However, because of the importance of Affect in this context (including the psychotherapy literature and the DSM IV definition) it is briefly considered here.

[SOCIAL HIERARCHY] and [GOAL ORIENTATION] preclude any display of therapist Affect directed at the patient. (Hence the breach when a patient directly addresses the contextual parameter, do you have to <u>like</u> the people you see?) There is a lack of diminutives and other lexicogrammatical markers which would signal Affect between speakers. Thus patients are sharing intimate details, without the usual cues for intimacy available in other contexts. Perhaps paradoxically, it is both the cultural knowledge of 'being in therapy' and the institution, that instead creates a 'safe' social distance for intimacy.

4. Network Morphology

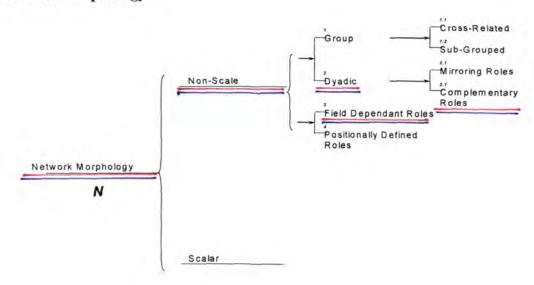


Figure 9.12 Tenor: Network Morphology

Network Morphology maps the typical social networks for a person's world. Because the network is [Uniplex], the scalar dimensions of network morphology are not further discussed here. A [Uniplex] network provides security that the therapist will not overlap with patients in another context (thus avoiding embarrassment or distress). In the [Non-Scalar] domain of contrast, the network is [Dyadic] [Complementary]. The roles are [Field Dependent].

9.4.3 Therapy Mode

1. ROLE OF LANGUAGE

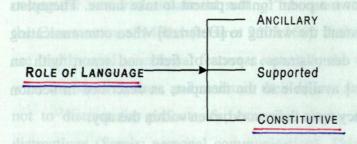


Figure 9.13 Mode Role of Language

CONSTITUTIVE is now expanded to more delicate network choices.

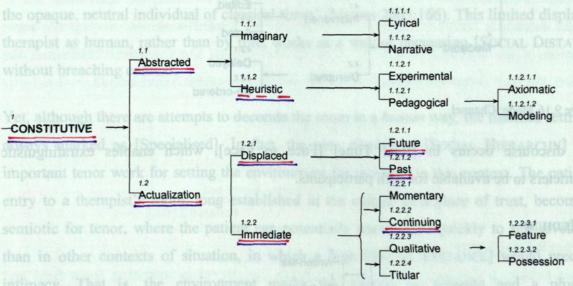


Figure 9.14 Mode: Role of Language

The Role of Language is [CONSTITUTIVE] for both participants. This corresponds to the field network where Action is semiotic work on the experience of self, created in a tenor of [SPECIALISED] setting. [Actualisation] will vary from [Displaced] in time for [Future] and [Past] in contrast to [Immediate] between Scripts, Chronicles and Narratives.

2. CHANNEL

a) Phonic/Graphic

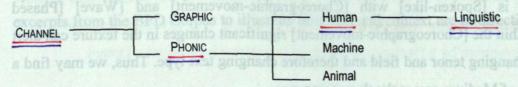


Figure 9.15 Mode Channel: Phonic/Graphic

The channel is [Phonic] [Human] [Linguistic]. While patients remain in the [Phonic] channel in all the SCN Corpus, therapists have a more extended mode network, for example, [Graphic] when one therapist writes down a poem for the patient to take home. Therapists also write medical prescriptions, and extend the writing to [Deferred] when communicating with colleagues. This simultaneously demonstrates aspects of field and tenor, with an increased range of [MATERIAL ACTION] available to the therapist, as described in section 9.4.1, which suggests an increased agency upon their world, even within therapy.

b) Real Time/Mediated

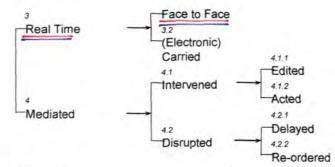


Figure 9.16 Mode: Channel

The discourse occurs in [Real Time] [Face to Face], which enables extralinguistic parameters to be available for both participants.

3. MEDIUM

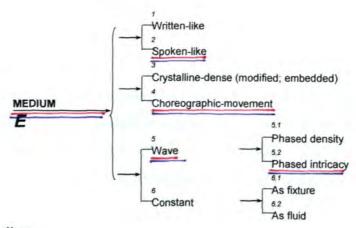


Figure 9.17 Mode: Medium

The Medium is [Spoken-like] with [Choreographic-movement] and [Wave] [Phased intricacy]. Within the [Choreographic-movement] significant changes in the texture can alert therapists to changing tenor and field and therefore changing text type. Thus, we may find a differentiation of Medium across the three text types.

9.4.4 Material Setting

Although the focus of the context networks is the context of language⁹¹ it is worthwhile noting the 'material situational setting'⁹² because the physical environment is theorised in the Conversational Model (Meares 2005:166). Patients with borderline personality disorder are highly cued to external features, especially the visual, so much so that therapists often wear the same clothes, and maintain their offices as a constant physical environment so as not to distract the patients, for example, clocks are also removed to decrease external distractions (Samir: personal communication). This freedom from external clues enables patients to work on self. In addition, for different reasons, the Conversational Model suggests that, without adding to distracting external clues, 'the decoration of the room should reflect something of the therapist, who is expected to be ordinarily human, and not the opaque, neutral individual of classical times' (Meares 2005:166). This limited display of therapist as human, rather than by role, works as a way of decreasing [SOCIAL DISTANCE] without breaching context.

Yet, although there are attempts to decorate the room in a *human* way, the material setting is always marked as [Specialised]. In fact, the very display of [SOCIAL HIERARCHY] does important tenor work for setting the environment for intimacy in this context. The patient's entry to a therapist's room, long established in the culture as a place of trust, becomes a semiotic for tenor, where the patient can potentially move more quickly to self-revelation than in other contexts of situation, in which a high [SOCIAL DISTANCE] would preclude intimacy. That is, the environment marks the context as separate and a physical configuration of a place of trust. This, in concert with a [SOCIAL HIERARCHY] built on [Specialisation] and [AGENTIVE ROLES] with [Low Cultural Capital in Common] (so decreasing risk of social consequences), enables levels of trust to be reached more quickly than in other seemingly more intimate relationships.

The discussion in the preceding sections has by necessity been a broad sweep of the contextual parameters that describe the static canonical context. Before a discussion of the dynamic contexts of Scripts, Chronicles and Narratives, the next section, 9.4.5, returns to excerpts from the BPD Corpus to illustrate how text and context are bi-directionally realised

⁹¹ Of course, SFL acknowledges the contextual contribution of the material setting and other semiotics (for example the visual grammar of O'Toole 1995: a systemic functional semiotic of Art). Similarly, the contextual contribution of Phonology has implications for the context but is not further developed in this thesis.

⁹² Hasan's term (1999:231) marks the distinction between the physical environment in which the text may be created and the textual environment that is created by field, tenor and mode (the context of situation).

and to show how the three metafunctions, although separated as an artefact of analysis and writing in the previous discussion, are co-existent.

9.4.5 Conflation of Contextual Parameters

The opening turns of four therapy sessions are now presented to show how they reveal contextual constraints. In the canonical context within field, the goal orientation is for the patient to commence the session and the [SPHERE OF ACTION] requires a patient to set the topic. This immediately gives the patient the potential to select a topic which could be the commencement of either Script, Chronicle or Narrative. Similarly, within tenor the patient has the agentive role as opening speaker, demonstrating that when agency can be given to the patient, it is given.

Extract 9.2 Session 1

In this extract, a Script is commenced when the participant does not take up the topic selection or the agentive role of opening speaker. When the therapist commences the session, the field is constricted and a repetitive Script of negative Affect occurs.

- T How are things today?
- P About the same...
- T Anything different happening?
- P No not really. Still feeling pretty bad

Extract 9.2 [GA]

Extract 9.3. Session 2

In this extract, a Chronicle is commenced when the patient is searching for a field and receives no help from the therapist.

- P Anyway, um...where do I start?
- T Does it feel like there's too much to talk about or you don't know what to talk about?
- P Oh no, no. I um... still got issues, I suppose /yeah/ I just, I, I've actually been spending money this morning, um, I managed to get, cause I sold the land and I managed to get some, oh, just a little bit of money/mmm/ But I've been running around trying to get buy things off my shopping list

Extract 9.3 [BB]

Extract 9.4. Session 3

In this extract, a Narrative is created when a patient commences the session in a manner consistent with the therapy goal of patient selecting field and giving information. It is realised in the grammar by a Declarative clause with positive lexis about a Dream.

P I was um ... having a Dream this morning umm a nice Dream. I was Dreaming that umm I had twenty five dollars, I went out and I brought... some coloured pencils and a colouring book and I was colouring in in the colouring in book/mm/ and I was feeling really happy

Extract 9.5. Session 4

This extract shows a discussion of the contextual pressure on the patient to open the session and select the field.

- P So if you just said something it would be easier. But you don't do you? That's it -
- T Mmm Partly, partly that's true. So you would want for me to make that easier?
- P Oh that's not fair! That's just a word! No not easier just -
- T Well you want me to make it more-
- P quicker!
- T Easier to start!

Extract 9.5 [CC]

In this extract assumed Goals are foregrounded, showing that patient and therapist are aware of the contextual obligation of the patient to open. The patient shows she has learnt the social context of the talk, whether or not she can always achieve it. This illustrates Hasan's proposal that 'Speakers must acquire a knowledge of social location to be a successful speaker from the culture' (2001), where the culture here is psychotherapy.

PART II: THE DYNAMIC UNFOLDING CONTEXT

Part I described in detail the static canonical context, which is a background to the dynamic unfolding contexts created by, and creating, Scripts, Chronicles and Narratives. These contexts are now described in the next sections, 9.5-9.7. The contextual parameters of the networks, rather than being presented as separate sections as was the case for Part 1, are now summarised in tables to enable direct comparison between the three text types. The discussion of each table is held off until section 9.8.

9. 5 CHRONICLES: THE CONTEXT OF EVERYDAY NORMALITY

Extract 9.6, from the typical Chronicle which introduced chapter 5, is re-presented here to introduce the context of Chronicle. It is the tale of a patient recounting a work event in the week preceding the therapy session.

... everything is ticking me off at the moment, I feel like I'm going to blow. Charles was pissing me off extremely today.

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

And I saw what she was saying, I definitely do, because that's the way I normally react but I just, I'm this close to feeling like just, I'd never do anything to her, I'd probably just walk out, but I'm that close to just feeling like I'm going to explode with her.

Extract 9.6 [C2 P3 turn 119]

9.5.1 Chronicle Contextual Parameters

Table 9.4 summarises the salient contextual parameters from the context networks for Chronicles. The full context networks are in Appendix E, pp383-385.

MATERIAL ACTION	Absent. Therapy work is entirely semiotic.		
Action with Symbols	Chronicle talk is [Discoursal] with a stunted [Relation Based]. There is no [Reflection Based] activity; that is, patients display no sense of themselves as the object of work. The context is [Co-operative]. The patient talk is [Narrating] [Recounting] [Personal] and includes at varying times [Self] and [Other] as [Episode] and [Sequence].		
	The therapist in this text has no speech other than feedback markers /mm/. In the other Chronicles the therapist is still restricted to [Necessary][Telling] [Informing] [Commenting].		
GOAL ORIENTATION	Goal orientation is not overt. The patient's immediate goal is to tell their tale which supports an Hyperabstract ⁹³ seen in extract 9.5 above as <i>Everything is ticking me off at the moment. If feel like I'm going to blow.</i>		
	The therapy long-term goal to change from this 'boring' 'linear' talk to achieve 'spontaneous' 'non linear' talk is not realised.		
	Tenor Control of the		
	The whole tenor network demonstrates the psychiatric context of this talk. Despite the everyday topic this is not a recount to a friend. The tenor network is sparse because of the one-sided field sphere of action [Telling] in a tenor of maximal [Social Distance].		
SOCIAL HIERARCHY	The social hierarchy is [Immutable] and [Uncoded].		
AGENTIVE ROLE	The role is [Reciprocating] and [Complementary], contextually as a therapist patient dyad and lexicogrammatically as speaker-listener dyad. The patient selects the field.		
SOCIAL DISTANCE	[Social Distance] remains as for the canonical context. Colloquial language, judgement of external participants ⁹⁴ and familiar topic, show the lesser [Social Distance] between the people represented in a patient's tale.		
Network Morphology	Network morphology is limited.		
	Mode		
ROLE OF LANGUAGE	future discussion of talk of the therapy itself.		
	linguistic feedback markers /mm/.		
CHANNEL	Spoken language		
MEDIUM	The texture predominantly occurs within the patient's unfolding tale. There is little opportunity for the therapist to co-create text.		

