ABSTRACT

Overview
The thesis entitled *Walk the Talk: Social Casework – A Discourse Analysis* stems from the prevailing issue of principle-practice discord in Social Casework. The principles of individual worth and dignity, and client self determination are alleged to be in disharmony with the practice of Social Casework and put the whole credibility of the latter’s philosophy at stake.

This thesis consists of five chapters; a brief summary of each of them is given below.

Introduction
Chapter one provides the background of the present study entitled *Walk the Talk: Social Casework – A Discourse Analysis*. It discusses how Social Casework principle-practice discord constitutes a significant problem. The thesis analyzes the practice of Social Casework within the framework of discourse analysis (DA) by employing Conversation Analysis (CA) and Systemic Functional Linguistics (SFL) (Halliday 1961, 1968, 1985). Accordingly, this chapter deliberates upon the meaning of discourse, locating the multiplicity of its meaning in various definitions. It also situates the term within a variety of disciplinary boundaries, dealt with in the subsequent sub-sections, namely, early linguistic view, critical discourse analysis (CDA), social psychological, SFL, and Foucauldian view. These preceding sections provide us a sound idea about how this disciplinary-inflected meaning of discourse obfuscates the term so much that it comes to mean a variety of things for different people. The sections that follow discuss the nature and operational definitions of Social Work, Social Casework, and various functions of Social Work. Thereafter, principles of Social Casework, in which the practice is embedded, and the place of Social Work in discourse analysis are discussed. Then the following sections throw light on the political aspect of
Abstract

Social Work, Social Casework and society and the relationship between Social Casework and power. The chapter then discusses Social Casework within the Foucauldian notion of discipline and punish. The language and concepts of Social Casework Counselling and the conceptualization of how the Caseworker is an embodiment of agent of social control are also discussed. The next section deals with research hypotheses. Finally, research objectives are spelt out before the chapter concludes.

Review of Literature

Chapter two reviews literature related to the present study. It begins with a discussion on the common concern, overlapping nature and similarities in discourse analytical studies of counsellor-client, para-medical and doctor-patient talk; and the use of ‘Counselling’ as a cover term for Counselling, Psychotherapy and Social Casework necessitated because of definitional complexities and contested nature of these terms. The chapter, then, discusses discourse analytical studies in clinical settings which are divided into two thematic areas and are deliberated in subsequent sections with major representative studies under each head. The two thematic approaches are: narrative based approach – emphasizing the advantageous character of narrative as a tool to appreciate the differences between patients' and physicians' narratives of illness; and interaction-based approach – focusing on the immediate local interaction between doctor and patient. Following this distinction, each of the approaches is further sub-divided into clinical and non-clinical. The former emphasizes achievements of clinical agenda by forging a positive synergetic doctor-patient relationship while the latter brings the patient to the centre stage by proposing a language-power-institution link. Subsequently, an alternative approach stressing not just doctor-patient interviews but the physical setting outside the immediate doctor-patient interview context and expected norms of behaviour in medical examination spaces, like the laboratory, is deliberated upon. Finally, gaps in existing literature are emphasized and a case is built to fill this gap in this area of considerable consequence; i.e. counsellor-client talk in a clinical setting.
Methodology
After a review of literature in chapter two; research methodology adopted in this study is presented in chapter three. First, a brief outline of the study is offered at the beginning. Then, access to sites of data collection and their brief profile are discussed in the following sections. Various issues pertaining to ethical domain of research and approval of this study are dealt with in and its sub-sections. Next, a pilot study is discussed which is run to check the validity of research instruments and/or analytical categories used in this study and the subsequent modification or changes, if necessary, to the research. The next section deliberates upon the methodology used in this study and includes issues related to type of data employed, sampling technique, and tools used for data collection. The sections that follow concern issues of data handling like procedures used to access the data and the participants, data transcription and data analysis. This chapter concludes with a brief of different stages involved in the analysis.

Analysis
Chapter four is concerned with the analysis of naturally occurring authentic data. Primary methods of data collection, through audio-video recordings, are employed in this study. The audio-video recordings of counsellor-client interactional talk, collected from three different Departments in JNMCH and transcribed using an adaptation of Jeffersonian notation for CA are taken up for analysis. English translation of the text of the Hindi/Urdu audio-video recording is also provided. The analyses are done by adopting CA which gives such categories of analysis as the role of participants and features of interaction like questions, turn taking, length of the clause, etc. Then, at the clausal level, within SFL framework, the analyses demonstrate transitivity structure by looking at process type together with the analysis of mood, speech function and social function. Each text concludes with a summary of analysis of the data.
Conclusion

Chapter five concludes the present thesis. The aim of this chapter is both to summarize this study and to offer conclusions in the form of discussions. It begins with a brief summary of the preceding chapters. Then, it discusses key findings and interpretation based on characteristics and features of counsellor-client interactions, which are dealt with in subsequent sub-headings of section. The discussions are grounded upon the analysis of naturally occurring primary data and are approached without any reliance on given or pre-conceived analytical categories. This thesis is brought to an end with an evaluation of the alleged principle-practice discord and that of the hypotheses and research objectives formulated in chapter one.

On the basis of findings and discussions in this concluding chapter, it is intensely felt that Casework would continue to be deemed as an empowering profession, so long as empowerment is attenuated to certain superficial phenomena, surface level linguistic realization for instance. But the moment this reductionism and attenuation of empowerment as an instantiation of surface level linguistic phenomena is questioned and realignment is sought between them by drawing upon deep social reality, these previous alignments go haywire. Consequently, drawing upon the latter point of view, it seems we can no longer call Casework an ‘empowering profession’ of which this study is a resounding testimony. To cut the long story short, the balance of power, in the first place, is always skewed and lopsided in favour of the counsellor than that of the client.

This study reaches the conclusion, on the basis of this analysis of primary data, that (1) there seems to exist principle-practice discord in Counselling, (2) client’s individual worth is infringed and her dignity is found to be severely compromised, and (3) client’s self determination has been found to be squarely violated.
WALK THE TALK: SOCIAL CASEWORK - A DISCOURSE ANALYSIS

THESIS
SUBMITTED FOR THE AWARD OF THE DEGREE OF
Doctor of Philosophy
IN
LINGUISTICS
BY
SYED GHUFRAN HASHMI

UNDER THE SUPERVISION OF
PROF. S. IMTIAZ HASNAIN

DEPARTMENT OF LINGUISTICS
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2016
CERTIFICATE FROM THE SUPERVISOR

This is to certify that the thesis entitled "Walk the Talk: Social Casework – A Discourse Analysis" submitted for the award of Doctor of Philosophy in Linguistics, Aligarh Muslim University is a bonafide and original research work carried out by Mr. Syed Ghufran Hashmi under my guidance and supervision. The thesis, in part or full, has not been submitted for the award of any degree or diploma to this or any other University or Institution.

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ANNEXURE I  
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I declare that I have faithfully acknowledged, given credit to and referred to the research workers wherever their works have been cited in the text and the body of the thesis. I further certify that I have not willfully lifted up some other’s work, para, text, data, result, etc. reported in the journals, books, magazines, reports, dissertations, theses, etc., or available at web-sites and included them in this Ph.D. thesis and cited as my own work.

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Certificate from the Supervisor

This is to certify that the above statement made by the candidate is correct to the best of my knowledge.

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COURSE/COMPREHENSIVE EXAMINATION/PRE-SUBMISSION SEMINAR COMPLETION CERTIFICATE

This is to certify that Mr. Syed Ghufran Hashmi Department of Linguistics has satisfactorily completed the course work/comprehensive examination and pre-submission seminar requirement which is part of his Ph.D. programme.

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CHAPTER ONE
INTRODUCTION

1.0 Overview
This chapter provides the background of the present study entitled “Walk the Talk: Social Casework – A Discourse Analysis”. It discusses how Social Casework principle-practice discord constitutes a significant problem (1.1). This study also looks into the question if the principle-practice incongruities are merely “unconscious gaps between theory and practice” (Argyris and Schon 1974)? This thesis analyzes the practice of Social Casework within the framework of discourse analysis (DA) by employing Conversation Analysis (CA) and Systemic Functional Linguistics (SFL) (Halliday 1961, 1968, 1985). Accordingly, this chapter deliberates upon the meaning of discourse, locating the multiplicity of its meaning in various definitions (section 1.2.1). It also situates the term within a variety of disciplinary boundaries (section 1.2.2), dealt with in the subsequent sub-sections, namely, early linguistic view (1.2.2.1), critical discourse analysis (CDA) (1.2.2.2), social psychological (1.2.2.3), SFL (1.2.2.4), and Foucauldian view (1.2.2.5). These preceding sections provide us a good idea about how this disciplinary-inflected meaning of discourse obfuscates the term so much that it comes to mean a variety of things for different people. The sections that follow discuss the nature and operational definitions of Social Work (1.3.1), Social Casework (1.3.2), and various functions of Social Work (1.3.3). Thereafter, principles of Social Casework in which the practice is embedded (1.3.4) and the place of Social Work in discourse analysis (1.3.5) are discussed. Then the following sections throw light on the political aspect of Social Work (1.4), Social Casework and society (1.4.1) and the relationship between Social Casework and power (1.4.2). The chapter then discusses Social Casework within the Foucauldian notion of discipline and punish (1.4.3). The language and concepts of Social Casework Counselling (1.4.4) and the conceptualization of how the Caseworker is an embodiment of agent of social control (1.4.5) are also discussed. The next section (1.5) deals with research hypotheses. Finally, research objectives (1.6) are spelt out before the chapter concludes.
1.1 Walk the Talk?

The phrase ‘Walk the Talk’ in the title of this thesis has important ramifications. It is because the dissenters of Social Work practice often claim that “changing the way we talk does not necessarily change the way we act [or think]” (Hawkins, Fook and Ryan 2001; see also, Fook 2002). Social Work practitioners seem to be equally reluctant to give up their unhelpful line of argument and stress that “the way in which we talk about our practice is actually part of our practice” (ibid) and thus strive to establish that the form truthfully reflects the function. It is naïve to entertain such an opinion for we know that the same function may be encoded in different linguistic forms and that the same linguistic form may be employed to serve different functions. It is also not scholarly to play down the principle-practice discord merely as “unconscious gaps between theory and practice” (Argyris and Schon 1974). Much of the research in this important area explores the relation between theory and practice on the basis of surface form of language use- the locutionary aspect, ignoring the underlying intentions of the practitioner-the illocutionary force (Searle 1969).

The alleged disharmony between principle and practice has not only put the whole credibility of Social Work philosophy at stake but also questions may be put up regarding the suitability of Social Work practice in achieving the larger objectives of social development.

1.2 Discourse Analysis: A Review

1.2.1 Defining Discourse: Multiplicity in its Meaning

‘Discourse’ is not a monolithic term but one that truly embodies post-structural notion of plurality, a fuzzy and often obfuscating notion with no fixity of meaning. This difficulty in pin-pointing the meaning of discourse primarily originates because the term has been – owing to its use by a variety of disciplines, Linguistics, Sociology, Philosophy, Feminism, Post-Colonial Studies and so on – impinged by various templates.

1.2.1.1 Discourse in Dictionaries

To get a quick idea of the multiplicity of meaning the term evokes, we take a look at how the term has been defined in some dictionaries and by certain leading scholars.
Chapter One: Introduction

1.2.1.1.i Microsoft Encarta 2007

noun [díss káwrss] (plural dis·cours·es)
1. serious speech or piece of writing: a serious and lengthy speech or piece of writing about a topic
2. serious conversation: serious discussion about something between people or groups
3. LINGUISTICS language: language, especially the type of language used in a particular context or subject
   • political discourse
4. LINGUISTICS major unit of language: a unit of language, especially spoken language, that is longer than the sentence. The term is used by linguists when investigating features of language that extend beyond sentences.

intransitive verb [díss káwrss] (past and past participle dis·coursed, present participle dis·cours·ing, 3rd person present singular dis·cours·es)
1. seriously speak or write on topic: to speak or write about a subject in a formal context and at length
   • In the second part, the author discourses on ethics.
2. converse: to have a conversation (formal)

[15th century. < Latin discursus "running to and fro" < discurrere "to run apart" < currere "to run"]
-dis·cours·er [díss káwrss r], noun

1.2.1.1.ii Collins Concise Dictionary of the English Language 1988

discourse 1. verbal communication; talk, conversation; 2. A formal treatment of a subject in speech or writing; 3. a unit of text used by linguists for the analysis of linguistic phenomena that range over more than one sentence; 4. to discourse: the ability to reason (archaic); 5. to discourse on/upon: to speak or write about formally; 6. to hold a discussion; 7. to give forth (music) (archaic)
(14th century, from Medieval Latin. discursus: argument, from Latin, a running to and fro discurrere)

1.2.1.1.iii Longman Dictionary of the English Language 1984

discourse: 1. a conversation, especially of a formal nature; formal and orderly expression of ideas in speech or writing; also such expression in the form of a sermon, treatise, etc.; a piece or unit of connected speech or writing (Middle English: discours, from Latin: act of running about)

(Quoted in Mills 1997: 2)
Chapter One: Introduction

1.2.1.1. iv Routledge Dictionary of Language and Linguistics 1996

Generic term for various types of text. The term has been used with various differences in meaning: connected speech (Harris 1952); the product of an interactive process in a sociocultural context (Pike 1954); performance (vs ‘text’ as a representation of the formal grammatical structure of discourse) (van Dijk 1974); talk (vs written prose, or ‘text’) (Cicourel 1975); conversational interaction (Coulthard 1977); ‘language in context across all forms and modes’ (Tannen 1981); and process (vs product, or ‘text’) (Brown and Yule 1983).

(Bussmann 1996: 320)

1.2.1.2 Text, Sentence and Ideology: Contrasting Discourse

Discourse is often easy to understand when contrasted to terms like text, sentence, and ideology. Now we take a look at the definitions propounded by some scholars:

1.2.1.2.i David Crystal

He defines the term discourse by contrasting it with text:

Discourse analysis focuses on the structure of naturally occurring spoken language, as found in such discourses as conversations, interviews, commentaries, and speeches. Text analysis focuses on the structure of written language, as found in such texts as essays, notices, road signs, and chapters. But this distinction is not clear-cut, and there have been many other uses of these labels. In particular, discourse and text can be used in a much broader sense to include all language units with a definable communicative function, whether spoken or written. Some scholars talk about spoken or written discourse; others about spoken or written text.


1.2.1.2.ii Geoffrey Leech

Discourse is linguistic communication seen as a transaction between speaker and hearer, as an interpersonal activity whose form is determined by its social purpose. Text is linguistic communication (either spoken or written) seen simply as a message coded in its auditory or visual medium.

(Quoted in Mills 1997: 4)
1.2.1.2.iii Michael Short

Michael Stubbs (1983) treats text and discourse as more or less synonymous, but notes that in other usages a text may be written, while a discourse is spoken, a text may be non-interactive whereas a discourse is interactive . . . a text may be short or long whereas a discourse implies a certain length, and a text must be possessed of surface cohesion whereas a discourse must be possessed of a deeper coherence. Finally, Stubbs notes that other theorists distinguish between abstract theoretical construct and pragmatic realization, although, confusingly, such theorists are not agreed upon which of these is represented by the term text.

(Quoted in Mills 1997: 4)

1.2.1.2.iv Roger Fowler

Roger Fowler views discourse in juxtaposition to ideology:

Discourse is speech or writing seen from the point of view of the beliefs, values and categories which it embodies; these beliefs etc. constitute a way of looking at the world, an organization or representation of experience ideology in the neutral non-pejorative sense. Different modes of discourse encode different representations of experience; and the source of these representations is the communicative context within which the discourse is embedded.

(Quoted in Mills 1997: 6)

1.2.1.2.v Guy Cook

Discourse is “a stretch of language in use, of any length and in any mode, which achieves meaning and coherence for those involved. Discourse analysis can be defined as the use and development of theories and methods which elucidate how this meaning and coherence is achieved.” However, for Foucault, Cook says, discourses are seen in relation with institutional values and ideology, that constrains what is acceptable and legitimate and what is not, for instance, a certain particular understanding of objects, ideas and notions as in feminity, medicine and law.

(Cook 2011: 431)
1.2.2 Stenciling Discourse: Situating the Term within Disciplines

We have just seen that attempts to define discourse in order to bring some clarity and to chalk out its domain does not in fact spell out too well and indeed, paradoxically, this attempt has further complicated its meaning.

Another way to approach the meanings of the term discourse is to locate it within different disciplinary boundaries. The term can be understood within at least five different disciplinary perspectives. They are as follows:

1.2.2.1 Early Linguistic View

In mainstream Linguistics following Harris (1952), discourse implies a concern with the length of the text or utterance, beyond the sentence. Thus, discourse is an extended piece of text, which has some form of internal organisation, coherence or cohesion.

This reference to ‘talk and text in context’ in traditional Linguistics led the concern of discourse studies as the analysis of the grammar, in the formal or functional linguistic sense of the term, of the speech or the text.

The 1960s witnessed a complementary interest, together with formalists, in the study of language in relation to its context of use. In this view language is not understood merely in the realm of abstractions as sentences or proposition alienated from its social context of use. The meaning of discourse therefore, within mainstream Linguistics, is also inflected by the view that language should properly be understood in the context of its use. It is this understanding that also makes us study language vis-à-vis a scientific lecture, a religious ceremony, a political speech, advertising besides several others. These contexts will constrain, and also determine, the kind of lexicogrammatical nature of the discourse and because this manifests the functional variation of language use technically called as register. The main proponents of the study of language in its socially situated context of use are Hymes and Gumperz (ethnography of communication), Sack et al. (CA), and Sinclair and Coulthard.
1.2.2.1.i Ethnographic Approach to Discourse

Hymes’ ethnographic approach to communication (1972) goes beyond the abstract *langue* as the object of linguistic investigation. Ethnography of speaking or ethnography of communication, as the term was established later on (see, Figueroa 1994), is an ethnographic approach to the study of language use. Ethnography in simple terms is understood as a branch of Sociology that deals with the description and analysis of ethnic groups. Thus ethnography of communication represents an intersecting discipline to be found at the junction where Linguistics meets Ethnography.

This approach finds its origin in the works of Dell Hymes and John Gumperz in the early 1960s. Hymes rejection to “abstract category of language or grammar … put[s] him in opposition to structuralism and Chomskyan linguistics.” (see, Hymes 1972, 1999; Murray 2005, Gumperz 1999) Mounting critique to earlier socially abstract linguistic theories like structuralism (associated with Saussure) and transformational grammar (associated with Chomsky), Hymes strongly emphasized the analysis of “language use in its sociocultural setting” (Hymes 1972; see also, Troike 1982). The concern of this approach is to find out the “universals of language use” just as Chomsky’s concern was with the universals of grammar (Figueroa 1994: 42) and thus helping the analysis and description of the speaking practices of specific communities (Piller 2005: 979).

Hymes has also labeled his approach as “socially constituted linguistics” (Hymes 1999: 14) because he believes that linguistic features in actual life is the outcome of social function. Again, Hymes stand in contrast to Chomskyan understanding of language as the technology of mind, the proper object of linguistic inquiry following this understanding is the abstract psychological system (in Saussure the object of linguistic inquiry is the socially originated abstract *langue*) which he called as “I language” or “linguistic competence.” Hymes approach is based on the premise that the meaning of an utterance can be understood only in relation to its specific socio-cultural setting. He made this objective of his approach clear when he said, “in seeking structure, Saussure is concerned with the word, Chomsky with the sentence,
the ethnography of speaking with the act of speech” (Hymes, quoted in Figueroa 1994: 40).

The notion of communicative competence accounts for social and psychological factors in the negotiation of meaning in language use. Hymes therefore, while formulating the framework of communication, deals with notions like speech community, speech situation, speech event, speech act, components of speech events, functions of speech, etc (Hymes 1972: 53).

1.2.2.1.ii Conversational Analysis Approach to Discourse

One important approach to DA is Conversation Analysis. Developed by Sacks et al. (1974), this approach finds its inspiration in ethnomethodological traditions (Garfinkel 1967). According to Hutchby and Wooffitt (1998: 14), Conversation Analysis ‘is only marginally interested in language as such’ (cited in Cook 2011: 435). Its qualitative methodology of participant observation is extremely rigorous in that it demands purely participant’s perspectives or to use their terminology ‘member’s methods’ rather than any preconceptualised notions or analytic constructs.

This approach relies not on any abstracted understanding of language use but asks to focuses on the member’s methods to understand how the various participants achieve meaning though their talk. This method is marked for its unflinching reliance on qualitative, particularly by participant observation, understanding of how meaning is achieved by the members. For many it simply is “a branch of ethnomethodology and is determinedly and uncompromisingly emic (taking the participants’ perspective) rather than etic (taking the outsider’s/theorists’ perspective)” (ibid). Since it is rooted in ethnomethodological approaches, it lends “prominence to participants’ understandings of social action and viewed the participants themselves as knowledgeable agents” (Liddicoat 2007: 2).

It focuses on the analysis of adjacency pairs, pauses and repetitions in spoken language use by members at a local level. It confines itself, in the interests of methodological rigour, to the analysis of the immediate mechanisms of talk, avoiding speculation about the mental states these mechanisms reflect and create, or the larger
social realities and histories which they both constitute and reflect. It can be argued therefore that conversational analysis is not suited to any investigation of the political aspect of language use – for its concern is neither power nor ideology.

Conversational Analysis has also been subjected to criticism for its alleged problems in its descriptive methods (although see, ten Have 2016 for rebuttal of those criticism). The following are the major criticism of Conversational Analysis as has been discussed in Coulthard and Brazil (1992: 50-78).

1. The descriptive category of *pair* is the only technical term which is defined, but pairs are also at times referred to as *sequences*.
2. *Sequence* is not defined but appears to be a structurally coherent collection of not necessarily successive utterances or utterance parts, up to four in number.
3. The exact status of *misapprehension sequence* is not clear but it is apparently a subclass of *side sequence*.

1.2.2.1.iii Sinclair and Coulthard Approach to Discourse

It provides a good model of analysis of interaction as it addresses the drawbacks in its preceding and celebrated model of Conversational Analysis by Sacks. Sinclair and Coulthard identify “the ambiguity inherent in language” (Sinclair and Coulthard 1992) as bottlenecks towards analysis of discourse which people exploit and pretend to have misunderstood:

Dad: Is that your coat on the floor again?
Son: Yes. (goes on reading)

Here, the father uses an interrogative and his son is able to ignore the intended command and reply as if it were a question. Similarly, the interrogative, ‘What are you laughing at?’ can be interpreted either as a question, or as a command to stop laughing.

Sinclair and Coulthard (1975) were not concerned with the political nature of text but were only interested in how text is organized in a given situational context. They
assume that there is a ranking of structures within discourse; thus, just as there is a hierarchical relation between sentences and clauses (sentences are made up of clauses), so there is a hierarchical relation between transactions, exchanges, moves and acts, with acts being the lowest unit of analysis.

This model influenced by Halliday (1961) for linguistic description (Coulthard and Brazil 1992: 55) is also called as the rank scale which assumes that a unit at a given rank, for example, word, is made up of one or more units of the rank below, morpheme, and combines with other units at the same rank to make one unit at the rank above, group. An exchange is defined in terms of moves. A typical exchange may look like:

A: initiation (opening)
B: response
A: feedback (follow up)

T: I’ve got some things here too. (starter)
   Hands up. (cue)
   What’s that, what is it. (elicit)

This opening move is made up of three acts – a starter, which prepares the addressee for what is to come; a cue, which encourages them to offer their answers; and an elicit, a question which carries the basic function of the move.

There are three major acts in a discourse – elicitation, directive, and informative – an elicitation requires a linguistic response, a directive requires a non-linguistic response; activities like sitting, writing, listening. An informative is to pass on ideas, facts, opinions, information and to which the appropriate response is simply an acknowledgement that one is listening.

Elicitations (questions), directives and informatives can be realized by interrogatives, imperatives, and declaratives respectively, but this one to one correspondence is open to violation. A competent speaker will interpret ‘Can you tell me the time?’ not merely as yes/no question but as a request or a command. The unmarked form of a directive may be imperative, ‘Shut the door’, but there are many marked versions,
using interrogative, declarative and moodless structures. This will be determined by
the situation or relevant factors in the environment, social conventions, and the shared
experience of the participants. Of the nine possible combinations – declarative
statement, declarative question, declarative command, and so on – there is only one
which cannot be expressed i.e. imperative statement. In fact there are certain rules
that determine the specific function of a sentence.

1.2.2.2 Critical Discourse Analysis (CDA) View
Both social psychologists and critical discourse hold their ground at the intersection of
mainstream Linguistics and cultural theory, the difference being, social psychologists
study the link between power and language, such as racism or colonialism while CDA
is viewed as a nexus between language and ideology. This implies that critical
linguistics or CDA are concerned with power and ideology only in relation to text.

CDA is an influential approach to DA made popular particularly in the works of
of analysis is the large scale social units rather than smaller unit as in Harris or
Sinclair and Coulthard.

An influential figure within CDA is Norman Fairclough, who has integrated Michel
Foucault’s definition of discourse with a systematic framework of analysis based on a
linguistic analysis of the text (Fairclough 1989, 1992). Fairclough’s discourse analysis
deals with the political aspect of discourse and analyses how power operates in and
through discourses.

It is claimed that “...discourse inherently functions to construct and reproduce social
identity and norms (that is, discourse does not simply reflect existing external ‘facts’,
it plays a central role in constructing the world as we see it). [CDA focuses] especially
on the role of discourse in constructing and reproducing social inequalities”

It follows, therefore, that language and ideology makes up the crux of CDA, and it is
established on the assumption that language plays a key role in the creation,
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maintenance and legitimating inequality, injustice, and marginalisation in society. Fairclough (1995: 132) tells us that CDA “aims to systematically explore often opaque relationships of causality and determination between (a) discursive practices, events and texts, and (b) wider social and cultural structures, relations and processes; to investigate how such practices, events and texts arise out of and are ideologically shaped by relations of power and struggles over power.”

Leeuwen (2006) points that SFL suits the purposes of CDA, for SFL engages both with the way language is used to construct and disseminate discourses – ideologically specific representations of some aspect of the world – and with the way language is used to enact hegemonic genres – specific ways of using language to achieve purposes of social domination. CDA reveals how the choices enable producers of text to manipulate the realizations of agency and power in the representation of action to produce particular meanings which are not always explicit for all readers.

Though, CDA is used by many influential scholars to deal effectively with such notions as ideology, marginalisation, subjugation etc., it, in a series of articles, has come under fire from Widdowson (1995a, 1995b, 1996, 1998; see, Fairclough-Widdowson-Toolan debate) for its obsession with political aspect of language use and for its alleged inconsistency of methods.

1.2.2.3 Social Psychological View

Social psychologists study the link between power and language, such as racism or colonialism.

Social psychologists adopt Foucauldian ideas and concern themselves with the institutional nature of knowledge production; however, it draws its methodological framework from structural and empirical approaches to DA.

Approaches to DA in social psychology like racism, feminism, colonialism also concerns itself with structural units above the level of the sentence; however, it analyses the language in search of political issues such as power and the production of knowledge.
1.2.2.4 Systemic Functional Linguistics (SFL) Approach to Discourse

1.2.2.4.1 The Bedrock of SFL

Halliday with his social semiotic approach to language (1978) was instrumental in paving the way beyond the linguistic analysis in discourse. Emphasizing upon Systemic Functional Grammar, Halliday maintains:

> The resources of language simultaneously fulfill three major functions: the ideational function of constructing representations of the world; the interpersonal function of constituting social interactions; and the textual function of creating cohesively structured texts and communicative events. This suits the purposes of critical discourse analysis, which engages both with the way language is used to construct and disseminate discourses – ideologically specific representations of some aspect of the world – and with the way language is used to enact hegemonic genres – specific ways of using language to achieve purposes of social domination.

(Leeuwen 2006: 290)

It is precisely the understanding underlying the above quotation that renders SFL useful for many influential approaches to DA.

Systemic Functional Linguistics finds its roots in the Prague School of Linguistics, more precisely in the work of British linguist Firth, which provides it with the necessary philosophical bedrock.

1.2.2.4.2 What is SFL?

Halliday, in *Language as Social Semiotic* (1978), chalks out his viewpoint of language as functional system which is embedded in its use in a social context. Halliday’s conception of language therefore is in sharp contrast to the contemporary Chomskyan or other formalist paradigm whereby language is thought to be a system of rules akin to mathematical rigour abstracted from its social context or real use. For Halliday, language is a social phenomenon which focuses on “functional nature of language as it occurs in different situational constructs. Since, the functions of language are influenced by different situations there has been extensive study of context and register in SFL” (Young 2011: 626).
SFL’s emphasis on the social aspect of language does not mean that it altogether ignores the systemic nature of language. In fact “SFL is a perspective for describing language both externally as a social and cultural phenomenon and internally as a formal system for expressing meanings” (Young 2011: 627). In Hallidayan understanding the functions of language are responsible for generating its structures. It is this view of SFL as a functional system of choice that is manifested in the name of this approach.

Various influential approaches to DA, namely critical discourse analysis (CDA) (Fairclough 1992; Fairclough and Wodak 1997), social and visual semiotics, or multimodality (Kress and Leeuwen 1996) and Sinclair and Coulthard (1975) draw heavily from SFL. “It is no accident that critical linguistics and social semiotics arose out of SFL or that other work in CDA has drawn upon it – SFL theorizes language in a way which harmonizes far more with the perspective of critical social science than other theories of language” (Chouliaraki and Fairclough 1999: 139, cited in Mayr 2008: 16).

SFL’s utility for critical studies is because SFL interprets language as a process of making meanings: “it is not only text (what people mean) but also the semantic system (what they can mean) that embodies the ambiguity, antagonism, imperfection, inequality and change that characterize the social system and the social structure” (Halliday 1978: 114).

1.2.2.4.3 Metafunctions

Emphasising upon Systemic Functional Grammar, Halliday maintains that there are three metafunctions of language, which are simultaneously expressed in any language use: (1) Ideational, (2) Interpersonal, and (3) Textual.

He further tells us that language use in SFL is understood to have three sociosemiotic variables: (1) Field, (2) Tenor, and (3) Mode. Field is realized through the ideational (experiential function) – processes, participants and circumstances. Tenor deals with the role relationships between language users and is expressed through interpersonal
meanings – mood, attitudinal and modality choices and appraisals. The last variable Mode accounts for textual features like cohesion, coherence and thematic patterns.

1.2.2.4.3.i Ideational

The first metafunction that the resources of language fulfil is the Ideational function. This metafunction is responsible for “constructing representations of the world” (Leeuwen 2006: 290).

Ideational metafunction can be divided into the experiential and the logical function. The experiential function expresses the concrete experiences in the world out there; it includes “the happenings, the content – real or unreal – of experiences, and can be initially understood through questions such as, who is doing what to whom, where and when” (Young 2011: 628). The experiential function deals with the processes, the participants and circumstances; and in structural terms can be analyzed in terms of transitivity system. The logical function focuses on how clauses are connected to each other i.e. interdependency between clauses and type of meaning relationship between them (Eggins 2004: 258–9).

1.2.2.4.3.ii Interpersonal

The second metafunction that the resources of language fulfil is the interpersonal function. This metafunction is responsible for “constituting social interactions” (Leeuwen 2006: 290).

Interpersonal metafunction focuses on meanings that come into play in speakers’ and listeners’ interactions with each other. These meaning are related to the attitudes, judgments, positions, feelings and stances expressed in the message. This metafunction can be analyzed in terms of modality system.

1.2.2.4.3.iii Textual

Textual metafunction is the last function that the resources of language fulfill. This metafunction is responsible for “creating cohesively structured texts and communicative events” (Leeuwen 2006: 290). In structural frame this metafunction
can be analyzed in terms of theme and rheme and other linguistic devices like cohesion and coherence.

1.2.2.4.4 Metafunction - Grammatical System Link

According to Halliday these three metafunctions can be manifested in the following systems respectively at the sentence or clause level.

1.2.2.4.4.i Transitivity

As pointed out earlier, Halliday (1985) provides a system to account for the experiential function – the processes, the participants and circumstances – in structural terms, known as the transitivity system. Traditionally, transitivity is normally understood as the grammatical feature which indicates that if a verb takes a direct object then the verb is called as transitive; if not then a verb is called as intransitive. However, in the Hallidayan concept whether the verb takes a direct object or not is immaterial. It consists of processes (verbs), participants (nouns) and circumstances (prepositional phrases) and relates to the ideational metafunction (more specifically experiential sub-function). Transitivity gives us a good idea about how social, cultural, ideological and political factors influence the selection of particular Process type (verb) in a given discourse. Transitivity offers, according to Halliday, the language user to express the different ways in which experience is represented and is conveyed through different process types: material or action, mental and relational, and the different participants and circumstances involved in each” (Halliday 1994: 107, cited in Young 2011:628).

Halliday (1985) explains transitivity as follows:

A fundamental property of language is that it enables human beings to build a mental picture of reality, to make sense of their experience of what goes on around them and inside them. … Our most powerful conception of reality is that it consists of ‘goings on’: of doing, happening, feeling, being. These goings on are sorted out in the semantic system of the language, and expressed through the grammar of the clause amongst other things the clause evolved to express the reflective, experiential aspects of meaning. Transitivity specifies the different
types of processes that are recognized in the language and the structures by which they are expressed.

Halliday highlights three components of the transitivity system, given below.

**TABLE 1.1: Typical Function of Group and Phrase Classes**

<table>
<thead>
<tr>
<th>s.no.</th>
<th>Type Of Element</th>
<th>Typically Realized By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Process</td>
<td>Verbal group</td>
</tr>
<tr>
<td>2.</td>
<td>Participant</td>
<td>Nominal group</td>
</tr>
<tr>
<td>3.</td>
<td>Circumstance</td>
<td>Adverbial or Prepositional phrase</td>
</tr>
</tbody>
</table>

The table on the previous page captures the types of elements and their typical realization. The Process, Participant and Circumstance are realized in terms of verbal group, nominal group and adverbial group or prepositional phrase.

