

DISCOURSE ANALYSIS OF INTERVIEWS  
WITH MANIC PATIENTS

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ABSTRACT

This thesis analyses the discourse of two manic patients, interviewed at an acute stage of their illness. The analysis has two aims: to begin a comprehensive analysis of manic discourse, a task which has not been undertaken in other work; and to describe and refine a methodology suited to the purpose of analysing discourse taken from unstructured interviews with psychotic patients.

The aims of this study are set in the context of broader aims for research in the area of language and psychopathology. A selective review of the relevant literature is given. This is followed by a brief overview of those disciplines from which concepts informing the analysis have been drawn. These disciplines include pragmatics, social psychology and sociolinguistics, psycholinguistics, and linguistics and semiotics.

The analysis is divided into two parts; micro-analysis and macro-analysis. The micro-analysis consists of tone-unit analysis, which examines the process by which the speaker segments utterances into message blocks; and cohesion analysis, which examines the way in which words are selected, and combined to form cohesive utterances. The macro-analysis includes exchange structure analysis, an examination of the interchanges between patient and interviewer; and analysis of topic structure. This addresses itself to the movement from one topic to another as well as to the well-formedness of single topic sequences.

The thesis concludes with an appraisal of the findings, an evaluation of the methodology and suggestions for further research.

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CONVENTIONS USED IN THE TRANSCRIPTIONS AND QUOTATIONS OF DISCOURSE

- / / : single slashes mark tone-unit boundaries
- (... ) : single brackets mark parts of the taped discourse not included in the written text or transcription
- ((...)) : double brackets mark those parts of the taped discourse which are inaudible
- italics* : words in italics mark patient and interviewer utterances which overlap
- ... : three dots indicate a perceptible pause in the discourse of one speaker. This convention is not used to mark pauses between one speaker and another
- hesit- : a dash marks an interruption of a word or phrase not accompanied by a pause
- TONic : prominent (stressed) syllables, where marked, are capitalised. The tonic syllable is underlined.
- (LAUGHS) : paralinguistic phenomena, such as gestures, laughing and coughing; and nonverbal events, such as moving away from the tape-recorder, are described within brackets, in capital letters

No other forms of punctuation are used in the transcription.

Note: All identifying data, including names of hospitals, have been deleted from the transcriptions, for the protection of those involved.

GLOSSARY OF TERMS USED IN THE ANALYSIS

In the text of the thesis glossed words are marked with an asterisk

- acknowledge: an act indicating the speaker has heard and understood the import of a preceding act (see act)
- act: smallest unit of analysis in an exchange. There are informing, eliciting, replying, accusing, excusing acts (see illocutionary act; perlocutionary act; move)
- adjacency pair: paired utterances (such as accuse-excuse) which regularly occur together in conversation
- autistic: discourse is considered autistic when it addresses no audience other than the self (see s-elicite, s-informs)
- autonomous: discourse is considered autonomous when its referents presume no extra-textual information (see nonphoric)
- challenge: challenging moves hold up the progression of a topic, or the pursuit of a new topic, usually by calling the listener to account in some way. An accusing act is an example
- clang associations: word associations determined by sound, e.g. rhyming, alliteration, punning
- cloze procedure: a means of estimating the predictability of speech. Readers are asked to predict words deleted from a text
- coherence: the extent to which discourse is intelligible to an audience
- cohesion: ties between clauses and sentences which create texts, or give discourse texture. Cohesive texts can be demonstrated to be nonrandom in their structure

- comment: an act which comments on the content of previous acts.  
In opposition to metastates on the form or structure of previous acts
- defeasibility: a concept referring to communicative nonsuccess resulting from speaker/hearer loss of concentration, distractibility, selective attention arising from a priori judgments, etc.
- deletion: the removal of redundant words from a sentence. These words are replaced with a marker such as "one", or "too", e.g. "I'm going to have a cigarette. Would you like one?"
- derailment: a process in discourse in which an uncompleted topic gives way to another obliquely-related one
- dispreferred turn: the second of a pair of turns, which is structurally more complex than its preferred alternative. Also referred to as marked. A dispreferred turn, e.g. refusal of a request, is marked (made structurally complex) by hesitation phenomena, markers, prefaces, etc
- elicit: an act which usually takes the form of a question. It is a request for a verbal response
- ellipsis: the removal of redundant information from a sentence. This differs from deletion in that the deleted words are not replaced with a marker, e.g. "she's going, but I'm not  $\emptyset$ "
- enclitic: unstressed syllables following the tonic syllable in a tone-unit
- endophoric: referents presuming information provided by the text

- exchange: a series of acts and moves, realised by verbal interchange between at least two speakers, the boundaries of which are marked by framing, focussing or opening moves
- exophoric: referents presuming information not available in the text
- expansion: a process of discourse analysis which expands a text to include the illocutionary and perlocutionary force of speech acts, as well as the acts themselves
- flight of ideas: a phenomenon occurring when speech is pressured. There are abrupt changes of topic, based on recoverable associations
- focussing move: moves the purpose of which is to clarify the opening moves which are to follow and which make an appropriate response from the listener more likely to occur, e.g. in the series: "so you came in yesterday. Tell me about that". "You came in yesterday" is a focussing move, making an appropriate response to the following question more likely
- framing move: realised linguistically by markers such as "so", "well", "OK", pauses, etc. They often precede a focussing move and usually mark an exchange boundary. In the sentence "so you came in yesterday", "so" is a marker (act) and a framing move
- given information: information treated by the speaker as recoverable by the hearer, either from the preceding text, or from the environment

- illocutionary act: a speech act which makes a statement, offer, promise, etc. by virtue of the meaning of the words (force) used by the speaker
- implicature: what is implicated in a statement, as opposed to what is simply said, e.g. in the pair of statements:  
"Where's John?" "There's smoke in the bathroom".  
John's whereabouts is implicated but not explicitly stated
- intra-sentential: internal to the sentence
- lexis: corpus of words. Hence lexical analysis is the analysis pertaining to words and their use in discourse
- lexical leakage: term referring to the appearance in discourse of words, associated with emotionally-charged topics, such as cancer or death, in otherwise innocuous contexts, e.g. a patient with cancer uses the metaphor "I caught my death of cold" in the context of discussing her last holiday
- marked: a linguistic form structurally more complex than a preferred alternative (see dispreferred turn)
- marker: an act realised by words such as "so" and "well"  
(see framing move; exchange; focussing move)
- metastatements: statements referring to the discourse itself or the discourse situation. Also called metacommentary, "talk-about-talk"

- move: constituted by acts of exchange force. Moves may be challenging, supporting, framing and focussing, opening
- new information: information not presumed by the speaker to be available to the listener
- nonphoric: referents not presuming information (see autonomous; phoricity; new information)
- opening move: a move which begins a new topic, often marked by frames/focussing moves; obligatory nonphoric referents
- paradigmatic: referring to the axis of selection. Stands in contrast to the axis of combination, the syntagm (see syntagmatic)
- perlocutionary force: the effect on the audience of an illocutionary act
- perseveration: repetition of words, e.g. Jackie, Jackie, Jackie, Jackie, or let's write it down, let's write it down, let's write it down
- phoricity: pertaining to discourse referents
- pre-sequences: terms which ushers in and anticipates a sequence, e.g. "Are you going out tonight?" is a pre-request, ushering in (and anticipating) a request (to visit, to babysit, etc. See project)
- pressure of speech: rate of speaking which exceeds 150 words per minute
- proclitic: unstressed syllables preceding the first stressed syllable of the tonic segment of a tone-unit (see tonic syllable; tonic segment; tone-unit)

- project: a process whereby speakers anticipate (plan forward) conversational sequences (see pre-sequences).
- move.
- prominence: those syllables in tone-units which are stressed by means of pitch or key changes.
- redundancy: information which is given and can therefore be deleted from the utterance
- reference/referents: a linguistic item marking relatedness between items in texts, and texts and context. Reference encodes information about relationships between items.
- s-elicit/s-inform: questions, comments (classed as acts) directed at self only (see autistic)
- supporting move: a series of acts, following an opening move, which are thematically and/or lexically cohesive
- syntagmatic: referring to the axis of combination in language. Hence the syntagm is a combination of words. Stands in opposition to the paradigm, a collection of related lexical items/syntactic strategies from which the syntagm is chosen
- tangentiality: replying to a question in an oblique or irrelevant way
- text/texture: a text is a sequence of utterances forming a unified (cohesive) whole. The discourse, if cohesive, is said to have texture (see well-formedness)
- tonic segment: the part of a tone-unit, usually beginning with the first prominent syllable, which contains, and is ended by, the tonic (only or second) syllable. In some cases the tonic segment begins with unstressed syllables. In

these cases the boundary is marked by clause boundaries,  
(see enclitic, proclitic, tonic syllable)

tonic syllable: the only or second stressed syllable in the tone-unit

tone-unit: a unit of spoken discourse the boundaries of which are marked by pauses, or by the internal structure (prominent syllables) of the unit

topic: a set of utterances on a single subject

utterance: a unit of spoken discourse, often co-inciding with a tone-unit, but bearing stronger relation to its written equivalent, a sentence

well-formedness: refers both to single utterances and to whole texts. A well-formed utterance is syntactically correct and lexically appropriate. A well-formed topic structure is cohesive (unified) and can be demonstrated to be nonrandom

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## CHAPTER ONE : The background to this study

### 1.1 Introduction

This thesis deals with the analysis of the discourse of two manic patients. The purpose of this chapter is to provide a context for the analysis. Following a brief consideration of the aims for the study of language in psychiatric settings, two major areas will be considered. The first is a selective review of existing studies on language and psychopathology, with particular reference to manic language. The second presents general features of comprehensive discourse analysis of language taken from therapeutic and informal conversational settings.

### 1.2 The study of language in psychiatric settings

Reiber and Jaffe, introducing a recent collection of papers on psycholinguistics and mental health (Reiber, 1980) suggest that

there is heuristic value in the scientific study of the psychology of language and thought, the eventual outcome of which will be improved diagnosis, prognosis, and treatment of mental illness (Reiber and Jaffe, 1980, p.3).

They go on to point out that verbal interaction is an indispensable part of psychiatric history-taking and that most psychotherapy is language-mediated (ibid., p.4). Thus, language is an integral part of psychiatric diagnosis; it is often a primary tool for intervention; and forms the means by which change in patients' psychiatric status is evaluated. Reiber and Jaffe also stress that "regardless of aetiology, all mental illness ultimately involves a disorder of communication" (ibid., p.7). Such disorders are of a primary kind (such as schizophrenic thought disorder or aphasia which directly affect spoken

discourse), or secondary, in the sense that spoken discourse is not disrupted, but symptoms (such as an hysterical conversion) allude to that which cannot be spoken. It is for these reasons that the study of discourse is directly pertinent to evolving psychiatric practices.

Despite its relevance to psychiatry, detailed analysis of the discourse of psychiatric patients has seldom been undertaken, and in some areas (for example, manic discourse) even basic descriptions are lacking (Durbin and Martin, 1977, p.211). In Rochester's (1980) discussion of discourse failures in schizophrenia, several factors impeding the progress of thorough linguistic analysis of schizophrenic speech are explored: (1) There has been a tendency to assume that disordered speech and disordered thought are isomorphic. Patients are said to be "thought disordered"; and the use of this term alone is a major factor in de-emphasizing the need to examine the speech of "thought disordered" patients. Similarly, clinicians routinely do a "*mental* state examination" to determine the form, flow and content of *thought*, not of speech. (2) It is commonly assumed in psychiatric settings that incoherent speech results from the patient's incoherent thought and that incoherent thought results from a mental illness, such as schizophrenia. This double inference has led researchers to focus on cognitive and perceptual processes underlying schizophrenia, which bypasses examination of language altogether in many instances (Rochester, 1980, p.56).

Rochester points out that it would be:

...just as appropriate to study what it is about the listener that makes him or her "confusable" as it is to study what it is about the speaker that makes him or her "confusing" (ibid., p.13).

The fact that the role of the listener has not been taken into account in any systematic way in the analysis of schizophrenic thought disorder is the result of the extent to which schizophrenic speech is (a) decontextualised, regarded as unrelated to setting and audience; and (b) considered to be transparent, a window onto thought. (3) The decontextualisation of utterances has affected discourse research in another way. Those studies which do focus on language, rather than cognition (for example) have frequently examined single sentences or parts of sentences. Subsequent analysis of the data, often drawing on statistical treatment, is done in the absence of explicit linguistic theory (ibid., p.19).

Chomskyan psycholinguistics compounded the problem by focussing attention on what happens within sentences, rather than on whole communicative events. Rochester suggests that

the lack of promising theoretical models is related to the lack of broadly based, systematic observations. In the absence of a theory of language use, it seems, observations are constrained. And in the absence of adequate data, fruitful theories are not developed (ibid.).

Prutting and Kirschner, referring to discourse analysis in general, point out the danger of destroying "the integrity of the behaviours under study" by using units of analysis which are too fine (1983, p.43). They also suggest that "the analysis should not be so extensive that major trends or patterns are lost". The patterns identified will depend on the nature of the theory informing the analysis. The absence of an adequate theory of language use in conjunction with a tendency to analyse

the data below the level of its integrity has resulted in studies which consistently fail to assist either in the description or diagnosis of psychiatric syndromes. It is not surprising therefore that "the scientific study of language and communication has had little impact upon psychiatry" (Reiber and Jaffe, 1980, p.7).

In summary then, it can be said that although the study of language and language use seems to be of central importance in psychiatric practice, much of the research done in the field so far - with notable exceptions - has failed to demonstrate that importance clearly, because of the conflation of language with thought, the tendency to de-contextualise, to analyse data below its level of integrity and because research has often not been located within a coherent theory of language use.

In the light of this it is possible to formulate some general aims for discourse analysis in psychiatric research:

- (1) Comprehensive analysis of discourse occurring in psychiatric settings needs to be undertaken. Until this is done, attempts to compare language across syndromes, to compare pathological with normal discourse, and to make inferences about cognition are premature.
- (2) Comprehensive discourse analysis includes adequate consideration of context and audience. A major aim of research in this area is therefore to consider the role played by the listener in discourse failures traditionally attributed solely to the patient.
- (3) Ideally analyses should parallel those increasingly being done on normal discourse. Once a sufficiently broad data base has been established, comparisons between the normal

and the pathological will be useful in helping to differentiate between discourse failures attributable to a psychiatric syndrome and those often occurring in normal discourse. Further, it can be assumed that in the ongoing process of defining rules governing normal language use, data relating to rule-breaking are relevant and useful.

- (4) The comprehensive discourse analyses described above should be located within an explicit theory of language capable of interpreting and integrating data from micro- and macro-analysis.

The literature review that follows should be seen in the context of these aims. It will be followed by a brief consideration of those disciplines which routinely employ comprehensive discourse analysis as a methodology.

### 1.3 Clinical descriptions of manic discourse

An early description of manic discourse was given by Kraepelin:

The easily stimulated ideas of the movements of speech gain too great an influence over the flow of the train of thought while the relations of the contents of the ideas pass more into the background. In the higher grades ... combinations of words, corresponding sounds and rhymes, usurp more and more the place of the substantive connection of ideas (quoted in Durbin and Martin, 1977, p.211).

This describes *flight of ideas*,\* and *clang associations*,\* *rhyming and punning*, which are considered a distinctive feature of, but not pathognomonic to manic speech. Flight of ideas is considered to result from racing thought which is evidenced by *pressure of speech*.\* Andreason (1979, p.1318) considers a speech rate of over 150 words per minute as pressured. Mayer-Gross, Slater and Roth give this description, which is substantially no different from those in other psychiatric texts, such as Freedman, Kaplan and Sadock (1976, p.504) and Carpenter and Stephens (1980, p.9):

The *stream of thought* is more rapid than normal or is at least so experienced by the patient. The output of talk is incessant and shows the characteristic "flight of ideas", i.e. talk and thought are controlled less by sequence of meaning than by casual associations: similarity of sounds and words, rhyming, punning, and all sorts of word-play, as well as by associations from every sort of object in the environment, which readily engage the patient's distractible attention (Mayer-Gross, Slater and Roth, 1977, p.212).

Sherman quotes this example of rhyming: "...and they are all very fine girls - girls, curls, furls, isn't that funny?" (1938, p.637).

Andreason gives this example of punning (clang association): "I'm trying to make sense out of sense. I'm not making *sense/cents* any more. I have to make dollars" (1979, p.1320). Incoherence in manic discourse is explained by many authors as resulting from

- (1) the rate of speech or "thought" - it is assumed that in their haste, manic patients sometimes leave out necessary connections between ideas, but that their discourse is inherently logical and coherent

and

- (2) a predilection for choosing words not because of their meaning but because of their sounds. The latter is "understandable organization", whereas schizophrenic discourse has a "lack of logical or understandable organization" (Freedman et al., 1976, p.505; cf Eisenson, 1938, p.173; Fish, 1974, p.35).

Two important points emerge from the clinical descriptions of manic discourse:

- (1) Clinically observed phenomena have not been defined rigorously by means of formal linguistic analysis. This leads to a proliferation of and confusion about terms. An example of this is overlapping use of the terms: clang associations, rhyming, punning.
- (2) No distinction is made between "thought" or "ideas" and speech, which are assumed to be isomorphic.

#### 1.4 Research findings : quantitative analysis

An early study of manic discourse was that of Newman and Mather (1938), who note the lack of exactness in clinical descriptions. They analyse the discourse of 40 patients with affective disorders in terms of articulatory movements, pitch, emphatic accent, tempo, resonance, vocabulary and phrasing, syntax, response (e.g. response initiation, relevance) and accessory vocal activity (e.g. sighing, yawning). They construct one typical profile from their findings. Their analysis is an example of the destruction of the integrity of the behaviours under study. To know that their manic patients showed "vigorous" articulatory

movements or pharyngeal resonance is not useful because it is decontextualised, fragmented information which has significance only when systematically related to particular words in specific contexts. Lorenz and Cobb's (1952, 1953) studies, relying on word counts of parts of speech are similarly problematic.

Andreason and Pfohl (1976) examine lexical diversity, syntactical complexity and syntactical elements. They also do a content analysis to see if manics would use more words to do with strength and achievement than the depressives with whom they were being compared. Their methodology relies completely on statistical analysis: thus lexical diversity is measured by a type-token ratio; syntax is analysed by counting numbers of compound, complex and simple sentences; there is also a count of numbers of adverbs, adjectives and so on. The results are inconclusive. The content analysis, and the analysis of syntactic elements discriminated between manic and depressive subjects; the other measures did not. As with the work of Newman and Mather, and Lorenz and Cobb, their findings, regardless of statistical significance, are of unclear value in that they are severed from a meaningful context.

The findings of analyses such as the ones described above led Vetter to conclude that "there is little evidence of gross pathology or disorganization at the level of structural elements" in the language of manic patients (1969, p.139). His description of manic discourse relies on the Newman and Mather (1938) study.

The reductive nature of quantitative studies divorces research findings from clinical experience and observation. Rochester's comment that 40 years of research into schizophrenic thought disorder has had "no effect on clinical practice" (1980, p.61) applies equally to the quantitative research on manic discourse.

1.5 Research findings : qualitative studies

A seldom quoted study is that of Lorenz (1953). She does a detailed qualitative analysis of language used by 10 manic or hypomanic patients. She notes that "the pattern of any language appears incomplete unless one has some idea of the purpose for which it is used and the role it plays" (p.25). For this reason, a considerable proportion of the analysis is concerned with "intentions, attitudes, and expressive behaviour involved in communication" (p.15). She labels this "pragmatics", an early use of the term. A significant aspect of her pragmatic analysis is consideration of the relationship between the patient and the interviewer: it is this in particular which helps to bridge the gap between clinical observation and research findings. In her examination of logical consistency for example, she begins to locate in exact syntactic terms the phenomenon "flight of ideas". This would not be possible in a quantitative analysis of syntax. Her observations therefore are directly pertinent to clinical practice, and present interesting possibilities for further research.

Another feature of Lorenz's work is that she notes the number of proper names and dates in the discourse of her patients. The hesitant manner in which they are said suggests to her that these are facts sometimes experienced as elusive to the speaker. She notes hesitancy and uncertainty about broader topics usually unnoticed because of the rapidity of the speech and gives the example: "And uh I've lost the thread of my discourse" (pp.17-18). These observations give an indication of how racing thoughts might subjectively be experienced by patients. Orientation and biographical data may seem elusive because thought is experienced as fast-moving and uncontrolled. Hesitancy

suggests that manic patients, while experiencing the need to talk, are not always sure of what to say, and moreover, are sometimes *aware* of losing track. In other words, they seem sometimes to be experiencing the phenomenon known clinically as "flight of ideas".

Exploration of these phenomena would be likely to shed light on the relationship between objective observation and subjective experience of pressured speech, and possibly on the connection between language and thought. Both of these, as Lerner (1980) points out, are under-researched areas. Lorenz's work suggests other interesting foci for further research as well.

Another qualitative study, with narrower scope, and one which does not refer to the Lorenz study, is that of Durbin and Martin (1977). In an examination of syntactic aspects of the discourse of six manic patients, they found basic syntax to be intact. However, they found that manic patients tend to delete\* too much information from their discourse, a process which affects "meaningful progression of thought" (p.217). Their analysis is based on a Chomskyan model of syntax, designed primarily to deal with structures within single sentences and spoken by single speakers. When they refer to deletion, they refer specifically to that which is deleted from the surface structure of a sentence and either is, or is not, recoverable from the deep structure, depending on the placement of markers which "stand in for" deleted information. An example they give of over-deletion is the following sentence:

The only problem is the one we're solving now, is the  
passing them on to a recorder (p.214).

Because of the failure to look at sequences of sentences in their context and their reliance on a deep/surface structure model of syntax, Durbin and Martin's work does not do justice to the complexity of the discourse they cite.

In a model of language which takes context into account, much of the deleted material, which Durbin and Martin regard as not recoverable, would be accessible. In the above utterance, the patient possibly refers to the interviewer being able to solve his problems by using the tape-recorder, but this doesn't help the patient with his. The utterance, stated in the form of a riddle can then be understood as a statement, paranoid in tone, about the relationship between interviewer and patient.

#### 1.6 The thought-disorder debate, and its effect on the study of manic discourse

The language of schizophrenia has been the focus of a great deal of research, partly as a result of efforts to characterize and explain formal thought disorder. This has recently influenced studies of manic discourse and will therefore be selectively reviewed here. (For a more comprehensive discussion, see Rochester, 1980).

In the literature, formal thought disorder is seldom rigorously defined. The DSM III (1980, p.359) glosses it as "a disturbance in the form of thought as distinguished from the content of thought". This disturbance results in loosening of associations, incoherence, poverty of content of speech, neologisms, perseveration,\* blocking, echolalia and clanging. The DSM III points out that "the boundaries of the concept are not clear". The literature reviewed below shares no common definition of thought disorder.

The quantity of research in this area is matched by the variety of variables studied, ranging from analysis of temporal patterns (Clemmer, 1980); acoustic analysis of "flatness" (Andreason et al, 1981); examination of pitch (Leff and Abberton, 1981); discrimination between "acceptable" and "unacceptable" sentences (Miller and Phelan, 1980); and ability of thought-disordered subjects to give an adequate account of how to make a good cup of tea (Griggs and Green, 1983).

The most comprehensive recent analysis of schizophrenic discourse is that of Rochester and Martin (1979). Analysing cohesion\* and reference\* in thought disordered and non-thought disordered speech, they found, across a series of different contexts, a tendency in thought disordered patients to rely on lexical\* cohesion (repetition of words) rather than other cohesive ties (such as conjunctions). They also found that all schizophrenics tend to make ambiguous or unclear reference to context; and this accounts partly for the inaccessibility of their speech to the listener. Their work has 4 important features: (1) it examines series of utterances\* of each patient, as opposed to parts of utterances. (2) it is meticulous in its examination of context (3) it examines discourse from a variety of discourse situations and (4) it considers the role played by the hearer\* in communicative nonsuccess. In arguing cogently against research which focusses on decontextualised fragments of speech, and in presenting an alternative methodology, they have shed light on the nature of "thought disorder" and have suggested possible reasons why earlier studies in the area have produced contradictory results, of little relevance to the diagnosis or treatment of schizophrenia. Their methodology has some important limitations, which will be detailed in Chapter Four. Despite these, their work has been very influential in the continuing study of formal thought disorder, and in the general area of language and psychopathology.

The relevance of this and other studies of schizophrenic discourse becomes apparent in the work of Andreason (1979 a & b). Using a rating scale devised for the purpose, she assesses thought, language and communication in manic, depressed and schizophrenic patients, and finds that formal thought disorder, which she defines rigorously in terms of linguistic and cognitive behaviours, is not unique to schizo-

phrenia, but occurs in manic patients as well. In terms of her definitions, the distinction made in clinical psychiatric practice between manic "flight of ideas" and formal thought disorder is by no means as clear cut as it was thought to be.

Andreason's findings confirm those of researchers such as Carlson and Goodwin (1973); but contradicts studies which find manic discourse more accessible to the listener than that of schizophrenia, (Lipkin, Dyrud and Meyer, 1970; Janowsky, Leff and Epstein, 1970).

This debate, and the research it has generated, is characterized by methodological problems of the kind described in 1.2 (above). An example is the study done by Harrow et al (1982) which will be analysed in detail here.

In an attempt to compare thought pathology in manic and schizophrenic patients at various stages of their illness and under varying medication regimes, Harrow et al test patients on three measures, all designed to measure bizarre-idiosyncratic thinking: the Goldstein-Scheerer Object Sorting Test, the Gorham Proverbs Test and the comprehension subtest of the WAIS. They use the results of these tests to formulate the following conclusions: (1) most hospitalized manics are severely thought disordered (2) hospitalized manics are as thought disordered as schizophrenics (3) unmedicated manics are as thought disordered as unmedicated schizophrenics (4) both manics and schizophrenics' thought disorders improve after the acute phase and (5) even after the acute phase, some manics show severe thought pathology. There are serious problems in this study, particularly with respect to the validity of the tests chosen to measure "bizarre-idiosyncratic thinking", which is used synonymously with the terms "thought disorder" and "speech pathology". This is simply demonstrated: the results show 22% of *nonpsychotic* patients to be

"severely" or "very severely" thought disordered at an acute phase of their illness. No attempt is made to explain this finding. It is generally assumed that thought disorder, as it is referred to in the literature, is pathognomonic of psychosis, but clearly, Harrow et al's measures are identifying a broader phenomenon, and one which occurs in neurotic and probably normal subjects as well. Therefore the conclusions they draw are of uncertain value.

The authors make no attempt to address the central issue of language, although two out of three of their measures rely on verbal responses; and they conflate the terms "cognition", "speech" and "thought". This confusion may account for the fact that they do not measure what they set out to measure, a fact which is apparent in the high percentage of nonpsychotic thought disordered subjects in their findings. Their study highlights the need to examine language itself, rather than "thinking", and to do so with instruments flexible enough to process its range and complexity.

A study with a more sophisticated methodology is that of Harvey (1983), who examines speech competence in manic and schizophrenic psychoses. He examines the association between clinically rated thought disorder and cohesion and reference performance, using rating scales developed from Rochester and Martin's (1979) work. He finds no differences between thought disordered schizophrenics and thought disordered manics on these measures. There are two related problems with the study. One is that cohesion analysis has been entirely divorced from the qualitative study of language for which it was first developed by Halliday and Hasan (1976). Cohesive ties are counted, and given statistical treatment. This immediately raises the same problems as counts of adjectives or particular

clause structures. Just as it is impossible to know the implications of the fact that manics use more adverbs than normals, so it is impossible to know what weight to attribute to Harvey's finding that manics use lexical cohesion as often as schizophrenics do, if they are thought disordered. Harvey gets around this difficulty by attributing value to different kinds of cohesion. Thus there are "most effective" and "ineffective" cohesive strategies (p.375). There is no rationale given for this evaluation.

Wykes and Leff's (1982) study used a similar methodology for the purpose of examining disordered speech in manic and schizophrenic patients. Analysing a very small language sample from 12 subjects (108 words per subject, approximately), they find manics use more cohesive ties than schizophrenics, and use this result to conclude that the disorder of schizophrenics' speech is more "severe" than that of manics. This conclusion is possible only if cohesion is understood to be a necessary condition for communicative success. In this case, cohesion appears to be registered as synonymous with coherence\* (i.e. intelligibility to the listener). There is no evidence that this is so. The problems inherent in (1) turning cohesion analysis into a tool to quantify language variables and (2) attributing value to cohesion, such as effective-ineffective or coherent-incoherent, is evident in this study and in Wykes' (1981) study along similar lines. The same problems occur when the cloze\* procedure, which examines the extent to which speech is predictable, is used to differentiate between manic and schizophrenic speakers. An example is Razin and Oltmanns' (1983) study, in which schizophrenics' speech is found to be significantly less predictable than the speech of all other subjects, including manics. The conclusion drawn is that predictability is equivalent to intelligibility, and this is not necessarily the case.

In summary, studies comparing manic with schizophrenic speech discussed in this section are of questionable value, largely because they rely on inappropriate methods of analysing language. All indices measuring degrees of thought disorder are of doubtful validity in the absence of fully contextualised and thorough descriptions of the primary phenomena, schizophrenic discourse on the one hand, and manic discourse on the other. Methodologies which depend on the quantification of discourse, and neglect qualitative detail and context, are always in danger of reifying the data-base (Maseide, 1982):

This reification consists of attributing an excess of information and significance to limited amounts of data  
...Such reification is shown in many analyses of single utterances, brief fragments of conversation, and in the common use of interviews and questionnaires. Reification is always present when we only present isolated segments of a much larger corpus of data (p.389).

### 1.7 Comprehensive discourse analysis

One of the possible responses to the danger of reification discussed by Maseide is to present as comprehensive an analysis of a given corpus as possible. Labov and Fanshel (1977), who have made themselves "accountable to an entire body of conversation" (p.354), consider studies of language using quantitative methods to be "fragmentary" and "of little value for the practicing therapist" (p.354). Using qualitative analysis only, they attempt to "account for the interpretations of all utterances and the coherent sequencing between them" (ibid). The analysis of manic discourse undertaken in this thesis locates

itself in the tradition of comprehensive discourse analysis. It has the same aims and a comparable methodology. It is not within the scope of this thesis to attempt to review the wealth of literature pertaining to comprehensive discourse analysis. Relevant research findings are discussed where appropriate, in the course of the analysis. In each chapter, the methodology evolved for use in this thesis is placed in the context of the literature it draws upon. The review which follows here is therefore confined to giving a general overview of the area.

### 1.7.1 Pragmatics

*Pragmatics*, which is concerned with "rules governing the use of language in context" (Bates, quoted in Prutting, 1982, p.123), draws together much of the work relevant to this study. It includes in its sphere of reference *speech act theory*, parts of which are incorporated into the analysis of exchange structure (Chapter Five). This is a means by which discourse can be segmented in separate acts\* (smallest unit of analysis), moves (made up of acts) and so on. Each act can then be examined in terms of its *illocutionary force\**, speaker intention, and *perlocutionary force\**, demand made on the listener. Speech act theory forms the basis for many models of *discourse analysis* including that of Labov and Fanshel (1977), Edmondson (1981) and those described in Coulthard and Montgomery (1981). Aspects of these are used throughout the analysis.