Table 9.4 Chronicle Contextual Parameters

9.6 SCRIPTS: THE CONTEXT OF ALIENATION

Extract 9.7, from the typical Script which introduced chapter 6, is re-presented here to introduce the context of Scripts. It contrasts the normality of the other people in the patient's life with her own alienation.

93 The generic structure which displays this is in chapter 10.

⁹⁴ It is not gossip because that would require speaking about a third person known to both participants and these participants have no local history in common.

- P ... 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 Psych Hospital because I'd much rather kill myself all the time but I don't feel like I belong there either you know?
- T You don't belong with them, with normal people? 95
- 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 see two or three doctors a week and take 10 tablets a day. They don't have any of those things. So now I won't go 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.

Extract 9.7 [S3 P6 T5 cl 127-147]

aga katangga Palinasa na matangga Arab Katal

9.6.1 Script Contextual Parameters

Table 9.5 summarises the salient contextual parameters from the context networks for Scripts. The full networks are in Appendix E pp383-385.

⁹⁵ In this turn, the patient's ambiguous deixis *there*, which points to a non physical location where normal people exist compared to the physical Psych Hospital where mentally ill people exist, makes the therapist request clarification. However, the therapist's parallel structure to request clarification, (that repeats rather than amplifies), in a tagged declarative provides the option for the patient to answer with a polar response and continue her argument against normality.

MATERIAL ACTION	Absent			
	The topic for the patient remains 'self', which is here a series of 'facts' about a patient in contrast to 'facts' about other people. The talk is [Informing] [Commenting] on the patient's consistent state of being.			
	The pressure of the [Contracted] aspect of therapy is foregrounded by the patient.			
Action with	The lexis and grammar of Script make it impossible to mistake the talk for casual conversation, for example, medication, doctor, kill themselves.			
Symbols	The talk has the potential for [Conflict] when the patient contradicts the therapist, to show the therapist hasn't understood her position. Yet, here this may be a demonstration of contrariness rather than hope.			
	The therapist is present as a speaker responding to the patient. [Specialisation] is foregrounded with the topic for the therapist still the patient's 'self'. The therapist summarises the patient turn in a metadiscoursal reflective manner, And it separates you from others.			
GOAL ORIENTATION	There is tension in the Goal orientation of the two participants as the therapist, according to the therapy theory wants to move the patient out of a type of talk the patient is steadfastly maintaining, even as she is stating that her Goal is to change.			
Marin Sangara	Tenor			
SOCIAL HIERARCHY	The social hierarchy is [Immutable] and [Uncoded].			
AGENTIVE ROLE	The patient struggles to maintain her agentive role to initiate sessions (see section 9.4.5).			
er og gjorg og skapet. I	[Social Distance] is on display in Scripts.			
SOCIAL DISTANCE	The regularity of the contact is under pressure by the patient foregrounding how upsetting it is. The patient foregrounds [Frequency] of contact as a sign of abnormality which reinforces the [Hierarchy] and negative [Cultural Capital] of being a psychiatric patient. This contrast other contexts where regularity and frequency of contact contribute to intimacy (see section 9.4.2 above).			
	[Cultural Capital] is under stress as the patient shows her lack of [Cultural Capital] compared to general society. The alienation described in the lexicogrammatical chapters can now be contextually mapped as alienation from the entire cultural social network.			
Network Morphology	Limited approximate the second of the second			
	Mode			
ROLE OF LANGUAGE	Talk becomes more generalised and to the present tense, for example, <i>I am not normal</i> persists across time.			
CHANNEL	Spoken language			
MEDIUM	Spoken language with texture is created between participants.			

Table 9.5 Script Contextual Parameters

9.7 NARRATIVES: THE CONTEXT OF REGAINED NORMALITY

Extract 9.8, from the Narrative of imagined normality, N4: The Backpack is re-presented here to introduce the context of Narrative. The Narrative of memory, N1: Rain and Bunny Memory, although contributing to the following table, is not re-presented until section 9.9, where it introduces a breach of context.

- 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 9.8 [N4 P3 T3 turns 358-264]

9.7.1 Narrative Contextual Parameters

Table 9.6 summarises the salient contextual parameters for Narratives. The full networks are in Appendix E, pp383-385.

	Field 12 a vid all and the result of the res
MATERIAL ACTION	Absent
es and the most consequence as a supplied of the supplied of t	Topics are emotionally positively happy, for example, <i>lovely dream</i> . The talk is [Relation Based] and [Co-operative] between speakers. It is the most intimate talk of the three text types.
Action with	Patient selections of [Metaphoric] directly fulfill a clinical goal.
Symbols	The therapist field expands to [Narrating].
HAN TO THE REPORT OF THE PROPERTY OF THE PROPE	The [Sphere of Action] in Narrative is closer to [Quotidian] than [Specialised] with the addition of positive metadiscourse in the present tense. [Action with Symbols] expands in [Telling] [Narrating] to [Metaphorical] and to [Inventing] a fantasised future.
GOAL ORIENTATION	Breach of institutional context by therapist in N1: Rain and Bunny Memory, discussed in section 9.9.
	Tenor
SOCIAL HIERARCHY	[SOCIAL HIERARCHY] is not declared.
AGENTIVE ROLE	One therapist's childhood memory allows the patient to take up an expert role, 'outspecialising' him in childhood memories, in contrast to the rest of therapy where a patient is never more 'expert' in therapy.
SOCIAL DISTANCE	[Social Distance] is decreased by one therapist's self revelation. [Cultural capital in Common] is increased as both participants are shown to be human beings with childhood memories.
Network Morphology	Limited. Therapists increase the display of their own social network if they introduce other people in their life into the session.
	that III is that is the consequent Mode for a property the result of the beathle of a give
ROLE OF LANGUAGE	The talk moves further into the past and into the future as well as discussing present feelings as metadiscourse. [Choreographic-movement] increases as a two speaker interaction.
CHANNEL	Spoken language and a specific to the specific property of the specific
MEDIUM	The texture is created by both participants.

Table 9.6 Narrative Contextual Parameters

9.8 COMPARISON OF THE CONTEXT NETWORKS

The differences in contextual configurations for Scripts, Chronicles and Narratives are summarised in table 9. 7 in comparison with the background canonical context.

eng kandina jaga na kabupat Kapita di makabat ka		Field	
Canonical Context	Chronicle	Script	Narrative
Self is a complex tale	Patient self is a tale of recent events Therapist self has a limited presence	Patient self is a collection of negative attributes Therapist self responds to patient	Patient self as expanded range of doing and being. Self as past, present and patient as future. Therapist self-revelation and co-creation of tale.
Patient [QUOTIDIAN]	[QUOTIDIAN]	[SPECIALISED]	[QUOTIDIAN] past
Therapist [SPECIALISED]	Therapist has limited talk	Therapist [SPECIALISED] foregrounded	Therapist [SPECIALISED] backgrounded
Patient [Telling] is expected	Patient [Telling]	Therapist [Probing]	Patient and therapist [Telling] [INFORMING]
[RELATION BASED]	[RELATION BASED]	[RELATION BASED] [negative reflection]	[RELATION BASED] [positive reflection]
	1	'enor	
Canonical Context	Chronicle	Script	Narrative
Patient and Therapist Institutional context	Hierarchical Context	Breaches may lead to therapy failure	Breaches may lead to successful therapy
maintained in tension with intimacy	[SOCIAL DISTANCE] maintained	[SOCIAL DISTANCE] increased	[SOCIAL DISTANCE] decreased
		/lode	Control of the section of the sectio
Canonical Context	Chronicle	Script	Narrative
[Actualisation] varies	[Actualisation] – recent events	[Actualisation] immediate symptoms	Rare [Imaginary] moments

Table 9.7 Contextual Parameters Comparison of Three Text Types and the Canonical Context

Discussion of Table 9.7

Table 9.7 shows that although Scripts, Chronicles and Narratives occur within the same institutional therapeutic constraints and even within the same therapy sessions, there are distinct advantages of a fine-grained description of the contextual configurations of each text type in showing subtle but significant differences of meaning making. These are now discussed.

Field

Field varies between the text types, along a cline from [QUOTIDIAN] to [SPECIALISED]. In Chronicles [QUOTIDIAN] recent [Actualised] abnormal events in a patient's life are retold. In Scripts the [QUOTIDIAN] becomes a generalised [Telling] of negative attributes and Narratives present the [QUOTIDIAN] as a positively remembered or imagined normal self. Simultaneously, the degree of [SPECIALISED] for the therapist is backgrounded in Chronicle,

overt in Script and backgrounded in Narrative (somewhat ironically, since the therapist is clearly clinically skilled to produce this type of talk). Narratives have a potentially expanded field of self across time and association. As therapy progresses some patients begin to talk in abstracted [Theoretical] and [Heuristic] (theoretical to the goals of the discipline) ways.

Tenor

The established background tenor of patient-therapist relations remains unchallenged in Chronicles. It is challenged in a negative manner in Scripts (because the patient doesn't want to be in therapy). In Narratives co-created texts are reduced in [SOCIAL DISTANCE] to create enough intimacy in the institutional environment to be clinically beneficial.

Mode

The mode of spoken language remains consistent across the SCN Corpus.

The above discussion shows that, in summary, a Chronicle has a [QUOTIDIAN] [Actualisation] field, with limited input from the therapist. The social distance of the background tenor is maintained. In Scripts the [QUOTIDIAN] stories of Chronicles become descriptions of negative characteristics of the ongoing patients' lives. Breaches in tenor in Scripts could potentially move to failure of therapy, where a patient might leave the program or commit self-harm. In Narratives, the [QUOTIDIAN] field is expanded in time and affect to a remembered past or a fantasised future. [SPECIALISED] is decreased as patients and therapists co-create texts, in which the therapist's Tenor is decreased sufficiently to allow intimate talk, but does not breach professional ethics. In Narratives breaches of context could potentially lead to positive therapy outcomes, as is shown in section 9.9 below.

9.9 Breaching the Canonical Context Creates Potential for Growth

The introduction to this chapter proposed that the context is under pressure at certain points because of the need for intimate talk in an institutional setting. The following section closely examines one of these contextual cruces, N1: Rain and Bunny Memory. This text is foregrounded linguistically in the corpus (Henderson-Brooks 2000:102ff) and is also valued by therapists as clinically significant (Meares 2005:205ff). It was considered in chapter 7 for lexicogrammatical features and demonstrates the lexicogrammatical function of I remember in chapter 8. Its generic structure is described in chapter 10. In this chapter it is examined to show how talk, which was initially described as contextual irresponsibility (Meares 2005) comes to be a highly valued clinical text.

of the own that the every that of the electric one can find a because for a serger with a few accommode.

The Doctor Anxiety text, which precedes the N1: Rain and Bunny Memory is not part of the SCN Corpus, but is included here to demonstrate the immediate co-text of N1: Rain and Bunny Memory. These texts, occurring after 7 months of twice weekly sessions, represent an extended [Narrative History]. The talk commences with a misunderstanding over a word, anxiety, which was being used by the therapist to describe a specific medication concern. The patient instead questions whether the therapist is suffering from anxiety in the general negative sense of the word. The misunderstanding leads to laughter over the mismatch between the role of the therapist as competent professional [SPECIALISED] and anxiety, which is usually associated with the patient domain [QUOTIDIAN]. Thus, professional competence, previously a covert assumed topic, has been introduced directly into the therapy discussion.

Now under scrutiny, the therapist, contrary to all previous talk, changes from the [INFORMING] [Telling] branch of the field network to the [NARRATING] [PERSONAL] branch and tells a story about a doctor who forgot he was a doctor. The extended extract, Extract 9.9, is presented below with my commentary in italics inserted in the rows beneath. Anxiety is in bold.

Maria de la compansión de

- 301 T ...you can stay on the medication provided they're not causing any serious side effects.
- 302 P Oh right
- 303 T See that my I suppose my my anxiety has has been for you know a while is the serious side effects. That's what I was worried about and I was thinking all the time is there any other way is there any other medication.

 Part 1 DOCTOR ANXIETY
- 304 P What you suffer from anxiety? Is that what you're saying?