Let us consider the following table that summarises the transitivity system.

**TABLE 1.2: Transitivity, Process Types and Participants (taken from, Mayr 2008: 18)**

<table>
<thead>
<tr>
<th>Process type</th>
<th>Participants</th>
<th>Example (process types in italics; participants in bold)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material</td>
<td>Actor (A), Goal (G)</td>
<td><em>She (A) moved the table.</em> (G)</td>
</tr>
<tr>
<td></td>
<td>Beneficiary (B)</td>
<td><em>He (A) gave me (B) a present.</em> (G)</td>
</tr>
<tr>
<td>Mental</td>
<td>Seuser (Se), Phenomenon (P)</td>
<td><em>He (Se) saw the accident.</em> (P)</td>
</tr>
<tr>
<td>Behavioural</td>
<td>Behavior (B), Phenomenon</td>
<td><em>They (B) watched the game.</em> (P)</td>
</tr>
<tr>
<td>Verbal</td>
<td>Sayer (S)</td>
<td><em>Peter (Be) smiled.</em></td>
</tr>
<tr>
<td></td>
<td>Sayer, Verhinge (V)</td>
<td><em>Mary (S) didn’t reply.</em></td>
</tr>
<tr>
<td>Relational</td>
<td>Carrier (C), (1) Attributive Attribute (A)</td>
<td><em>Mary (S) said this wasn’t true.</em> (V)</td>
</tr>
<tr>
<td></td>
<td>(2) Identifying Token (T), Value (V)</td>
<td><em>Helen (C) was clever.</em> (A) (not reversible: ‘clever was Helen’)*</td>
</tr>
<tr>
<td></td>
<td>Existential</td>
<td><em>Oxford (T) is the best university.</em> (V) (reversible: ‘The best university is Oxford’)*</td>
</tr>
<tr>
<td></td>
<td>Existent (E)</td>
<td><em>There were many changes.</em> (E)</td>
</tr>
</tbody>
</table>
As shown in the table above, transitivity can be measured in process types of the verb. There are six process types: material, mental, behavioural, verbal, existential and relational.

Transitivity can be illustrated with the help of the following statement taken from the above table:

‘He saw the accident’

In this statement the experiential function is realized through the verbal group ‘saw’ as a mental process, two participants, one realizing the sensor realized by one of the nominal groups ‘he’ and the second nominal group realizes the participant role, known as the phenomena. To understand the logical function the above statement needs to be extended by adding to it (the original sentence).

‘But, disappointingly he did not help her.’

We can see here the relationship of expansion (the logical function) is realized by the lexical item ‘but.’

The political aspect of discourse may also manifest itself in backgrounding or foregrounding of Actor and Goal: ‘processes’ can be active, as in ‘he (Actor) did not help her (Goal)’ or passive, as in ‘She (Goal) was not helped by him (Actor) or completely omitted (‘She was not helped’).

Transitivity and passivisation shed light on how these devices lead to a particular construction of text, which show how actions are represented and whether it takes the subject or the subject is concealed. SFL views language as a grammar of choice where language user inflects it in consonance with social circumstances. The choice of one process type over the other is thus full of meaning.

Within transitivity, power and ideology can also come to the fore through exploitation of grammatical system called as nominalization. The latter can be understood as a
grammatical process of making nouns out of verbs, for instance, execution instead of execute, prosecution instead of prosecute, adaptation instead of adapt or replacement instead of replace. Consider the following example.

‘The execution of the separatist leader was done with utmost secrecy.’

In the above example there is hidden feeling as though the execution happened on its own. The actor may be the doer of certain processes but was backgrounded through deletion. Closer inspection of the clauses of a text is expected to reveal whether the actor’s agency is omitted to prevent any relation with the process. Accordingly, the agency engaged with the process is syntactically played down or omitted altogether as in this case.

Relational process type for example ‘be’, ‘have’, ‘represent’ etc. are often used in discourse presenting ‘facts’ as they suggest a discernable level of certainty. For instance, in the table (1.2) consider the statement.

‘Helen was clever.’

The use of the relational verb ‘was’ in the above statement presents the proposition as an objective truth, the validity of which is inscrutable.

1.2.2.4.4.ii Modality

Modality refers to the system which aids the language user in the expression of her attitudes, beliefs, opinions, views and judgments. Modality consists of types of clause structure (declarative, interrogative), degrees of certainty or obligation, use of tags, attitudinal words, and politeness markers and relates to interpersonal metafunction that accounts for a different set of meanings which focus on the speaker’s and listener’s interactions with each other and with the material being conveyed in terms of attitudes and stances expressed in the discourse. The realizations of these meanings occur in terms of mood choices: statement, question, command; and modality realized by modal operators (Eggin 2004: 172) such as: might, could, and should. They are also realized by adjuncts like: probably, usually or different sentence adjuncts which relate to the whole of the sentence; like: frankly or unfortunately.
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The list of lexical items taken from Fairclough (1992: 158–62) would provide a good idea of words that express modality (judgment regarding the relevance of the message): modal verbs (can, must, should, etc.); modal adverbs (obviously, clearly, probably, possibly, perhaps, definitely, with their equivalent adjectives it is likely/probable/possible that, etc.); copular verbs (is, seems, appears) and verbs of cognition (I think/believe/ feel). Modality can also express certainty and strong obligation (high modality: must, should, always, definitely) or uncertainty and weak obligation (low modality: could, maybe, possibly, sort of).

Others (Barton 2004) call such words as evidentials. Evidentials are “words that express a writer’s attitude toward knowledge.” Chafe (1986) proposed three categories of evidentials (cited in Barton 2004).

1. Degree-of-reliability: Words that evaluate the reliability of knowledge, with expressions such as probably, certainly, generally, and virtually.
2. Evidential specifying the mode of knowledge – belief, induction, deduction, sensory evidence, and hearsay—cover a range of expressions. Evidentials indicating knowledge based on belief, for instance, include I think, I believe, and in my opinion. Evidentials indicating type of reasoning include seem (induction) and thus (deduction).
3. Contrast: words that contrast between knowledge and expectation, and include hedges and other contrastive expressions such as of course, in fact, oddly enough, but, however, nevertheless, and actually.

1.2.4.4.iii Theme vs. Rheme

The textual metafunction constitutes cohesion and coherence and makes sure that the utterance achieves relevance in a context. It also consists of foregrounding or backgrounding in language. It deals with cohesive features such as ellipsis, reference, repetition, conjunction, collocation and thematic development, which connect different parts of texts to each other structurally or lexically. While coherence focuses on how speakers and writers create coherent texts. Consider the example:
‘He saw the accident. But, disappointingly he did not help her.’

In this statement there are two cohesive devices. One, ‘but’ that displays the contrast. Two, ‘disappointingly’ that expresses the attitude or belief and judgment of the speaker, that one ought to help in case of witnessing an accident.

Besides the cohesive and coherent devices textual metafunction can be analyzed in terms of theme and rhyme. Theme refers to what functions as ‘the point of departure of the message: it is that with which the clause is concerned’ Halliday (1985: 38). Theme typically contains familiar or ‘given’ information, that is, information which has already appeared somewhere, or is familiar from the context. Theme typically occurs in the beginning of a clause while rhyme is expressed through a change in intonation.

For example, in the sentence “Social Work is a helping profession”, “Social Work” is the given information or Theme, occurring in the beginning of the clause. While what is left, ‘– is a helping profession’, the part in which the Theme is developed, is called the ‘Rheme’. It typically contains unfamiliar or ‘new’ information.

If the Theme of a declarative sentence is also the subject, as in the sentence above, then the Theme choice is neutral or ‘unmarked’, that is, it has no special prominence. However, when a different clause element is Theme (e.g. an adverbial phrase) it becomes ‘marked’ and gains a greater textual prominence. The following example contains a marked Theme: ‘As a helping profession, Social Work places due importance to non-judgmental attitude and human dignity and worth.’ Marked Themes make the text coherent and bring emphasis. Alternatively they can be exploited to serve a certain ideology.

1.2.2.5 Discourse: Foucauldian View

Foucault’s idea of discourse is radical and detached from both the linguistic conception, as given by Harris (1952), and one that draws upon socially situated language use perspective as given by Hymes (1972), Halliday (1979) and Sinclair and Coulthard (1975).
The difficulty in locating the meaning of the term discourse has been seen in previous sections. It should be appropriate to quote Foucault to attest the slippery and evasive nature of the term discourse as:

Instead of gradually reducing the rather fluctuating meaning of the word discourse, I believe I have in fact added to its meanings: treating it sometimes as the general domain of all statements, sometimes as an individualizable group of statements, and sometimes as a regulated practice that accounts for a number of statements.

(Foucault 1972: 80)

This definition renders us at least three distinct understandings of the term discourse.

1. “The general domain of all statements”: This is a very broad and comprehensive definition of discourse. This view of discourse seems to suggest that every instance of language use, irrespective of its mode or channel, would count as discourse.

2. “An individualizable group of statements”: this view puts certain restrictions as to what would be count as discourse. In this view discourse is not a “general domain of all statements” rather discourse has coherence that unites them. This view realizes discourse with a plural inflexion discourses rather than a discourse.

3. “A regulated practice which accounts for a number of statements”:

This last view of discourse is of particular significance and problematic for many as it is drastically paradigmatic and undoes the traditional understanding of the term discourse. Within this particular understanding discourse is enormously politically charged term and is linked to the workings of power. This view therefore is least interested in the structural analysis of discourse but rather in the rules responsible for the production of particular discourse i.e. what are the rules that leads to the production of discourses. This popular meaning is not very far from discourse as “practices that systematically form the objects of which they speak” (Foucault 1972: 49). The latter renders us to see discourse as a nexus between power, knowledge and
truth. It embodies the idea that discourse is something which produces something else (an utterance, a concept, an effect), rather than something which exists in and of itself and which can be analyzed in isolation. A discursive structure can be detected because of the systematicity of the ideas, opinions, concepts, ways of thinking and behaving which are formed within a particular context, and because of the effects of those ways of thinking and behaving.

1.2.2.5.1 Power/Knowledge and Discourse

In *The History of Sexuality*, Foucault illustrates how power was responsible for the proliferation of sexuality of children and how child masturbation continued despite the repressive techniques adopted in the nineteenth century in the West:

“It would be less than exact to say that the pedagogical institution has imposed a ponderous silence on the sex of children and adolescents. On the contrary, since the eighteenth century it has multiplied the forms of discourse on the subject; it has established various points of implantation for sex; it has coded contents and qualified speakers. Speaking about children’s sex, inducing educators, physicians, administrators, and parents to speak of it, or speaking to them about it, causing children themselves to talk about it, and enclosing them in a web of discourses which sometimes address them, sometimes speak about them, or impose canonical bits of knowledge on them, or use them as a basis for constructing a science that is beyond their grasp all this together enables us to link an intensification of the interventions of power to a multiplication of discourse.” (ibid 1978: 32)

Mills (1997: 21) stresses that for Foucault there is “imbrication of power with knowledge, so that all of the knowledge we have is the result or the effect of power struggles.” She further illustrates this point thus:

“What is studied in schools and universities is the result of struggles over whose version of events is sanctioned. Knowledge is often the product of the subjugation of objects, or perhaps it can be seen as the process through which subjects are constituted as subjugated; for example, when consulting a university library catalogue, if you search under the term ‘women’, you will find a vast selection of books and articles discussing the oppression of women, the psychology of
women, the physical ailments that women suffer from, and so on. If you search
under the term ‘men’ you will not find the same wealth of information”

(ibid).

This illustration explains that the relationship between knowledge and power is seen
by Foucault not in the digital and binary structuralist terms with each occupying the
opposite poles; rather he views them as living together, conspiring to be found in
same spaces together as ‘power/ knowledge’.

1.2.2.5.2 Episteme

In Foucauldian understanding, all knowledge including medico-scientific fields, are
discursive formations (or epistemes). The term episteme could be understood not
simply as a grammatical notion but as "the strategic apparatus which permits of
separating out from among all the statements which are possible those that will be
acceptable. The episteme is the 'apparatus' which makes possible the separation, not
of the true from the false, but of what may from what may not be characterized as
scientific" A distinction could be made between “discursive and non-discursive”
apparatus. Apparatus are more “heterogeneous” in contrast to the elements of
episteme and represents "strategies of relations of forces supporting, and supported
by, types of knowledge" (Phelan 1990: 423).

Foucault draws our attention to the fact that apparatuses could be both linguistic in
nature – legislations and regulations, science, and philosophy or non-discursive –
architecture, economy etc. Thus the apparatus is an envelope term that is inclusive of
the episteme. The exercise of power in the contemporary world, necessitated because
of the enlightenment ideal of the free subject is not in overt domination and coercion
but in and through discourses.

1.2.2.5.3 Archaeology

Mills (1997: 26) emphasizes the significance of archaeological analysis of discourse
for it helps us in understanding not only the “discourses which are circulating in our
society at present, [but also] the arbitrariness of this range of discourses, the
strangeness of those discourses, in spite of their familiarity [they are] constantly changing and their origins can be traced to certain key shifts in history.”

Mills (ibid) argues that discourse for Foucault is “not a set of utterances which is stable over time; he tries to work against the notions of progress and development which dominate many liberal ways of thinking. Instead of viewing history, for example, as a simple progression towards greater civilisation or, as Marxists have done, as a series of class conflicts which lead to greater equality, … [h]e argues for seeing history as discontinuous, as shifting and lurching in ways which are not entirely within human grasp, and not entirely within our control.”

1.2.2.5.4 The Epistemology of Truth

Drawing attention to the scientific obsession deeply seated in the enlightenment tradition with the categorisation of the world along a solid epistemological foundation, Foucault claims that the latter half of the nineteenth century signifies an age of robust and forceful scientific enquiry and curiosity into aberrations, abnormalities and deviances (Foucault 1986b: 101, 143; Gutting 2005: 94).

The epistemological agenda is illustrated, for instance, in the conceptualisation and reconstruction of sexual identity in the contemporary world, which Foucault says is deeply informed by the modern medico-legal tradition beginning from the mid 1800 to the late 19th century and is characterised by modern men’s "will to truth" around questions of sex and sexuality. The “problematization” of sexuality to put it in Foucault’s (1986b: 101) words, found impetus in the enlightenment epistemology and was depicted by a scientific fixation with systems of nomenclature, cataloguing and taxonomy pertaining to the sexed body. This mania to get to the root of the sexed body Foucault says is incentivised by the project of modernity to uncover the "truth" of the subject.

Further, discourses do not exist in a vacuum but are in constant conflict with other discourses and other social practices which inform them over questions of truth and authority. As Foucault puts it: “I want to try to discover how this choice of truth, inside which we are caught but which we ceaselessly renew, was made – but also how
it was repeated, renewed and displaced” (Foucault 1981: 70). For Foucault, truth is not transcendental ideal but is enmeshed with power and politics.

Truth is of the world; it is produced there by virtue of multiple constraints. . . . Each society has its regime of truth, its general politics of truth: that is the types of discourse it harbours and causes to function as true: the mechanisms and instances which enable one to distinguish true from false statements, the way in which each is sanctioned; the techniques and procedures which are valorised for obtaining truth: the status of those who are charged with saying what counts as true.

(Foucault 1979e: 46; cited in Mills 1997: 17)

It is clear that for Foucault reality is a construct of discourse. This, however, should not be read as his denial of concrete nature of reality and that the world exists only in abstraction. The Foucauldian understanding of discursive nature of reality should be clearer from the following quote:

The fact that every object is constituted as an object of discourse has nothing to do with whether there is a world external to thought, or with the realism/idealism opposition. An earthquake or the falling of a brick is an event that certainly exists, in the sense that it occurs here and now, independently of my will. But whether their specificity as objects is constructed in terms of natural phenomena or expressions of the wrath of God, depends upon the structuring of a discursive field. What is denied is not that such objects exist externally to thought, but the rather different assertion that they could constitute themselves as objects outside any discursive condition of emergence.

(Laclau and Mouffe 1985: 108; cited in Mills 1997: 50)

Discourses thus limit not only what can be said and what cannot be but also what can be imagined and what cannot be. Reality, therefore, could be thought of as a discursive construction. As Foucault says there is a “delimitation of a field of objects, the definition of a legitimate perspective for the agent of knowledge, and the fixing of norms for the elaboration of concepts or theories” (Foucault 1977a: 199).
The scientific fixation with systems of nomenclature, cataloguing and taxonomy is not restricted to the sexed body alone. It could be seen everywhere, for instance, Mills contends that the place of bacteria within animal taxonomic system stood displaced owing to the nineteenth century discursive creation of a separate categorization for bacteria, as also for algae, diatoms and other micro-organisms. Mills cites Pratt (1992) to illustrate similarly how discursive creation of plant taxonomy, following Linnean system of plant categorization, subjugated the local systems of botanical knowledge in Africa and Asia in nineteenth-century when colonial botanists travelled to the colonies in their pursuit of enlightening and bringing civilization to the “white man’s burden” (ibid: 53).

Mills argues that in this process of stenciling the alien system – primarily developed for European flora – upon the local plants, the indigenous system of taxonomy – based on medicinal or food-value or their religious or spiritual signification – was pushed to the periphery. And they were often either Latinized or named after their colonial discoverers. Mills states that this seemingly harmless academic pursuit led to the annihilation of “the indigenous knowledge and transformed the knowledge about plants in non-European countries into colonial knowledge.” She further states that it is not only the concrete entities, as has just been illustrated, that are thus created through discourse but it also lead to the construction of events and incidents in other words history.

Mills explains this point by taking differential conceptualizations of miscarriage that exists between the West and the East. In the west miscarriage is “simply a failed pregnancy, rather than the death of a baby. Therefore, there are no ritualised structures within which those who suffer miscarriages can deal with their loss. Through discourse, miscarriage is constructed as a failed event and not a real event in its own right” (1997: 54).

1.2.2.5.5 Discourse and Modernity

Foucault’s investigation deals with the following themes: First, “the objectivising of [both] the speaking subject in grammair génerale, philology, and linguistics” and "the productive subject [...] in the analysis of wealth and economics;" second, "the
objectivising of the subject in [...] 'dividing practices'" whereby "the subject is either divided inside himself or divided from others" as in the cases of "the mad and the sane, the sick and the healthy, the criminals and the 'good boys;’” and third, "the way a human being turns him- or herself into a subject" through "the domain of sexuality”— that is, "how men have learned to recognise themselves as subjects of sexuality'" (Foucault 1982: 777-778).

The present thesis uses these modes of enquiry as a framework to analyze, to investigate how peoples' encounters with Social Work institutions and the consequent assignment of normative subjectivity to them validate Foucault's theorisation of the correlation between truth, power and knowledge. This will elucidate that the subject at hand offers interesting perspectives about construction of identities and reinforce the Foucauldian interpretation of contemporary discursive practices in the modern world.

Foucault delinks (although he does not entirely rejects) "the repressive hypothesis," and modern means of control. While delinking this repressive hypothesis and sexuality, he says:

Rather than the uniform concern to hide sex, rather than a general prudishness of language, what distinguishes these last three centuries is the variety, the wide dispersion of devices that were invented for speaking about it, for having it be spoken about, for inducing it to speak of itself, for listening, recording, transcribing, and redistributing what is said about it: around sex, a whole network of varying, specific, and coercive transpositions into discourse.

(Foucault 1980: 34)

In Foucauldian reading, then, modernity focuses firmly on the problematization and creation of discourses on a variety of issues. Foucault believes that the institutions of modernity law, medicine etc. are epistemes and discourses that render a particular sort of hegemony that shuts out the possibility of multiple correspondence — for instance between body and sexual/gender identity. Modernity for its establishment and sustenance propagates on the assumption of binary opposition between truth and
power by "producing a discourse, seemingly opposed to it but really a part of a larger deployment of modern power" (Dreyfus and Rabinow 1983: 130).

Thus the project of modernity finds it unfitting to rely on coercive power: proscriptions and other forceful and violent means. Modernity, Foucault says, does not place power in "juridical" establishments; neither does it depend on forceful means and violent coercion. Power resides, on the contrary, in and through discourses and epistemes that determine the prevalent norms in any society and eventually lead to the formation of a collective consensual common sense (Foucault 1986b: 121). It is in various institutions established in and by modernity where the process of normalising of subjects takes place. “The power of Norms,” Foucault stresses “appears through the disciplines ... the normal is established as a principle of coercion” (Foucault 1991: 184). In Abnormal Foucault re-emphasised this power as a function of knowledge. He says:

The eighteenth century establishes through the “discipline of normalization,” or the system of discipline-normalization,” seems to me to be a power that is not in fact repressive but productive, ... with the disciplines and normalization, the eighteenth century established a type of power that is not linked to ignorance but a power that can only function thanks to the formation of a knowledge that is both its effect and also a condition of its exercise...”

(Davidson 2010: 52)

The discipline-normalization of subjects is intricately linked with the social institutions which produce discourses or epistemes. He sees power as a relation with respect to free subjects. “Power is not force or violence, it relies on freedom” (Dreyfus & Rabinow 1983: 220). Discourses in modernity are vehicles through which “we are controlled and normalized” in contrast to medieval relations which were “straightforwardly hierarchical, obviously power laden” (Phelan 1990: 425).

Our claim for rights, our privileges, our entitlements are by virtue of our being conforming and submitting to standards heralded by modernity rather than by virtue of our own (multipolar, multivocal) selves. Any contravention to epistemic norms
would leave us disqualified to such claims; however, disqualification in the contemporary world is not achieved, as Foucault argues, via coercion and overt employment of power and force.

1.3 Definitions and Concepts of Social Work

1.3.1 What is Social Work?


Social Work provides opportunities to work in many different settings with people whose problems, issues, and needs are diverse. The National Association of Social Workers’ “Working Statement on Purpose” (1981) defines the unifying purpose or mission of Social Work as “promot[ing] or restor[ing] a mutually beneficial interaction between individuals and society in order to improve the quality of life for everyone” (p. 6). In the most recent Educational Policy and Accrediting Standards (2008), the Council on Social Work Education (CSWE) specifies the purpose of Social Work as promoting the well-being of humans and communities. Furthermore, “guided by a person and environment construct, a global perspective, respect for human diversity, and knowledge based on scientific inquiry, Social Work’s purpose is actualized through its quest for social and economic justice, the prevention of conditions that limit human rights, the elimination of poverty, and the enhancement of the quality of life for all persons.” Social Work is known for its integrated view, which focuses on persons in the context of their physical and social environments. In response to the mission of the profession, social workers strengthen human functioning and enhance the effectiveness of the structures in society that provide resources and opportunities for citizens. Social group work and community organization are two methods of Social Work that gained formal acceptance and recognition only after 1940s long after Social Casework had been well established.
1.3.2 What is Social Casework?

Social Casework is an important method of Social Work in which the unit of intervention is an individual unlike Community work and Group work where the unit of intervention is a community and a group respectively. It is felt that any analysis of language use vis-a-vis power differential is captured more accurately and precisely in this particular method of Social Work most likely because of the limited number of participants (namely the client and Social Casework counsellor) and precise recognition of their respective roles and social, economic and political affiliations.

Arguing for a scientific status for the discipline, Mary Richmond, the first scholar who defined Social Casework, stresses that it represents “those processes which develop personality through adjustment consciously affected, individual by individual, between men and their social environment” (Richmond 1922: 98-99).

Richmond spelt out the following important points about Social Casework:

1. Every man has inherent worth and dignity.
2. The individual and the society in which one lives are interdependent.
3. Every individual has the right to self determination.
4. Every individual has the potential for and the right to growth.
5. In turn, every individual has to contribute to the society’s development.

These values are often invoked and inform the practice of Social Casework. The strategies, approaches and methods of Social Casework are fine tuned to the inherent value system. Social Casework is often seen as a method for social treatment of (maladjusted) people which strives to understand personality, behaviour, and social relationships, and render a better social and personal adjustment to people. The perspective of understanding Social Casework as a method found prominence in Hollis (1972) who defined “Social Casework [as a] method employed by Social Workers to help individuals find solutions to problems of social adjustment which they are unable to handle in a satisfactory way by their own efforts.” Gordon Hamilton (1940) says “in Social Casework the client is stimulated to participate in the study of his situation, to share plans, to make active efforts, to solve his problems using his own resources and whatever community resources are available and
appropriate.” According to Perlman “Social Casework is a process used by certain human welfare agencies to help individuals to cope more effectively with their problems in social functions” (Perlman 1957).

1.3.3 What do the Definitions Tell us?

A close reading of the definitions above would help in chalking out the broad functions that Social Casework claims to undertake, as enumerated below:

1. To understand and solve the psycho-social problems of the individual.
2. To facilitate social relationships.
3. To develop individual personality.
4. To build capacities of the individual to solve psycho-social problems in the future, if such problems arises.
5. To develop resources.

1.3.4 Principles of Social Casework

Biestek (1961) listed seven principles of Social Casework which are enumerated below:

1. **Individualisation**
   This principle is the recognition and understanding of each client’s unique qualities and the differential use of principles and methods in assisting each client toward a better adjustment.

2. **Purposeful expression of feelings**
   This principle recognizes the client’s need to express his feelings freely, specially his negative feelings.

3. **Controlled emotional involvement**
   This has reference to Caseworker’s sensitivity to the client’s feelings, and understanding of their meaning, and a purposeful, appropriate response to the client’s feeling.

4. **Acceptance**
   It is a principle of action wherein the Caseworker perceives and deals with the client as he really is, including his strengths and weaknesses his congenial and uncongenial qualities, his positive feelings, his constructive and destructive
attitude and behaviour, maintaining all the while a sense of the client innate dignity and personal worth. Acceptance does not mean approval of deviant attitudes and behaviour.

5. **Non-judgmental attitude**
   The quality of a Casework relationship is what that is referred by this principle; it is based on a conviction that the case work function excludes assigning guilt or emotions or degree of client’s responsibility for the causation of the problems or needs, but does include making evaluative judgment about the attitudes, standards, or actions of the clients. 

6. **Client self determination**
   It is the practical recognition of the right and need of clients to freedom in making their own choices in the Casework process.

7. **Confidentiality**
   This principle refers to the preservation of secrete information concerning the client which is disclosed in the professional relationship.

These principles comprise much of the philosophical bedrock of the discipline and are “statements of value or belief which provide the rationale for the more action-oriented ethical principles” (Smith and Hugman 1995).

1.3.5 **Place of Social Work in Discourse Analysis**
Though, analysis of language and discourse in social sciences has become increasingly popular over the past thirty years, yet it has very recently been applied to the study of Social Work. The present study is based on the assumption that a neutral discourse does not showcase any power imbalance through its use of particular lexical item and/or linguistic structure. Any use of linguistic item or structure that creates power imbalance would undermine Social Work principles and the philosophy underlying them.
1.4 The Good and the Evil: The Political Aspect of Social Work

1.4.1 Social Work and Society

Social Work is widely conceived as a helping profession with practices deeply entrenched in its philosophy of universal acceptance of individual worth and dignity. A general survey of literature (Richmond 1917, 1922; Hamilton 1940, Pearlman 1957, Hollis 1972) tells us that Social Work, both as a discipline and as a practice, rarely challenges political status quo in society. Even the recent definitions of Social Work by various professional organisations like NASW, Canadian Association of Social Workers (CASW), International Federation of Social Workers (IFSW) use terms like “empowerment” and “liberation,” “social and economic justice,” “human rights,” “quality of life” etc. that seem to address the political order. The definitions, however, suggest that the language of Social Work is not apolitical. Thus it is hardly a surprise that they all invoke “theories of human behaviour and social systems” to empower and liberate people and to alleviate their conditions. Raising and redressing political issues therefore does not fall into the ambit of Social Work for it simply does not allow a Social Worker to have a political mandate. This view might be disagreed by many (NASW, 2001), yet others (Cowger 1977, Hawkins, Fook and Ryan 2001; Fook 2002) see the relationship between Social Work and society from various other angles.

Cowger (1977) approached the relationship between Social Work and society from four different perspectives:

1. Social Worker as an agent of social control on behalf of society
2. Social Worker as an opponent or reformer of society
3. Social Worker as separate from society
4. Social Worker as an intermediary between the individual and society

1.4.2 Social Casework and Power

McLeod (2003) captures the political and social implications of labelling a person as ‘client.’ He says the practice of Counselling is firmly embedded into a matrix of moral and ethical dimension. The project of modernity provides opportunities to individuals for making their choices about moral issues to an extent unknown to
previous generations. He argues that what necessitated the invention of psychotherapy is that moral controls in modern society are for the most part internalized rather than externalized. In his opinion such institutions asserts and rely on “the moral codes, individuals must possess within them, the means of deciding what is right and wrong, and also the means of punishment – for example, feeling guilty – if they transgress these rules.” Foucault was arguing for a similar perspective when he emphasised that power in the modern world is not coercive – rather it is a positive force.

It has been shown that the values of the counsellor influence the values held by clients. This finding puts the practice of Social Casework Counselling at risk of being labelled as hegemonic. He rhetorically puts this dilemma by asking “are counsellors imposing their values on clients? Should Counselling be seen as a form of socialization into a particular set of values?” And whose agent is the counsellor?” Conflict of interests between client and Social Casework practitioner also come alive in a ‘third party’ Counselling settings, such as employee Counselling or employee assistance programmes wherein the Social Caseworker is a paid worker in an organisational setting and thus is being primarily responsible to the organisation for which the worker works. Thus the Social Worker is under pressure to swap his/her loyalty and professional ethics, values and principles in a manner that are aligned to the predetermined outcomes.

Seen from the notion of power and Social Work practice, counsellors command prestige, status and respect. The clients are by definition people in need, people who are vulnerable. The objectives of Social Casework practice/Counselling is the empowerment of the client empowerment. There is an obvious tension and contradiction between the goals and the practice.

Power is socially constructed in complex ways. One implication of the social and historical construction of oppression is the realization that power differences are not merely a matter of individual attitudes, but are embedded in actual social and institutional structures and practices. This fact has been a problem for approaches to Counselling based solely in psychology. Psychological perspectives on power and
oppression attempt to explain racism, sexism and ageism in terms of factors such as attitudes, perceptions and individual psychopathology. The historical and social construction of power and control are the roots of authority power. A person has the power to act in a certain way because he or she possesses authority within the social system. Most interpersonal power in everyday life is of this type.

McLeod argues that power and control in Counselling and psychotherapy is of different sort and is referred to as personal power. It is regarded as the reverse of authority power. First, in a personal relationship such as Counselling or psychotherapy, the therapist gives up influence and control based in social structure and authority: ‘the politics of the client-centered approach is a conscious renunciation or avoidance by the therapist of all control over, or decision-making for, the client. It is the facilitation of self-ownership by the client . . . it is politically centred in the client. Second, personal power involves developing a particular set of values and style of relating: ‘these new persons have a trust in their own experience and a profound distrust of all external authority’.

1.4.3 The Institution of Social Casework: Discipline and Punish
No matter how vehemently one feels to label Social Casework as an activity that empowers people to take charge of their own lives, grounded in a set of values and principles, one may argue on the contrary that it essentially is a practice of social control that disregards deviance and normalise irregular bodies and souls that for many might be a source of emancipation and self expression. Elaborating this point (McLeod 2003: 356) spells out the following mechanism of social control that Counselling employs:

- The language and concepts of Counselling
- Acting as an agent of social control
- Control of space/territory/time
- Differential access to services
- Corruption of friendship
We shall take up only the first two of the above points for discussion which should serve the purpose of the present study.

1.4.4 The Language and Concepts of Social Casework Counselling

Counselling reserves power and control over the client by defining him/her in the language that is borrowed from the technical jargon of the discipline, which Gergen calls as the ‘professionalized language of mental deficit’ (Gergen 1990: 210, quoted in McLeod 2003). He further says that this language characterizes the client as a ‘problem’ and the other as ‘problem-free.’ The inequality expressed in the language of Counselling is carried over and acts as a ‘guiding model’ for the practice of Counselling.

“It has been argued that the manner in which counsellors talk about their clients can be regarded as comprising a ‘professionalized language of mental deficit’. The therapeutic concepts and registers such as ‘impulsive personality’, ‘low self-esteem’ or ‘agoraphobia’ as being ‘invitations to infirmity’, because they function in such a way that the person is identified with their ‘problem’. [It reinforces] a “lesson in inferiority.” The client is indirectly informed that he or she is ignorant, insensitive, or emotionally incapable of comprehending reality. In contrast, the therapist is positioned as the all-knowing and wise, a model to which the client might aspire.”

The language of Counselling describes the clients in a way that pushes their identities to the margins and thus impoverishes and robs them of their autonomy, dignity and rights. This marginalisation is further reinforced in the following observation:

“identifying needs means . . . the introduction of two poles; the person with the need (to be identified and met), and the person who will identify and meet the need. The first is implicitly passive, the second active; the first known, the second a knower; the first capable, the second incapable; the first being helped, the second helping; the first receiving, the second providing . . . Client is the name for this isolated human object, this recipient, this useless bag of needs . . . the passive object role of the client is coming into focus . . . The client is controlled by the imperial values and acts of the provider, the professional.

(Kirkwood 1990: 160–1; quoted in McLeod 2003)
The strategic use of language in Counselling serves as a tool of power and control by the professionals against those who are to be marginalised i.e. the clients. It has been argued that the language of Counselling does not simply refer to the technical vocabulary and concepts used in the scientific discipline of Counselling rather it refers to “the subtle ways in which therapeutic conversation is shaped and directed by the therapist.”

