a day* [S3 P6 cl 121] contrasts with normal people who are free from such obligations, for example, *they don't have to see two to three doctors a week* [S3 P6 cl 120]. In Narratives, obligations for self and others have a generalised agency that is not directly attributed to a person, for example, *I had to go to hospital* [N1 P1 cl 91].

Although therapist modality can be a deliberate therapeutic strategy[72], therapists' modality is limited in the SCN Corpus. In Scripts and Chronicles, modal finites disengage judgement of patient events, for example, *that would have been very humiliating* [C1 T1 cl 126]. In Narratives, modal finites reinforce patients' abilities, for example, *you can remember the feeling of feeling secure* [N1 T1 cl 44] which contributes to a positive sense of self.

8.15 POLARITY AND TENSE

Polarity is consistently positive across the text types, which is consistent in English with the telling of life events. In Chronicles, the predominant tense is the simple past, associated with the telling of past actions. In Scripts, the present tense represents the persistence of past events as current emotions, or arguments of habitual action, for example, *they* (other people) *point the finger* [S3 P6 cl 81]. In Narratives, the past tense realises the deep past of childhood as attributes and actions, which are introduced by the present tense projection of *I remember.* Future events are realised in an irrealis of wished for actions and again, attributes introduced by a present tense projection, for example, *I wish // I could do that* [N4 P3 cl 42, 43].

Thus, in therapy, a person who is initially 'trapped' in the present and recent past develops a sense of the deep past and an anticipated future. In this way, the expanded tense selection suggests a complexity of self, where the accumulation of time and evaluation are experienced at a current moment. This conscious experience of duality is described by Chafe as (i) remembered, that is, experiences that were immediate at some earlier time (the past) but do not belong to the current environment, or (ii) imagined, that is, experiences constructed by the conscious mind itself, though usually with some indirect relation to

[72] Chambon and Simeoni (1998) compare therapists talking, first in therapy and then in interview with the researchers. They reveal that the highly modalised talk of therapy does not occur in the interviews, that is, the modal choice is selective and not an idiolect.

previous immediate experiences (1994:32). In the lexicogrammar of the SCN Corpus, this duality of consciousness is seen only in Narrative as both *I remember* and *I fantasise* (see section 8.19). In an extension to Chafe, my study also shows a duality of reality projected by *I dreamt* and a duality of association in lexical metaphor (see chapter 11).

8.16 EVALUATION

Evaluation is central to therapy because therapists and patients meet to examine (and therefore evaluate) a patient's life as told in the patient's tales, which are pointless without some evaluative stance. When therapists describe Chronicles as 'boring conversation' (Meares 2000:124), it may be that they are responding to limited overt lexical evaluation supplied by the patient.

But evaluation is as complex a question for a linguist as it is a complex clinical concern for patients and therapists. While it is relatively easy for therapists to consider evaluation at the level of evaluative lexis, there are two other systems of evaluation occurring. First, as covert evaluations seen in the grammar of transitivity, where 'who does what to whom/what where, when how and why' (Hasan 1985:36) is an intrinsic and profound evaluation of a patient's world. Scripts and Chronicles show a grammatical evaluation of life as ineffectual, whereas Narratives show a gradual change towards effectuality. Second, an absence of overt lexical evaluation shows an ideology of life as fixed and not negotiable: in the bald assertions in Scripts and Chronicles the limited modality indicates no interaction with alternative views.

While evaluation is considered further in and after the context chapters, this section compares the Appraisal analysis of Scripts, Chronicles and Narratives. Appraisal, an interpersonal and semantic resource, was investigated in the lexicogrammar, in particular, in the Attributes of relational intensive clauses as the entry point[73].

Table 8.8 below summarises Appraisal in relational intensive clauses for Scripts, Chronicles and Narratives.