 A direct question to the therapist on a non-acceptable topic puts the context at risk⁹⁶
- 305 T No [laugh] I was worried about you getting any side effects [laugh]

 Laughter helps to reduce [SOCIAL DISTANCE]. It shows that the therapist is not angry or judgemental about the misunderstanding.
- 306 P Oh I thought you were saying you suffer from anxiety.
- 307 T [Laugh] no I was -I meant by that==
- 308 P == I was going to say that's different a doctor suffering from anxiety [laugh] And trying to treat it
- 309 T That's good you're smiling it's good you're laughing about it [laugh]

 Both interactants are laughing. This comment shows the therapist is aware of the potential breach. The patient could have become very stressed but instead, continues this now pleasurable topic.
- 310 P Mm so what did you say?

 Again the patient questions the therapist
- 311 T [Laugh] No I don't suffer from anxiety [laugh] What I was saying is my anxiety was [laugh] of you developing side effects, like I was worried about you getting side effects from the Melleril.
- 312 P From the Melleril.
- 313 T Yes the serious side effects
- 314 P Oh right. You just said it said it again. I think it's the way you're saying it==
- 315 T == The way I'm saying it my anxiety [laugh]

 Therapist is the only one laughing
- 316 P In other words instead of saying I was worried about you, you were saying my anxiety
- 317 T Mm [laugh]
- 318 P Was
- 319 T Yes I was worried about you
- 320 P That would be funny that going to a doctor and the doctor having anxiety attacks and that trying to treat you [laugh]

 What was potentially a misunderstanding and risk of breach is coped with by the patient, even to the point that she can laugh.
- 321 T [Laugh] ... mm I've got a friend who's now a doctor and he tells me the story about his father having um having eaten something that caused him an allergic reaction so he started you know how sometimes when you're having a reaction you get all this rash and sometimes when it's very severe you start to choke so his mother rang the doctor the family doctor and said to him "now look my husband is not well he's you know he's really not well at all so could you come and see him." So the guy came [laugh] and he said that the patient's getting worse and as the doctor got in he said "oh my god, he needs a doctor" [laugh] so he got anxious as well. [Laugh] and he said to his wife
- 322 P And he's a doctor
- 323 T He's a doctor and he said [laugh] "what are you doing [laugh] just go and quick get a doctor" [laugh]. She looked at him [laugh] and she tried to calm him down [laugh] so she had two patients at the end [laugh] ah it would be funny wouldn't it?
- 324 P Yeh. So he was forgetting he was a doctor himself?
- 325 T Yeh going and getting help from someone who needs help themselves [laugh]

Extract 9.9 [N1 P1 T1 cl 301-325]

⁹⁶The question is not acceptable for two reasons: (i) it is personal and (ii) it questions the professional ability of the therapist.

The discourse now continues as N1: Rain and Bunny Memory. The change of topic from the 'Doctor Anxiety' story is a transition point, marked by the patient as weird, an evaluation of the preceding story, followed by a six second pause as she selects the next topic for discussion, as is her agentive role. Weird, as it contrasts strangeness from the [Quotidian] and its role as a marker for ambivalence, is described in Henderson-Brooks 2000:102. In turn 326 below, Weird [6 secs] I like this weather we're having, there is a maximal contrast between the philosophically potent word weird and one of the most quotidian clichéd topics of human conversation, the weather. It shows the pressure on the patient and the therapy itself, because the patient is the focus of attention and the six second pause creates an expectation as both interactants wait to see if the positive situation is going to continue.

With this pressure, the patient move to the most clichéd topic, I like this weather we're having, could signal the end of the potential for intimacy, but it does not. Although in other contexts weather discussion is banal, here it is instantly recognisable as noteworthy because of the relationship between context and lexicogrammar. The lexicogrammar chapters have previously shown that mental affect processes are limited in the SCN Corpus (see section 8.6) so the reporting of any mental affect by a patient is a signal of progress, even when the second Participant of the clause, the Phenomenon, is the weather. The therapist responds to the patient Affect with encouragement, which leads to the most concentrated cluster of mental affect clauses in the SCN Corpus.

N1: Rain and Bunny Memory

- 326 P Weird [6 secs] I like this weather we're having.

 See previous discussion of weird. Although this clause could start an external focus on weather the mental affect process, so rare in this talk, suggests the possibility of the interior world.
- 327 T Do you?
- 328 P Yes I <u>love</u> it when it rains. /mmm/ I <u>like</u> the cooler weather /yeh/ I <u>don't like</u> the heat.

 3x Mental Affect clauses
- 329 T Yes yes
- 330 P Cold weather

 Ellipsis shows language of talking to oneself, thought association.
- 331 T Yes and playing with the rain. And it's like a child isn't it? Children like rain.

 Conjunction of grammar and semantics. 'Like' places the talk into childhood and keeps the focus on Mental Affect.
- 332 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
- 333 T Yeh
- 334 P And the rains falling
- 335 T And you're not getting wet
- 336 P Yeh I don't know why but that's how it feels
- 337 T Interesting
- 338 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.

Positive lexis, present tense, conjunctions of descriptions

- 339 T Yeh it's a nice feeling isn't it?
- 340 P Mmmm
- 341 T Yes
- 342 P But It's really weird isn't it?

Weird again reflects two alternative views and has the potential to turn the talk to negative topics if the patient can not cope with the ambivalence.

- 343 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
- 344 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.
- 345 T Yeh ... [tea cup rattles] and you felt warm and you felt secure.

 Tea cup rattle is an external intrusion, which could be a breach of concentration.
- 346 P Why how far back do you remember? for yourself?

 Patient breach of field and tenor: [SPHERE OF ACTION], [SOCIAL HIERARCHY]
- 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

Therapist breach of field tenor: [SPHERE OF ACTION], [SOCIAL HIERARCHY]

- 348 P Oh right mm [4 secs] [loud car sounds] yeh I remember back further
- 349 T Do you?

 Therapist returns to specialist role
- 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.

Patient is scaffolded from turn 347 to provide a description of the room.

- 351 T Right how was it? Was it like a funny feeling or was it happy?
- 352 P Happy
- 353 T Happy feeling yeh
- 354 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.
- 355 T Oh right

 Narrative ends as field changes to negative health

Extract 9.10 [N1 P1 T1 cl 326-355]

Within N1: Rain and Bunny Memory the therapist moves out of the [INFORMING] branch of the field network of [Telling] into the [NARRATING] [PERSONAL] branch to demonstrate how far back in childhood he can remember. This breach of the canonical context actually scaffolds the patient to producing her own memory and produces a Narrative. It shows how a contextual breach has a positive outcome.

9.10 More Contextual Breaches

Extract 9.10 above showed the positive work that a breach of context could achieve but a consideration of what happens in texts where a therapist does not want to respond to a patient breach of context with self revelation is still needed. This section now turns to such a text, where a patient breaches the cultural context to make the [SOCIAL HIERARCHY] [Declared] and thus puts intimacy at risk (since the maintenance of intimacy in an institutional setting means that, for the most part, the [SOCIAL HIERARCHY] stays [Uncoded]).

Patients breach context by personal questions to therapists. These questions are contextual breaches of field; (i) [SPHERE OF ACTION] which should be about patient not therapist self, (ii) [Action with Symbols] because it is the patient who should be [Telling] about self and (iii) [GOAL ORIENTATION] which is for the patient to talk about self. Patient questions also breach tenor [SOCIAL HIERARCHY] and [Complementary] roles. The contextual pressure is for the therapist to maintain the institution and the intimacy while avoiding therapist self as the field [SPHERE OF ACTION] and still maintaining a [RELATION BASED] field to preserve the patient's trust.

Also, therapists need to be alert to the rhetorical power of the questions because questions can be one move in an oppressive argument⁹⁷ the patient brings to bear on the topic. That is, what would be innocent questions in another context are known here to be used by patients to add to their own arguments about their own unworthiness. For example, *Do you have to like the people you see?* [FE turn 192] is not a general enquiry but a personal question representing the patient's own insecurity about the patient-therapist relationship. *Do you have supportive family members?* [FA turn 181] is part of an argument that helps justify the patient's alienation. A positive answer would supply a 'proof' that normal people have supportive families and so they can cope with life in a way that patients, who do not have supportive families, cannot⁹⁸. Extract 9.11 below (from FC in the BPD Corpus) demonstrates the therapist's use of the ambiguity between the semantic speech function and the lexicogrammatical mood to turn the field back to the patient and therefore decrease the contextual risk between intimacy and trust, while keeping a professional role.

⁹⁷ The structural elements of patients' arguments are discussed in chapter 10.

⁹⁸ A full analysis of personal questions in the BPD Corpus is presented in Henderson-Brooks 2003 (unpublished ASLFA conference paper).

T		Speech Function	Mood
181 P	Do you have supportive family members?	DI L	··· • • • • • • • • • • • • • • • • • •
182 T	Do you want to know how my family differs from your family?	DI .	1
183 P	I wonder why you said that, why you did. Well not that. I want to know - well yeah I do.	DI + GI	D.
184 T	You want to know I turned out like what?!	DI	1
185 P	You always ~	GI	D
186 T	I'm not trying to fob you off.	GI	. i u - D i, -
187 P	I know you're not - you always put it in these circular -	GI	D
188 T	frustrating isn't it?	DI	TD
189 P	Sorry what did you ask me?	DI .	Contra
190 T	I wonder what it is other people seem to have - the question - I'm not saying that to 'Oh you got.' I just want to know what it is that you're feeling a loss for.	DI	D
191 P	I suppose I can't really put it into words exactly.	GI	D

[Key: DI: Demand Information, GI: Give Information, I: Interrogative, D: Declarative, TD: Tagged Declarative]

Extract 9.11 [FA cl 181-191]

Extract 9.11 above illustrates the semantic and grammatical resources available for balancing the two contextual demands of intimacy and professional role. The patient starts in turn 181 with a demand for personal information, directly realised as an interrogative clause. The contextual expectation is that the therapist will not answer this but a direct refusal puts intimacy at risk. The therapist replies with a dispreferred response, that is, by asking her own question to the patient (turn 182). The patient complies directly to this, but then continues her demand for information indirectly in a declarative clause (turn 183). It does not achieve the desired outcome as the therapist continues to demand information (turn 184), while acknowledging that she is not providing the preferred response, not trying to fob you off (turn 186), in an attempt to maintain relationship. Two turns later, turn 188, the therapist uses a tagged declarative to reverse the semantics, so that now it is the patient answering the questions, and therapy has returned to contextual expectations with no apparent break of relationship. The therapist has avoided the direct lexicogrammatical demand for information and gone directly to the semantic issues, which they continue to discuss in the ongoing session.

When therapists can answer questions directly they do, for example, when the question concerns the patient as field, *Because you don't think I'm an idiot do you?* T: *No I don't.* This builds a corpus of positive answers to questions when contextually appropriate, which maintain the tenor of trust and intimacy. This close inspection of texts suggests that, after the description of Scripts, Chronicles and Narratives, the transition points between the texts are worthy of study and that the text type in Extract 9.11 needs classification (see chapter 11 for suggested text types).

9.11 Conclusion

This chapter has considered the meanings of the psychotherapy context and explored the dialectic relationship between context and lexicogrammar that creates Scripts, Chronicles and Narratives within the canonical context of psychotherapy. It has shown that, despite the tension between intimacy and institution and even in this highly constrained environment, it is possible to achieve discourse with enough intimacy to create the clinically desired text type, Narrative. It has also shown that it is possible to avoid therapy breakdown when patients breach the intimacy constraints. Therapeutic discourse is achieved in two ways: (i) the overall canonical contextual expectation provides a hierarchy of trust and safety which allows intimate talk to occur; and (ii) the local dynamic unfolding context realises opportunities where a therapist can decrease social distance without breaching broader professional ethics.

This chapter has shown an overall Contextual Configuration of a hierarchical tenor with a quotidian field, in conversations between a non-expert and a specialist. Together the interlocutors attempt to create a tenor that is intimate enough for a patient to create a sense of self, without a reciprocal self-revelation by the therapist. This keeps the relationship intimate but not symmetrical. In fact, the very hierarchical institution of therapy provides a place of trust where intimacy can be achieved more quickly than in other relationships. Within the unfolding dynamic context therapists and patients respond to each other to create the local environment that creates and is created by Scripts, Chronicles and Narratives.

The tension between a hierarchical tenor and a quotidian field is most on display in Scripts, where breakdowns in psychotherapy occur and least on display in Narratives, where positive contextual breaches work to therapeutic advantage. In these Narrative texts there are moments of unfolding texture, where patients have hints of the intimacy that they desire and therapists have hints of the spontaneous talk sought by them. So when tenor is decreased to 'behaving like a friend' ((Hobson's 'irresponsible behaviour') Meares 2001:760, see chapter 2) the context has been tweaked to fulfill both participant's goals but has remained within the requirements of ethical behaviour.