1.4.5 Social Caseworker as an Agent of Social Control
McLeod argues that counsellors acts as agents of social control and exert power over their clients. It can be argued, as in Foucauldian paradigm, this sort of power works as a normalising force, a panopticon which disregards and disrupts any ambition for irregularity and attempts that celebrates deviation. Thus it impinges upon the behaviour and practice of Social Work practitioners who should ideally be ‘client-centred’ acting solely on behalf of their client, paradoxically, this normalising panopticon constricts actions of the practitioner who are also impinged upon, as he says, by the external demands that includes legal and medical constrictions and restraints in cases of substance abuse, sex offenders; and organisational boundations and limitations in cases of Counselling in workplaces. A Foucauldian reading of these external demands would clearly suggest that they are medico-juridical institutions of discipline and punish that the project of modernity employs to control its subjects.

“The clearest examples of counsellors operating as agents of social control can be seen in the relationship between Counselling and psychiatry. Psychiatrists have the power to impose custodial, compulsory treatment on people who are assessed as being at risk to themselves or to others. From a medical perspective, such a decision can be seen as a helpful response to illness and crisis. From a sociological perspective it can be seen as a means of control.”

1.5 Research Hypotheses
The following research hypotheses are being formulated for the purpose of this thesis:

1. Social Casework Counselling values client’s individual worth and dignity.
Chapter One: Introduction

2. Social Casework Counselling values client’s self determination.

To address the research hypotheses, the study will use the analysis of primary data sources which shall be taken upon for discussion in chapter three.

1.6 Research Objectives
In the preceding section, we formulated two research hypotheses. In this section research objectives are spelt out to address those hypotheses. These research objectives are necessary also to offer specific aims in this study. The following are the research objectives that this study aims to achieve.

1. To evaluate the principle of client’s individual worth and dignity in Casework Counselling.
2. To evaluate the principle of client’s self determination in Casework Counselling.
3. To evaluate ‘principle-practice discord’ in Casework Counselling.
2.0 Overview
This chapter reviews literature related to the present study. It begins with a discussion on the common concern, overlapping nature and similarities in discourse analytical studies of counsellor-client, para-medical and doctor-patient talk; and the use of ‘Counselling’ as a cover term for Counselling, Psychotherapy and Social Casework necessitated because of definitional complexities and contested nature of these terms (2.1). The chapter, then, discusses discourse analytical studies in clinical settings which are divided into two thematic areas (2.2) and are deliberated in subsequent sections with major representative studies under each head. The two thematic approaches are: narrative based approach (2.2.1) emphasizing the advantageous character of narrative as a tool to appreciate the differences between patients’ and physicians’ narratives of illness; and interaction-based approach (2.2.2) focusing on the immediate local interaction between doctor and patient. Following this distinction, each of the approaches is further sub-divided into clinical and non-clinical. The former emphasizes achievements of clinical agenda by forging a positive synergetic doctor-patient relationship while the latter brings the patient to the centre stage by proposing a language-power-institution link. Subsequently, an alternative approach stressing not just doctor-patient interviews but the physical setting outside the immediate doctor-patient interview context and expected norms of behaviour in medical examination spaces, like the laboratory, is deliberated upon (2.2.3). Finally, gaps in existing literature are emphasized and a case is built to fill this gap in this area of considerable consequence; i.e. counsellor-client talk in a clinical setting (2.3).

2.1 Introduction
Hyden and Mishler (1999) put “analysis of talk between clients and para-medical professional, namely social workers, psychiatrists, nurses etc.” in the same bracket as “research on the use and functions of language in medical practice and clinical settings … namely doctors-patient talk….” Other scholars (Jardine 2005), suggest the usefulness of taking into account literature on discourse analysis in doctor-patient
Chapter Two: Review of Literature

interactions in a study of clinical Counselling. According to the American Board of Examiners in Clinical Social Work (2002), this is because of the closeness of clinical Counselling to medicine in terms of “diagnosis and treatment of bio-psychosocial disability and impairment – including mental and emotional disorders and developmental disabilities” and also the parallels between them in the organization of encounters between the service provider and the user.

Similarly, Riessman & Speedy (2007) in “Narrative Inquiry in the Psychotherapy Professions: A Critical Review” emphasize the “interlinked overlapping [character of] professions of Counselling, Psychotherapy, and Social Work.” They further stress the interchangeable and flexible nature of the terms Counselling, Psychotherapy and Social Work. In this study we use Counselling as a cover term.

2.2 Discourse Analysis in the Clinic: A Thematic Analysis

Kuipers (1989: 99) divides the studies that adopt discourse analytical approaches in Counselling into three thematic areas: referential, (post)structural, and interactional. The first approach tends to view language as a transparent and apolitical tool i.e. a medium for rapport and reference, as such power differential in talk is not to be taken into consideration. The second approach links language, power and institutional structure. But it does so in a way that makes discourse a vague and transcendent construction, abstracted away from the local structure emerging out of the context of interaction. This latter ‘text in context’ of interaction forms the ideal data for the third interactional based approach. Adherents of this view attend closely to the situated accomplishments of dominance and control by examining detailed transcriptions of counsellor-client conversation.

Hyden and Mishler (1999), on the other hand, identify four themes in doctor-patient encounter; namely, (1) speaking to patients, (2) speaking with patients, (3) speaking about patients, and (4) speaking by patients.

In this chapter literature on doctor-patient encounter is divided into two broad themes; namely, (1) narrative based approach, and (2) interaction based approach. Each of these approaches are then sub-divided into clinical and non-clinical based approaches. The following section provides interesting snapshot of literature into these thematic areas. Each thematic head will showcase examples of major researches in the area.
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together with primary contributions and the theoretical and methodological frame of reference used.

2.2.1 Narrative Based
Illness narratives by clients presented in Counselling interactions are significant source of information in the overall process of arriving at a more complete picture of the clinical problem of the client and are helpful in sorting through and resolving problems of diagnosis and treatment. These narratives can be studied under two sub-themes depending upon whose purpose is served in those narratives. The first is the clinical approach and the second the non-clinical approach.

2.2.1.1 Clinical Approach
Clinical based approach takes a clinical point of view i.e. the focus is on the task that is to be achieved through doctor-patient encounter in narrative analysis.

Kleinman (1988) emphasizes their importance as the primary means for physicians to acquire a more detailed clinical picture of patients. Doctors, it is stressed must become versed in patients' narrative accounts of their problems, for correct diagnoses and to develop treatment plans that are acceptable to patients and more likely to result in compliance. Charon (1993; 1998) on the other hand see narration by patients in clinical practice akin to the work of literary critics; that is, listening to patients' narratives is analogous to "reading" a text. She argues that this process of close, attentive listening/reading is conducive to the development of positive and effective therapeutic relationships.

In her analysis of narratives in doctor-patient encounter, Charon (1993) draws inspiration from literary theory to interpret the meaning of illness. The idea that study of illness narratives, in medical and other settings are crucial in providing information and helps in the process of portraying a comprehensive understanding of illness and are therefore of much benefit in the efficient resolution of a patient’s illness owing to better chances of proper diagnosis of the disease. The author draws parallel between clinical practice and literary criticism in that narration of illness is similar to "reading" a text. She emphasizes that this process of close, attentive listening/reading is pivotal to the development of positive doctor-patient relationship. In this process the
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A physician needs to be an attentive listener and should have a certain kind of keenness in finding out what the story really means akin to critic’s ways with the text.

Kleinman (1988), a psychiatrist and medical anthropologist, focuses on patient’s sufferings in narrations. This narrative analysis gives distinctive coherent meaning to otherwise obscure picture of pain and sufferings. The illness narratives makes it possible to bind the symptoms and the consequences of the illness into one new entity. It is crucial for the physician to concentrate on the patient’s illness narratives as they provide a sort of tool for physicians to acquire an insight into the patient and their clear clinical portrayal. Kleinman stresses that doctors should ensure to learn to attend those narrations of the patient so as to get a picture of their narrative accounts of illness. This approach aids not only in diagnoses, but also is helpful in making mutually acceptable treatment plans and is likely to result in the patient’s compliance to the clinical goals.

In another narrative based analysis of doctor-patient encounter, Hunter (1991) in Doctor's stories. The narrative structure of medical knowledge, offers justification and importance of interpretative activity in doctor-patient relationship in medicine. The role that physicians serve in accommodating complex, contextually isolated theoretical biomedical abstractions to real subjective patients in a medical context is emphasized. The employment of narration by doctors serves as a perfect tool and strategy to link individual patients with theoretical underpinnings of medico-scientific epistemological concerns, understanding and experience.

Physicians employment of narration as a strategy to present cases in patient rounds, case conferences, and medical charts as a mode of communicating medical knowledge to both colleagues and students are described by Hunter in this study. Atypical and abnormal cases of illness symptoms and procedures in narratives are focused in this study, that bare open the traits of specific instances within the general framework of what is known about different types of disease and their typical forms of appearance. Thus what is advocated is the contextually situated and pragmatic understanding of illness gained through and in the narratives that will help in the treatment of the patient.
Mattingly (1994), in her study *The concept of therapeutic "emplotment"* showcases the functions of narration in creating a dynamic element in the treatment process. She begins with the investigation of occupational therapists in which she talks about various modes through which doctors and physicians dynamically engage themselves in the shaping of plot through patient story which links apparently little connected experiential, clinical, and therapeutic aspects to provide a new meaning to illness.

Occupational therapists and physicians’ role in shaping a progressive course of treatments and the process of recovery into a coherent plot finds description in this study. "Therapeutic emplotment" was the term coined by Mattingly to discuss this process. An example of this process would be the repetitive and tiresome practices and processes to fix memory deficits or movement disabilities. Within this narrative frame, the boring and tedious routine and repetition takes on new meaning and becomes endurable.

These studies depend on uncritical medical assumptions of best medical practices with the distinctive purpose of the practical interests and aims of the doctor that needs to be achieved. These clinically oriented studies bring along with them a neglect of broader theoretical issues, for example, cultural and social contexts of illness and patterns of care. Alternative theoretically oriented concerns and paradigms are not entertained and therefore there is an emergence of a narrow view of the meaning of illness one that does not take into account the patient’s own subjective and individual experience of illness. Further, there is no consistent theoretical direction that relates various studies to each other.

Dependence on clinically driven agenda and the formulation of the notions of what constitute as care and treatment is often the criticism of this approach. As also the abstraction of the interactions in the medical spaces and conceiving them as asocial and extra-institutional, and a focus on fragments of speech removed from the structure and flow of discourse that does not analyze the communicative process as an ongoing discourse between speakers are also the objects of ridicule and tirade of this line of enquiry (Mishler 1984). We now turn to those narrative studies which are mindful of this criticism.
2.2.1.2 Non-Clinical Approach

Unlike Kleinman (1988), Charon (1993; 1998) and other scholars who emphasize the benefits of narrative as a tool for physicians to get an in-depth insight in clinical picture of patients and for their proper diagnoses and compliance another set of scholars (for example, Clark and Mishler 1992, Good, et al. 1994) note the influence of differences between patients' and physicians' narratives of illness on how information is communicated to and received by patients.

In his study *Illness and narrative*, Hyden (1997) approaches the client’s narrative in a way that makes the client take the centre stage. His study makes the client’s voice in narrative significant because the purpose here is not the achievement of clinical aims but to provide an alternative reading to the illness. Providing a review of narrative studies in the medical field, this article comes up with three types of narratives: illness as narrative, narrative about illness, and narrative as illness. It is argued that social scientists can use illness narratives as a means to study not only the world of biomedical reality, but also the illness experience and its social and cultural underpinnings.

Similarly, adopting the non-clinical approach Good and Good (1994) in their study of epilepsy narratives in Turkey analyzes illness narrations. Narrations by one of the family members suffering from epilepsy is recorded in this study. This anthropological paper, talks about how illness is produced in narration by the patient and those who are acquainted by the patient like their families and how there emerge different narrations and multiple aspects of the suffering and disease. The result of this multiplicity of account of illness narrative leads in emphasizing the continuity of treatment in the hope of cure of the illness. The study emphasizes the importance of oral narratives in interactional contexts which provides multiple readings of the illness. The drawbacks of written narratives are that they cannot provide realization of actual aspects of illness that align them with social contexts of storytelling which is also stressed in this study. These social contexts include extra-linguistic factors which makes the setting as medical spaces or non-medical spaces and the relationship that exists between patients and those who are acquainted with the patient. Goods account of narration of various family members is a display of how multiple layers of understanding the meaning of illness emerge, each one inflected with subjective
interpretation of the causes, management, treatment and the ending of the illness. The "evil eye" appears repeatedly in cases of uncertain and unexplained illnesses.

Frank (1995), a medical sociologist focuses on people living with chronic illness. In this study it is argued illness narratives by the patient are significant to the articulation and expression of a patient's illness besides the articulation of their suffering from an alternative point of view rather than presented in a clinical perspective framework. The author offers a classification of illness narratives from written, autobiographical accounts. Different plots with specific links between the selves of the patients, bodies, and illnesses, and their anticipation emerge out of each type of illness narrative. Restitution, chaos, and quest narratives are the different narrative typology that emerge in these narrations. Illness as momentary, time bound impairment gets pronounced in the first narrative typology. In this the patient as an individual stays the same person as she was prior to her illness. The wish of the patient is to have the former levels of efficiency in functioning of her physical body. Patient’s self, in the second typology, gets mixed and merged in the illness and its conditions and the patients never remains the same person post-illness as he was prior to her illness. The third typology gives a feeling of change in the patient, though she is essentially the same but acquires a different self.

Hawkins (1990), applying an approach based on studies of comparative literature to written illness narratives, argues that they have a common pattern. She views them as a distinct narrative genre and refers to patients' narratives of illness and their struggles as pathographies. The quest narratives, discussed in Frank above, and connection with a regenerated patient’s identity, are seen to be important in these pathographies. New identity of the patient surfaces and the person is regenerated. Three narrative typologies emerge in this work: 1) stage prior to illness, seen unhealthy and is consequently discarded; 2) stage parallel to the time of illness, concerned with life and death issues; and 3) regeneration, a new stage and identity together with a new outlook and perspective of the world comes after the illness is successfully cured. This study claims that narration as a genre draws upon and replaces conventional religious conversion account in which, for instance, one who does some wrong meets God face to face and repents his sinfulness and gets transformed into a sound moral being and starts a new life based on religion and morality. The use of narration is
emphasized as a method to re-construct their lives, as well as illness experiences, afresh which is in harmony with cultural norms.

The exclusive reliance on written texts by both Frank and Hawkins limits the generalization of their analysis. Oral narratives, the primary data in most other studies, are composed in different ways and produced in interactional contexts. The study of written narratives cannot give us access to important features in the production and structuring of illness narratives that reflect the social contexts of storytelling – identifying the setting as medical or non-medical, establishing relations of other participants with the patient, and understanding the contributions of these participants to the story.

2.2.2 Interaction Based

Interaction based approach to doctor-patient encounters focuses on the immediate local microanalysis of linguistics features of the communicative exchanges between them. Literature on interaction based approach can again, like in case of narrative approach, be divided into two subtypes; namely, clinical and non-clinical.

2.2.2.1 Clinical Approach

Studies of interaction between the service provider and user in the clinic under this thematic head take clinical point of view. Consequently, they ensure achievement of clinical agenda. Specifically, reaching a positive synergetic relationship with the client through information sharing and leveraging the effectiveness of communication and its relation with overall satisfaction of the client and their alignment with clinical agenda is a prominent interest. "Talk is the main ingredient in medical care and it is the fundamental instrument by which the doctor-patient relationship is crafted and by which therapeutic goals are achieved" (Roter and Hall 1992). Ong, et al. (1995), gives a parallel view with three aims outlined: creation of positive doctor-patient interpersonal relationship that heralds an efficient task-oriented association. This association provides new ways for both physician and patient to give and seek information. On the basis of this association medically significant decisions are arrived at by the doctor.
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Under this thematic head, importance is given to the realization of clinical tasks through enhancement of communicative skills. Some representational studies under this theme are reproduced below.

Labov and Fanshel (1977) in an extremely well quoted study present an investigation of communicative exchanges at the local micro level and analysis of strategies of intervention in a psychotherapeutic interview. Labov and Fanshel focus on the interactional aspect of context which had received very little attention by researchers earlier, the social organization of activities in Counselling and the lack of empirical research on how communicative processes are taken into account in counsellor-client interaction. They develop and apply a method of comprehensive discourse analysis in their detailed investigation of how actions and interactional sequences are performed through talk. The psychological and social "reality" of such units were inferred from cases such as the following:

A: What is your name?
B: Well, let's say you might have thought you had something from before, but you haven't got it anymore.
A: I'm going to call you Dean. [Laffal 1965:85, quoted in Labov 1972: 252]

Here the failure, by a schizophrenic patient, to master discourse "rules" results in clinically significant "misfires" in communication with the doctor. Understanding competence (or its lack thereof) in rules that guide the organization of "larger" elements of conversation is not only a source of data but also helps to facilitate rapport. According to Labov and Fanshel, such insights can also assist the health care provider in understanding what is really going on" in the interview, thus making it easier to achieve therapeutic goals.

Beisecker (1990) in an interaction based approach study with clinical aims as its focus, claims that variation in physician and patient social and cultural backgrounds do affect the course of doctor-patient interactions. For example, female physicians tend to spend more time with patients than their male peers, and patients with higher incomes tend to ask more questions and expect more detailed answers from physicians. Types of communicative behaviors coded in this study include high or low controlling statements, relative use of medical or everyday language, and rates of verbal vs. nonverbal behavior.
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Tannen and Wallat (1982) in their *A sociolinguistic analysis of multiple demands on the pediatrician in doctor/mother/child interaction*, take the video recording of a physically and mentally challenged child by a female pediatrician in the presence of the child's mother and analyzed it to find out various communicative tasks formulated by the physician and which involves the parents of the patient under investigation. This study, prior to this analysis, engages in a discussion of the current conflict perspectives between public opinion and the position of the medical profession concerning physicians' competence to meet patients' needs and the resulting new trends in medical research. Three different audience type: the child, the mother, and the video recording person are recognized by the authors.

The need for further research studies emphasizing the "mismatches due to differing experience, needs, and goals of the participants in this setting and the possibility of misunderstanding due to choice of phrasing, intonation, and other linguistic and paralinguistic clues" is stressed (p, 49).

To find out both the cognitive and social factors, expected out of the doctor, and also particular evidence for use of different registers with each of the participants excerpts from the examination are used. The authors adopt three registers, that relate to the frame, from Goffman (1979) and are used to show differences in intonation, voice quality, lexical grammatical organization etc.

Studying the interaction exchange structure and patient satisfaction with medical interviews, Stiles et al (1979) take up paper transcripts of fifty two doctor-patient interviews to analyze what kind of relationship exists between patient satisfaction and specific types of verbal exchange. Medical history, physical examination and conclusion were carefully looked into in the interviews. Eight types of verbal responses emerged with their related functions together with how they are marked grammatically. These are (1) disclosure, question, edification, acknowledgement, advisement, interpretation, confirmation, and reflection Each type of utterance is coded for each interview segment, to carry out factor analysis for each segment. Types of verbal response were shown to be related to values found out by factor analysis: patient exposition and the closed question in the medical history component; more data and physical examination in the physical examination component; final clarification, and in the conclusion, the feedback and patient termination. Comparison
was made with the outcomes and the patient satisfaction questionnaires which had been carried out after the interview. Patient satisfaction was not found to be related to modes that allow patients to tell their story in their own words and with modes that allowed the doctors to give information and the patient's acknowledging receipt of this information in the conclusion segment.

In a review paper on doctor-patient communication, Ong et al (1995), study the relationship between communicative behavior and style to patient’s satisfaction, compliance, and health. Adopting quantitative orientation, this study argues that there are three major objectives of a medical interview 1) creation of a positive interpersonal doctor-patient relationship so that it can translate into a better working alliance between them, 2) information giving and information seeking procedures that provides occasions to doctor and patient towards strategic evolution and healthy development of their relationship, and 3) opportunities that provide the foundation for the doctor to make medical decisions. Together with features like high or low controlling statements, relative use of medical or everyday language, and rates of verbal vs. nonverbal behavior, according to authors, many other factors of the interaction process impact the result of the therapeutic process. Prominent among them is the richness of information provided and quality of time spent with patients that display a proportionally direct relationship with patient satisfaction and with more positive and less negative talk and with patient compliance to medical procedures and doctor’s advices. Furthermore, partnership-building statements are found to be associated with better patient recall and understanding of the information given by the doctor.

Roter and Frankel (1992) in Quantitative and qualitative approaches to the evaluation of the medical dialogue, examines and make comparison between qualitative and quantitative methods for investigating medical dialogue. The authors stress the notion that talk is a crucial instrument in doctor-patient relationship towards achievement of therapeutic goals. The authors discuss the method to investigate chiefly whether and how standardized codes of quantitative analysis might be combined with qualitative approaches, for instance, in Conversation Analysis. What is recommended by the authors is a cross-method research that has high efficiency to provide meaning and description to the medical encounters. The important factors that are analyzed in this
study are: information giving and information-seeking talk and social or non-medically relevant talk.

Taiwo and Folukei (2007) in their study of discourse acts in antenatal clinic literacy classes (conducted by nurses and midwives) in South-Western Nigeria gauge the expectant mothers’ understanding and its translation in their actions. The data for this study were randomly selected from series of data recorded during some antenatal classes (each of forty-five minutes to one hour with 30 pregnant women) in select hospitals in Ile-Ife South-Western Nigeria. Out of twenty antenatal classes visited, three class sessions were randomly selected and analyzed based on the observation that the patterns of interaction were similar in the classes. Observational notes of some of the verbal and non-verbal behaviours of the participants were also taken. Parallels are found between antenatal classroom discourse to the conventional school classroom discourse in terms of the formality of the setting, discourse acts are similar both in form and functions. Because of adults in the classroom discourse acts such as bid, nomination, cue, clue, which are rare in antenatal classes.

Health specialists can be seen to be acting as the ‘knower’ (who only needs to pass across what is known) to the ‘non-knower’, (who needs to listen). The patients are the passive takers of information who cannot challenge or question the information. The study suggests a more radical approach to antenatal education, and this is the approach which will be interactional, thereby more practical for the pregnant women.

West (1984) in her study employs audio-visual data at the clinic where she was an employee. Upon analysis of the data West’s finds that patients are interrupted by doctors more often than the other way round, and more so if the patient is female or belong to racial minority. Patients, however, interrupt the doctor more frequently if the doctor is a woman. The author argues doing away with institutionalized asymmetry between doctor and patient and advocates a more democratic (and interruption-free) interaction if rapport building is the desired objective of the doctor-patient interaction.

2.2.2.2 Non-Clinical Approach

Language-power-institution link may be the object of attention in the non-clinical approaches under narrative approaches discussed earlier in this chapter. However,
they do not take into account the local emerging situational context of talk – rather their analysis of the discourse is a transcendental construct. To overcome this deficit scholars (see, Mishler 1984 and Silverman 1987) took to a different line of research. This alternative perspective heavily relies on immediate local interaction in the clinic between doctor-patient to study the political nature of talk by making apparent the relations of dominance and control in the text.

Under this investigative paradigm, doctor-patient talk assumes the centre stage in which the differences in form are mapped onto corresponding functions of talk. The research does not engage into preconceived notion of discourse categories – on the contrary primary data transcripts of recordings are closely attended and analyzed.

As stated earlier, this paradigm has little appreciation for medical agenda and aspirations – rather it serves to provide alternative reading to the medical talk away from the medical point of view, bringing the “voice of the life world” to the centre. This feature of critique of “voice of medicine” highlights the skewed power relation emerging out of the transcript’s structural arrangement and the content (see, ten Have 1991, Frankel 1990, and Mishler 1984).

In one such study *Accounting practices in medical interviews*, Fisher and Groce (1990) study the relation between social structure and doctor-patient interaction. The authors argue that accounts presented by doctors and patients can be seen as attempts to use social norms to structure the interaction.

This study attempts to locate the power differential between physicians and patients within the social-class structure of society. From this standpoint, the general pattern of social inequality is expressed in medical interviews, as are elsewhere. For example, medical institutions and the health professions, especially physicians, rank high in the hierarchy of social values and statuses; physicians are typically of higher social status than their patients, with higher levels of income and education. These larger structural factors, some researchers argue, are reflected directly in medical encounters (Fisher and Groce 1990, Waitzkin 1991). This emphasis on macro-social factors provides an important context for understanding typical features of medical interviews. One limitation that must be borne in mind in this line of research is the tendency to treat the impact of structural factors as self-evident - as external, causal factors - without
further analysis of the interactional process through which they may be resisted as well as reproduced.

In *The politics of medical encounters: How patients and doctors deal with social problems*, Waitzkin (1991) studies doctor-patient interactions. Like Fisher and Groce (1990), in this study Waitzkin also perceives the power differential between physicians and patients from the macro-social categories which lie outside the immediate doctor-patient interaction but are also reflected in it. In analysis of medical encounters, the author discusses the ways in which power and dominance is exercised by the doctor-patient relationship and the ways in which social problems are marginalized and social norms reinforced.

Unlike Fisher and Groce (1990) and Waitzkin (1991), Mishler (1984) in *The discourse of medicine. Dialectics of medical interviews*, focuses on the contradiction of interests, point of views and understanding of doctor-patient interviews rather than macro-social factors. Physicians are concerned towards domination and control of topics and of their views of the particular situation and the client strives to put forth their experiences and understanding of illness. Mishler calls this continuous tug-of-war as a contest between the "voice of the lifeworld" and the "voice of medicine."

One important strategy through which "voice of medicine" is put forward is by way of interruption in interactional form of professional dominance. By means of interruptions, the doctor is said to cut off the patient's attempts to give a full and complete story from the patient's own point of view.

The following extract from Mishler (1984) displays how interruptions work:

(D = physician; P = patient)

\(D1\) You had an ulcer at age *nine*

\(P1\) Um about - between nine - nine and eleven I had the first one.

\(D2\) The first one?

\(P2\) And then - uh the two years later I developed a second one.

\(D3\) (0.4) That was about thirteen or so.

\(P3\) Between - between nine - nine and thirteen. (0.8) The only thing -

\(D4\) That's when you had your second one.

\(P4\) Yes. The only thing I can remember is that my doctor was shocked to death because he never knew a girl my - my age that had two ulcers.
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D5 And how did -how did the ulcers present. What uh – what happened? (0.6) Just pain or uh
P5 It's a well - yeah, pa - lot - lots and lots of pain sour stomach.

(Mishler 1984: 129-30)

P3-P4 seems to be unwelcome since it is interrupted in P3/D4, and the doctor shifts topic in P4/D5 without acknowledging it. The interruptions in patient’s story-telling is a proof that the interview is an uneven transaction wherein the path of the interaction is shaped by the doctor and not the patient. According to Mishler, the patient's assumption that the doctor has good reasons for his or her questions, however disjunctive they are with previous content, explains the patient's compliance (D4 and D5).

Another extract from Mishler is used by Fairclough (1992: 138–139) and Thornborrow (2002: 16–17). Fairclough analyzes the extract as an embodiment of “standard” medical practice, where the doctor controls the interview (Thornborrow, 2002: 19). It could be seen in the extract that it is the doctor who initiates all the questions. The extract shows all the basic characteristics of institutional discourse: goals, institutional roles; and the interactional asymmetry.

Similar to Mishler’s (1984) “contradiction of interests,” Clark and Mishler (1992) provides a study of the way doctors hold medical interviews so as to prevent the patient from taking the opportunity to participate or help the patient to account for and explain their problems in narrative form. In order for patients to be able to present their contextualized account, the doctors have to modulate their dominance.

Studying asymmetry in doctor-patient interaction, ten Have (1991) analyzes doctor-patient interaction to account for the interactional asymmetries which are produced in and through them.

The asymmetry in doctor-patient interaction can also be looked from the culturally shared expectations of physicians and patients. In this expectation their roles as experts and laypersons in service encounters are significant. Illness and problems are the expected entities in the role of a layperson. These problems are expected to be recognized and attended by the doctors. This collection of expectations is well understood by both physicians and patients, with the consequence that the asymmetry
found in medical interviews is not simply the result of physicians' one-sided actions but is jointly produced by them and their patients (see also, Maynard 1991b).

Maynard (1991b) in his study investigates interactional asymmetry in clinical discourse between doctor and patient. Through analysis of "perspective display series," the author shows how asymmetry is interactively established and achieved, rather than being imposed. The asymmetry in doctor-patient interactions and in informal conversations are seen to be similar by Maynard. Akin to informal conversations, doctor-patient interaction too have common topics and perspectives. He argues that the asymmetry of discourse roles in medical settings may not only have an "institutional mooring" but also an "interactional bedrock."

Investigating into the significance of cultural factors in doctor-patient interactions, Fisher and Groce (1985) focus on the relationship between norms as features of the social structure and norms as interactional accomplishments. They argue that physicians are members of society and therefore have social facts about women in common with the society. The paper makes a thorough comparison of two cases (Sarah and Maria) with the same doctor and provides the data to examine the ways norms about patients emerged and were negotiated against a background of cultural expectations or assumptions about women. This comparison reveals how divergent assumptions about women emerge, structure the discourse and influence the delivery of health care.

The collection of data were done in 1981 in a model family practice clinic of a teaching hospital. Forty-three medical interviews of doctors-patients were audio and video taped and transcribed. Doctors were found to fall back on cultural assumptions to categorize and evaluate their patients. Two patterns were observed, namely, the women qua patient and the woman qua women.

The results found twenty-eight (67.4%) interviews display the negotiation of norms. Norms about women qua patient came forth in twelve (27.8%) and were negotiated against a background of cultural expectations about patients. Interruption as a strategy by physicians was used against women who display divergence from “good patients” In sixteen (36.0%) norms about woman qua women were displayed and were negotiated against a background of cultural expectations about women.
Frankel (1990) shows how the turn-taking system in medical interviews is restricted in comparison to casual conversations concerning turn types and speaker identity. Doctors tend to be the ones asking questions and patients answering them. The study displays that there is a strong dispreference for patient-initiated utterances and questions in medical interactions.

Transcripts of 10 doctor-patient interviews are investigated by Frankel in this study. The theoretical framework of CA more specifically that of turn-taking and distribution of utterance initiation system in doctor-patient talk are analyzed. The author also gives importance to variation in question-answer patterns. The analysis of transcripts finds 4 different ways patient could initiate utterances, they are as follows: 1) Sequentially modified questions which are shielded from direct question force in some way by a preface, 2) Questions usually not in traditional question form used by the patient asked in response to a physician request for information, 3) Announcements at boundaries, and 4) Announcements at boundaries with interruptions.

Frankel concludes that there is an inherent structure in doctor-patient interviews that impoverishes patient initiation attempts to pose questions and hence any attempts at topic control.

While domination and control may not sound out of place in clinically oriented doctor-patient interactions, Silverman (1987) in his study *Communication and medical practice. Social relations in the clinic*, argues coercion as a prominent feature even in patient-centered medicine. In this book, research from pediatric and cancer clinics is used to discuss the interactive and discursive construction of patients and parents.

Topic control provides the thematic label to Ainsworth-Vaughn’s (1992) paper titled *Topic transitions in physician-patient interviews: Power, gender and discourse change*. The author in this study claims that control of topic is a prominent marker of power – a phenomenon that is impacted by two variable namely gender of the doctor and medical settings. 12 medical interviews are recorded and the data is then transcribed in order to do its analysis; besides quantitative data is also taken into
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account. Interview of one female patient with two different physicians – one male and another female is recorded.

This paper discusses what defines as a topic and provides a "continuum of topic-transition activities." It is argued that various linguistic strategies and devices like referential cohesive devices (repetition, anaphora, lexicon) and sequential ties (reference to previous discourse) are employed by participants to code topic transitions as reciprocal or unilateral.

Ratio of reciprocal to unilateral topic transition for patients is found to be 13.5/1. It is 2.5/1 for physicians. However, the ratio for reciprocal to unilateral activities for female physicians was 5/1, for male physicians 1.4/1.

Offering a linguistic investigation of doctor-patient talk, Fischer (1982) focuses on the aspect of decision-making in doctor-patient interaction. The data is collected through recording which and then transcribed. The concern of the study is to investigate the link between linguistic resources and social factors. Specifically, it talks about the variety of ways in which questions are employed by patients and doctors, and two, presentational and methods of persuasion used by the doctor, and how they are related to treatment outcome.

The data for the study was collected at two clinics in a hospital. Both the social status of patients and physician purpose differed in each clinic. Medical procedures and treatment options are discussed and described by the author in an impartial manner.

The significance of politics of power in doctor-patient relationship is brought to the fore in an effective way that reveals the impact of that disparity in language and that has an overt consequence and which is displayed in treatment process. The authors’ work clearly adopts a stance that endeavours to uncover the working of power in doctor-patient discourse in medical spaces. The research is significant primarily because it it provides a coherent explanation and meaning of the emerging patterns in communication in medical discourse, and contextualizes the discourse within the medical setting.
In another work *Treatment question in encounter*, Ainsworth-Vaughn (1992) studies the use of treatment questions in audio-taped interactions between 8 physicians and 21 patients. Four very short excerpts from transcripts are provided as illustrations.

This study opens with the author discussing the kind of link between power and questions in general discourse. Discussions and description of what constitutes a question is taken up by the author and among them include the following: linguistic markers, for example, Did you, Wh-, and rhetorical questions, intonation, and contextual clues. Multi-functionality of "treatment questions" (T questions) are in the doctor-patient interview is what is stressed by the author. A T question is said to be the one that is voiced by patients which both "asks for information, but it simultaneously disputes the recommendation being made" – "Well, can't can't the, uinmm, (medication name) be increased, the stuff that I'm already on..." (p. 5) . A T question exploits ambiguity by reinforcing physician authority at the same time that it allows the patient to introduce suggestions or disagreement.