Levinson (1983) distinguishes discourse analysis from *conversation analysis*, on the grounds that discourse analysis is deductive, working from an elaborate theory and illustrated with a relatively small data corpus. In contrast, conversation analysis is inductive, and "avoids premature

theorizing" (Levinson, 1983, p.286). Cicourel (1980) calls these "top down" and "data-driven" models respectively. This implies that conversation analysis is useful in providing a corpus of normative data with which comparisons can be made, whereas discourse analysis more readily addresses itself to issues of theory and methodology.

Another facet of pragmatics is Grice's theory of *conversational implicature*<sup>\*</sup>, which explores the relationship between what is said (the meanings of words in sequence) and what is conveyed, or implicated (see Levinson, 1983, p.98; Grice, 1975, 1978). In the following example, what is conveyed is quite different from the literal meaning of the words used:

A: Where's John?

B: I smell smoke in the bathroom.

Grice's theory of implicature, including the co-operative principle and maxims of conversation, accounts for the fact that in a given context B's utterance is an appropriate response to A's question, despite its apparent lack of connection to it. Grice's theory is used extensively in Chapter Five of this thesis. It is comparable to Berger and Bradac's (1982) rules for self-disclosure.

### 1.7.2 The contributions from social psychology and sociolinguistics

Discourse analysis is increasingly becoming the methodology of choice in the study of communicative competence (Gumperz, 1982; Prutting, 1982). It is extensively used in the study of language acquisition (Middler, 1978; Johnson, 1979; Ochs and Schieffelin, 1979). Discourse analysis is one of the tools used by ethogenics (Marsh, Rosser and Harré, 1978) and ethnomethodology (Cicourel, 1980; Schegloff, 1977, 1980).

It is used in analyses of code-switching and the analysis of discourse failures in conversations with speakers from different cultures (Bennett,

1982). It forms the basis of Kreckel's (1982) analysis of the relationship between communicative acts and extralinguistic knowledge. An early form of it is used in Scheflen's (1973) lengthy analysis of communicational structure in a thirty-minute therapy session.

The importance of these diverse studies is that they constitute a general movement away from quantitative studies based on decontextualised data which is often elicited in experimental, rather than naturalistic settings. Of particular relevance to this study is the work of Halliday (Halliday and Hasan, 1972; Halliday, 1978 a and b). His social semiotic framework for the analysis of discourse not only informs the methodology of the micro-analysis of Chapter Three and Four of this thesis, but also provides extensive normative data about intonation and cohesion in normal English discourse. Grimshaw (1982a) demonstrates a comprehensive analysis of interaction among professional peers during a Ph.D defense. His exploration of the role of the hearer in discourse failures in this and earlier work (Grimshaw, 1980) provides an important and often neglected perspective on communicative processes, and this is incorporated into this study's analysis.

### 1.7.3 The contribution from psycholinguistics and psychoanalysis

The traditional domain of psycholinguistics has been the connection between cognition and language. The work of Shapiro (1980) in the area of clinical psycholinguistics, and Rochester and Martin (1979) are psycholinguistic in the sense that intra-psycho processes are a primary focus of attention.

The work of Leavy (1983), Dahl et al (1978), Isay (1977), Spence (1980a and 1980b; 1977), Sternberger (1982) and Cutler (1982) deals with the expression in language of unconscious processes. Into this group of studies falls the analysis of slips of the tongue, syntax errors,

and the syntactic and lexical expression of warded-off knowledge such as negative counter-transference. The importance of this work is that it stresses the significance of single linguistic events (like slips of the tongue) for the understanding of cognitive processing of linguistic variables. Some of this work will be referred to in the course of the analysis.

#### 1.7.4 Linguistics and semiotics

Much of the linguistic analysis used in this thesis is contained in Halliday and Hasan (1976) and Halliday (1978b). Also of importance is the work of Crystal (1969; 1981). His study of intonation in English forms the basis for the methodology used in the tone-unit analysis of Chapter Three. It also provides some norms for intonation patterns in normal English discourse, and these have been useful for comparative purposes. In addition the work of Roman Jakobson was influential in evolving a means by which discourse style can be analysed (Jakobson, 1971; Swartz, 1981a; 1982). This forms part of the cohesion analysis of Chapter Four. The work done by Susan Donaldson in defining conversation (1979) has proved useful in establishing the nature of the interchanges to be analysed. Young (1982) and Stech (1982) have suggested frameworks for the analysis of stories and topic structure, parts of which have been incorporated into the analysis of topic in Chapter Six.

#### 1.8 Summary

- (1) Comprehensive analysis of manic discourse has not been undertaken.
- (2) As an examination of the psychiatric literature reveals, quantitative studies of manic discourse are of unclear value, because they destroy "the integrity of the behaviours under study" (Prutting and Kirschner, 1983, p.43).

- (3) Qualitative analyses are less likely to decontextualise the data and to reify it by attributing to it significance that it does not have.
- (4) The framework for this study will be drawn from a variety of areas covering both structural and social aspects of language.

## TWO : DESCRIPTION OF THIS STUDY

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## CHAPTER TWO : Description of this study

### 2.1 Introduction

This chapter outlines the aims of the present study, and provides information about the subjects. The nature of the corpus of utterances is described, and the structure of analysis introduced.

The present study is a limited but necessary beginning to a more ambitious project. As was indicated in Chapter One, comprehensive discourse analysis is a time-consuming exercise if thoroughly executed. As Stubbs (1983) indicates transcription down to word level and hesitation phenomena takes a minimum of 20 hours per 50 minutes of discourse (p.222). Checking transcriptions for accuracy is also a lengthy process. Labov and Fanshel (1977) report that after 9 years of working on 15 minutes of discourse, they are still making "by no means trivial" emendations to their text (p.355). Discourse analysis itself is an open-ended process, and can never be said to be complete. As Labov and Fanshel's (1977) study illustrates, the amount of discourse analysed diminishes as the analysis becomes more and more comprehensive. These practical considerations limit any study using such an intensive technique; and have in particular imposed limitations on the degree to which the present study was able to be comprehensive.

### 2.2 Aims

(1) The primary aim of this research is discourse analysis of interviews with two manic patients, recorded at an acute stage of their illness, shortly after their admission to a state mental hospital. Following Labov and Fanshel, the analysis "makes itself accountable to an entire body of conversation" (1977, p.354). This is done with a view to

beginning the task of describing manic discourse. As Durbin and Martin point out, "the delineation of manic speech has not been accomplished" (1977, p.211); and in the absence of this, statements about the way in which manic discourse differs from that of schizophrenic or normal speakers have unclear status and are of ambiguous value.

A fundamental assumption of the study is that only comprehensive discourse analysis can do justice to the complexity of any discourse. This precludes the possibility of including more subjects in the analysis. Without a more extensive data-base of comprehensive discourse analysis of manic discourse, it will be possible to make few generalizations about the particular nature of manic discourse. Further, comprehensive analysis of the discourse of normal speakers, although increasingly a focus for research, has only begun to describe some of the patterns of ordinary conversations. There is therefore a relative absence of normative data to use for comparative purposes. This constitutes a second limitation on the extent to which generalizations will be possible from the analysis reported here. In the light of these limitations, an extension of the primary aim of the analysis is to provide the means by which useful areas for further research can be identified.

(2) Another aim of the analysis is to explore the usefulness of a particular form of discourse analysis, designed for use on unstructured interviews with psychotic patients. This is part of a continuously evolving process as a result of which the analytic tools are refined. Comprehensive discourse analysis is at present a lengthy, time-consuming procedure. Critical examination of successive analyses will hopefully allow the elimination of redundant aspects of the process.

2.2 In summary this study begins the task of describing manic discourse; and demonstrates a methodology suited to the purpose. It will generate, but not test, hypotheses related to three questions:

- (1) what differentiates manic discourse from other discourse?
- (2) what kinds of questions will comprehensive discourse analysis best be suited to answer?
- (3) are there simpler ways of answering the same questions?

2.3 Two problems associated with discourse analysis of naturally-occurring talk need to be stated here.

(1) As time goes by it is becoming apparent through experiences of individuals and families whose communication has been extensively and publically scrutinized that discourse analysis can have extremely harmful effects (Grimshaw, 1982b). The first problem is that it is difficult to protect anonymity - large corpuses of discourse are often easily recognisable as products of particular speakers.

(2) Secondly, discourse micro-analysis tends to foreground aggressive manoeuvres made by speakers in conversation, and to de-emphasize ameliorating effects which are evident in a macro-analysis (Labov and Fanshel, 1977).

For these reasons ethnographic data on the subjects in this study have been kept to the minimum. The description of the subjects in the following section contains only that biographical and psychiatric information essential to the analysis.

#### 2.4 The subjects in the study

In this study the discourse of two manic patients is analysed. The first, Amelia, is 37, single and unemployed. She has a university education. Although she has had repeated manic episodes, she has only once been admitted to a state institution. It was on this occasion that she was interviewed and her discourse recorded. She was seen two days after her admission at an acute phase of her illness. Supplementary interviews, totalling approximately 2½ hours of discourse, were recorded during the following three months. Although these have been transcribed, they are not extensively analysed in this study. They are used where appropriate as a context for and point of comparison with the first interview, which is the primary focus of interest.

The second patient, Barbara, is 33 years, divorced, employed on a temporary basis while furthering her training. She too has a university education. She has had repeated admissions to state institutions, all of them for manic breakdowns. She was first seen three days after her admission. Supplementary interviews were recorded in the next month. Two hours of her discourse are recorded and transcribed. As with Amelia, the first interview only is analysed in detail. Occasional reference is made to later interviews.

These patients were admitted to the same ward within five days of each other and have the same diagnosis: manic-depressive psychosis, circular type but currently manic (ICD 9, 296.2; DSM III 296.4). Each patient was seen and diagnosed by two psychiatric registrars in the course of her admission. They were also seen by a consultant, the same one in each case. There was no dispute about the diagnosis. Both patients were treated on phenothiazines (Amelia: chlorpromazine; Barbara: haloperidol) and lithium carbonate. Their course in hospital was uneventful. Amelia was discharged five weeks after her admission, and Barbara after four.

In respect of biographical data, socio-cultural position and diagnosis, Amelia and Barbara are very similar, which is one of the reasons why they have been chosen for this study. They are closely matched in important respects, and therefore their discourse is suitable for comparison, should that become relevant to the analysis. Another reason for the choice of these subjects is that their discourse at the first interview was strikingly different. According to the description given by Bond (1980) Barbara could be seen as having acute delirious mania, long recognised as an acute sub-type of mania. Mayer-Gross, Slater and Roth describe the discourse of delirious mania in this way: "the flow of speech breaks down into a scattered sequence of single words, perhaps merely an enumeration of the perceptions of the moment" (1977, p.212). Amelia's discourse was not fragmented in this way.

## 2.5 The nature of the corpus

The interviews were unstructured. Open-ended questions were asked, their aim being to elicit as large a corpus of utterances as possible. Prompting remarks were made, to keep interchanges going. A detailed discussion of the interview situation and its influence on the discourse prefaces Chapter Five.

The corpus of utterances will reflect:

- (1) the patient's idiosyncratic style of speaking
- (2) features of the linguistic community to which she belongs, and by whose rules her discourse is, to some extent, bound
- (3) features of discourse peculiar to her diagnostic category (in this case, mania) and finally
- (4) aspects of the patient's and interviewer's interpersonal functioning, reflected particularly in exchange structure.

These aspects of the discourse are not all of equal value to the research in hand; it is mainly the relatively transient features associated with the mania which are of interest. Isolating these is a difficult task. One course is to rely on norms of discourse implicit in studies of ordinary conversation, classroom and doctor-patient transactions, rules of syntax and prosody and so on. Generalisations made from such comparisons would obviously need to be tentative. Rules found to govern many conversations need not necessarily hold for interchanges of the kind to be studied in this thesis. It is also helpful to place the specifically manic discourse in the context of as large a corpus of the patient's discourse as possible. It is for the purpose of such contextualisation that supplementary interviews were recorded.

## 2.6 The structure of the analysis

The analysis of the data falls into two parts. The first has to do with micro-structures and consists of tone-unit analysis and cohesion analysis. The second has to do with macro-structures, and examines exchanges and topic sequences. The methodology for each part of the analysis will be detailed in the relevant chapters.

## 2.6 Summary and comments

Transcription of spoken discourse generates a large amount of data. Of the discourse collected from the two manic subjects in this study, only selected portions will be exhaustively analysed. These come from the first interviews with each patient. The rest of the transcribed data contextualises the first interviews.

The analysis has two aims:

- (1) to begin the task of describing manic discourse and
- (2) to demonstrate a methodology.

For this purpose, the discourse of two manic subjects, similar in many respects but strikingly different in manner of presentation, has been analysed.

A glossary of technical linguistic terms used in the analysis is given on p. xiii to xix.

#### Note on the discourse text

The full text of the first interviews with each patient has been reproduced in Appendices A and B. Appendices C and D contain brief extracts from later interviews. The purpose of these is to contextualise those utterances referred to in the analysis.

It should be noted that as with all studies of this kind, the transcribed discourse cannot be regarded as definitive. However the transcriptions of the first interviews have been checked at least five times.

THREE : TONE-UNIT ANALYSIS

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## CHAPTER THREE : Tone-unit analysis

### 3.1 Introduction

#### 3.1.1 Transcription

The transcription of spoken discourse into written form involves, at the crudest level, nothing more than getting the words accurately onto the page. Once this is done a decision has to be made about how the discourse is to be segmented. This decision, although apparently methodological in nature, has important theoretical implications, because there is an extent to which the form of the transcript determines the parameters of the analysis. For example, to use conventional punctuation in transcribing spoken discourse casts it in a form strongly associated with discourse meant to be read, not listened to, and obscures those features of the speech for which written discourse has no equivalent.

#### 3.1.2 Definitions of tone-units

Kreckel (1982) defines a tone-unit as "a continuously spoken clause, i.e. a clause not interrupted by a pause" (p.280). This definition is also used by Milroy (1980). Kreckel quotes Halliday as equating the number of clauses roughly with the number of message blocks in the discourse. The implication of this is that the tone-unit has a degree of syntactic and informational completeness, which will define its boundaries; and that these boundaries will be further marked by a pause.

Crystal (1969) gives a more cautious set of defining criteria for tone-units. In his data 46% of the tone-units were co-extensive with a clause; the majority of the rest were made up of elements of clauses (subjects, verbs, complements) or of more than one clause (p.258). He

also points out that not all tone-unit boundaries are marked by a pause, but rather by perceivable pitch change. This is more likely in "hurried" speech (p.205), a point clearly pertinent to this study. He gives the average length of tone-units in his data as being 5 words, with a range between 1 and 7, and notes that this will be affected by the tempo of the speaker: the faster the speech, the longer the tone-units (p.256).

Brazil (1981) defines the tone-unit "not by reference to its boundaries, but on the basis of its internal organisation" (p.40). According to Brazil's definition, a tone-unit has a tonic segment\* marked by 1 or 2 (and only very rarely 3 or more) prominent\* syllables, which are stressed or marked by a change in pitch. The speaker chooses which are to be prominent syllables, and the choice affects significantly the meaning of the tone-unit. For example "QUEEN of hearts" differs in meaning from "queen of HEARTS" (prominent syllables capitalised). A tone-unit may also include two segments, proclitic\* and enclitic\*, coming before and after the tonic segment respectively, consisting entirely of non-prominent syllables. The boundaries are not necessarily marked by a pause, and unless they are co-extensive with the tonic segment itself, may be difficult to establish exactly. Brazil gives the following example of 3 tone-units (p.45). They are not necessarily divided by a pause:

Proclitic	Tonic segment	Enclitic
that	I think on the <u>WHOLE</u>	
do a re	THESE                      off <u>IC</u>	ials
	MARKably good <u>JOB</u>	

The general rule given by Brazil is that the tonic segment begins with the first prominent syllable, and ends with the second, which is called the *tonic syllable* (capitalised and underlined in the example above).

This is not the case in the first tone-unit of the example. Where there

of his/her discourse. In other words, it is fundamentally a part of the discourse, not merely a unit of analysis imposed on it in an arbitrary fashion.

### 3.1.4 Working definition of a tone-unit

The following rules draw on, but differ from those given by Kreckel (1982) and Brazil (1981). They are used throughout the transcriptions, and in this chapter's tone-unit analysis. Where examples are given, tone-unit boundaries are marked by slashes. Prominent syllables are capitalised. The tonic syllable is underlined. (All transcription conventions are listed on page xii).

- (i) a) pauses in spoken discourse invariably mark tone-unit boundaries
- b) the only exception to this rule is the occurrence of a hesitation, marked by a pause, in the proclitic segment of the tone-unit. This is usually accompanied by a lexical marker such as "oh" or "um", and does not constitute a boundary.

#### EXAMPLE of (i) a) and b)

(The hesitation is marked by a dash).

proclitic segment	tonic segment
/(1) go ah - for a	WALK on the <u>BEACH</u> /

There is a pause after "beach" which marks the tone-unit boundary.

- (ii) in the absence of any pauses tone-unit boundaries will be determined by reference to internal structure. This refers both to the placement of tonic syllables and to clause-structure. To find 3 or more prominent syllables

in one tone-unit is rare in normal discourse (Brazil, 1981).

A majority of tone-units have 1 or 2 prominent syllables. The tonic syllable is the *only*, or the *second* prominent syllable in the tone-unit. Therefore the following rules can be established:

- a) in the absence of a pause a tone-unit boundary can be placed *immediately* after the tonic word *if* that juncture is co-extensive with the ending of a clause element
- b) in the absence of a pause the tone-unit boundary can be placed after the tonic word *and* at a juncture where one clause element ends and another begins.

EXAMPLES of (ii) a) and b)

(ii) a)	Tone-unit 1	Tone-unit 2	
	Tonic segment	Tonic segment	Enclitic segment
	(2)/NO it's the <u>SAME</u> /	(3) I JUST want to be <u>OUT</u>	of here

There is no pause in the discourse after the second prominent syllable "same". A boundary is marked on the basis of the co-extensive tonic syllable and conclusion of a clause.

(ii) b)	Tone-unit 1		Tone-unit 2
	Tonic	Enclitic	Tonic
	/(4) to come and <u>TALK</u>	to me /	(5) I think it's un <u>ETH</u> ical /

There is no pause between "me" and "I" and neither syllable is prominent. The boundary is marked at the place where one clause ends and another begins.

These rules cannot be expected to cover every aspect of tonicity in normal discourse, which is by nature extremely variable. They will however account for a large majority of tone-units and their boundaries.

### 3.1.5 Implications for this study

The rules governing tonicity are of particular interest in the study of manic discourse for two reasons. The first has to do with pressure and rate of speech, which is likely to decrease the frequency with which pauses mark tone-unit boundaries. The second concerns the way in which manic patients use tone-units in their discourse. If it is found that they break tone-unit rules more often than normal speakers, they may sound incoherent because they upset the listener's expectations of what he is decoding. The *listener* will then "lose track" and will be more likely to label the speaker "incoherent" or "thought-disordered" even though the discourse may be syntactically correct and semantically appropriate.

In the absence of an extensive normal-discourse data base, and samples of discourse from psychiatric patients *other* than those who are manic, these tentative hypotheses cannot be tested. The analysis that follows is a preliminary exploration of the way in which the manic patients in this study use tone-units in their discourse.

### 3.1.6 Breaking the rules

It will be useful to outline, at this point, phenomena for which the rules governing tonicity, as they are given above, cannot account.

- (1) In the absence of pauses in spoken discourse the rule makes allowance for the placement of tone-unit boundaries according to internal structure. Such a rule makes use of the prosodic features of discourse, and in particular the

occurrence of 1 or 2 prominent syllables in a clause.

The rule *cannot* account for clauses or series of clauses, unbroken by pauses, without prominent syllables. Further, clauses with 3 or more prominent syllables challenge the fundamental assumptions of tonicity upon which the rules are based.

- (2) It is important to note that Crystal (1969, 1975), Kreckel (1980, 1982) and Brazil (1981) all work from a corpus of discourse in which the regular occurrence of pauses makes the placement of tone-unit boundaries relatively simple, and usually unambiguous. The fewer the pauses, the more difficult segmenting the discourse becomes.

### 3.2 FINDINGS

The analysis which follows is divided into four sections. The first two deal with tone-unit length, structure, and boundaries in the discourse of Amelia and Bärbara respectively. The second two sections concern prominent syllables and their particular significance for the analysis of manic discourse. Much of the analysis is centred on the first interviews with each patient at a time when both were at an acute stage of their illness. However, where relevant, comparisons will be made with later interviews recorded at different stages of the recovery process.

For each patient, in every interview, 200 roughly consecutive tone-units, taken from stretches of monologue, were analysed for the following purposes:

- (1) to determine mean number of words per tone-unit
- (2) to determine the frequency with which tone-units of varying lengths occurred. This data is given in figures 3.1 and 3.2.

There are two limitations on the value of these figures. Firstly the tone-unit lengths in the original data are always subject to revision, depending on ongoing alterations to the transcript. Secondly, because of the difficulty in determining the boundaries of tone-units in the absence of pauses, and because these tone-units tend to be the longer ones, it follows that the longer the tone-unit, the greater the likelihood of errors being made in boundary placement. With this in mind, all tone-units longer than 9 words have been rechecked.

A linguist has made a check on the accuracy of the tone-unit boundaries in samples of discourse from each patient. In only two cases was there disagreement about the placement of boundaries. Both concerned tone-units longer than 9 words, unmarked by pauses. In both cases the linguist was arguing for boundaries which would have made the units even longer than they were in the original analysis. The final decision was a conservative one, in the sense that agreement was reached on boundaries which reduced the length of the tone-units from over 15 words to 9 and 11 words respectively.

### 3.2.1 Tone-units : Amelia

At her first interview, two days after her admission to hospital, and at a time when she was clinically diagnosed as manic, Amelia was talking at times at a rate of approximately 180 to 190 words per minute. This is substantially above the 104 words per minute quoted by Durbin and Martin (1977) for their six manic patients. Andreason (1979a) considers anything above 150 words per minute to constitute *pressure of speech*.

PERCENT FREQUENCY OF TONE-UNIT : FIRST INTERVIEW

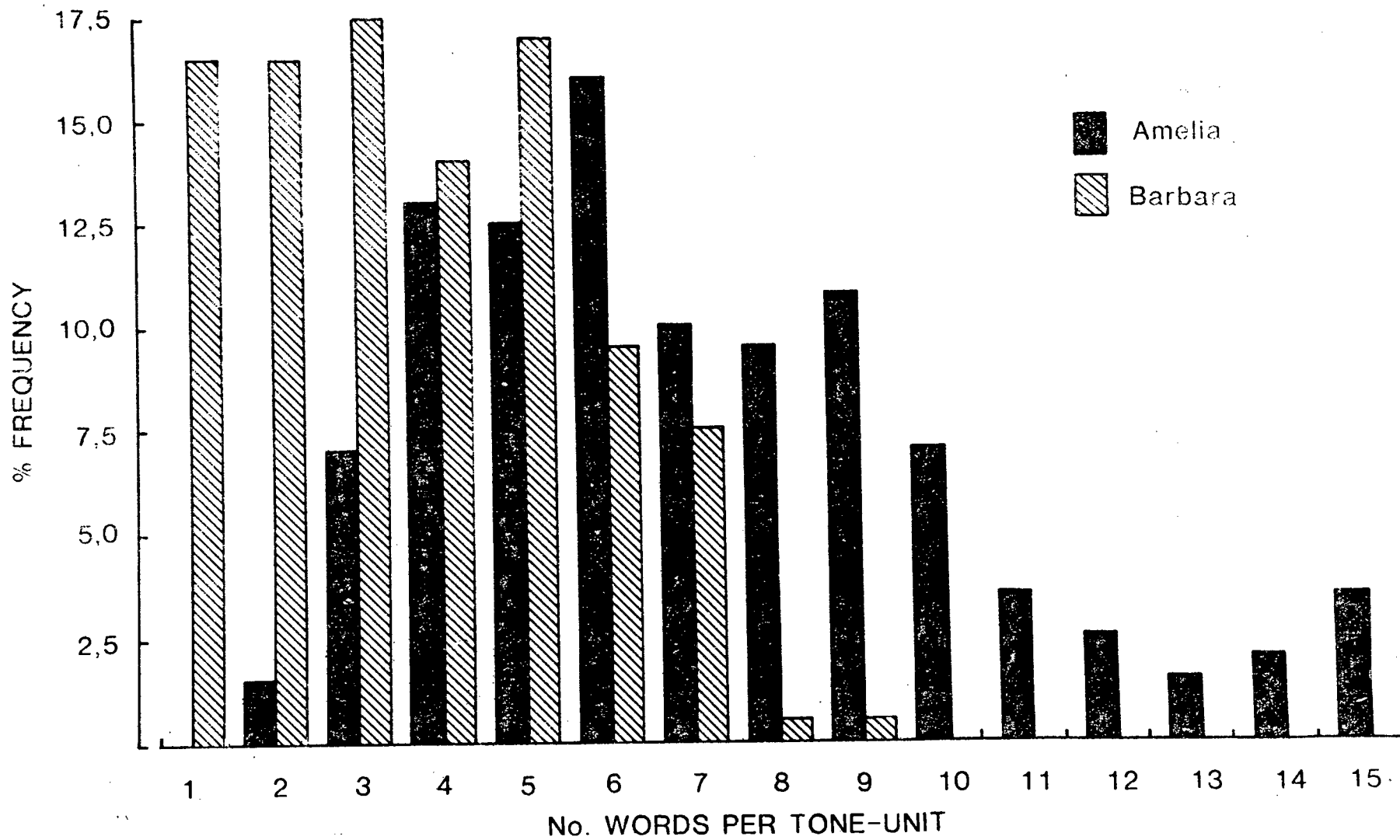


FIGURE 3.1 : PERCENTAGE FREQUENCY OF NUMBER OF WORDS PER TONE-UNIT : FIRST INTERVIEW

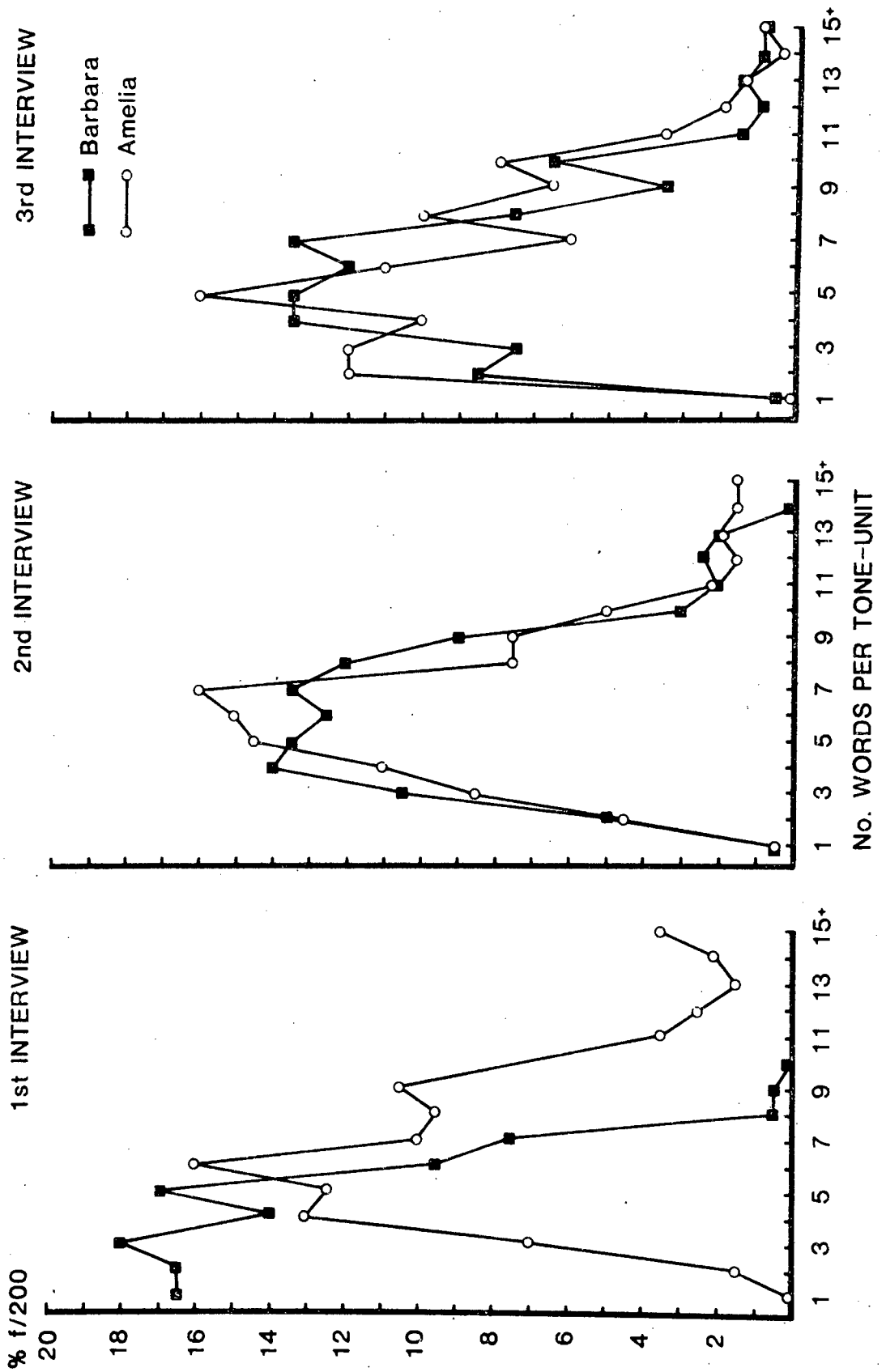


FIGURE 3.2 : PERCENTAGE FREQUENCY OF NUMBER OF WORDS PER TONE-UNIT : INTERVIEWS 1 - 3

The mean number of words per tone-unit, in this interview, is about 7, 2 higher than Crystal's (1969) quoted mean. Crystal gives a range of 1 to 7 words per tone-unit; Amelia's range is far wider, going from 2 to 15+ words per tone-unit. The bulk of the tone-units analysed fell into the 4 to 9 range, which accounts for 71,5% of the tone-units counted; 20% of the remainder have more than 9 words per tone-unit. By the second interview, 3½ weeks later, 13,5% of the tone-units were longer than 9 words. Three weeks after that 15,5% were longer than 9 words, but at a follow up interview four months later only 2% of the tone-units had more than 9 words. An analysis of these figures needs to consider the discourse strategies involved in creating this changing profile of tone-unit frequencies. This will be done by examining the relationship between the tone-units and the rules given above.

