

A Complex Tale of Self

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

11.1 INTRODUCTION

In this thesis SFL has been applied and extended in a specific register of naturally occurring spoken language. It engages in a dialogue with the Conversational Model of Psychotherapy through an investigation of the complex tales of self in which patients struggle to construe their own separate existence. The Conversational Model is strongly oriented to techniques based on language and linguistic evidence and thus has offered an ideal linguistic site at which the study of the complex interaction between self and language can be made tractable interactions as an 'object' of study.

Within a broad corpus of patient-therapist discourse, the principal focus of my linguistic study has been the Conversational Model's claims about Scripts, Chronicles and Narratives as they present 'self as shifting state in the therapeutic conversation' (Meares 1998:876). Although the thesis began with the Conversational Model's clinical classification of these three conversation types, the linguistic investigation was conducted independently of Meares' descriptions. This allows me to test the evidence of Meares' claims concerning the semantic characteristics which distinguish the three conversational types as well as the linguistic evidence concerning the claims of change in the self in particular the presentation of 'self as shifting state' (1998:876). The linguistic account of those exchanges of meaning was necessarily as consistent as possible, so that it would be reproducible as evidence of a specific register of naturally occurring spoken language.

The thesis has shown that therapeutically relevant aspects of the self can be revealed when discourses generated by psychotherapeutic interactions are set out systematically according to their multistratal linguistic patterns. The study has demonstrated that self can be productively described as a construction of meaning since the meanings speakers make in wordings become a reliable index for studying the emergence and maintenance of self. Three psychotherapeutically described conversational types have been confirmed as linguistically distinguishable text types. Together they create a further complexity in the tale of the self.

Throughout the thesis three perspectives have been interwoven: (i) the primary multistratal linguistic perspective, which has been applied to the data to determine how the self is realised as grammar, semantics and context; (ii) the interaction with the Conversational Model's approach to therapy through Scripts, Chronicles and Narratives as three types of conversation with different therapeutic meanings; and (iii) the patients' theory of self, which became apparent in the analysis as a testing of their theory of normality.

This final chapter has three parts. The first part, 11.2 summarises the key findings of the study and discusses them in regards to the three perspectives above, with some references to issues arising from the study. The second part, section 11.3, summarises and discusses complexity as it has been presented in this study. The third part commences with a discussion of issues beyond Meares' three conversations in section 11.4. Then section 11.5 addresses the study's implications for future research and for ongoing dialogue between linguists and the Conversational Model and section 11.6 concludes this thesis.

11.2 KEY FINDINGS OF THE THESIS

In summary the thesis has shown that:

- 1. Self can be studied as a syndrome of meanings, where wordings and grammar are the index for studying the emergence and maintenance of self.**

The multistratal approach of SFL showed that, although wordings and grammar can vary to the extent that the tracking of self would seem ostensibly difficult, complex semantic patterns remain consistent across the patient data. My study described three separate conversational types, Scripts, Chronicles and Narratives, distinguished according to the best account in the literature, as linguistic syndromes, revealing both overt lexical motifs and consistent covert grammatical patterns.

- 2. The Conversational Model's three conversational types were realised linguistically as consistently different text types.**

The detailed multistratal linguistic analysis showed Scripts, Chronicles and Narratives to be linguistically separable as text types. Thus the study of the Conversational Model data has enabled the testing of the claims of SFL at the same time as evaluating the Conversational Model with respect to its appeal to language as evidence.

3. Key terms of the Conversational Model can be consistently situated in a linguistic description.

The study suggests that the clinically valued *non-linear* discourse can be described as a linguistic syndrome of expanded associations and alternative positions, in contrast to the relentless grammar and generic structure of *linear* discourse.

The key findings are now discussed in further detail. Findings 1 and 2 are discussed in sections 11.2.1 and finding 3 in section 11.2.2. Section 11.2.3 briefly reintroduces the patient perspective in relation to the key findings.

11.2.1 Linguistic Findings

Table 11.1 below summarises the salient findings of the detailed lexicogrammatical, semantic and contextual analyses. Semantic realisations of lexicogrammatical findings are included in *italics*. A discussion of the findings follows the table in this same section.