[73] Alternately, Appraisal can be entered through the semantics, so that from the category of Affect, the semantic labels of Emoter and Target are applied. (White 2000)

Appraiser	Appraised		
	Scripts	**Chronicles**	**Narratives**
Patient Clauses	Self: Affect and Judgement are all negative	Self Affect: Limited self appraisal as negative Affect, negative satisfaction with the world Self Judgement: the one instance of negative propriety is projected from mother-in-law and rejected	Self Affect: positive security, happiness and satisfaction as Qualities Self Judgement: positive normality
	Other named participants: positive people have positive normality, self esteem People with borderline personality disorder: no relational intensive clauses	Other named participants: Judgement is negative with strong lexical force, eg. *shitty, bitch*	Very limited representation of others
	Appreciation: patients' lives and behaviour are negatively evaluated	Appreciation: physical entities, eg.*watermelon,* are appraised	Appreciation: ideas and feelings are positively appreciated
			Highest number of Attributes for the three text types
Semantic Outcome	Therapy is blamed for causing negative attributes, *it makes you feel like shit*	Inner emotions are caused by external forces, which patients feel helpless to overcome	Possibility of a positive worldview
Therapist Clauses	Limited relational clauses of Judgement cluster in *selfish* chain, where therapist tries to move patient evaluation from *selfish* to *self caring*	Therapists refrain from direct judgement of patients or other participants Instead, they take the mental or material clauses of patients and sum them into an idea that can then be evaluated as Appreciation, eg. *that would have been very humiliating* Therapists' attempts to introduce feelings are not taken up by patients	Therapists introduce Attributes for patients,eg. *You felt warm, secure* Self judgement reflects therapist interest in patients, *I'm just curious,* disengages from potentially intrusive questions Evaluation of ideas

Table 8.8 Ranked Clauses: Appraisal

Table 8.8 above shows differences in Appraisal in Scripts, Chronicles and Narratives. Chronicles display negative self Attributes and negative Judgement of others. Scripts are self-focussed texts where patients are negatively appraised, and other people, with their positive Attributes, provide a contrast to reinforce the patient's negative view. Narratives are also self-focussed, but they present a positive worldview where patients give themselves positive Attributes.

Appraisal Appreciation

In Scripts and Chronicles, therapists use Appreciation to distance the discourse from direct Judgement of patients, for example, *<u>that</u> would have been very humiliating.* In Narratives, they co-create or directly attribute emotional Affect to patients, for example, *You felt warm,*

secure, which uses the grammatical indeterminacy[74] of *feel* to allow the therapist to simultaneously introduce emotion and cognition. This patient does not reject this report on her life and the positive talk continues.

Appreciation, although grammatically of 'things and ideas' (White 1999) is, in this context, very firmly connected to ideas about people, making it semantically close to Judgement. It could be suggested, then, that although Appreciation was initially developed to appraise the 'notion of value in creative arts' (Hunston and Thompson 2000:148), in this context Appreciation appraises 'the notion of judgement in psychotherapy'. Thus for therapists, Appreciation is an interpersonal strategy with rhetorical advantage, as well as Appreciation of ideas and things, because it removes direct Judgement of the patient to Appreciation of an idea.[75]

Because of the prosodic nature of evaluation, it is important to consider not only tokens of evaluation but also their co-text. In therapy, the infrequent phases of positive evaluation are always at risk of immediate counteraction. The following three examples show different prosodic patterns of evaluation in the SCN Corpus. The point of transition from positive to negative is here accompanied by modal adjuncts, suggestive of different levels of support for the assertion.

Example 1. At the end of this Narrative, the positive emotion, *happy*, is quickly counteracted by illness and poison, and the discourse continues as a Chronicle;

T	Was it like a funny feeling or was it happy?
P	^IT WAS Happy
	^IT WAS A Happy feeling yeh
	Yeh because the wallpaper was coming alive
	All the little bunnies were jumping around
	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
	because it was poison

Extract 8.5 [N1 P1 T1 cl 82-92]

Example 2. In this Script example below, when the therapist summarises the patient's preceding turns as a negative evaluation, the patient counteracts it. So, although the patient's tokens are positive, the structure suggests interpersonal friction.

[74] That is, the fuzzy boundary between mental and relational processes.