This chapter raises the question of how psychiatrists integrate practice and theory, because the practice of self revelation has been shown to be clinically beneficial, while apparently running counter to the psychiatrists' ideological expectations of limited self in therapy. Should these ideological expectations be modified to allow a relation based activity within constrained relations? That is, should therapists be encouraged to permit self talk within

constrained field topic, for example, generalised therapist life events, self as childhood memory, but clearly avoiding self as incompetent, sexual etc?

The careful systematic consideration of context in this chapter provides linguistic evidence which makes overt a tension in the Conversational Model. This exemplifies the reflective capacity that a linguistic investigation can provide for a psychotherapeutic model and the findings can now be taken back to its practitioners for their consideration. Chapter 10 continues the consideration of context through an investigation of the generic structures of Scripts, Chronicles and Narratives.

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Generic Structure

Self conceived in this way is not a thing or a structure but a process. The progressive and sequencing nature of this process resembles the form of a Narrative. (Meares 1998: 876)

Until research is focused on <u>specific formal features</u> of narrative text, a crucial dimension of human experience and psychotherapy will go unexplored. (Russell and van den Broek 1993:339)

Generic structures belong within context; they are realization options within field, tenor and mode within some situation type. (Matthiessen 1995:51)

10.1 Introduction

The previous chapters have described the syndrome of lexicogrammatical features and the contextual configurations which create the complex tale of self within Scripts, Chronicles and Narratives. This chapter remains at the contextual stratum in order to consider how the shape of Scripts, Chronicles and Narratives contribute to the patients' understanding of normality and, therefore, self as a complex tale. Specifically, it uses established generic structure descriptions (described in sections 10.3 and 10.4) as an entry point to the generic description of the three text types. In turn these Script, Chronicle and Narrative descriptions are a contribution to the theoretical model of discourse in SFL. The chapter uses generic structure in three ways:

- 1. to determine whether Scripts, Chronicles and Narratives have different generic structures from each other;
- 2. to determine whether Scripts, Chronicles and Narratives conform to established generic structure descriptions or necessitate new genre descriptions;
- 3. to determine how Scripts, Chronicles and Narratives contribute to the overall shape of the complex tale of self.

The chapter proceeds in the following order: Sections 10.2 and 10.3 respectively overview the psychiatric and functional linguistic descriptions of genre, and section 10.4 presents the application of genre theory used in this thesis. Sections 10.5 to 10.8 present the generic

structure descriptions of Scripts, Chronicles and Narratives separately. Then a comparison of the three structures is presented in section 10.9. Section 10.10 concludes this analysis.

10.2 PSYCHIATRIC DESCRIPTION OF GENRE

Although language description in the psychiatric literature is focused on lexis (as discussed in chapter 2), the need to consider text structure has also been described. For example, Russell and van den Broek question analyses of narrative which focus only on semantic content, 'Until research is focused on specific formal features of narrative text, a crucial dimension of human experience and psychotherapy will go unexplored.' (1993:339) Their response is to apply their own structural model to their own Narrative¹ texts of children's therapy. Perhaps, however, rather than reinventing models for each individual study, what is needed is a theory based model that can be used across texts and contexts, such as that provided by SFL (see 10.3 below).

In the Conversational Model of psychotherapy, the three named types of conversations, Scripts, Chronicles and Narratives are all literary terms, suggestive of some clinical anticipation of a textual storytelling structure.² It might then be expected that the different generic structures of Scripts, Chronicles and Narratives realise different contexts and therefore different clinical strategies. It may also be that *linear* and *nonlinear*, Meares terms' for describing different conversations, can best be explained linguistically within the generic structure of Scripts, Chronicles and Narratives. A systematic linguistic recognition criteria for the structure of these separate text types could, in turn, contribute to training new therapists. Beyond this localised investigation of Scripts, Chronicles and Narratives, there is a clearly a further stage which describes the generic shape of whole therapy sessions. This is discussed in section 10.11 and in chapter 11.

10.3 LINGUISTIC DESCRIPTION OF GENRE

Like the term Narrative, Genre has multiple senses across disciplines and a long history as part of literary theory and narratology. In this thesis, genre is explored through Genre theory. It was developed in SFL to be applicable to all texts, including non-literary texts and its use in this thesis is consistent with the SFL application in the earlier lexicogrammar and context networks chapters, chapters 5-9. In this thesis the definition of Genre follows Eggins and Slade as 'a theory of the unfolding structure texts work through to achieve their

Russell and van den Broek's sense of Narrative as a general term for storytelling.

² The difficulties of using terms with a wide currency across multiple disciplines were described in section 2.3.11.

social purposes' (1997:231), where the social purpose under investigation here is the achievement of self in psychotherapy.

The approach to genre, however, is not homogeneous within SFL, with debate concerning the stratal placement of Genre and Register³. It is not my intention to fully engage with the alternative views or the great wealth of literature on generic structure; for this, the reader is referred to Plum 1988, Ventola 1987, Martin 1992, Rothery 1994, Hasan 1996 and Eggins and Slade 1997. The broader generic question of what makes the register of psychiatric talk is also beyond this thesis, but one to which this thesis contributes.

In this thesis generic structure has been applied to discourse at one level of abstraction, that is, taxis relations between phases, but one which occurs at different scales of size, moving from micro analysis to more global scales. Thus the three text types, Scripts, Chronicles and Narratives, are described as having generic structures composed of SFL genres and my additional genres. These genres themselves have their own generic structure description. By extension, at a more global scale, the complex tale of self in therapy sessions is also considered to have a generic structure potential.

10.3.1 Spoken and Written Genres

Within SFL, genres can be divided into two broad categories, Spoken and Written genres, which have their own distinct functions. A writer, for example, may have a predetermined sense of the genre to be attempted, and a very constrained situation, such as a business letter. A speaker, in contrast, may produce a choreographic unfolding of text without preliminary drafts (see mode network, section 9.3.3). Although spoken language has a more fluid staging of genre, it remains possible to establish spoken genres and it is here that the full BPD Corpus of this thesis is located.

Both written and spoken genres can be divided into storytelling (for example, Plum 1988, Eggins and Slade 1997) and non-storytelling (Ventola 1987, Hasan 1996, Jordens 2001, Moore 2003) genres, with examples of both seen in the SCN Corpus under investigation. Table 10.1 below, while not an exhaustive list, shows a selection of genre research in SFL. In this table **bold** marks the Genres for which a generic structure statement will be presented in table 10.2 following. My own research is not included in the table but introduced after the presentation of the results sections.

The difficulty concerns providing a model that does not suggest that culture and purpose are existing separately to the actual texts through which they are realized (Butt et al. 2000:216).

Researchers	Topic	Spoken Genres		Written Genres	
	Signatura Berekan da jada da basa salah	Storytelling	Non-storytelling	Storytelling	Non-storytelling
Martin and Rothery (1994)	Education			Narratives Anecdotes Recounts Exemplums News story	Procedure Protocol Information report Explanation Exposition Discussion
Eggins and Slade (1997)	Casual Conversation	Narratives Anecdotes Recounts Exemplums	Observation Opinion Gossip		
Hasan (1996)	Spoken and Written Naturally occurring language		Mother child interactions Buying and selling	Nursery tale	
Ventola (1987)	Spoken Language Naturally occurring language		Buying and selling		
Mortensen (2000)	Brain Injury Patients: prescribed writing task			Letters personal	Letters business
Plum (1988)	Spoken Language: Interviews	Narratives Anecdotes Recounts Exemplums	21 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	A Service Control of the Control of	
Jordens (2001)	Doctor Patient Talk: Cancer Interviews	Narratives Anecdotes Recounts Exemplums	Cancer survivors policy		
Moore (2003)	Doctor Patient Talk: HIV naturally occurring language		Treatment making decisions in HIV		

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Table 10.1 Examples of Genre Research in SFL

10.3.2 Storytelling and Non-storytelling Genres

The taxonomic division into storytelling and non-storytelling (factual) genres in SFL, seen in table 10.1 above, backgrounds the fact that storytelling is also an argument about a worldview. While the aim of many stories in casual conversation is to entertain (Eggins and Slade 1997:251), in this psychotherapeutic context the 'social purposes' of the stories are multifaceted and vary according to both the dynamic unfolding goals of the specific text type and to the long term goals of the therapy (see chapter 9). Ultimately in therapy, stories are told to investigate patients' self as past, present and imagined alternatives. Thus initially, Scripts, Chronicles and Narratives are considered as spoken storytelling genres but it is soon apparent that they have features of Non-storytelling argument structures

which present different views about normality and self. This is explored in sections 10.5 and following.

10.4 GENERIC STRUCTURE APPLICABLE TO THE SCN CORPUS

Table 10.2 below presents the established genres of conversation (storytelling and specific non-storytelling conversation genres) which were bolded in table 10.1. The table presents their generic structures and summary statements. All the genres, with two exceptions, are taken from in Eggins and Slade's summary (1997:268) including their source. The two exceptions are two Non-storytelling (factual) persuasion genres, Exposition and Discussion, from Rothery 1994, which will form part of the discussion of the argumentation within Scripts, Chronicles and Narratives.

	Generic Structure			
Genre	1. Storytelling Genres			
Trip Con Jaior 13	(Abstract) ^ (Orientation) ^ Record of Events ^(Coda) [Plum 1988, Rothery 1990, Martin 1992]			
Recount	Recounts retell unproblematic events with the focus on how the events are related. They contain evaluation, even if it is not discretely realized.			
	(Abstract) Orientation Complicating Action Evaluation Resolution (Coda) [Labov and Waletzky 1967]			
Narrative	Narratives move towards an endpoint, with a protagonist who may or may not be powerful. It anticipates a resolution after a complication for the protagonist.			
	(Abstract) 'Orientation 'Remarkable Event 'Reaction '(Coda) [Plum 1988, Rothery 1990]			
Anecdote	Anecdotes focus on the shared reaction with the audience to the crisis rather than resolution. They can be highly Affectual			
PARTITION OF A POST	(Abstract)^ Orientation ^Incident ^Interpretation ^(Coda) [Plum 1988, Martin 1995]			
Exemplum	Exempla focus on a moral judgement in reference to the broader culture.			
al Albania († 1865) Primo Primo Video	2. Non-storytelling Genres			
Observation	(Orientation) ^Observation ^Comment ^(Coda)^ (Completion) [Martin and Rothery 1986]			
Observation	Observations share a personal response to a thing or an event.			
rik in Karamanyak Kanada ya 1981 Maga	Opinion ^ Reaction ^(Evidence) ^(Resolution) [Horvath and Eggins 1995]			
Opinion	Opinions are exchanged about people, things or events			
Gossip	Third person focus ^Substantiating behaviour ^(Probe) ^ /Pejorative Evaluation ^(Defence) ^(Response to Defence) ^(Concession) ^(Wrap-up) [Slade 1995]			
	Gossip shares a personal response to a known third party.			
Exposition	Statement of position ^Preview of arguments ^Argument ^ Reinforcement of position statement [Rothery 1994]			
	Expositions argue a case.			
Diament	Issue ^Arguments for ^Arguments against [Rothery 1994]			
Discussion	Discussions explore various perspectives before coming to an informed decision.			

Table 10.2 Generic Structures of Established Genres

[Key: (n) optional stages in parentheses ^ sequential elements]

These established genre descriptions provide a background against which the generic structure of the texts, which introduced the lexicogrammar chapter for Scripts (chapter 6), Chronicles (chapter 5) and Narratives (chapter 7), can be compared and contrasted.

In all the discussion which follows, the linguistic genres are placed in bold type to distinguish them from the lexis used in the Conversational Model, which appears in normal font. Thus **Narrative** denotes the SFL genre term and Narrative denotes the Conversational Model term.

10.4.1 Contextual Constraints upon Generic Choices

Section 9.4.5 showed the canonical contextual pressures on the patient to commence therapy sessions and direct topic choices. Because these topic choices are not tightly constrained⁴ the generic options within each session are potentially open. Table 10.3 displays the differences between the salient contextual features of psychotherapy talk, casual conversation and written pedagogic language, to show the specific constraints in therapy.

Register	Topic	Interactants	Turns	Goal
SCN Corpus	Open	Hierarchic status	Patient has major turns Therapist is responder	To produce a clinically valued text
Casual Conversation	Open	Equal status	No turn assignment	To maintain relationship
Written Pedagogic	Constrained			To produce an appropriate written text

Table 10.3 Contextual Constraints Compared Across Registers

Psychotherapeutic discourse is a different context from both casual conversation and written language. It is similar to casual conversation because it has open topic choices, and contrastive in both the hierarchical relationship of the interactants and, significantly, in goal. Written pedagogic genres have constrained topics and overt generic goals usually known to the text creator. In therapy, in contrast, the goals of text creation may initially be oblique. Patients are under contextual pressure to produce clinically valued text types while therapists are under contextual pressure to create the textual environment for the desired talk, while using a very limited range of text types themselves. In other words, the text types are a theoretical construct of therapists, so patients may not be aware of the text types they are required to produce, nor may they have the text type modeled for them in the discourse.