	Scripts	Chronicles	Narratives
1. Lexicogrammatical Features			
Incomplete Clauses	Can't complete <i>No access to emotion</i>	Few clauses Change from relational clauses to material clauses <i>Reorients from feelings to actions</i>	Therapist and patient co-create clauses Completed feelings in relational clauses <i>Increased emotion and increased intimacy</i>
Transitivity Analysis Pertaining to:			
First Participant	Patients, specific named people and generalised people	Patients, specified named people and generalised people	Patients, specified named people and imagined people
Material Clauses	Patients are Actor and Goal upon themselves- they have no other Goals Generalised normal people are not Actors People with bpd act upon themselves or in Goalless clauses <i>The material world is restricted</i>	Patients are Actors in Goalless clauses Other people act on the world <i>There is a lack of material impact upon the world</i>	Irrealis people act in concert with patients <i>Positive actions are remembered and imagined</i>
Relational Clauses	Patients possess negative feelings and negative symptoms Named others possess Positive material goods and are positively judged as +normality, social esteem Generalised normal people do not possess negative symptoms and are positively judged as +normality, social esteem People with borderline personality disorder possess negative behaviours <i>Attributes of others are reported to reinforce negative self</i>	Patients possess material goods and negative Attributes Other people are negatively judged as – propriety, social sanction <i>Other people are negatively judged for their impact upon the patients' worlds</i>	Patients report positive self attribution in the past and present They have material and abstract childhood possessions <i>Patients are able to remember themselves as positive in the past or imagine positive situations</i>

ctd.	Scripts	Chronicles	Narratives
Mental Clauses	Limited mental clauses All the patient's mental affect is negative and ineffectual Mental cognition of a wide group of non specified people is reported <i>Reduced inner world</i> <i>Consciousness not dualistic or reflective</i>	Limited mental clauses All patients' mental affect is impacted on by other people's mental affect <i>Limited inner world</i> <i>Consciousness not dualistic or reflective</i>	Increased mental clauses <i>I remember</i> introduces memory <i>I fantasise</i> introduces imagination <i>Dualistic consciousness</i>
Verbal Clauses	Irrealis people speak <i>Limited verbal representation</i> <i>Irrealis speech shows futility</i>	Dominant real speech of real people Other people's speech impacts patients Duality in projected speech clauses but not dual consciousness <i>The grammatical duality of reported speech does not reflect a dualistic consciousness</i>	Speech to self <i>Dualistic consciousness</i> <i>Speech to self reflects separate internal world</i>
Circumstances	Generalised Circumstances specify claims about generalised participants No Circumstances of cause or angle <i>Congruent representation without reflection</i>	Circumstances physically place real participants in time and space in material clauses No Circumstances of cause or angle <i>Congruent representation without reflection</i>	Circumstances physically place things in childhood Slight increase in Circumstances of cause and angle <i>Reflection of cause and effect</i>
Interpersonal Analysis			
Modality	Limited <i>World view is taken as given</i>	Limited <i>World view is taken as given</i>	Self as modalised actions <i>Slight increase to suggest alternative worldviews</i>
2. Evaluation as Semantic Analysis			
Appraisal	Bald assertions Emotive lexis of negative attributes	Negative attributes of patients Judgement of others	Positive attributes for self and things
3. Context Analysis			
Context Networks	Therapist asks questions to keep therapy going Unfolds without change	Very little therapist input Unfolds without change	Therapist and patient co-create beneficial discourse Flux
Generic Structure	One genre repeated	One genre repeated	Multiple genres in complex weaving

Table 11.1 Linguistic Syndromes for Scripts, Chronicles and Narratives

Table 11.1 above presents the key findings 1 and 2 as consistent multistratal linguistic syndromes within Scripts, Chronicles and Narratives and as contrastive functional shifts of meaning between the three text types. The three analyses are now discussed.

1. Lexicogrammatical Analysis

Chapter 8 discussed the lexicogrammatical findings of the study in detail. The summary here shows Scripts as a syndrome of a reduced and ineffectual world with a repetition of negative self-attributes. Chronicles are reported events in which other specified people are effective in their thoughts, actions and attributes in contrast to the patients' ineffectuality upon their world. In Narratives the lexicogrammar shows experimentation with possible

effectual worlds, either as remembered worlds of childhood or experimental worlds in dreams or metaphor.

2. Evaluation and Semantic Analysis in this Study

Evaluation, central to therapy and complex in nature, is not specifically theorised in the Conversational Model. Mental health requires more than a simple movement from negative to positive evaluation. Because borderline personality disorder patients in trauma must confront the negative aspects of their lives, those who discuss only positive things could not be mentally healed. Ultimately, therefore, it is the ability to evaluate and to cope with a potentially altered and multifaceted worldview that is important.