[75] This is the same grammatical function which is used by the middle class child who 'learns that substituting Appreciation for Judgement or Affect is a useful rhetorical strategy for distancing self blame and constructing Appraisals as 'factual' and therefore less open to challenge or dismissal' (Painter 2003:201).

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.

Extract 8.6 [S3 P6 T3 cl 160-2]

Example 3. In this Narrative, example patient and therapist share the evaluative phase, which creates a contextual environment for continued positive evaluation.

P	I liked the lights
T	And you felt warm and you felt secure

Extract 8.7 [N1 P1 T1 cl.344-5]

This brief consideration of aspects of the lexicogrammatical resource of Appraisal shows differences in Appraisal which are significant as different aspects of the construal of self. The above examples showed the importance of the prosodic patterns and the significance of the therapist contribution for creating positive evaluation. The analysis suggests that further consideration of evaluation, in particular how the context of talk creates and is created by positive stages of talk can provide an increased understanding of the development of a complete sense of self. This is considered in the following context chapters, 9 and 10, with issues arising discussed further in chapter 11.

PART III: THE COMPLEX TASK OF THE THERAPIST

In this chapter, which is centrally concerned with patients, the lexicogrammatical analysis of the therapists' contributions to Scripts, Chronicles and Narratives, has been discussed alongside the lexicogrammatical analysis of the patients' contributions. Therapists' turns are generally short. They speak in response to patients, which means they have limited self presentation and their lexical choices often parallel the patients' patterns. Two different examples of therapist talk are presented in the following sections as a way of illustrating the particular contribution of the lexicogrammar to the complex task of the therapist[76].

Extract 8.8 in section 8.17 illustrates an anomaly in therapist talk as a way of directly displaying the therapist's task, that is, it shows the therapeutic benefit of a breach of context. Extract 8.9 in section 8.18 is an extended Script, where the therapist uses a lexical progression to change a patient's self-evaluation, and thus creates a context that enables the negative Script to change to therapeutically beneficial talk.

8.17 THE THERAPIST TELLS A TALE

The therapist tale occurs in *N1: Rain and Bunny Memory* in turn 347 below. Immediately prior to the extract, the therapist has told a joke, and then, in turn 345, he introduces positive Attributes to the patient, *you felt warm and you felt secure*, using the grammatical indeterminacy of *feel* as relational or mental process to provide an attribute, which simultaneously suggests her inner consciousness.[77] Turn 347 is a response to a direct question from the patient: a potential breach in context, which is discussed in detail in chapter 9. The patient's next turn, t350, is also included to show how the patient mirrors the therapist's grammatical structure.

[76] This current investigation of Scripts, Chronicles and Narratives establishes a basis for research of the therapists' technique for changing patient talk.

[77] Grammatical indeterminacy of mental processes suggests an area of further exploration after this thesis.

345	T	Yeh ... [tea cup rattles] and you felt warm and you felt secure.
346	P	**Why how far back do you remember? for yourself?**
347	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
348	P	Oh right mm [4 secs] [loud car sounds] yeh I remember back further
349	T	Do you?
350	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.

Extract 8.8 [N1 P1 T1 turn 345-350]

The therapist's tale, in t347 above, includes the following lexicogrammatical features, similar to patient Chronicle and Narrative talk, and contrary to the therapist's usual patterns;

1. The therapist turn is long, compared to their usual pattern.
2. The therapist is in theme position as Actor, Senser and Sayer in a recount of the past. Therapists are usually absent as 'self', except in their therapist 'role' in the present tense.
3. The therapist introduces his own family members into the tale. Therapists do not usually talk about their life external to the sessions.
4. Circumstances of location: time and place situate the tale, usually a feature of patients' Chronicles.
5. The therapist reports direct speech, usually a feature of patients' Chronicles.
6. *I remember* is a projection to the deep past, which displays a dualistic consciousness. This is a feature of patients' Narratives.