10.4.2 The Generic Structure of a Therapy Session

Just as the unfolding dynamic context of Scripts, Chronicles and Narratives occurs against a background context (see chapter 9), so too Scripts, Chronicles and Narratives occur within whole sessions of talk, which themselves have a generic structure. The structure of

In contrast, an example of a constrained topic is buying a stamp (Ventola 1987)

the sessions is not further explored in this thesis since my primary task is to describe Scripts, Chronicles and Narratives. It is nevertheless a useful and important exploration and is discussed in chapter 11 as an area of future study.

10.5 Introduction to the Generic Structure of Script, Chronicle and Narrative Texts

The thesis has introduced three types of conversation, Scripts, Chronicles and Narratives, which are clinically differentiated within the Conversational Model and lexicogrammatically distinguished. The lexicogrammatical chapters, at the first instance, indicate that Chronicles are primarily monologic tales, directed at therapists. This can be seen in storytelling features such as direct speech. Scripts are dialogic texts which include records of attributes, showing none of the progression of a story, even with long paratactic sections of discourse. Narratives are more complex dialogic texts with a range of storytelling genres which extend to the distant past or the imagined future. They can be achieved even against contextual expectations (see chapter 9). The structural patterns of the three text types are described in the following sections, 10.6-10.8.

10.6 CHRONICLES: GENERIC STRUCTURE

C2: Work Life which introduced chapter 5 is used here to investigate the generic structure of Chronicles. It commences with an element I call Hyperabstract, which is an overarching Abstract to the entire text, Everything is ticking me off at the moment, I feel like I'm going to blow. The events of one evening at work then become the Exempla (see explanation below), each of which has its own Abstract, which illustrate the evaluative position of the Hyperabstract. In other words, the argument for a particular view of normality derives from recent personal life experiences, not from logic or a factual non-storytelling 'evidence'.

As seen in table 10.2 above, the distinctions between the SFL storytelling genres are subtle. A Chronicle is not a Narrative because there is no complication or adversity with an outcome. The unfolding incident of the patient's evening at work is similar to a Recount. The overt evaluative position set in place in the Hyperabstract, however, suggests the talk is not a retelling of unproblematic events but a display of the patient's dissatisfaction with life. Although a highly affective response is also a common feature with Anecdote, the contextual purpose of Chronicle is greater than sharing an immediate reaction: a moral worldview is being presented.

selden i Northelle Gebruik i Sanager Verstermen

From the established genres presented in table 10.2, Exemplum has been chosen as the relevant generic structure for the Chronicle. The choice is motivated by Plum's proposal that:

What matters in Exemplum is not the representation of events as problematic, something typical of both narrative and anecdote and reflected in their respective generic structures, but instead it is the cultural significance of the macro-event, that is the significance of the events in the context of culture in which the text is told (Plum 1988:225 my underline).

The psychiatric 'context of culture in which the text is told' has been firmly established throughout this thesis as concerning the work of self with clinical implications for the mental health of patients. This suggests a strong moral evaluation, which is a feature of **Exemplum**. The choice of **Exemplum** foregrounds the talk as part of a larger argument about normality, where normal is a world where *Everything is ticking me off at the moment, I feel like I'm going to blow*.

C2: Work Life is presented in table 10.4 below with the generic stages marked and with salient language features and text commentary included. The summarised generic structure then follows in figure 10.1.

Stage	CI.	Text of the second of the seco	Language Features and Commentary
Hyperabstract	1-2	Everything is ticking me off at the moment, I feel like I'm going to blow.	Relational clauses of negative evaluation Generalised Everything is Participant Present tense
Abstract/ Trigger	3	Beatrice was pissing me off extremely <u>today</u> .	Past tense relational clause of Evaluation Circumstance of time Causal link to Hyperabstract is not made explicit
Orientation	4-11	And like <u>last night</u> , you know, I ⁵ got to work because I woke up <u>at 6 o'clock</u> , the <u>customers</u> were coming between 6.30 and 7 there were no customers before that. And um, so <u>it was about 20 past 6</u> , she's out the front smoking cigarettes and talking to the blokes [[11.1that sit out the front]].	Circumstances of time Existential clause to time and Participants Non finite clauses of description
Incident 1	12-17	As I pulled up there was this good song on the radio	Material processes Temporal and additive conjunctions Past tense Projected thought

Ang paliki di di mainbian in kana Anthina.

⁵ Casual conversation foregrounds deixis, for example, I you there here, this that.

			·
		Sarah and Andrew came by cause they just live	Theme change to named
	1995	around the corner and they just pulled up next	Participants
Incident 2	18-25	to me and then they go "hi" you know and they	Direct speech
		got out just to say hello to me you know and	Temporal, additive and causal
		"how are you Clare" and rah rah	conjunctions
tue		and there's Beatrice in front of these people like	Existential clause introduces
		going "hurry up get to work" or whatever to me.	main Participant
Incident 3	26-34	I said "excuse me" I said "my customers don't	Direct speech between
e e		come until 6.30 so that's [[33.1 when I'll start]]"	Participants
e de la companya de l		and she you know she's bitching about something	Past and present in the past tense
		and Sarah could see that I was really pissed off	
]	and she said" Clare don't let it get to you she just	Theme change of Participant
Incident 4	35-43		Direct speech between
modem 4	33-43	, , , , , , , , , , , , , , , , , , , ,	Participants
a dina kataon	l at so	people and act like she's got one up on you but just	ratticipants
		don't let it, In fact, act the other way you know".	
A seek sur the first to		And I saw [[44.1what she was saying]], I	I saw is grammatical metaphor
	,,	definitely do because that's the way [[46.1 I	for mental cognition
Interpretation	44-9	normally react]], but I just, I'm this close to	Relational clauses summarise
		feeling like just, I'd never do anything to her,	and introduce emotions
13-34-1-21-		I'd probably just walk out,	Present tense
Coda		but I'm [[that close to just feeling //like I'm	Repetition of relational clauses
Re-orients to	50	going to explode with her]]	of emotion
Hyperabstract		going to explode with tier]]	Of Cinotion
Abstract/	1		
Trigger of	51	She's a bitch man	Evaluation in relational
second	31	She's a birth many and a gay the constant and a second an	attributive clause
Exemplum	7.5.4	<u> </u>	garang sakarat persistan
		She's just, you know we're there today and, and	and the state of t
escala Nova de		again, every fucking time I take the orders, right,	
		I've got it all written out, you know what, ^IT IS	Circumstance orients to recent
A CARLON AND A CAR		so God damned simple, in layman's type way, you	past
Orientation	52-64	know like it's just so simple [[to understand]]	Orientation to topic Orientation
and the second s		Whatever the meal is And As I take the orders	to Judgement
		and then in a circle is the number of ones [[you	Present tense
		make of that]], right, and it's all very nice, my	را المنظم ال المنظم المنظم المنظ
		writing is very coherent dah de dah de dah.	the softening and the soft of
		Later on, oh, first of all, first of all um I said	
and Jacobses	1 1 1 X 1 1 1	right the teachers have spoken to us they want	
		saverkraut on every plate just so they can have a	and the second s
		taste of it. 'No, no no no, it's better, it's better	
gestañol e extremso	1, 1, 1, 1	putting it on side dishes this and that' And I said	to in Taking a state of the same field in the field
Control of the Control		'gives more more work to Philip, more work to us' I	
	i sa tin	said 'and they just want to try it. No, no, no'.	ta tinggia kura ng karapa tao gada
		Charles came in and I'm just and I said listen,	
apropies a		Beatrice you go speak to the teacher then	Temporal, additive and causal
and the second		because it's what he wanted. She goes oh gee	conjunctions
Incident 1	65-100	well okay" you know, she was doing it or whatever	Direct speech
A STATE OF THE STATE OF		but then I went to get the saverkraut with the	Past tense
	1 1 1 1 1 1 1	tongs out of it and she goes to use her hands and	
an Baseling Superior		I said 'Beatrice, do you have to' and she's just	
the partition of partial making	100 42	there going 'yes I do it's much easier much easier"	lan Birafyayin bir asalihat
		and I'm just there, wanting to, so you know, and	
		then, and then um get the rice out for her to	
		make rice and it's all stained with this blue	in the second of
		cabbage red cabbage colouring and she uses it	and the production of the state
		anyway and I threw the rest out	
		mit was and I the EM THE LEST ONL	

101-3	and she was shitty that I did that even though there wasn't much there	Report of another person's mental affect
	and and then after that comes back after even	,
1		
-		
·]		
	only two chickens written, dah dah dah. I said	Temporal and additive
104 20	Charles get me the book, got me the book— two	conjunctions
104-20	chickens with garlic butter, one chicken with	Direct speech
,	mushroom sauce written right there and she goes"	Past tense
	oh well everybody, nobody's perfect everybody	
	makes mistakes". I said" Beatrice I didn't say that	
	anybody was perfect" and she goes" oh well you	
	know it was my fault okay then whatever" you know	
		Present tense
121	and and its just	Incomplete relational clause
]		
	And then I said alright where's the spatlese [[we	Change of the second
122-36	going to cook]] spatlese to have for lunch. She goes"	Change of theme
		Time progression
	"okay Beatrice we can't, Why not?" "No, you can't."	Direct speech
		Close to reaction which is
127.9	Tawaan Twaa asina ta aynlada	internal to the story but
137-0	1 Swear I was going to explode	cohesion link to Hyperabstract
		Past tense
	and then she goes it's no good, it's no good for us to	Past tense
139-44	eat", "I said" but you just served it to them" "yeah	
	but it's no good for us I'm going to throw it out".	Direct speech
1/15	The ite on discussion	Relational clause of evaluation
143	Li 3 113 30 diagnating.	in present tense
	T can't helieve I'm working there hut then I'm	Summarises incident in
146-9	· · · · · · · · · · · · · · · · · · ·	preceding clauses
		Therapist is expected to have
	I going to work, you know,	shared evaluation of this world
	121 122-36 137-8 139-44 145	there wasn't much there and and then after that comes back after even though there wasn't much there [[the food's gone out]] is the fact that one fellow next to the teacher didn't get his meal. She says well there was only two chickens written, dah dah dah. I said Charles get me the book, got me the book—two chickens with garlic butter, one chicken with mushroom sauce written right there and she goes" oh well everybody, nobody's perfect everybody makes mistakes". I said "Beatrice I didn't say that anybody was perfect" and she goes" oh well you know it was my fault okay then whatever you know 121 and and its just And then I said alright where's the spatlese [[we going to cook]] spatlese to have for lunch. She goes no you can't "I said "why not?" "No, no, no you can't", "okay Beatrice we can't, Why not?" "No, you can't." 137-8 I swear I was going to explode and then she goes it's no good, it's no good for us to eat", "I said" but you just served it to them "yeah but it's no good for us I'm going to throw it out".

Table 10.4 C2: Work Life Generic Structure

The stages in table 10.4 above show that the Chronicle consists of the events of one evening at work, which unfold as a series of connected incidents in two Exempla. Figure 10.1 below summarises the generic structure of C2: Work Life as a structural formula. The key to this figure and all the figures of this chapter follows SFL conventions, that is, the stages are written in a linear sequence with the symbol ^ placed between the stages to indicate their order. Optional elements, which occur in only some instances of the genre, are in brackets () (see Eggins and Slade 1997:235) and recursive elements are in curly brackets {}, a modification which follows Jordens 2001. The elements of the generic structure are abbreviated, with the appropriate abbreviations noted in the key for each generic structure.

Everything is ticking me off at the moment // I feel like I'm going to blow (cl1,2)				
Exemplum 1 (C3-50)	Exemplum 2 (Cl 51- 145)			
Beatrice was pissing me off	Beatrice is a bitch			
A^O ^I ₁ ^I ₂ ^I ₃ ^I ₄ ^Int^ C	A^O^ I ₁ ^Int ₁ ^I ₂ ^Int ₂ ^I ₃ ^Int ₃ ^I ₄ , Int ₄ ^C			
Coda 1: I'm that close to feeling like I'm going to explode	Coda 2:It's so disgusting			

[Key: A abstract, O: Orientation, I: Incident, Int: Interpretation, C: Coda.]