Chapter 8 made a direct semantic mapping of Appraisal for the second Participant of relational clauses, showing distinct patterns in the overt evaluation of each of the text types. In Scripts patients evaluate self as negative Attributes, in Chronicles other people are negatively judged against social sanction for their impact on the ineffectual patient and in Narratives positive and negative evaluations co-exist.

An advantage of using Appraisal theory (with its category +/- normality) is that it enables a direct mapping of normality, which can then be aligned with the patient's perspectives of assessing life through 'normality' (see section 11.2.3). Rather than a more simplistic approach of assessing whether patients' lexis is positive or negative, Appraisal theory includes the balancing of negative and positive indicative of 'normal' human existence.

The application of Appraisal theory in the present study has suggested an extension of one of the categories, Appreciation, which in other contexts is restricted to things and ideas (White 1999). Yet, in this context, the study revealed that the category of Appreciation is used in the Appraisal of self for interpersonal reasons (see section 8.16). Thus the field of Appreciation is expanded from things and ideas to the notion of self. It may be necessary in future research to modify or extend categories to more accurately map the subtleties of Appreciation of something as personal as self, which is closely aligned to Judgement.

A full linguistic analysis of evaluation is central to this investigation of the tale of self and realised across all strata. It is more than an evaluation of the overtly judgemental lexis and includes the construction of evaluation as unfolding in an incident (Chronicles) or as an embedded deep belief system (Scripts). The longer that an evaluation of self is sustained and the more deeply engrained the evaluation is (as covert linguistic consistencies), the

more difficult change will be. Thus evaluation is also important at the context stratum where evaluation can be expressed as structural elements of the text types.

3. Context Analysis

The tensions between intimacy and institution in the Conversational Model (see chapters 2 and 9) were explained linguistically in a delicate mapping of the contexts of Scripts, Chronicles and Narratives, separated as a 'static canonical' context and a 'dynamic unfolding' context in chapter 9. The contextual differences showed that the tension and increased social distance were dominant features in Scripts, where breakdown of therapy may occur, and less dominant in Narratives, in which positive contextual breaches were shown to be psychotherapeutically beneficial in the unfolding texture of a session and where patients have hints of the intimacy that they desire, and therapists have hints of the spontaneous talk sought by them. So within a safe institutional environment when Tenor: [SOCIAL DISTANCE] goes from maximal to minimal distance (Hobson's 'irresponsible behaviour' in Meares 2001:760) the context fulfils both the participants' goals but remains within ethical requirements.

Therefore the paradox between institution and intimacy, which is insufficiently theorised in the Conversational Model, is explained and theorised by an existing multistratal linguistic model, specifically at the level of context. The careful systematic consideration of context provides linguistic evidence which makes overt a tension in the Conversational Model that can be now be taken back to the practitioners of the Conversational Model for their consideration. Here SFL gives the Conversational Model a reflective ability to discuss a central but underdeveloped area. The investigation also extends the SFL context networks to account for more delicate network choices, especially tenor, for example, [Narrative History] and [Frequency].

Chapter 10 determined that Scripts, Chronicles and Narratives have distinct generic structures. Chronicles follow the established storytelling genre, Exemplum, 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. The advantage of a description using non-storytelling genres is that it foregrounds the fact that

in therapy the 'social purposes' of the tales are multifaceted but are, overall, an argument about a worldview and its normality.

The different generic structures show the essence of the patients' different arguments about the normality of self in a way that is not theorised by the Conversational Model (see section 11.2.3 below) but which allows the testing of the reliability of the Conversational Model. In Chronicles, Exempla present an overall argument about normality which is construed as recent negative Incidents, where negative real people make life difficult for the patients. In Scripts, a negative embedded evaluation repeats itself as a proof for a negative argument of self, and in Narratives more open arguments about self are explored. The contribution of the three different argument structures to the complex tale of self is further discussed in section 11.3 below.

This section, 11.2.1, has shown how the contextual mapping and the distinct generic structure of Scripts, Chronicles and Narratives together with their syndromes of lexicogrammatical features, display a linguistic differentiation which may realise different clinical strategies in the development of self. The linguistic analysis thus supports Meares' clinical distinction of three text types.

11.2.2 Conversational Model Terms

Chapter 2 showed that the Conversational Model descriptions of Scripts, Chronicles and Narratives included the terms *linear* and *non-linear* (which themselves are also manifestations of Meares' descriptions of 'inner' and 'outer' speech, see section 2.5.8). Yet the model has not developed a linguistically defensible rationale for applying the dualism of *linear/ non-linear*.