Although this tale breaches the institutional context (see chapter 9), the therapist has here provided an example of 'how to do' a memory text for the only time in the SCN Corpus. In other words, the therapist has scaffolded the patient to provide a memory text, which is seen in the parallel structure of the patient's next turn, t350. The therapist's description of verbal action *I described the room* is extended by the patient to an actual description of a room, *they had wallpaper on the wall.*

8.18 *SELFISH* COHESION CHAIN

Extract 8.8 above showed how a therapist continued the valued talk of Narrative. Extract 8.9 now shows a therapist changing talk from the dispreferred Script talk, through the negotiation of

a definition of *selfish.* It lists the clauses containing the lexical chain for *selfish.* This shows that, rather than continuing the repetition of the negative inner attribute *(selfish),* the therapist challenges the patient's definition and self-application of *selfishness* and creates the context to turn the talk to therapeutically beneficial talk. To highlight the significance of this negotiation, a detailed commentary on the turns follows after the presentation of the extract.

Cl.	Patient	Therapist
23	tired of it	
24	tired of people putting stuff on me	
25		
26	I feel very awful	
27	I feel like its really bad	
28		you feel guilty?
29-32		
33		as if you are **not being generous**
34	as if I'm being **selfish**	
35		as if you are being **selfish**
36		**as if to want to have a bit of a rest occasionally for something that is wearying**
37		**self concerned**
38		**not concerned with the other**
39-43		
44		and that might mean you are a bad person
45		
46	yeah	
47-48		
49	it is **selfish**	
50		it has kind of got negative connotations
51		for you **not to want**
52		**to be there for someone**
53	I feel really **selfish**	
54-55		
56		it might be hard to do something that is foreign to you
57		
58	it is not right is it?	
59		it is not right?
60		in terms of its actually wrong ?
61-71		
72	I am becoming **a very selfish person**	
73		you are becoming in a way **self caring**
74		it is very different between being **selfish**
75-83		
		why does it not feel ok **to do what you might want to do** which is to not hear from people when they are low or when
84		they are dumping on you?
85-94		
95	***I suppose the issue is how much of yourself are you supposed to give.***	

Extract 8.9 [S2 T P cl 23-95]

In extract 8.9 above, the patient, Fiona, commences with her feelings of being *very awful* [cl 26] and *really bad* [cl 27], which she does not articulate beyond a symptomatic feeling. The therapist suggests her feeling as *guilt,* which Fiona lexicalises as *selfish.* Fiona then establishes a *selfish* repetition as a cohesion chain. The therapist modifies the argument and definition of *selfish,* accepting (with modality) Fiona's negative Judgement (-propriety), *it has kind of got negative connotations for you not to want to be there for someone*[cl 50,51] but supplying new tokens for *selfish*: *self concerned, not concerned with the other.* She then describes desires that cannot be construed as selfish, *as if to want to have a bit of a rest occasionally for something that is wearying,* and then further reconstrues it to *self care.* Fiona does not accept this positive evaluation initially, but eventually, after being directly questioned by the therapist *why does it not feel ok to do what you might want to do which is to not hear from people when they are low or when they are dumping on you?* [cl 84] Fiona articulates a central issue for her therapy, *I suppose the issue is how much of yourself are you supposed to give* [cl 95]. Thus, in response to a patient's repetition of negative self-Judgement, the therapist is able to introduce therapeutic discussion about self, so that the patient can articulate her own issue.[78]

8.19 MEMORY AND FANTASY

The lexicogrammatical findings so far in this chapter have been particularly addressed towards the realisation of Scripts, Chronicles and Narratives. This section now remains within the SFL theory to consider specific lexis, *remember* and *fantasize,* which were foregrounded in the preceding chapters because they realise a duality of consciousness, sitting at the border of 'inner' and 'outer' consciousness. In the following lexicogrammatical discussion of these two mental processes, the Phenomenon of the clause (what is known or perceived) is studied in detail to demonstrate the full grammatical role of these mental clauses.

8.19.1 *I remember*

The role of memory in therapy was introduced in chapter 2 and will be discussed again in chapter 11. Although memory can be expected to be revealed through a multiplicity of linguistic strategies, the focus in this lexicogrammatical section is *I remember* as an explicit linguistic resource for foregrounding memory. The study of psychotherapy as a particular social institution where memory is problematised is simultaneously an investigation of a

[78] This raises questions of what text type is the therapy discussion of self, which is further discussed in chapter 11.

resource available in the whole grammatical system for memory, which enables a person to simultaneously be in the present and aware of the past.