Figure 10.1 Generic Structure of C2: Work Life

Two Abstracts summarise the semantic 'triggers' to the Hyperabstract and two Coda summarise negative evaluation. The Abstracts and Coda are thus meta-statements about the text and make explicit the text's relevance to the context (to follow Plum's 1993 description of meta-statement, cited in Slade 1996:60). Although no lexicogrammatical causal link connects these Abstracts/Triggers to the Hyperabstract, the incidents which follow are clearly 'proofs', first of the immediate Abstracts/Triggers Beatrice was pissing me off and Beatrice is a bitch and second of the overall Hyperabstract Everything is ticking me off at the moment I feel like I'm going to blow. The Exempla are presented to the therapist to justify the patient's negative evaluation. This anticipates a shared Judgement of a normality which is construed as recent negative Incidents, where negative real people make life difficult.

Figure 10.2 below summarises the generic structure of Chronicles.

The Generic Structure of Chronicles: (Hyperabstract) ^ {Exemplum}		
Generic Structure of Exemplum	A^O^ {I} ^ {Int} ^ C	

Figure 10.2 Generic Structure of Chronicle

[Key: ^: sequential elements, { }: recursive elements]

The generic structures of the other Chronicles are not presented in this chapter. C1: Home Life, however, has the same Exemplum structure to illustrate the Hyperabstract You just have to do what you've been asked or told to do and C3: The Watermelon illustrates the Hyperabstract I was a bit stressed this morning.

10.7 SCRIPT: GENERIC STRUCTURE

S3: I am not normal, which introduced Chapter 6, is used here to investigate the generic structure of Scripts. This Script has features of the non-storytelling persuasion genre, Exposition, as it argues the case for I am not normal by contrasting the patient's life with the normality of other people and showing her desire not to be classified as a person with

⁶ Despite the claim of the Hyperabstract, C2: Work Life is only one example of Everything.

borderline personality disorder. The generic stages with salient language features and commentary are presented in table 10.5 below.

Stage	Spkr. Cl.	Text	Language Features and Commentary
Statement of position		I am not normal	a de la companya de La companya de la companya de
Preview of argument 1: part 1 therapist probe	T 1	Sometimes it is kind of -like at times it just comes up and <u>overwhelms</u> ?	Relational and material clause orients to the emotion of overwhelms Habitual present tense
Preview of argument part 2: Patient expands meaning of overwhelms	P 2-10	Yeh depending on [[what is going on]] Depending on, I don't know, someone rejects me, that's bad or <u>someone</u> leaves me or then I get angry or frustrated at my situation and I think about it too much.	Temporal and causal link of generalised Participant someone's behaviour to patient emotion (relational clause) and patient thought (mental clause) Habitual present
Evidence 1	11-19	Like last night was pretty bad I went to a friend's place It was good to see her but I don't know But she was saying how she cried today,	Orientation to time, place and evaluation Self as first Participant Past tense
		which was yesterday, because she had a real difficult patient, she's a physio /mm/	Other specified but unnamed person as first Participant Cause of crying specified but
Consequence 1	20	And that was difficult	no development as a story Evaluation
Evidence 2	21-27	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 - ahh	Self as first Participant Additive conjunction of attribute and mental clauses Interrogative to self Not an event sequence Present tense
Consequence 2	28	It's just frustrating.	Relational clause of negative Appreciation evaluates previous description Present tense
Evidence 3	29-33	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]]	Self as first Participant Dependent clause of Circumstance, orienting to the relational clause attributing emotion Past tense Additive conjunction of thoughts No event progression
Consequence 3	34-35	And I just got really angry and ^ I GOT really, really sad	Self as first Participant A causal relation between thoughts and feelings is not made. They are presented as an additive and therefore inevitable
	lana.	्रमुक्त प्रकृतिकारिक पूर्व केल्प अस्त अस्त अस्त अस्त अस्ति स्ति है। जिल्ला राष्ट्री स्त्री केल्प कर्म स्ति अस्ति अस्ति अस्ति स्ति स्ति स्ति स्ति स्ति स्ति स्ति	sequence Evaluative Affect Past tense
Evidence 4	36-43	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	Additive conjunction of mental clauses, relational attributes and material clause

			[D
		degree and she's married and they're starting to build a house for themselves	Past tense for thought Present attributes
Reinforcement of position statement	44-48	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.	Past and present tense Existential clause to describe the inevitability of the situation
a salagija vitt. I	T 49-51	Is it kind of like [[being your best friend]] To realize how bad things are?	Therapist provides evaluation
Preview of argument 2	P 52-56	Well, how can anyone? No-one can They're not me no-one's me You know?	Patient response in interrogative and relational identifying clause to state new position to be argued Present tense
		I don't know anyone <as i="" said=""> I don't know anyone who has a borderline personality I don't know anyone who feels the things that I feel.</as>	Self as Participant Parallel clause structure has
Evidence 1	57-64	I'm sure people - more people are scared of rejection you know. And no-one likes that and scared of people leaving feeling but mine's just intensified you know? It's just huge	additive effect Present tense
Consequence 1	65-66	and I really struggle with lots of other things that other people don't struggle with.	Self and other as first Participant in contrasting clauses Present tense
Expansion of consequence	67 T	And it separates you from others.	Additive conjunction to expand interpretation Present tense
Orientation evidence source	68-80 P	It does! So does, you know When I was talking to I think it was Anne [[I was talking to]] she was saying Um,- 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 I think I was reading actually I don't think I was talking to Anne about it	Causal conjunction expands acceptance of therapist interpretation Orientation to the source of information for the argument that will follow Past tense
Evidence 2	81-88	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	Non-specified source Generalised first Participant Generalised material actions in present tense Additive conjunctions
Consequence ambivalence	89-93	and I think okay I kind of go off I don't do those things I do them to a certain extent but I don't do it that badly	Mental clause introduces interpretation Circumstances of manner mitigate degree and introduce ambivalence
Reinforcement of position statement	94	but I don't know anyone like that you know?	Present tense Mental cognition
Preview of argument 3	95-100	In my circle of friends they're all healthy. They're all normal and I struggle with that. You know? -/mm/ Yeah I do I struggle with that a lot	Present tense Relational attributes of others
Argument 1	101-4	Because I'm comparing myself with them /mm/ I'm comparing myself with the normal healthy people and I don't really belong anywhere.	Causal conjunction to explain the struggle Present tense General Circumstance

	105-6	I don't belong <u>in the Psych Hospital</u> because I'm not trying to kill myself <u>all the time</u>	Specific Circumstance Causal conjunction
			General Circumstance
Consequence 1	107-8	but I don't feel like I belong <u>there</u> either you know?	Mental cognition Reference to preceding clause
Reinforcement of position statement	109 T	You don't belong with them, with normal people?	Interrogative to clarify deixis
	110 P	No I don't	in the state of the second sec
	111 T	Um why not?	Interrogative requesting new evidence
Reinforcement of position statement + Preview of	112 P	Because I'm not normal	Causal conjunction
argument 3 Evidence 1	113-117	They're not cutting themselves They're not thinking of [[new ways to really hurt themselves]] and they're not thinking about	Additive conjunction Generalised Participant Habitual present tense Negative polarity of non
Evidence 1		[[how they will kill themselves]] and I have to give all my medication to a friend.	actions and non thoughts Additive conjunction to contrast patient behaviour without explicit semantic connection
Consequence 1	118 T 119	Kind of feeling as some freak or something?	Mental cognition of negative appraisal offered
and the second	P P	Yeah I am.	Agreement with therapist interpretation
	an Basan yak	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	Ellipsis of additive conjunction Generalised Participant
Evidence 2	120- 127	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	Habitual present tense Negative polarity of non- actions and non-thoughts
n narrijar Bal		have to see 2 or 3 doctors a week and take 10 tablets a day	Textual reference to repeat previous description
Reinforcement of position statement and	128	They don't have any of those things	Deixis summarises previous
Preview of argument	120	They don't have dry of mose mings	section
Consequence	129	So no I don't belong with them	Causal conjunction signalling conclusion to argument
Alternative preview of argument	130, 131 T	But you can still be their friend or they can still be your friend	Adversative conjunction signalling alternative conclusion
Agreement	132-134 P	I'm not saying that I can't. I agree with that.	Agreement
Argument returns to reinforce position statement	135-139	Especially considering what I'm going through especially since starting here it's been harder.	Relational clause to mitigate previous conclusion
Preview of	140,	No-one quite knows what you're going	

	,		
argument	141 T	through.	Present tense
Preview of argument	142-147 P	<u>Sort of</u> . 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.	Partial agreement Present tense to introduce new abstract
Evidence 1	148-158	Um you know 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 you know I know it's going to make me well and it's uncomfortable /mm/	Therapy as agent causing patient negative Affect Additive conjunctions of events and consequences
Consequence 1	159	Um, but it's hard	Adversative conjunction
Reinforcement of position statement	160, 161	and it's easy to be normal when you don't have that.	Additive conjunction Repetition of abstract lexis
(Semantic descriptor)	162 T	Kind of block it out?	Demand information (rising tone)
Consequence	163-167 P	Sort of but not. You still feel It's kind of like [[you're not seeing medical people]] so it's kind of like not in the medical arena so much	Relational clause appraising situation
Reinforcement of position statement	168 T	So kind of feeling that you perhaps couldn't be normal?	Declarative demand information (rising tone)
Alternative Preview of argument	169 P	No. Hopefully one day I will be and that's why I'm coming here	Contradiction Future tense additive to present material clause
Alternative Preview of argument	170 T	so things can change	Abstract agent Modality of positive ability
Evidence	171-174 P	I'm not saying they can't. <u>As I said</u> that's why I'm coming here	Negotiating position Textual reference to previous discussion
Consequence	175	If I didn't believe that I <u>would have killed</u> myself long ago,	Modal behaviour
Reinforcement of alternative position	176	so that's the hope I'm holding on to	Causal conjunction

Table 10.5 Generic Structure for S3: I am not normal

The generic stages in Table 10.5 above show the generic structure of Script as a complex of Expositions, presenting an overall argument⁷ for why the patient views herself as not normal. Figure 10.3 below presents the generic structure of S3: I am not normal, using the conventions previously described.

Fig. 1 . By Committee of the market of

Where argument is used in the general sense it is lower case. When Argument is a generic stage it commences with a capital letter.

I am not	normal
Exposition 1- A (cl 1-51) SOP^POA^E1^CS1^E2^CS2^E3^CS3^E4^RF	Exposition 4-A (cl 112-129) POA^E1^CS1^E2^RF^CS
Exposition 2-A (cl 52-94) POA^E1^CS1^E2^CS2^RF	Exposition 5-A (cl 130-168) POA^E1^CS1^^RF1^CS2^RF2
Exposition 3- B (cl 95-111) POA^A1^CS1^RF	Exposition 6- A (cl 169 –176) POA^E1^CS^ RF

Figure 10.3 Generic Structure of S3: I am not normal

[Key: SOP: Statement of Position, POA: Preview of Argument, E: Evidence, CS: Consequence, RF: reinforcement of position statement, A: Argument]

In SFL the Exposition genre is usually a written pedagogic genre with overt textual markers for stages of the argument (first, second, etc). This spoken argument, given by a speaker who is not aware that she is creating an Exposition, lacks such structural markers. There is a subtle distinction in the manner of argumentation within the Exposition, so two forms of Exposition are differentiated: (i) Exposition A where lists of attributes serve as the generic stage Evidence for the claims of the argument, which may be immediately followed by an optional Consequence and (ii) Exposition B where conjunction markers of causal relations create the generic stage Argument.

Figure 10.4 below summarises the generic structure of Scripts.

The Generic Structur					
1. Generic Structure of Exposition A	(SOP)^ POA^ {{E^ CS}^ RF}^(E)^(CS)^ (RF				
2. Generic Structure of Exposition B	(SOP)^POA^{A^CS^RF}				

Figure 10.4 The Generic Structure of Script

[Key: ^: sequential elements, { }: recursive elements]

There is only one instance of Exposition B, where the causal link for the patient's state is made overt, <u>because</u> I'm comparing myself with them... [cl 101-104]. Thus in Scripts the causality argument about normality is for the most part not overt: it is a worldview that is taken as given. The principal argument about normality comes from Evidence where generalised people do generalised actions in contrast to the patient's lack of action. Consequences of actions are naturalised by a series of additive conjunctions and thus not open for alternation. Evaluation occurs in the argument as negative emotional impact upon the patient, kind of feeling a freak or something [cl 118].

Table 10.6 below summarises the overall argument for why *I am not normal* by listing the Previews of Arguments.