The basic pattern for the tone-units throughout the four interviews can be illustrated by the following example of 3 consecutive tone-units with unambiguous boundaries:

Tonic segment
/(6) I'M not er <u>RAT</u> ic /

Tonic segment
/(7) I'M not in <u>FAN</u> tasy /

Proclitic	Tonic
/(8) I've been much	WORSE than <u>THIS</u> /

To turn to the longer, and more problematic tone-units, the following consecutive ones illustrate a pattern:

Proclitic	Tonic
/(9) and if I want to sit and	SMOKE and watch the <u>CLOCK</u> /

Proclitic	Tonic
/(10) I can go and watch the clock at	HOME and <u>SMOKE</u> /

- (1) there is no pause between these tone-units
- (2) the boundary after "clock" follows 2 prominent syllables and is at a clause-juncture, according to the second rule in the working definition
- (3) the long proclitics in both tone-units contain no identifiable prominent syllables, and it is this that accounts for the length of the entire unit. A possible reason for the lack of prominent syllables in the proclitics is that they contain only *given* information, which is being repeated. Amelia has already said:

/(11) so what must I come here for /(12) to watch the clock and smoke /(13) do you know how much I'm smoking /(14) I've never smoked so much in my life /(15) I think I'm smoking about /(16) 60 cigarettes a day /(17) I'm just sitting and smoking /(18) and if I want to sit and smoke...etc.

Halliday (1978) points out that the tonic syllable usually marks the culmination of *new* information. Clearly, the tone-units (9) and (10) do *not* culminate in new information, except in the sense that repetition, as a rhetorical device adds "new" emphasis.

From this analysis two important points can be made:

- (1) Utterances (9) and (10) break the rules of tonicity by stretching the boundaries to include 7 - 8 words without prominence and (2) these non-prominent words consist entirely of given information, which in the context, is redundant, and could be deleted.

There are numerous examples of tone-units following this pattern, of which one more example will be sufficient illustration:

Proclitic: /(18) now really it would help to go to a psychiatrist

Tonic: to have a reLAtionship with a MAN /

Given the context of this, i.e.

(19) if you have trouble with a relationship with a man  
/(20) go to a psychiatrist /(21) or if you want /(22) if  
you're not having a relationship with a man /(23) she  
says go to a psychiatrist /(18) now really...etc.

the long proclitic is largely redundant.

However, a preponderance of given information does not account for *all* long tone-units. Following are two examples of long tone-units containing largely new information.

Proclitic: /(24) just took one look at me and decided it was

Tonic: TOO LATE for therapy

Proclitic: /(25) I'm as well as I've

Tonic: BEEN in my whole LIFE /

In both of these tone-units, embarrassment appears to be responsible for Amelia de-emphasizing her words, making it impossible to distinguish prominent syllables, and thus creating long proclitics. The reason for the embarrassment in (24) is clear; before (25) Amelia had just said "you can't get well if you don't feel happy" thereby inadvertently admitting that she may *not* be well, a mistake she hastily corrects.

To sum up the argument so far, it can be said

- (1) that Amelia breaks the rules of tonicity in her inclusion of many non-prominent syllables in tone-units and (2) a preponderance of given over new information is one reason for this and (3) other reasons - haste or embarrassment for example - may account for other lengthy tone-units.

To conclude this section, these findings need to be placed in the context of the later interviews. The fact that Amelia continues to use long tone-units after the acute phase of her illness raises a number of issues which could usefully be explored in further research.

- (1) Lengthy tone-units are not a transient feature of Amelia's discourse. It seems unlikely therefore that long tone-units are in themselves a distinguishing feature of manic discourse. Further research is needed to confirm or disconfirm this possibility.
- (2) It is possible that long tone-units occur frequently in normal discourse, in which case, Amelia's long tone-units are simply a reflection of the linguistic community to which she belongs. In the light of previous findings on tone-unit length (Crystal, 1969) this seems unlikely. If long tone-units do often occur in normal discourse, then the norms, rules establishing boundaries, and assumptions made about internal structure will have to be modified to accommodate them.
- (3) It is possible that repeated manic episodes have left a permanent impression on Amelia's discourse style, at least in respect of her tone-units. Thus her tone-units do not change in length regardless of her mood state.

- (4) It is possible that there is an unknown factor X, which accounts for both the rule-breaking tonicity and the manic episodes. (In psychodynamic terms, both could be seen as involving a loosening of boundaries for example).

Until tone-unit analysis has been completed on a broadly-based corpus of data, all these issues have speculative status.

It is interesting to note the small percentage of long tone-units in Amelia's final interview (2%). The content of the interview is psychotic. The 200 units the lengths of which were counted, concern her hatred for her sister, her conviction that her father's illness and death had been caused by her sister's having told her father that Amelia had had an abortion, and her desire to rid herself of the notion that she had given her father cancer by giving that guilt to her sister. Her discourse reveals delusions of both grandiose and paranoid types. The predominant affect seemed to be anger, with an underlying depression:

/(26) she did it deliberately /(27) it's her fault /(28)  
she can take the blame /(29) she can take the guilt /(30)  
it's all for her /

Two important points must be made about this dramatic change in Amelia's discourse. (1) she felt safe, in this, the fourth interview, to communicate directly delusional thoughts in a way that she describes as therapeutic at a later point (2) there is no evidence of defensive strategies as in (24) and (25). A tentative hypothesis might be then, that this interview reveals the depressive core of her illness (expressed in the short tone-units and many pauses) whereas before the lengthy tone-units exemplify the overactivity of the manic defense. This is an area for further research.

### 3.2.1.1 The effect of long tone-units on the listener

There are three points to be made here. (1) Infrequent pauses in discourse contribute substantially to its uninterruptibility, as does fast rate. This in effect paralyses the listener and prevents her from taking an equal part in the interchange (2) long tone-units with proclitics and enclitics consisting largely of given information are so repetitious that they may fail to hold the listener's attention (3) long tone-units consisting of much new information run the danger of not being fully attended to as well. The listener's expectation is that new information will be centred on the tonic segment, not on a series of non-prominent syllables.

The failure or the inability to attend combined with the perceived uninterruptibility of the discourse may well account for some of the times when the listener feels that a manic speaker is incoherent or even "thought disordered".

### 3.2.2 Tone-units : Barbara

Although there are marked similarities between the discourse strategies of Amelia and Barbara, superficially tone-unit analysis reveals striking differences. In her first interview, Barbara has no tone-units with more than 9 words, and 82% of the units were 5 words or less; 33% were 1 or 2 words only, compared to 1.5% of Amelia's. This is in spite of the fact that the rate of speech is similar: 165 words per minute.

The high frequency of redundant information in Amelia's long tone-units, might lead one to expect more new information in the short tone-units of Barbara's discourse. To an extent this is the case. In the following 3 tone-units, the tonic syllable contains the new information:

/(31) so I rang him ONCE /(32) and I rang him TWICE /(33)  
and I rang him THREE times.

However, it is also clear that the discourse is as repetitive as Amelia's with the same local effect: it is a *rhetorical* device serving to emphasise the point.

To be emphatic is not the only reason for the repetitiveness in Barbara's discourse, as the following units demonstrate:

/(34) let's try and write it down /(35) let's try and write  
it down /(36) let's try and write it down /

She wants to write information down, just as she seems to need to repeat it, in order to keep track of her thoughts. The implication of this is that she was experiencing her thoughts as racing and fears that information will be lost. Thus she says at one point about the tape-recorder: "please switch it on, please switch it on, won't you switch it on". She collects her books, and brings them to the interview, as she says, "to prove something (check my) orientation for time and place". The distinction between repetition for rhetorical effect as in (31) - (33) and repetition as a way of holding on to information as in (34) - (36) is made clear by the delivery of the utterances. (35) and (36) are mumbled and barely recoverable for transcription. A substantial proportion of the interview is lost because she is murmuring to herself without regard for the effect of her speaking on her audience. It is possible to say therefore that there is at least one important equivalence between Amelia's long tone-units and Barbara's short ones: both serve to negate the audience at times, by robbing her of any role in the interchange. In Barbara's discourse this becomes more apparent the shorter the tone-unit as for example in the following:

/(37) what's her name /(38) what's her name /(39) Jackie  
/(40) Jackie /(41) Jackie /(42) Jackie /(43) Jackie  
/(44) Jackie /(45) Jacqueline Bisset /(46) Jacqueline Bisset

Unlike Amelia's discourse, Barbara's is not difficult to divide into tone-units, so long as the words are audible. The boundaries are marked distinctly, either with pauses or prominent syllables, in a majority of cases. In spite of this there are two ways in which she can be said to be breaking the rules of tonicity. One has to do with prominent syllables and will be discussed in Section 3.2.4 below. The other concerns the high proportion of tone-units containing one or two words. Crystal (1969) remarks that tone-units of one word are likely to be **lists or registers** which is true of Barbara's discourse only in the loose sense that she is trying to "list" biographical data. Furthermore, lists progress from item to item which these units frequently fail to do.

By the second interview 11 days later, 76% of Barbara's tone-units fall within the range of 3 - 8 words, which is within normal limits. Moreover there is a balance between given and new information, with little redundancy\*. The following tone-units are an illustration of the change:

Tonic
/(47) and I beLIEVE <u>NOW</u> /
Tonic
/(48) I could <u>HAVE</u> children /
Tonic
/(49) with the RIGHT <u>MAN</u> /

All the boundaries are marked by pauses. The prominent syllables carry new information. The change is sustained in the final interview.

To summarize the findings in this section the following conclusions can be drawn. (1) The short tone-units of the first interview, uncommon in normal discourse, function partly to list biographical data but are not lexically progressive in the way lists are. (2) There is a great deal of repetition which seems to serve a purpose for the speaker but often excludes the listener. (3) Although superficially very different, in respect of (2) Amelia's discourse and Barbara's have striking similarities. (4) On recovery from the acute phase of her manic episode, Barbara's tone-units take on the normal range in terms of length. Unlike Amelia, there is no apparent "residue" from the manic discourse.

### 3.2.3 Prominence : Amelia

One of the rules of tonicity broken by Amelia has been referred to in Section 3.2.1: in long tone-units there are often 7 or 8 words without prominence. Three other features of prominence in her first interview need brief discussion.

- (1) There is a tendency to create a regular rhythm by having a series of tone-units of similar length, often with the same words given prominence. This strategy is used to create emphasis. For example:

/(50) and he NEVER said a WORD /(51) I just  
used to sit and TALK /(52) and he NEVER gave  
me THERapy /(53) he NEVER gave me ANYthing /

- (2) There are occasions on which there are more than two prominent syllables per tone-unit, for example:

/(54) but then I TAUGHT mySELF aGAIN to TALK /

The presence of 4 prominent syllables in this tone-unit, with

no suitable clause juncture by which to determine another, earlier boundary, makes it impossible to discriminate the tonic syllable, except by arbitrarily saying that it is the last in the unit. This breaks the rules in the working definition about tonic syllable placement.

- (3) There are occasions on which the prominent syllables in a tone-unit rhyme. For example:

/(55) and I was at HOME and I was MOPING /

/(56) I don't know how much CHANCE there WAS /

The "home/mope" and "chance/was" rhymes are accentuated because they are prominent syllables. The significance of rhyme and alliteration will be explored in Chapter Four in the section on paradigmatic cohesion.

#### 3.2.4 Prominence : Barbara

Unlike Amelia, Barbara's first interview does not contain instances of word-series *without* prominent syllables. In all other respects their use of prominence is identical, except that the tendency to create regular rhythms and rhyme, and to force more than two prominent syllables into one tone-unit is more exaggeratedly evident in Barbara's speech. Examples of each of these phenomena follow.

Firstly, rhythmicity is created in the following consecutive tone-units by repeating a tone-unit exactly in length and prominent syllables, although the content changes:

/(57) EARTH can SOOTHE /(58) FIRE can BURN /

An example of rhyming prominent syllables is the following:

/(59) shall we PRAY LADY /

Most striking of all is the use of more than 1 prominent syllable in a tone-unit, as in:

/(60) it's NEVer BORing to CONcentrate /

which is repeated with a change of tonic syllable:

/(61) it's NEVer / (62) BORing to CONcentrate /

To sum up the points on prominence, Amelia and Barbara use it in a similar way, often breaking the rules of tonicity in order to stress points.

### 3.3 Conclusions

- (1) It has been found that tone-unit analysis yields useful information about the discourse of the two manic speakers in this study in that it (i) provides rules to account for regular features of the tonicity of discourse and (ii) reveals the extent to which these speakers depart from those rules. This would seem to be a fruitful area for further research.
- (2) The broken rules pertain both to tone-unit length (long in Amelia; short in Barbara) and to prominence (regularity; added prominent syllables).
- (3) The effect of this on the listener is to limit her role in the interchange, and at times negate her presence altogether, by creating uncertainty, decreasing opportunity to interrupt or by failing to ask for or hold attention. It is possible that listener uncertainty may contribute to

clinical observations that manic discourse is "thought-disordered" at times, even when the discourse itself is lexically and syntactically unremarkable.

FOUR : COHESION ANALYSIS

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## CHAPTER FOUR : Cohesion analysis

### 4.1 Definition

Cohesion is a concept referring to those ties between clauses and sentences which create "texts"\*, unified sequences of utterances. Cohesion analysis is the study of the means by which utterances come to have "texture "\* or connectedness. The importance of cohesion as a concept is that it directs attention to a body of discourse. In this sense it can be seen as a response to, and movement away from the Chomskyan frame of reference, which directs attention primarily at intra-sentential\* structure, without necessarily placing that sentence in a context. Cohesion as a concept, and cohesion analysis as a methodology, to be used in the examination of texts in discourse, has been explored and developed by Halliday and Hasan (1976) and Halliday (1978a and 1978b). This work is careful to place every utterance in a contextual "semiotic grid" (Halliday 1978a p.88) of surrounding text, situation, relationship between speaker-hearer (or writer-reader), and a broader social context. Thus, Halliday is concerned to examine the interface between language and society, and describes his approach as "sociosemantic".

*Cohesion* within the text accounts for one aspect of its meaning only.

It is for this reason that cohesion analysis is not in itself comprehensive discourse analysis. It is also not a means by which a text may be judged to be *coherent*. A text is coherent if it is intelligible to its audience.

#### 4.1.1 Developing cohesion analysis : the work of Rochester and Martin

From the definition of cohesion analysis given above it can be seen that its application to the discourse of two particular groups of psychiatric patients, namely schizophrenics and manics, may be of great interest to

the clinician. This is so for the following reason: it directs attention specifically to ties within texts and therefore is likely to shed light on phenomena described clinically as "looseness of association", "tangentiality"\*, "derailment"\*, and "flight of ideas". Rochester and Martin (1979) point to this as one of the advantages of using cohesion analysis in the study of schizophrenic discourse, and also comment on its suitability for the study of language in changing contexts, and texts which are longer than a simple sentence (pp.77-81).

The disadvantages of cohesion analysis as developed by Halliday are, according to Rochester and Martin, the lack of a normative corpus of data from adult discourse for purposes of comparison; the lack of an explicit psycholinguistic component to the original framework; the difficulties inherent in applying a technique developed to analyse individual texts to groups of texts; and finally Halliday's assumption that cohesion and intelligibility are co-extensive (p.82). These disadvantages are to an extent redressed in Rochester and Martin's adaptation of Halliday's work. They build up a base of normative adult data, and devise an efficient and relatively brief coding system which allows for the comparison of texts produced by groups of speakers. Their contribution in respect of the latter informs the work of Wykes (1981), Wykes and Leff (1982) and Harvey (1983).

#### 4.1.2 Limitations of the Halliday-Rochester and Martin system of cohesion analysis

The findings of Rochester and Martin (1979) reported in Chapter One are clearly of importance, not only to the continuing study of schizophrenic discourse but also to psycholinguistics and language studies as a whole. However, their system of analysis has limitations, which will be discussed briefly below.

(1) Halliday (1976, 1978b) regards cohesion as being related to the notion

of *self-reference*. The more cohesive the text, the more self-referential it becomes. A text with a self-referential structure is *autonomous\** in the sense that it relies on nothing outside of itself to complete its meaning.

Both Halliday (1978a) and Rochester and Martin (1979) indicate that autonomy is not an essential prerequisite to intelligibility. Many texts become intelligible only by reference to other texts, the non-verbal context, and extra-textual social and cultural knowledge. Nonetheless it remains unclear, in this system of analysis, how the issue of autonomy affects the *listener*, a problem highlighted in the Rochester and Martin study, because they analyse schizophrenic speaker utterances only. The guidelines for the listener (pp.166-168) only partly redress the balance.

The issue of text autonomy in relation to its audience is a crucial one to address. An autonomous text (one that is cohesive) makes no demands on the listener. It needs nothing active from the listener to complete it. This may be appropriate in some contexts; in others it may make the listener feel bored, shut out or even helpless. At the other extreme, a text that lacks cohesion and is therefore not autonomous demands active participation from the listener in the attempt to complete it. The meaning of the text may or may not be recoverable to the listener. Both extremes have important implications for her perception of the text and subsequent decisions concerning its well-formedness. In the context of schizophrenic discourse one of these decisions will be whether or not the speaker is "thought-disordered".

There are two points to be stressed here. Firstly cohesiveness *per se* is not necessarily a speaker-strategy of consistent use to the listener. Secondly the extent to which the text is autonomous has direct implications for the listener's role in the decoding process.

(2) Related to this issue is one of pertinence to Harvey's (1983) study. In various contexts the degree of autonomy of any text has varying value for the decoder. When there is no means of elucidating the text (when it is written, for example, and the writer is not present) it is desirable for a text to be autonomous. In other contexts it is desirable for the listener to have to engage with the speaker in a joint encoding-decoding process. Hence, in different contexts, different kinds of cohesion are of value. Rochester and Martin have no way of evaluating the status of their data on cohesion precisely because they have not paid direct attention to listener role. This leads Harvey to make statements such as "these patients (thought-disordered)...use significantly fewer of the *most effective* types of cohesive ties" (p.375 my italics). He refers also to "*ineffective* cohesive strategies" and "*incompetent* reference strategies". This is an evaluation which has no basis in the data analysed.

(3) A further related point concerns the issue of *coherence* as opposed to *cohesion*. Rochester and Martin make explicit their wariness of Halliday's assumption that cohesive texts will be intelligible. Once again, because their data is speaker-orientated they do not put themselves into a position to evaluate coherence (the extent to which something is understandable to the listener). This stands in opposition to the notion of a text having internal structure, or cohesiveness. As will be shown in the analyses to follow, it is possible for a text to be highly cohesive *and* incoherent to the listener.

(4) The final point with regard to the limitations of the Halliday-Rochester and Martin cohesion analysis is unrelated to the previous three, and concerns the idea of discourse *style*. As it stands, a system such as the one they outline is well suited to the two kinds of analysis:

(i) extensive analysis of the structure of individual texts (ii) with adaptations, comparisons between groups of a kind suitable for statistical treatment. It has no place for the study of individual style which can be seen as lexical and syntactic choices made out of a range of different possibilities. Without a clear idea of what is potentially realizable (in normal discourse) as opposed to what has been realized there is no way of differentiating between individual style and a morbid process (i.e. schizophrenic thought-disorder).

#### 4.2 Cohesion analysis : a Jakobsonian alternative

Of the four problems described in Section 4.1.2, the first three can be addressed by incorporating analysis of exchange structure into the consideration of the discourse. Listener response to the speaker gives clear indications of the way the discourse has been received. The implications of this are explored in Chapter Five. The final problem - that of style - calls for an analysis framework which deals not only with patterns of choice made by individual speakers but also with their opposition to unspoken alternatives. A framework suited to this purpose is outlined below. It derives from the work of Roman Jakobson (1971) and has been adapted for the purpose of analysing successive texts by Swartz (1981; 1982). It has features in common with the work done by Spence (1977, 1980, 1982) on lexical leakage\*. (This concept is discussed briefly in 4.3.1 below.) It has the advantage of being able to accommodate both this work and data on parapraxis and other speech faults (see Cutler, 1982; Dahl et al, 1978) within its framework without need for adjustment.

##### 4.2.1 The two axes of language

The process of producing a text has two aspects, the paradigmatic and the syntagmatic.

(1) The paradigm\*

The first involves *selection*: the selection of words, of appropriate syntax. This is the *paradigmatic axis of language*.

*Word choice*: a word chosen is in opposition to those *in the same paradigm* which were not chosen. Hence, in the utterance:

(1) the dog bit poor Henry (fabricated data)

*dog* is chosen in opposition to *hound, bitch, terrier* and so on. The chosen *paradigm* is in opposition to other paradigms concerned with animate objects which might bite: cats, people, fish and so on.

Syntactic choice: Similarly a syntactic strategy is chosen from others which might also have been used. In (1) an alternative syntactic strategy might have been:

(2) poor Henry was bitten by a dog

A pattern of word choice and syntactic choice, within the limits of socio-linguistic (including cultural) constraints, constitutes the *style* of the individual.

(2) The syntagm\*

The syntagmatic axis of language involves the process of *combination*, in which words are joined in a rule-governed way. Rules of combination will, for example, account for the well-formedness of (1) and (2); and disallow the formation of:

(3) bitten a poor was Henry dog by

Rochester and Martin's cohesion analysis to a large extent concerns itself with the syntagmatic axis of language. It is important to note however that there is an extent to which the paradigmatic and the syntagmatic can only be separated from each other arbitrarily.

and may not be noteworthy, whereas a repeated choice of passive constructions, agentless passives ("it has been done", rather than "I did it" for example), may suggest a wish on the part of the speaker to avoid stating personal involvement, or a tendency to see herself as *acted on* rather than *acting*.

#### 4.3.3 Intonation

Stress choices and their analysis is part of a selection process and therefore properly studied as paradigmatic. It has been dealt with sufficiently in Chapter Three.

#### 4.4 Cohesion analysis : the syntagm

##### 4.4.1 Reference:

Syntagmatic analysis deals with the extent to which combined words *supply* the information needed to decode the message. *Nonphoric\** texts do not presume information (Rochester and Martin, 1979, p.105).

*Endophoric\** references presume information supplied by the text itself.

*Exophoric\** references presume information not available in the text, and possibly available in the context. Reference systems partly determine the extent to which meanings are recoverable for the listener. This is the case because ambiguous or unclear referents (such as an ambiguous *pronoun*) presume information unavailable to her. Unclear referents are most likely to appear in texts which lack cohesion.

##### 4.4.2 Lexis:

The aspect of word choice to be analysed as part of the syntagmatic axis of language is the pattern of repetition. Progression in the syntagm is subordinated to cohesion when there is extensive lexical repetition. In the text

/(4) Jackie / Jackie / Jackie / Jackie / Jacqueline Bisset

repeated words create cohesion but there is insufficient new information to make the text semantically progressive. Consideration needs also to be given to the extent to which combined words belong to the same paradigm, e.g. my dress is *green*/yours is *blue*; related paradigms e.g. *air* can soothe/we should've travelled *lightly*; or opposing paradigms, e.g. I *bought* my *father* as a ram, where "buying" and "family members" belong to paradigms not usually connected in normal discourse.

#### 4.4.3 Syntax

As has been discussed in Section 4.3.2 above, analysis of this kind does not address itself to all syntactic strategies. Of particular importance to the issue of cohesion are the related processes of *deletion* (of redundant information) and *ellipsis*\*. In the text:

(5) I'm going to have a cigarette. Would you like *one*

The word "one" replaces the deletion "a cigarette" in the text. In:

(6) she's going but I'm not  $\emptyset$  (fabricated data)

the word "going" has been deleted from the clause "I'm not going" and has not been replaced by a marker such as "one" or "such" or "too". This is an ellipsis. *Conjunctions* play a clear role in making a text cohesive, in that they are the tie joining clauses together.

#### 4.4.4 Intonation

Stress patterns in the syntagm affect the balance of old and new information. This aspect of the syntagm has been analysed in sufficient detail in Chapter Three.

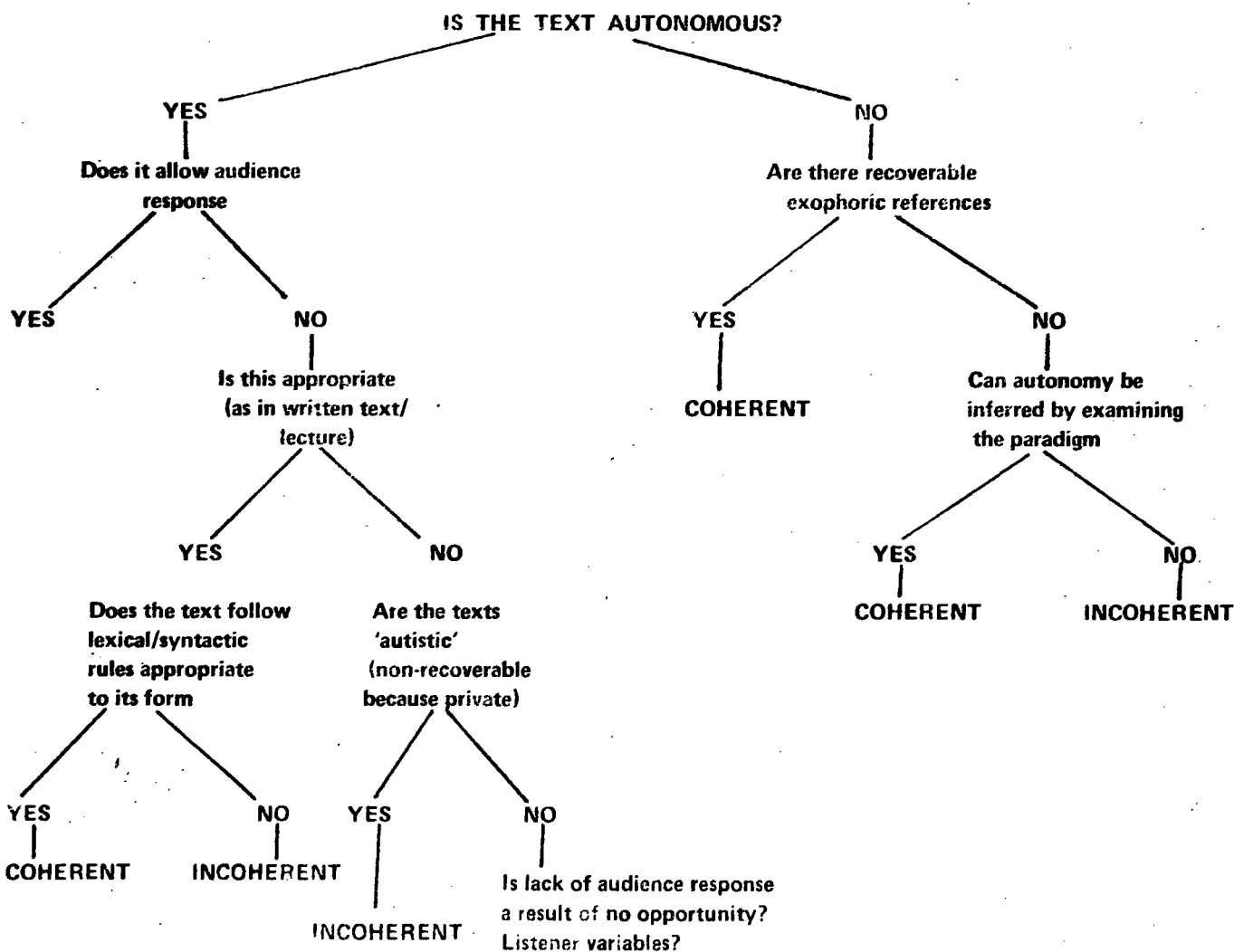
A summary of the cohesion analysis framework is given in Table 4.1.

PARADIGMATIC: THE AXIS OF SELECTION	SYNTAGMATIC: THE AXIS OF COMBINATION
<p>LEXIS</p> <ol style="list-style-type: none"> <li>1. Repetition of same word</li> <li>2. Synonyms: antonyms</li> <li>3. Repeated sounds, e.g.     <u>l</u>arger <u>l</u>ady</li> <li>4. Rhymes</li> <li>5. Puns</li> <li>6. Word choice: lexical leakage</li> <li>7. Slips of the tongue</li> </ol> <p>SYNTAX</p> <ol style="list-style-type: none"> <li>1. Repeated syntactic strategies     e.g. choosing active rather     than passive constructions</li> </ol> <p>INTONATION</p> <ol style="list-style-type: none"> <li>1. Repeated stress patterns</li> </ol>	<p>REFERENCE</p> <ol style="list-style-type: none"> <li>1. Nonphoric: not presuming information</li> <li>2. Exophoric: presuming information     not available in the text</li> <li>3. Endophoric: presuming information     supplied by the text</li> </ol> <p>LEXIS</p> <ol style="list-style-type: none"> <li>1. Words repeated in the syntagm, e.g.     <u>I rang him once</u>, <u>I rang him</u> twice.     Balance of given/new information</li> <li>2. Combination of words from similar     paradigms, e.g. <u>air</u> can soothe, we     should have travelled <u>lightly</u></li> <li>3. Combination of words from conflicting     paradigms, e.g. I <u>bought</u> my <u>father</u>     as a ram</li> </ol> <p>SYNTAX</p> <ol style="list-style-type: none"> <li>1. Deletion, e.g. I'm going to have a     cigarette. Would you like <u>one</u></li> <li>2. Ellipsis, e.g. she's going but I'm <u>not</u></li> </ol> <p>INTONATION</p> <ol style="list-style-type: none"> <li>1. The balance of given (non-prominent)     and new (prominent) information</li> </ol>

TABLE 4.1 COHESION ANALYSIS FRAMEWORK

4.5 Cohesion and coherence:

It would be useful at this point to consider again the relationship between *cohesion* and *coherence*, in the light of the framework for analysis set out above. The relationship between the two is best elucidated by means of a flow chart:



#### 4.6 Note on the analysis

The analysis which follows is qualitative. It makes no attempt to quantify the data, for example by counting numbers of cohesive ties. There are three reasons for this. Firstly, data from only two subjects, however big the corpus of utterances they have generated, does not lend itself to statistical treatment. Secondly (and this is the more important point) single linguistic events, such as lexical slips, are often of more interest than events occurring many times, such as "and...and" structures or subject-verb-object clauses. Thirdly, without extensive normative data, which does not exist, the status of statistical data is ambiguous.

However, qualitative analysis is at a disadvantage in those areas where some idea is needed of the extent to which a linguistic event is typical of one interview and changes in others. It is possible to do this without losing important qualitative detail in tone-unit analysis, and analysis of exchange-structure; but the cohesion analysis framework devised here can only yield *informed impressions* of what is typical.

Coulthard and Montgomery discuss this difficulty in their discussion of monologue analysis (1981, p.29).

#### 4.7 The Analysis : Aims

The cohesion analysis which follows has the following aims:

- (1) It analyses intake interviews of both Amelia and Barbara, and makes detailed comments on the cohesion strategies used by each of them. Where relevant, comments are made on later interviews.
- (2) It examines paradigmatic choices made by each patient with a view to describing individual discourse style.

- ~~(3) It compares Amelia's discourse strategies with Barbara's in order to isolate and comment on similarities and contrasts between them.~~
- (4) It examines briefly the effect on the syntagm of certain kinds of repeated paradigmatic choice.
- (5) It examines briefly the effect of the analysed discourse on the audience.

The first two sections deal with the paradigmatic axis of the discourse, and the second two with the syntagmatic axis.

#### 4.8 The Paradigm

This section will deal with the following areas (not necessarily in this order):

- (1) Repetition of words and phrases: formulae and listing
- (2) Word choice : sound and meaning
- (3) Lexical slips; and flight of ideas - the effect of haste on the paradigm
- (4) Repeated syntactic strategies

##### 4.8.1 The paradigm : Amelia

- (1) Lexis: There are three points to be made about Amelia's word choices: her use of formulaic phrases which she repeats; the significance of particular word choices; and the presence of lexical slips of the tongue.