The mental cognition lexeme *remember* introduces a patient's memory 'as a verbiage which is able to be circulated socially' (Thibault 2001:5) into the presence of a therapist, where contrastive functional differences in meaning with two different outcomes occur. The first *I remember* does not expand the patient's discourse, whereas the second can introduce a sort of cognition which displays the patient's increasing ability to foreground memory, grammatically enabling the patient to use memory as a starting point for talking about emotion. Since a goal of the Conversational Model of therapy is to talk of an emotional life in an intimate way, the different functions of *I remember* signify different therapeutic stages. In the SCN Corpus, *I remember* clusters in *N1: Rain and Bunny Memory,* which has been foregrounded throughout these lexicogrammatical chapters for the therapist's breach of context and for the patient's positive childhood reverie (see section 8.17).

The Senser in *I remember* clauses is restricted to patients and therapists. The Phenomena represents what is remembered. They are described in more detail below, after two extracts to illustrate two different types of memory talk projected through *I remember*. The first extract, 8.10, from the wider BPD Corpus, shows a patient trying to remember the events of an incident in the previous week. The second extract, 8.11, from *N1: Rain and Bunny memory*, occurs eight months later for the same patient where *I remember* now introduces a childhood memory, that is, it introduces the distant past.

Memory: Two Sides

Um...I was like my brain was having an argument like one side was good and one side was bad /mm/ and they were fighting with each other /right and the bad side won ... **that's... all I can remember** /yeh/ so it was really weird and then ... um I took the tablets but I took I also um drank half a bottle of port and a bottle of wine /right/ as well with the tablets and umm I don't normally drink /mm/ I don't drink /yeh/ Alcohol um ...and ... I think that's all ***I remember***

Umm ...I think on Saturday I got ... umm the anxiety started to change like a panic attack I was getting panicky I had to get out so I went over to see Frank and um he upped the medication /mm/ um I'm trying to think ... And ...I was fine during the housework and that I think um [4secs] **I can't remember .. I just remember** ...feeling different /mm/ and well like I am now sort of nervous

Extract 8.10 Therapy Session 2 [P1 T1]

	Memory: Rain and Bunny
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	Mm
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

Extract 8.11 *N1: Rain and Bunny Memory* [P1 T1 t336-352]

In the first of the two extracts above, extract 8.10, it appears that the patient can't remember or remembers very little and is even having difficulty retrieving the event to bring it into the therapy. In that extract *I remember* does not introduce emotions and does not create a duality of experience, but instead displays a restricted cognition.

The second extract, extract 8.11, displays *I remember* as it introduces reminiscences of childhood, seen in the collocation with childhood lexis, *bunnies, pram, baby* and *cot*. In this extract, the patient talks about the past, aware that she is the Senser in the present, which is suggestive of a duality of experience. Emotions are then remembered as the discourse continues.

Thus, even in these brief extracts, it can be seen that an understanding of the function of *I remember* as a resource for meaning making can be extended by an examination of the grammatical function of the Phenomenon of a mental clause, which represents the patients'

memories as they are introduced into therapy. Phenomena can be classified as either simple Phenomenon (a simple nominal group) or Hyperphenomenon. Hyperphenomenon are further classified into (i) Macrophenomenon, which differ from simple Phenomenon only in composition (having a macro configuration of Participants, Processes and Circumstances (Matthiessen 1995:258)), and (ii) Metaphenomenon, which differs in degree of abstraction, with the Phenomenon projected into existence as an idea or a fact.

Macrophenomenon are most frequently associated with mental processes of emotion and perception, while Metaphenomenon are most frequently associated with mental processes of cognition and desire (Matthiessen 1995:261). Not all mental clauses have a Phenomenon. The process may represent pure cognition, for example, *it shows you can remember even from such a young age.* Table 8.9 presents the Phenomenon of *I remember* clauses from the two extracts above.