### 2.2.3 Alternative Approach

The main focus in both narrative approaches and interaction approaches is the doctor-patient encounter. However, an alternative approach is also found in literature in which the line of investigation is not the doctor-patient encounter, but encounters between medical professionals themselves.

In such studies the significance of discourse among physicians and other health care professionals in social scientific research and not just medically important doctor-patient interviews are emphasized. Under this perspective it is argued medical interviews overlooks the value of discourse within medical community, namely doctor-doctor, doctor and para-medical staff.

One such study is that of Young (1997) titled *Presence in the flesh: The body in medicine*. In this study, Young offers a phenomenological investigation of different modes through which the physical setting outside the immediate doctor-patient interview context and expected norms of behavior in medical examination spaces, like laboratory, play a very crucial role in dissembling the patient’s self and his/her body. The triumph of how the self although subjected to factors that ensure to push it to the background rebounds in the foreground is emphasized by the author in this study.
Chapter Two: Review of Literature

The ways and methods in which the parting of self from body in medical practice takes place was the focus in this study. How the "embodied self" is replaced by a depersonalized body. The study looks beyond the clinical doctor-patient interview, and takes a critical perspective on the strategies of objectification of the patient. The focus is the constitution of clinical care in spatial arrangements and boundaries between reception areas, examining rooms, and physicians' offices through norms for appropriate behavior in physical examinations – is directed to isolate the body from the selves of both patients and physicians. The self, nonetheless, continues to intrude, creating problematic situations (see also Young 1989). Her perspective raises serious questions about the impact of these strategies of objectification for possibilities of clinical care where patients can become collaborators and active agents in the process rather than passive, unselved bodies.

In a study under similar thematic label Medical talk and medical work. The liturgy of the clinic, Atkinson (1995) investigates how various signs of the body's structures and functions are analyzed, given interpretation and understood not along with the patient but excluding the patient in laboratory tests, and medical equipments that monitor vital signs; the bio-medical take is that the body is not coterminous with the patient. Thus the process of labeling illness and categorizing disease is relied on a variety of sources which does not include the patient’s understanding of their own lived experiences of illness.

Mishler’s notion of a monolithic "voice of medicine" is now replaced by voices of medicine in Atkinson’s attempt to look beyond immediate medical interviews. Atkinson chalks out a trinity of voices; namely, (1) the voice of personal experience that represents doctor’s unique biography of practice, (2) the voice of accumulated, collective experience in which clinical stories about practices by doctors of critical cases of patients, and, (3) the professional voice of journal science, warranted by reference to published literature. There is a conflict among these voices for authority, legitimacy and power. In this, research patients' accounts in medical interviews and other settings are considered as one the sources of information for the medical process.
Chapter Two: Review of Literature

To conclude, there is an attempt by the author to replace objectification of patients which is stressed in bio-medical perspective in which the patient is a mere lump of physical signs and symptoms.

2.3 Conclusion

A diversity of theoretical and research perspectives emerge in the review of literature. Although various broad themes are identified and representational studies were read out under each one of them, the review finds that the close analysis of the local situational context of clinical interaction is employed to build a potent critique of the “voice of medicine” in which the lived experience and the patient’s alternative understanding of illness are pushed to the tangents. Any endeavour to assert the “voice of lifeworld” is thrashed and subdued as "dispreferred" (Frankel 1990). This assertion of power and dominance and control of interaction is explained as a manifestation of: 1) structural, macro-social factors; 2) conflicts between patients’ lived experiences and medical conceptions of illness; and 3) cultural expectations, shared by both physicians and patients, about their respective roles in this institutionalized context (Hyden and Mishler 1999).

This review of literature informs us that although the scholars studying the field of language and medicine do belong to different disciplinary interests, there seems to be a common ground shared by these scholars. For example there are linguists (Labov and Fanshel 1977), doctors (Cassell 1985), sociologists (West 1984), and many other scholars who are interested in medical institutional interactions (e.g. Wodak 1997). Despite the availability of literature on DA of doctor-patient relationship within medicine, there seems to be a dearth of literature on research that chalks out the territory which combines discourse analytical approaches and Social Work (although see Wodak 1996; Hall, Sarangi, and Slembruck 1997). Any researcher who wishes to combine discourse analysis and clinical Counselling practice will further be in disappointment because of the paucity of data in the area. Studies that adopt SFL framework to analyze clinical Counselling are not available either. Audio-visual data are rare and hence studies in this area lack any systematic investigation of transcripts of interaction (Riessman and Speedy 2007: 434). Particularly, research of audio-video medical interactions in healing contexts are not found in India and other Asian countries (Connor, Asch, and Asch 1986). The present study is an attempt to fill this gap and studies the counsellor-client talk in clinical setting.
CHAPTER THREE
METHODOLOGY

3.0 Overview
In this chapter the research methodology adopted in this study is presented. First, a brief outline of the study is offered at the beginning (3.1). Then, access to sites of data collection (3.2) and their brief profile (3.3) are discussed in the following sections. Various issues pertaining to ethical domain of research and approval of this study are dealt with in 3.4 and its sub-sections. Next, a pilot study is discussed (3.5) which is run to check the validity of research instruments and/or analytical categories used in this study and the subsequent modification or changes, if necessary, to the research. The next section (3.6) deliberates upon the methodology used in this study and includes issues related to type of data employed (3.6.1), sampling technique (3.6.2), and tools used for data collection (3.6.3). The sections that follow concern with issues of data handling (3.6.4) like procedures used to access the data and the participants (3.6.4.1), data transcription (3.6.4.2) and data analysis (3.6.5). This chapter concludes with a brief note on different stages involved in the analysis (3.7).

3.1 Introduction
In chapter two a review of literature has been presented that attempts to locate the present research study, where it was affirmed that although medical interactions have been analyzed widely, no prior study in this area of significant importance, i.e. counselor-client clinical interaction have coupled Halliday’s SFL with conversation analysis.

In this chapter various issues related to methodology are discussed which provides backdrop to the analyses of data in chapter four. This includes not only selecting and accessing sites for data collection and approaching the participants but also procedures and approaches to data analysis and ethical issues involved in it. This chapter also describes and justifies the methodological approaches employed in this study. We now deliberate on these issues in the following sections.
3.2 Reaching the Sites

This study involves collection of data from three different sites at Jawaharlal Nehru Medical College and Hospital (JNMCH). Both formal and informal channels of communication at multiple levels were explored to access the sites to obtain participants. Contact with professors and the heads and counsellors of various Departments of JNMCH were established first informally by phones and then appointments were sought. The Departments that were initially approached were Psychiatry, Medicine along with HIV/AIDS unit, Paediatrics and Community Medicine. After much initial delay meetings with people at these Departments were put in place and we met in person to discuss issues related to this research study.

Meanwhile, we also sought a meeting with the Dean, Faculty of Medicine. In a quick informal meeting with the Dean, we shared this research study describing the nature, purpose and aims of the research, besides ideas and apprehensions to this study were also exchanged.

Department of Medicine (HIV/AIDS unit) showed little interest and summarily rejected any proposal of research which involves the patients out of apprehensions, both legal and policy related, and the purported risks involved to the confidentiality of the patients.

Communication with Department of Psychiatry, after the initial not so negative reception, came to a grinding halt, thanks to the reservations of the counselling professionals. The Head of the Department, after a couple of meetings and a few telephonic conversations, eventually informed me of the negative feedback of the counsellors at the Department. But the Head at the Department of Community Medicine expressed strong interest in this research and asked for the proposal along with a letter of recommendation from the office of the Chairman of my Department, which were duly submitted for their perusal.

The professor, with whom we were in touch with, and who showed good interest in this research, at the Department of Paediatrics, informed me to wait for a month when he would be the next Head of the Department. We did so, and he became the chairman of the Department to make matters smooth for this research.
These developments were positive because of the looming deadline, which was already communicated to me, for submitting ‘No Objection Certificate’ to the office of the Dean, Faculty of Medicine.

The certificates along with copies of my research proposal and a replica of the written client consent document, along with its Hindi translation, seeking participants’ voluntary and mandatory written prior consent to participate in the research study was duly submitted to the office of the Dean.

The informed consent form for participants also contained details of the study, description, nature, aims and purposes of the research study and a statement about the participant’s confidentiality (Appendix vi and vii).

Subsequent meetings with the Heads of these two Departments focused on the manner, methods and place of data collection. Data, in the form of audio-visual recordings, were agreed to be gathered from Department of Medicine. While, since Community Medicine is more of praxis oriented field, collection of data needs to be done at two community based centres: urban health centre (situated in the city) and rural health centre (situated 17 km from JNMCH).

3.3 Sites of Data Collection: A Brief Profile
In this research study we collected primary naturally occurring audio-visual data of counsellor-client interaction. The data were collected at three different sites of Jawaharlal Nehru Medical College and Hospital (JNMCH), AMU, Aligarh. We now turn to a brief profile of the sites of data collection.

3.3.1 JNMCH
Jawaharlal Nehru Medical College and Hospital (JNMCH), established on 2nd October 1962, is one of the two (the other being Dr. Ziauddin Ahmad Dental College, established on 1st January 1996) colleges of the Faculty of Medicine, AMU Aligarh. JNMCH consists of 25 Departments and the Z. A. Dental College consists of 7 Departments. Both these colleges have attached hospitals. In addition JNMCH has 3 centres: Rajiv Gandhi Centre for Diabetes and Endocrinology, Interdisciplinary Brain Research Centre, and Centre for Cardiology.
JNMCH offers a number of undergraduate/postgraduate courses: MBBS, BDS, M.Ch. (Plastic Surgery), M.D./M.S., M.D.S., P.G. Diplomas, Ph.D, Paramedical courses, and B.Sc. in Radiotherapy. JNMCH has 240 strong faculty and more than 1500 students.

3.3.1.1 Department of Community Medicine
The Department of Preventive and Social Medicine was established in 1962. As the importance and scope of the subject increased, the name was changed to Department of Community Medicine.

The Department carries out its primary objectives of teaching and training of undergraduate and post graduate students and training of interns in Community Medicine. The Department has two well established Teaching and Training Centres, one in Rural Area, Jawan, situated 17 Km from Aligarh on Anoopshahar Road and the other in a periurban area at No.1 Qila Road, Purani Chungi. The Department collaborates with District Hospital in planning and implementation of several National Health Programs such as National Revised National T.B. Control Programme, National Polio Eradication Programme, National AIDS Control Programme, National Immunization Programme, Maternal and Child Health Programme, and Blindness Control Program etc. The Department also runs Community Health Centres (Harduaganj and Jawan), and Primary Health Centre, at Jamalpur. Besides engaging itself in other School Health Services the Department is also involved in Supportive Supervision and Monitoring of Suraksha Clinic and TI NGOs in Hathras, Kanshi Ram Nagar (Kasganj), Badaun, Bareilly, Pilibhit, Shahjahanpur, Bulandshahar, Lakhimpur.

3.3.1.2 Department of Paediatrics
The Department of Paediatrics was established in 1964. A fifty-bed children's ward and neonatal nursery were established in 1970 by the Department. The Nursery grew into Neonatology Unit in 1986 with facilities for care of critically ill newborns. A 10-bed Neonatal Intensive Care Unit (NICU) was established in 2001 along with ventilator facility. Since 2010 the Unit has been recognized as resource centre for neonatal training of medical officers. The Diarrhea Treatment and Training Unit (DTTU) was established in 1991 with a lump sum grant from W.H.O and 8 beds are ear-marked for this unit. ‘Paediatric Gastro-Enterology, Hepatology & Nutrition
Clinic’ and upper G.I. Endoscopy was started in 1999. Two new paediatric wards were constructed in 1997 and the total numbers of beds have increased from 50 to 90. "Paediatric Intensive Care Unit" (PICU) was started in the existing paediatric wards in 2005. Many "Sub-Speciality Clinics" are regularly run by the staff members of the Department on fixed days. ‘Adolescent Friendly Health Clinic’ was started on Tuesday’s and Friday’s since 2002. Paediatric Pulmonology Clinics were started in 2002 and Infectious Disease Clinics were started in 1999. Paediatric Nephrology Clinic was started in 2006. Paediatric Hemato-Oncology Clinic was also started in 2006. An 8-bed Malnutrition Treatment Unit was established with financial help from UNICEF. The Department is also a resource centre. 6 bedded Paediatrics ICU with all the facilities of intensive monitoring and ventilation serving all sick children and newborns and also post-op patients was established while Paediatric Cardiology Clinic started in the year 2013.

3.4 Ethics and Approval
This kind of research which entails collecting audio-visual recordings of counselling sessions certainly impinges upon the private world of both the client as well the counsellor. However, academic and research commitments demand sharing of this private space that may include recording and analysis of those audio-visual recordings of the natural data taking place during counselling sessions.

We are also aware that there exists, to safeguard the interests of the patients, Institutional Ethical Committees for research that takes measures in case there happens a breach of this privilege. This study, therefore, ensures that the information and data collected during the course of this research study would be done duly through implementation of prior ‘informed consent’ procedure and no information and data would be collected without securing prior written “informed consent” of the client/patient. Further, every step would be taken up to maintain the confidentiality of the sources and at no stage there would be any act of misuse of data.

Also, the research proposal was formally presented before the Institutional Ethics Committee JNMCH, AMU Aligarh for approval and collection of the necessary data. Following research ethics, this study ensures approval at the following steps.
3.4.1 Departmental Approval
Keeping ethical compliance in mind, a letter of request for approval before the Institutional Ethics Committee at JNMCH (Appendix iii) along with ‘No Objection Certificate’ (NOC) (Appendix iv) one each from the Departments involved in this study is submitted to the Dean Faculty of Medicine and Chairman Institutional Ethics Committee. Separate applications along with the research proposal and other documents intending to show how the study would comply with the ethical issues in this research was duly submitted to the Departments involved in this research in order to seek their ‘No Objection.’ The applications were routed through the proper channel along with a letter of recommendation by the Chairman Department of Linguistics, AMU Aligarh (Appendix ii).

3.4.2 Institutional Ethics Committee Approval
A research proposal was submitted to the Institutional Ethics Committee at JNMCH, AMU Aligarh. After, considering the proposal, the committee consented to approve this study. Ethics approval was granted subsequently for collection of audio-video counsellor-client interactions and other related materials and data (Appendix v).

3.4.3 Client’s Consent
Before any data was collected, each of the participating clients was informed about the contents of the informed consent document and each one of them was apprised about this research study, its purposes, aims, the confidential clause and the voluntary nature of their participation and of their right to withdraw at any point of time during this research.

Participants’ identification information such as their names would be kept strictly confidential. Further, before recording of audio-video interaction they were provided with written consent form needed to be signed by them to show their willingness to participate in this study prior to data collection (Appendix vi and vii).

3.5 Pilot Study
A pilot study was undertaken, prior to final data collection and its analysis. This was done keeping in mind that it offers room for modification or changes, if necessary, to research instruments and/or analytical categories used in this study.
Chapter Three: Methodology

We decided to record an audio-video of counsellor-client interaction in this pilot phase. The pilot study took place in the urban health centre of Department of Community Medicine, JNMCH, AMU Aligarh. The client was referred by the doctor on duty to counselling service and reported at the counselling room. However, the room was full of disturbances from various quarters; hence this pilot study recorded counsellor-client interaction in a separate adjacent room at the health centre.

It was opined by the counsellors that they introduce themselves at the beginning of each counselling session so as to make the counselling session friendly for the client.

It was thought that the analysis of the English translations of the transcription of the audio-video interactions would just be as good as that of the original Hindi/Urdu talk. This was done accordingly, primarily because there was no prior analysis of Hindi/Urdu talk within SFL framework.

Post pilot study included discussions and feedback from the doctors, counsellors, other staff members and my supervisor about using the instruments, methods and the analytical categories arrived at after analysis of data in this pilot study.

The instruments used, namely audio-video recording were largely smooth and positively received. Analytical categories emerged out of the data provides essential features of institutional talk.

It was suggested and was ensured in later data collection that no advices, suggestions, instructions or guidelines should be given either to the counsellor or the client regarding the mode and manner of conducting their interactions; neither should they be constrained in the selection of topics or themes of their interactions. They were free from constraints of whatsoever nature in the conduct of their interactions. This approach offered an opportunity to collect naturally occurring data as far as possible.

The initial understanding that the analysis of the English translations of the transcription of the audio-video interactions would just be as good as that of the original Hindi/Urdu talk was found to be full of apprehensions. After thorough discussions, it was strongly felt that analysis of the translated text cannot be viable
Chapter Three: Methodology

and reliable substitution of the original natural data. Accordingly, analysis of naturally occurring Hindi/Urdu talk should be done.

These changes were made following the pilot study. After this preliminary phase, the field was visited again for data collection.

3.6 Methodology

The concern of this section is to deal with the research methodology adopted in this study. It includes issues related to data type and tools of its collection, sampling technique, data handling like procedure used to access the data and the participants. This section also discusses data transcription and its analysis. This thesis does not approach the data with pre-given analytical categories rather it allows the data to suggest categories which are then put in service for the analysis of the data. This study adopts conversation analysis because of the many advantages of this approach: (1) CA is synonymous with the qualitative of rigour and high quality of data gathering, (2) non-reliance of CA on any pre-given analytical categories, (3) great emphasis on micro features of talk, and, (4) participant method of research. Since the present study takes naturally occurring primary data and is firmly embedded in qualitative methods, all of the points discussed above are deeply at the core of this present study and therefore provides justification and validity towards adaptation of CA instead of other approaches. Various categories once emerged through conversation analysis; then the remaining data is analyzed within these categories. However, to complement the analysis and compensate the claimed weaknesses in conversation analysis the text is further analyzed, at the clausal level, within Halliday’s SFL framework.

This study is based chiefly on qualitative approaches to research. Primary data sources are explored in which the method adopted for data collection is audio-video recording of counsellor-client interaction.

3.6.1 Data Type

Although literature on medical discourse/interaction is full of secondary data analysis, primary naturally occurring data is preferred for the present research study. Naturally occurring talk is more ‘realistic’ and empirical than the interactions which take place outside it. It facilitates access to the aspect of meaning that emerges at the micro level
and manifests the different participants’ understanding of meaning and how it is constructed in the organization of talk.

Therefore, the initial understanding to base this study on the secondary data was put aside and it was decided that grounding this study in naturally occurring interaction between client and counsellor in a clinical setting would be the ideal method for data collection.

### 3.6.2 Sampling

A total of 18 audio-videos of counsellor-client interaction were recorded, 6 from each of the three sites of data collection. The client would be referred through a referral system by the doctor to the counselling service attached to the site. Since the clients would be referred by the doctors, in this sense, this researcher had little say in the selection and choice of the sample. However, once the sample was collected, 2 recordings from each of the Departments were randomly selected for this research study.

### 3.6.3 Tools of Data Collection

Since the data is naturally occurring, obtaining it was difficult because it is sensitive and private. Review of literature suggests a variety of methods and tools are used for data collection. For instance, Cassell (1985) used lapel microphones with long cords. West (1984) used ceiling microphones and video cameras fitted in the ceiling. The primary method of data collection in this study used audio-video recordings of naturally occurring counsellor-client interactional talk. The audio-video recordings used in this study were collected at three different places, namely, the urban health centre and the rural health centre of the Department of Community Medicine, JN Medical College and Hospital, AMU, Aligarh, and the Department of Paediatrics of the same Medical College.

This data is then analyzed in the following chapter. The extracts included in this study are taken from full transcripts of counsellor-client interactions. Audio-video recordings of 6 counselling sessions, 2 each from three different Departments of JNMCH, were made. Since the attempt is to keep the data as natural as possible, neither the counsellor nor the client was guided into what or how to carry out their
transactions. These audio-video recordings were transcribed following adaptation of Jeffersonian transcription (Appendix i).

3.6.4 Handling the Data
Any research study needs to deal with the data it investigates, very carefully and cautiously. It becomes even more important to engage with the data with utmost care when it involves sensitive data with issues of privacy and confidentiality. This may include not only identifying and justifying processes and procedures towards data collection but also methods of extraction of data and its analysis.

3.6.4.1 Procedure
As discussed earlier (section 3.2 and 3.3) the interactional counsellor-client talk was recorded at three sites in JNMCH.

Prior to the collection of data the participants were again reminded of their rights to withdraw from participation at any time and that their identity and other details would be kept confidential and would strictly be used for research purposes only. The participants were provided with opportunities to make enquiries about the nature, purpose, aim and the implications or any other related concerns about this study. The counselling sessions were recorded through audio-video methods.

An extract was being taken and reproduced from one of the 6 full transcripts of counsellor-client interactions. The English translation of this Hindi/Urdu text was provided. After these two steps, process type, mood, speech function and social function analysis was undertaken and presented in a tabular form. Following this, mood and speech function and social function analysis was provided. Subsequent to this, process type analysis was done in the third table. Lastly, a summary of the analysis was presented in which were contained explanations and interpretations on the basis of the text and the data analyzed in the tables. The remaining texts were analyzed in the similar fashion.

3.6.4.2 Data Transcription
The audio-video recordings are transcribed verbatim. To capture extra linguistic features, like overlapping or pauses by the speaker in talk, an adaptation of
Chapter Three: Methodology

Jeffersonian notation for conversation analysis is used. English translation of the text of the Hindi/Urdu audio-video recording is also provided.

All identifying information such as names of clients and counsellors is kept confidential. ‘P’ stands for the turns allocated to the client. Roman numerals stand for turns allocated to the counsellor and Arabic numerals stand for clauses.

3.6.5 Data Analysis

The data is analyzed using conversation analysis and systemic functional linguistics. CA is a method based in ethnographic traditions and highlights how and towards what purpose the talk is organized at the micro level, while SFL captures the broad functions the clause performs. Such functions can be analysed through, for instance, transitivity analysis or modality analysis.

One of the expectations in this study was that such combination of analysis would reveal not only how language in talk constructs, maintains and organizes different speakers’ experiences of the world by using SFL framework on the one hand; but at the same time the social organization of the talk at the micro level by using CA on the other hand. In so doing, this exercise would provide important insights into mapping of the micro features of talk on to the macro ones. Consequently, it would enable the investigation to find out the conformity or incongruity between the macro and micro features of the talk.

3.6.5.1 Conversation Analysis

CA is synonymous with high quality data collection and analysis. The analyses are done by adopting CA which gives such categories of analysis as role of participants and features of interaction like, questions, turn taking, length of the clause etc.

In chapter one a brief introduction of conversation analysis has already been offered and some of its criticisms were outlined (1.2.2.1.ii). Many of those criticisms together with alleged drawbacks of this approach are taken head-on in the Review of Conversation Analysis (ten Have 2016). CA is most appropriate to this study since it is inherent in this approach to analyze only recordings of naturally occurring data.
3.6.5.2 SFL

One of the criticisms of CA is its claimed inability to propound and define analytical categories and its overwhelming reliance on qualitative approaches to research. It has already been emphasized that this thesis does not approach the data with pre-given analytical categories; rather, following conversation analysis, it allows the data to suggest categories which are then put in service to the analysis of the data. As such, this study is firmly embedded in qualitative method of data analysis. Various categories once emerged through conversation analysis are taken up for the remaining data to be analyzed within those categories.

Nonetheless, to complement the analysis and compensate the claimed weaknesses in conversation analysis the text is further analyzed, at the clausal level, within Halliday’s SFL framework. Analyses within SFL framework demonstrate transitivity structure by looking at process type together with the analysis of mood, speech function and social function (for discussions on SFL see section 1.2.2.4 in chapter one).

3.7 Stages of Analysis

After the pilot study, the transcripts of the talk, the analysis and its results and conclusions were thoroughly discussed with the supervisor. Deliberations on the transcript and a discussion concerning micro and macro functions of the talk, its thematic categorization, rhetorical devices used, and how they all relate to various speech and social functions were picked up and thought over intently.

Suggestions and recommendations based on these discussions were incorporated and a revised draft of the analysis was written. Once the draft was finalized the remaining data were transcribed, translated and analyzed in similar ways.

First, following SFL the transcribed text was analyzed, and the results were presented in tabulated form, into process type and mood. Second, in the same table, different discourse functions were identified by analyzing the transcribed text in purely linguistic terms and were labeled as speech function analysis. Third, taking extra-linguistic social and contextual clues and by taking into account ethnographic CA approach those speech functions were reinterpreted and were labeled as ‘social
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function analysis.’ Four, in another table, a further analysis of mood and speech and social function was undertaken by mapping each of them onto the other two. Thus, it provided a clear picture of how mood and speech functions manifest and translate themselves into socially relevant functions. Eventually, following this analysis, the talk could be shown bifurcating into two levels: with one easy-to-access immediate surface level meaning and the other the difficult-to-access deep meaning i.e. the operations of a certain privileged ideology which falls back on subjugation and subversion of individuated point of views. It also rendered transparency in identifying the allocation of differential positions to the participants in the talk in the broader framework of power relations.

This tentative analysis was subjected to defense in the form of mandatory pre-submission viva at this research scholar’s Department of affiliation. Feedback was received from various other Ph.D. students, researchers and faculty members.

Each re-reading of the analyzed text along with a revisit to the audio-video interaction unfolded newer ways of interpretations and manifestations and evocations of sometimes completely different and at others the realization of more than one process type and social function performed by the text. It was then, the significance of the social embeddedness of the text and importance of the member’s methods of understanding of the phenomenon, reached via ethnographic CA approach to text interpretation got emphasized like never before.
CHAPTER FOUR
ANALYSIS

4.0 Overview
This chapter is concerned with the analysis of data. It begins with a short introduction (4.1) that offers a brief about various issues dealt with in this chapter. Primary methods of data collection, through audio-video recordings, are employed. The audio-video recordings of counsellor-client interactional talk, collected from three different Departments in JNMCH and transcribed using an adaptation of Jeffersonian notation for CA are taken up for analysis (4.2). English translation of the text of the Hindi/Urdu audio-video recording is also provided. The analyses are done by adopting CA which gives such categories of analysis as the role of participants and features of interaction like questions, turn taking, length of the clause, etc. Then, at the clausal level, within SFL framework, the analyses demonstrate transitivity structure by looking at process type together with the analysis of mood, speech function and social function. Each text concludes with a summary of analysis of the data.

4.1 Introduction
Primary naturally occurring data, collected through audio-video recordings are analyzed in this chapter. The extracts included in this study are taken from full transcripts of counsellor-client interactions. Audio-video recordings of 6 counselling sessions at three different Departments of JNMCH are employed. Since the attempt is to keep the data as natural as possible, neither the counsellor nor the client was guided into what or how to carry out their interactions.

A random extract from full transcript of counsellor-client interaction is taken and reproduced. Then, a rough hand English translation of this Hindi/Urdu text is provided. After these two steps, process type, mood, speech function and social function analysis are undertaken. Following this, mood and speech function and social function analysis is provided. Subsequent to this, process type analysis is provided.
Lastly, a summary of the analysis is presented in which are contained explanations and interpretations on the basis of the text and the data analyzed in the tables.

The text is transcribed using an adaptation of Jeffersonian notation for conversation analysis; however, in English translation Jeffersonian notation is not followed. Roman numerals stand for turns allocated to the counsellor and Arabic numerals stand for clauses. ‘P’ stands for the turns allocated to the client. The analysis is done in the tables that follow the text below.

4.2 Analysis
4.2.1 Text 1
Text 1 is an interaction between a medical counsellor and a female client at the urban health centre, Department of Community Medicine, JN Medical College and Hospital, AMU, Aligarh. This interaction was held on May 12, 2014.

i. 1 (to) teekon ke bare men kuch pataa chalaa?
   2 kitnii khatarnaak bimaariyan hotii hain?
   3 saat jaanlewaa bimaarii hain =
P: ji
ii. 4 =usse bachaao ke teeke hote hain. hennaa? jese TB, kaali khaasi, khasraa, gal
    gonton, Tetenis, piiliaa or Polio. henaa?
P: Polio
iii. 5 in teekon ko bachche ko hume lagwaanaa chahiye?
P: ji
iv. 6 agar hum teekon ko bachche ko lagaaenge to
    7 in bhayaanak bimaariyon se bachchon [ka bachaaoo hogaa =
P: (((lip move together with nod))
v. 8 = or teeke lagne se ye faiadaa hogaa ke bachche ( jaldii-jaldii) bimaar nahiin
    honge, bimaarii se ladne ki taaqat milegii bachche ko.
P: ((nod throughout))
vi. 9 teeke jab lagte henaa to bimaarii se ladne kii taaqat miltii henaa, unko (jaldii) se
    koi pareshaaniii nahlii hotii.
10 khasraa ka teeka kyon lagwaate hai?
\textsuperscript{11} ki bachche ko khasraa nai ho = \\
P: ji \\
vii. \textsuperscript{12} = agar ho to bhayaanak wala naa ho \\
\textsuperscript{13} bhayaanak men kya hota hai ki bachcha (1.5) mar jaataa hai \\
P: ji \\
viii. \textsuperscript{14} or agar teekaa laggayaa to usse thodii-bhout nikaltii hai, usse bachche ko \\
uqsaan nai hotaa \\
P: (ji) ((lip move)) \\
ix. \textsuperscript{15} bachche kii mout nai hotii hai \\
\textsuperscript{16} samajh rahii hain aap baat? \\
\textsuperscript{17} or bataaiye, aap kuch bataaiye, aap kuch poonchiye humse? aap poonchiye teeke \\
ke baare men, poonchnaa ho ya kuch or cheez ke bare men poonchna ho aapko, \\
maloomaat karnii ho, jaankarii leni ho, bataaiye aap (2.2) \\
\textsuperscript{18} aap yahaan pe dawaa lene aati hai? \\
P: ji \\
x. \textsuperscript{19} aapko yahaan se faidaa hai? \\
P: faidaa hai \\
xii. aap yahaan se faidaa aaj, kyaa dekhaane aayii thiin aap? \\
P: merii to dawaa chaltii hai ( ) saans ki dawaa chaltii hai \\
xii. \textsuperscript{21} saans ki dawaa se aapko faidaa hai? \\
P: (usi cheez, usi cheez) han fiadaa hai \\
xiii. \textsuperscript{22} dekhiye \\
\textsuperscript{23} or ek cheez hum aapko or bataate hain \\
\textsuperscript{24} aap ke ander hame lagrahaa hai khoon ki kamii hai \\
P: ji \\
xiv. \textsuperscript{25} theek henaa? \textsuperscript{26} use hum kehte hain English men Anemia, khoon ki kamii \\
honaa. \\
P: ((nod throughout)) \\
xv. \textsuperscript{27} to khoon ki kamii hum kaise door karsakte hai? \\
\textsuperscript{28} bhout sarii cheezii aisi hain jisse hum khoon ki kamii poorii karsakte hain, \\
jaise, misaal ke tor pe, ( ) jaise ghareeb aadmii hai vo seb or zyaade mehge phal-
wal naii khareed saktea hai \\
\textsuperscript{29} to ghareeb aadmii ke liye kyaa hai?
30. Ki uskii khoon kii kamii kaise poorii karenge?
P: (nod throughout)
xvi. 31. Uskaa tareeqaa ye hai gur or chanaa hotaa hai, mahgaa to hotaa nahin hai,
sastaa hotaa hai
32. Gur or chanaa khaao
P: (nod throughout)
xvii. 33. Gur men sabse zyaadaa Iron hotaa hai.
34. Samajh rahii hoo?
35. Jo khoon ki kamii hamarii (1.5) door kartaa hai. hai ke nai?

4.2.1.1 English Translation of Text 1
i. 1. (then you) got about (what) vaccinations (are)?
2. How many dangerous diseases are there?
3. (there are) seven fatal diseases.
P: Yes.
ii. 4. There are vaccines to protect against them. Isn’t it? Like Kaali khaasii, Khasraa, Gal gonton, Tetenis, Piiliaa or Polio. Isn’t it?
P: Polio
iii. 5. These vaccines we need to administer to the kids?
P: Yes.
iv. 6. If (we) administer these vaccines to the kids
7. Then the kids will be protected against these dangerous diseases.
P: (lip move together with nod)
v. 8. And vaccine supplements will have the benefit that kids won’t fall ill frequently, the kids will have the immunity to fight against the disease.
P: (nod throughout)
vi. 9. When vaccines are administered, then (kids) get immunity to fight against the disease, isn’t it? They won’t get any trouble quickly.
10. Why do (we) administer the vaccine (against) Khasra.
11. (So) that the kid won’t get down with Khasra.
P: Yes.
vii. 12. If (even when the kid gets down with it) it should not be the fatal one.
13. In the fatal one what happens the kid dies.
Chapter Four: Analysis

P: Yes.

viii. 14 And if the vaccine has (already) been administered, then there will be (only) little bit (of the disease), that doesn’t cause loss to the child.

P: Yes. *(lip move)*

ix. 15 The child’s death does not occur.

16 Do you understand?

17 Tell (me) more, you tell (me) something, you ask us something? You ask about vaccination, if you have to ask or if you have to ask about something else, (any) inquiry (if you) have to make, (any) information (you) want to have, you tell me.

18 *(Do)* you come here to get the medicine?

P: Yes.

x. 19 Do you have benefit from here?

P: Yes, there is benefit.

xi. 20 Ok. What’s the trouble today, for what have you come?

P: I am undergoing medication, undergoing medication for *Saans* (Asthma).

xii. 21 Do you have any benefit from the medicine for (your) Asthma?

P: That ... That ... Yes, I have benefit.

xiii. 22 See.

23 Another thing to you, we tell you further.

24 We feel that you are deficient in blood (hemoglobin).

P: Yes.

xiv. 25 Right, isn’t it?

26 That we call in English Anemia, deficiency of blood.

P: *(nod throughout)*

xv. 27 Then how can we do away with the deficiency of blood?

28 There are a lot of things that we can (use) to make up for the deficiency of blood, like, for example, like a poor man can’t buy apples or fruits that are expensive.