- (i) Formulae: A characteristic of Amelia's discourse style is her tendency to describe an event, or situation in a phrase which is repeated, so that it becomes a) a topic marker b) a label and c) a formula which seems to have *explanatory* value for her. This will be illustrated with three examples.

Describing her lost romance she says:

/(7) and I couldn't take what he was saying to me /(8) that she was *beautiful and straight* /  
(formula in italics)

Later the formula is repeated:

/(9) and unfortunately while he was talking to me /(10) about the other girl being so  
*beautiful and straight* /

Describing the effect on her of lithium, she says:

/(11) when he saw me before I was so *bright and sparkly* /

She repeats later:

/(12) I'm not as bright as I use - /(13) *sparkly*  
*as I used to be* /

She describes the lost romance:

/(14) so I let him *go into fantasy* /

and repeats later:

/(15) so I let him *go into fantasy* /

There are variations on this formula, such as

/(16) I'm not *in fantasy* /

and

/(17) when I *go into fantasy* /

These formulae, and others, are repeated across interviews.

Of the examples given above it is interesting to note that (8) and (10), and (14) - (17), although vivid and immediate descriptions, are also to a degree inaccessible to the listener. It is not clear what being "beautiful and straight" means to her, nor what the process of "going into fantasy" involves. The phrases are possibly the remnants of longer phrases which have been shortened in the process of being repeated many times. A similar process occurs during the course of these interviews when she describes her lost romance as one in which she still has "half a chance". Through many repetitions the man himself is *labelled* "half a chance": this comes to be his name. This is one of the clearest effects on the discourse of the dual process of speaking both fast and repetitively.

The formulae take on the form of cliché's for her - like "sick and tired" or "hot and bothered" she says "bright and sparkly", and when she is about to say "bright" on its own in (12) she corrects herself, by adding the second word of the pair in (13).

(ii) Particular word choices

The fact that certain words or phrases are repeated gives an indication of their significance. To illustrate this point

consider the examples (14) - (17). To describe herself as being in fantasy implies both *a state* (like being in despair) and *a situation* (like being in a house). In relation to this state/situation she is passive, acted upon, unable to change. She extends this description to others in (14) and (15), which suggests both a sense of omnipotence and a loosening of personal boundaries.

(iii) Lexical slips:

Amelia's lexical slips appear to involve (a) haste and (b) clichés. An example of this is:

/(18) so she went and told the Jo'burg one (sister) /

(19) who's dancing all over her - /(20) laurels and um... /

There are 2 target phrases

- \* resting on her laurels
- \* dancing on my grave

In her haste Amelia combines the two and leaves the meaning of both implicit in her speech.

(2) Syntax

A paradigmatic examination of syntax is concerned with repeated syntactic strategies which are the core of *style*. There is one pattern in Amelia's syntax which is striking because it is repeated many times, both within and across texts and interviews. It carries the emphasis, the rhetorical weightiness of a public oration:

(About a psychiatrist:)

/(21) he never said a word /(22) I just used to sit and talk /

/(23) and he never said a word /(24) he never gave me therapy /

/(25) he never gave me anything

(About herself:)

/(26) I had no job /(27) I had no money /

/(28) I had no place to stay /

(21) - (28) are from the first interview. The following are from the final one:

/(29) I've given all the guilt to her /

/(30) I've decided /(31) I didn't do wrong /

/(32) I didn't do anything deliberately /

/(33) I didn't go and tell my father /

/(34) I kept it away from him /

/(35) I didn't ah - /(36) you know what I mean /(37)  
she did it deliberately /

/(38) it's her fault /(39) she can take the blame

/(40) she can take the guilt /(41) it's all for her /

Passages like this are cohesive because they are both lexically and syntactically highly repetitive, the effect of which is to create emphasis. It also, like rhetoric, does not ask for an audience response

apart from acquiescence. (36) is not a question demanding an answer, but rather a conventional discourse marker that signals her awareness that she is in conversation with someone. The repetition then, apart from creating emphasis, nullifies the audience as active participant, placing her in a passive role. The significance of this is clear: if Amelia is not speaking for an audience then it follows that *she* is her own primary audience. Repeated phrases said to *oneself* are ruminations, usually associated with the cognitive style of depressives and obsessionals. This connection would be a useful one to explore in further research.

(3) In summary the following points can be made about Amelia's paradigmatic choices:

- i) as a result of having repeated certain topics many times, complex topics have been reduced to formulae, which are to an extent inaccessible to the listener
- ii) a characteristic pattern of hers is to choose words and syntax which describe her state as one in which she is passive rather than active
- iii) a striking aspect of her syntactic style is her use of repetition: the same syntactic structure is repeated many times in consecutive clauses, for rhetorical effect.

#### 4.8.2 The paradigm : Barbara

##### (1) Lexis

The feature of importance about Barbara's word choices in her first interview has to do with repetition: repeated words; words with the same or similar meaning; repeated sounds. Repetition was also the principle on which Amelia based many of her word choices.

Barbara's repetitions are often, in the first interview, of one or two words:

/(42) alpha beta gamma delta /(43) epsilon epsilon epsilon

/(44) bactrim bactrim bactrim /

There is repetition of clauses:

/(45) should it have been lucky /

/(46) should it have been lucky /

and repetition of sounds:

/(47) it's a Monday for sure /(48) surely his name is Sam

/(49) surely his name is Sam /

In (48) the word "surely" appears to have been chosen not on semantic grounds, but on the grounds of its similarity to "sure" in (47).

As discussed in Chapter Three, Barbara's repetitions are like lists: she lists items of information that she doesn't want to forget. As she says once the acute phase of her illness has passed:

/(50) I lose my rational side /(51) I have to start  
writing things down and remembering them / (. 2nd interview)

Implicit in what she says is her fear of her thoughts not being under her control. Her ruminative repetitions of words, often listing biographical data, stops her from "forgetting", or allowing herself to shift rapidly from one subject to another. An example of this process is given in the series of utterances following:

/(52) I was born with my daddy's blue eyes /(53) and my  
mummy's green eyes /(54) my mummy never let me wear green /  
/(55) my mummy never let me wear green /(56) she never let  
me wear green /(57) she never let me wear green /  
/(58) did she /(59) ((...)) /(60) is my mother still alive /

(52) - (60) contains a classic "flight of ideas". It is *cohesive* in the sense that it *repeats* words and phrases and has repetitive syntactic structures, but it is not *coherent* in the sense that the same words shift paradigms in an unpredictable way. In other words the same marker - the word "green" - connects two different topics : eye colour, and mother's control of what colour clothing she wears.

In summary this section makes two related points:

- (i) Barbara's choices from the paradigm are often made on the basis of the similarity between words
- (ii) the lexical repetition is of two kinds: that which expresses ruminations aimed at helping her not to "forget"; and that which expresses "flight" from one topic to another as the same word comes to be associated with different contexts.

The lexical repetitions in the first interview disappear after the acute phase of the mania has passed.

## (2) Syntax

Just as the most striking feature of Amelia's discourse style is her use of parallelism (repeated syntactic structures) so is it Barbara's; but in Barbara's discourse it is a feature which *does* change time. In her first interview, Barbara says of her gynaecologist:

/(61) so I rang him once /(62) and I rang him twice

/(63) and I rang him three times /

and of her work:

/(64) but they chucked me out of \_\_\_\_\_ once

/(65) and they chucked me out of \_\_\_\_\_ twice

/(66) and they chucked me out of \_\_\_\_\_ three times

/(67) and they chucked me out of \_\_\_\_\_ four times /

This kind of repetition is not a feature of the later interviews.

#### 4.8.3 Summary of paradigm analysis findings : comparison of Barbara and Amelia

- (1) Both Amelia and Barbara use lexical and syntactic repetition extensively in their first interviews. Amelia continues to do so. Barbara does not.
- (2) For both patients the repetition has a ruminative quality. For Barbara it seems to be a means of holding on to facts, of keeping control. For Amelia it seems to be a rhetorical means of rationalising and justifying her behaviour.
- (3) The effect of the repetition on the listener is to exclude her from playing an active role in the interchange.
- (4) Barbara's use of repetition includes rhyming, and alliteration: and there are times when the same words, associated with different paradigms, create topic shifts, as in "flight of ideas". At these times her discourse is cohesive but not coherent.

#### 4.9 The syntagm

In the analysis which follows the following areas will be dealt with:

- (1) The reference system : how pronouns are used and their effect on the audience

- (2) The use of deletion and ellipsis
- (3) Haste vs obsessionality: the use of qualifiers
- (4) The balance of given and new information in the syntagm
- (5) Some comments on syntagm breaks

#### 4.9.1 The syntagm : Amelia

##### (1) Reference : pronouns

Commenting on her situation in the first interview Amelia says:

/(68) and a mental home /(69) *I* mean once *you've* been  
in a mental home /(70) *you've* got a stamp on *one* /

The slippage from "I" to the indirect "you" and the generalised "one" dissociates her from the process she is describing. She uses the same technique in a different way here:

/(71) *I* mean *you* can talk to *me* reasonably /  
/(72) *I'm* not erratic /(73) *I'm* not in fantasy  
/(74) - (75) (...) /(76) there are times when *you*  
couldn't reason with me /(77) - (79) (...) /(80)  
but when *you* can talk reasonably and make choices /

Here slippage allows Amelia to identify herself unobtrusively with the "you" she addresses until in (80) "I" and "you" refer to the same person.

It is possible that pronoun slippage marks not only a persuasive process, but also a failure to maintain adequate "I"/"not I" boundaries. Her strategy in this respect does not change over time.

(2) Deletion and ellipsis

In Chapter One Durbin and Martin's (1977) finding - that manic patients delete too much from their discourse - was discussed. Amelia deletes very little from her discourse, as the following text will illustrate:

/(81) so what must I come here for /

/(82) to watch the clock and smoke /

/(83) do you know how much I'm smoking /

/(84) I've never smoked so much in my life /

/(85) I think I'm smoking about /(86) 60 cigarettes a day

/(87) I'm just sitting and smoking /

/(88) and if I want to sit and smoke and watch the clock /

/(89) I can go and watch the clock at home and smoke /

If normal deletion processes were at work would (for example) make it possible for (88) and (89) to read:

(90) and if I want to do *that*/I can do *it* at home /(fabricated data)

Her failure to delete does not change over time.

It is interesting to speculate about the effect that the failure to delete has on the listener. As was discussed in Chapter Three a preponderance of given information, which is largely redundant, and could be deleted is unlikely to hold the listener's attention. It may also be confusing, simply because normal syntactic rules are failing to apply.

(3) The use of qualifiers

Related to Amelia's failure to delete unnecessary items from the syntagm is her apparent desire to leave out no detail. The effect of this is to make the discourse cohesive, often unambiguous, and repetitive. An opposing process - the need to speak fast - on occasion forces words or clauses into inappropriate syntagmatic positions. An example of this is

the following utterance, occurring in a text in which Amelia describes why her sister suggested she go to a psychiatrist:

/(91) now really if it would help to go to a psychiatrist  
to have a relationship with a man /(92) the psychiatrists'  
places would be full /(93) to find a boyfriend /

The last part of (91) and (93) are misplaced clauses, occurring in a text characterized by fast speech and long tone-units. Haste also affects the syntagm by occasionally causing unnecessary words to be added. An example of this is the following:

/(93b) she's got a home with Persians *and* carpets and /  
paintings and a husband...(2nd interview)

#### (4) Hesitation and breaks in the syntagm

The analysis of syntagmatic relationships in Amelia's discourse, with its repetitiveness, failure to delete redundant information, and insistence on detail reveals that it is highly cohesive. There are times, however, when the syntagm structure is not cohesive because of hesitations or breaks. Some of these occur at times when Amelia seems to be having difficulty with the *content* of what she has to say. For example:

/(94) *well ah* - I got upset over a lost romance /  
/(95) *and um* - I went hysterical for 2 days /

In (94) and (95) the lexical markers and hesitation herald the difficult statement that she hasn't been altogether well. Similarly

/(96) 'cos I'm not very - /(97) I mustn't say this (LAUGHS)  
/(98) I'm not really normal (LAUGHS) / (99) I'm a bit cuckoo /  
(2nd interview).

The hesitation and break in (96) and the disclaimer in (97) introduce the subject of her being "cuckoo". The final example in this section shows a combination of her desire to detail everything in conflict with her wish not to admit to illness:

/(100) it's so expensive at the clinic /(101) 4 days  
cost R200 /(102) and if I want to spend - /(103) and  
I went there once and threw out diamonds and gold /  
(104) and um - and it cost about R3 000 that little  
trip to the clinic / (3rd interview).

Amelia's hesitations and syntagm-breaks do not change over the series of interviews.

#### 4.9.2 The syntagm : Barbara

##### (1) Reference : pronouns

In contrast to Amelia, Barbara's referents in the first interview are frequently ambiguous. For example, when she says

/(105) I bet you will light my cigarette for me  
/(106) the right way /

"right" in (106) is unclear. In the utterance:

/(107) you recognise those /(108) who recognise you first /

"you" is ambiguous in both (107) and (108). Talking about not having had children, she comments:

/(109) it's just as well I didn't /(110) why why why /  
(111) why didn't I /

In this series of utterances, (110) and (111) could refer to her not having had children or to the statement immediately before, that it's just as well she didn't. There are times when she uses pronoun slippage as an intentionally coercive move, just as Amelia does: she says

/(112) shouldn't *we* turn up the volume /

and

/(113) shall *we* write it down now /

In both (112) and (113) there is a demand made of me, which she disguises in a polite form. Its perlocutionary force is: *You* turn up the volume. *You* write it down now.

Implicit in (112) and (113) is a sense of Barbara's permeable boundaries. She does not differentiate clearly between herself and others. This is the case in the following from the second interview:

/(114) time runs out on *me* / (115) on *everyone* /

The leap from "me" to "everyone" is expansive. However Barbara's referents in this, and in the final interview are unambiguous and clear.

## (2) Deletion and ellipsis

Again, in contrast to Amelia, Barbara at times deletes so much from her discourse that the marker left behind is insufficient to allow the listener to understand the text:

/(116) January 13th '74 / (117) should it have been lucky

/(118) should shouldn't / (119) should shouldn't

/(120) which came first / (121) the Greeks or the Romans /

Here, (112) - (119) shows a process of successive deletions which make available less and less to the listener. Between (119) and (120) is

an ellipsis which severs the connection between the utterances.

In the following:

/(122) air can soothe /(123) can balm /(124) we  
should've travelled lightly /

there is an ellipsis bridged by the paradigmatic connection between air which is light, and travelling lightly; but the reason *why* that connection was made is not given.

Phenomena such as those in (117) - (124) are in contrast to the markedly perseverative utterances such as (61) - (67) where there is a failure to delete redundant material.

A balance between given and new information with appropriate use of deletion is evident by the time of the second interview. Compare the repetitions of (61) to (63) with the *progression* of:

/(125) I've got patience now /(126) to let my thoughts  
stay on one track /(127) I don't need to write things  
down to remember / ( 2nd interview).

### (3) The balance between given and new information

The ellipsis between (123) and (124) and the obvious paradigmatic connection between "air" and "lightness" highlights a process implicit in both Amelia's discourse and Barbara's (in her first interview). This can be described as an imbalance between the processes of selection and combination, such that the paradigm (containing lexical items connected by their similarity) intrudes itself on the syntagm (which joins items from different paradigms together). Jakobson (1971) refers to this as the projection of the principle of equivalence from the axis of selection onto the axis of combination and uses it to describe the intricate

syntactic parallelism and lexical repetition of poetry. In spoken discourse this process results in two contrasting forms: tautology on the one hand, as in (61) - (63), and (81) - (89), and ellipsis on the other. For as long as the paradigm dominates there is little progression in the syntagm. This suggests that the discourse of these patients is characterised by activity which fails to achieve its goals. In this sense their discourse is no different from their other activities.

#### (4) Word Choice

In (3) above the process described is that of selection on the basis of similarity. This is the case with the selection of "air" and "lightly". There are occasions in Barbara's first interview when word choices are made from *conflicting* paradigms. In the following example, she is talking about her father:

/(128) is he a capricorn /(129) I bought him as a ram /

The word "bought" and the implicit "father" come from conflicting paradigms: one cannot buy family members. Similarly the text

/(130) should I fuck flies now /

has word choice from conflicting paradigms. The effect of this is to make those utterances incoherent.

#### 4.9.3 Summary of the syntagm findings : comparison of Barbara and Amelia

(1) Barbara, in her first interview uses unclear and ambiguous referents. Both Barbara and Amelia use pronominal referents such as "you", "one" and "we" as a way of making demands on the listener.

- (2) Amelia fails to apply normal deletion rules, and produces texts with a preponderance of given information. Barbara does too, but she also produces texts from which too much has been deleted.
- (3) Both Amelia and Barbara produce *cohesive* texts. Amelia's are *coherent*, but Barbara's discourse in the first interview often is not.
- (4) Both Amelia and Barbara subordinate lexical progression to repetition. They can be characterised as *paradigmatic speakers*.
- (5) Barbara's discourse changes markedly between the first and second interviews, particularly in that it becomes progressive, as opposed to tautological. The same is not true of Amelia, who continues to produce highly repetitive texts.
- (6) There is one final point of interest to this section. Rochester and Martin's (1979) findings were that thought-disordered schizophrenic speakers used lexical cohesion extensively; and used unclear or ambiguous referents. The findings in this analysis are very much the same, which raises two possibilities: that all speakers, including normal speakers, use strategies such as these; or that schizophrenic and manic speakers have similarities. These possibilities point to areas for further research.

A summary of the cohesion analysis findings is given in Table 4.2

	AMELIA	BARBARA
Paradigmatic LEXIS	<ol style="list-style-type: none"> <li>1. Repeats the same words and combinations of words many times: "formulae"</li> <li>2. Chooses words that describe her state as passive</li> <li>3. There are lexical slips that seem to result from haste</li> </ol>	<ol style="list-style-type: none"> <li>1. Repeats the same words in perseverative fashion</li> <li>2. Chooses words on the grounds of similarity of sound, e.g. rhymes, alliteration; punning; "paradigmatic speaking".</li> <li>3. "Paradigmatic speaking" - choosing words on other than semantic grounds - leads to "flight of ideas"</li> </ol>
SYNTAX	<ol style="list-style-type: none"> <li>1. Repeats syntactic structures for rhetorical effect, e.g. <i>I had no job / I had no money / I had no place to stay /</i></li> </ol>	<ol style="list-style-type: none"> <li>1. Repeats syntactic structures for rhetorical effect, e.g. <i>so I rang him once / and I rang him twice /</i></li> </ol>
Syntagmatic REFERENCE	<ol style="list-style-type: none"> <li>1. Usually clear, unambiguous referents</li> <li>2. Uses pronoun "slippage" for audience control</li> </ol>	<ol style="list-style-type: none"> <li>1. Many unclear or ambiguous referents</li> <li>2. Uses pronoun "slippage" for audience control</li> </ol>
LEXIS	<ol style="list-style-type: none"> <li>1. Repeats same words in the syntagm therefore texts not semantically progressive. Lexical cohesion. Preponderance of given information in syntagm</li> </ol>	<ol style="list-style-type: none"> <li>1. Repeats same words in one syntagm therefore no semantic progression although texts produced are cohesive</li> <li>2. Sometimes combines words from conflicting paradigms e.g. "<i>bought father as a ram</i>".</li> </ol>
SYNTAX	<ol style="list-style-type: none"> <li>1. Fails to delete redundant words from the syntagm therefore produces tautological texts.</li> <li>2. Often includes qualifiers in the syntagm</li> </ol>	<ol style="list-style-type: none"> <li>1. Sometimes fails to delete redundant words from the syntagm therefore produces tautological texts.</li> <li>2. Sometimes deletes too much information, leaving ambiguous markers; or creates ellipses. Then the text becomes incoherent.</li> </ol>

TABLE 4.2

: COHESION ANALYSIS : COMPARISON OF AMELIA AND BARBARA : FIRST INTERVIEW

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## CHAPTER FIVE : Exchange Structure

### 5.1 Introduction

In Chapter One, Labov and Fanshel's notion of being "accountable to an entire body of conversation" (1977, p.354) was discussed. Comprehensive discourse analysis, such as they undertook to do, involves in part (1) close examination of the relationships between items within the smallest unit of analysis (e.g. tone-unit analysis) and (2) analysis of the relationship between units (e.g. cohesion analysis). Both (1) and (2) are however best suited to the exploration of discourse produced by a single speaker, as opposed to two speakers *in conversation*, and cannot therefore be said to constitute comprehensive discourse analysis of the kind called for by Labov and Fanshel. Being "accountable to an entire body of conversation, attempting to account for the interpretations of all utterances and the *coherent sequencing* between them" (Labov and Fanshel, 1977, p.354; my italics) clearly calls for an understanding of what passes between participants in a conversation, including the part each plays in the creation of coherent texts. Further, it calls for an examination of the context in which the interchange takes place, including the participants' understanding of the nature of the interchange, and their expectations of it. A text cannot be said simply to be incoherent; it is incoherent to a particular listener, in a specific situation.

In their analysis of schizophrenic discourse, Rochester and Martin (1979) discuss the importance of considering the role of the hearer in communicative nonsuccesses. However, they do not explore this aspect of the discourse and analyse no utterances of interviewers engaged in conversation with schizophrenic speakers. This constitutes an important limitation on the value of their findings.

The aim of this chapter is to attempt an analysis of exchange structure. Such an analysis will involve: (1) specifying the rules of both ordinary conversation and psychiatric interviews (2) describing the exchanges between patient and interviewer in terms of those rules (3) accounting for "what is really going on" (Labov and Fanshel, 1977, p.117) by *expanding\** the text to include interpretation of exchanges and (4) accounting for communicative failures in terms of both speaker and hearer *defeasibilities\**. This and other terms used in the analysis will be defined in the sections following. The framework used draws on the work of discourse analysts (Burton, 1981; Grimshaw, 1980, 1982); and the findings of conversational analysis (Levinson, 1983). It is informed to a limited extent by speech act theory, upon which Burton's discourse analysis is based.

## 5.2 The context

This chapter is concerned primarily with the first interviews with each patient. These took place in a locked women's ward, designed mainly for the treatment of acute psychotic admissions. Because the ward is locked, its function is partly custodial.

### 5.2.1 The situation

Within this context, the situation set up by the interviews was not clear. Barbara was told that the interview was being undertaken for research purposes. The nature of the research was left unstated in order to avoid the possibility that she might self-consciously monitor her discourse. It is apparent from her remarks during the interview that whatever my reason for being there, she was expecting me to conduct a psychiatric examination. It is likely that she had already had a number of such examinations since her admission. Amelia, on the other hand, was not told that the interview was for research purposes until after the acute phase

of her illness. This is done on the advice of the consultant in charge, who introduced me to Amelia as a clinical psychologist trainee "who would like to have a talk with you". It is likely therefore that her expectations of the situation were similar to Barbara's: that I would conduct a psychiatric examination in order to determine her mental status. Remarks made by her during her interview bear this out.

As interviewer, my expectations of the situation were somewhat different from theirs. I did not intend to structure the interview in any way. I wanted to elicit as large a corpus of utterances from each patient as possible, and saw my role as being to ask open-ended questions and to prompt with minimal responses when the conversation flagged. I did not anticipate being either an active or an equal participant in the interchange. I could not be equal because I was not a patient and was clearly associated with the staff. The implication of this is that the interchange cannot be defined as conversation, the minimal requirements for which are that participants behave as equals and display some degree of reciprocity (Donaldson, 1979); and yet it wasn't a psychiatric examination either.

This ambiguity is of particular importance to the analysis of exchange structure because it brought two sets of overlapping expectations to bear; those pertaining to structured doctor - patient interviews and those of spontaneous talk with two participants. These will be explored further in the sections to follow.

#### 5.4.3 Grice's maxims of conversation

Grice's co-operative principle, and the maxims of Quality, Quantity, Relevance and Manner are pertinent here, because they describe a set of rules that structure most naturally-occurring talk. Their importance

lies in (1) the fact that they are stated at a level of abstraction of her illness. This is done on the advice of the consultant in which makes them applicable to many discourse situations and (2) the assumption that they come into operation automatically - often without necessary recourse to conscious intent. Hence, a speaker will safely assume in most discourse situations that the co-operative principle holds, and will act accordingly. The principle and maxims are as follows:

### 5.3.1 The Co-operative principle

Make your contribution such as is required, at the stage at which it occurs, by the accepted purpose or direction of the talk exchange in which you are engaged.

#### The maxim of Quality

try to make your contribution one that is true, specifically:

- i) do not say what you believe to be false
- ii) do not say that for which you lack adequate evidence

#### The maxim of Quantity

- i) make your contribution as informative as is required for the current purposes of the exchange
- ii) do not make your contribution more informative than is required

#### The maxim of Relevance

make your contribution relevant

#### The maxim of Manner

be perspicuous, and specifically:

- i) avoid obscurity
- ii) avoid ambiguity
- iii) be brief
- iv) be orderly

(Grice, 1975, pp.45-47)

As Levinson points out in his discussion of the maxims (1983, p.103 ff), Grice should not be read to imply that all conversation *superficially* follows these rules, but rather that they can be found to operate on some level. Levinson gives this example:

- (1) Open the door
- (2) Walk up to the door, turn the doorhandle clockwise as far as it will go and then pull gently towards you.

Here, (2) flouts the maxim of Manner in the sense that it is not brief. However, the hearer will assume that (2) has been chosen instead of (1) for a specific reason, and that the co-operative principle has been obeyed on a non-superficial level.

In a psychiatric setting, particularly a locked ward for psychotic patients, the co-operative principle will not necessarily be assumed to obtain by either staff or patients. A paranoid patient might assume staff to be flouting the maxim of Quality, by telling lies; and staff commonly expect psychotic patients to lie, to be evasive, to say irrelevant things, and to communicate in obscure, ambiguous, disorderly (cf "thought disorder") and over-inclusive ways, thereby flouting all four of Grice's maxims.

The extent to which the co-operative principle is in fact adhered to in a psychiatric setting is difficult to determine, and this would be a useful focus for further research. The important point for this study is that from time to time, participants in interchanges in psychiatric settings will monitor what is said sceptically, assuming that the co-operative principle is not being adhered to, and will therefore make no effort to try to understand why a maxim has been flouted.

### 5.3.2 Communicative nonsuccess in a psychiatric setting

From the analysis in Chapter Four it seems that the two manic patients in this study did not adhere to the co-operative principle, by flouting the maxims of Quantity, Relevance and Manner. It is unsatisfactory, however, to assume that communicative nonsuccess in the situation resulted from this, and nothing else. There are two other sources of possible nonsuccess: (1) the hearer assumes that the maxims are being flouted although they are being adhered to on some level, or interprets the co-operative principle differently to the speaker (2) the hearer is distracted, loses concentration or makes a prior judgement about the situation. These are termed hearer *defeasibilities* (Grimshaw, 1982, p.125; Levinson, 1983, p.114).

In the situation outlined in 5.2.1 above, hearer defeasibilities apply to both participants in the interchange. I assumed that manic patients would flout the co-operative principle in particular ways. The patients, particularly Barbara, expected the situation to unfold as a psychiatric examination, with consequent misinterpretation of my discourse. These defeasibilities, inherent in the situation, need to be borne in mind in the analysis of exchange structure which follows.

### 5.4 Rules for psychiatric interviews

In Section 5.2.1 above it was pointed out that two overlapping sets of expectations were operant in the interview situation: those of spontaneous talk and those of psychiatric examinations. For the purposes of the analysis which follows it will be assumed that Grice's maxims would, in ideal circumstances, underlie both sets. Although suspicious, a paranoid patient, usually on some level expects a psychiatrist to be helpful to her; and psychiatrists expect, and often get, co-operation from patients within the limits imposed on them by their psychiatric status. There is evidence that rules are broken in highly ritualized ways that

demand the collaboration of staff and patients (Goffman, 1968).

However, despite the adherence of both to Grice's maxims, psychiatric interviews differ in several important respects from spontaneous talk:

(1) Spontaneous talk has a degree of non-predictability, in the shift from one topic to another; psychiatric interviews are highly predictable in both content and form. The psychiatrist asks questions about the patient's history and present circumstances, including mental state, and the patient is expected to give information.

(2) The reciprocity of spontaneous talk is based on a willingness of participants to share information equally, and there is an assumption of equal power or authority. In psychiatric interviews, psychiatrists share little information about themselves and hold an unequal share of the power in the situation.

## 5.5 Definitions of Terms

In addition to those discussed above, the analysis in this chapter will make use of terms drawn from both discourse analysis and conversational analysis. These will be defined below. The classification of acts, moves and exchanges is taken from Burton (1981). Information on adjacency pairing comes from Levinson (1983, p.303 ff).

The smallest unit in exchange structure is an *act*. Acts, conveyed usually by no more than 2 tone-units, are made up of *markers\**, such as "well", "so" and "OK"; *summonses* (calling a name), *requests* for speakers rights, *elicits\** (questions), accuse - excuses, informing comments and so on. Some acts regularly occur together, such as accuse-excuse, or elicit-inform, and are analysed as *adjacency pairs\**. Some second turns in a pair are *marked\** or *dispreferred\**: an example being refusal of a request. Dispreferred turns are structurally more complex than preferred

ones, and are often avoided in a conversation by means of *pré-séquences\**. demand the collaboration of the hearer. Pre-invitations, pre-requests and pre-announcements are the means by which a speaker can find out whether his next move will be supported. "Have I told you about X?" is a pre-announcement, a preface to a story. If the hearer says "No" (preferred turn) she will go ahead. If the hearer says "Um, yes I think you have" (dispreferred) she avoids the possibility of beginning a story and being interrupted by her bored or restless audience. Pre-requests like "Are you going to town?" preface a request for a lift and may elicit an offer without the request being made, which is the preferred option. These pairs and sequences occur with great regularity and are the means by which speakers *project\** (know in advance) the course of conversation. *Metastatements\** are acts in which speakers comment, directly or indirectly, on the conversation/conversational situation. Acts have an *illocutionary* force; they are offers, requests and so on. Their *perlocutionary* force is the effect they have on the audience. *Moves\** are made up of acts, and consist of *openings\**, *supporting\** moves and *challenges\**. An *exchange* is made up of a series of open-support-challenge moves. Its *boundaries* are frequently marked by *framing and focussing\** moves, a sub-group of openings, often involving markers, summonses and metastates. Tables 5.1 and 5.2 give examples of exchange structure analysis using acts and moves as units. The complete analysis is reproduced in Appendices E and F.

## 5.6 The Analysis

### 5.6.1 Amelia

The pattern of exchange structure in all the interviews with Amelia is a simple one. A question such as "tell me a bit about that" elicits a long series of informing acts. This structure flouts the maxim of

Amelia Moves	Amelia Acts	AMELIA UTTERANCES	Interviewer Moves	Interviewer Acts	INTERVIEWER UTTERANCES
opening	elicit	/ do you mind if I smoke	supporting	reply	/ not at all /
supporting	directive	/ but I haven't got an ashtray /	supporting	inform/ directive	/ there's a dustbin over there /
supporting / opening	inform / accuse / marker + elicit	/ see I smoke all the time / this place is no good for me / so you're a psychologist /	supporting	reply	/ yes /
frame / opening	marker + inform / inform / inform / inform / inform /	/ well anyway / I can't mope about past mistakes / and it won't happen again / and I don't really believe in psychiatry / because of that first psychiatrist / made me fall / so badly / and the other ones never gave me any therapy / I need them for my tablets	supporting	elicit	/ what sort of tablets /
	reply / inform /	/ oh I'm on lithium / I burnt out a chemical / from too much fantasy and not enough reality / in my life			

TABLE 5.1.