Types of Phenomena	Grammatical Feature	Instances
No Phenomenon	Mental verb only	*I can't remember* **(negative polarity)**
	+Circumstance	*I remember* when I was in a pram *I remember* back further
Simple Phenomenon	+Nominal group	*I remember* that (x2) *I remember* the bunnies *I remember* another time
Hyperphenomena		
(i) Macrophenomenon	Embedded clause Nominal group associated with emotion and perception	*I remember* [[my mother walking of a night]] *I just remember* [[feeling different]] *I remember* [[feeling very secure]] *I just remember* [[looking out from the pram]]
(ii) Metaphenomenon	Projected clause associated with cognition and desire	*I remember* in the hospital //they had wallpaper on the walls
Therapist Clauses	No Phenomenon +Circumstance	You can remember even from such a young age
	Macrophenomenon	I remember [[the day we went to visit]]
Memory as participant in relational clause		That is all [[*I can remember*]] I think that's all [[*I can remember*]]

Table 8.9 Phenomena of *I remember* Clauses

Table 8.9 above is now discussed according to the type of Phenomenon, before a general discussion.

1. No Phenomenon

Positive clauses with no Phenomenon include Circumstances or Circumstantial clauses to textually anchor the memory in time or location. The 'memory' then follows directly. Clauses without a Phenomenon can foreground an inability to remember, that is, *I can't remember.*

2. Simple Phenomenon

Only once does the patient recall a specified concrete simple Phenomenon, *the bunnies*, a childlike lexical choice, reinforcing the distant past of the memory. The other instances of simple Phenomena in context display the actual skill of memory cognition, *I remember another thing*. The simple Phenomena for negative clauses are general, *everything* and *anything*.

3. Metaphenomenon

My initial expectation was that Meares' clinical description of a 'doubleness of state' would be grammatically resourced in the Metaphenomenon, since the projection of an idea moves the Phenomenon to a different order of reality (Halliday and Matthiessen 1999:106). However, against expectation, there was only one Metaphenomenon in the extracts above: a memory situated by a Circumstance, *I remember in the hospital (that) // they had wallpaper on the walls*. They are similarly restricted in the SCN Corpus and a general corpus, the Aust ICE corpus[79]. Thus it appears that the linguistic facility for memory as a doubled experience is not grammatically resourced as the Metaphenomenon.

4. Macrophenomenon

Macrophenomenon was the most frequent Phenomenon type in the extracts above (25%, 4/16 clauses) and also in the SCN and Australian ICE corpora. It appears that this is where the English grammatical resource for duality of experience (equivalent to Meares' doubleness of state, 2002:2) is located. Macrophenomenon expand a mental process clause by treating a non-finite embedded clause as a single complex Phenomenon (Matthiessen 1994:257), for example, *I remember [[looking out from the pram]]*. A Senser in current time can bring an experience from the past to the present as a non-finite participle, thus creating a duality of experience that persists across time.

Grammatically, Macrophenomena are closely aligned to mental processes of perception and emotion (Halliday and Matthiessen 1999:141). Yet here they are the primary Phenomenon type for a mental process of cognition, *remember*. This moves *remember* to a different part of the meaning mapping for cognition, since not all mental cognition processes can use non-finite Macrophenomenon, for example, it is not possible to construct *I think [[my mother walking]]*. The fact that a cognitive process, *remember,* uses a grammatical resource closely aligned to emotion and perception suggests a resource that enables cognition to textually place a memory into a non-finite form and then develop the emotional reaction that allows

[79] A corpus of spoken and written Australian English of 1 million words as 500 samples of 2000 words, established at Macquarie University (1991-1995).

re-categorisation of experience in the following clauses. The things of the past are brought into the present, thus helping patients to have an emotional life, that will carry over into the future, succinctly noted by a therapist in this corpus, *You can remember the feeling of feeling secure.*

Overall, this section has shown that the lexis alone does not describe the total meaning resource of *I remember* but that it is the lexis and grammar together which reveal the full semantic contribution of *I remember* to the experience of memory. *I remember* is important for both grammatical Participants. It foregrounds the Senser as a positive 'rememberer', and marks cognition, where *I remember* textually introduces the 'rememberings' into the current shared conversational space as a Macrophenomenon of retrieved perception. A future investigation of a range of mental cognition processes, for example, *I imagine,* may establish a grammatical subgroup of dual time cognition, which has overlap of features with mental perception processes.