29 Then what is there for a poor man?

30 How their deficiency of blood could be made up?

P: *(nod throughout)*

xvi. 31 The way for that is, (you know) there is jaggery and gram, it’s not expensive, it’s cheap.

32 Have jaggery and gram.
Jaggery contains the highest (amount) of iron. That makes up for the deficiency of our blood, right or wrong?

### TABLE 4.1.1: Process Type, Mood, Speech Function and Social Function Analysis

<table>
<thead>
<tr>
<th>s.no.</th>
<th>Clause</th>
<th>Process Type</th>
<th>Mood</th>
<th>Speech Function</th>
<th>Social Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>(to) teekon ke bare men kuch pataa chalaa?</td>
<td>Mental</td>
<td>Interrogative</td>
<td>Question</td>
<td>Acquiescence</td>
</tr>
<tr>
<td>2.</td>
<td>kitnii khatarnaak bimaariyan hotii hain?</td>
<td>Existential</td>
<td>Interrogative</td>
<td>Question</td>
<td>Warning</td>
</tr>
<tr>
<td>3.</td>
<td>saat jaanlewa bimarii hain</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
<td>Warning</td>
</tr>
<tr>
<td>4.</td>
<td>usse bachaaao ke teeke hote hain. henaa? jese TB, kaalii khaasii, khasraa, gal gonton, Tetenis, piiliaa or Polio. henaa?</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
<td>Instruction</td>
</tr>
<tr>
<td>5.</td>
<td>in teekon ko bachche ko hume lagwaanaa chahiyee?</td>
<td>Material</td>
<td>Interrogative</td>
<td>Question</td>
<td>Conformity</td>
</tr>
<tr>
<td>6.</td>
<td>agar hum teekon ko bachche ko lagaaenge to</td>
<td>Material</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>7.</td>
<td>in bhayaanak bimaariyon se bachhon ka bachaaoh hogaa</td>
<td>Relational</td>
<td>Declarative</td>
<td>Statement</td>
<td>Warning</td>
</tr>
<tr>
<td>8.</td>
<td>or teeke lagne se ye faiidaa hogaa ke bachche jaldii-jaldii bimaa nahiin honge, bimarii se ladne kii taaqat milegii bachche ko</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Warning</td>
</tr>
<tr>
<td>9.</td>
<td>teeke jab lagte henaa to bimaarii se ladne kii taaqat miltii henaa, unko jaldii se koi pareshaanii nahiin hotii</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Acquiescence</td>
</tr>
<tr>
<td>10.</td>
<td>khasraa ka teekaa kyon lagwaate hain?</td>
<td>Material</td>
<td>Interrogative</td>
<td>Question</td>
<td>Condescension</td>
</tr>
<tr>
<td>11.</td>
<td>ki bachche ko khasraa nai ho</td>
<td>Relational</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>12.</td>
<td>agar ho to bhayaanak waala naa ho</td>
<td>Relational</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>13.</td>
<td>bhayaanak men kyaa hotii hai ki bachecha mar jaataa hii</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Warning</td>
</tr>
<tr>
<td>14.</td>
<td>or agar teekaa laggayaa to usse thodii-bhout nikaltii hai, usse bachche ko nuqsan nahiin hotaa</td>
<td>Material</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>15.</td>
<td>bachche ki mout nahiin</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
<td>Warning</td>
</tr>
<tr>
<td>No.</td>
<td>Sentence</td>
<td>Type</td>
<td>Tense</td>
<td>Tag</td>
<td>Response</td>
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<tr>
<td>-----</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------</td>
<td>-----------</td>
<td>-------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>16</td>
<td>samajh rahii hain aap baat?</td>
<td>Mental</td>
<td>Interrogative</td>
<td>Question</td>
<td>Acquiescence</td>
</tr>
<tr>
<td>17</td>
<td>or bataaiye, aap kuch bataaiye, aap kuch poonchiye humse, aap poonchiye teeke ke bare men, poonchnaa ho ya kuch or cheez ke baare men poonchnaa ho aapko, maaloomat karnii ho, jaankari lenii ho, bataaiye aap</td>
<td>Verbal</td>
<td>Imperative</td>
<td>Request</td>
<td>Command</td>
</tr>
<tr>
<td>18</td>
<td>aap yahaan pe dawaa lene aatii hain?</td>
<td>Material</td>
<td>Interrogative</td>
<td>Question</td>
<td>Conformity</td>
</tr>
<tr>
<td>19</td>
<td>aapko yahaan se faidaa hai?</td>
<td>Material</td>
<td>Interrogative</td>
<td>Question</td>
<td>Conformity</td>
</tr>
<tr>
<td>20</td>
<td>achcha kyaa pareshaanii hai aaj, kyaa dekhaane aayin thii aap?</td>
<td>Relational</td>
<td>Interrogative</td>
<td>Question</td>
<td>Question</td>
</tr>
<tr>
<td>21</td>
<td>saans ki dawaa se aapko faidaa hai?</td>
<td>Material</td>
<td>Interrogative</td>
<td>Question</td>
<td>Conformity</td>
</tr>
<tr>
<td>22</td>
<td>Dekhiye</td>
<td>Mental</td>
<td>Imperative</td>
<td>Request</td>
<td>Command</td>
</tr>
<tr>
<td>23</td>
<td>or ek cheez hum aapko or bataate hain</td>
<td>Verbal</td>
<td>Declarative</td>
<td>Statement</td>
<td>Condescension</td>
</tr>
<tr>
<td>24</td>
<td>aap ke ander hame lagrahaa hai khoon ki kamii hai</td>
<td>Mental</td>
<td>Declarative</td>
<td>Statement</td>
<td>Warning</td>
</tr>
<tr>
<td>25</td>
<td>theek henaa?</td>
<td>Mental</td>
<td>Interrogative</td>
<td>Question</td>
<td>Conformity</td>
</tr>
<tr>
<td>26</td>
<td>use hum kehte hain English men Anemia, khoon ki kamii honaa</td>
<td>Verbal</td>
<td>Declarative</td>
<td>Statement</td>
<td>Warning</td>
</tr>
<tr>
<td>27</td>
<td>to khoon ki kamii hum kaise door karsakte hai?</td>
<td>Material</td>
<td>Interrogative</td>
<td>Question</td>
<td>Condescension</td>
</tr>
<tr>
<td>28</td>
<td>bhout saarri cheezen aissi hain jisse hum khoon ki kamii poorii karsakte hain, jaise, misaal ke tor pe, ( ) jaise ghareeb aadmii hai vo seb or zyaade mehge phal-wal nahi khareed saktaa hai</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Instruction</td>
</tr>
<tr>
<td>29</td>
<td>to ghareeb aadmii ke liye kyaa hai?</td>
<td>Relational</td>
<td>Interrogative</td>
<td>Question</td>
<td>Condescension</td>
</tr>
<tr>
<td>30</td>
<td>ki uskii khoon kii kamii kaise poorii kareenge?</td>
<td>Material</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>31</td>
<td>uskaa tareeqaa ye hai gur or chanaa hotaa hai, mahgaa to hotaa nahiin hai, sastaa hotaa hai</td>
<td>Relational</td>
<td>Declarative</td>
<td>Statement</td>
<td>Instruction</td>
</tr>
<tr>
<td>32</td>
<td>gur or chanaa khao</td>
<td>Material</td>
<td>Imperative</td>
<td>Command</td>
<td>Command</td>
</tr>
<tr>
<td>33</td>
<td>gur men sabse zyaadaa Iron hotaa hai</td>
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<td>Declarative</td>
<td>Statement</td>
<td>Condescension</td>
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<tr>
<td>34</td>
<td>samajh rahii hoo?</td>
<td>Mental</td>
<td>Interrogative</td>
<td>Question</td>
<td>Acquiescence</td>
</tr>
<tr>
<td>35</td>
<td>jo khoon ki kamii hamarii door kartaa hai. hai ke nai?</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Acquiescence</td>
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</table>
TABLE 4.1.2: Mood, Speech and Social Function Analysis

<table>
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<tr>
<th>Mood</th>
<th>Speech Function</th>
<th>Social Function</th>
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<tbody>
<tr>
<td>Declarative</td>
<td>14 Statement</td>
<td>14 Instruction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Warning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Condescension</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Acquiescence</td>
</tr>
<tr>
<td>Interrogative</td>
<td>13 Question</td>
<td>13 Condescension</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Warning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Conformity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Acquiescence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Question</td>
</tr>
<tr>
<td>Imperative</td>
<td>03 Command</td>
<td>01 Command</td>
</tr>
<tr>
<td></td>
<td>Request</td>
<td>02</td>
</tr>
<tr>
<td>Not selected</td>
<td>05 Not selected</td>
<td>05 Not selected</td>
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TABLE 4.1.3: Process Type Analysis

<table>
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<tr>
<th>Process Type</th>
<th>Number</th>
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<tbody>
<tr>
<td>Material</td>
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<tr>
<td>Mental</td>
<td>06</td>
</tr>
<tr>
<td>Behavioural</td>
<td>00</td>
</tr>
<tr>
<td>Verbal</td>
<td>03</td>
</tr>
<tr>
<td>Relational</td>
<td>06</td>
</tr>
<tr>
<td>Existential</td>
<td>05</td>
</tr>
</tbody>
</table>

4.2.1.2 Summary of the Analysis

This text is analyzed into 35 units. 30 of which are clauses. The remaining 5 can be regarded as minor clauses because they do not select any element of mood.

A cursory look at Text 1 presented above is enough to make the reader understand the institutional identities of the participants – consisting of interactional turns between a counsellor and a client. The counsellor is controlling the allocation of turns to the client by initiating the interactions, and also controlling the content and size of turns of the client. The counsellor also rejects client’s bid to respond or initiate the interaction by refusing to accept her interruptions. Though, the client selects herself, for instance, between clause 3 in turn i and clause 4 in turn ii, the counsellor does not accept client’s turn and self-selects himself and produces turn ii in continuation to turn i. Similar patterns can be observed in turn iv and v; and in turn vi and vii.
When the counsellor’s text performs speech function of interrogation (turn i clause 1 and 2; turn vi clause 10; turn ix clause 16; turn xv clause 30; and turn xvii clause 34 and 35) even then the client does not self-select herself as the respondent in the second pair part (SPP) of the adjacency pair, suggesting the contrast between speech functions and social functions of the counsellor’s talk. Also, whenever there are instances in which the client takes certain interrogations as real questions, inviting a response, and bids for a response in the next turn, the counsellor continues with his turn displaying the rhetorical nature of the interrogations.

In the analysis in Table 4.1.1 above, 14 clauses are found to use statements while 13 use questions. Since statements do not need responses, they are concerned with giving information; (Matthiessen and Lam 2010: 204) they attempt to block the responses. Questions are meant to demand information either in terms of polarity of the proposition being negotiated or an element in the figure enacted by the proposition. But turns assigned to the client in the talk are prominent in the absence of an answer, an appropriate response to a question (ibid 168), and hence a further illustration of constraining the possibility of client initiation/orientation responses. Together with this analysis, Table 4.1.2 which analyzes mood, speech function and social function demonstrates that of the 13 question clauses only clause 20 functions as a true question, since none of the remaining clauses demand information rather they serve to perform a range of social functions from condescension (3) and warning (1) to conformity (5) and acquiescence (3).

Similarly in case of statements, they are not only found to be used in order to block the responding move, but also upon analysis of Table 1(B), a range of social functions from instruction (3) and warning (7) to condescension (2) and acquiescence (2) are observed to be apparently served by them.

Hence the counsellor-client turn taking analysis testifies (see, Text1) the attempt taken to hinder the opportunity of participation in the interaction for the client and that gives shape and also leads the content and direction of the talk. This becomes even more evident when we consider the allocation of turns to each participant and the length and number of clauses that constitute those turns. The interaction in Text 1 constitutes
16 turns allocated to the client of them 5 are non-verbal turns displaying approval and conformation with the counsellor’s proposition in the previous turn. Although the number of turns allocated to the counsellor is just one more than that of the client (i.e. 17), no disparity seems apparent in the allocation of turns; however, when we investigate the length of each turn the number of words in the text used by the counsellor was found to be 351 as against just 27 by the client yielding a ratio of 0.077.

When we consider the use of medical terminology it is found that they are used by both the counsellor and the client. However, it is in the counsellor’s talk that medical terminology is most frequently used. The counsellor uses 26 medical terms in this interaction while the client uses only 3 terms. Further, all of the terms used by the counsellor are in the FFP’s while the client uses all of them as repetitions once they are used by the counsellor.

Further analysis of the client’s talk reveals that the client’s affirmative answers ‘ji’ constitutes 7 instances. This supports the findings of the social function analysis of the counsellor’s talk where it is used, along with other functions that concerns condescension, instruction, acquiescence and warning; to ask for conformity on the part of the client. Of the 17 turns allocated to the counsellor, 5 turns use 3 or more clauses, while 2 turns namely ix and xv each consists of 4 clauses and extends from clauses 15-18 and 27-30 respectively. On the other hand turns to the client are mostly short and monosyllabic which are sometimes reduced to non-verbals.

When mood and speech functions are considered (see, analysis in Table 4.1.2) we find the counsellor’s discourse involves questions, statements and commands, and that statements and questions predominate. Given that the talk consists of only 3 imperatives (1 command and 2 requests), one might be predisposed, therefore, to form an opinion that Counselling is largely indicative in nature rather than imperative that does not put demands upon the client. This view seems logical also since Counselling involves giving of information in the form of propositions, largely derived from the scientific paradigm of the discipline, and consequently enables the client to make informed knowledge-based decisions so as to shape the future course of actions.
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The assessment in the previous paragraph stands flawed upon the analysis of the social function of the counsellor’s talk, which exposes the real nature of Counselling. Social function analysis (see, Table 4.1.2) shows that of the 30 clauses, not even one serves the purpose of that of a statement; on the contrary, they comprise of instruction (3), warning (8), condescension (5), question (1), conformity (5), acquiescence (5) and command (3).

Also interesting is the fact that these social functions are being predominantly expressed surprisingly not via imperatives but strangely via interrogatives and declaratives. The questions can be considered rhetorical; if they were true questions they should have yielded the adjacency pair of an answer. Consider for instance:

Clause 1 (to) teekon ke baare men kuch pataa chalaa?
Clause 2 kitnii khatarnaak bimaariyan hotii hain?
Clause 5 in teekon ko bachche ko hume lagwaanaa chahiye?
Clause 18 aap yahan pe dawaan pe dawaa le aati hain?

Both clause 1 and 2 above does not lead to the client’s turn of answering; rather a continuation of counsellor’s talk suggesting the rhetorical nature of the questions, the ultimate social functions of which are acquiescence and warning respectively. While in 5 and 18, had the adjacency pairs yielded ‘No,’ they would have instantly evoked counsellor’s disapproval, then what purpose the questions serve if not conformity to counsellor’s point of view.

With the exception of the question in clause 20, of all the 13 questions, 12 are aimed at condescension (3) and warning (1) to conformity (5) and acquiescence (3). Of the 3 clauses adopting imperative mood, 1 expresses command while the remaining 2 requests, however upon social function analysis the 2 requests too realise themselves as commands.

From an experiential point of view, the counsellor’s discourse has an expected preoccupation with material experience: the counselling session is based around action. What the counsellor appears to be foregrounding, then, is the regulation of
action (i.e. material: 15) as central to Counselling. In the process of counselling it is the material action and doings that are primarily the focus for the counsellor.

Prima facie declaratives realized via statements and interogatives realized via questions undoubtedly fill the general interactional scape in the counsellor-client talk. A fact that conforms well to the scientific nature of the discipline of Counselling and fulfilling its primary agenda – that of giving propositions as they are, rather than concocting them with interpersonal subjectivities and prejudices. On the other hand, as noted earlier, this fact also makes Counselling discharge its primary goal – that of an enabling discipline via informed and knowledge-based decision by the client rather than moulding their decisions and influencing the outcomes of their actions.

Whatever the previous arguments fulfil to the discipline of Counselling but the social function analysis of the clause soon makes it obvious that this preoccupation is not reflective of the nature of the interaction and that it only serves as a ruse to guise this real nature and purpose of the counsellor-client interaction. What justification do we have for the fact that none of the statements, out of 14, packs the neutral propositional content indicative of the things as they are – rather they are realized either in instruction, warning, condescension and acquiescence. Similarly, as argued earlier, of the 13 questions, 12 are aimed at condescension, warning, conformity and acquiescence. What is contrastive here with respect to the principles of Counselling is that the individuated point of view of a privileged ‘enabling’ professional legitimaized by scientific paradigm is the source of subject matter.

We can further elaborate this picture when we turn to the analysis of interpersonal features, specifically modality and mood. Most of the clauses comprise only of statements and questions, the text has only 3 instances of modality “karsakte/karsaktaa” (one in clause 27 and two in clause 28), both of ability. There is no modality around probability or obligation and since modality is a polar concept, (ibid 141) when expressed via statements or questions, asserts the propositions in absolute terms along either of the pole. Thus it can argued that the overall impression the interaction gives is that giving information i.e. statements and demanding of goods and services i.e. questions in the counsellor-client talk is a non-negotiable event.
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There are 6 clauses that use question tag ‘hena’ in clauses 4 (2), 9 (2) and 25. Its variant form ‘hai ke nai’ is used in clause 35. The interaction also consists of 5 nominal modifiers suggesting threat, danger or risk, namely, ‘khatarnaak’ in clause 2, ‘jaanleewaa’ in clause 3, and ‘bhayaanak’ in clause 7, 12, 13 an indication enough suggesting the accordance of interpersonal hue and subjective elements to the interaction.

4.2.2 Text 2

Text 2 is an interaction between a medical counsellor and a male client at the Urban Health Centre, Department of Community Medicine, JN Medical College and Hospital, AMU, Aligarh. This interaction was held on June 02, 2014.

i. 1dekiye
   2aap kii italaa ke liye men ek cheez aap ko bataa doon kii
   3aap ke Sputum men, balgham men zabardast:: jaraseem the
   4or aap ne ye dekhaa hogaa kii
   5ye laal nishaan hai +ve hai. theek hai?
P: Ji.

ii. 6or ye +ve kab hai?
   7saat tariikh se pehle kaa, saat chaar se pehle kaa hai. theek hai?
   8or yehii, jab jaise hii aap aaye the ( ) ki
   9mujhe ye cheez hai, ye bimarii hai mujhe hai, ya ye infection hai kyaa hai, to
   10ek zahir hai qudratii tor se or fitrii tor se aadmii ke or ek dum or zyaadaa
down ho jataa hai
   11lekin chuuke asal cheez ye hotaa hai kii bhai is daur men science ne itnii
taraqqii kar lii hai kii
   har cheez kaa ilaaj hai =
P: ((continuous nod with soft voice)) beshak, beshak

iii. 12= ab kabhii-kabhii ye hotaa hai kii
   13hum ilaaj bhii kar rahe hain
   14or zehnii tor se bimarii kii taraf [badh rahe hain =
P: [ji, ji

iv. 15(ki saab) are: kyaa hogaa?
16. chaliye bhai inhe khush karne ke liye: kar lete hain
17. ye bhii dekh lete hain wo bhii dekh lete hain
18. to iskii sab se pehlii main cheez ye hai kii hum zehnii tor se taiyyaar hon kii
19. ye bimaarii nahin hai
20. ye ek infection hai
21. yani or infection jo hai wo zahir hai samaj men ke kahiin na kahiin se aayaa hai =
P: Ji:

22. henaa? or wo infection Alhamdulillah aap ne is poore apne... abhii aadhaa
23. hii ilaaj hoa hai, or aadhe ilaaj ke baad se aaj natijaa ye niklaa kii jab
24. humne...chaubees isme hotii hain khuraaken, chaubees men se baanees
25. khilaane ke baad jab aap kaa ye Sputum karaayaa
26. wo –ve ho gayaa
27. iskaa matlaab ye hoa kii
28. dawaa apne tor se kaam kar raahii [hai =
P:

(v) pooraa kaam kar raahii hai

29. = theek henaa? Jis waqt aap aaye the, roz-e-awwal, us waqt humne aap se ye
30. nahii kahaa kii
31. aap muh chipaa liiiye
32. dhantaa baadh liiiye
33. ghar walon se parhez kiiiiye
34. lekin kuch ehtiyaat [:ehtiyaatii tadaabir bhii aap ko bataayi theen =
P:

(ehtiyaat…

(vi) wo ye theen kii bhai agar balgham aaye to
35. aap usko dibbe men, raakh men, ya chulhe men usko daal diiiye
36. ya naalii men kar ke or bahaay diiiyega usko
37. to ehtiyaat bhout badii cheez hai. henaa?
P: Ji. ji.

(vii) usii ehtiyaat kii khaatir jo hai wo aap ne ye sab poore, poore ilaaj ko ( )
38. rakhaa
39. or dekhya
40. aaj +ve se aap –ve ho gaye
41. ab ek phase aap ka pooraa hogayaa
4.2.2.1 English Translation of Text 2

i. 1 See.
2 For your information let me tell you a thing that
3 You had in your Sputum, in (your) mucous, dangerous Germs.
4 And you must have seen
5 This red mark is +ve. Right?

P: Yes.

ii. 6 And when is it +ve?
7 Before the 7th, before 7/4. Right?
8 And this… as soon as you came… that...

---

Chapter Four: Analysis

39 ab doosraa phase aap ka shuru hotaa hai ((opens up the box of medicine with the patient’s name written on it)) (4.4)

P: ((with hesitation speaks)) achchaa badii fikr or ghaur ke saath men ye humne or yaqeen ke saath men (matlab) humne apnaa magar ye ilaaj jarii rakhhaa =

ix. 40 ji

P: = koi absent nahii hai hamarii, koi, khaane men bhii ehtiyaat rakkhi. wo cheezen nahii khaii jin kii hume khadshaah thaa kii ye nuqsaan de saktii

[hain to humne wo nahi ] khaaen

x. ((condescending smile)) 41 [dekhiye, dekhiye aisaa hai ]
42 thande-garam ka jo concept hai wo hikmat men hai
43 or Ayurvedic men hai
44 Modern Medicine men ye thandaa-garam kuch nahii hain ((tear open the pack of medicine))

P: magar phir bhii humne ehtiyaat ke tor pe

xi. 45 ji. thandaa-[garam koi…

P: [jis cheez ke liye dil nahii thoke, kii bhai hume nuqsaan degii

(2.0) hame ye nahii khaanii

xii. 46 han

P: jis pe yaqeen hai usko khaalo

xiii. 47 (takes a register and hands it over to someone across the table)) theek hai

saab. (03) ab nayaa aap kaa course shuru ho rahaa hai
I got this, I have this disease... got, or this infection or what is it, then,

It is obvious, naturally... and by nature the man immediately gets further depressed.

But since the main thing is dear that in this age Science has developed to the extent that every disease has a cure.

P: (continuous nod with soft voice) certainly, certainly.

iii. 12 Now what happens sometimes

13 We are undergoing treatment,

14 And psychologically, advancing towards illness

P: Yes, yes.

iv. 15 Oh, dear, how does it matter?

16 Let’s, dear, to make them happy, do it, let’s do it.

17 Let’s see this, let’s see that too.

18 So the first thing that is significant in this is that we must be ready ourselves mentally that,

19 This is not a disease.

20 This is an infection.

21 Means... and infection, it is obvious in our mind that it is contracted from somewhere.

P: Yes.

v. 22 Isn’t it? And that infection, Alhamdolillah, (God Grace) you, in your entire treatment, the treatment is only half done, and after that half treatment the result is that, now when we, there are 24 doses in this, after administering 22 out of 24 doses when we have had your Sputum done.

23 That becomes -ve.

24 This means that,

25 The drug is doing its job.

P: Doing its jobs fully.

vi. 26 Right. Isn’t it? The time when you came, day one, we did not, at the time, asked you,

27 You cover up your mouth.

28 Strap it up.

29 Avoid your family.
Chapter Four: Analysis

30 But some precautions, precautionary measures too we told you.
P: Precautions …

vii. 31 Those were: that dear if you expectorate,

32 You put it in a box, in ash, or discard it in a chulha (oven)

33 Or put in a drainage and drain it.

34 Thus, prevention is very important. Isn’t it?
P: Yes, yes.

viii. 35 For the sake of that prevention, that you kept all the treatment

ix. 36 And, see.

37 Today you have, from +ve turned –ve.

38 Now one phase of your’s is complete.

39 Now the second phase begins (opens up the box of medicine with the patient’s name written on it).
P: (with hesitation speaks) Well, with great care and observation, I, and with the belief ... that is... I but kept on with my treatment.

ix. 40 Yes.

P: No absent of mine is there. No... (I) have kept caution and care with my diet. Have not taken those things, which I believe may possibly cause harm. I did not take them.

x. 41 (condescending smile) See, see the thing is,

42 The concept of hot-cold is in Unani system of medicine

43 And is in Ayurveda

44 There is no such thing as hot-cold in Modern Medicine (tear opens the pack of medicine)
P: But still I did not for caution’s sake.

xi. 45 Yes. Hot-cold nothing …
P: If your heart does not put your believe in, that well (it) might cause you harm, that you do not have it.

xii. 46 Yes.
P: Eat, what your heart put your beliefs in.

xiii. 47 (takes a register and hands it over to someone across the table) Right. Dear. Now, a new course of your’s is going to start.
### TABLE 4.2.1: Process Type, Mood, Speech Function and Social Function

#### Analysis

<table>
<thead>
<tr>
<th>s.no.</th>
<th>Clause</th>
<th>Process Type</th>
<th>Mood</th>
<th>Speech Function</th>
<th>Social Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>dekhiye</td>
<td>Mental</td>
<td>Imperative</td>
<td>Request</td>
<td>Command</td>
</tr>
<tr>
<td>2.</td>
<td>aap kii ittalaa ke liye men ek cheez aap ko bataa doon kii</td>
<td>Verbal</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3.</td>
<td>aap ke Sputum men, balgham men zabardast:: jaraseem the</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
<td>Warning</td>
</tr>
<tr>
<td>4.</td>
<td>or aap ne ye dekhaa hogaa kii</td>
<td>Mental</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5.</td>
<td>ye laal nishaan hai +ve hai. theek hai?</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
<td>Warning</td>
</tr>
<tr>
<td>6.</td>
<td>or ye +ve kab hai?</td>
<td>Existential</td>
<td>Interrogative</td>
<td>Question</td>
<td>Condescension</td>
</tr>
<tr>
<td>7.</td>
<td>saat tariikh se pehle kaa, saat chaar se pehle kaa hai. theek hai?</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
<td>Acquiescence</td>
</tr>
<tr>
<td>8.</td>
<td>or yehi, jab jaise hii aap aaye the ( ) kii</td>
<td>Material</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>9.</td>
<td>mujhe ye cheez hai, ye bimarii hai mujhe hai, ya ye infection hai kyaa hai, to</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
<td>Warning</td>
</tr>
<tr>
<td>10.</td>
<td>ek zahir hai qudratii tor se or fitrrii tor se aadmii ke or ek dum or zyaadaa down ho jataa hai</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Warning</td>
</tr>
<tr>
<td>11.</td>
<td>lekin chuke asal cheez ye hotaa hai kii bhai is daur men science ne itnii taraqqii kar lii hai kii har cheez ka ilaaj hai</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Acquiescence</td>
</tr>
<tr>
<td>12.</td>
<td>ab kabhii-kabhii ye hotaa hai kii</td>
<td>Existential</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>13.</td>
<td>hum ilaaj bhii kar rahe hain</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Acquiescence</td>
</tr>
<tr>
<td>14.</td>
<td>or zehnii tor se bimaarrii kii taraf badh rahe hain</td>
<td>Mental</td>
<td>Declarative</td>
<td>Statement</td>
<td>Warning</td>
</tr>
<tr>
<td>15.</td>
<td>(ki saab) are: kyaa hogaa? )</td>
<td>Material</td>
<td>Interrogative</td>
<td>Question</td>
<td>Acquiescence</td>
</tr>
<tr>
<td>16.</td>
<td>chaliye bhai inhe khush karne ke liye: kar lete hain</td>
<td>Material</td>
<td>Imperative</td>
<td>Suggestion</td>
<td>Acquiescence</td>
</tr>
<tr>
<td>17.</td>
<td>ye bhaii dekh lete hain wo bhii dekh lete hain</td>
<td>Mental</td>
<td>Imperative</td>
<td>Suggestion</td>
<td>Acquiescence</td>
</tr>
<tr>
<td>18.</td>
<td>to iskii sab se pehlii main cheez ye hai kii hum zehnii tor se taiyyaaraa hon kii</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Acquiescence</td>
</tr>
<tr>
<td>19.</td>
<td>ye bimaarii nahi hai</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
<td>Acquiescence</td>
</tr>
<tr>
<td>20.</td>
<td>ye ek infection hai</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
<td>Warning</td>
</tr>
<tr>
<td>21.</td>
<td>ynnii or infection jo hai wo zahir hai samaj men ke kaiiin na kaiiin se aayaa hai</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Warning</td>
</tr>
<tr>
<td>22.</td>
<td>hena? or wo infection Alhamdulillah aap ne is</td>
<td>Material</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>No.</td>
<td>Sentence</td>
<td>Part of Speech</td>
<td>Mood</td>
<td>Tense</td>
<td>Acquiescence</td>
</tr>
<tr>
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<td>---------------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>---------------</td>
<td>------------</td>
<td>-------------</td>
</tr>
<tr>
<td>23.</td>
<td>wo –ve ho gayaa</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Acquiescence</td>
</tr>
<tr>
<td>24.</td>
<td>iskaa matlab ye hoa kii</td>
<td>Relational</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>25.</td>
<td>dawaa apne tor se kaam kar rahii hai</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Acquiescence</td>
</tr>
<tr>
<td>26.</td>
<td>theek henaa? Jis waqt aap aaye the, roz-e-awwal, us waqt humne aap se ye nahii khaaa kii</td>
<td>Verbal</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>27.</td>
<td>aap muh chipaa liiijye</td>
<td>Material</td>
<td>Imperative</td>
<td>Request</td>
<td>Command</td>
</tr>
<tr>
<td>28.</td>
<td>dhantaa baandh liiijye</td>
<td>Material</td>
<td>Imperative</td>
<td>Request</td>
<td>Command</td>
</tr>
<tr>
<td>29.</td>
<td>ghar walon se parhez kiiijye</td>
<td>Material</td>
<td>Imperative</td>
<td>Request</td>
<td>Command</td>
</tr>
<tr>
<td>30.</td>
<td>lekin kuch ehtiyaat [ehtiyaatii tadaabir bhii aap ko bataayi theen]</td>
<td>Verbal</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>31.</td>
<td>wo ye thin ki bhaii agar balgham aaye to</td>
<td>Material</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>32.</td>
<td>aap usko dibbe men, raakh men, ya chulhe men usko daal diijije</td>
<td>Material</td>
<td>Imperative</td>
<td>Request</td>
<td>Command</td>
</tr>
<tr>
<td>33.</td>
<td>ya naalii men kar ke or bahaa diijyege usko</td>
<td>Material</td>
<td>Imperative</td>
<td>Request</td>
<td>Command</td>
</tr>
<tr>
<td>34.</td>
<td>jo ehtiyaat bhout badii cheez hai, henaa?</td>
<td>Relational</td>
<td>Declarative</td>
<td>Statement</td>
<td>Acquiescence</td>
</tr>
<tr>
<td>35.</td>
<td>usi ehtiyaat ki khaatir jo hai wo aap ne ye sab poore, poore ilaaj ko ( ) rakhaa</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Acquiescence</td>
</tr>
<tr>
<td>36.</td>
<td>or dekhiye</td>
<td>Mental</td>
<td>Imperative</td>
<td>Request</td>
<td>Command</td>
</tr>
<tr>
<td>37.</td>
<td>aaj +ve se aap –ve ho gaye</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Acquiescence</td>
</tr>
<tr>
<td>38.</td>
<td>ab ek phase aap ka pooraat hogayaa</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Instruction</td>
</tr>
<tr>
<td>39.</td>
<td>ab doosraa phase aap ka shuru hota hai</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Instruction</td>
</tr>
<tr>
<td>40.</td>
<td>ji</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Ignoring</td>
</tr>
<tr>
<td>41.</td>
<td>dekhiye, dekhiye aissaa hai</td>
<td>Mental</td>
<td>Imperative</td>
<td>Request</td>
<td>Command</td>
</tr>
<tr>
<td>42.</td>
<td>thande-garam kaa jo concept hai wo hikmat men hai</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
<td>Negation</td>
</tr>
<tr>
<td>43.</td>
<td>or Ayurvedic men hai</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
<td>Negation</td>
</tr>
<tr>
<td>44.</td>
<td>Modern Medicine men ye thandaa-garam kuch nahii hain</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
<td>Negation</td>
</tr>
<tr>
<td>45.</td>
<td>ji. thandaa-garam koi...</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Negation</td>
</tr>
<tr>
<td>46.</td>
<td>han</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Ignoring</td>
</tr>
<tr>
<td>47.</td>
<td>theek hai saab. ab nayaa aap ka course shuru ho rahaa hai</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Instruction</td>
</tr>
</tbody>
</table>
### TABLE 4.2.2: Mood, Speech and Social Function Analysis

<table>
<thead>
<tr>
<th>Mood</th>
<th>Speech Function</th>
<th>Social Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declarative</td>
<td>24 Statement</td>
<td>24 Instruction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Warning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Acquiescence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Negation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Command</td>
</tr>
<tr>
<td>Interrogative</td>
<td>02 Question</td>
<td>02 Condescension</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Acquiescence</td>
</tr>
<tr>
<td>Imperative</td>
<td>10 Suggestion</td>
<td>02 Acquiescence</td>
</tr>
<tr>
<td></td>
<td>Request</td>
<td>Command</td>
</tr>
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<td>11 Not selected</td>
<td>11 Not selected</td>
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<tr>
<td></td>
<td></td>
<td>Ignoring</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Negation</td>
</tr>
</tbody>
</table>

### Table 4.2.3: Process Type Analysis

<table>
<thead>
<tr>
<th>Process Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material</td>
<td>22</td>
</tr>
<tr>
<td>Mental</td>
<td>06</td>
</tr>
<tr>
<td>Behavioural</td>
<td>00</td>
</tr>
<tr>
<td>Verbal</td>
<td>03</td>
</tr>
<tr>
<td>Relational</td>
<td>02</td>
</tr>
<tr>
<td>Existential</td>
<td>11</td>
</tr>
<tr>
<td>Not selected</td>
<td>03</td>
</tr>
</tbody>
</table>

#### 4.2.2.2 Summary of the Analysis

This text is slightly longer than the one analyzed previously. In fact it is the longest of all the texts selected in the present study. It is analyzed into 47 units, 36 of which are clauses. It has 11 clauses which do not select any element of mood because they seem to be minor clauses. Out of the 11 clauses that do not select any element of mood at least 3 can be seen to perform social functions of ignoring (2) and negation (1).