ANALYSIS OF EXCHANGE STRUCTURE : AMELIA

Barbara Moves	Barbara Acts	BARBARA UTTERANCES	Interviewer Moves	Interviewer Acts	INTERVIEWER UTTERANCES
supporting challenging	s-inform metastate / accuse / directive	/ it must have been the second of March / it's March / why don't you ask me the right questions			
supporting	directive	/ find out about orientation eh /	supporting	excuse	/ tell me what they are / then I'll ask you
supporting	reply	/ you should have been	supporting	acknowledge elicit	/ orientation for time and place / do you think I should be doing that /
			supporting	metastate	/ you're going to fail me on this interview /
supporting	s-inform	/D _____ was her maiden name / her married name was C _____ /	opening	elicit	/ when were you in England /
supporting / challenging	reply/accuse	/ I was last there in '79 / I told you that before / I was last there in '79	supporting	excuse	/ that's right / you did tell me /
challenging	accuse	/ groot ore /			
supporting	reply	/ no I got divorced in February 1981 /	opening	elicit	/ are you still married /
supporting	reply	/ no /	supporting	excuse	/ you haven't married again /

TABLE 5.2

## ANALYSIS OF EXCHANGE STRUCTURE : BARBARA

Quantity by being more informative than is required, and the maxim of Manner by not being brief. The effect of these lengthy informs on the listener has been discussed above (Chapter Three). My function is a limited one: I elicit, prompt and make minimal replies such as "hmm", which are sufficient to keep the exchanges going. It is possible that many of my prompts are gratuitous, and that Amelia would have kept up what amounts to a monologue without them.

There are departures from the basic elicit-inform-prompt-inform exchange structure. In the following sections two examples will be given of instances in which Amelia, assuming that I am adhering to the co-operative principle, manipulates an interchange to her own benefit. Her own adherence to and departure from the co-operative principle will be explored in further examples.

(1) Oh have you had enough of me

Half-way through the first interview, the sister in charge of the ward called out: "Pills time everybody", and this exchange between me and Amelia followed:

A: /(3) it takes two to tango /

S: /(4) hmm.../(5) they're saying /(6) that it's time  
for pills /

A: /(7) oh have you had enough of me /

S: /(8) no /(9) I was just wondering /  
/(10) could you go and get your pills /  
/(11) and come back /

A: /(12) alright /(13) except that I have to stand in  
the queue /

S: /(14) oh /

Here, (3), which is a continuation of a long inform about Amelia's situation, follows the Sister's announcement about the pills, and makes it clear that she is not going to respond to it directly. The marker in (4) acknowledges (3); and (5) and (6) are directives. By drawing Amelia's attention to the announcement (5) and (6) have the illocutionary force: GO AND GET YOUR PILLS. The statement, (7), is an accusation, the first turn in an accuse-excuse pair. To confirm (7) would constitute a dispreferred second turn; I choose the preferred turn, and (1) to (11) constitute both an excuse and face-saving account in the following form (8) - denial; (9) - metastate; (10) - directive; (11) - directive + denial of (7), and therefore excuse. The suggestion in (10) is face-saving in that I do not have to withdraw the directive implicit in (5) and (6).

In this exchange Amelia has been able to count on my adherence to the co-operative principle in order to get what she wants. She neatly prevents me from using the pills announcement as a convenient way to end the interview.

(2) Now who's to blame

Another occasion on which Amelia uses the co-operative principle to elicit a particular response from me occurred in the final interview. She was plotting revenge on her sister:

A: /(15) now just say /(16) I told her husband /  
/(17) about the affair /(18) and he shot himself /  
/(19) who's to blame for his death /  
/(20) me or her /

S: /((21) hmm - /

A: /((22) if he never knew /((23) he'd live up till 100 /

S: /((24) hmm - /

A: /((25) right /

S: /((26) yes /

A: /((27) so who's to blame /((28) her or me /((29) her /

The answer Amelia wants to her utterances (15) - (20) is clearly acquiescence; any other response would constitute a dispreferred turn. As dispreferreds are usually complex structurally, they require more time than preferred turns; and this time is asked for with markers, metastatements, and disclaimers like "perhaps it might be" or "possibly". The marker in (21) presumably is a preface to a dispreferred turn and is interrupted. The statements (22) and (23) rephrase the situation and again there is a demand for acquiescence. (24) is another interrupted marker. I am prompted by (25) to say "yes", which I do, in (26). What has happened is that I have acknowledged and agreed to (22) and (23) but have implicitly agreed to (15) to (20) as well, by default. Amelia acknowledges my agreement in (27) - (29) by restating her initial proposal and supplying her own confident affirmative to it.

In this exchange, Amelia has elicited a response she wants from me by taking advantage of a recurring pattern in conversation: that of dispreferred turns needing time to be negotiated. She further relies on my adherence to the co-operative principle in that she expects me to "make my contribution such as is required".

(3) So you're a psychologist

The examples quoted above demonstrate an *automatic* assumption that the

co-operative principle will hold. The examples following demonstrate times when she seemed to question it. After she had told me a part of her history and stated in strong terms her dislike of both the hospital and psychiatrists, this exchange took place:

A: /((30) this place is no good for me /((31) so  
you're a psychologist /

S: /((32) yes /

A: /((33) well anyway /((34) I can't mope about past  
mistakes etc. /

The markers "well" and "anyway" in (33) indicate the start of a new topic. Amelia does not acknowledge (32), nor does she account for (31). There is no pause or boundary marker after (30) to indicate that there is about to be a change of direction. Moreover demanding my credentials would, in normal discourse, call for an account to be made, over and above that which is necessary to usher in a new topic.

What seems to have happened here is that Amelia is checking that what she was told at the outset of the interview - that I am a clinical psychologist trainee - is true. She is not sure how far she can trust me with her perception of the hospital and psychiatry. Very similar in form is this exchange:

A: /((35) I didn't really get into it (MY JOB) /  
/((36) why do you have the tape-recorder on /

S: /((37) well /((38) it just saves me from taking notes /  
/((39) is it bothering you /

A: /((40) oh I see /((41) no /

S: /(42) it helps me to keep clear in my head /  
/(43) what's going on /

A: /(44) why /(45) do you listen back on it /

S: /(46) yes /

As in (31), (36) marks an abrupt change of topic without account. It is also an accusatory move, the first in an accuse-excuse pair. I excuse myself in (42) and (43). Part of the perlocutionary force of Amelia's sudden question is the possibility that the tape-recorder be switched off; this accounts for the marked nature of (37) and (38) which are a dispreferred second turn, asserting my wish to keep it on. I re-open the negotiation in (39) on the assumption that (38) will be sufficient answer to (36).

What seems to have prompted (36) is suspicion that I might play the tape-recording to the psychiatrists. This is confirmed by her later in the interview:

A: /(47) does this (INDICATES TAPE) go to the psychiatrists /

S: /(48) no /(49) it's just for me /

At the same time she does not want to appear suspicious, in case I take that as an indication of mental illness. Therefore, when I give her a "reasonable" explanation of why I want the tape-recorder on, she cannot demand that it be switched off without losing face. This accounts for (41). Meanwhile I have flouted the maxim of Quality in (38) by saying what I know to be untrue, and it is perhaps in response to my uneasiness about this that I say (42) and (43).

What is interesting about this analysis is that it shows how the co-operative principle can be questioned - (36); flouted - (38); and adhered to (39) - (46) within the boundaries of a single exchange.

(4) Oh, small world

Amelia's first interview demonstrates the extent to which the co-operative principle and the elaborate turn-taking machinery of exchanges hold even in circumstances of mutual suspicion and unease. A final example illustrates this. Amelia and I discuss the fact that we're both from Zimbabwe:

S: / (50) whereabouts in Zimbabwe /

A: / (51) in Salisbury / (52) and you /

S: / (53) me too /

A: / (54) oh small world / (55) what a place to meet /

5.6.1.1 Summary of exchange structure in Amelia's first interview

- (1) The basic pattern of the exchange structure in Amelia's first interview is one eliciting question, followed by a long series of informing acts.
- (2) There is evidence however that she does not always believe that the co-operative principle is operant, and this leads her to question my role and my credentials.
- (3) At other times, she uses the co-operative principle as a means of controlling her audience. A particular form of this is the way in which she relies on preferred second turns in adjacency pairs.

### 5.6.2 Barbara

There are two general features which characterize the exchange structure in Barbara's first interview. The first is that she asks a great number of questions, about a variety of subjects: the situation, herself and about me. There are times when she seems to reverse our roles, and begins to elicit *my* history, with questions such as "How old are you now?", "Is this your first marriage?", "Got any children yet?" and so on. The full significance of this will become apparent in section (1) below.

The second general feature about the exchange structure is that although superficially it takes the form of a dialogue, often Barbara seems to be addressing herself. For example, when she says, about whether her mother is still alive, "she should be":

/(56) because she phoned this morning /

/(57) didn't he phone this morning /(58) she phoned this morning /,

she is addressing herself. Although (57) is a question, it is eliciting an answer from herself. (Where they occur in the exchanges described below, these acts will be called *s-elicits\** or *s-informs\** to distinguish them from similar acts directed at an audience other than the self).

#### (1) Metastatements : why don't you ask the right questions?

In the course of this interview a number of comments are made which serve as successive definitions of our roles. They are also a metacommentary on the course of the interview. The first exchange is this:

S: /(58) can you tell me a bit *about* - /

B: /(59) *you're* interested in part of my story /  
(60) aren't you /

S: /(61) hmm /

B: /(62) shall we write it down now /

S: /(63) when was that /

B: /(64) let's try and write it down /

Her question in (59) interrupts (58), and in it, Barbara says how she sees my role in the interview. As (58) has indicated, I am there to find out about her "story". The prompts in (62) and (64) seem to be references to the fact that unlike others who come to hear her history, I am not taking notes. When I fail to respond relevantly to (62), she repeats it in (64) and then begins to write notes herself. This is the first exchange in which she gives an indication that I am not behaving as she thought I would. It is also clear that she sees having a record of the interview as important. Shortly after (58) - (64) she asks me whether I am "a doctor of medicine also", and elicits the answer "no, I don't know about these things". After another series of exchanges she returns to the idea of record-keeping, and indicating the tape-recorder, says three times, "shouldn't we turn up the volume".

The next exchange which contains metacommentary is this:

B: /(65) how would you spell Jimmy /(66) my father's  
name Jimmy /

S: /(67) J-i-m-m-y /(68) is that right /

B: /(69) or i-e /

S: /(70) or i-e /(71) e-y /

B: /(72) you're right /(73) shall we take a break /

S: /(74) sure /

The exchange (65) - (71), concerned with the spelling of her father's name, is a process which frequently occurs in history-taking sessions, but here the roles are reversed. Similarly registrars or interns frequently "take a break" during history-taking. In (73) Barbara seems to be asking for a break from a situation the ambiguity of which is difficult for her.

It is not long after this that Barbara seems to reach some conclusions about me, which she states in the following way:

B: / (75) you recognise those / (76) who recognise  
you first / (77) don't you /

S: / (78) yes /

B: / (79) have you ever been in a locked-up ward /

S: / (80) yes /

B: / (81) now you have / (82) now you don't /

S: / (83) why do you ask /

B: / (84) have you ever been in prison /

/ (85) my dear /

S: / (86) no /

B: / (87) you wouldn't have been / (88) would you /

/ (89) groot ore / ((...)) / (90) praat praat praat praat /

The question in (75) - (77) seemsto comment on two aspects of the situation.

Firstly, I have "recognised her first" in the sense that knowing her diagnosis, I sought her out. Secondly, if I am not taking her history, perhaps I am a patient, like her, in which case she recognises the similarity between us. She seems to test this second hypothesis in (79)

which also makes it clear that she recognises my lack of experience. The question in (79) is ambiguous, in that it has two deep-structure questions:

\*(91) have you ever been in a locked up ward (in any capacity)?

\*(92) have you ever been in a locked up ward (as a patient)?

My answer "yes" (80) is a response to (91) not (92). The comment in (81) and (82) recognises this and makes it explicit. I have been in a locked up ward ("now you have") but not as a patient ("now you don't"). My reply in (83) indicates to Barbara that I have not followed the implications of what she says. (84) and (85) rights this by pointing out that the difference between (91) and (92) is that patients in locked up wards can't get out. The question in (84) and (85) elicits the answer "no" from me (86) which is the "right" answer to the original question (79). She ends the exchange by commenting on my role: I am an outsider ((87) - (88)) and I am a pair of ears, listening to her talking.

In this exchange, Barbara flouts the maxim of Quantity (her contribution is not informative enough) and Manner (she is not perspicuous, *is* obscure and ambiguous). She also makes it clear that she thinks I am probably not keeping to the co-operative principle.

The exchange does not sort out the problem of my role for her however. Shortly afterwards she says:

/(93) which of my pupils is larger lady /

which seems to be a reference to the physical examination which usually accompanies the history-taking, and which she is trying to prompt me to do. Later there is this exchange:

B: /(94) it's March /(95) why don't you ask me the  
right questions /

S: /(96) tell me what they are /(97) then I'll ask you /

B: /(98) find out about orientation eh /

S: /(99) orientation for time and place /  
/(100) do you think I should be doing that /

B: /(101) you should have been /

S: /(102) you're going to fail me on this interview /

B: (LAUGHS)

Her statement in (98) is an explicit reference to the mental state examination which routinely tests orientation. In (99) and (100) I indicate that I understand the reference, and in (102) acknowledge that her familiarity with the format is probably as great as mine. My role then becomes a joke between us. After (102) she asks if I've spoken to her current doctor and I ask if she has a therapist. She replies:

/(103) I thought you were my therapist /(104) wouldn't  
you like to be my therapist /(105) I tried to hire you once /

If I am not doing routine clerking, perhaps I am a therapist, which would help to explain why I wasn't "asking the right questions". The aside in (105) is possibly a reference to a comment Barbara made at the beginning of the interview when she said that I remind her of her first therapist.

In the last part of the interview she refers again to the need to record what is happening in some way, saying of the tape recorder, "please switch it on". She goes to fetch her books "to prove something,

orientation for time and place". Towards the end of the interview is the following exchange:

B: /(106) did you think this would be an easy interview /

S: /(107) no /

B: /(108) has it been an easy interview /

S: /(109) it's been nice talking /(110) I don't  
think anything's easy here /(111) is it /

The question in (106) is a retrospective evaluating comment, and probably refers equally to her difficulty with the interview and mine. Both (106) and (108) ask for recognition of the difficulty and reassurance, which I give in (109). She ends by saying "shall we pray lady?", possibly casting me in the role of visiting hospital clergy.

(2) Challenges : shall we speak Xhosa?

Arising partly out of the ambiguity of roles discussed in (1), were a series of challenging moves, which amounted to a battle for control over the interview. Some of this is evident in discussion of which language we should speak in:

B: /(112) do you speak any other languages /

S: /(113) no /

B: /(114) Afrikaans /

S: /(115) I learnt French once /

B: /(116) shall we speak in parlez vous Francais /

S: /(117) can you speak French /

B: /(118) yes /

S: /(119) I can't /

B: /(120) io te amo /

Here, (119) is a demand that the interview be conducted in English, which Barbara immediately challenges, by speaking Italian. Then I ask when she was in England, and she says in '79:

B: /(121) I told you that before /(122) I was last  
there in '79 /

S: /(123) that's right /(124) you did tell me /

B: /(125) groot ore /(126) groot ore /

The series (121), and (123) - (124), are an accuse-excuse adjacency pair, which Barbara follows up in (125) with a comment about my not having listened very well. The next time languages are mentioned is again in the context of a challenge: Barbara walks off and comes back saying:

B: /(127) what language are you going to speak next /

S: /(128) English /

B: /(129) but your English is fluent me dear /

S: /(130) it is /(131) I'll have to make do with it /

Here, (129) and (131) are an accuse-excuse pair. In (128) I have tried to exert control by insisting that the interview be in English. This perhaps explains why, when Barbara asks later whether I speak Xhosa, she doesn't press the point. The challenges described in (112) - (129) disobey the co-operative principle and flout the maxim of Manner. On

another level, however, they are perhaps a metacommentary on two aspects of the interview: (1) that I am not saying the right things and might do better in another language and (2) that Barbara herself feels that she might be more "perspicuous" in another language.

(3) Excuse me doc

In two of her challenges, Barbara specifically flouts the maxim of Quality, by saying that which she believed to be false:

B: /(132) (PUTS RIGHT HAND UNDER LEFT BREAST)  
excuse me doc /(133) I'm sorry doc /

It seems that (132) and (133) are not intended as apologies. Rather they are an acknowledgement that someone else, doing what she is doing, might feel obliged to apologise. Another example makes this clearer:

B: /(134) excuse me while I fart /(135) (FARTS) excuse me /

(4) You've got cute teeth you know

Another form of assault on the co-operative principle is in a series of comments made by Barbara which are either intrusively personal, as in "you've got cute teeth you know", or entail intrusive demands, as in asking for my ring, or my tape recorder. Each demand has to be countered with a dispreferred second turn. The "OK Swartzzy" with which the interview draws to an end is also intrusively familiar.

5.6.2.1 Summary of exchange structure in Barbara's first interview

(1) Two general features of the exchange structure are the number of self-directed acts (s-elicited/inform) and the large number of elicits from Barbara.

- (2) a substantial proportion of the elicits are challenging moves and often test the limits of the principle of co-operation
- (3) in the metacommentary however, Barbara struggles to come to terms with the ambiguity of the situation in a way that does not constitute a straightforward flouting of the maxims. What she does is partly self-protective (in that she would like to be in control of herself and the situation); and partly protective of me (in that she would like me to be able to do the right things). On the other hand, she probably wants to know what the rules are so that she can break them.
- (4) this interview often seems incoherent, and its meaning elusive. Its riddle-like quality flouts the maxim of Manner. However, the meaning often becomes accessible in an expanded version of text.
- (5) hearer defeasibility: there are times in this interview ((63), (121-126)) when communicative nonsuccess has to do with hearer and not speaker.

In Barbara's next interviews, the exchange structure becomes very like that of Amelia's. The s-elicits/informs fall away, and the number of times Barbara asks me questions drops dramatically. The general pattern is of elicits followed by long informing moves, supported by prompts from me.

## 5.7 Conclusions

- (1) during first interviews with both Amelia and Barbara, there was an extent to which the co-operative principle could be seen to be operating.

- (2) there were times when the co-operative principle seemed not to be adhered to by either participant. Further exploration reveals (i) that on some of these occasions the co-operative principle is being adhered to on a level not immediately evident, (ii) sometimes the failure of the co-operative principle is attributable to assumptions made by both participants about the nature of situation, assumptions encoded in popular myths such as "once you get locked up in a mental hospital you'll never get out" and "psychotic patients talk nonsense and are dangerous". (iii) sometimes the co-operative principle itself is used as a means of achieving an end, such as control, which is inherently unco-operative.

SIX : TOPIC STRUCTURE

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## CHAPTER SIX : Topic Structure

### 6.1 Introduction

Cohesion analysis is a useful framework within which to examine connections between utterances. Exchange structure analysis makes itself accountable to the notion of coherence, by examining whether the words passing between two people are being understood. Cohesion analysis is best suited to the examination of monologue; exchange structure analysis by definition is concerned with dialogue. It is possible, using cohesion analysis, to make some generalisations about discourse style, which will affect the structure of an entire interview. Similarly, exchange structure analysis makes it possible to characterize roles typically taken up by participants in an interview. However, these generalisations are secondary to detailed commentary on specific texts. It will be useful therefore to conclude this discourse study by examining topic structure, which gives an overview of topics discussed in an interchange, and considers the relationships between them.

### 6.2 Topic structure : structuralist analysis

Stech (1982) in his analysis of conversational topic sequence structures, comments that the *concept* of structure implies three characteristics: nonrandomness, wholeness and well formedness\*. He points out that well formedness, in the sense that one topic series is "grammatical" and another not, is impossible to demonstrate at this stage in the development of conversational analysis. However, it is possible to take issue with him on this point. At this coarse level of analysis, well-formedness is implicit in both non-randomness and wholeness, and difficult to distinguish from them. Therefore, the analysis which follows, which is a structuralist one, will assume that topic sequences are *well-formed* when:

- (1) they can be demonstrated to be *nonrandom*, i.e. appropriate to local verbal and nonverbal context and
- (2) they can be demonstrated to be *whole*, i.e. to be cohesive
  - (i) in internal structure in that the separate parts of the topic form one whole and
  - (ii) in external structure in that separate topics form wholes at a greater level of abstraction.

### 6.3 The analysis

In the analysis which follows the sequence of topics throughout one interview with each patient will be analysed according to the criteria outlined in 6.2. In addition the moves within one topic will be similarly analysed. A basic assumption is that intra-topic structure and inter-topic structure will have considerable similarity. (An example of the analysis will be given in Table 6.1)

It is to be expected that the cohesiveness found in the discourse of both patients will be reflected in the topic structure. The implication of this is that the more cohesive a text, the greater the likelihood that few topics will be extensively covered. (The contrasting condition would be a text lacking in cohesion, which would be more likely to cover more topics less extensively.)

#### 6.3.1 Amelia

##### 6.3.1.1 Intra-topic sequence

The pattern of Amelia's topic sequences is a series of statements linked by an "and...and" structure, or an "X is so because of Y" structure.

For example:

/(1) well ah - I got upset over a lost romance /

/(2) and um...I went hysterical for 2 days /

<u>TOPIC</u>	<u>NARRATIVE</u>
I DON'T LIKE THIS PLACE	/ because I know this is not the place for me / I'm a very sensitive person / I pick up vibes from a wall / and I can't survive in this place / because I don't like it / I just don't happen to like it / and I don't
BAD SISTER	happen to appreciate the fact / that my sister/ had me committed here / by the police / and she's not going to be my sister any more / I know my friends / I've been through trouble now / I know my friends from my enemies /

EXAMPLE OF TOPIC STRUCTURE ANALYSIS : AMELIA

<u>TOPIC</u>	<u>NARRATIVE</u>
BIOGRAPHY	S: /you're still married /
RECALL*	B: /no / I got divorced in February / last ((...)) / (WHISPERS) north south east west / ((...)) (WRITES N S E W) take my right hand / to my left breast / (PUTS RIGHT HAND UNDER LEFT BREAST) excuse me doc / ((...)) I'm sorry doc / ((...)) /
METASTATE	
BIOGRAPHY : (INTERVIEWER'S)	Masters would get you a Ph.D/wouldn't it / why don't you get a Ph.D rather /

\* "Recall" is the topic here, because Barbara appears to be remembering how to carry out a breast examination. The other topics in this narrative are self-evident.

EXAMPLE OF TOPIC STRUCTURE ANALYSIS : BARBARA

TABLE 6.1 TOPIC STRUCTURE ANALYSIS

/(3) *and then* I took some serenade /(4) *and then* I calmed  
down *and* I was fine /

These narratives are nonrandom in that:

(1) they answer a specific question. (1) - (4) answer the  
question "what led up to your coming here?" *or*

(2) they account for a statement as in:

/(5) I don't like this place /(6) I think it's a loony bin /

There is an implicit causal link between (5) and (6).

The narratives in (1) - (6) are whole in that series of utterances on  
a single topic can be demonstrated to cohere. Therefore they can be  
said to be well-formed.

#### 6.3.1.2 Intra-topic sequence : an example of a text which is not well-formed

/(7) I had just come out of the clinic for 4 days /  
/(8) and that was enough /  
/(9) a man went berserk /(10) and I tried to run away /  
/(11) and um...I ran away because I thought they would  
try to bring me here /(12) that's why I ran away /

This text is not well-formed in that (9) cannot be demonstrated to be a  
nonrandom part of the topic. It has ambiguous connection to (10) - (12).  
It is also not well formed in that it is not cohesive, and is therefore  
not whole. The clause (8) has an unclear referent: "that", in the  
context, seems to refer to being *in* the clinic, not *out* of it.

Two points can be made about the topic structure in this case:

(1) The series (7) - (12) has a quasi-logical form but causal

links are suggested where they either don't exist, or exist in a complex and ambiguous way.

- (2) A possible reason for the lack of well formedness in this case is that Amelia is trying to make her having run away from the clinic look like the behaviour of a normal person and over-justifies. This is an extrapolation, and is not testable directly.

### 6.3.1.3 Inter-topic structure

Five major topics only are covered in Amelia's first interview. "I don't like this place" labels one, and has variations like "I'd rather be in G \_\_\_\_". Two of the other topics are related to it. The first is the "bad psychiatrist" theme (her first psychiatrist made a mess of her; psychiatrists cannot do anything for her; all psychiatrists will be unable to help her). The second is the "bad sister" theme, which concerns her anger with her sister for arranging the certification. A typical sequence would be:

- (1) I DON'T LIKE THIS PLACE (12 tone-units)
- (2) BAD SISTER (4 tone-units)
- (3) I DON'T LIKE THIS PLACE (1 tone-unit)
- (4) BAD PSYCHIATRISTS (12 tone-units).

Variations on this pattern are repeated throughout.

There are two topics which deal with the cause of her becoming "upset", and connect with the other three major topics in that they explain why she needed a psychiatrist in the first place. These are the "unhappy childhood" theme ("I was a destroyed child", "my childhood was a closed

door") and the "lost romance" theme. The latter refers to "Los Angeles", her short-hand name for a man she wanted to marry but didn't, and who now lives in Los Angeles, and "Half-a-Chance", a man with whom she might still have half-a-chance. The lost romance stories all culminate in her blaming her psychiatrist who caused her to miss opportunities by "hitting (her) ego with a ton of bricks".

The conclusions to be drawn from this analysis of inter-topic structure are these:

- (1) The five major topics are nonrandom in that they are directly relevant to her present situation; and they are tightly cohesive in that they are closely linked to one another and lead logically into one another.
- (2) The tone-unit analysis in Chapter Three revealed a preponderance of Given over New information. Lexical redundancy was noted in the cohesion analysis: the repetition of words that could have been deleted. These features of the micro-structure are repeated in the macro-structure, which is repetitious. The five major topics overlap to a considerable degree.

### 6.3.2 Barbara

#### 6.3.2.1 Intra-topic sequence

Implicit in topic structure analysis is the distinction between deep and surface structure. On the surface of the discourse is a series of utterances, varied in form and content. This series can be reduced to a small number of topics at deep structure level. This is of pertinence

to the argument here because in Barbara's discourse different topics tend to be realised in markedly different surface-structure forms. A major topic of the first interview is *me* - my identity, my credentials, information about my personal life; and this tends to be realised in a series of questions and brief answers. Another major topic is biographical detail of Barbara's life, like her age, marital status, father's name and so on. This topic is realized in lists, often with items repeated. The variety in surface structure across topics does not seem to affect well-formedness: question/answer series are as likely or unlikely to be well-formed as lists. A cohesive, nonrandom example of the latter would be:

/(13) first there was Justine /(14) first there was Justine  
/(15) Alexandria Quartet /  
/(16) Alexandria Quartet /(17) you know the Alexandria Quartet  
/(18) Justine Mount Olive Balthazar also /(19) Balthazar  
/(20) Balthazar - etc. /

#### 6.3.2.2 Two examples of sequences which are not well-formed

A topic sequence which seems not to be well-formed in that a random shift appears to occur is this:

/(21) January 13th '74 /(22) should it have been lucky  
/(23) should it have been lucky /(24) should it have  
been lucky /(25) should shouldn't /  
/(26) should shouldn't /(27) should shouldn't /  
/(28) which came first /(29) the Greeks or the Romans /

The question in (28) and (29) can be understood as *either* a random intrusion of irrelevant commentary into the topic "biography" *or* as an unmarked topic shift from "biography" to another topic, which also presents

on the surface often as a list, and which can be given the general label "recall". The Recall category covers those sequences in which Barbara seems to be trying to remember items of general information.

An example of a question-and-answer series which is not well-formed in that it is not cohesive is the following:

B: /((30) you watched the same programme on  
television /((31) as I did /((32) didn't you /

S: /((33) which one /

In (30) - (33) *I* am the topic. The sequence is not cohesive because of the unclear reference in (30).

In summary, two points can be made about intra-topic structure in Barbara's discourse:

- (1) There are well-formed topic sequences and ill-formed topic sequences in her discourse. Ill-formed texts appear across all topics and irrespective of their surface structure.
- (2) When a topic sequence is not well formed this is a result of either apparently random shifts of topic, or lack of cohesion (and therefore wholeness) or both.

#### 6.3.2.3 Inter-topic structure

In his analysis of topic sequences, Stech (1982) refers to "formulative embedded subsequences", which is "talk-about-talk". In Chapter Five of this study, talk-about-talk was referred to as metastatement, or meta-commentary. It is these formulative embedded subsequences which join topics together in Barbara's first interview.

Exactly like Amelia, Barbara covers a few topics only during the interview; and there is considerable overlap between them. Unlike Amelia, the topics are realized in different forms, and such is the diversity of the surface structure that superficial analysis gives the impression that a wide range of randomly-selected topics are being covered. This is not the case. Two kinds of biographical material are covered: hers and mine. The only other major topic is the "recall" category, which covers a loose set of items such as the names of the books in the *Alexandria Quartet*, the Greek alphabet and the capital city of Israel. Attempts to recall information and repetition of biographical data seem to be prompted by anxiety about her ability to remember, for whatever reason, and this also gives rise to metacommentary concerning her desire to recall and record general and biographical information. Thus, she tells me about her gynaecologist (topic: Biography) and then says: "shall we write it down now" (topic: Metastate). Her wish to prompt me into eliciting and recording information from her creates numerous Metastates: about my role in the interview; the purpose of my being there; what "language" I speak; about who I am. It can be said therefore that the Metastate topic category is both a connection between and a subsuming category of all the other topics. It connects her concern with recall to her concern about my identity and history. It provides a commentary to all her activity in the interview, and it is this which makes it possible to decode seemingly diverse topic items as belonging to a single category.

6.4 In summary the following points can be made about inter-topic structure in Barbara's discourse in the first interview:

- (1) Like Amelia there are few topics in the interview. Unlike Amelia, there is considerable surface variation in the realization of a single deep-structure topic.

- (2) Analysis of topic structure in Amelia's first interview provides a convenient overview of an already accessible topic series. In Barbara's case, analysis of topic structure is more than overview or short-hand. It provides a key to an otherwise inaccessible structure by describing the way in which diverse topics can be said to share a single deep structure. It is only possible to provide such a key to incoherent discourse because there is a sufficiently large and contextualised series of utterances.

SEVEN : CONCLUSION

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## CHAPTER SEVEN : Conclusion

### 7.1 Introduction

The purpose of this chapter is to comment on the findings of the discourse analysis from the perspective of the aims of the study. It will therefore address itself to two related questions:

- (1) What useful information about manic discourse has come out of this discourse analysis? and
- (2) Which of the techniques used in this analysis are likely to be most effective in further work of this kind?