8.19.2 *I fantasize*

In a Narrative of the anticipated future, *N5: The Backpack, I fantasize* introduces duality of consciousness into the discourse in a parallel manner to *I remember,* with an imagined rather than remembered reality. The fantasy is configured in two ways:

1. as an embedded nominal group: *I fantasise about [[just having a pack on my back //and just saying //see ya // you don't bother me]].* Here, the second Participant is a Macrophenomenon of a non-finite clause, which introduces the fantasy as action.
2. as a simple Phenomenon, which is then explained in following clauses as a series of material and verbal processes: *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.* [N4 P3 T3 cl 30-40]

8.19.3 Grammatical Resources for Duality

The Conversational Model suggests that 'both self and intimacy depend upon a particular kind of memory... There is a doubleness in this state. One lives in the immediate present, and at the same time is aware of a different domain of experience which belongs to another time in one's life' (Meares 2000:2). The two lexicogrammatical resources of *remember* (*N1:*

Rain and Bunny Memory, N2: The Backyard) and *fantasy (N4: The Backpack),* discussed in the sections above, indicate the classification of Narrative texts in the Conversational Model because they introduce a dualistic time period, as either deep past, or fantasized future. In particular *I remember* clauses use the grammatical resource of Macrophenomenon to introduce non-finite participles into the present for attachment to current emotions.

Further resources for duality are also seen in the other Narratives. In *N3: The Kafka Dream, I dreamt* introduces a world that is not controlled by the same 'rules' of reality as the physical universe, and is therefore also a duality of reality. *N5: The Bubble* uses metaphor to introduce duality of association. The duality of consciousness is discussed further in section 11.3.3.

Thus all Narratives use the grammatical resource of duality to construe a duality of experience. This is significant as it supports the classification of the Narratives as one group, rather than as subdivisions, which was introduced as a possible alternative, see section 7.6.

8.20 CONVERSATIONAL MODEL TERMS: LINEARITY AND NON-LINEARITY

Chapters 5, 6, 7 and 8 began with descriptions of the Conversational Model. Now, after the presentation of the lexicogrammatical analyses, this section returns to the Conversational Model terms *linearity* and *non-linearity* to consider their alignment with the detailed lexicogrammatical syndromes. Table 8.10 below presents the summary.

Scripts	Chronicles	Narratives
Conversational Model		
Linear 'beyond the access of the reflective process.' (2000: 130)	Linear 'relatively logical and has a goal.' (1998: 880) "Present without images of the future or remembrances of the past.' (2000: 28)	Non-linear 'a form of mental activity which is non-linear, non logical, which is found in states such as reverie' (1992: introduction).
Lexicogrammar		
Current time + recent past + past attributes persist in current time	Current time + recent past	Current time + deep past or imagined future
Everyday lexis reduced lexical field	Everyday lexis reduced lexical field	Everyday + childhood lexis extended lexical field
Limited dialogue	Direct speech of other participants	Internal dialogue represents thoughts and talk just to self
Limited modality	Limited modality	Slight increase in modality expands options for alternative views
Additive attributes contribute to a singular worldview	Linear chronology of events Circumstances of location:spatial and location: time situate recent actions	Dualistic time where current time mental process introduces future or past: *remember, fantasize* Dualistic reality where metaphor and *I dreamt* introduce alternative realities Phenomena as Non-finite clauses, take the memory out of time Distant Cohesive relations Within increased time span, the connections in the grammar don't have to be causal. They can be analogies or new connections between not yet linked events. These supply the potential for a new world view

Table 8.10 Alignment of the Features of the Linearity and Non-Linearity with the Lexicogrammatical Analysis