Chapter 8 (section 8.2), however, summarised lexicogrammatical features which suggest that *linearity*, seen in Scripts and Chronicles, indicates an inability to encompass multiple perspectives, different outcomes, and therefore change. Current or recent events are realised in the grammar as inexorable patterns. In these texts one finds a sense of a world with a lack of options. In Chronicles, the grammatical duality of reported speech is typically without reflexivity and the modality is limited, allowing no opportunity for possible change. In Scripts, the inexorable conditions are realised as paratactically connected negative attributes, which suggests a singular line of existence, again without the potential for change. When a rare alternative and potentially positive viewpoint is introduced by the therapist to counter the persistent negativity, for example, the possibility

that a patient might be sleeping well, the patient is unable to accept the view and returns immediately to entrenched negative beliefs.

These two text types also suggest that the linear self has no borders, that is, the self is not defined as a separate character which can be defended as a domain (my rights, my desires) and, as a consequence, patients are externally oriented and impacted on by others' actions and desires, all of which give a monoview of an ineffectual self in a world where the potential for change is not represented.

In non-linear speech, on the other hand, borders are created because distinctions are made between the self and others. These distinctions lead to a multiplicity of views in the discourse. As a result, non-linear speech is closely associated with complexity in the Conversational Model (Meares 2000:128, see section 2.5.8) and it is primarily found in Narratives, where shifts between time frames and between points of evaluation, along with instances of internal dialogue, suggest a plurality of consciousness and demonstrate an interior and separate world, revealing a border to self. Time shifts, either to the past or future, allow new connections between events hitherto not linked, or between affective states not previously integrated. The distance and frequency of the time shifts, and the fact that they are mentalised through *I remember* rather than materialized through direct report of actions (as for Chronicles) create the new connections, thus supplying the potential for a new world view. Thus a degree of reflexivity is introduced, so that the tale becomes an ordering of the world rather than a retelling of events.

The linguistic descriptions above suggest that *non-linearity* (and therefore complexity) is the ability to hold multiple options and to manage uncertainty. This is seen as a sign of progress in the development of the self because improved mental states are reflected in language through a richer spectrum of mental representation, which includes the ability to accept, evaluate and interrelate with other people's views as well as one's own. In Narratives patients can remain with ambivalence, where ambivalence is more important than the positive appraisal, seen in the ambivalence marker, *weird* (see section 9.9).

Chapter 10 extended the linguistic investigation of linearity to generic structure. Scripts and Chronicles have univariate structures with repetition of the same functional contribution: in all aspects of a patient's talk there is only one semantic orientation, one perspective, and one anticipated contextual outcome. Non-linear Narratives, however, appear to involve an increased range of possibilities, from the lexicogrammar to the

multivariate generic structure. Patients can explore their arguments about normality and judge their plausibility against changing and uncertain conditions of evaluation. They can then come to new conclusions by making connections and analogies across time and experience. This preliminary investigation of *linear* and *non-linear* discourse raises further issues which are discussed in section 11.4.2.

11.2.3 Normal as a Patient Motif

Each lexicogrammatical chapter commenced with a patient citation about normality from the SCN Corpus: *I am not normal* in Scripts; *This is normal anyway* in Chronicles; and *I feel like one of them now* in Narratives. The patients' quest to determine what 'type' of person they are reveals their theory of self as variations of meanings pivoting around 'normality'; in contrast, therapists construe self as a theory of mental health. Independent of the Conversational Model, the patients' exploration of shifting values of 'normality' became apparent in this study as both a lexical motif and as covert grammatical and structural patterns, which realise different values of normality in different types of conversation. Normality is displayed in lexicogrammatical choices, in which the degree of effectuality of the Participants varies between the text types and is then negotiated in dialogue with therapists. Normality is also displayed as different structural patterns in the three text types with Scripts and Chronicles having a univariate representation of normality, and Narratives showing alternative argument structures in a wider range of genres.

11.3 COMPLEXITY

Chapter 2 introduced complexity as a term for both SFL and the Conversational Model (see section 2.5.12). This section discusses the linguistic realisation of complexity in this study, where self is described as a complex tale.