The discussion that follows is divided into three sections: the first will deal with issues about manic discourse; the second will comment on methodological issues; and the final one will suggest important areas for further research.

### 7.2 Manic discourse : discourse analysis findings

It will be useful at this point to return briefly to clinical descriptions of manic discourse. Fish, (1974, p.35) describes manic discourse in this way:

The progress of thought can be compared to a game of dominoes in which one half of the first piece played determines one half of the next piece to be played.

The absence of a determining tendency to thinking allows the associations of the train of thought to be determined by chance relationships, verbal associations of all kinds, such as assonance, alliteration, and so on, clang associations, proverbs, old saws and clichés.

It will be important, in this appraisal of the research findings, to bear in mind clinical descriptions of manic discourse such as the one given above. They provide a context within which to view the findings, and a yardstick against which to measure their value.

### 7.2.1 Micro-analysis findings

The major findings of the micro-analysis, drawn together, produce two different profiles of discourse, the most striking aspect of which is the contrasting tone-unit profile. Amelia uses a high proportion of unusually long tone-units, and Barbara uses many of only one or two words.

Barbara's profile, in some respects, corresponds closely to Fish's description. As cohesion analysis shows, she is a paradigmatic speaker, choosing words on the grounds of their similarity to each other, and hence engaging in "domino thinking". Her discourse reveals "the absence of a determining tendency" referred to in Fish's description, leading to "flight" and a seeming lack of coherence. This impression is strengthened by the fact that Barbara uses unclear referents in her discourse, and at times deletes information to such an extent that the listener is unable to bridge the gap between one utterance and another. The fragmentation of her discourse is reflected in the series of very short tone-units.

However, this is only one part of her profile. Despite the tendency to fragmentation, Barbara produces at times very repetitive and highly cohesive texts; and there are times when she deletes too little from her discourse. At these times the meaning of her discourse is accessible to the listener.

The repetitive aspect of Barbara's discourse profile is one which overlaps with Amelia's. Amelia produces cohesive texts, deletes insufficient information from utterances, and often repeats words and phrases. Her

extensive use of repetition, which limits semantic progression, makes her too a paradigmatic speaker, although her discourse profile bears little similarity to the one given by Fish. Further, Barbara and Amelia share a tendency to repeat a syntactic structure for rhetorical effect.

The important points to be made here are these:

- (1) At an acute phase of their illness, Amelia and Barbara seem to produce discourse that is very different. Barbara's corresponds to clinical descriptions of manic discourse. Amelia's does not.
- (2) However, thorough analysis reveals extensive overlap between the two profiles.

This observation extends even to the contrasting profiles produced by the tone-unit analysis. Here the similarity between the two lies in the fact that both break the rules of tonicity; and that this rule-breaking, regardless of whether the tone-units are long or short, has the effect of limiting the role of the listener in the interchange.

The conclusion to be drawn from the micro-analysis is that while there is an extent to which clinical descriptions of manic discourse have been accurate they describe one discourse profile only, although others maybe equally likely to occur. One of the ways in which a series of profiles can be accounted for in a single description is to work at a level of abstraction which draws similarities out of discourse which might seem on the surface to be very different.

Such a procedure shares much with structuralist methodologies, which look for organizing principles below the level of observed behaviour (Lane, 1970, Piaget, 1971).

### 7.2.2 Macro-analysis findings

The need to work at a level of abstraction sufficiently great to enable the analyst to describe a range of phenomena suggests the importance of including macro-analysis in a description of manic discourse. Both exchange and topic structure analysis are working at a greater level of generality than tone-unit or cohesion analysis. In terms of the conclusions drawn in Section 7.2.1, it is unremarkable that macro-analysis reinforces the impression that Amelia's and Barbara's discourse share common structures. This is despite superficial differences. The repetition evident in the micro-analysis is reproduced in the topic structure: few topics are extensively covered in the interviews of both patients. Exchange structure analysis reveals the same constellation of factors affecting their relationship with me in the interviewing situation. Both respond to my questions and my presence by reviewing aspects of their history. Both challenge my position and explore the ambiguity of my status. Both ask questions about my history. Both attempt to control the form taken by the interview, and set limits on the moves open to me in the interview. These findings are usefully summarized by reference to Grice's co-operative principle and maxims of conversation. Application of these to both first interviews reveals that:

- (1) the co-operative principle is adhered to, sometimes clearly, sometimes on a level not immediately obvious, and that
- (2) there are departures from the co-operative principle which can be explained as arising from the particular situation (psychiatric locked ward) in which the interviews took place, and

7.2.2 (3) Macro-analysis of intrusive, controlling, challenging behaviour

from both patients, which is inherently unco-operative, and which corresponds closely to clinical descriptions of hypomanic and manic behaviour. An example of such a description appears in Freedman, Kaplan and Sadock (1980, p.500): the authors call the hypomanic "uninvitedly intimate and unwelcomely personal", and point out that this is intensified in mania. They also describe the controlling aspect of manic behaviour, with good humour becoming anger if the patient is thwarted.

- (4) Topic structure analysis does not uphold Fish's description of manic discourse as lacking a "determining tendency". On this level of analysis, even discourse superficially very fragmented, like Barbara's has marked thematic cohesiveness.

In Section 7.2.1, it was suggested that clinical descriptions of manic discourse are incomplete, describing only one of a range of possible discourse profiles. The point to be made in this section is a different one. An analysis of the macro-structures of manic discourse produces extensive linguistic evidence to corroborate the clinical description of manic behaviours previously described only impressionistically. Manic patients are commonly described as controlling, intrusive and aggressive. If evidence is given, it is in terms of gross units of behaviour. The macro-analysis in this study provides linguistic evidence for those phenomena. It therefore forms a bridge between gross behaviour patterns on the one hand, and micro-analysis of linguistic structures on the other. An example of such a link is the

following: long tone-units (micro-analysis) make discourse difficult to interrupt, which is controlling. A long series of informing acts in an exchange (macro-analysis) can sometimes rob the listener of a role in the interchange, which is controlling. Threatening to hit someone unless she/he complies with an instruction (gross motor behaviour) is controlling.

### 7.2.3 The role of the hearer

Part of the aim of this study was to consider the role played by the hearer in encounters with manic patients. It was assumed that hearer defeasibilities would play a part, from time to time, in communicative nonsuccess. This assumption has been upheld. Long tone-units or paradigmatic speaking (possibly intrinsically manic) may lead to discourse failures. However, there is also evidence that coherent discourse was at times misunderstood because I, as hearer, was distracted, failing to concentrate, and making inaccurate *a priori* judgments. Further, a careful consideration of the ambiguity of the discourse situation makes sense of otherwise puzzling interchanges. It was in response to a difficult situation that many hearer defeasibilities arose. Three points summarize this aspect of the analysis:

- (1) No decisions can be made about the extent to which a text is coherent, without analysing the role of the hearer in eliciting and decoding that text;
- (2) Analysis of the discourse situation provides useful information about why hearer defeasibilities occur, and suggests where they are likely to occur; and
- (3) In this study it was found that exchange structure analysis was most informative about the role of the hearer in discourse failures.

Micro-analysis did however reveal linguistic phenomena which are difficult to interrupt, which is controlling more likely to occur.

#### 7.2.4 Summary:

In conclusion, the findings on manic discourse in this study:

- (1) partly confirm clinical descriptions of manic language and behaviour
- (2) suggest that thorough analysis at increasing levels of abstraction is needed to account for the range of linguistic phenomena produced by manic patients
- (3) reveal that micro-structures, macro-structures and gross motor behaviour can be shown to display the same set of behaviours on different levels.

### 7.3 Methodological issues

#### 7.3.1 General issues:

The methodology employed in this study has proved useful in that it has provided a wealth of information about the interviews analysed at different levels of abstraction. This is the strength of the methodology, but also its weakness. Such thorough analysis is uneconomical in terms of time. It is this which has made it impossible to include more subjects in the study. The greatest limitation of the analysis is that it remains unclear what proportion of the findings pertain to manic discourse only, and what proportion relates to features of all discourse, including that of normal speakers. Further analyses such as the one done here are needed.

However, part of the aim of this study was to investigate which aspects of the discourse analysis could most usefully be developed, and which would

fall away, the ultimate purpose being to create an economical methodology which would not distort the linguistic phenomena under study.

This point is explored in the sections to follow.

### 7.3.2 Tone-unit analysis

Tone-unit analysis is one of the newest additions to the tools used in the study of discourse, and it is still relatively unexplored. There is very little information available about tone-unit length in normal discourse, for example; and the structure of tone-units and their effect on discourse acts is only beginning to be described (Brazil, 1981). The results of the tone-unit analysis done in this study suggest that it could possibly be a tool which is both a sensitive discriminator between different kinds of discourse and one which produces data suitable for statistical treatment. This is particularly with regard to tone-unit length, about which very little is known at present. One of the reasons why tone-unit analysis is an attractive method is that it could easily be applied to the discourse of many subjects, and that the greater part of the analysis could be computerized. If this was done a large data-base on normal and manic discourse could be established for comparative purposes. Such a procedure would be economical of time.

### 7.3.3 Cohesion analysis

In contrast to tone-unit analysis, cohesion analysis is a well-established tool, and one which has proved itself to be useful in other studies as well as this one. It remains the only means by which micro-analysis of long stretches of monologue can be described linguistically as opposed to structurally (cf. topic structure analysis). However, not all the information it produces is of equal value to studies such as this. The following areas seem central. (1) It is important to know whether a text is cohesive or not. (2) It is important to establish whether the

cohesiveness is lexical or syntactic. Texts which are cohesive because of repeated words often have a higher degree of redundancy than those using syntactical ties, and this has important implications for the audience. (3) It is useful to discriminate paradigmatic speakers from syntagmatic speakers: this provides important information about the extent to which a text is semantically progressive, and the basis on which word choices are made.

Information about these three areas establish the basis on which a decision can be made about whether the text is likely to be coherent to its audience. Further studies could concentrate attention on these three areas only; then the analysis will be less unwieldy.

#### 7.3.4 Exchange structure analysis

Examination of exchange structure is essential to discourse analysis because it is the only place where speaker-hearer relationships can be systematically scrutinized. The form the analysis has taken in this study has proved to be efficient. Further studies could usefully employ exchange structure analysis in this form, and in addition incorporate information about the frequency with which particular sequences of acts or moves appear in exchanges. It should be noted however that such a frequency count would be of value only in a study containing sufficient subjects to make the figures meaningful. Again, without an extensive database, to know that four challenges occurred in 30 minutes is not meaningful information.

#### 7.3.5 Topic structure analysis

In combination with the exchange structure analysis, topic structure analysis of Barbara's first interview made an often unintelligible text intelligible. This suggests that it is sometimes a useful tool to use.

The analysis of Amelia's first interview, the surface structure of which is coherent anyway, is less obviously useful. It seems that this form of analysis is best used as an adjunct to analysis of a more detailed kind.

### 7.3.6 Summary of methodological issues

- (1) Tone-unit analysis is a tool which could profitably be expanded for use on large numbers of subjects. Of all the findings in this study, those on tone-units seem to hold the most implications for further research.
- (2) The cohesion analysis used in this study could usefully be abbreviated. It is unwieldy as it stands.
- (3) Exchange structure analysis has proved to be useful because of the commentary it provides on the relationship between speaker and hearer.
- (4) Topic structure analysis will probably be useful only as an adjunct to other kinds of analysis.

### 7.4 Further research

In conclusion, it will be useful to draw together some of the areas in which further research could usefully be done.

- (1) It is clear that tone-unit analysis provides the basis for several research projects, one of which would be to establish the length of normal speakers' tone-units. Then a series of studies could be done to explore ways in which different groups of psychiatric patients differ from normal speakers. There are also studies to be done on how varying lengths of tone-unit, with differing internal structures, affect information-processing in the listener.

- (2) It seems that the distinction between cohesion and coherence provides a useful basis upon which to formulate research questions. There is work to be done exploring the relationship between these two concepts. The relationship between various types of cohesion and listeners' decisions about the coherence of texts needs to be defined.
- (3) Grice's maxims and their application to psychiatric discourse situations where the co-operative principle does not always obtain constitute an interesting area for research. Using Grice's maxims it may be possible to begin to separate discourse failures arising from a morbid process, such as mania, from those which are explicable in a particular context, such as a locked psychotic ward.
- (4) Finally, an important area for further research is to compare the discourse of patients recorded when they are manic, with that recorded on their recovery. This would take its place in the general task of attempting to define what specifically differentiates manic from normal discourse.

In summary, this study has begun the task of describing manic discourse in a non-reductive way. A start has been made at formulating an appropriate methodology. Important areas for further research have been suggested. It is hoped that this thesis has gone some way to demonstrate the enormity and complexity of the work that needs to be done in the area.

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APPENDIX A

AMELIA : FIRST INTERVIEW

A: I've been here for 2 days /

Dr T are you ill /

A: no /

T: why are you in a mental hospital / if you're not ill /

A: because my sister / got the police to bring me here /

T: why would she do a thing like that /

A: because she wants me to be in P\_\_\_\_\_ /

T: what are her motives /

A: I don't know / I've still got to find out / she - I - you

know I think I was emotionally upset / but I don't think

I needed to come to P\_\_\_\_\_ / where she could have given me

a choice of G\_\_\_\_\_ my psychiatrist wanted me to go to G\_\_\_\_\_ /

T: who's your psychiatrist /

A: Dr F\_\_\_\_\_ / and he phoned up in the morning / and said

would you like to go to G\_\_\_\_\_ / and I said I'll think about

it / because I just wanted to stay with my mother for a few

days after being at the clinic / and then sent district

surgeons to see me / and all kinds of things and then I tried

to run away from there too / because um I was very frightened

of this place / and I still am / and ah (CLEARS THROAT) so she

decided to call the police / and bring me here by police / and

I think it's very humiliating / I don't come from that kind of

a family where we call the police on each other / and I'm not

very impressed /

T: Look Amelia / I'm going to see you later today I've just

been called for an um..... / emergency consultation at G\_\_\_\_\_ /

but Mrs Swartz would like to have a talk with you in the

meantime /

A: sorry what is she now /

T: Mrs Swartz - er /

A: is she a psychiatrist /

T: no she's a psychologist /

A: oh a psychologist /

T: a clinical psychologist / trainee /

A: oh I see / a trainee / alright /

(... T/S)

(T LEAVES)

S: OK to have this on /

A: what's it /

S: just a tape-recorder / so that I don't have to take notes /  
is that OK /

A: yes that's alright /

S: so when did all this start /

A: all what /

S: um...the things that led up to / your coming here /

A: well ah - I got upset over a lost romance / and um ... I  
went hysterical for 2 days / and then I took some Serenace  
/ and then I calmed down and I was fine / and I was just  
trying to get myself together / and then I was - found that  
I didn't really feel like going out too much and I was at  
home and I was moping / so I kept - I phoned Dr F\_\_\_\_\_ /  
and had a few chats / and then I said I'd go / it wasn't  
his suggestion / I said I'd go to the clinic for a few days  
'cos you go there / and you meet other people with worries  
and it's / your worries equal out / all right / so I go to  
the clinic / and my sister in the meantime is trying / she -  
you see - what happened / my getting here / is that when I  
was upset / she phoned Dr S\_\_\_\_\_ / who was my previous  
psychiatrist / to come and talk to me / which is a silly  
thing to do because if you're under Dr F\_\_\_\_\_ / you don't  
phone Dr S\_\_\_\_\_ / to come and talk to me I think its unethical /

so he came 'cos he's in the same block of flats as my mother /  
so he came along and um / he said well he thought I'd asked  
for him / so he said do you want to go to P\_\_\_\_\_ and be under  
me / so I told my sister as a joke / my mother told me not to  
say anything / so as a joke / I told my sister that Dr S\_\_\_\_\_  
says do you want to go to P\_\_\_\_\_/ and I laughed / so she  
took it seriously / she says he wants to help you / meantime I  
had Dr S\_\_\_\_\_ as a doctor for about 4 months and he never said  
a word / I just used to sit and talk / and he never said a word /  
he never gave me therapy / he never gave me anything / so - at  
least I dunno if it was longer than 4 months maybe it was a  
year / I can't remember / but um ... then she got the idea in  
her head / that she's gonna get me to P\_\_\_\_\_ / she got / she  
didn't even / G\_\_\_\_\_ I believe is a very similar kind of a place /  
and I'd rather be there / I don't like this place / I think it's  
a loony bin / I've never felt like such a pig in my life /  
living like a pig / with peculiar people / if not for thank God  
some of the nicer / there are about only 2 / nicer people here /  
I think I would be - um - completely like they are - like just  
walking round like zombies / I don't think this is the place for  
me at all / because it's making me feel uncommunicative / I'm not -  
I've stopped communicating with the people around me because  
there's nothing left to say / I'm not really interested in them /  
well I mean I'm interested in the fact that they should be well /  
I don't like to see people who aren't / but I mean it's just not  
for me / and I could have gone to G\_\_\_\_\_ / rather but she gave  
me no choice in the matter / she just came with the police / and  
brought me here / and I've never - / I don't like this place /  
I don't feel that this place will do anything for me / you know  
I - / I've had psychiatrists now for 3 years / they don't touch  
me with any kind of therapy / so what must I come here for /  
to watch the clock and smoke / do you know how much I'm smoking /

I've never smoked so much in my life / I think I'm smoking about / 60 cigarettes a day / I'm just sitting and smoking / and if I want to sit and smoke and watch the clock / I can go and watch the clock at home and smoke / or do other things go - ah - for a walk on the beach / or go to town / or go and see my mother / or go and work / get back into work / I just wanted a few days after the clinic / and I'd get back into work / but I can't see that all this is necessary /

S: so let me get it straight - you were in the clinic and then came out /

A: yes /

S: oh I see, and was that about the romance /

A: yes /

S: that you went into the clinic / tell me a bit about that /

A: well um ... / you see - he was meant for me / and it's hard to explain what went wrong / but I went to a psychiatrist / who gave me the wrong kind of therapy / and um ... and I was out of step / so it put him out of step / and then I got myself right / as right as I could / and I was like stuck together with sticky tape / and I um ... I ... after that I had no job / I had no money / I had no place to stay / and I tried to - we had - we used to see each other every morning / and I tried to signal to him that he's got to phone me now / or it's going to be finished / and unfortunately / because we'd both been put out of step in the summer / he didn't phone / and he came to me with the excuse / that he didn't phone / he thought I was upset / that in the summer about someone else / not about a psychiatrist / because it's very upsetting to have the kind of treatment I had it was called flooding / and um ... he came to me and said he couldn't phone because / the other girl had left him / and um ... it makes you immune to the next one / and he was talking the

biggest load of nonsense / he just didn't feel like phoning me  
or something / or maybe he - had been a blow to his ego that  
the other girl'd left him / and I couldn't take what he was  
saying to me / that she was beautiful and straight / because  
I'd just gone undergone horrible therapy / and I felt like an  
ugly buggly next to her / and I gave him away on a silver  
plate / on a gold plate / to the other girl and afterwards  
you see the repercussions / there are repercussions afterwards.

S: tell me about the flooding / what's that /

A: they give you a psychological shock / he told me I want to be  
beaten / and that's what I did / I was beaten / I let her have  
him / so it was pathetic even to go to that psychiatrist /  
because I should have been left untouched / because I was a  
destroyed child / and I put myself together / only the way I  
know how / and I was well on my way / OK I was rocky on my feet /  
I wasn't doing all the right things / but I was on my way to the  
top / and that psychiatrist / then I wasn't strong enough maybe  
to pick myself up when I fell down / I fell / I fell / and I  
dragged a lot of people down with me /

S: are you - were you on medication /

A: no /

S: no / and now /

A: yes /

S: how's that affecting you /

A: medication / it makes me drowsy /

S: do you feel drowsy now /

A: a bit / do you mind if I smoke /

S: not at all /

A: but I haven't got an ashtray /

S: there's a dustbin over there /

A: see I smoke all the time / this place is no good for me /  
so you're a psychologist /

S: yes /

A: well anyway - I can't mope about past mistakes / and it  
won't happen again / and I don't really believe in psychiatry /  
because of that 1st psychiatrist / made me fall / so badly /  
and the other ones never gave me any therapy / I need them for  
my tablets /

S: what sort of tablets /

A: oh I'm on lithium / I burnt out a chemical / from too much  
fantasy and not enough reality in my life / so I let him go  
into fantasy / and also you see it was very unfortunate / that  
um ... / that he spoke to me like that / just when I was ready /  
you know - probably - it might have worked / if he had phoned  
me then / but that - you see since I was very young / 17 say /  
I was looking for Mr Right / and I judge very quickly / I've got  
a lot of extra sensory perception / and sixth sense / and I say  
now is this Mr Right or isn't it / or can I cope or not / and I  
judge / and then decide / and unfort - and I say no / and there'd  
be like a blank wall / and unfortunately while he was talking to  
me about the other girl being so beautiful and straight and he  
even made the mistake of saying that they were making plans for  
the future / the walls started coming down / like no / he can't  
be the one / it was just an un- an unconscious ... / kind of um ...  
/ it was an unconscious reaction / and we never got together /  
but he gave me a chance again a year ago / I didn't take it /  
but I should of / because he came to save my life / before this  
happened / before I got upset about it all / because I blocked  
it off / when he left for America I blocked it off / because I  
thought if I ever go back on it I'm going to get very upset /  
but things crop up when you least expect them to / but I'm not  
upset anymore / I just want to get out of here / 'cos I don't  
feel happy / not that I'm not well I'm as well as I've been in  
my whole life well I've been happier of course / but you know /

S: how is your mood / does it go up and down or ... /

A: no it's the same I just want to be out / of here / it's  
beginning to eat me up / it's eating into me / you know /  
it's freaking me out as they say in modern language /

S: it sounds as if you're quite close to your mother / do you  
see a lot of her /

A: ja I speak to her every day / *I'm closer to her* - than my sister /

S: *where does she live* /

A: my sister I'm not impressed with in the least / 'cos she's -  
I don't know what her motives - / she said oh because our  
cousin D\_\_\_\_\_ came here and she improved / but she went to  
Centrum / which is a different story / I don't know this whole  
set-up / and a mental home / I mean once you've been in a  
mental home / you've got a stamp on one / I mean who am I  
ever going to find / if I've been in a mental home /

S: what does your mother think /

A: about what /

S: about you being here /

A: I don't know / the police just came and took me / she doesn't  
know anything /

S: *oh you haven't spoken to her* /

A: *I don't think she's impressed* / she's probably cut my sister  
off as well / because I mean if I need to go somewhere we  
discuss it / and talk about it in a reasonable manner / and  
you don't just rush in with the police to go to P\_\_\_\_\_ / I  
mean I'm not dangerous / you know we um could have gone to - /  
I could have gone to G\_\_\_\_\_ / it takes two to tango /

SISTER-IN-CHARGE: Pills time everybody /

S: they're saying / that it's time for pills /

A: oh have you had enough of me /

S: no I was just wondering / could you go and get your pills and  
come back /

A: all right / except that I have to stand in the queue /

S: oh / (BRIEF INTERRUPTION OF INTERVIEW)

beginning to eat me up / it's eating into me / you know /

A: it was very unfortunate about this romance because we were actually meant for each other / and if I hadn't of gone to that psychiatrist / I would never have seen the other girl / around / so much / as I did / and I felt also - you know - as well as the - / I felt I couldn't cope / because the - you know as I say I created myself sort of thing / and you don't know how you will cope when you're married / to a person / and I need a lot of help / and she was like so you know - / all there / that I really didn't know how I would compare / so I let him go into fantasy / which was very silly / but I could have made up my chances a year ago / but then I had somebody else as well / in Zimbabwe /

S: did you go to Zimbabwe /

A: yes I went to Zimbabwe /

S: when was that /

A: I went there um ... in December / my mouth's so dry / can I just go and get some water /

S: yes certainly / (GETS UP AND FETCHES WATER)

A: ja I went up to Zimbabwe / but I was embarrassed to see him / because I had changed so much after 3 years because when he saw me before I was so bright and sparkly / and 3 years later / I was on lithium and I was - my father had just passed away and I was miserable / and looking pale / and oh - I thought you know / I don't know that he's going to like me anymore / so I just phoned just the day before I was leaving / but he was so cross / because he'd seen me walk past his place / but him I haven't written off / you know I just thought maybe there's still half a chance there / the one in Los Angeles there's no chance / because I hesitated / he won't give me a second chance /

but the one in Zimbabwe there might be a chance / I got to  
S: plan my future / because if I live alone / and just think  
backwards / and get upset over lost romances / I'm going to  
be a very unhappy person / I've got to very urgently get  
together with somebody and make a future for myself / I was  
silly not to snap at my chance with Los Angeles / but I was  
thinking of the one in Zimbabwe / but everybody had choices  
to make / I mean you can't - you know - / you all have your  
choices /

S: but it's difficult sometimes though /

A: well sometimes you think that prefer - you convert - / I don't  
know to say um ... / you know I had so little contact / with  
the one in Los Angeles / for so many years / and I had more  
contact / with the one in Zimbabwe / and he like did something  
for me / financially / so I felt um ... closer to him really /

S: do you work /

A: yes

S: what as /

A: I sell perfumes /

S: do you like it /

A: yes well I haven't got into it yet / 'cos I started doing it  
when I was still upset / and oh - I didn't really get into it /  
why do you have the tape recorder on /

S: well / it just saves me from taking notes / is it *bothering you* /

A: *oh I see* / no /

S: it helps me to keep clear in my head / what's going on /

A: why / do you listen back on it /

S: yes / ... so what were you doing with Dr F \_\_\_\_\_ / was he  
giving you medication or what /

A: just medication yes /

S: were you seeing him / quite regularly /

A: about every month /

S: and he was just checking the lithium level / was he /

A: yes um /

S: are you still taking lithium /

A: yes / I can never go off lithium /

S: how does it affect you /

A: lithium /

S: do you have any side-effects /

A: no / except I'm not as bright as I use - / sparkly as I used  
to be / but I think it could come back you know - in the right  
circumstances / ...

S: so you've been in here / for 2 days /

A: um /

S: and you're actually finding it / quite difficult to cope with /

A: shocking /

S: have you had any contact / with your family /

A: no / I saw my sister / she came to bring some cigarettes

S: where does she live /

A: C /

S: and normally in the normal course of events / do you see her  
quite often /

A: no /

S: not really / you're not very close /

A: no /

S: never have been /

A: no /

S: your father died a short time ago / yes /

A: ja / 6 months ago /

S: how old was he /

A: 74 /

S: were you close to him /

A: yes / I'm still getting over that too / it's very hard / I'm very soft / I feel very deeply / and it's not an easy thing to get over / if you haven't got a husband as well / on your own / but I'm very annoyed at S\_\_\_\_\_ / my sister is a very sore point / in fact both of them / one of them I've cut off / and ah ... the other one / is going to be cut off / as soon as I get out of here /

S: that's the one in C /

A: the one in C / because I'm not impressed with her kind of behaviour / and if she behaves like that as a sister / I mean - you can talk to me reasonably / I'm not erratic / I'm not in fantasy / I've been much worse than this / I'm not - I don't think I'm even bad now / there are times when you couldn't reason with me / when I go into fantasy when I'm not on my lithium / then I can understand they need to - to get me quickly to a place / but when you can talk reasonably and make choices / and - you know - really Dr F\_\_\_\_\_ could say / really you know go into G\_\_\_\_\_ / he did / I got my warning / I have a lot of warnings / along the way / I have my warnings that I would land up in a place like this if I didn't get my life together / I've had warnings from people / not strangers / not people socially / but people who know / people with ah ... maybe insight / and um ... F\_\_\_\_\_ phoned me in the morning and said um / go to - wouldn't you like to go to G\_\_\_\_\_ / and there's Dr N\_\_\_\_\_ / and it's very nice / it's like this and it's like that / I said I'll - just give me a couple of days I'll think about it I didn't say no / and she comes running / phones from school / how you / ah ... just to check that I'm still there / how you / and she says - um - / then she comes running / hurry I'm taking

you otherwise they're coming to fetch you / well I don't know about such things as court orders / and district surgeons / and all that sort of rubbish / so um ... so I said / oh I thought she was playing the fool / so I said / I'm not going anywhere / because I had just come out of the clinic for 4 days / and that was enough / a man went berserk / and I tried to run away / and um ... I ran away because I thought they would try to bring me here that's why I ran away / because I know this not the place for me / I'm a very sensitive person / I pick up vibes from a wall / and I can't survive in this place / because I don't like it / I just don't happen to like it / and I don't happen to appreciate the fact / that my sister / had me committed here / by the police / and she is not going to be my sister any more / I know my friends / I've been through trouble now / I know my friends from my enemies / and - 'cos I could go and see a psychiatrist / could go to G \_\_\_\_ / or go and see Dr F \_\_\_\_ every day / or whatever / but I don't need to come here / to this place / like a pigsty / where they don't even speak to you when you ask a question / where the nurses don't even answer back or anything / you're treated like God's knows what / I come from a very decent family / and we're very refined people / and we had 4 servants / and we - er - treated our servants with more respect / than the nurses treat me here / some of them / and anyway so my sister / she calls the police / and the police come and bring me here I mean can you believe it / I would have rather gone to G \_\_\_\_ / if she had of said / listen Amelia it's either or / do you want to go to G \_\_\_\_ / or do you want to come to P \_\_\_\_ / I would never had come to P \_\_\_\_ on my own / I'm not psychiatrist's material / I'm my own

material / 'cos psychiatrists don't know what to do with me /  
'cos I've had one that made a mess / that didn't know what  
to do / or that didn't give me therapy for their own  
reasons / I don't know why / just took one look at me and  
thought maybe it was too late for therapy / I don't know  
why / and I don't really / I don't really like psychiatrists  
very much / I'm not really partial to them / I like F\_\_\_\_  
now / this one's nice / and K\_\_\_\_ seems nice / and that other  
one that came seems very nice / but ah ... they don't do  
anything for me / the 1st one made the biggest mess of me /

S: who was that /

A: he wasn't a psychiatrist actually / he was a GP / with an  
interest in psychiatry / now I'm meant to know / I go to  
Z\_\_\_\_ / and I say listen / I can't afford - / you know it  
was my sister in Jo'burg's idea / why don't you - / if you  
have trouble with a relationship with a man go to a  
psychiatrist / or if you want / if you're not having a  
relationship with a man / she says go to a psychiatrist /  
now really if it would help to go to a psychiatrist to have  
a relationship *with* a man / the psychiatrists' places would  
be full / to find a boyfriend / so when I met this one / I  
thought he was so beautiful / and then I fell in love with  
him / and ah ... I didn't want anything to go wrong so I went  
to this psychiatrist / and I don't know / he gave me terrible  
kind of therapy which ruined my - / knocked my ego / hit my  
ego with a ton of bricks / 'cos my childhood was a closed door /  
because it was with a woman from concentration camps / and I'm  
very sensitive / and I got very involved in the whole business  
and / my mother wouldn't let me talk and / said I'd save her  
marriage / if I don't talk / and fairy - you see / my life was  
like fairy stories / I live on fairy stories / I let fairy

stories get in my way

S: that concentration camp / was that your mother or ... /

A: no it was an aunt / and I was put with her / and said  
don't talk a lot around the house / because then your father  
will see you unhappy / and she'll go / so at first I thought /  
well I'll do it because I want my family to be happy / so  
I thought it was just a game / so I stopped talking / and  
laughing / and then she didn't go / then it became serious /  
I didn't talk and laugh anymore / but then I taught myself  
again to talk / and I can talk quite a lot / in fact sometimes  
I never stop talking / like now / it's too much / but I  
taught myself to talk and to communicate / and I was doing  
fine in the world till I went to a psychiatrist / who brought  
back my whole childhood / that hit me like a ton of bricks /  
then I was out of my protection / 'cos I had protection from  
God / and I went out of my protection /

S: so as soon as that *stuff* came back - /

A: *and I'm out* of my protection here / I know it - / I had a sign /  
'cos I lost my bracelet in the car / I should be at G \_\_\_\_\_  
not this place / I can't stay in places where I'm out of my  
protection / because it's very dangerous / no I'm not being  
silly / 'cos I know when I don't / but I'm sure that every  
single person there feels they're out of their protection as  
well /

S: the bracelet that you lost / was a special one for you /

A: no I found it / you see this is what I wear / protection  
against the evil eye /

S: very pretty /

A: because that's what hit me / as a child / I was too beautiful /  
I was born too beautiful / I was the most beautiful little  
girl like a little doll / I know one shouldn't rave about  
themselves / but I was always just chortling and laughing  
and hugging and kissing everybody / and my father loved me  
too much / I think my mother got jealous / she doesn't like  
competition / she's the kind of woman who can't take  
competition / so she had competition from the sister / from  
the camps / and from me / so she stuck us together / and she  
bashed our heads together / well I didn't really bash the  
other one's head she was too strong /

S: where did you go to school /

A: Zimbabwe

S: I'm from Zimbabwe too /

A: are you / what was your maiden name /

S: Winter /

A: Winter / so now it's Swartz / so you married a Jewish person /

S: hmm /

A: oh / what's his name /

S: L /

A: oh I don't know him /

S: whereabouts in Zimbabwe /

A: Salisbury /

S: me too /

A: oh small world / what a place to meet / no / I really feel I've  
got to get out of here / more than anything else in the whole  
wide world / I've got to get out of here but quickly / does  
this go to the psychiatrists /

S: no / it's just for me / to look at / it's not going to go  
anywhere else

(SINGING FROM OTHER PATIENTS)

A: I mean listen to it / at least she's cheerful / she's a nice  
person / but I've got nothing to do / all day long / ...  
it's not the noise / I'd just prefer more pleasant kind of  
people / not these nut cases walking around / it's enough  
to make you feel anxious because - / imagine how anxious you  
feel if you're brought here - / you've been in clinic /  
to be interviewed by 2 district surgeons is bad enough /  
which one I ran away from / then / to get back to my mother /  
and cry hysterically about what was going on / and then to  
come here / and to be in like a pigsty (END OF TAPE)

APPENDIX B

BARBARA : FIRST INTERVIEW

BARBARA:

S: when did you come in /

B: this time / on Friday I think / if it's Monday / it must be  
surely Friday /

S: yes / so you were in / for the weekend /

B: yes /

S: can you remember / much about the weekend /

B: how much can I remember / it's a Monday for sure / for surely  
his name is Sam / surely his name is Sam / Sam S \_\_\_\_\_ / ((...))  
(CRIES) cry and cry / I must make myself / cry and cry / sit and  
cry and cry and cry / ((...)) /

S: it's OK to cry /

B: you remind me / of my first therapist / she's my first cousin /  
G \_\_\_\_\_ N \_\_\_\_\_ / do you know her /

S: I've heard of her /

B: she's in G \_\_\_\_\_ / isn't she / her married name is / P \_\_\_\_\_ /  
P \_\_\_\_\_ / P \_\_\_\_\_ /

S: she's very nice / I like her /  
((...))