Table 8.10 above illustrates that, in careful systematic analyses of the lexicogrammar, features are emerging which realise *linearity* and *non-linearity*, terms central to the Conversational Model's description of Scripts, Chronicles and Narratives. The associative *non-linearity* appears related to the expansion of time in the discourse. As patients introduce alternatives to the relentless present and recent past where they are ineffectual and not normal they increase the potential for alternative ways of being. The number and extent of the time shifts in Narratives, and the fact that the time shifts are mentalised through *I remember,* rather than materialized through direct report of actions (for example, *once my mother did...,)* allow new motifs and connections to be made in the complex tale of self. Thus rather than a retelling of events without consideration, which is the feature of the linear discourse, non-linear discourse in Narratives becomes a means for the construal of alternative worldviews.

This discussion at the lexicogrammatical stratum suggests that further investigation at the contextual stratum will also contribute to a linguistic understanding of the descriptors of the Conversational Model. The discussions of the context of situation in chapter 9 and generic structure in chapter 10 give an expanded view of higher order linguistic features of Scripts, Chronicles and Narratives and will therefore contribute to an expanded view of the Conversational Model descriptors, *linear* and *non-linear.* This is presented in chapter 11.

8.21 CONCLUSION

This chapter has summarised lexicogrammatical patterns which reveal the contrastive functional shifts in meaning of Scripts, Chronicles and Narratives as they create the complex tale of self. It has shown that the careful consideration of linguistic features across experiential and interpersonal metafunctions can be built up piece by piece to provide a wealth of evidence for different construals of self in psychotherapy.

Broad general patterns of clause types and subtypes were shown to be similar across the three text types, providing a consistent background for the analysis that follows. Then, closer examination of the grammatical Participants of the clauses showed distinct systematic patterns in Scripts, Chronicles and Narratives, in particular in the patients' construal of normality and effectuality upon their world, which suggests that the three text types are lexicogrammatically distinguishable.

The patient construal of normality is directly evaluated in the overt patient lexis, where a lexical motif for evaluation pivots around self as 'Normal'. It is also displayed in the covert grammatical patterns of inevitability and ineffectuality. In Chronicles, patients reveal themselves to be ineffectual Actors, Sensers, Sayers and Carriers in a specified world of real and effective other Participants. In Scripts, patients are similarly ineffectual in their first grammatical Participant role and are also alien from the world of specified and generalised others. In Narratives, patients begin to construe themselves in new possibilities, where they are connected to the world and effectual either in imagination or memory. Rather than using other people as a contrast to their own states, in Narratives effectuality is seen in interactions with others, for example, *meet people.*

Variations are also revealed in therapists' contributions to the discourse. In Chronicles, they have a limited presence, in Scripts they can either continue the patient's set pattern or begin to carefully challenge entrenched worldviews, and in Narratives, therapists can contribute to a positive and expanded discourse.

The lexicogrammatical findings were further explored for their impact on the theory of SFL. In particular, the grammatical ability to categorize inner experience in mental clauses was explored through a careful consideration of the Phenomenon of *I remember* and *I fantasize* clauses. These mental cognition clauses have grammatical features that are close to mental emotion and perception clauses, and the study suggests that further classification of mental processes to establish a subgroup of dual time cognition may be beneficial for future psychotherapeutic investigations.

The chapter concluded with the re-consideration of the Conversational Model's terms *linear* and *non-linear*. It showed how the lexicogrammatical analysis describes a syndrome of features that may align with the semantic descriptions of the psychotherapy. The terms will be further explored at the contextual stratum.

The detailed investigation in the preceding three chapters demonstrates the additive effects of different aspects of the lexicogrammar and has enabled this chapter to show an emergent and consistent syndrome of meanings that vary between Scripts, Chronicles and Narratives. Furthermore, the chapter has suggested that there are benefits to be gained through an examination of the structure of Scripts, Chronicles and Narratives as they contribute to the patients' arguments about normality. It will also be beneficial to closely describe the context of the talk, in particular the role of breaches of context, which were shown to contribute to the creation of valued therapy talk. The thesis now turns, in chapters 9 and 10, to the second phase of the linguistic analysis to examine the connections above the clause for their contribution to the complex tale of self.