11.3.1 The Complex Interaction of Scripts, Chronicles and Narratives

Complexity in Scripts, Chronicles and Narratives has been shown across linguistic strata (which are themselves in complex relations with each other), demonstrating an alignment of linguistic choices in each text type. As patients' mental health improves an expanded repertoire of options of self can be expected. Thus there is an expectation of change in therapy, with Narratives representing a new value of self and demonstrating successful therapy. Yet the changes do not occur immediately or discretely; since all three text types can occur within a single session there is not necessarily a chronological progression from

Scripts and Chronicles to the more complex Narratives. While there is not a straightforward movement towards an improvement in mental health in one session, there is, however, a phasal movement of the sessions towards Narratives, which is discussed below.

The complex tale of self weaves the three texts types within and across therapy sessions. This section argues that all three text types together create a complex context that enables the growth of an expanded repertoire of self. Although the therapy goal is not to remain in Scripts or Chronicles, these texts have their role in the creation of a mentally well self because they co-occur with Narratives within a given session.

While Chronicles may be 'boring' to therapists, they are pivotal to therapy because they are not pre-constructed, that is, they do not have the evaluation and purpose of an autobiographical retelling. As stories of the recent past which present 'normality' without reinterpretation they have the potential to develop in one of two ways, either into negative Scripts or into positive Narratives.

A complex tale requires modification of Chronicles' meanings so they do not develop into the deeply internalised and persistent negative interpretations of life as Scripts, which would produce a circular relation to the tales told about self. That is, if negative Chronicles are told as instances to exemplify an underlying negative Script, then the Script's negative evaluative worldview in turn narrows the further selection of Chronicles which are told to exemplify the already entrenched evaluation. In such a way, further life episodes (instances in the system) are too easily added to reinforce the Script and thus fulfil the teleology of Scripts, that is, as indices of hopelessness. Once a Script becomes dominant, all texts work to reinforce the Script's negative evaluation.

The therapist's challenge in Chronicles is to create an alternative positive argument, that is, a positive and expanded vision of self in Narrative. When a Chronicle moves to a Narrative, the new Narrative can replace one negative instance of the system, until there are enough positive instances to create a pressure to develop a new and positive argument about self. This description of the bi-directional relationship of instance and system is understood linguistically as a register development, where the register is provisionally the "semantic self". The importance of the transition between text types suggests a focus for future research. Figure 11.1 illustrates the complex relationship.

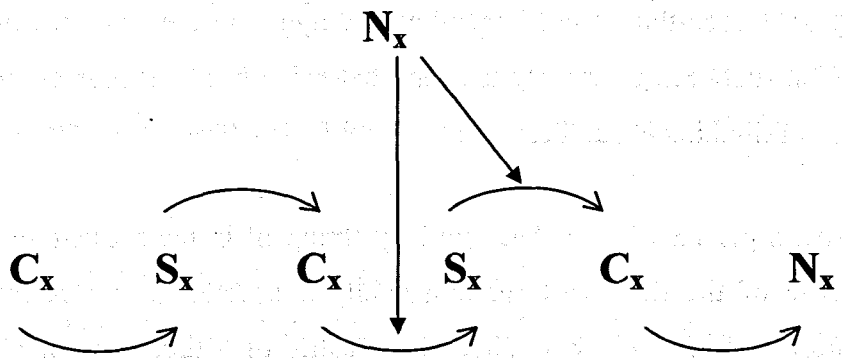


Figure 11.1 A Complex Tale
Key: C_x: Chronicle, S_x:Script, N_x:Narrative,

11.3.2 Other Text Types’ Contribution to Complexity

Chapter 10 suggested that the construction of self has a generic structure: {Script}[^]{Chronicle}[^] {Narrative} ^{other text types}. Section 11.3.1 above showed the interrelation of Scripts, Chronicles and Narratives in the overall shape of the complex tale of self. The sufficiency of three text types to represent the complex tale of self and the role of potential other text types are discussed as issues arising from the research (see section 11.4.3 below).

11.3.3 Linguistic Resources for Complexity

Complexity has been discussed throughout the linguistic analysis. This section summarises two of the key linguistic resources for achieving complexity: the grammatical ability to project a duality of consciousness and the generic ability to produce a multivariate text structure.

Duality of Consciousness

In the SCN Corpus the grammatical tools for introducing complex connections and new associations include the projection to a dualities of time, reality and association:

1. **Duality of Time:** The clauses of projection *I remember* and *I fantasize* expand the time spans of the discourse. This allows more associations and options for cause and effect, compared to the relentless grammar of reporting the recent past, so that speakers ‘may recall the memory in connection with associations different from those of a prior telling. Again, we may come up with a new interpretation’ (Chaika 2000:168).
2. **Duality of Reality:** The irrealis of Dreams allows alternative viewpoints because dreams are not bound by the everyday associations of the current universe.