S: when were you in G \_\_\_\_\_

B: ((...)) 1979 ((...)) /

(NURSE BRINGS CIGARETTES AND MATCHES)

Nurse: just bring the matches back to sister alright / otherwise the  
curtains go up / OK / - there's your cigarettes / they're good  
for you (B SHOWS S HER NAME WRITTEN ON THE CIGARETTE BOX) hey /  
have plenty /

S: that's you /

B: \_\_\_\_\_'s the name / without the "L" /

S: has it got a "C" in /

B: no /

S: just (SPELLS OUT NAME) /

B: \_\_\_\_\_ / \_\_\_\_\_ / (REPEATS HER SURNAME. TAKES OUT CIGARETTE AND LIGHTS IT) / sorry / (OFFERS S CIGARETTE )

S: thank you / (S ACCEPTS CIGARETTE )

B: my gynaecologist's name was M \_\_\_\_\_ M \_\_\_\_\_ / he was my first choice before I was married / does J \_\_\_\_\_ S \_\_\_\_\_ do test tube babies / does J \_\_\_\_\_ S \_\_\_\_\_ do test tube babies / are you sure /

S: I know he's a gynaecologist / what is that about /

B: just *about...* /

S: *did* you want to see him /

B: I wanted to see him desperately / so I rang him once / and I rang him twice / and I rang him three times / did he come / he should have come / he should have made time / shouldn't he /

S: I don't know / can you tell me a bit about /

B: *you're* interested in part of my story / aren't you /

S: Hmm /

B: shall we write it down now /

S: when was that /

B: let's try and write it down / let's try and write it down / ((...)) /

S: would you like to write on this / (S GIVES B PAPER AND PEN)

B: alpha / beta / gamma / delta (WRITES THIS DOWN) epsilon / epsilon / epsilon / bactrim bactrim bactrim (B WRITES HER SIGNATURE) /

S: that's your signature /

B: it was / ((...))

S: and bactrim

B: it's out of fashion now I suppose /

S: what is it /

B: an antibiotic / are you a doctor of medicine also /

S: no / I don't know about *these things* /

B: *only psychology* /

S: *just psychology* /

- B: *Masters in psychology* / have you got it yet /
- S: no / I'm getting in /
- B: Swarz / Swarz / Swarz is your name /
- S: Swartz ja / with a "t" /
- B: Swartz / ssss... / do you speak any other languages /
- S: no /
- B: *Afrikaans* /
- S: *I learnt* French once /
- B: shall we speak in *parlez vous Francais* /
- S: can you speak French /
- B: yes /
- S: I can't /
- B: io te amo / io te amo / io te amo / io te amo / io te amo /  
io te amo / it should be Italian /
- S: where did you learn French /
- B: school /
- S: where did you go to school /
- B: E\_\_\_\_\_ High School / for girls / EHS for girls /
- S: the whole time /
- B: yes / 5 years / ... I qualified in 1966 / I mean I finished  
school in '66 / started varsity in '67 / UCT / graduated with  
Honours or distinction /
- S: what were you doing /
- B:
- S: so you went through the 5 years /
- B: 6 years / in my time it was 6 years / and I qualified in '72 /  
I did my \_\_\_\_\_ in '73 / got married in '74 / January 13  
'74 / should it have been lucky / should it have been lucky /  
should it have been lucky / should shouldn't / should shouldn't  
should shouldn't / ((...)) which came first / the Greeks or the  
Romans / ((...)) (WHISPERS)

S: you're still married /

B: no / I got divorced in February / last ((...)) / (WHISPERS)  
north south east west / ((...)) (WRITES N S E W) take my right  
hand / to my left breast / (PUTS RIGHT HAND UNDER LEFT BREAST)  
excuse me doc / I'm sorry doc / ((...)) / Masters would get you  
a Ph.D / wouldn't it / why don't you do a Ph.D rather /

S: I'll get there / first things first / so have you been working  
since you qualified /

B: since I came back in '79 / came back in November '79 / (WRITES  
DOWN 79) Continental 7's eh /

S: do you always do that /

B: yes / comma now / comma now / comma now / comma now /  
((...)) shouldn't we turn up the volume / (INDICATES TAPE  
RECORDER) shouldn't we turn up the volume / shouldn't we turn  
up the volume /

S: we can do / I don't think it makes any difference / it will be  
better if we talk / a bit more loudly /

B: first there was Justine / first there was Justine /  
Alexandria Quartet / Alexandria Quartet ((...)) / you know  
the Alexandria Quartet / Justine Mount Olive Balthazar Cleo /  
Balthazar / Balthazar / Balthazar came second / Mount Olive came  
third / Mount Olive came third / Mount Olive *came third* /

S: *hmm what's this* /

B: the Alexandria Quartet / Balthazar / Balthazar / Balthazar /  
Balthazar / and then Cleo

S: that's right / have you read it /

B: the whole lot /

S: *I've only read Justine* /

B: *my very best friend* in London / my very best friend in London /  
what's her name / what's her name / what's her name / what's  
her name / Jackie / Jackie / Jackie / Jackie / Jackie / Jackie ...

Jacqueline Bisset / Jacqueline Bisset / we both took French /  
we both took French Jackie / Jackie / Jackie / fuck / who can  
French fuck flies / who can French fuck flies / who can French  
fuck flies / me / should I fuck flies now / should I fuck  
flies now / should I fuck flies now ((...)) (WRITES "GREEKS"  
"ROMANS")

S: why do the Greeks and Romans *come* /

B: *matter* /

S: into mind /

B: married name was Jones / ((...)) Jackie / Jackie / Jackie /  
Labia ((...)) / Labia / labyrinth /

S: tell me about Jackie /

B: D\_\_\_\_\_ was her maiden name / her married name was C\_\_\_\_\_ /  
(ANSWERS SHOUT FROM WARD) here's Barbara /

S: when were you in England /

B: I was last there in '79 / I told you that before / I was last  
there in '79 /

S: that's right / you did tell me /

B: ((...)) groot ore / groot ore / pigs / in England - / in this  
country they call them pigs / ((...)) in England

S: oh the people here / call the people in England - / *pigs* /

B: *die groote ore* / pierced ears too / ("LOOKS AT S'S UNPIERCED EARS)

S: have you got pierced ears /

B: sure /

S: whereabouts have you worked /

B: in England / ((...)) for a bit /

S: and here /

B: ((...)) (GIVES S THE PAPER SHE HAS BEEN WRITING ON)

S: thank you /

B: and your last question was /

S: where have you worked here /

S: does this feel like a prison /

B: it sure did / it did in the past / ((...)) I don't know why  
'cos it has the best food in town / should've been Jewish  
shouldn't I / I was Jewish wasn't I once / Jewess / Jewess  
Jewess Jewess Jewess /

S: really

B: ja / Jewess Jewess Jewess Jewess /

S: and now

B: I'm still Jewish aren't I / I'm still Jewish aren't I / I'm  
still Jewish aren't I / I'm still Jewish aren't I / ((...)) ...  
excuse me while I fart / (FARTS) excuse me ((...)) / which of  
my pupils is larger lady / which of my pupils is larger lady /

S: they're the same

B: are my eyes green or blue /

S: they look -

B: *grey*

S: *in between* to me / grey /

B: I was born with blue eyes /

S: were you

B: with my daddy's blue eyes / and my mummy's green eyes / my  
mummy never let me wear green / she never let me wear green /  
she never let me wear green / did she / she never let me wear  
green / did she / ((...)) is my mother still alive / is my  
mother still alive / is my mother still alive /

S: is she /

B: she should be / because she phoned this morning / didn't he  
phone this morning / she phoned this morning / my daddy ((...)) /

S: well / your father brought you those / (CIGARETTES)

B: yesterday he did / yesterday must have been Sunday / if it's  
Sunday / it must have been the 2nd of March / it's March / why  
don't you ask me the right questions /

S: tell me what they are / then I'll ask you /

- B: find out about orientation eh /
- S: orientation for time and place / do you think I should be doing that /
- B: you should have been / ((...)) /
- S: you're going to fail me on this interview (B LAUGHS)
- B: you've got cute teeth you know / and a cute face / have you phoned Dr F \_\_\_\_\_ /
- S: Dr F \_\_\_\_\_ /
- B: ((...))
- S: who's Dr F \_\_\_\_\_ /
- B: my latest doctor / F \_\_\_\_\_ / she surely does /
- S: do you have a therapist /
- B: I thought you were my therapist / ((...)) / wouldn't you like to be my therapist / I tried to hire you once / I tried to pay for you / I hope I am a free patient / am I a free patient / am I a free patient /
- S: here / are you a free patient /
- B: I hope so / I can't afford to pay the bills /
- S: are you still married
- B: no I got divorced in February 1981 /
- S: you haven't married again /
- B: no / my father phoned the PWP for me / you know who the PWP are / parents without partners / I first got introduced to that system in G \_\_\_\_\_ / ((...)) in 1980 / 1980 / January 1980 / 14th January 1980 / my father's birthday ((...)) / Capricorn /
- S: you went to G \_\_\_\_\_ /
- B: in January 14th / he's 69 now / so he must have been born in ... / do that calculation for me / so his birthday / he's a Capricorn I think / my mother's an Aries / my mother's an Aries / an Aries surely /
- S: your mother's an Aries /

(WALKS AWAY AND RETURNS WITH BOOKS AND MAGAZINES)

B: earth fire water / which would you choose first / earth fire water /

S: fire and you /

B: fire can burn / earth can soothe / water can quench your thirst /

S: what about air /

B: air / ... air can soothe / can balm / we should've travelled lightly / we should've travelled lightly / we should've travelled lightly / my father was a commercial traveller / you know / he basically worked for himself / he was also an alcoholic you know / please switch it on / please switch it on / won't you switch it on / please switch it on / (INDICATES TAPE-RECORDER)

S: it's on /

B: what did I go and get my books for / to prove something / ((...)) orientation for time, and place / my home phone number is \_\_\_\_\_ / ((...)) (SHOWS S HER NAME IN BOOK)

S: that's you / right /

B: I am - - / I am - - / (SHOUTS TO SOMEONE PASSING) hallo Elsie / hoe gaan dit Elsie /

S: that's your phone number at *home* /

B: *my home* number at home / my Barclays Bank / my first Barclays Bank / my first Barclays Bank number was / ((...)) L\_\_\_\_\_ Chairman of - / my Barclays Bank number is not the same (INDICATES PICTURE OF CHEQUE IN MAGAZINE) ((...)) earth fire water /

S: air

B: air / do you want another one / I'll give you another one /

S: that's OK /

(INDICATES MAGAZINES) what did you bring those for /

B: I was looking for my father's birth sign / his birth certificate / my father said he was born on the 14th January / ((...)) was really born on the 14th February / on his birth certificate / ((...)) / he celebrates his birthday in January / because he was really born in January / because his father knew he was born in January / but his birth certificate only said 14th February / because his father registered him late you see / his father's name was Solly you see / because his father's name was Soliy you see / because his father's name was Solly you see / his mother's name was Mary you see / you see you see you see you see see see /

S: so he's a Capricorn /

B: is he a Capricorn / I bought him as a ram / I bought him gold horns as a ram / no my mother's a ram / my mother's Aries /

S: and you /

B: Cancer / July 2nd 1949 / how do you write that in the modern way / 32 32 and 3/4 / if it's March it must be Sunday / if it's March it must be Sunday / if it's March it must be Monday / Cornelius / Cornelius / Cornie /

S: Neuroclinic (INDICATING B'S WRITING)

B: Ward C huh / now we're in / ((...)) I had VD once / gonococci ((...))

S: how long ago was that /

B: last year on my holiday / last year on my holiday / last year on my holiday / ((...)) did I ask you who can fuck flies /

S: you've written that /

B: first porn movie I saw / ((...)) / hashish / hashish / hashish / ((...))

S: where did you see that /

B: hashish hashish hashish hashish / Tel Aviv / what's the capital of Tel Aviv - / what's the capital of Israel now / Tel Aviv or Jerusalem / should be / Jerusalem ((...))

S: Tel Aviv isn't it /

B: should be / Jerusalem ((...))

S: have you been to Israel /

B: yes sure / during my 4th year of /

S: hmm / like it here /

B: ja sure / ((...)) 1st time I smoked pot /

S: was that nice /

B: ((...)) / I couldn't smoke at all / only last year that I started to smoke / ((...)) (PLAYS WITH LIGHTER) ((...))

S: is that your lighter /

B: no / I had one like this last time / ((...))

S: and these / ...

B: why am I so concerned about a lighter / that's not mine / ((...)) / do you understand Afrikaans /

S: no I don't / I'm from Zimbabwe /

B: Rhodesia / Zimbabwe / Southern Rhodesia that was /

S: I was born there / when it was Southern Rhodesia /

B: how old are you now / about /

S: I'm 28 /

B: I could be 28 / couldn't I /

S: hmm / you look younger than I do /

B: do I my dear /

S: hmm /

B: ((...)) / three-quarters /

S: 33 3/4 /

B: 32 3/4 / I'll be 33 in July / in July / I'll be 33 in July / ((...)) / Dr Q \_\_\_\_\_ / ((...)) / surely you know Dr Q \_\_\_\_\_ / (NAMES A CONSULTANT PSYCHIATRIST)

- S: yes I do know her /
- B: how is she /
- S: she's fine /
- B: ((...))
- S: did you work with her /
- B: no / (SECOND SIDE OF TAPE. B HAS ASKED FOR S's RING)
- S: first ring my husband gave me / so I actually want to keep it /
- B: and you haven't got another one to spare /
- S: no / ((...)) (B WALKS OFF AND COMES BACK)
- B: what language are you going to speak next /
- S: English /
- B: but your English is fluent me dear /
- S: it is / I'll have to make do with it / I've got to learn how  
to speak Afrikaans /
- B: Swartz's name is Afrikaans / isn't he /
- S: yes / I think his family was Afrikaans /
- B: Jewish Afrikaaners / I can't believe it /
- S: they're not any more / that was ... / 2 generations ago /  
changed now / you were going to tell me / *about* - /
- B: *is this* your first marriage /
- S: yes it is / I've been married for a year /
- B: I wish you / joy / (B BEGINS TO CRY)
- S: thank you / is that sad /
- B: got any children yet /
- S: no /
- B: are you going to have kids /
- S: later / have you got children / do you want children /
- B: I want them more than anything else in the world /  
((...)) isn't that a sad story /
- S: hmm / ((...)) /

- B: not any more / it's just as well I didn't / just as well  
I didn't / just as well I didn't / why why why / why  
didn't I / why why why
- S: tell me why / it's just as well you didn't have kids /
- B: because we're separated now / ((...))
- S: Sarah is a lovely name / ((...))  
my best friend / used to be called Sarah /
- B: where is she now /
- S: Israel /
- B: do you miss her /
- S: hmm /
- B: do you write to her often /
- S: no /
- B: do you send her tapes ever /
- S: no /
- B: why don't you try /
- S: I'm lazy /
- B: you mean it /
- S: mm I'm bad about writing /
- B: did you think this would be an easy interview /
- S: no /
- B: has it been an easy interview /
- S: it's been nice talking / I don't think anything's easy /  
here / is it /
- B: no /
- S: you were going to tell me / about your best friend A \_\_\_\_\_ /
- B: you mean S \_\_\_\_\_ / she's 10 years older than me / she wears  
gold earrings / and her birthday's on the 21st July / ((...))  
someone must have stolen it / ((...))

S: what does she do /

B: she's a                    also with me / in                    / we both  
work in                    / but she's going to be a                    /  
and I'm going to be a                    / but they chucked me  
out of                    once / and they chucked me out of  
twice / and they chucked me out of                    three times /  
and they chucked me out of                    four times /  
(((...))) to chuck me out of                    / there's only one go  
left / will they have me back or won't they / will they have  
me back or won't they /

S: do you want to go back /

B: yes sure / I would do anything for the money / (((...))) money  
or the box /

S: do you like                    /

B: sure I like                    / because I like looking at pictures you  
see / I find it a bind / a real bind / to concentrate on one  
thing at one time / and another thing at another time / it's a  
real bind /

S: is it boring /

B: sometimes /

S: to have to concentrate /

B: not to concentrate / it's never boring to concentrate / it's  
never boring to concentrate / it's never boring to  
concentrate / (((...)))

would you like me to go out with Mario / you would / my parents  
wouldn't / they should now / I'm Jewish and he's Catholic /  
(((...))) do you speak Xhosa (WRITES) shall we pray lady (WRITES  
"JEREMIAH")

S: Jeremiah /

B: Georgina (WRITES "GEORGINA") (((...))) won't you take a message  
for me to - /

S: that's psychiatric casualty / yes / Thursday / what happened /  
B: I can't remember yet /  
S: it will come back  
S: do you get depressed /  
B: sometimes /  
S: what does that feel like /  
B: shit awful / shit sh sh sh /  
S: what do you do when you're depressed /  
B: I go to bed the whole time / ((...))  
how much does this cost / (INDICATES TAPE-RECORDER)  
S: I don't know / it's not mine / it belongs to the clinic /  
B: Neuroclinic /  
S: no Child Guidance Clinic / do you know it /  
B: no /  
S: it's in Rosebank /  
B: come from Rosebank do you / do you live near by /  
S: hmm /  
B: walk there /  
S: hmm /  
B: should have been in a 69- area /  
S: hmm /  
B: 69 1111 / 11 / 11 / 11 / 11 /  
S: not quite / I'm in a 69- area /  
B: Rondebosch /  
S: where do you live /  
B: / with my parents again / thank God for my parents /  
S: you're pleased to be with them /  
B: am I pleased to be with them / am I pleased to be with them /  
I'll swop you / nu tell me another one / leave me your tape  
recorder /  
S: it's not mine /

B: damn it all /

B:  
S: dammit / I must get back to work /

B: OK Swartzy /

S: thank you for talking to me /

B: it's a pleasure / what's your first name / Sally /

S: Sally / can I come again /

B: whenever you like /

APPENDIX C

EXTRACTS FROM AMELIA'S  
SECOND, THIRD AND FOURTH  
INTERVIEWS

A: Well I felt absolutely / like my worst nightmares had come true to be - / I felt it was like a loony bin / 'cos half the people are insane / and the other half are almost unbearable / so I met some nice people there / but to be stuck with them from 8 in the morning until 8 in the evening / I used to go to bed at 8 I couldn't take any more / was a bit much / you know the same people on top of you all day long / and um I had terrible fear there / that I didn't know whose hands I was in / and I didn't know / I thought I was in the government's hands / and I didn't know how long I'd stay there / I used to go to bed at night in a cell / first I was in like a cell / with a terrible fear at night / when will I get out of here / and will they ever think I'm normal / 'cos I'm not really very - / I mustn't say this (LAUGHS) / I'm not really normal / (LAUGHS) / I'm a bit cuckoo / (LAUGHS) I shouldn't say it / but um - I had terrible fear until I heard that I was - / might be ready for the Neuroclinic / and then it lifted you know / here I don't feel fear / in fact I told them that it's like the Club Mediterranean without the Mediterranean / (LAUGHS) but you know it's very nice all young people / with organized activities / and I'm just waiting to get home / and out into the world where I can roam / run around in my little Mini and you know / just carry on with living / but I'll wait because it's just 2 days till Wednesday / and then it's 5 days at home / and then I'll come back for - I'm sure it won't be long / and then I'll be free / free as a bird /

S: and back to work /

A: Yes I must you see / I started a new job / I haven't  
actually earned any money there yet / 'cos it's in my own time /  
but I'll star - and it's quite a good thing that I've got that  
job at the moment / 'cos I can take it slowly / just work a  
couple of hours a day / and then build it up and see how it  
goes / so I'm actually not really - I'm really like unemployed /  
I'm not earning / I'm not earning at the moment / not earning  
anything / but it's a nice very good company / the Director of  
the Company is a psychologist (LAUGHS) / so that might be good  
(LAUGHS) / come in handy (LAUGHS) / and um...what I been hass-  
ling about / it just has to be lived with / you know in  
perspective / so I made a mess / so I made a mistake / so I  
missed opportunities / you can't turn the clock back / you just  
can't / well there's nobody can do it / if you not sensible at  
the time or strong enough to / cope through with what's on your  
plate at the time / then you must be strong enough to face the  
consequences / that's all / if you're not strong enough / how  
can you be strong enough to face the consequences /

AMELIA : EXTRACT FROM THIRD INTERVIEW

- A: I can't be without lithium / if I'm without lithium  
I'm in fantasy / it's my life line / I don't dare /  
go to a strange place and - / I'll never go off it  
again / I've finally accepted / we were discussing  
this in group therapy / that it took me a long time  
to accept that I have to be on lithium / for the  
rest of my life /
- S: yes I can hear / that some of you wants to just  
chuck it / ((...))
- A: *I'd like* to but I know I can't / I have to - I've  
accepted it / that's why I went off it twice / I  
couldn't - first of all they didn't explain to me /  
nobody explained to me exactly why I'm on lithium /  
what it does and what will happen to me if I'm not  
on it / so twice I went off my lithium / just to  
see if I could make it / I thought my powers  
could make me / hold on without lithium / could  
make me go without lithium / but I don't have such  
strong powers / and um - I have to take lithium /  
I've accepted it / I've finally accepted it / I  
have to take lithium for the rest of my life /  
otherwise I'll want to go to the clinic and it's  
so expensive at the clinic / 4 days cost R200 / and  
if I want to spend - / and I went there once and  
threw out diamonds and gold / and um / and it cost  
about R3 000 that little trip to the clinic / so if  
I want to waste money / then I can go off my lithium /  
just to waste money / but I'd rather have that money  
to spend on something nice / stay on my lithium /

S: it doesn't make your hands shake or.../

A: no /

AMELIA : FINAL (FOURTH) INTERVIEW

A: oh alright / not bad / in my / tough moments / yeah  
but I've sorted this thing out with my sister now /  
in my head /

S: oh yes / tell me about that /

A: and with her / I'm going to / I'm sorry to go on and  
on about it / but it's really bugging me / and it is  
one of the major reasons / that I landed up in P\_\_\_ /  
that I had a nervous breakdown / that's what I did  
have / um - and that my 1st breakdown occurred / when  
I had to go onto lithium / was because of her / and  
I'm sure it is her / now - it's really a horrific  
thing / and I'll never be able to / get used to it /  
but I don't see why I should take the guilt myself /  
why I should take the blame / because I didn't do  
anything / it was her / you know / I don't know if  
you know / exactly what I'm getting at / but you know  
that I got - / you see um it's very unfortunate /  
um - you see - / did I tell you that - / I'm  
embarrassed / but I'm going to tell you exactly what /  
um did I tell you you see / that I had an affair with  
a married ah - / well he wasn't married / he was only  
25 / I was 24 /

S: yes /

A: did I tell you / he was married / you see / and did  
I tell you that I got pregnant /

S: no /

A: ah you don't know the story / OK you see / so I was very stupid and I got pregnant / OK anyway I couldn't marry him / because he was married / and had 2 small children / and I knew he wouldn't make a good husband / because he was - / he was very beautiful / and very goodlooking / and he was actually like even a film-star / but I knew we could never get married / because he wouldn't make the kind of husband / he used to sit in the cafés / and do a bit of modelling / you know that's a - / you can't marry - / you know she can - / his wife can have it / I - I - knew that I could never marry him you know / and so um - / so I went to a - / I went to a gynaecologist / and I had it terminated / right / now I didn't tell her / till the day before / I'd made a mistake / one of - probably the biggest mistake in my life / and I told her just / so that she told me - / could tell me I was doing the right thing you see / I said you've got to promise / never ever to tell anybody / OK / now / somebody told my father / and I can only think it was her / I'm sorry / maybe I'm not thinking straight / but I can't imagine a str - / I know that people do know about it / it's unfortunate / but it got out / cos people love to talk / and there's nothing I can do about it / but there are people who know about it / but I can't imagine / that any stranger would go and tell my father / he's the only person I could think / who would tell my father / now my father had a cancer / do you know that /

S: yes you have told me that /

A: right now he had cancer / and it's the only case in  
the world / where it's been completely on its own /  
it hasn't been attached to anything /

(PHONE INTERRUPTS INTERVIEW BRIEFLY)

and it hasn't been attached / to any other organ /  
OK so they removed it / and he had just as much  
chance / as anyone else with cancer / except that /  
after the operation / he lost his mind / he went  
completely off his head / and he never fully  
recovered / and then he started getting arterio-  
sclerosis / and then he died / now I should  
imagine he would have got arteriosclerosis  
anyway / and I think the operation / precipitated  
it / I think / anyway I didn't think / I never  
thought I had any connection / with this - with  
his operation / I mean normal people I mean -  
you don't think of such things / you know I'm  
not so - / I don't go so deep into things /  
anyway I'd better tell you because this has been /  
you know - dragging me down / do you mind me  
telling you /

S: no / not at all /

A: OK / so then they come to live in CT / and I'm sitting  
there / and my sister and I are sitting there / playing  
with her child / just the 3 of us in the lounge / and  
my father comes up to me / he's already got arterio-  
sclerosis / you know he doesn't talk rubbish / but he

says funny things / he says to me... / he says ... /  
you can have more / he says / he says ... / I had one  
too / aah no and then I just - / then I just went /  
completely into fantasy / and had to go onto lithium /  
(...)

extract continues on page 171

A: I've given all the guilt to her / I've decided / I  
didn't do wrong / I didn't do anything deliberately /  
I didn't go and tell my father / I kept it away from  
him / I didn't ah - / you know what I mean / she did  
it deliberately / its her fault / she can take the  
blame / she can take the guilt / its all for her /  
OK I'm sad about what happened / but I'm not blaming  
myself / it's not my guilt / am I right /

S: so you must feel very relieved / about that /  
decision /

A: ja / I feel free / for the first time in 3 years I  
feel free / it's not my fault / and / she's going to  
have hanging round her head / where - if the time's  
right I'll do it / but I'm going to tell her husband /  
and if she can take a light out of my father's eyes /  
then I can take a light / out of her husband's eyes /

S: I didn't quite / understand the bit about / your  
father's cancer / can you explain that /

A: it's very hard for me to explain it / but him knowing  
that I had / what I had / gave him that cancer / I  
think / because that's what he told me / it's because  
of my powers over him / and because it involved a  
psychiatrist / it was her doing / that she told him /  
her suggestion / she's the evil / she's the evil in my  
life / and um... and that spoilt it with that handsome  
one / and if I hadn't have gone to that psychiatrist /  
I don't - I still don't know if it would have worked

out / but I'd have had a better chance / he messed me up  
for 6 months / and then I pushed this guy to phone me /  
when I was ready / and it was the wrong time / and he  
didn't phone me /

(...)

and the first thing I've sorted out / is who's guilty /  
now just say / I told her husband / about the affair /  
and he shot himself / who's to blame / for his death /  
me or her /

S: hmmm

A: if he never knew / he'd live up till 100 /

S: hmmm

A: right

S: yes /

A: so who's to blame / her or me / her / because what I did  
was not deliberate / and I had no thought of my father /  
I promise you / any time / of hurting my father

APPENDIX D

EXTRACTS FROM BARBARA'S  
SECOND INTERVIEW

BARBARA : EXTRACT SECOND INTERVIEW

- S: seems like / we're going to have some background  
music as well / how are things /
- B: much better / um... I can think / much more logically /  
I've got patience now / to let my thoughts stay on one  
track / I don't need to write things down to remember /
- S: and how're you feeling /
- B: glad to see you / um... I feel excited in that I'm  
better / I'm no longer depressed / which is an awful  
load to have / and I feel I'm coming out of my manic  
episode now as well / and I usually go into a trough /  
around about this time / but I haven't got to that yet /  
so it feels good /
- S: I wondered about that / which is why / I wanted to  
see you today you know / because these things go up  
and down / and the medication /
- B: well they've stopped my Largactil during the day /  
so I only take haloperidal / that is Serenace / that's  
a major sedative / I take 3 times a day / and it  
tends to make me sleepy now / as it does when I come  
out of my mania / but they've just stopped the  
Largactil today / and yesterday they stopped my dose  
at lunch / I'm quite anxious about my mom / did I  
mention to you that she's a very ill woman /
- S: no tell me about that /

B: ja / she's diabetic / she's turning 72 in April /  
now my dad and I have saved her life twice now /  
she's collapsed twice while I've been at home /  
and we've both given her mouth to mouth / and heart  
resuscitation / and I saw her for the first time in  
2 weeks yesterday / which set my mind at ease /  
because she looks very well / although she's seeing  
a doctor for an infection in the urine / and that's  
worrying her / I'm sure she'll be OK / I'm very close  
to my mom / really very close / closer to her / than  
I am to my dad /

S: hmm / so you're worried about being away /

B: no, I'm anxious to get home / you know I want to be  
there / I don't want to have to rely / on phone  
calls / to speak to her / I just want to be with my  
folks / I wanna go home /

S: how does she feel about being sick /

B: she's a very very anxious woman / and I have lived  
with her dying / ever since I can remember / she's  
always said / I hope God will spare me to see you  
through university / I hope I'll be alive to see  
you married / I wish to God to have grandchildren /  
and that's another sore point / I can't give her  
grandchildren / and I believe now / I could have  
children / with the right man / and a test-tube baby /  
which is what I want / more than anything in the  
whole wide world / so life's exciting at the moment /  
the possibilities are hopeful / I want to go out and  
get it / I'm getting irritable /

- S: feeling a bit / cooped up here /
- B: ja / I'd also rather stay in Ward C / than go to Neuroclinic / whenever I go to Neuroclinic I get depressed / so I'm going to stay *here* / and get discharged from *here* this time / I must start work on the first of April /
- S: do you know why that happens /
- B: *why what happens* /
- S: *why you get* depressed at CTNC /
- B: because the rea - the convalescent period / is always been longer than I would wish / because I get well / and they say let's see you euthymic for some time / and we'll watch and we'll wait / and we'll wait and we'll watch / and its depressing / I want to get over with this illness quickly / that's why I brought myself in this time / I knew I was going high / and they didn't have a bed for me / so they said go home and try and sleep / and here are your tablets / and take this and take that / but I knew I needed hospitalisation / so I forced the issue /
- S: what sort of things start happening / when you know you're going manic /
- B: I start losing sleep / I can't sleep / I get a lot of energy / I feel omnipotent / I spend a lot of money / I become sexually promiscuous although I don't enjoy sex / I become irrational / I lose my

rational side / I have to start writing things down  
and remembering them / I hate to forget anything /

S: ja / I picked up quite a lot of anxiety about / you  
know keeping track of / what was happening /

B: time / is the most important thing / time runs out  
on me / runs out on everyone / there are so many  
things / I want to do / and want to learn and want  
to teach / before I die / I'm not scared of dying  
any more / I just want to do a lot of things /

S: before /

B: and every time I come in here / I have the  
possibility of doing those things / I can have my  
creative side / I care enough to create / but I've  
never given myself time to do it / I've always gone  
into the academic side / in an attempt to please  
my parents / cos I've got a brain and they know it /  
they've never given me time to relax / and be with  
myself /

APPENDICES E AND F

COMPLETE EXCHANGE AND TOPIC STRUCTURE ANALYSES : FIRST INTERVIEWS,  
AMELIA AND BARBARA

Note:

Appendices E and F reproduce the exchange and topic structure analyses of Amelia and Barbara's first interviews.