The institutional identities of the participants, consist of interactional turns between a counsellor and client, are instantly recognizable to the reader upon a quick look at the text presented. As was the case in Text 1, in the above text too there are attempts by the counsellor to control the allocation of turns to the client by initiating the interactions. The counsellor also ensures control over the content and size of turns of the client. The counsellor opens the interaction with ‘dekhiye’ which realizes
command as its social function. It can be observed that the counsellor does not entertain client’s bid to respond or initiate the interaction and turns down his interruptions. Though, the client selects himself, for instance, between clause 11 in turn ii and clause 13 in turn iii, the counsellor does not accept client’s turn and self-selects himself and produces turn iii in continuation to turn ii. The repetition of such cases are illustrated further in between turn iv and v, turn v and vi, and turn vi and vii.

A close look of the above text reveals, as has also been observed in text 1, that the speech function of interrogation is achieved by the counsellor in turn ii clause 4; turn v clause 15; turn v clause 22; and turn vi clause 26. However, even then the client does not self-select himself as the respondent in the SPP of the adjacency pair. It can therefore be argued that there exists a disparity between speech functions and social functions of the counsellor’s talk. Interrogations in clause 6 and 15 do not invite responses as the client does not select himself in the next turn. This is because of the rhetorical nature of the interrogations in which the counsellor continues with his talk in the following turns.

Most of the clauses i.e. 24 (see, analysis in Table 4.2.1 above), are found to use statements but only 2 use questions. As can be seen from the previous discussions while analysing Text 1, that statements do not need responses, they are concerned with giving information; they attempt to block the responses. Questions are meant to demand information either in terms of polarity of the proposition being negotiated or an element in the figure enacted by the proposition.

It could be observed that turns allocated to the client in the talk are unique in that they do not lead to complementary turn constituting answer on the part of the client, an appropriate response to a question. Thus, the previous discussion is a display of a proscription project where any attempt by the client to control the interaction is systematically dismissed. Together with this analysis, Table 4.2.2 which analyzes mood, speech function and social function demonstrates that the 2 question clauses are rhetorical in nature and are not true questions, since none of the clauses demand information – rather they serve to perform the social functions of either condescension or acquiescence (via elaboration).
Further, in case of statements, they are not only found to be used in order to block the responding move, but also upon analysis of Table 4.2.2, a range of social functions from instruction (3) and warning (7) to acquiescence (10), negation (3) and command (1) are evoked by them.

What can be claimed in this analysis of counsellor-client turn taking interaction (see, Text 2) is that it is an attestation of thwarting the prospects of the client’s participation in the interaction. There also seems to be an endeavour by the counsellor to dominate the process of shaping the content and direction of the talk. Further support to this demonstration of domination is provided when we consider the allocation of turns to each participant and the length and number of clauses that constitute those turns. The interaction in Text 2 constitutes 12 turns allocated to the client; of them 5 are non-verbal turns displaying approval and conformation with the counsellor’s proposition in the previous turn, although the number of turns allocated to the counsellor is 13. However, here turn allocation is no reflection of the egalitarian nature of an interaction. This is because upon examination of the length of each turn the number of words in the text used by the counsellor was found to be 441 as against just 98 by the client yielding a ratio of 0.223.

It is found upon the analysis of this interaction that medical terminology is used by both the counsellor and the client. But it is in the counsellor’s talk that medical terminology is most frequently used. The counsellor uses 34 medical terms in this interaction as against just 1 used by the client. Further all of the terms used by the counsellor are in the FFP’s while the client uses it as a repetition once it was used by the counsellor.

Further analysis of the client’s talk reveals client’s affirmative answers ‘ji/ ji ji’ or agreement and/or conformity ‘beshak’ or repetition ‘pooraa kaam kar rahii hai’ constitutes 7 instances. This is concurrent to the findings of social function analysis of the counsellor’s talk where it is used, along with other functions to ask for conformity on the part of the client. Of the 13 turns allocated to the counsellor 3 turns use 5 clauses namely i, vi, and viii; while turn namely ii consists of 6 clauses. Turn iv extends from 15-21 and consists of 7 clause, while turn v, vii and x constitutes 4
clauses each. On the other hand, turns to the client are comparatively short and display conformity with the counsellor except towards the end of the interaction when the client does not conform to the disagreement of the counsellor. Notwithstanding, the counsellor either ignores or negates the non-conformist stand taken by the client.

Probing mood and speech functions Table 4.2.2 shows that the interaction in Text 2 constitutes questions, statements and imperatives; and that statements and imperatives are in majority. The text constitutes 2 questions and 24 statements. On the basis of this finding one may not find it wholly unreasonable to claim that Counselling is, as has been argued while analyzing Text 1, largely indicative in nature rather than imperative. And that it does not cherish the hegemonic agenda that seeks client’s conformation and acquiescence to the propositions expressed by the counsellor. On the contrary Counselling puts forward the project of objective and impartial professional discipline to provide information in the form of propositions, largely derived from the scientific paradigm of the discipline, and consequently enables the client to make informed knowledge-based decisions so as to shape the future course of actions.

But, like in analysis of Text 1, the assessment in the previous paragraph fails the analysis of the social function of the counsellor’s talk. Social function analysis (see, Table 4.2.2) shows that of the 47 clauses, not even one serves the purpose of that of a statement or a question; on the contrary, they comprise of instruction (3), warning (7), acquiescence (13), condescension (1), command (9), negation (4), and ignoring (2), while 8 clauses do not select any social function.

It is noteworthy that the social functions are predominantly expressed surprisingly not via imperative but strangely via declarative. At the same time, the two interrogatives are rhetorical questions with one of them realizing the social function of condescension and the other acquiescence (via elaboration). If they were true questions they should have yielded the adjacency pair of an answer. Consider for instance:

Clause 6  or ye +ve kab hai?
Clause 15  (ki saab) are: kyaa hogaa?
Both clause 6 and 15 above have not led to the client’s turn of answering; rather a continuation of counsellor’s talk suggesting the rhetorical nature of the questions, the ultimate social functions of which are condescension acquiescence (via elaboration). This is because the adjacency pair yielding ‘No,’ would instantly evoke counsellor’s disapproval of the client.

Without exception none of the 24 statements realize the social function that of giving information; rather they realize instruction (3), warning (7), acquiescence (10), negation (3) and command (1). Of the 10 clauses adopting imperative mood, 8 expresses requests while the remaining 2 suggestions; however upon social function analysis all the 8 requests turned out to be commands while suggestions are realised as acquiescence.

From an experiential point of view, the counsellor’s discourse has an expected preoccupation with material experience. As has been seen in the analysis of Text 1, the counsellor appears to be foregrounding the regulation of experience (mostly material: 22) as central to Counselling.

It could be observed that declaratives realized via statements and interrogatives realized via questions dominate counsellor-client talk. And it could be argued, like in the analysis of Text 1, that this domination of statements and questions is in sync with the scientific nature of the discipline of Counselling that fulfils its primary agenda that of giving propositions as they are rather than concocting them with interpersonal subjectivities and prejudices. On the other hand, as noted earlier, this fact also makes Counselling discharge its primary goal that of an enabling discipline via informed, knowledge-based decision by the client rather than moulding their decisions and influencing the outcomes of their actions.

Notwithstanding how the previous discussion goes into the making of the discipline of Counselling, the social function analysis of the clause contradicts this making. This is because the predomination of questions and statements in counsellor-client talk is not reflective of the true nature of the interaction; rather it camouflages the real nature and purpose of the counsellor-client interaction. What justification do we have for the
fact that none of the statements, out of 24, packs the neutral propositional content indicative of the things as they are – rather they are realized either in instruction (3), warning (7), acquiescence (10), negation (3) and command (1). Similarly, as argued earlier, of the 2 questions, 1 is aimed at condescension and the other at acquiescence. And further, the 10 clauses of imperative mood, which manifest themselves to perform request (8) and suggestion (2), upon social function analysis, express commands and acquiescence respectively. It is therefore argued that this discussion seems to point to the principle-practice discord of the discipline of Counselling for the interaction is a display of the counsellor’s point of view legitimized by scientific perspective.

This can further be elaborated once we turn to the analysis of interpersonal features, specifically modality and mood. With only 2 questions and 10 imperatives, most of the clauses comprise only of statements. The text has no instance of modality. However, since modality is argued to be polar in nature, when expressed via statements or questions, assorts the propositions in absolute terms along either of the pole. Thus, it is argued that the overall impression the interaction gives is that giving information i.e. statements and demanding of goods and services i.e. questions in the counsellor-client talk is a non-negotiable event. There are 2 clauses that use question tag ‘theek henaa?’ clause 26 and ‘henaa?’ clause 34. Further, 2 clauses use conforming devices that demand acquiescence from the client ‘theek hai?’ in clause 5 and 7. The interaction also consists of 4 nominal modifiers suggesting threat, danger or risk namely ‘zabardast’ clause 3 ‘zyaadaa’ clause 10 ‘ehtiyaatii’ clause 30 and ‘bhout’ clause 34 which provide the interaction interpersonal and subjection dimensions.

4.2.3 Text 3

Text 3 is an interaction between a medical counsellor and a female client at at NRC Department of Paediatrics, JN Medical College and Hospital, AMU, Aligarh. This interaction was held on May 09, 2014.

i. ¹(naam) kyaa hai?
P: buria

ii. ²kaun sii pregnancy hai? (2.0)
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3 pehli hai, doosri? kitne bachche hain?
P: mere pe chaar hai

iii. chaar hai. uske baad ye paanchveen hai?
P: paanchwaan hai, je mujhe pataa (bhii) nai thaa, kab hogayaa, kab rehgayaa

iv. pataa bhii nahiin chalaattha aapko?
P: han, je pataa nai thaa. abi mene aitrasond karwayaa thaa naa to usme chataa

mahiinaa agayaa thaa

v. ab kyaa karnaa hai?

vi. ab to karnii [padegii
P: [ab to ko - ab to je karnaa padegaa naa. ab jo bii chaazen - roke kaat lo, chaaen kai sehii kaat lo, karnaa padegaa

vii. [nahiin-nai hogii

ab ye batao kii kyaa-kyaa jaaanch karaaaiii abii?
P: aenn. pisaab kii onn. jaach karwaalii mene to khoon kii bi jaach karwaalii.

viii. kitnaa hai?
P: [sai…

ix. khoon kitnaa hai?
P: sai bataa rahe hain ( )

x. kitnaa hai phir bhii?
P: ab men to le ke naa ayii, mm…men keraii is [se le ( ) ] ke lekey ayi.

S(ister):

[aitrasond karaayaa baaji ne].

xi. pishaab ki jaanch karaaaiii?
P: han

xii. pataa hai kyun?

15 pishaab ki jaanch kyun karaaai jaatii hai? (2.0)

16 pataa hai?
P: [( ) yun ke rahe ki sai hai, pisaab [men koi kamii nai hai ( )

xiii. 17 han nai. pataa nahiin hai, theek hai?

18 agar pishaab men aapkaa jo cheenii kii matraa hai naa khoon ke ander jo badh jaattii hai, theek hai?
uskii wajeh se, aapko health men problem hogii
aapki (0.8) kya bolte hai? ((smiles and turns to the medical interns not in the frame))
aap ke shariir ko pareshaaniyaan hongii, theek hai?
khoon ki kamii hogii to bhi
pareshaanii hogii, theek hai?
et or hotii hai khoon- ((shrugs off head)) pishaab kii jaanch jisse aapke per men
(0.5) jo-
per dikhaao
per per men jo hogaa aapke sujan aajaatii hai, theek hai?
uske liye karaaii jaatii hai
or aapko lagataar yahaan pe, OPD men aake apnaa check- up karaate rehna chaahiye
isse aapko blood pressure yanii jo rakt-khoon kii kii jo wo hai naa dooraan uskaa pataa chaltaa raheega. theek hai? (0.8)
aarahaa hai [samajh men innaa?

4.2.3.1 English Translation of Text 3

i. 1 What is your name?
P: Buria

ii. 2 Which Pregnancy?
   3 The first, second? How many kids?
P: I have four.

iii. 4 Four. After that, this is the fifth one?
P: Fifth one. I did not even know about it, when it happend, when I got it.

iv. 5 You didn’t even know it?
P: Yes. I didn’t know it. When I went for the Ultrasound, then it turned out to be the sixth month.

v. 6 Now what to do?
    7 Now it is to be done.

P: Now then ... now it is to be done. Now whatsoever ... you cry or you laugh, reap it whatever way you want. Now it is to be done.

vi. 8Yes.
P: When you come here they turn you back or they hmm.... hmm... visit then...
vii. 9 No, they won’t. Now, tell me what investigations you have had, lately?
P: hmm... Urine hmm... investigation, I have had. Blood test, I have also had.
viii. 10 What’s the count?
P: Fine…
ix. 11 What’s the blood count?
P: They tell its fine.
x.: 12 Yet what is the count?
P: Well, I have not brought it along, I, I…I was telling her, take it along.
S(ister): (My) sister had undergone the Ultrasound.
xi. 13 Urine investigations done?
P: Yes.
xii. 14 (you) Know why?
15 Why is the Urine investigation done?
16 Know why?
P: They were telling me it was fine, there is nothing wrong with the Urine.
xiii. 17 Yeh, no. Don’t know, right?
18 If, in urine, the level of sugar that increases in your blood, right?
19 Due to this reason you’ll have problem with your health
20 Your what is it called? (smiles and turns to the medical interns not in the frame)
21 Your body will trouble you, right?
22 If there is deficiency of blood,
23 that too will trouble you, right?
24 There is another blood- (shrugs off her head) urine investigation, so your feet that...
25 Show the feet.
26 Feet, your feet swell, right?
27 Its done for that.
28 And you regularly come to, here in OPD, and should get yourself checked.
29 This way the blood pressure, meaning blood- blood’s … which … that is its flow
20 will be known. Right?
30 Got it, this much?
<table>
<thead>
<tr>
<th>s.no.</th>
<th>Clause</th>
<th>Process type</th>
<th>Mood</th>
<th>Speech function</th>
<th>Social function</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>naam kyaa hai?</td>
<td>Existential</td>
<td>Interrogative</td>
<td>Question</td>
<td>Question</td>
</tr>
<tr>
<td>2.</td>
<td>kaun sii pregnancy hai?</td>
<td>Existential</td>
<td>Interrogative</td>
<td>Question</td>
<td>Question</td>
</tr>
<tr>
<td>3.</td>
<td>pehlii hai, doosrii? kitne bachche hain?</td>
<td>Existential</td>
<td>Interrogative</td>
<td>Question</td>
<td>Question</td>
</tr>
<tr>
<td>4.</td>
<td>chaar hai, uske baad ye paanchveen hai?</td>
<td>Existential</td>
<td>Interrogative</td>
<td>Question</td>
<td>Condescension</td>
</tr>
<tr>
<td>5.</td>
<td>pataa bhii nahin chalaathaa apko?</td>
<td>Mental</td>
<td>Interrogative</td>
<td>Question</td>
<td>Condescension</td>
</tr>
<tr>
<td>6.</td>
<td>ab kyaa karnaa hai?</td>
<td>Material</td>
<td>Interrogative</td>
<td>Question</td>
<td>Condescension</td>
</tr>
<tr>
<td>7.</td>
<td>ab to karnii padegii</td>
<td>Material</td>
<td>Imperative</td>
<td>Command</td>
<td>Command</td>
</tr>
<tr>
<td>8.</td>
<td>han</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Reinforcement</td>
</tr>
<tr>
<td>9.</td>
<td>nahin-nai hogii. ab ye batao kii kyaa-kyaa jaanach karaaii abii?</td>
<td>verbal</td>
<td>Imperative</td>
<td>Command</td>
<td>Command</td>
</tr>
<tr>
<td>10.</td>
<td>kitnaa hai?</td>
<td>Existential</td>
<td>Interrogative</td>
<td>Question</td>
<td>Condescension</td>
</tr>
<tr>
<td>11.</td>
<td>khoon kitnaa hai?</td>
<td>Existential</td>
<td>Interrogative</td>
<td>Question</td>
<td>Condescension</td>
</tr>
<tr>
<td>12.</td>
<td>kitnaa hai phir bhii?</td>
<td>Existential</td>
<td>Interrogative</td>
<td>Question</td>
<td>Condescension</td>
</tr>
<tr>
<td>13.</td>
<td>pishaab kii jaanch karaaii?</td>
<td>Material</td>
<td>Interrogative</td>
<td>Question</td>
<td>Question</td>
</tr>
<tr>
<td>14.</td>
<td>pataa hai kyun?</td>
<td>Mental</td>
<td>Interrogative</td>
<td>Question</td>
<td>Condescension</td>
</tr>
<tr>
<td>15.</td>
<td>pishaab kii jaanch kyun karaaii jaatii hai?</td>
<td>Mental</td>
<td>Interrogative</td>
<td>Question</td>
<td>Condescension</td>
</tr>
<tr>
<td>16.</td>
<td>pataa hai?</td>
<td>Mental</td>
<td>Interrogative</td>
<td>Question</td>
<td>Condescension</td>
</tr>
<tr>
<td>17.</td>
<td>han nai. pataa nahii hai, theek hai?</td>
<td>Mental</td>
<td>Declarative</td>
<td>Statement</td>
<td>Negation</td>
</tr>
<tr>
<td>18.</td>
<td>agar pishaab men aapkaa jo cheenii kii matraa hai naa khoon ke ander jo badh jaatii hai. theek hai?</td>
<td>Material</td>
<td>-</td>
<td>-</td>
<td>Explanation</td>
</tr>
<tr>
<td>19.</td>
<td>uskii wajeh se, aapko health men problem hogii</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Warning</td>
</tr>
<tr>
<td>20.</td>
<td>aapke kyaa bolte hai?</td>
<td>Verbal</td>
<td>Interrogative</td>
<td>Question</td>
<td>Recall</td>
</tr>
<tr>
<td>21.</td>
<td>aap ke sharir ko pare shaamiyaan hongii. theek hai?</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Warning</td>
</tr>
<tr>
<td>22.</td>
<td>khoon kii kamii hogii to bhii</td>
<td>Material</td>
<td>-</td>
<td>-</td>
<td>Emphasizing</td>
</tr>
<tr>
<td>23.</td>
<td>pareshaamii hogii. theek hai?</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Warning</td>
</tr>
<tr>
<td>24.</td>
<td>ek or hotii hai khoon- pishaab kii jaanch jisse aapke per men jo...</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
<td>Condescension</td>
</tr>
<tr>
<td>25.</td>
<td>per dikhaao</td>
<td>Material</td>
<td>Imperative</td>
<td>Command</td>
<td>Command</td>
</tr>
<tr>
<td>26.</td>
<td>per per men jo hogaa</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Warning</td>
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</table>
TABLE 4.3.2: Mood, Speech and Social Function Analysis

<table>
<thead>
<tr>
<th>Mood</th>
<th>Speech Function</th>
<th>Social Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declarative</td>
<td>08 Statement</td>
<td>08 Warning, Negation, Condescension, Acquiescence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>04</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01</td>
</tr>
<tr>
<td></td>
<td></td>
<td>02</td>
</tr>
<tr>
<td>Interrogative</td>
<td>15 Question</td>
<td>15 Condescension, Recall, Acquiescence, Question</td>
</tr>
<tr>
<td></td>
<td></td>
<td>09</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01</td>
</tr>
<tr>
<td>Imperative</td>
<td>04 Command</td>
<td>03 Command</td>
</tr>
<tr>
<td></td>
<td>Request</td>
<td>04</td>
</tr>
<tr>
<td>Not selected</td>
<td>03 Not selected</td>
<td>03 Explanation, Emphasizing, Reinforcement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01</td>
</tr>
</tbody>
</table>

TABLE 4.3.3: Process Type Analysis

<table>
<thead>
<tr>
<th>Process Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material</td>
<td>12</td>
</tr>
<tr>
<td>Mental</td>
<td>07</td>
</tr>
<tr>
<td>Behavioural</td>
<td>00</td>
</tr>
<tr>
<td>Verbal</td>
<td>02</td>
</tr>
<tr>
<td>Relational</td>
<td>00</td>
</tr>
<tr>
<td>Existential</td>
<td>08</td>
</tr>
<tr>
<td>Not selected</td>
<td>01</td>
</tr>
</tbody>
</table>

4.2.3.2 Summary of the Analysis

This text is analyzed into 30 units, of which 27 are clauses. The remaining 3 clauses do not select any element of mood and therefore they may be regarded as minor
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clauses. Out of the 3 clauses that do not select any element of mood at least 1 performs the social function of reinforcement.

Text 3 produced above shows the reader the interaction between two participants in an institutional clinical setting. One of the participants is identified as the counsellor and the other as the client. It could be observed, if the text is looked into intently, that this interaction is regulated by the counsellor who skillfully constrains and checks the process of assigning the turns to the client. The counsellor appears to determine when, where and how many turns to be allocated to the client by curbing the opportunity of the client to take the floor. He also seems to influence the content and size of turns of the client by accepting or rejecting client’s talk. Patterns, similar to what have been seen earlier in the analysis of Text 1 and Text 2, are observed particularly in relation to refusal to accept client’s interruptions.

The counsellor also ensures control over the content and size of turns of the client. This control-wresting stance stands vindicated in the array of questions with which the talk opens, and that seems to be a display of interrogation as much as of information seeking. To be precise, the first 18 clauses of the interaction consists of 16 questions (if we include 2 question tags ‘theek hai?’ in clause 17 and 18)

This text is found to use 8 statements and 15 questions. Commands are evoked in 3 clauses and request in 1. Going by the arguments in the previous texts, statements and questions seem to block the client’s responses.

A careful reading of the text makes apparent that first pair part (FPP) of the adjacency pair is realized, in most of the cases, as a close-ended question by the counsellor, giving little scope of maneuverability to the client to talk about her individual lived experiences about the issue and topic of discussion at hand.

Thus while the SPP assigned to the client in the talk may not be prominent in the absence of an answer, but it can still be argued that owing to the FPP’s close-endedness they embody proscriptions of client initiated responses and act as constraints to client coming up with their own lived experiences.
Together with this analysis, Table 4.3.2 which analyzes mood, speech function and social function demonstrates that of the 15 question clauses only 4 can be said to be true questions because of their function is to seek information. None of the remaining clauses demand information – rather they serve to perform a range of other social functions from condescension (9), recall (1) and acquiescence (1).

Undoubtedly most of these questions perform the social functions of information seeking. However, we argue for an alternative explanation to this phenomenon, as follows: In the guise of information seeking there seems to be an implicit design behind this array of questions, that is, to hold the client accountable for her actions and point of views if they do not conform to the point of view that of the counsellor. The first 3 clauses of the talk are questions the social function of which are true information seeking. However, when we consider the following 3 clauses as reproduced below, it instantly becomes clear that they do not concern with information seeking. Clause 4 and 5 concern with the confirmation of already known information provided by the client. Clause 6 is followed by a command in clause 7 ‘ab to karnii padegii’ by the counsellor attesting the rhetorical nature of the former. The question is, and this is the real question, what purpose do such clauses serve in the achievement of the counsellor’s aim. While there can be a variety of interpretations that may be evoked in relation to these clauses we leave those interpretations for the reader to decide for himself. We do claim that condescension is one of the likely functions that those questions are used for and at the same time they are as much a display of unequal power allocation to the participants as they are of information seeking behaviour.

Clause 4: chaar hai. uske baad ye paanchveen hai?
Clause 5: pataa bhii nahiin chalaathaa apko?
Clause 6: ab kyaa karna hai?

Although information seeking behaviours (such as questions) do not seem, normally, to have any conflations to power differential of the participants involved in a conversation, certain social situations demand that they be explained by evoking
notions of power and of authority. This present interaction, we believe, falls into this latter category. It makes much sense that the relentless information seeking behaviour on the counsellor’s part is not only an exercise to access the unknown, but also a display of authority. The appreciation of this argument will instantly be clear if we think of reversing the direction of questions. Could the questions still be interpreted as source of providing information seeking behaviour had they been evoked by the client? We are sure they would not be so.

Towards the end of the talk, the counsellor takes the floor from the client in clause 17 ‘han nai. pataa nahii hai. theek hai?’ rather forcefully in that it overlaps with the client’s previous turn in clause 16 and at the same time embodies a realization of negation of the latter’s point of view. The client, since then, never gets the floor back as this snatching of floor from the client sets off a series of harsh-posturing clauses from the counsellor. This posturing is mirrored in the 12 tailending clauses (excluding minor clauses 18 and 22), 4 of which realize warning and 2 command, condescension and acquiescence each while the remaining realize negation and recall 1 each.

In the analysis in Table 4.3.1 above, 8 clauses are found to use statements while 15 use questions. Following arguments in Text 1 and Text 2, statements do not need responses, they are concerned with giving information, they seem to block client’s responses, while questions are meant to demand information either in terms of polarity of the proposition being negotiated or an element in the figure enacted by the proposition.

Although, turns assigned to the client in the talk are not prominent in the absence of an answer (unlike Text 1 and Text 2), but questions to the client are mostly close-ended as discussed above. Table 4.3.2 analyzes mood, speech function and social function and it demonstrates that of the 15 question clauses only clause 4 functions as a true question, since none of the remaining clauses demand information; rather they serve to perform a range of social functions from condescension (9), recall (1) and acquiescence (1).

Similarly in case of statements, they are not only found to be used in order to block the responding move, but also, upon analysis of Table 4.3.2, none of them functions
as a true statement. The clauses serve a range of social functions, namely, warning (4), negation (1), condescension (2) and acquiescence (1).

There seems to be a definite attempt to obstruct the client from taking the floor. This hampering of opportunity is evidenced in turn allocation to participants of the interaction and in the length of each turn and number of clauses in the turns. The interaction in Text 3 constitutes 13 turns. It becomes instantly clear that the number of words in the text used by the counsellor is 194 and by the client 120.

It is revealed in this analysis of counsellor-client interaction that the counsellor’s interaction employs medical terminology more frequently than the client’s. The counsellor uses 16 medical terms in this interaction while the client uses only 3 terms. Further, all the terms used by the counsellor are in the FPP’s while in the case of the client out of the the 3 terms used 2 are in the SPP’s and only 1 in the FPP.

Of the 13 turns allocated to the counsellor, the last turn uses 14 clauses, while none of the client’s turn extends beyond one clause.

Coming onto mood and speech functions (see, analysis in Table 4.3.2) we find the counsellor’s discourse involves questions, statements and commands and requests, and that statements and questions predominate. This interaction has only 4 imperatives (3 command and 1 request) which might influence people to think that Counselling is largely indicative in nature rather than imperative. This situation leads to arguments similar to as discussed in the analysis of both the above texts because the social function of the counsellor’s talk (see, Table 4.3.2) shows that of the 30 clauses, not even one serves the purpose of that of a statement; on the contrary, they comprise of warning (4), negation (1), condescension (11), acquiescence (2), recall (1), question (4), command (4), reinforcement (1), explanation (1), and emphasizing (1).

Again it is very interesting to observe that these social functions are expressed not via imperatives but via interrogative and declarative.
Out of 15 interrogative clauses only 4 turns out to be true questions while the remaining are realized into condescension (9), recall (1) and acquiescence (1). Of the 4 clauses adopting imperative mood, 3 express command while the remaining 1 request, however upon social function analysis the request too realises itself as a command.

The counsellor’s talk is replete with material processes. Thus, it seems that the counsellor’s talk is foregrounding the regulation of material experience.

In this text it could be sensed that declaratives are realized via statements and interrogatives via questions. This, as has been the case in both the previous texts analyzed, suggests to the scientific nature of the discipline of Counselling in that it accomplishes the scientific credentials by presenting information as it is without any subjective and biased hue and colour. On the other hand, as noted earlier, this fact also makes Counselling discharge its primary goal that of an enabling discipline via informed, knowledge-based decision by the client rather than moulding their decisions and influencing the outcomes of their actions.

This particular reading of the counsellor-client talk is not consistent with the social function analysis of the clause. How can we account for the fact that none of the statements, out of 8, packs the neutral propositional content indicative of the things as they are – rather they are realized either in warning, negation, condescension and acquiescence? Similarly, as argued earlier, of the 15 questions 11 are aimed at condescension, recall and acquiescence.

There appear to be a chasm between the principles of Counselling and its practice where the view of a privileged ‘enabling’ professional is legitimized by the scientific discipline of Counselling.

Looking at the interpersonal features, specifically modality and mood, it is found that most of the clauses comprise only of statements and questions and the text does not have any instance of modality. This suggests, as has been argued in the previous
analyses of texts, that the propositions are expressed in absolute terms, which implies that this interaction is a non-negotiable event.

There are 6 clauses that use question tag *‘theek hai?’* in clauses 17, 18, 21, 23, 26, 29.

### 4.2.4 Text 4

Text 4 is an interaction between a medical counsellor and a female client at the rural health centre (block Jawan), Department of Community Medicine, JN Medical College and Hospital, AMU, Aligarh. This interaction was held on June 06, 2014.

i. 1*tumhe kya shikaayat hai?*

P: mujhe henaa, bahout dast hote hain bahut zyaade mujhe. abhii bhii men aa raii naii thee, dekho wo ( )

ii. 2*ek baat bataaiye*

3*to ye daston kaa tho..thorai ilaaj ho rahaa hai aap kaa*

4*aap ko kyaa cheez hai, kyaa pareshaanii hai?*

P: mujhe *TB* kii pareshaanii hai

iii. 5*TB kii pareshani hai?*

6*kisne keh diyaa *TB* hai?*

P: matlab, *TB* kii gaanth hai

iv. 7*TB hotii kyaa hai?*

P: *TB*:: matl[ab]

v. 8*aap ke nazdeek *TB* kyaa hai?*

P: mere mat[lab]...

vi. 9*aap ke nazdeek, henaa. bai kisii se keh do kii*

10*bai tumhe jo hai *Malaria* ho gayaa*

P: han

vii. 11*to henaa, is lafz kaa to istemaal ho gayaa *Malaria* kaa*

12*Malaria* hai kyaa?

13*to *TB* hai kyaa?*

P: yehii to men janna chah rahii [hon

viii. 14*yehii janna chah rahii ho?*

P: [han
ix.\textsuperscript{15} \textit{TB} jo hai wo: jaraseem ka naam hai

jisim ke ander wo kahiin bhii ho saktii hai

\textit{TB} khaiin: bhii ho saktii hai aank ko chood kar =

P: \text{[kahiin…]}

x. \textsuperscript{18}= [aankh men nahii hotii.

P: kahin bhii ho saktii hai?

xi. \textsuperscript{19}kahiiin bhii ho saktii hai

P: lekin nai gaanth jo nikaltii hena ye baghal men, ye…ye side men ya gardan men. bas in teen jagaah jaroor nikaltii hai.

xii. \textsuperscript{20}han (to ye naa) isiliye to aap kaa jo hai wo (0.8)… ye isme do tarah ki \textit{TB} ho saktii hai. ((fumbling))

\textsuperscript{21}ek hotii hai pulmonary \textit{TB} wo hotii hai seene se mutaalliqa =

P: han hotii hai.

xiii. \textsuperscript{22}= phepdon se mutaalliq, lungs se mutaalliqa=

P: han (inaudibly)

xiv. \textsuperscript{23} = ek hotii hai usse hat ke hotii hai.

\textsuperscript{24}to aap kaa jo hai wo \textit{extra pulmonary} hai. theek hai? =

P: ((nod))

xv. \textsuperscript{25}= \textit{extra pulmonary}. ab \textit{extra pulmonary} kyaa hai?

\textsuperscript{26}aap ke gaanthen hai

\textsuperscript{27}gaanthen, kyaa kehate hain? \textit{Lymph node} kehlati hain.

\textsuperscript{28}wo ganthen kahin bhii ho saktii hai

\textsuperscript{29}kisi ko reedh ki haddii kii hotii hai

\textsuperscript{30}bachpane men kabhi koi gir gayaa hogaa, ab pataa laga kii… ab wo bimaarii ho

\textsuperscript{31}orthopedics men dihhaayaa, pataa lagaa ki (pox) spine hai

\textsuperscript{32}wo bimaarii iske naam hogayii

\textsuperscript{33}pet men hai kisii ke. henaa? to wo abdominal ho gayii

\textsuperscript{34}pet se muraad?

\textsuperscript{35}or seene se mutaalliq agar hai to

\textsuperscript{36}wo pulmonary hogayii, phepdon se mutaalliq ho gayii

\textsuperscript{37}to aap jo shikaayat le kar aayin hai wo kaahekii lekar aayin hain? (0.5)

\textsuperscript{38}gaanthen kii shikaayat lekar aayin hain?