3. **Duality of Association:** Metaphors allow duality because they increase the range of associations between previously unconnected experiences. It thus allows patients a new way of thinking about their lives.

Thus, in therapy, a person who has been initially 'trapped' in the present and recent past develops a sense of the deep past (grammatically connected to *I remember*) and an anticipated future (*I fantasise*) or an alternative reality of a dream or of association in metaphor. In this way the expanded tense or associative selection suggest a complexity to self, where the accumulation of time and evaluation are experienced at a current moment.

Generic Structure

Complexity was also seen in the generic structure, where the univariate structures of Scripts and Chronicles show limited complexity in their repetition of the same functional contribution. Narratives, with multivariate generic structures allow an increased range of possibilities to explore arguments about normality (see section 11.2.1 above). The use of multiple genres also shows an expanded semiotic repertoire.

11.4 FUTURE RESEARCH: ISSUES BEYOND SCRIPTS, CHRONICLES AND NARRATIVES

By necessity, a thesis has a restricted scope of study. In this study Scripts, Chronicles and Narratives have been the entry point to a potentially wide field of discussion. This section considers issues arising from the present research, that is: memory; two forms of human language; other text types in therapy sessions; the generic structure of the therapy contract; and the role of therapists in the complex tale, as potential for further research.

11.4.1 Memory

The linguistic construal of memory is a very broad topic. Chapter 2 introduced Meares' alternative taxonomy of talk as three types of memory: 'semantic' memory of habitual facts; 'episodic' memory which is a more primitive and earlier developed form of memory than autobiographical; and 'autobiographical' memory of episodes from one's own life (see section 2.5.10).

While this taxonomy was not further explored in this thesis, the thesis commenced an engagement with the linguistic construal of memory by investigating the lexicogrammatical resource for the introduction of memory into discourse, namely *I remember*. This initial finding suggests that syndromes of memory differ in Scripts, Chronicles and Narratives and that further study could determine the linguistic realisation

of Meares' memory terms. It would then be possible to determine the correlations between categorising psychiatric discourse as three types of memory and, as was done here, categorising psychiatric discourse as three types of text, namely, Scripts, Chronicles and Narratives.

11.4.2 Two Forms of Human Language

Chapter 2 also showed Meares' third taxonomy of psychotherapy discourse, that is, two forms of human language, internal and external (see section 2.5.8). This study did not directly engage with this taxonomy, but a preliminary investigation of the key descriptors, *linear* (associated with internal speech) and *non-linear* (associated with external speech), was conducted and summarised in section 11.2.2 above. The section suggested that there were further issues arising from the descriptions of *linear* and *non-linear*.

The application of *linear* to Scripts and Chronicles and *non-linear* to Narrative is not as clear-cut as it may first appear, for two reasons. First, there is the problem of directly mapping a two category system (*linear* and *non-linear*) onto a three category system (Scripts, Chronicles and Narratives). This immediately raises the question of whether *linear* is the same in both Scripts and Chronicles or whether further distinctions are required.

Second, Meares describes a linear progression to mental health in Narratives, while expecting Narratives to be non-linear. This apparent contradiction needs further investigation to explore the distinction between *linear/non-linear* and to further differentiate the progress of Narratives which co-occur with non-linearity. This could be addressed in a longitudinal study of individual patients.

11.4.3 The Complex Tale of a Therapy Session

Section 11.3.2 above proposed that the generic construction of self potentially includes a stage of {other text types}. It is beyond the scope of this thesis to determine the generic structure of sessions but the question of other text types is an important next stage of the interaction between linguistics and the Conversational Model. Does the Conversational Model lose power by only theorising three text types?¹⁰⁹ As a preliminary to a future necessary discussion for the Conversational Model, this section now considers other text types of a therapy session and their contribution to the complex tale of self.

¹⁰⁹ The Conversational Model acknowledges there are multiple text types which it has not theorised. 'In the clinical situation, we are confronted with many different forms of conversation. 'The tripartite classification I have given has a heuristic value. It gives us a way of thinking about the storying that is going on.' (Meares 1998:888, my underline).

As an initial approach to a range of possible text types, table 11.2 proposes a list of text types available within therapy, selected from the overall BPD Corpus.