1. The terms used are defined in the relevant chapters and in the glossary.
2. Long monologues are not reproduced here. Their content is summarized under Topic.
3. The exchanges have been abbreviated slightly. For the full text see Appendices A and B.
4. Where no move is noted opposite an act, then this act is subsumed under the last mentioned move.
5. Topics label deep structures, and therefore their placement next to surface structure utterances is only approximate.
6. ack: in the analysis "ack" refers to an acknowledgement act.

APPENDIX E

ANALYSIS OF EXCHANGE STRUCTURE :  
AMELIA

AMELIA : ANALYSIS OF EXCHANGE STRUCTURE : FIRST INTERVIEW

Move	Act	Abbreviated Text	Topic
opening	marker + elicit	S: so when did all this start	
challenge	elicit	A: all what	
re-opening	inform	S: the things that led up to your coming here	
supporting	marker + silent stress	A: well ah... I got upset over a lost romance	lost romance

/SERIES OF INFORMING ACTS : A MONOLOGUE/

frame	marker	S: so	
focus	metastate	let me get it straight	
opening	inform	you were in the clinic	
	elicit	and then came out	

Clinic  
Admission to P\_\_\_\_  
I'd rather be in G\_\_\_\_  
Bad psychiatrists  
I don't like this place  
I'd rather be in G\_\_\_\_  
Bad psychiatrists  
I don't like this place  
(Go back to work)

Move	Act	Abbreviated Text	Topic
supporting	reply	A: yes	
	elicit	S: and that was about the lost romance	
	reply	A: yes	
	comment	S: that you went into the clinic	
opening	elicit	tell me a bit about that	
supporting	marker + silent stress	A: well um ...	
supporting	inform	A: you see - he was meant for me	Lost romance
			Bad psychiatrist
			Missed opportunities
			Bad psychiatrist
			Lost romance
opening	elicit	S: tell me about the flooding	
supporting	reply	A: they give you a psychological shock	
	inform	he told me I wanted to be beaten	Bad psychiatrist
			Unhappy childhood
			Bad psychiatrist
opening	elicit	S: were you on medication	
supporting	reply	A: no	

Move	Act	Abbreviated Text	Topic
	ack & elicit	S: no/and now	
	reply	A: yes	
	elicit	S: how's that affecting you	
	elicit	A: medication	
	reply	it makes me drowsy	
	elicit	S: do you feel drowsy now	
	reply	A: a bit	
opening	elicit	do you mind if I smoke	
supporting	reply	S: not at all	
	directive	A: but I haven't got an ashtray	
	directive/inform	S: there's a dustbin over there	
	directive/inform	A: see I smoke all the time	
re-opening	inform	this place is no good for me	
framing	marker	so	
opening	elicit	you're a psychologist	
supporting	reply	S: yes	
framing	marker	A: well anyway	
opening	inform	I can't mope about past mistakes	
supporting	inform	I don't really believe in psychiatry	Bad psychiatrist
	elicit	S: what sort of tablets	

Move	Act	Abbreviated Text	Topic
support	inform	A: I'm on lithium	Going into fantasy Lost romance (ESP) Lost romance Missed opportunities I don't like this place
frame	starter	S: how is your mood	
opening	elicit	does it go up and down	
supporting	reply	A: no	
	inform	it's the same I just want to be out of here	I don't like this place
focus	starter	S: it sounds as if you're close to your mother	
opening	elicit	do you see a lot of her	
supporting	reply	A: ja	
	inform	I speak to her every day	Bad sister I don't like this place
re-opening	elicit	S: what does mother think	
supporting	elicit	A: about what	
	reply	S: about your being here	
	reply	A: I don't know	

Move	Act	Abbreviated Text	Topic
	inform	police just came and took me she doesn't know anything	
	ack	S: oh	
supporting	elicit	you haven't spoken to her	
	reply	A: I don't think she's impressed	
	inform		Bad sister
			G_____better
opening	directive	S: they're saying it's time for pills	
supporting	ack	A: oh	
challenging	accuse	have you had enough of me	
supporting	excuse	S: no	
	starter/metastate	I was just wondering	
	directive	could you get your pills and come back	
	reply	A: alright	
	inform	except I must stand in a queue	
	ack	S: oh	
re-opening	inform	A: it was unfortunate about this	
supporting		romance	Lost romance
			Bad psychiatrist
			Missed opportunities

Move	Act	Abbreviated Text	Topic
supporting	elicit	S: did you go to Zimbabwe	
	reply	A: yes	
	elicit	S: when	
	reply	A: December	
focussing	starter	my mouth's dry	
opening	elicit	can I get water	
supporting	reply	S: yes	
re-opening	informing	A: ja I went to Zimbabwe	
supporting		but I was embarrassed to see him	(Half-a-chance, Los Angeles)
	comment	A: you all have your choices	
	elicit	S: it's difficult sometimes though	
re-opening	marker+	A: well sometimes you think that	
support	inform	you prefer - you convert	(Los Angeles Half-a-chance)
	elicit	S: do you work	
	reply	A: yes	
	elicit	S: what as	
	reply	A: I sell perfumes	(Biography A)
	elicit	S: do you like it	
	reply	A: yes	
	marker	well	
	inform	I haven't got into it yet	

Move	Act	Abbreviated Text	Topic
	inform	I started it when I was upset	
frame	marker+ silent stress	and ah -	
support	inform	didn't get into it	
challenge	elicit & accuse	why do you have the tape recorder on	
supporting	marker	S: well	
	excuse	it saves me from keeping notes	
	elicit	is it bothering you	Metastates
	ack	A: oh I see	
	reply	no	
	excuse	S: it helps me to keep clear	
	elicit	A: why do you listen back on it	
	reply	S: yes	
	marker	so	
frame/focus	elicit	what were you doing with Dr F	
opening	elicit	was he giving you medication	
support	reply	A: just medication yes	
	elicit	S: were you seeing him regularly	
	reply	A: once monthly	
	elicit	S: checking your lithium	

Move	Act	Abbreviated Text	Topic
supporting	reply	A: yes	
	elicit	S: still taking lithium	
	reply	A: yes	
	inform	I can never go off it	
	elicit	S: how does it affect you	
	elicit	A: lithium	
	elicit	S: do you have side effects	
	reply	A: no	
	inform	except I'm not as sparkly	
	inform	but it could come back	
frame	marker	S: so	
focus	starter	you've been here two days	
supporting	reply	A: hmm	
opening	elicit	S: finding it difficult	
supporting	reply	A: shocking	
opening	elicit	S: contact with family	
supporting	reply	A: no	
	inform	saw my sister who brought cigarettes	(Biography A)
	elicit	S: where does she live	
	reply	A: Claremont	
	elicit	S: do you see her often	

Move	Act	Abbreviated Text	Topic
	reply	A: no, not really	
	elicit	S: you're not close	
	reply	A: no	
	elicit	S: never have been	
	reply	A: no	
	elicit	S: your F died a short time ago	
	reply	A: yes	
	elicit	S: how old was he	
	reply	A: 74	
supporting	elicit	S: were you close	
	reply	A: yes	
	inform	I'm still getting over that too	(Biography A)
	elicit	S: that's the one in Claremont	Bad sister
	reply+	A: yes, I'm not impressed	
supporting	inform	with her kind of behaviour	Bad sister
			Going into fantasy
			G _____ better
			Bad sister
			I don't like this place
			Bad sister

Move	Act	Abbreviated Text	Topic
			Bad psychiatrist
			Bad sister
			Bad psychiatrist
			Unhappy childhood
			Going into fantasy
			Unhappy childhood
			Bad psychiatrist
			(ESP)
			I don't like this place
			Unhappy childhood
opening	elicit	S: where did you go to school	
	reply	A: Zimbabwe	
	inform	S: I'm from Zimbabwe	
	ack	A: are you	Biography (A & S)
	elicit	what's your maiden name	
	reply	S: Winter	
	ack	A: Winter	
supporting		now Swartz	
	marker	so	
	comment	you married a Jew	
	ack	S: hmm	

Move	Act	Abbreviated Text	Topic
	ack	A: oh	
	elicit	what's his name	
	reply	S: L	
	ack	A: oh	
	inform	I don't know him	
	elicit	S: whereabouts in Zimbabwe	
	reply	A: Salisbury	
	elicit	and you	
	reply	S: me too	
	ack	A: oh	
	comment	small world	
	inform	what a place to meet	
			I don't like this place
opening	elicit/accuse	A: does this go to the psychiatrist	
support- ing	reply/excuse	S: no its for me	
			I don't like this place

APPENDIX F

ANALYSIS OF EXCHANGE STRUCTURE :  
BARBARA

BARBARA : ANALYSIS OF EXCHANGE STRUCTURE : FIRST INTERVIEW

Move	Act	Abbreviated Text	Topic
opening	elicit	S: when did you come in	
supporting	elicit	B: this time	
	reply	Friday	
	elicit/reply	if it's Monday must be surely Friday	recall
	ack	S: yes	
	marker	so	
frame/focus	starter	you were in for the weekend	
opening	elicit	do you remember much	
supporting	ack	B: how much can I remember	
opening/	s-inform	its Monday for sure	
supporting	s-inform	surely his name is Sam	recall
opening	s-directive	cry and cry	
supporting	ack	S: it's OK to cry	
opening	inform	B: you remind me of a	Biography (B)
supporting	elicit	do you know her	
	reply	S: I've heard of her	
	inform	B: she's in G _____	
	s-elicit	isn't she	
	s-inform	her married name is P _____	recall

Move	Act	Abbreviated Text	Topic
	inform	S: she's nice, I like her	
opening	elicit	when were you in G_____	
supporting	reply	B: 1979	
		(CIGARETTE EXCHANGE WITH NURSE)	
	s-inform	B: my gynaecologist's name	recall
	elicit	does J___ S___ do test-tube babies	Biography (B)
	elicit	are you sure	
	reply	S: I know he's a gynaecologist	
	elicit	what is that about	
supporting	inform	B: just about -	
	elicit	S: did you want to see him	
	reply	B: desperately I rang him x 3	Biography (B)
	s-elicit	did he come	
	s-inform	he should have come	
	elicit	he should have had time shouldn't he	
	reply	S: I don't know	
opening	elicit	can you tell me a bit about -	
focussing	elicit	B: you're interested in part of my story aren't you	Metastate
supporting	reply	S: hmm	
opening	s-elicit/directive	B: shall we write it down now	Metastate/recall

Move	Act	Abbreviated Text	Topic
opening	elicit	S: when was that	
re-opening	directive	B: let's try and write it down	
supporting	elicit	S: would you like to write on this	
opening	s-inform	B: alpha beta epsilon bactrim	recall
supporting	ack	S: that's your signature	Metastate
	reply	B: it was	
	elicit	S: and bactrim	
	inform	B: it's out of fashion now I suppose	
	elicit	S: what is it	
	reply	B: an antibiotic	
opening	elicit	are you a doctor too	Biography (S)
supporting	reply	S: no	
	inform	I don't know about these things	
	elicit	B: only psychology	Biography (S)
	reply	S: just psychology	
focus	starter	B: masters in psychology	
opening	elicit	have you got it yet	
supporting	reply	S: no getting it	
opening	elicit	B: Swarz is your name	
support	reply	S: Swartz ja with a "t"	

Move	Act	Abbreviated Text	Topic
	ack	B: Swartz sss	
opening	elicit	do you speak other languages	Metastate
support	reply	S: no	
	inform	I learnt French once	
	elicit	B: Afrikaans	
	elicit	shall we parlez vous Francais	Metastate
	elicit	S: can you speak French	
	reply	B: yes	
	inform/directive	S: I can't	
	s-inform	B: io te amo x 6	recall
	inform	it should be Italian	
	elicit	S: where did you learn French	Biography (B)
	reply	B: school	
opening	elicit	S: where did you go to school	
	reply	B: EHS	
	elicit	S: the whole time	
	reply	B: yes	
	inform	school/university career	

Move	Act	Abbreviated Text	Topic
	elicit	S: what were you doing	
	reply	B: p	
	elicit	S: so you did your training	
	reply/inform	B: qualified and married	
opening	s-elicit	should it have been lucky x 3	
support	s-inform	should shouldn't x 3	
	s-elicit	which came first x 2 Greeks or the Romans	recall
re-opening	elicit	S: you're still married	Biography (B)
support	reply	B: no, divorced	
opening	s-inform	N S E W	recall
support		right hand to left breast	
challenge	excuse	B: excuse me doc. I'm sorry doc	Metastate
focus	starter	Masters would get you a Ph.D	Biography (S) +
opening	elicit	wouldn't it	Metastate
supporting	elicit	why not do a Ph.D rather	
	reply	S: I'll get there	
	inform	first things first	
frame	marker	so	
opening	elicit	have you been working since you qualified	Biography (B)
supporting	reply	B: since I came back in '79	

Move	Act	Abbreviated Text	Topic
opening	inform	continental 7's eh	Metastate
support	elicit	S: do you always do that	
	reply	B: yes	
opening	s-directive	comma now x 3	
opening	directive	shouldn't we turn the volume up	
support	ack	S: we can do	Recall/+ Metastate
	reply	I don't think it makes any	
	directive	difference better if we talk loudly	
opening	s-inform	B: Justine, Alexandria Quartet	Recall
	elicit	do you know it	
	s-inform	Mount Olive came third	
	marker	S: hmm	
	elicit	what's this	
	reply	B: Alexandria Quartet	
	ack	S: that's right	
	elicit	have you read it	
	reply	B: the whole lot	
	reply	S: I've only read Justine	
focus	starter	B: my best friend in London	
opening	S-elicit	what's her name Jackie	Recall

Move	Act	Abbreviated Text	Topic
support	s-inform	we both took French	
opening	s-inform	French fuck flies x n	recall
support	s-inform	should I fuck flies now	
open	elicit	S: why do the Greeks/Romans come to mind	recall
support	ack	B: matter	
opening	s-inform	her married name was Jones	recall
opening	elicit	S: tell me about Jackie	
support	reply	B: her married name was C _____	
opening	elicit	S: when were you in England	Biography (B)
support	reply	B: 1979	
challenge	accuse	I told you that before	Metastate
	reply	I was last there in 1979	
support	excuse	S: that's right you did tell me	
challenge	accuse	B: groot ore	Metastate
	ack	S: oh the people here call the people there pigs	
	accuse/inform	B: die groot ore	
	inform	pierced ears too	
opening	elicit	S: have you got pierced ears	Biography (B)
support	ack	B: sure	
opening	elicit	S: whereabouts have you worked	

Move	Act	Abbreviated Text	Topic
support	ack/reply	B: in England	
	elicit	S: and here	
opening	ack	thank you	
re-opening	elicit	B: and your last question was	
support	reply	S: where have you worked here	
	reply	B: I've last worked last Monday	
	s-inform	Nadine Gordimer signed the admission	Recall
re-opening	s-inform	if it's Monday it must be March x 3	
opening	elicit	how would you spell Jimmy	
support	reply	S:/B: J - i - m - m - y / i - e	
support	ack	B: you're right	
opening	elicit	shall we take a break	Metastate
support	reply	S: sure	
support	ack	no I won't have another one thanks	
opening	directive	B: I bet you light my cigarette for me	Metastate
support		the right way	
	elicit	S: do you want me to light your cigarette	
	inform	B: a woman would do it that way x 2	
	elicit	S: light	
opening	elicit	B: you watched the same TV programme as I did	Metastate

Move	Act	Abbreviated Text	Topic
support	elicit	S: which one	
	inform	I don't have a TV	
	ack/inform	B: not yet	
	elicit	S: what were you thinking of which programme	
re-opening	inform	B: you recognise those who recognise you first	Metastate
	elicit	don't you	
support	ack	S: yes	
re-opening	elicit	B: have you ever been in a locked up ward	Metastate
support	reply	S: yes	
	ack/inform	B: now you have now you don't	
	elicit	S: why do you ask	
	elicit	B: have you ever been in prison my dear	Metastate
	reply	S: no	
	inform	B: you wouldn't have would you	
	accuse	groot ore praat praat praat	
support	elicit	S: does this feel like a prison	
	reply	B: sure it did / did in the past	Metastate/Biography (B)
	inform	don't know why	
	inform	has the best food in town	
	inform	should've been Jewish should I	
	s-elicit	I was Jewish wasn't I once	Recall/Biography (B)

Move	Act	Abbreviated Text	Topic
	s-inform	Jewess x 5	
	ack	S: really	
	ack	B: ja, Jewess x 4	
opening	elicit	S: and now	
support	s-elicit	B: I'm still Jewish aren't I x 4	
challenge	metastate directive	excuse me while I fart	Metastate
		excuse me	
	directive elicit	which of my pupils is larger lady x 2	
support	reply	S: they're the same	
opening	elicit	B: are they green or blue	
support	reply	S: they look /	
	inform	B: grey	
	reply	S: in between to me grey	
	inform	B: daddy's blue eyes / mummy's green eyes	Biography (B)
	inform	mummy never let me wear green	
opening	elicit	S: is M still alive	
support	elicit	is she	
	reply	B: she should be, she phoned this a.m.	
	s-elicit	didn't she phone this a.m.	
	s-inform	she phoned this a.m.	

Move	Act	Abbreviated Text	Topic
	marker	S: well	
	inform/reply	your F brought those	
	inform	yesterday he did	
opening	s-inform	Sunday/if Sunday it must be March	Recall
challenge	metastate/accuse/ directive	B: why don't you ask me the right questions	Metastate
support	excuse	S: tell me what they are then I'll ask you	
challenge	directive	B: find out about orientation eh	Metastate
	ack	S: orientation for time and place	
support	elicit	do you think I should be doing that	
	reply	B: you should have been	
	metastate	S: you're going to fail me on this interview	
opening	comment	B: you've got cute teeth you know	
support	comment	and a cute face	
opening	elicit	have you phoned Dr F	Metastate
support	ack	S: Dr F	
	elicit	Who's Dr F	
	inform	B: my latest Dr / F	
	?	she surely does	
	elicit	S: do you have a therapist	
	reply/inform	B: I thought you were my therapist	Metastate

Move	Act	Abbreviated Text	Topic
support	elicit	wouldn't you like to be my therapist	
	inform + s-inform	I tried to hire you once	
		I tried to pay for you	
opening	comment	I hope I'm a free patient	
	elicit	am I a free patient x 2	
support	ack	S: Here	
	elicit	are you a free patient	
	reply	B: I hope so	
	inform	I can't afford to pay the bills	
re-open- ing	elicit	S: are you married	Biography (B)
support	reply	B: no divorced 1981	
	excuse	S: not married again	
	reply	B: no	
support	inform	F phoned PWP F Capricorn	Biography (B)
opening	elicit	S: you went to G _____	
support/ opening	reply/inform	B: In Jan 14 F born	
	directive	do that calculation for me	
support	inform	F Capricorn M Aries	
	elicit	S: your M Aries	
	inform	B: earth fire water	
	elicit	which would you choose first	Recall

Move	Act	Abbreviated Text	Topic
	reply	S: fire	
	elicit	and you	
	reply	B: earth can soothe / fire balm	
	elicit	S: what about air	
	reply	B: air can soothe / travelled	
opening	inform	lightly / F comm. traveller	Biography (B)
support		alcoholic	
opening	directive	please switch it on x 4	Metastate
support	ack	S: it's on	
opening	s-elicit	B: what did I get my books for	Metastate
support	reply	to prove something	
	inform	orientation for time and place	Recall
	ack	S: that's you, right	
	s-ack	B: I am Barbara	
opening		hello Elsie hoe gaan dit Elsie	
support	ack	that's your phone no. at home	Recall
	s-inform	Barclays Bank	
re-open	s-inform	earth fire water	
support	inform	S: air	
	reply	B: air	

Move	Act	Abbreviated Text	Topic
opening	elicit	do you want another one ? Ill <i>give</i> you	
	inform	another one <i>now</i>	
support	ack	S: that's OK	
opening	elicit	what you bring them for	Metastate
support	inform	B: F's birth sign F's birthday	Recall/Biography (B)
	elicit	S: so he's a Capricorn	
	elicit	B: is he? I bought him	
	inform	as a ram / gold horns as a ram	
	s-inform	no M's a ram	Recall
	s-inform	M's Aries	
	elicit	S: and you	
	reply	B: Cancer + date	
	elicit	how do you write that the modern way	
	inform	32, 32 3/4, Mardi, March - Sunday	Recall
opening	s-inform	Cornie	
opening	s-inform	S: Neuroclinic	
support	inform	B: now we're in Ward huh	Recall/Metastate
opening	inform	I had VD once	Biography (B)
support	inform	gonococci	
	elicit	S: how long ago	
	reply	B: last year on my holiday x 3	

Move	Act	Abbreviated Text	Topic
opening	elicit	did I ask you who can fuck flies	Recall
support	comment/meta-state	S: you've written that	
opening	s-inform	B: 1st porn movie...	
support	elicit	S: where'd you see that	
	s-inform	B: Hashish x 4 Tel Aviv	Recall
opening	elicit + s-inform	capital of Israel	
support	reply + elicit	S: Tel Aviv, have you been there	
	reply	B: yes, sure	Biography (B)
	inform	during my 4th year	
	ack	S: hmm	
	elicit	like it there	
support	reply	B: ya, sure	
	inform	1st time I smoked pot	Biography (B)
	elicit	S: was that nice	
	inform	B: I couldn't smoke at all	
opening	elicit	S: is that your lighter	Metastate
support	reply	B: no	
	inform	I had one like this last time	Recall
	elicit	S: and these	
	s-elicited	B: why am I so concerned about a lighter	Metastate
opening	elicit	do you understand Afrikaans	

Move	Act	Abbreviated Text	Topic
support	reply	S: no I don't	
	excuse	I'm from Zimbabwe	Biography (S)
	ack	B: Rhodesia / Zimbabwe / Southern Rhodesia	
	inform	S: I was born there when it was SR	
opening	elicit	B: how old are you now	Biography (S)
support	(excuse)	about	
	reply	S: 28	
	elicit	B: I could be 28 couldn't I	
	reply	S: hmm	
	inform	you look younger than I do	
	ack/elicit	B: do I my dear	
	reply	S: hmm	
	inform	B: 3/4	
	ack	S: 33 3/4	Biography (B)
	inform	B: 32 3/4 I'll be 33 in July x 3	
focus	s-inform	Dr Q	
opening	elicit	surely you know Dr Q	
supporting	reply	S: yes I do	Metastate
	elicit	B: how is she	
	reply	S: fine	
	elicit	B: did you work with her	

Move	Act	Abbreviated Text	Topic
	reply	S: no	
opening	inform	1st ring H gave me	
frame + focus	marker +	so I actually	
support	inform	want to keep it	Biography (S)
support	elicit	B: haven't you got another one to give	
	reply	S: no	
challenge	elicit	B: what language are you going to speak next	
support	reply	S: English	
challenge	accuses	B: but your English is fluent me dear	Metastate
support	reply	S: it is	
	excuse	I'll have to make do with it	
	excuse	I've got to learn Afrikaans	
opening	elicit	B: Swartz is Afrikaans isn't he	
support	reply	S: yes	
	inform	I think his family is Afrikaans	Biography (S)
	comment	B: Jewish Afrikaners / I can't believe it	
	excuse	S: they're not any more / that was 2 generations ago changed now	
opening	metastate	you were going to tell me about /	
opening	elicit	B: is this your 1st marriage	
support	reply	S: yes it is	

Move	Act	Abbreviated Text	Topic
	inform	I've been married for a year	
	inform	B: I wish you joy	
	ack	S: thank you	
	metastate elicit	is that sad	
	elicit	B: got any children yet	Biography (S)
	reply	S: no	
	elicit	B: are you going to have kids	
	reply	S: later	
	elicit	have you got children	
	elicit	do you want children	
	reply	B: I want them more than anything else in the world	
	elicit	isn't that a sad story	
support	reply	S: hmm	
	inform	B: not any more / just as well I didn't	
	s-elicit	why why why why didn't I	Biography (B)
	elicit	S: tell me why it's just as well you didn't have kids	
	reply	B: because we're separated now	
opening	inform	S: Sarah, a lovely name	Biography (S)
support	inform	best friend's name is Sarah	
	elicit	B: where is she now	
	reply	S: Israel	

Move	Act	Abbreviated Text	Topic
	elicit	B: do you miss her	
	reply	S: hmm	
	elicit	B: do you write often	
	reply	S: no	
	elicit	B: do you send tapes	
	reply	S: no	
	elicit	B: why don't you try	
	reply	S: I'm lazy	
	elicit	B: you mean it	
	reply	S: mm, I'm bad about writing	
opening	elicit	B: did you think this would be easy investigating	Metastate
support	reply	S: no	
	elicit	B: has it been an easy investigation	
	reply	S: it's been nice talking	
	inform	I don't think anything's easy here	
	elicit	is it	
	reply	B: no	
re-opening	direction + elicit	S: you were going to tell about	
support	metastate	B: you mean R	Biography (B)
	reply + inform	she's 10 years older etc.	

Move	Act	Abbreviated Text	Topic
	elicit	S: what does she do	
	reply + inform	B: she works with me	
support	s-elicit	will they have me back or won't they x 2	
	elicit	S: do you want to go back	Biography (B)
	reply	B: yes, sure	
	inform	I would do anything for the money	
opening	comment	money or the box	
re-opening	elicit	S: do you like p	
support	reply	B: sure I like p	
	inform	like the pictures	
	inform	bind to concentrate	
	elicit	S: is it boring	
	reply	B: sometimes	
	elicit	S: to have to concentrate	
challenge	reply	B: it's NEVER boring to concentrate x 3	Metastate
opening	elicit	would you let me go out with M	
support	ack	you would	
	inform	my parents wouldn't	
	comment	they should now	
	inform	I'm Jewish, he's Catholic	Biography (B)

Move	Act	Abbreviated Text	Topic
challenge	elicit	do you speak Xhosa	Metastate
challenge	elicit	shall we pray lady	
opening	s-inform	Jeremiah	
support	s-comment	Georgina	
opening	directive elicit	won't you take a message to casualty	
support	reply	S: that's psychiatric casualty	
opening	elicit	Thursday. What happened	
support	reply	B: I don't know yet	Recall
	inform	S: it will come back	
opening	elicit	do you get depressed	Biography (B)
support	reply	B: sometimes	
	elicit	S: what does it feel like	
	reply	B: shit awful shit sh sh sh	
	elicit	S: what do you do when you're depressed	
support	inform	B: I go to my bed the whole time	
opening	elicit	how much does this cost	
support	reply	S: I don't know	Recall/
	inform	it's not mine	Metastate
	inform	CGC's	
	elicit	B: C	
	reply	S: No, CGC	

Move	Act	Abbreviated Text	Topic
opening	elicit	do you know it	
support	reply	B: no	
	inform	S: it's in Rosebank	
opening	elicit	B: come from Rosebank do you	
support	elicit	do you live near by	
	reply	S: hmm	
	elicit	B: walk there	
	reply	S: hmm	Biography (S)
	elicit	B: 69 1111 / 11 / 11 / 11 / 11	
	reply	S: not quite	
	excuse inform	I'm in a 69 - area	
	elicit	B: Rondebosch	
	elicit	S: where do you live	
	reply	B: S with parents	
opening	inform	thank God for my parents	
support	elicit	S: you're pleased to be with them	Biography (B)
	reply	B: AM I pleased to be with them	
	inform	now tell me another one	
	metastate/comment	I'll swop you one good story	
opening	directive	leave me your tape recorder	Metastate

Move	Act	Abbreviated Text	Topic
support	reply	S: it's not mine	
	comment	B: damn it all	
	comment	S: dammit	
opening	inform	I must get back to work	
support	ack	B: OK Swartz.	
concluding	concl	S: thank you for talking to me	
		B: what's your first name	

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