	I am not normal
Reason	Preview of Argument
1	It just comes up and overwhelms, Yeh depending on [[what is going on]] Depending on, I don't know, someone rejects me that's bad or <u>someone</u> leaves me or, then I get angry or frustrated at my situation and I think about it too much.
2	They're not me, no-one's me
3	In my circle of friends they're all healthy. They're all normal and I struggle with that
4	but I don't feel like I belong <u>there</u> either
5	Because I'm not normal
6	They don't have any of those things. So no I don't belong with them
7 :	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.

Table 10.6 Summary of Argument for Lack of Normality

The Previews of Arguments in table 10.6 above present a textual refrain which displays the pattern of alienation that was seen in the lexicogrammatical analysis of chapter 6. The argument for not being normal is centred on the patient's feelings; *I'm not normal* because no-one is me, therefore *I don't belong*, therefore *I'm not normal*.

Changing the Script

Within Scripts there are potential transition points to create a different genre, for example, But she was saying how she cried today, which was yesterday, because she had a real difficult patient, she's a physio [Description 1, cl 15-20] which could commence an **Exemplum** and thus return to a Chronicle. But the tale is not continued and the clause complex ends with a Consequence for the patient, and that was difficult, which continues the Script.

In turn 3 of Extract 10.1 below the patient provides the potential for change. In doing this the text could have moved to a **Discussion**. This possibility will be reopened in chapter 11 where it will be referred as an Articulations text type, that is, where both sides of an argument are presented before a conclusion:

- 1 P so things can change I'm not saying they can't. As I said that's why I'm coming here If I didn't believe that I would have killed_myself long ago
- 2 T So kind of feeling that you perhaps couldn't be normal?
- 3 P <u>No. Hopefully one day I will be</u> and that's why I'm coming here

Extract 10.1 [S3 T6 P6]

Here, although the potential for change is introduced as an alternative argument about normality it is not sustained in the following turns and the Script continues.

10.8 NARRATIVE: GENERIC STRUCTURE

The two Narrative texts which introduced chapter 7 are used here to investigate the generic structure of Narrative. Section 10.8.1 considers N1: Rain and Bunny Memory and section 10.8.2 presents N 4: The Backpack.

10.8.1 N1: Rain and Bunny Memory Generic Structure

N1: Rain and Bunny Memory is a childhood memory. It occurs in two parts: the first part connects childhood to positive feelings and the second retells childhood incidents of both the patient and the therapist. The generic stages with salient language features and commentary are presented in table 10.7 below.

Stage	44.5 1867	Cl.	Text	Language Features and Commentary
Abstract	P	1	Weird [6 secs]	Appraisal of previous text opens the potential for a range of text types which could follow
				Weird is a marker for ambivalence of worldviews
Description	P	2	I like this weather [[2.1 we're having]]	Self as Participant Present tense Affect
(Probe)	T	3	Do you? ^ LIKE THIS WEATHER	Feedback for patient to continue
	P	4-8	Yes I love it when it rains I like the cooler weather I don't like the heat	Self as Participant Present tense Affect x 3
	Т	9	Yes yes	· Share Street Charles and the
	P	10	^ I LIKE Cold weather	Self as Participant Ellipsis
	Т	11	Yes and playing with the rain	Additive conjunction by therapist Non finite clause
Interpretation	T	12-13	And it's like a child isn't it? Children like	Additive conjunction extends to new
211 - 1 Kara		100	rain the many that the following a	lexical range
				Collocation of weather and childhood Present habitual tense
	L			Generalised Participant
Description	P	14-20	Mm yeh it feels very also when it's	Relation clauses of Affect
			raining umm in the car it feels very	Present tense
			secure like a security thing when I'm in	Circumstance of location
	Т	21	the car /yeh/ And the rain's falling And you're not getting wet	Additive conjunction extends topic
Interpretation		22-23	Yeh I don't know why but that's how it	Causal conjunction with reason not
The March 2			feels : 17 - 17 - 18 - 18 - 18 - 19 - 19 - 19 - 19 - 19	understood
	<u> </u>			Present tense
Appraisal	T	24	^THAT IS Interesting	Relational clause
	_		<u> </u>	Appreciation
Abstract	P	25-26	Mm I've always felt like that but I don't know why	Self as Participant Circumstance connects past and
				present
	_			Repetition of Interpretation commences new phase of talk
Orientation		27	and yeh I remember	Additive conjunction Self as Participant

<u> </u>			The state of the s	Present orientation to the past in I	
	_	-		remember	
Description		28-32	was a baby and I remember [[30.1 my mother walking of a night]] and I could see < <you know="">>[[31.1 the traffic lights</you>	Circumstance in the past I remember + non finite clause keep the past and present connected Additive conjunction	
		er de si	changing colours]] and the cars and it looked really pretty		
Coda		33	I remember <u>that</u>	Deixis Summarises preceding clauses	
Description		34	I remember [[34.1 feeling very secure	Self as Participant	
	er e	, a succession of the second o	and warm sort of snuggly sort of thing]]	I remember + non finite clause keep the past and present connected	
Interpretation		35-38	and since then um I feel like that in the car and sort of in bed of a night when	Circumstance of continued time brings past memory as a current state	
		i Sulta A Sulta	it's raining and that and I snuggle down I feel really secure	brings past memory as a current state	
Appraisal	Т	39	Yeh it's a nice feeling isn't it?	Positive tagged declarative seeking confirmation	
		2 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Present tense	
	P T	40 41	Mm Yes	Agreement of both interlocutors	
Appraisal	P	42	But It's really weird isn't it?	Appraisal with ambivalence marker	
Abstract	Т	43-44	But it shows you [[43.1 how <you know=""></you>	Adversative conjunction	
			you can remember]] Even from such a young age you can remember the feeling	Connects previous discussion and provides abstract for a new stage	
			of feeling secure		
Orientation	Orientation P 45		Yeh I don't know [[45.1 how old I was]] I just remember [[46.1 looking out from the pram]]	Self as Participant Non specific temporal Circumstance	
Description		46-47	I was lying down and I saw these pretty lights	Past tense Self as Participant	
Interpretation		1,31,34	I liked the lights	Self as Participant Mental affect	
Interpretation Coda	T	50-51	Yeh and you felt warm and you felt secure	Mental affect of the other Participant described	
Orientation	P	52	Why how far back do you remember? for yourself?	Patient Interrogative is a Contextual breach	
Orientation	Т	53-54	Um I think three years actually yeh but ^I REMEMBER not everything	Giving personal information by therapist is a contextual breach Therapist Self as Participant	
Recount		55-60	because my brother was born there is a three year difference so I remember	Causal conjunction I remember introduces past actions	
A. the second of	- Ng s		the day [[[[57.1we went to visit < <went to="" visit="">> my mother with my</went>	Direct speech The room is the Phenomenon	
	,		grandparents and my father in hospital]][[57.2 when she had him]]]]	described वर्ष वर्ष कृतिस्त मनवाद्यापन्त्रवे	
			And I described the room to my mother and she said "yes that was it"	lojkovoG A iku bio na magi ya Nazara hawatan shi kapi <u>mbi na </u>	
Coda		61-62	so it must have been three years	Causal conjunction concludes	
		The second of th	because it (we) are exactly three years difference yeh	memory a travelar total an ellic man	
Abstract	P	63-64	Oh right mm yeh I remember <u>back</u> <u>further</u>	Current mental cognition to the past	
Probe	T	65	Do you? ^ REMEMBER BACK FURTHER		
Orientation	P	66	Yeh I remember <u>another time</u> I was <u>in</u>	Circumstance of time and place	

carrier and the second	1.0	4 4 TO 1		
		C 10	the cot and I had ulcers on my tongue	
Incident 1	P	67-69	and my mother took me to the doctors	Material clauses
and the doctor gave her this stuff to put		and the doctor gave her this stuff to put	Other Participants	
			on my tongue She put it on my tongue	Adversative outcome to evaluate
			but it was poison and I nearly died	actions negatively
Description		70-80	I had to go to hospital and I remember	Iremember
•			in the hospital they had wallpaper on the	Room description of the walls is
to a contract of the contract of			walls and it was all bunnies and I	expanded description from therapist
			remember the bunnies I could see the	description
			bunnies hopping on the wallpaper	
Coda	P		I remember that	Deixis Summarises preceding clauses
Probe	Т	81-84	Right how was it? Was it like a funny	Connecting mental cognition to
<u> </u>			feeling or was it happy?	mental affect
	P	85	Нарру	Mental affect
	T	86	Happy feeling	Mental affect
Description	P	87-88	Yeh because the wallpaper was coming	Causal conjunction of positive feeling
an in Toronto Line Bath S		n yn Veffy	alive All the little bunnies were jumping around	
Coda		89	yeh I felt really happy	Summarises preceding clauses
Abstract		90	Apparently I was very very sick	Modal adjunct introduces alternative Coda or new Abstract
Argument		91-95	because he shouldn't have told her to put	Causal conjunctions of negative
			that stuff on my tongue because it was	actions of other Participants
		200	poison because I had the ulcers right	Kinner of the property of the second of the
at as 100	4.3		back towards the back of my tongue as	La Hard North, 1 Tool Sale of
			well and then it went down me throat	
Coda		96-97	She used to say you get ulcers on your	Generalised speech of other
		17.1	tongue from telling lies	Participant in the past
End	T	98	Oh right	

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Table 10.7 Generic Structure of N1: Rain and Bunny Memory

[Key A: Abstract, O: Orientation, D: Description, Int: Interpretation, R: Reaction, C: Coda, P: Probe]

It is difficult to apply an established SFL genre to Meares' notion of Narratives because of their complex staging. They have similarities with **Observation** texts which 'deal with events or things and <u>factuality</u> is what matters' (Eggins and Slade 1997:267). However, the emphasis on <u>factuality</u> is not applicable to Narratives, where a series of scenes of remembered emotions and imagined situations are talked about in the present therapy environment.

The Narrative generic structure has been modified from Exemplum and is here called a Vignette. Instead of Incidents to illustrate an Abstract there is a series of Descriptions. A Description may be preceded by an Orientation which is a projecting clause; projecting to the past or future. A Description is followed by an Interpretation that re-orients to the present and an optional Appraisal provided by either patient or therapist. An Appraisal in turn allows the recommencement of a new Description. The text may have a Coda.

Figure 10.5 below summarises the generic structure of N1: Rain and Bunny Memory.

Rain and Bu	nny Memory		
Vignette 1 (cl 1-24)	Recount 4 (cl 52-62)		
A^D ^Int^D^ Int^Asl	O'Recount'C		
Vignette 2 (cl 24- 42)	Exemplum [Vignette] (cl 63-89)		
A^O^ D^C^D^ Int1^Int2^Asl	A^O^incident1^D^C		
Vignette 3 (cl 43-51) (c) (cl 43-51)	Exposition 6 (cl 90-98)		
A^O^Int^C	A^Arg		

Figure 10.5 Generic Structure of N1: Rain and Bunny Memory

[Key A: Abstract, D: Description, Int: Interpretation, Asl: Appraisal, C: Coda, Arg: Argument]

A Narrative is thus a complex of different genres. Vignettes are interspersed with other genre types, such as Recount and Exposition, which are still integral to the Narrative. The Exposition that concludes N1: Rain and Bunny Memory shows the border phase of Narrative as it marks the cessation of the positive Narrative and the beginning of a tale of negative events.

Figure 10.6 below summarises the generic structure of Narrative 1:

The state of the s	ture of Narrative 1: {V} {R} {Exemplum} {Exposition}
Generic Structure of Vignette	(A) ^(O)^ {(Interpretation)^Description^(Coda)}^ Appraisal^ (Coda)

Figure 10.6 Generic Structure of Narrative 1

[Key: ^: sequential elements, { }: recursive elements]

10.8.2 N4: The Backpack

N4: The Backpack tells of a fantasy about relationships. It is an imagined incident which the patient would like to occur in her life. The generic stages with salient language features and commentary are presented in table 10.8 below.