Text Type	Description	Self	Examples from BPD Corpus
1. The Business of Therapy	Regulatory discussion of therapy, making appointments etc (akin to a teacher in a classroom)	Self as object of therapy	Patricia texts
2. Prescript	The patient has difficulty contributing to the discourse Long silences	Limited speech	<i>I can't remember</i> text
3. Script	Repetition of evaluation not connected to an incident	Self focused	Script corpus
4. Chronicle	Recent events with external topic focus	Others impact on patients' self	Chronicle corpus
5. Narrative	Patients and Therapists co-create an inner world without metatextual discussion	Self as memory, imagination, dream or metaphor	Narrative corpus
6. The Subject of Therapy	The topics are the sessions and patient progress	Self as ambivalence	Fiona texts
7. Articulations	Insight texts provide the metatext of the narrative	Self as separate and understood	Fiona texts

Table 11.2 Other Text Types in Therapy

Table 11.2 suggests text types in addition to Scripts, Chronicles and Narratives for further exploration. The new text types are presented in order of the table.

1. The Business of therapy represents the texts of the early sessions which focus on the organisational aspects of therapy. Some patients appear to be 'stuck' in this phase.

2. Prescripts have long periods of silence where it is very difficult for the therapist to engage in any conversation.

6. The subject of therapy is a text types that, as a shared history of therapy develops, creates cohesive links between therapy sessions.

7. Articulations are text types where patients discuss the progress of their therapy and show metatextual insight into self. In these texts patients can construe themselves as a person with a border, that is, with an independent sense of self.

Clearly, an investigation of these extra text types would simultaneously be a refinement of the categories of Scripts, Chronicles and Narratives themselves and an exploration of the fundamental question of the other text types needed for a complete description of the Conversational Model. A further question applies to the Narrative classification. In this

thesis there were sub-classifications of Narratives, which suggests there may be a need for a more delicate division. Alternatively, the Narrative classification itself may need to be expanded to include the associations and reflections that occur at breakthrough moments in the therapy.

A consideration of text types also requires further theorising about the borders of the different text types and the features of transition points, for example whether a text type ends as a natural consequence of the generic structure or as an abrupt fallout due to a psychological inability to continue.

The questions of this section are raised, not to be answered here, but to show that there are still interesting issues for the Conversational Model on which further linguistic investigation could illuminate.

11.4.4 The Generic Structure of a Therapy Contract

It will also be interesting to investigate the generic structure of therapy sessions within the two year therapy contract. A consideration of early and late sessions in therapy may reveal that time into therapy is itself a measure of the potential of the valued Narrative. An investigation of the generic structure of the overall therapy can provide insight into the ontogenesis of self in therapy.

11.4.5 The Complex Role of the Therapist

In this study of Scripts, Chronicles and Narratives the focus has been on the development of self in language for patients as the principal creators of three types of conversation. Yet the role of therapists was also shown to be an integral and important variable for the creation of each text type, from therapists' restricted contributions in Scripts and Chronicles to their intimate co-creation in Narratives. With patients, therapists create another system of complexity.

The Conversational Model acknowledges that therapists can be 'primed' into a Script by a patient (Meares 2000:110). In Chronicles they need to change from 'acting in a way which seems natural in the face of a boring conversation' to 'moving within it' (Meares 2000:124). In Narratives 'The therapist's apparently simple remarks can be seen as triggers of complexity.' (Meares 2000:124). There is clearly potential across the SCN Corpus for a close linguistic inspection of the therapist role and alignment with the clinical Conversational Model descriptions.

A potential difficulty for the Conversational Model is that Scripts, Chronicles and Narratives are assumed to be achievable by patients even when they are not role modelled, especially in the case of 'reverie'¹¹⁰, for which no direct access to inner thoughts is available. There are rare exceptions, for example, *N1: Rain and Bunny Memory* where, in a contextual breach, the therapist models the desired talk and the patient then copies the therapist's model. Similarly in *S2: I am being selfish* negative patient talk is successfully challenged, thus creating the contextual environment that allows a Narrative later in the session. However, because these are rare instances there must be other subtle changes that are achieved without textual modelling by therapists because patients do achieve the desired talk. This suggests that a close linguistic consideration of the role of the therapist at critical transition points can also provide benefits for therapy, as it describes how therapists actually scaffold (see section 2.6.1) patients into new meanings and therefore into the text type most closely associated with improved mental health. In particular it is important to study how a therapist can contribute to the increased reflexivity of the patient within a conversation, especially in such one-sided discourse.

In turn this raises more general research questions as to how adults learn. If children learn by exposure to a repertoire of genres how do these adults, whose childhood development was interrupted, actually learn to talk in an expanded repertoire that is not directly role modelled? This psychiatric setting provides a site to study the expansion of semiotic repertoires in adults, for whom the starting point is clinically of 'no self reflexivity' and 'persistently unstable self-image' (DSM IV).