P: ((nod))
4.2.4.1 English Translation of Text 4

i. 1 What problem do you have?
P: I well, suffer from too many of loose motions, too many I... even now I was not coming... see that...

ii. 2 Tell me a thing.
3 Now, this is no treatment for your loose motions.
4 What is it that you have, what’s the trouble?
P: I have the problem of TB.

iii. 5 TB is your problem?
6 Who told, you have TB?
P: (I) mean, goy a tubercle of TB.

iv. 7 What is TB?
P: TB... means...

v. 8 What is TB close to you?
P: To me, means...

vi. 9 Close to you, right. Well tell someone that,
10 Well you are down with what, Malaria.
P: Yes.

vii. 11 Now, that, this word, Malaria, then has come to be used.
12 (But) what Malaria is?
13 Then what TB is?
P: That’s exactly I want to know.

viii. 14 That’s what you want to know?
P: Yes.

ix. 15 TB is the name of a Germ.
16 In the body, it may occur anywhere.
17 TB may occur anywhere, except the eye.
P: Any...

x. 18 (It) does not occur in the eye.
P: Anywhere, may it occur?

xi. 19 (It) may occur anywhere.
P: But, no. The tubercle that occurs, occurs in the armpit, or this... on the side (chest) or in the neck – that’s all, in these three places for sure.

xii. Yes, then it is, because of this you have…. in this... can be two types of TB.

(fumbling)

21 One is pulmonary TB that concerns the chest.

P: Yes, there is.

xiii. Concerns with the lungs. Concerns the lungs.

P: Yes. (inaudibly)

xiv. (and) the (other) one is different than that.

24 Then your’s is, that’s extra pulmonary. Right?

P: (nod)

xv. Extra pulmonary. Now what is extra pulmonary?

26 You have got nodes.

27 Nodes, what do (we) call (them), they are called Lymph nodes.

28 Those nodes can occur anywhere.

29 Some have in the backbone.

30 In the childhood (say) someone sometime would have fallen, now it becomes known that… now that becomes a disease.

31 A visit to Orthopedics, it becomes know that it’s Pox Spine.

32 That disease is named after it.

33 Someone has it in (say) his stomach. Isn’t it? Then that becomes abdominal.

34 Concerned with the stomach?

35 And if it concerns with the chest then,

36 That becomes pulmonary, becomes concerned with the lungs.

37 Then, the problem you have come with... that...is of what?

38 (You) have come with the problem of nodes?

P: (nod)

TABLE 4.4.1: Process Type, Mood, Speech Function and Social Function

<table>
<thead>
<tr>
<th>s.no.</th>
<th>Clause</th>
<th>Process Type</th>
<th>Mood</th>
<th>Speech Function</th>
<th>Social Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>tumhe kyaa shikaayat hai?</td>
<td>Existential</td>
<td>Interrogative</td>
<td>Question</td>
<td>Question</td>
</tr>
<tr>
<td>2.</td>
<td>ek baat bataiye</td>
<td>Verbal</td>
<td>Imperative</td>
<td>Request</td>
<td>Command</td>
</tr>
</tbody>
</table>
### Chapter Four: Analysis

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>to ye daston kaa tho..thorai ilaaj ho raha hai aap kaa</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
</tr>
<tr>
<td>4.</td>
<td>aap ko kyaa cheez hai, kya pareshaanii hai?</td>
<td>Existential</td>
<td>Interrogative</td>
<td>Question</td>
</tr>
<tr>
<td>5.</td>
<td>TB kii pareshaanii hai?</td>
<td>Existential</td>
<td>Interrogative</td>
<td>Question</td>
</tr>
<tr>
<td>6.</td>
<td>kisne keh diyaa TB hai?</td>
<td>Verbal</td>
<td>Interrogative</td>
<td>Question</td>
</tr>
<tr>
<td>7.</td>
<td>TB hotii kyaa hai?</td>
<td>Relational</td>
<td>Interrogative</td>
<td>Question</td>
</tr>
<tr>
<td>8.</td>
<td>aap ke nazdeek TB kyaa hai?</td>
<td>Relational</td>
<td>Interrogative</td>
<td>Question</td>
</tr>
<tr>
<td>9.</td>
<td>aap ke nazdeek, hena. bai kisii se keh do kii</td>
<td>Verbal</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>10.</td>
<td>bai tumhe jo hai Malaria ho gayaa</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
</tr>
<tr>
<td>11.</td>
<td>to henaa, is lafz ka to istemaal ho gayaa Malaria kaa</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
</tr>
<tr>
<td>12.</td>
<td>Malaria hai kyaa?</td>
<td>Relational</td>
<td>Interrogative</td>
<td>Question</td>
</tr>
<tr>
<td>13.</td>
<td>to TB hai kyaa?</td>
<td>Relational</td>
<td>Interrogative</td>
<td>Question</td>
</tr>
<tr>
<td>14.</td>
<td>yehii jannaa chah rahii ho?</td>
<td>Mental</td>
<td>Interrogative</td>
<td>Question</td>
</tr>
<tr>
<td>15.</td>
<td>TB jo hai wo: jaraseem kaa naam hai</td>
<td>Relational</td>
<td>Declarative</td>
<td>Statement</td>
</tr>
<tr>
<td>16.</td>
<td>jisim ke ander wo kahiin bhii ho saktii hai</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
</tr>
<tr>
<td>17.</td>
<td>TB khain: bhi ho saktii hai aank ko chood kar</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
</tr>
<tr>
<td>18.</td>
<td>aankh men nahi hotii</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
</tr>
<tr>
<td>19.</td>
<td>kahiin bhii ho saktii hai</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
</tr>
<tr>
<td>20.</td>
<td>han to ye naa isiliye to aap kaa jo hai wo ye isme do tarah kii TB ho saktii hai</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
</tr>
<tr>
<td>21.</td>
<td>ek hotii hai pulmonary TB wo hotii hai seene se mutaaliq phedpon se mutaaliq, lungs se mutaaliq</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
</tr>
<tr>
<td>22.</td>
<td>ek hotii hai usse hat ke hotii hai</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
</tr>
<tr>
<td>23.</td>
<td>to aap kaa jo hai wo extra pulmonary hai. theek hai?</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
</tr>
<tr>
<td>24.</td>
<td>extra pulmonary. ab extra pulmonary kyaa hai?</td>
<td>Relational</td>
<td>Interrogative</td>
<td>Question</td>
</tr>
<tr>
<td>25.</td>
<td>aap ke gaanthen hai</td>
<td>Mental</td>
<td>Interrogative</td>
<td>Question</td>
</tr>
<tr>
<td>26.</td>
<td>Gaanthen, kyaa</td>
<td>Verbal</td>
<td>Declarative</td>
<td>Statement</td>
</tr>
</tbody>
</table>
kehte hain, *Lymph node* kehlatii hain

27. wo ganthenn kahiin bhii ho saktii hain  
Material  
Declarative  
Statement  
Warning

28. kisii ko reedh kii haddii kii hotii hai  
Existential  
Declarative  
Statement  
Warning

29. bachpane men kabhii koi gir gayaa hogaa, ab pataa lagaa kii… ab wo bimaarii hoi  
Mental  
Declarative  
Statement  
Warning

30. *orthopedics* men dikaayaa, pataa lagaa kii *pox spine* hai  
Mental  
Declarative  
Statement  
Warning

31. wo bimaarii iske naam hogayii  
Relational  
Declarative  
Statement  
Acquiescence

32. pet men hai kisii ke. henaa? to wo *abdominal* ho gayii  
Existential  
Declarative  
Statement  
Warning

33. pet se muraad?  
Mental  
Interrogative  
Question  
Condescension

34. or seene se muta alliq agar hai to  
Relational  
-  
-  
Condescension

35. wo *pulmonary* hogayii, phepdon se mutaalliq ho gayii  
Relational  
Declarative  
Statement  
Warning

36. to aap jo shikaayat le kar aayin hai wo kahekii lekar aayin hain?  
Material  
Interrogative  
Question  
Conformity

37. gaanthen kii shikaayat lekar aayin hain?  
Material  
Interrogative  
Question  
Conformity

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<tr>
<th>Mood</th>
<th>Speech Function</th>
<th>Social Function</th>
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<tr>
<td>Declarative</td>
<td>20</td>
<td>20</td>
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<tr>
<td>Interrogative</td>
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TABLE 4.4.3: Process Type Analysis

<table>
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<th>Process Type</th>
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<tbody>
<tr>
<td>Material</td>
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<td>00</td>
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<td>Verbal</td>
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<tr>
<td>Relational</td>
<td>09</td>
</tr>
<tr>
<td>Existential</td>
<td>09</td>
</tr>
</tbody>
</table>

4.2.4.2 Summary of the Analysis

Text 4 is analyzed into 37 units, 35 of which are clauses. The remaining 2 can be regarded as minor clauses because they do not select any element of mood.

The counsellor is setting the agenda by negating the client. He submits the client to the professional supremacy of himself and wants the client to conform to the counsellor’s understanding of the client’s illness.

In this analysis (Table 5.4.1), 20 clauses are found to use statements while 14 use questions. Statements, as has been argued in the analysis of previous texts can be seen as attempts to block the responses, while questions demand information.

The analysis of mood, speech function and social function in Table 4.4.2, demonstrates that of the 14 question clauses only 1 functions as a true question, since none of the remaining clauses demand information; rather they serve to perform a range of social function ranging from warning (1) and condescension (8) to negation (2) to conformity (2).

Likewise statements perform social functions ranging from warning (13), condescension (1) and acquiescence (3) to conformity (2) and negation (1).

Turn taking analysis of Text 4 highlights client’s inability to gain the opportunity of participation in the interaction. Client’s failing to get the floor from the counsellor and her inability to guide the direction of the talk is at display in the allocation of turns to each participant and the length and number of clauses that constitute those turns. The
interaction in Text 4 constitutes 15 turns allocated each to the client and the counsellor. Turns allocated to the client consists of 6 turns, including 2 non-verbals, displaying client’s affirmative answers ‘han’ or its variant in response to the counsellor’s proposition in the previous turns.

This supports the findings of the social function analysis of the counsellor’s talk where it is used, along with other functions that concerns condescension, acquiescence conformity on the part of the client. Of the 15 turns allocated to the counsellor 2 turns, i.e. ii and vii, use 3 clauses each, while xv consists of 14 clauses, extending from clause 25-38. On the other hand turns to the client are mostly short monosyllabic which are sometimes reduced to non-verbals. The number of words in the text used by the counsellor was found to be 288 as against just 76 by the client yielding a ratio of 0.264.

Looking into the use of medical terminology, it becomes evident that, although they are found to be used by both the counsellor and the client, it is in the counsellor’s talk that medical terminology is used with higher frequency. 40 is the number of medical terms used by the counsellor while just 5 are used by the client.

When mood and speech functions are considered (see, analysis in Table 4.4.2) we find the counsellor’s discourse, with only 1 request, involves questions and statements.

The social function of the counsellor’s talk (see, Table 4.4.2) shows that of the 37 clauses, not even one serves the purpose of that of a statement, on the contrary, they comprise of warning (14), condescension (11), acquiescence (3), question (1), conformity (4), negation (3) and command (1).

Like in all the previous texts it has been found that these social functions are expressed not through imperative but through interrogative and declarative. The questions can be considered rhetorical; if they were true questions they should have yielded the adjacency pair of an answer. Consider for instance:

5. TB kii pareshani hai?
6. kisne keh diyaa TB hai?
Chapter Four: Analysis

12. *Malaria* hai kyaa?
14. yehii janna chah rahii ho?
25. *extra pulmonary*. ab *extra pulmonary* kyaa hai?
27. gaanthen, kyaa kehte hain?
34. pet se muraad?
38. gaanthen kii shikaayat lekar aayin hain?
37. to aap jo shikaayat le kar aayin hai wo kahekii lekar aayin hain?

Each instance of the above listed clauses by the counsellor forms the FPP of this client-counsellor talk. The speech function of these clauses is a question and should have produced a corresponding SPP, an answer, by the client. But when the text (see, Text 4) is anlayised, it is found out that there often are no SPP prouduced by the client.

The counsellor’s ‘*TB* kii pareshani hai?’ in clause 5 does not produce the client’s turn; instead it is followed by another rethorical question by the counsellor in clause 6 ‘kisne keh diyaa *TB* hai?’ Similar patterns can be observed in each instance of the above enumerated clauses. Although clause 6 produces a turn by the client, ‘matlab, *TB* kii gaanth hai,’ however, no answer is yielded in this turn, the SPP of the adjacency pair that was supposed to be produced in this case.

Similarly, the counsellor’s FPP in clause 14 has indeed produced SPP by the client. However, we see the counsellor does not wait for the client’s SPP and self allocates turn ix in the clause ‘*TB* jo hai wo: jaraseem ka naam hai’ in continuation with clause 14 in the previous turn. The social functions of these rhetorical questions, as discussed earlier in this section, are mostly condescension, conformity or warning. In fact with the exception of the question in clause 1, none of the 14 questions embody the social function of that of seeking information.

Looking into the type of processes the counsellor’s talk performs it is obsesrved that the talk primarily has the following processes: material (10), experiential (9) and relational (9).
It could be seen, like in all the other texts analyzed so far, that declaratives and interrogatives are realized through statements and questions respectively in this counsellor-client talk. This leads to similar conclusions as have been drawn in previous text analysis that this realization of declaratives and interrogatives in statements and questions conform well to the scientific nature of the discipline of Counselling and fulfils its primary agenda that of giving propositions as they are rather than concocting them with interpersonal subjectivities and prejudices. On the other hand, as noted earlier, this fact also makes Counselling discharge its primary goal, that of an enabling discipline via informed, knowledge-based decision by the client rather than moulding their decisions and influencing the outcomes of their actions.

The social function analysis of the clause stands in opposition to the understanding generated in the previous paragraph as this obsession with declaratives and interrogatives is not reflective of the nature of the interaction and that it only serves as a ruse to guise this real nature and purpose of the counsellor-client interaction. This is evidenced in the fact that of the 20 declaratives not even one realizes the neutral propositional content indicative of the things as they are rather they are realized in warning (13), condescension (1), acquiescence (3), conformity (2) and negation (1). Similarly, as argued earlier, of the 14 questions, only one serves as a question which seeks information. The remaining fulfils the social functions of warning (1) and condescension (8) to negation (2) and conformity (2). What is contrastive here with respect to the principles of Counselling is that the individuated point of view of a privileged ‘enabling’ professional legitimated by scientific paradigm is the source of subject matter.

The analysis of the interpersonal features, specifically modality and mood illustrates that most of the clauses comprise only of statements and questions; the text has only 5 instances of modality (“saktii” in clauses 16, 17, 19, 20, and 27), displaying probability. Evoking arguments along similar lines as has been seen in the analysis of all other texts so far, the interaction gives the impression that counsellor’s interaction with the client is a non-negotiable event.
4.2.5 Text 5

Text 5 is an interaction between a medical counsellor and a male client at the rural health centre (block Jawan) Department of Community Medicine, JN Medical College and Hospital, AMU, Aligarh. This interaction was held on June 09, 2014.

i. 1 sab theek hai?
2 aap bariaa hain?
P: sab… ((with namaste gesture))

ii. 3 sab khairiyat hai? ((hand gesture to wait a while))
P: sab khairiyat hai ((said in whisper))

iii. 4 amar singh jii ( ) ((Goes through the patient’s file)) life style, motivation ((reads in whisper)) hum us din aa nahiin paaye aap ke yahan

5 kyunkii patients (aur) zyaade the, pehle se kaafii the

6 doctor saab ke paas to un mareezon ko dekhte-dekhte dopehar ho gayii =
P: hmm…

iv. 7= to isliyen hum lout aaye
8 aglii baar jab hogaa tab aap ke ghar aaenge
P: ((nods his head))

v. 9 or koi pareshaanii to nahiin hai aap ko? ((begins entering details in the register))
P: nahiin pareshaanii to nahiin hai ( )

vi. 10 file number hai aap kii? 3-6-5
11 abhii tak aap khaane men kyaa-kyaa le rahe hain?
12 kyaa-kyaa khaa rahe hain aap?
P: khaane men wohii hai sabjii, [daal…

vii. 13 [saadaa khaanaa

P: saadaa khaanaa

viii. 14 daal, rotii, sabzii. aaj-kal waise bhii garmiyaan hai to:

15 fresh khaanaa lijiye
16 jo bhii len taazaa len
17 abhii pake…subhaa men pake to dophar men khatam kar len
18 or shaam men baney wo raat men khatam kar len
19 raat ka khaanaa subhaa men nahiin khaanaa. henaa?
P: ((nods throughout and seems to repeat in whisper key words of the counsellor))
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ix. 20 jaise garmi padh rahii hai to
21 hume apne khaane ka sabse zyaadaa khayaal rakhnaa hai
22 halkaa khaanaa khaanaa hai

P: (ji).

x. 23 jaisa kii abhii aap kaa blood pressure thodaa sa badhaa hoaa aayaa hai
24 isme koi pareshanii kii baat nahiin hai. theek hai?
25 isme pareshaan hone walii kii baat nahiin hai
26 sirf hume kyaa karnaa hai?
27 namak ko thodaa kam kar denaa hai
28 jo aap namak khaa rahe hain isko thodaa [kam kardiije. theek hai?

P: [kam (karden)]

xi. 29 jaise sabzii ban rahii hai, poorii sabzii ban jaaye namak naa daalen usme
30 aap ke liye nikaal den
31 uske baad phir [wife or pariwaar waale apne liyen namak daal sake hain. theek hai?

P: [haan::

4.2.5.1  English Translation of Text 5
i. 1 Is everything fine?
2 Are you fine?

P: Everything… (with namaste gesture)

ii. 3 Are you all fine? (hand gesture to wait a while)

P: Everything is fine. (said in whisper)

iii. 4 Amar singh ji (Goes through the patient’s file) life style, motivation (reads in whisper), we could not visit you that day.
5 Because there were many patients, more than before.
6 For the doctor… it became afternoon attending those patients.

P: hmm…

iv. 7 Because of this we returned.
8 Next (time) when it is held then (we) will visit you.

P: (nods his head)

v. 9 You don’t have any problem? (begins entering details in the register)

P: No, (I) don’t have any problem.
vi. 10 *file number* of your’s is? 3-6-5
11 Till now, what do you take in your diet?
12 What do you have (in your meals)?
P: In the food, there is *daal* (lentils)

vii. 13 Normal diet.
P: Normal diet.

viii. 14 Lentils, chapattis, vegetables. Anyway it’s summer nowadays so,
15 Take fresh food.
16 Whatever you take, take fresh.
17 Coocked now … coocked in the morning, finish it by the noon.
18 And coocked in the evening, finish it by the night.
19 Food coocked in the night not to be taken in the morning. Isn’t it?
P: *(nods throughout and seems to repeat in whisper key words of the counsellor)*

ix. 20 Like it’s summer now then,
21 We should take care of our food, the most.
22 Light food is to be taken.
P: Yes.

x. 23 Like, now your blood pressure is slightly measured raised.
24 In it there is nothing to worry about. Right?
25 there is nothing to be worried about.
26 All we need to do is?
27 The salt (intake needs) to be reduced.
28 The salt that you take is to be slightly reduced. Right?
P: *(is to be)* reduced.

xi. 29 Like the *sabzi* (vegetable) is being prepared, once *sabzi* is prepared don’t put the salt in it.
30 Take (some of it) out for you.
31 After that, then for (your) wife and other family members the salt may be put.
Right?
P: Yes.
### TABLE 4.5.1: Process Type, Mood, Speech Function and Social Function Analysis

<table>
<thead>
<tr>
<th>s.no.</th>
<th>Clause</th>
<th>Process Type</th>
<th>Mood</th>
<th>Speech Function</th>
<th>Social Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>sab theek hai?</td>
<td>Relational</td>
<td>Interrogative</td>
<td>Question</td>
<td>Greeting</td>
</tr>
<tr>
<td>2.</td>
<td>aap bariaa hain?</td>
<td>Relational</td>
<td>Interrogative</td>
<td>Question</td>
<td>Greeting</td>
</tr>
<tr>
<td>3.</td>
<td>sab khairiyat hai?</td>
<td>Relational</td>
<td>Interrogative</td>
<td>Question</td>
<td>Greeting</td>
</tr>
<tr>
<td>4.</td>
<td>amar singh jii... lifestyle, motivation... hum us din aa nahiin paaye aap ke yahan</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Statement</td>
</tr>
<tr>
<td>5.</td>
<td>kyunkii patients aur zyaade the, pehle se kaafii the</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
<td>Justification</td>
</tr>
<tr>
<td>6.</td>
<td>doctor saab ke paas to un mareezon ko dekhte-dekhte dophear ho gayii</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Justification</td>
</tr>
<tr>
<td>7.</td>
<td>to isliyen hum lout aaye</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Justification</td>
</tr>
<tr>
<td>8.</td>
<td>aglii baar jab hogaa tab aap ke ghar aaenge</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Statement</td>
</tr>
<tr>
<td>9.</td>
<td>or koi paresхааni to nahiin hai aap ko?</td>
<td>Relational</td>
<td>Interrogative</td>
<td>Question</td>
<td>Diagnosis</td>
</tr>
<tr>
<td>10.</td>
<td>file number hai aap kii? 3-6-5</td>
<td>Relational</td>
<td>Interrogative</td>
<td>Question</td>
<td>Recall</td>
</tr>
<tr>
<td>11.</td>
<td>abhii tak aap khaane men kyaa- kyaa le rahe hain?</td>
<td>Material</td>
<td>Interrogative</td>
<td>Question</td>
<td>Question</td>
</tr>
<tr>
<td>12.</td>
<td>kyaa-kyaa khaa rahe hain aap?</td>
<td>Material</td>
<td>Interrogative</td>
<td>Question</td>
<td>Question</td>
</tr>
<tr>
<td>13.</td>
<td>saadaa khaanaa</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Conformity</td>
</tr>
<tr>
<td>14.</td>
<td>daal, rotii, sabzii. aaj-kal waise bhii garmiyaan hai to:</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
<td>Justification</td>
</tr>
<tr>
<td>15.</td>
<td>fresh khaanaa lijiye</td>
<td>Material</td>
<td>Imperative</td>
<td>Request</td>
<td>Command</td>
</tr>
<tr>
<td>16.</td>
<td>jo bhii len taazaa len</td>
<td>Material</td>
<td>Imperative</td>
<td>Request</td>
<td>Command</td>
</tr>
<tr>
<td>17.</td>
<td>abhii pake...subhаа men pake to dophar men khatam kar len</td>
<td>Material</td>
<td>Imperative</td>
<td>Request</td>
<td>Command</td>
</tr>
<tr>
<td>18.</td>
<td>or shaam men baney wo raat men katam kar len</td>
<td>Material</td>
<td>Imperative</td>
<td>Request</td>
<td>Command</td>
</tr>
<tr>
<td>19.</td>
<td>raat kaa khaanaa subhаа men nahiin khaanaa. henna?</td>
<td>Material</td>
<td>Imperative</td>
<td>Command</td>
<td>Command</td>
</tr>
<tr>
<td>20.</td>
<td>jaise garmii padh rahii hai to</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
<td>Justification</td>
</tr>
<tr>
<td>21.</td>
<td>hume apne khaane ka sabse zyaadaa</td>
<td>Material</td>
<td>Imperative</td>
<td>Command</td>
<td>Command</td>
</tr>
</tbody>
</table>
22. halkaa khaanaa khaanaa hai
khayaal rakhnaa hai
Material
Imperative
Command
Command

23. jaisa kii abhii aap kaa blood pressure thodaa sa badhua hoaa aayaa hai
Material
Declarative
Statement
Warning

24. isme koi pareshaanii ki baat nahiin hai. theek hai?
Relational
Declarative
Statement
Aquiescence

25. isme pareshaan hone walii koi baat nahiin hai?
Relational
Declarative
Statement
Aquiescence

26. sif hume kyaa karna hoa?
Material
Interrogative
Question
Condescension

27. namak ko thodaa kam kar dena hai
Material
Imperative
Command
Command

28. jo aap namak khaa rahe hain isko thodaa kam kardiijiye. theek hai?
Material
Imperative
Request
Command

29. jaise sabzii ban rahi hai, poorii sabzii ban jaaye namak na daalen usme
Material
Imperative
Request
Command

30. aap ke liye nikaal den
Material
Imperative
Request
Command

31. uske baad phir wife or pariwaar waale apne liyen namak daal sakte hain. theek hai?
Material
Declarative
Statement
Command

<table>
<thead>
<tr>
<th>Mood</th>
<th>Speech Function</th>
<th>Social Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declarative</td>
<td>11</td>
<td>Statement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interrogative</td>
<td>08</td>
<td>Question</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imperative</td>
<td>11</td>
<td>Request Command</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not selected</td>
<td>01</td>
<td>Not selected</td>
</tr>
</tbody>
</table>
TABLE 4.5.3: Process Type Analysis

<table>
<thead>
<tr>
<th>Process Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material</td>
<td>20</td>
</tr>
<tr>
<td>Mental</td>
<td>00</td>
</tr>
<tr>
<td>Behavioural</td>
<td>00</td>
</tr>
<tr>
<td>Verbal</td>
<td>00</td>
</tr>
<tr>
<td>Relational</td>
<td>07</td>
</tr>
<tr>
<td>Existential</td>
<td>03</td>
</tr>
<tr>
<td>Not selected</td>
<td>01</td>
</tr>
</tbody>
</table>

4.2.5.2 Summary of the Analysis

The text consists of 31 units. 30 of which are clauses. Clause 13 is a minor clause because it does not select any element of mood.

In the analysis above in Table 4.5.1, 11 clauses are found to use statements and imperatives each, while 8 are found to use questions. Statements could be said to have blocked the client’s responses. Questions demand information either in terms of polarity of the proposition being negotiated or an element in the figure enacted by the proposition.

Table 4.5.2 which analyzes mood and speech function demonstrates that of the 8 question clauses only 2 serve to seek information, since none of the remaining clauses demand information – rather they serve to perform a range of other social functions: greeting (3), diagnosis (1), recall (1) and condescension (1).

When statements are analyzed, it is found they serve other social functions also namely, statement (2), justification (5), warning (1), acquiescence (2), and command (1).

When we read Text 5 it becomes apparent that client participation is attempted to be curtailed which is reflected in the allocation of turns and the length and number of clauses that constitute those turns. The interaction in Text 5 constitutes xi turns allocated to the client of which 2 are non-verbal turns displaying approval and conformation with the counsellor’s proposition in the previous turns. Investigation
into the length of each turns shows that the number of words in the text used by the counsellor was 240 as against just 22 by the client yielding a ratio of 0.092.

Turning to the use of medical terminology, it is found that compared to other interactions in this study, there is lesser number of medical terms (7 in number) used in this instance of counsellor-client talk. However, it is the counsellor's interaction that is found to contain medical terms alone, and not the client’s.

Of the xi turns allocated to the counsellor iii, ix and xi use 3 clauses each, while 6 clauses are used each in case of turns: viii and x. This contrasts with the turns to the client which are mostly short monosyllabic and these are sometimes reduced to non-verbals.

An analysis of mood and speech functions (see, analysis in Table 4.5.2) discloses that questions, statements, requests and commands constitute the counsellor’s talk. The talk consists of 11 imperatives (4 command and 7 requests). The social function analysis (Table 4.5.2) shows that of the 31 clauses, only 2 serve the function of statement. The remaining clauses functions as: justification (5), warning (1), acquiescence (2), command (1), greeting (3), diagnosis (1), recall (1), question (2) condescension (1), command (11) and conformity (1).

Many of these social functions interestingly are not expressed in interrogatives and declaratives. When questions are analysed we can deduce that they act as rhetorical devices, since they do not produce the adjacency pair of an answer in SPP. Consider for instance:

10. file number hai aap kii? 3-6-5

26. sirf hume kyaa karnaa hai?

Both clause 10 and 26 above do not lead to the client’s turn of answering –rather they lead to a continuation of counsellor’s talk suggesting the rhetorical nature of the questions, the ultimate social function of which are recall and condescension respectively.
Except for the questions in clause 11 and 12, all other interrogatives serve the social function of greeting (3), diagnosis (1), recall (1) or condescension (1). Of the 11 clauses adopting imperative mood, 4 express command and 7 requests; however upon social function analysis the, 7 requests realise themselves as commands.

When we analyze the process type, this text is no different from all the previous texts analyzed so far. It is the material experience that predominately features in the counsellor’s talk; therefore, leading to similar conclusions as have been derived in previous texts analysis.

Much like previous texts, in this text too declaratives are realized via statements and interrogatives realized via questions, once again asking us to put forward conclusion akin to what has been spelt out in the analysis of previous texts (see, analysis of the previous texts).

Similarly, the social function analysis of the clause contradicts the understanding generated in and through the previous paragraph and makes us aware of the real nature and purpose of the counsellor-client interaction. This can be appreciated in that none of the statements, out of 11, packs the neutral propositional content indicative of the things as they are; rather they are realized in condescension, warning, conformation. Similarly, as argued earlier, of the 8 questions all but 2 are aimed at greeting (3), diagnosis (1), recall (1) and condescension (1). This, therefore, is in contradiction to the overriding principles and values of Counselling.

Analyzing the interpersonal features of modality and mood, it is found that largely statements and questions make up the text. There are only 2 instances of modality (“paaye” and “sakte” in clauses 4 and 31) – both of ability. There is no modality around probability or obligation. Along the lines of previous discussions (see, discussions in all the previous texts) it is argued that when modality is expressed via statements or questions it asserts the propositions in absolute terms along either of the pole, and the overall impression the interaction gives is that giving information i.e. statements and demanding of goods and services i.e. questions in the counsellor-client
talk is a non-negotiable event. Other interpersonal features can be seen in question tag ‘henaa’ which is used in clause 19, while ‘theek hai’ is used in clause 24, 28 and 31.

4.2.6 Text 6
Text 6 is an interaction between a medical counsellor and a female client at the Department of Paediatrics, JN Medical College and Hospital, AMU, Aligarh. This interaction was held on July 07, 2014.

i. 1kyaa naam hai inke… aapkaa?
P: (alkaa)

ii. 2((gives a gesture with her head?))
P: alkaa

iii. 3or bachche kaa kyaa naam hai?
P: anjalii

iv. 4anjali. kitne din kii hai bachchii?
P: cheh mahiine kii

v. 5cheh mahiine kii hogayii poorii?
P: han ((accompanied with head gesture))

vi. 6jab paidah hoyii thii to

7normal hoyii thii bachchii?
P: han normal hoyii thii

vii. 8ghar pe hoyii thii?
P: han, ghar pe hoyii thii

viii. 9wazan wagairaa maaloom hai iskaa kitnaa thaa?
P: iskaa wazan ((tuned back for a while)) do kiloo se zyaadaa thaa

x. 10do kiloo se zyaadaa thaa?
P: ((slight gesture in affirmation))

11aapne apnaa doodh pilaayaa bachche ko?
P: han ( )

x. 12jab bachchii paidah hotii hai to

13pehlaa gaadah doodh hotaa hai shu[ruu waalaa

P: [wo ek ghante baad pilaayaa thaa

xi. 14pilaa diyaa thaa, phekaa too nahii thaa?
P: nahii, nahii  
xii. 15 phekte nahii hain us doodh ko. theek hai?
P: [nahi wo (pheka nahii thaa ( )  
xiii. 16 pheknaa nahii chaahiye  
17 to cheh mahiine kii bachchii… cheh mahiine… aapkaa doodh peeti hai bachchii?  
P: ab utar naa raha hai  
xiv. 18 kitne din piyaa thaa bachchii ne?  
P: (isne) do mahiine piyaa thaa bas  
xv. 19 phir aapne kooshish hii nahii kii?  
20 yaa bachchii ne piyaa nahii?  
P: nahii, isne piyaa nahii  
xvi. 21 aapne socha kii  
22 (bachchii ko) doodh utartaa nahii hai to aap [ne  
P: [utarta hii nahii hai  
xvii. 23 aisaa kuch nahii hai  
24 ye hum loogoon kii ghalat fehmi hotii hai  
25 kii doodh utartaa nahii hai  
26 bachche ko aap lagaaiye  
27 apne khaane peene kaa dhiyaan rakhiye  
28 patlii cheezen jaise doodh, paanii, paanii zyadaatar peeo  
29 bachche ko doodh utartaa hai. theek hai?  
30 bachche ko jab aap lagaaoge  
31 bachchaa usko dabayaegaa  
32 or aap kuch apnaa thodaa khaane-peeena kaa thodaa dhiyaan  
33 ye nahii ke phal-fruit hii lo har time  
P: ((indistinct whispering))

4.2.6.1 English Translation of Text 6

i. 1 What her … your name?  
P: Alkaa.  

ii. 2 (gives a gesture with her head?)  
P: Alkaa  

iii. 3 And what is the name of the child?
P: Anjali

iv. Anjali. How many days she is?
P: Six months.
v. Six months, complete?
P: Yes (accompanied with head gesture).
vi. When she was born,
was she born normal?
P: Yes, born normal.
vii. Was she born at home?
P: Yes, she was born at home.

viii. Did you know how much she weighed?
P: Her weight (tuned back for a while), more than 2 kilo (kg.)

xi. Was of more than 2 kg.?
P: (slight gesture in affirmation)

Did you feed the child your own milk?
P: Yes.

x. When the child is born then,
There is the first thick milk, the one at the very beginning.
P: That I fed (her) after an hour.
x. (you) fed (the child) on it, (you) did not discard it?
P: No, no

xii. (you) do not discard it. Right?
P: No, that ... didn’t discard it.

xiii. (you) should not discard (it).

So Six month’s child … Six months … she feeds on your milk?
P: Now, it doesn’t exude.

xiv. How many days did she feed (on your milk)?
P: She...for two months she fed on it.

xv. Then you did not even try?

xvi. You thought that...
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The milk does not exude for the child, then you...