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Stage	1 1300 11 1	Cl.	Text	Language Features and Commentary
Preamble	P	1-6	That's the thing if you go into the relationship if you let it be its like «I remember describing to you once» that Edward could make you feel the safest or the highest I could feel Just by his approval or whatever, his love and he also make me feel the lowest [[I could feel]] /mm/ and he played me like a yo-yo all the time /mm/ And without a doubt, that is the biggest fear in relationship /mm/ if its with a man in a loving rela, or a partner or whatever	Description of a real Participant This text commences as an Orientation to a negative description of the patient and her partner but the text changes in the next clauses
Orientation		7-8	I fantasise about [[dropping it all]], and just being [[able to say]],	I fantasise introduces the fantasy
Script like Interruption		9-15	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,	Adversative conjunction introduces an Interruption which could commence a Script
Orientation		16-17	so I just think to myself well Clare remind yourself,	Self Reflexive action Present tense <i>Remind</i> introduces previous actions as potential in the future
Record of Events		18-22	you could just throw that backpack on your shoulder and walk away and just say see ya you don't bother me	Speech to self Positive material actions
Interpretation	T P	23 24 25 26 27 28	Mm: huh. Some day you'll be able to do that yeah yep But then you won't be afraid of being alone That's right Whereas now there is that fear It is	Future possibility of action Future absence of negative affect Shared Interpretation Existential clause of current negative
Orientation	T P	30	It is I sort of also fantasise a little bit about, you know, those sort of American movies or something	emotion Recursive Abstract as I fantasise introduces a new fantasy
Record of Events		31-40	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	Generalised Participants Habitual present Ellipsed conjunction of actions
Interpretation		41-43	For some reason I've got this lovely dream in my head at the moment that I wish I could do that	Causal clause of unknown reason Deixis <i>That</i> summarises incident above

Table 10.8 Generic Structure of N4: The Backpack

Figure 10.7 below presents the generic structure for N4: The Backpack.

N4: The Backpack	
Recount 1 (cl 7-29)	Recount 2 (cl 30-43)
I fantasise about	I fantasise about
O ^(interruption)^Record of Imagined Events^Int	O^Record of Events ^Int

Figure 10.7 Generic Structure of N4: The Backpack:

Figure 10.8 below summarises the generic structure of Narrative 2.

The Generic Structure of Nar	rative 2: {Irrealis Recount}
Generic Structure of Irrealis Recount	O'Record of Events' Int

Figure 10.8 Generic Structure of Narrative 2

[Key: ^: sequential elements, { }: recursive elements]

This shows a different generic structure from N1: Rain and Bunny Memory. After a Preamble (not further analysed here), only Recounts occur in this short text. However, these Recounts are different from genre theory's unproblematic Recounts of the past, the difference occurring in the Orientation. As was the case for N1: Rain and Bunny Memory Vignette, the Orientation includes a projecting clause that enables another time phase to enter the therapy space. Instead of I remember, here I fantasise introduces the next generic stage, an irrealis Record of Events. In N1: Rain and Bunny Memory there are four cycles of remembering (including the therapist); in N4: The Backpack there are two cycles of fantasising. Thus it is the time projecting clause (see 8.19) that maintains these Narratives as belonging to the same text type within the Conversational Model.

10.9 COMPARISON OF THE GENERIC STRUCTURES OF SCRIPTS, CHRONICLES AND NARRATIVES

Sections 10.6-10.8 showed that Chronicles can be described within existing SFL generic structure as a storytelling genre, where a Hyperabstract is followed by various Exempla, those stories from the patient's recent past which justify a personal worldview as normal behaviour. Scripts are not storytelling genres but are described within the persuasive genre Exposition, where a lack of normality of self is presented in current time through a series of arguments about self and others. Narratives are not Narratives in the SFL genre definition. They have an expanded Generic Structure which combines genres of Vignettes, Recounts, Exempla and Expositions to portray desired states, either from the past or imagined in the future.

Table 10.9 below summarises the generic structures of the illustrative Scripts, Chronicles and Narratives.

⁸ The Preamble shows the importance of borders of texts, which is discussed as an issue arising from the study in chapter 11.

Text Type	a de la companya de l		Generic S	Structure ⁹	ang pagalang kanalang panggan panggan Panggan panggan pangga		
Chronicle	(Hyperabstrac) Exemplum			Exemplum		
Script	Exposition	Exposition	Exposition	ion Exposition Exp		Exposition	
Narrative 1	Vignette	Vignette	Vignette	Recount	Exemplum [Vignette]	Exposition	
Narrative 2	Recount (Irrealis)			Recount (Irrealis)			

Table 10.9 Comparison of Generic Structures of Scripts, Chronicles and Narratives

10.9.1 Complexity

Although the generic structures for all the texts of the SCN Corpus are not presented in this chapter, their analyses show consistency of generic structures with the illustrative texts in this chapter¹⁰. Each text type is complex in a different way. The additive effect of Exempla in Chronicles shows a consistent and compelling worldview. A Script is a complex of additive and repetitive arguments about self and a Narrative is a complex combination of genres and duality of time and association.

In this way the generic structure may be suggestive of the linguistic realisation of the Conversational Model's terms linear and non-linear. The repetition of one genre type in Scripts and Chronicles is suggestive of linearity, whereas the multiple genre types in Narrative are perhaps the description of non-linearity. This description is aligned with the lexicogrammatical description of these terms in chapter 11.

10.10 THE SEMANTICS OF CONJUNCTION

In the generic analysis of each of the above texts, it became clear that additive conjunctions create different meanings in Scripts, Chronicles and Narratives. Although Incidents in Chronicles and Evidence in Scripts at first appear similar, a closer inspection of Scripts shows these conjunctions do not connect chronological events. Rather, they connect a series of Attributes, which function semantically as Evidence. In contrast, in Narratives, conjunctions join relational clauses of Description. This section presents two tables to demonstrate the different meaning potentials of conjunctions. Table 10.10 presents 'action' extracts from each of Scripts, Chronicles and Narratives, and Table 10.11 presents 'descriptive' extracts. All these extracts show the patients' preference for additive conjunctions. Even in Narrative, there is very limited use of conditions (if) or alteration (or), that is, they do not foreground an available alternative worldview.

Table 10.9 illustrates the two scales of the same abstraction discussed in section 10.3. The three text types have a generic structure composed of elements (SFL genres) which themselves have a generic structure.

10 N5: The Bubble introduces duality of experience as a metaphor and N3: The Kafka Dream projects a dream reality.

Chronicle = Incident	Script = Evidence	Narrative = Record of Events
Sarah and Andrew came by	I think I was reading about how	I sort of also fantasise a little
e sa care e se e e e e e e e e e e e e e e e e	people [[that they can't relate]]	bit about, you know, those sort of American movies or something
cause they just live around the corner,	they can't even carry a normal relationship with anyone	where you see,
and they just <u>pulled up</u> next to me	let alone have a partner	It's usually a man, sometimes a lady
and then they go	and um, they try and kill	and they sort of just, er,
	themselves 3 or 4 times a week	they're travelling a bit or something
"hi" you know	and they point the finger	and they stop off at a place [[to stay]] just a little motelly place
and they got out	and they blame everyone else	^AND have dinner,
just to say hello to me you know	and they have huge temper tantrums	^AND meet someone
and "how are you Clare" and rah rah	and they go off	^AND meet some people
and there's Beatrice in front of	and I think okay	^AND have a chat whatever,
these people		
like going	I kind of go off	^AND go back,
"hurry up get to work" or	I don't do those things	^AND go on their merry way
whatever to me.		the next day, and whatever.
	I do them to a certain extent	

Table 10.10 Conjunctions of Action in Scripts, Chronicles and Narratives [Key: ^ellipsis, bold= conjunction, __ = action]

Table 10.10 above shows that, in action sequences, Chronicles use additive conjunctions to join past actions of real human Participants. Scripts use additive conjunctions in the habitual present tense to join the generalised actions of generalised Participants, so that there is no chronological development of the action. In Narratives, conjunctions are ellipsed and the action occurs in the imagined future in the simple present tense, unfolding as a chronological progression. Thus, although all texts appear similar, the additive conjunctions realise different meanings in action texts. Table 10.11 below presents descriptive extracts.

Chronicle = Incident	Script = Evidence	Narrative = Description
Ok, so, it like you're constantly constantly constantly at him and at him and	uum, Betty its, its crazy	there is like an island of garden
Get dressed,	I'm I'm up.	and it had a tree stump
^AND have your breakfast,	and I'm up	may be it used to be a tree- A tree stump
^AND don't touch the chook,	and I'm up at least every hour	and it <u>was covered</u> with a vine
^AND leave the chook alone,	AND I'm tired	I think
AND don't go outside,	^AND I'm so tired,	it was a willow
AND don't ride your bike,		and it was <u>cut down</u> sometime
^AND don't do this,		
you know like, you're this this		
this this all morning		

Table 10.11 Conjunctions of Description in Scripts, Chronicles and Narratives

[Key: ^ellipsis, bold= conjunction, __ = action/description]

In table 10.11 above the additive conjunction and joins lists of Attributes which reflect a state of being, not a story. Chronicles do not have explicitly descriptive passages as they are firmly action oriented texts, making this extract actually an Incident, but one that is semantically close to a Description. It is not a chronological progression of events, but a series of irrealis actions the patient uses to describe her morning stress, you're like this all morning, which is caused by her son. The Script extract shows the patient as the topic of Evidence, where and joins a series of self-attributes. In contrast, the Narrative extract Description is not the negative attributes of self or other human beings in current time, but a Description of remembered external physical entities. The difference between Script Evidence and Narrative Description is therefore not in the grammatical construction but in evaluation: negative repetition of current self-attributes in Script show a limited world compared to a positive and expanded imagery of a world external (in time and location) to the patients themselves in Narrative.

In Narratives, a further positive clinical outcome of conjunction is seen, where patients and therapists can each contribute a clause joined by *and*, thus co-creating an idea in therapy. Extract 10.2 below illustrates this.

- P Yes and playing with the rain
- T And it's like a child isn't it? Children like rain
- P Mm 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 /yeh/ And the rain's falling
- T And you're not getting wet

Extract 10.2 [N1 T1 P1]

The first conjunction enables the therapist to collocate two nominal groups the patient may not have considered, playing with the rain and like a child. The second conjunction enables the therapist to keep the patient in the imagery that is producing the happy Affect, the rain is falling and you're not getting wet. Thus, throughout the SCN Corpus, there are localised variations in meanings of conjunctions, with therapeutic advantages seen in Narratives.

10.11 Conclusion

This chapter has determined the distinct generic structures of Scripts, Chronicles and Narratives and their contributions to patterns of meanings, extending the lexicogrammatical and contextual meanings discussed in the preceding chapters. Section 10.1 proposed that the chapter would use generic structure in three ways. Those proposals are now re-presented and discussed in relation to the chapter's findings.

Proposal 1. To determine whether Scripts, Chronicles and Narratives have distinct generic structures.

Proposal 2. To determine whether their generic structures conform to existing genres or necessitate new genre descriptions.

This chapter has determined that Scripts, Chronicles and Narratives do have distinct generic structures from each other. The distinct generic structures of Scripts, Chronicles and Narratives together with the syndromes of lexicogrammar features, contribute to a linguistic separation which supports the therapeutic separation of Meares' text types.

Scripts and Chronicles are described using established genres, but it was necessary to provide a new term for the particular function of Narratives. Chronicles follow the established **Exemplum** storytelling genre, while Scripts and Narratives contain modifications of existing non-storytelling genres. In Scripts, the established genre **Exposition** is modified to create two forms of the Argument stage which show different proofs about self, namely, Argument for causal arguments and Evidence for lists of Attributes. In Narratives, a new genre, **Vignette**, allows the classification of descriptive passages which are introduced by projections to the past or future.

Proposal 3. To determine the contribution of Scripts, Chronicles and Narratives to the overall shape of the complex tale of self.

Beyond the localised investigation of Scripts, Chronicles and Narratives there is another scale of generic structure, where a therapy session, and thus the complex tale of self, has a generic structure: {Script}^{Chronicle}^ {Narrative} ^{other text types.} These 'other text types' and the generic structure of sessions and self are discussed further in chapter 11.

The findings of this chapter suggest that the three text types directly investigated in this study are integral to a patient's developing sense of self and that the complexity of self discussion involves all three text types. Chronicles introduce patients' 'normal' ineffective everyday lives into therapy. The creation of a healthy self requires a therapist to interact with the **Exempla** of Chronicles, so they do not develop into negative **Expositions** in a Script, that is, negative arguments that present a negative view about self. Once created such negative Scripts are in a circular relation to the selection of **Exempla** told about self. That is, negative stories create a negative worldview and the maintenance of such a worldview further requires the selection of negative stories to justify it.

The therapeutic challenge is to create an alternative complex worldview, that is, a Narrative, which can then provide the impetus to collect a corpus of positive experiences (as Vignettes, Recounts and Exempla), which in turn creates a new complex and yet positive argument about self. This may then produce further texts of self reflection, see chapter 11.

This chapter also showed how the different generic structures of Scripts, Chronicles and Narratives realise different contexts and therefore different clinical strategies. The generic structures, by showing different patterns of complexity, contribute to the linguistic interaction with the Conversational Model's contrastive terms, *linear* and *non-linear*. The repetition of one genre type in both Scripts and Chronicles is suggestive of *linearity*, whereas the expanded repertoire of genres in Narrative is suggestive of *non-linearity*. The multistratal linguistic description of these terms is discussed further in chapter 11.

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