In particular, as these patients are trying to determine their identity the topic is self and the skill is reflexivity. This suggests a suitable site for studying for how the interpersonal is scaffolded. Further research could investigate, in the first instance, whether the development of the interpersonal metafunction in adults parallels scaffolding of the experiential metafunction, described in the ontogenesis for children (Painter 1996, Halliday 1979, Hasan 1996) and the educational institution (Rothery 1994). The findings can then contribute to the more general questions of how people find out what they believe and then evaluate it, and the particular role of spoken language in the creation and maintenance of self across changing conditions.

¹¹⁰ A descriptor of Narrative, see section 2.5.5.

11.5 FUTURE RESEARCH: ISSUES FOR THE CONVERSATIONAL MODEL AND SFL

By a thorough and detailed description of Scripts, Chronicles and Narratives and a preliminary engagement with the other descriptor terms in the Conversational Model, this thesis has already raised issues for both the Conversational Model and SFL. These issues are not criticisms of either theory but a necessary extension of practice and theory, which suggests a basis for future research.

11.5.1 The Conversational Model

The complex features of the broader BPD Corpus can be further investigated to test the reliability and validity of the Scripts, Chronicles and Narratives descriptive profile, which can then be developed by therapists as semantic clarification. In this way the linguistic description of the SCN Corpus will be of use to the wider BPD Corpus and to the theorists to examine their clinical experience. From the larger corpus it is also possible to study individual patients across sessions to describe more closely the ontogenesis of self in therapy.

This would allow an expansion of clinical descriptions and discussion with the Conversational Model about other text types, both the number required to adequately describe the therapy and their recognition criteria as separate linguistic syndromes. This will aid the development of the Conversational Model linguistic criteria as part of their outcome measures and provide a reproducible description to train the next generation of therapists.

11.5.2 SFL

This study suggests that further study of psychotherapeutic language can extend the areas of SFL description, in particular in: the 'Appraisal of personality'; the classification of mental processes and their role in the duality of consciousness and memory; the expansion of the description of therapeutically significant process types close to experiential boundaries, for example, *to feel*; the description of the role of direct speech in evaluation; the generic description of spoken argument texts and the expansion of context networks.

11.6 CONCLUSION

This thesis has introduced the study of self as a linguistic investigation within the context of psychotherapy, with a specific focus on three types of conversation as different representations of self. The tale of self has been investigated through a complex weaving of three perspectives: (i) the linguist's perspective of self as multistratal linguistic

syndromes of features which realise 'experience as the reality we construe for ourselves' (Halliday and Matthiessen 1999:3); (ii) the therapists' perspective of self as three types of conversation; and (iii) the patients' perspective of self as a testing of a theory of normality.

This systemic functional study has shown that the Conversational Model's three conversational types were realised linguistically as consistently distinguishable text types, demonstrating that self can be studied as a syndrome of meanings, where wordings and grammar are the index for studying the emergence and maintenance of self. The study further situated key terms of the Conversational Model in a linguistic description, which shows that these psychotherapeutic terms can be defended theoretically on the basis of linguistic evidence.

The semantic characteristics of the three conversational types constitute a guide to the complex tale of self with respect to patients with borderline personality disorder. When these characteristics are turned into a map of the meaning potential, they provide a perspective on the semiotic repertoire that patients take up as they improve in their mental health. This study has shown that the subtle linguistic differences which distinguish one text type from another are sufficient to be of linguistic and psychiatric benefit. In particular, the linguistic recognition criteria pertaining to the structural elements of these separate text types and the features of successful therapeutic discourse will be beneficial in training new therapists in the Conversational Model.

This thesis is an important stage in a cyclic engagement between a linguistic theory and a psychotherapy theory, a complex cycle which simultaneously impacts on the theory of therapy, the practice of therapy, and the theory and application of linguistics. This SFL investigation of the Conversational Model establishes an opportunity to extend the dialogue between linguists and practitioners of the Conversational Model, in which the tools of one group increase the reflective capabilities of the other.

When the present investigation is completed, the complex features of the broader BPD Corpus will be further investigated to test the reliability and validity of the description through a linguistic profile, which can then be developed by the therapist as semantic clarification¹¹¹. Thus the findings of this present study provide an essential basis for a larger corpus study with a wider range of language features in the complex context of psychotherapy.

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