P: it doesn’t (really) exude.

There is nothing like this.

This is our misconception.

That the milk does not exude.

Put the child to (your milk).

Pay attention towards your diet.

Liquid (food), like milk, water, take water frequently.

The milk exudes for the child. Right?

When you put the child (to your milk),

Then the child will press it.

And you pay some attention to your diet.

Not that you take fruits all the time.

P: (indistinct whispering)

TABLE 4.6.1: Process Type, Mood, Speech Function and Social Function Analysis

<table>
<thead>
<tr>
<th>s.no.</th>
<th>Clause</th>
<th>Process Type</th>
<th>Mood</th>
<th>Speech Function</th>
<th>Social Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>kyaa naam hai inke aapkaa?</td>
<td>Relational</td>
<td>Interrogative</td>
<td>Question</td>
<td>Question</td>
</tr>
<tr>
<td>2.</td>
<td>(gives a gesture with her head)</td>
<td>-</td>
<td>Interrogative</td>
<td>Question</td>
<td>Question</td>
</tr>
<tr>
<td>3.</td>
<td>or bachche kaa kyaa naam hai?</td>
<td>Relational</td>
<td>Interrogative</td>
<td>Question</td>
<td>Question</td>
</tr>
<tr>
<td>4.</td>
<td>anjalii. kitne din kii hai bachchii?</td>
<td>Relational</td>
<td>Interrogative</td>
<td>Question</td>
<td>Question</td>
</tr>
<tr>
<td>5.</td>
<td>cheh mahiine kii hogayii poorii?</td>
<td>Relational</td>
<td>Interrogative</td>
<td>Question</td>
<td>Condescension</td>
</tr>
<tr>
<td>6.</td>
<td>jab paidah hoyii thii to</td>
<td>Material</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>7.</td>
<td>normal hoyii thii bachchii?</td>
<td>Relational</td>
<td>Interrogative</td>
<td>Question</td>
<td>Question</td>
</tr>
<tr>
<td>8.</td>
<td>ghar pe hoyii thii?</td>
<td>Material</td>
<td>Interrogative</td>
<td>Question</td>
<td>Question</td>
</tr>
<tr>
<td>9.</td>
<td>wazan wagairaa maaloom hai iskaa kitnaa thaa?</td>
<td>Mental</td>
<td>Interrogative</td>
<td>Question</td>
<td>Condescension</td>
</tr>
<tr>
<td>10.</td>
<td>do kiloo se zyaadaa thaa?</td>
<td>Relational</td>
<td>Interrogative</td>
<td>Question</td>
<td>Condescension</td>
</tr>
<tr>
<td>11.</td>
<td>aapne apnuaa doodh pilaayaa bachche ko?</td>
<td>Material</td>
<td>Interrogative</td>
<td>Question</td>
<td>Conformity</td>
</tr>
<tr>
<td>12.</td>
<td>jab bachchii paidah hotii hai to</td>
<td>Material</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>13.</td>
<td>pehlaa gaadah doodh hotaa hai shuruu waalaas</td>
<td>Existential</td>
<td>Declarative</td>
<td>Statement</td>
<td>Command</td>
</tr>
<tr>
<td>14.</td>
<td>pilaa diyaa thaa, phekka nahii thaa?</td>
<td>Material</td>
<td>Interrogative</td>
<td>Question</td>
<td>Conformity</td>
</tr>
<tr>
<td>15.</td>
<td>phekte nahii hain us</td>
<td>Material</td>
<td>Declarative</td>
<td>Statement</td>
<td>Command</td>
</tr>
</tbody>
</table>
16. doodh ko. theek hai?
   Material  Declarative  Statement  Command
17. to cheh mahiine kii bachchii… cheh mahiine… aapka doodh piitii hai bachchii?
   Material  Interrogative  Question  Question
18. kitne din piyaa thaa bachchii ne?
   Material  Interrogative  Question  Question
19. phir aapne kooshish hii nahi kii?
   Material  Interrogative  Question  Reprimand
20. yaa bachchii ne piyaa nahi?
   Material  Interrogative  Question  Conformity
21. aapne sochaa kii
   Mental  -  -  -
22. bachchii ko doodh utartaa
   Material  Declarative  Statement  Reprimand
23. aisaakuch nahi hai
   Existential  Declarative  Statement  Reprimand
24. ye hum loogoon kii ghalat fehmii hotii hai
   Mental  Declarative  Statement  Reprimand
25. kii doodh utartaa nahi hai
   Material  Declarative  Statement  Acquiescence
26. bachche ko aap lagaaiye
   Material  Imperative  Request  Command
27. apne khaane kaa dhiyaan rakhiye
   Material  Imperative  Request  Command
28. patlii cheezen jaise doodh, paanii, paanii zyadaatar peeo
   Material  Imperative  Command  Command
29. bachche ko doodh utartaa
   Material  Declarative  Statement  Acquiescence
30. bachche ko jab aap lagaoge
   Material  -  -  -
31. bachchaa usko dabayegaa
   Material  Declarative  Statement  Acquiescence
32. or aap kuch apnaa thodaa khaane-peenaa kaa thodaa dhiyaan …
   Mental  Imperative  Request  Command
33. ye nahi ke phal-fruit hii lo har time
   Material  Imperative  Command  Command

TABLE 4.6.2: Mood, Speech and Social Function Analysis

<table>
<thead>
<tr>
<th>Mood</th>
<th>Speech Function</th>
<th>Social Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declarative</td>
<td>09 Statement</td>
<td>09 Acquiescence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Command</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reprimand</td>
</tr>
<tr>
<td>Interrogative</td>
<td>15 Question</td>
<td>15 Condescension</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reprimand</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Conformity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Question</td>
</tr>
<tr>
<td>Imperative</td>
<td>05 Command</td>
<td>02 Command</td>
</tr>
<tr>
<td></td>
<td>Request</td>
<td>03 Command</td>
</tr>
<tr>
<td>Not selected</td>
<td>04 Not selected</td>
<td>04 Not selected</td>
</tr>
</tbody>
</table>

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TABLE 4.6.3: Process Type Analysis

<table>
<thead>
<tr>
<th>Process Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material</td>
<td>20</td>
</tr>
<tr>
<td>Mental</td>
<td>04</td>
</tr>
<tr>
<td>Behavioural</td>
<td>00</td>
</tr>
<tr>
<td>Verbal</td>
<td>00</td>
</tr>
<tr>
<td>Relational</td>
<td>06</td>
</tr>
<tr>
<td>Existential</td>
<td>02</td>
</tr>
<tr>
<td>Not selected</td>
<td>01</td>
</tr>
</tbody>
</table>

4.2.6.2 Summary of the Analysis

Text 6 is analyzed into 33 units; 29 of which are clauses. The remaining 4 can be regarded as minor clauses because they do not select any element of mood.

The interactional turns between a counsellor and a client makes up the institutional identities of the participants in this interaction. It is the counsellor who is often seen to initiate the FPP in this interaction and in so doing it seems the counsellor tries to have the power over the allocation of turns to the client.

The counsellor also ensures control over the content and size of turns of the client. This observation can be supported by looking at the way the interaction opens with ‘kyaa naam hai inke... aapkaa?’ from the counsellor, setting off a relentless bombardment of questions spread over the first 20 clauses, except clause 12 and 15, of the 29 clause text (excluding the 4 minor clauses).

In Table 4.6.1, 9 clauses are found to use statements while 15 use questions. Commands are evoked in 2 clauses and requests in 3. Statements are, taking cue from the previous discussions of other texts, seen to be an attempt to block the client’s responses; while questions are meant to demand information either in terms of polarity of the proposition being negotiated or an element in the figure enacted by the proposition.
Chapter Four: Analysis

Each FPP of the adjacency pair is realized as a close-ended question by the counsellor, giving little scope of maneuverability to the client to talk about her individual lived experiences about the issue and topic of discussion at hand.

Thus, similar to the discussions in Text 3, it is seen that the SPP assigned to the client in the talk is not prominent in the absence of an answer, but it can still be argued that owing to the FPP’s close-endedness, they embody proscriptions of client initiated responses and prevent the client from participating in the interaction so as to fill up the interaction with her own emic understanding of the issues at hand.

Table 4.6.2 which analyzes mood, speech function and social function demonstrates that of the 15 question clauses only 8 can be said to be true questions because they serve to seek information. None of the remaining clauses demand information – rather they serve to perform a range of other social functions: condescension (3), reprimand (1) and conformity (3).

Undoubtedly most of these questions, specially the questions in the initial 4 clauses, perform the social function of information seeking. However, we argue for an alternative explanation for this phenomenon, consistent with the arguments put forward in Text 3. It appears that these questions are not merely information-seeking elements, the relentless questioning serves to hold the client accountable for her actions and point of views if the latter do not conform to the counsellor’s point of views.

It could be seen that the intitial 4 clauses consists of questions the social function of which may be taken as seeking information, however, clause 5 ‘cheh mahiine kii hogayii poorii?’ is not concerned with information-seeking but with the confirmation of already known information provided by the client. It is important to ask what purpose this question clause serves in the larger scheme of things of the counsellor. Again, like in Text 3 we argue that condescension is one of the likely functions that this question is used for and at the same time it is as much a display of unequal power allocation to the participants as it is of seeking information.
The frequency of questions by the participants in any interaction cannot be taken as a benchmark to differential power and authority of the participants. But we also cannot categorically say with certainty that there exists no relationship at all between questions and the notions of power and authority. It is obvious that certain social situations demand that questions need to be explained by evoking notions of power and of authority. This present case is a case of institutional interaction between a counsellor and a client, and as such we believe, this interaction is a fit case to be classified in the latter category. Along the lines of the discussions in Text 3, it makes much sense that the extraordinary information seeking behaviour on the counsellor’s part is not only an exercise to access the unknown, but also a display of authority.

Likewise statements in this interaction perform a range of social functions, namely, acquiescence (3), command (3) and reprimand (3) and not just information giving units.

The allocation of turns to participant in the interaction and the length and number of clauses that constitute those turns gives the eerie feeling of unevenness in the counsellor-client interaction. When we investigate the length of each turn, the number of words in the text used by the counsellor was found to be 190 as against 55 by the client yielding a ratio of 0.289.

Like Text 5, analysed earlier, in this instance of counsellor-client interaction too lesser number of medical terms (4 in number) are used. However, it is the counsellor’s interaction alone that is found to contain medical terms but not the client’s.

If we focus towards the end of the talk, from clause 18 onwards, it shows how the counsellor takes the opportunity provided in the non-conformity of the client to the counsellor’s point of view to come down heavily upon the client. The barrage of 11 clauses in a single turn begins with ‘aisaa kuch nahii hai’ in clause 23 as a reprimand to the client and terminates with a command ‘ye nahii ke phal-fruit hii lo har time’. In fact those 11 clauses towards the end of the talk comprises of commands and reprimands (4 each) and 3 acquiescences.
When mood and speech functions are considered (see, analysis in Table 4.6.2) we find the counsellor’s discourse involves questions, statements and commands/requests, and that statements and questions predominate. The talk, with only five imperatives (2 command and 3 requests), impresses upon the idea that Counselling is largely indicative in nature rather than imperative and does not put demands upon the client. This view seems logical also since Counselling involves giving of information in the form of propositions, largely derived from the scientific paradigm of the discipline, and consequently enables the client to make informed knowledge-based decisions so as to shape the future course of actions.

However, the analysis of the social function of the counsellor’s talk exposes the real nature of Counselling which is in contrast to the arguments in the foregoing paragraph. Social function analysis (see, Table 4.6.2) shows that of the 33 clauses, not even one serves the purpose of that of a statement; on the contrary, they comprise of acquiescence (3), command (3), request (3), condescension (3), reprimand (1), conformation (3), question (8) and command (5).

It is quite unnatural that these social functions are expressed not through imperatives but through interrogative and declarative. It would be equally interesting to take this observation together with the discussion earlier in this section. First, the realization of FPP of the adjacency pair as a close-ended question by the counsellor and how that serves to bottleneck the possibility of client oriented responses. Second, the persistent questions to the client were shown to have the aspect of power and authority inherent in them in this particular case.

Together with this analysis, Table 4.6.2 which analyzes mood, speech function and social function demonstrates that of the 15 question clauses only 8 can be said to be true questions because of their functioning as information seekers. None of the remaining clauses demand information – rather they serve to perform a range of social functions from condescension (3), reprimand (1) and conformity (3).
Chapter Four: Analysis

Of the 5 clauses adopting imperative mood, 2 express commands and 3 requests. However, upon social function analysis, all the 3 requests realise themselves as commands.

Material experiential processes take precedence over other processes in the counsellor’s talk. With 20 material clauses, the counsellor appears to be foregrounding and regulating the material action in this interaction.

Once again, it is the declaratives realized as statements and interrogatives realized as questions that come to the fore in this counsellor-client talk. This finding is interpreted to augur well for the scientifically inflected discipline of Counselling and fulfils its primary purpose – that of an objective unbiased profession. At the same time, as noted earlier (see, the previous texts), this makes Counselling carry out its primary goal – that of an enabling discipline via informed, knowledge-based decision by the client rather than moulding their decisions and influencing the outcomes of their actions.

Much like the previous arguments (refer to analysis in previous texts) the social function analysis of the clause runs contradictory to these superficial reflections about the nature of the interaction as it appears to camouflage the real nature and purpose of the counsellor-client interaction. Consider for instance that none of the statements, out of 9, packs the neutral propositional content indicative of the things as they are; rather they are realized in acquiescence, command and reprimand. Similarly, as discussed earlier, of the 15 questions, 7 are aimed at condescension (3), reprimand (1) and conformity (3).

Modality and mood investigation tells us that most clauses comprise only of statements and questions. The text has only one instance of modality of obligation “chaahiye” in clauses 16. It is argued that this counsellor-client talk is a non-negotiable event (see, the previous texts for explanation).

To conclude, in this chapter our concern was with the analysis of naturally occurring primary data which was collected through audio-video recordings of counselor-client
interactions in clinical settings. In the following chapter we shall now conclude the present study. The aim of this final chapter shall be both to summarize this study and to offer conclusions in the form of discussions.
5.0 Overview

This final chapter concludes the present thesis. The aim of this chapter is to summarize this study and to offer conclusions in the form of discussions. It begins with a brief summary of the preceding chapters (5.1). Then, it discusses key findings and interpretation (5.2) based on characteristics and features of counsellor-client interactions, which are dealt with in subsequent sub-headings of section 5.2. The discussions are grounded upon the analysis of naturally occurring primary data and are approached without any pre-conceived analytical category. This thesis is brought to an end with an evaluation (5.3) of the principle-practice discord issue and that of the hypotheses and research objectives formulated in chapter one.

5.1 Summing up

We can sum up our discussion by saying that the present study deals with the issue of principle-practice discord in Social Work and also tries to deliberate upon the multiple meanings of ‘discourse’. Discussions on definitions, principles and nature of Social Work, Casework and Counselling were also held before the formulation of research hypotheses and research objectives. Chapter two was a review of literature related to this thesis. Use of ‘Counselling’ as a cover term for Counselling, Psychotherapy and Social Casework was emphasized followed by an account of discourse analytical studies in clinical settings which were divided into two thematic areas; namely, narrative based and interaction based. Methodological issues were discussed in chapter three. It included type of data and tools for its collection, ethical issues involved in this study and a pilot study. Chapter four dealt with the analysis of data which was done by adopting CA and SFL framework.

5.2 Findings and Interpretation

In this section key findings of this study and systematic interpretation of those findings are offered. They are provided in the form of discussions under the main characteristic features of counsellor-client talk. The features are not preconceived
analytical categories rather they are arrived at on the basis of analytical categories reached through the pilot study.

5.2.1 Purposeful Interaction
A close analysis of the texts in this thesis makes us aware that each text displays three basic features: purposeful interaction, differentiation in roles of participants, and interactional asymmetry. These features conform to the basic characteristics of institutional discourse as proposed by Thornborrow (2002: 2).

Each counsellor-client talk in this study seems to be organized around certain basic goals. The primary aim of the counsellor in the exchange of information appears to seek information by asking interrogatives and to provide information by issuing declaratives. Interrogatives via questions were used to gain relevant information and understand the situation of the client. This seems to help the counsellors to reach diagnostic conclusions about the client and provided them an appreciation of the socio-cultural and socio-economic background of the client. Following this understanding, the counsellors formed therapeutic opinions with regard to the clients as evidenced from all the interactions. Another significant aspect of the counsellor-client interactions was that the counsellor used many speech functions in order to tell the client the do’s and don’ts of norms of behaviour in the context of his/her medical issues.

5.2.2 Differentiation in Roles of Participants
Role differences of participants in the interactions in this study were found to be assorted along institutional identities. A mere glance at the interactions presented in this study makes these institutional identities clear to the reader of the texts. These institutional identities consisted of counsellor-client interactional turns.

Many basic characteristics of institutional discourse were apparent in the interactions, like the counsellor’s gathering of information and diagnosis of the client’s problems, guiding the client stay on the topic, etc., while the client fulfilled the institutionally expected role of going along with the counsellor. Thus, both the counsellor and the client had pre-inscribed institutional roles and identities.
Chapter Five : Conclusion

It was observed and argued that these institutional identities could be traced and mapped onto interactional asymmetry in counsellor-client talk.

5.2.3 Exchange Structure and Interactional Asymmetry

Analysis of interactional structural features like questions, turn-taking, clausal constitution of turns and its length are of significance towards production and maintenance of observed interactional asymmetry in this study. Asymmetry in these features is discussed below.

5.2.3.1 Questions

Three different approaches to what constitutes a question can be found in literature: grammatical approach, conversation analysis approach, and Sinclair and Coulthard approach (Fairclough 1992; also Černý 2010a, 2010b).

In this study all three approaches to questions were found in the counsellor-client talks. But, all the texts were prominent in the counsellor initiated questions. What gets emphasized in this analysis is how questions played a key part in structuring institutional talks.

In the grammatical sense, clauses that served the speech function of questions do not only function as information seekers; rather they could be seen doing other functions as well in this thesis. Recall, command, warning, negation, condescension, acquiescence, greeting, diagnosis, reprimand, for instance, were the different functions evoked by the counsellors via the use of questions.

When analyzed within the CA (adjacency pair) approach, the results vary. Apart from the appropriate corresponding second pair part (SPP) of the adjacency pair produced by counsellors’ questions, there were many instances when the counsellors’ questions forms the first pair part (FPP) and should have resulted in corresponding SPP’s (i.e. answers), by the clients. But when the texts (see, Text 4, for instance) were analyzed, it was found out that there often were no SPP’s produced by the clients.

Finally, within the third approach, a question is seen as constituted in a three-tier IRF structure – a question from the counsellor, a response from the client, and a feedback
from the counsellor. The client’s response to the counsellor’s opening question “tumhe kyaa shikaayat hai?” (What problem do you have?) in Text 4 for example, concerning the diagnosis of the client’s illness was rejected by the counsellor. This particular interaction could be understood in IRF framework. The counsellor’s question in clause 1 formed the initiation, followed by the client’s response as an answer to this question, and finally the counsellor’s feedback rejecting the client’s response.

However, the analysis of the interactions display that initiations were compulsorily adhered to in questions but R and F seemed to be optional. Asymmetry with respect to distribution of questions and statements is evidenced in that they were mostly employed by the counsellors with clients rarely using them in their turns.

5.2.3.2 Turn-taking
The counsellor-client turn-taking analysis testifies the attempt taken to hinder the opportunity of participation in the interaction for the client and that gives shape to the content and direction of the talk. This becomes evident when we consider the allocation of turns to each participant and the length and number of clauses that constitute those turns.

Turns assigned to the clients in the interactions were prominent in the absence of answers, an appropriate response to a question (Matthiessen, Teruya and Lam 2010: 168), and hence were illustration of constraining the possibility of client-initiated and client-orientated responses.

However, there were instances when the SPP’s assigned to the clients were not prominent in the absence of an answer (for instance Text 3). Yet it could still be argued that owing to the FPP’s closed-endedness they embodied proscriptions by blocking client-initiated responses and acted as constraints to client coming up with their own lived experiences.

5.2.3.3 Clausal Constitution of Turns
Since the counsellor-client interactions in this study were dialogic in nature, the number of turns allocated to both the counsellors and the clients were found to be
more or less the same, no disparity seemed apparent in the allocation of turns. But, investigations into the number of clauses in turns and the number of words in clauses used by the counsellors in the interaction were found to be significantly higher when compared with that of the clients’.

5.2.3.4 Length of Clauses

Interactional asymmetry can also be noticed in short and monosyllabic nature of clients’ turns. Many of these turns were often reduced to non-verbal. Many a time these non-verbal turns, as well as verbal ones, displayed approval and conformation with propositions of the counsellor in the previous turn.

5.2.4 Medical Terminology

TABLE 5.1: Distribution of Medical Terminology

<table>
<thead>
<tr>
<th>Text no.</th>
<th>Counsellor</th>
<th>Number</th>
<th>Client</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>teeka, teekon, TB, kaali khaasii, khasraa, gal ghonton, Tetenis, piilaa, Polio, bimaariyan, bimari, bimaariyon, teekon, teekon, teeke, khasraa, teekaa, khasraa, dawaa, khoon, khoon, khoon, dawaa, khoon, Anemia, Iron</td>
<td>26</td>
<td>Polio, dawaa, dawaa</td>
<td>03</td>
</tr>
<tr>
<td>2</td>
<td>+ve, jaraseem, +ve, infection, science, ilaaj, –ve, dawaa, Sputum, +ve, –ve, phase, phase, Ayurvedic, thande-garam, Modern Medicine, thandaa-garam, course, thandaa-garam, concept, hikmat, infection, infection, infection, bimaarii, ilaaj, Sputum, balgham, bimarii, zehni, bimarii, khuraaken, dawaa, parhez</td>
<td>34</td>
<td>Ilaaj</td>
<td>01</td>
</tr>
<tr>
<td>3</td>
<td>jaanch, jaanch, khoon, jaanch, cheenii, khoon, health problem, jaanch, khoon, sujan, OPD, check-up, blood pressure, khoon, rakt dooraan, pregnancy</td>
<td>16</td>
<td>jaanch, jaanch, aitrasond</td>
<td>03</td>
</tr>
<tr>
<td>5</td>
<td>lifestyle, motivation, patients, doctor, mareezon, file number, blood pressure</td>
<td>07</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6</td>
<td>normal, gaadah doodh, doodh utartaa, doodh utartaa</td>
<td>04</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>127</td>
<td>Total</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>
It is quite natural to expect the use of medical language and terminology in medical institutions (Roter and Frankel 1992). A medical term is a lexical unit, stabilized and standardized, with precise content, and without any additional indications or emotional connotations (Černý 2007: 90).

The analysis of interactions between the counsellors and clients found that medical terminology was used by both the counsellor and the client. However, it was in the counsellor’s talk that medical terminology was most frequently used. The counsellor used 127 medical terms in all the six interactions in this thesis while the client used only 12 in the equal number of texts. This yields a ratio of 0.094. Almost all of the terms used by the counsellor were in the FFP’s while the client used 6 terms in FPP’s and the remaining 6 as repetitions following their use by the counsellor. Of the 6 terms used by the client in FPP’s, 5 of them were used in Text 4 alone (see, Table 5.1).

5.2.5 Speech Function

The counsellor-client interactions in this study were found involving primarily interrogatives and declaratives. The former realized into questions and the latter into statements. In addition, the interactions also consisted of imperatives to a lesser extent. The analysis of the texts makes it clear that commands and not requests mainly realized the imperatives.

Speech functions were the primary grammatical resources employed in service of encoding the semantic propositions of the speaker. However, upon analysis of the text it was found that these speech functions fail to capture the contextually situated social functions in the counsellor-client interactions. There is an apparent mismatch between the social functions realized and the speech functions used.

5.2.6 Social Function

In the previous section we have delved upon the major speech functions that are evoked in the counsellor-client interactions. However, what could be seen easily in those interactions was that when the counsellor’s text performed speech function of interrogation (turn i clause 1 and 2; turn vi clause 10; turn ix clause 16; turn xv clause 30; and turn xvii clause 34 and 35) even then the client did not select herself as the
respondent in the SPP of the adjacency pair, suggesting that to interpret the meaning of those interactions the analysis needs to go beyond the speech function analysis. To solve this ambiguity speech functions were contrasted with social functions of the counsellor’s talk in this study.

Similarly, assessments of statements within speech function analysis also do not impress upon when contextualized within the counsellor-client interaction. The contextual social functions showed that statements rarely held in them the neutral objective propositional force about the reality out there. Social function analysis of statements in the texts, on the contrary, served to evoke a variety of functions, like, instruction, warning, condescension, question, conformity, acquiescence and command.

Likewise, instances of real question clauses, inviting client’s response in the next turn, failed in producing corresponding SPP’s on the client’s part, and thus, could be understood to be a display of rhetoric by the counsellor.

What is more interesting, perhaps, is the question that why is it that these social functions are predominantly expressed surprisingly not via imperatives but strangely via interrogatives and declaratives. Such questions are dealt with and an explanation is sought by evoking concepts of intertextuality (5.2.10) and linking them to notions of power in counsellor-client interaction (5.2.11).

### 5.2.7 Modality

It has already been observed in the section dealing with speech function (5.2.5) that majority of the clauses in the counsellor-client interactional text comprised only statements and questions (indicative mood). Imperatives, in the form of commands/requests, were scantily used in the counsellor-client interactions.

Since modality is a polar concept, (Matthiessen, Teruya and Lam 2010: 141) when expressed via statements or questions assorts the propositions in absolute terms along either of the pole. Thus, it is argued that the overall impression the interactions try to project is that giving information i.e. statements and demanding of goods and services i.e. questions in the counsellor-client interactions are non-negotiable events.
In addition to the above discussions, what seems significant is that the analyses of the interactions draw attention to the fact that not many instances of modality are around probability or obligation – rather much of the text evokes modality in terms of ability. Counsellor-client interactions thus effectively abstain themselves from issuing non-polar propositions.

Use of question tags is another important feature found in many interactions and captures the attitudinal and affective aspects as well as tone and tenor of the interactions. Various elements of tenor like threat, danger or risk are also captured in the interactions by the use of nominal modifiers.

5.2.8 Transitivity Structure
In chapter one (section 1.2.2.4.3.i), it was discussed that experiential (more precisely ideational) function is one of the three metafunctions in Halliday’s SFL. Experiential function embodies the natural reality or the experiential component of the speaker about the world out there. Thus, differences in language use can be taken as reflective of different conceptions of the world. As a result it is imperative to analyze ideational function encoded through language so as to read off the ‘reality’ of the language user.

It was found during the analysis of this study that from an experiential point of view, the counsellor’s discourse had a preoccupation with material experiences. This observation is reflective of the fact that the Counselling sessions were based around action. What the counsellor appeared to be foregrounding, then, is the regulation of action (mostly material) as central to Counselling. In the process of Counselling it was the material action and doings that were primarily the focus for the counsellor. Such observations fuel the speculations that there seems to be a definite Counselling agenda prevalent in these sessions, namely, controlling Counselling situation by attempting to control, proscribe or sanction the action potential of the client.

5.2.9 Asymmetry and Topic Control
The previous section has emphasised how the action potential of the client has been constrained and the Counselling situation has been controlled. Building upon these arguments, this section focuses on the links between interactional asymmetry and topic control in counsellor-client interactions in this study.
Throughout the interactions the counsellor could be seen trying to control the Counselling situation by validating, accepting, negating or rejecting questions, topics and opinion potential of the client.

It could be observed in the interactions that the counsellor was interested only in the elicitation of such information that conformed to the counsellor’s point of view and not in the client’s experiences of lived reality of their illness. The previous arguments are in sync with Fairclough’s (1992: 140) understanding about control of topic and agenda.

In Text 4, for example, in the first half of the extract the counsellor kept shifting: from “TB hotii kyaa hai?” (What is T.B.?) to “extra pulmonary. ab extra pulmonary kyaa hai?” (Extra pulmonary. Now what is extra pulmonary?), to details concerning different types of T.B. This led to all sorts of hesitations in the mind of the client. Fresh topics could be seen introduced at the will of the counsellor while the client seemed to struggle introducing topics of his/her choice.

Another important observation was the interest of the counsellor’s questions around the biomedical details of the client’s problems. The client’s response to the counsellor’s opening question “tumhe kyaa shikaayat hai?” (What problem do you have?) in Text 4, concerning the diagnosis of the client’s illness was rejected by the counsellor. What is significant here is the counsellor’s rejection of the client’s lived experiences of illness. The client, sensing that any formulation of how the illness was experienced was not going to be entertained, the client quickly came up with an alternative response conforming to the aspiration of the counsellor’s agenda, only to found the unrelenting attitude of the counsellor who had by now taken to himself to the medical problematization of the client’s illness. It is interesting to see the counsellor rejecting “kisne keh diyaa TB hai?” (Who told you have T.B.?) even the client’s medically aligned response “mujhe TB kii pareshaanii hai.” (I have got the problem of T.B.) In a last ditch effort the client, having sensed the counsellor’s agenda of problematization of the issue, formulated her illness in more medico-scientifically validated terms: “matlab, TB kii gaanth hai.” (I mean, I have got (T.B.) lymph nodes) However, it appears that by then it was too late; the client had already rocked the boat. It seems, the counsellor was in no mood to appreciate and accept the
client’s formulation of responses even when they abided by the medico-scientifically validated understanding and came with the master of all questions in clause 7 “TB hotii kyaa hai?” (What is T.B.?) The play of words the counsellor resorts to afterwards is worth considering here. Take for instance clause 11 and 13 “… is lafz kaa to istemaal ho gayaa…TB hai kyaa?” (Now, that, this word, Malaria, then has come to be used … What is T.B.?) It is clear that the counsellor was no more interested in the diagnosis, neither was he interested in the client’s understanding of the illness or it’s construal by the client as a social issue; rather he seemed to be bent more towards problematization of the illness, situating it in the medico-scientific paradigm.

Attempts of control are too apparent to miss further down in this interaction (they could also be interpreted to have been pressed in service as defense from the client’s questions or initiations challenging the authority of the counsellor). For instance, from clause 19 onwards the interaction was replete with medical terminology by the counsellor. The counsellor kept pursuing the agenda, contrastive to the client’s. It all points to the apparent counsellor’s strategy to background the lived experiences of the client about her own illness and eventually leads to its replacement by the counsellor’s biomedical conceptions of the client’s problems.

Similar patterns of topic control are at display in other interactions in this study. In Text 3, for example, the client’s complaint of her ill treatment was not entertained and was not up for discussion as it was very swiftly rejected (see, Text 3). It is to be seen how the counsellor shifted to topic of her own choice namely the medical investigations undergone by the client. The counsellor in clause 10 and 11 initiated a question asking the count in the client’s blood and urine investigations. The client’s response in the following turn was not entertained as it did not conform to the scientific parameter i.e. quantitative formulation of illness and the counsellor kept on asking the same question until the client gave in submission. Again, the counsellor’s talk in clauses 13-17 could be interpreted as the counsellor’s preferences for the problematization of the illness.

Topic control is clear in the analysis of Text 2. In this text from clause 41 onwards the counsellor rejected with a condescending smile the alternative understanding held by
the client, following Ayurveda and Unani systems of Medicine, regarding the humour of different food stuffs.

Text 1 and 5 showed no evident topic and agenda controlling devices, probably because, in the absence of any threat or challenge to the authority of the counsellor in those interactions the counsellor did not feel to resort to them (counsellor-client ratio of word use in this interaction is 0.077 and 0.092 respectively). It was all smooth going for the counsellor.

Text 6 did not showcase many efforts by the counsellor to ensure controlling the topic or agenda of the interaction. However, one instance would still be relevant. It was when the counsellor rejected the client’s claim of trouble in breastfeeding and pushed her own understanding that there would be no issue of exuding milk once the baby was put to breastfeed (clause 19-31).

Control is apparent through the counsellor’s questions. Most of the questions from the counsellor were closed-ended which required elicitation of specific responses and thereby constrained the possibilities of client’s answers.

The counsellors appear to reject clients’ bid to respond or initiate the interaction by refusing to accept clients’ interruptions. It has been discussed (section 5.2.3.1) that R and F seemed to be optional in counsellor-client interactions. One likely reason for this observation could be that the counsellors’ turns were produced in continuation, without any pause, one after the other rejecting clients’ bid to gain the floor. Another reason could be that many questions were rhetorical in nature and responses from the clients did not seem to be appropriate and neither such questions required feedbacks on the part of the counsellors.

5.2.10 Intertextuality

Discussions and descriptions of incongruity between speech and social function in the counsellor-client interaction were already taken up in section 5.2.5 and 5.2.6. This section attempts to deal with and puts forth an explanation of the fact that social functions were predominantly expressed surprisingly not via corresponding imperatives but strangely via interrogatives and declaratives.
Chapter Five: Conclusion

The notion of intertextuality is important here because it is instrumental in creating alternative ways of exerting power i.e. hegemonic processes in institutional discourses (Counselling would be one of them) (see, Fairclough, 1992). The notion of hegemony would explain and account for the client-centred approach in Counselling achieved through, for example, the removal of overt power displaying devices.

Prima facie declaratives realized via statements and interrogatives realized via questions undoubtedly fill the general counsellor-client interactional scape. A fact that conforms well to the scientific nature of the discipline of Counselling and fulfilling its primary agenda that of enwrapping propositions as they are rather than concocting them with interpersonal subjectivities and prejudices. On the other hand, this fact also makes Counselling discharge its primary goal that of an enabling discipline via informed, knowledge-based decision by the client rather than moulding their decisions and influencing the outcomes of their actions.

Whatever the previous arguments fulfill to the discipline of Counselling but the social function analysis of the clauses soon makes it obvious that this preoccupation is not reflective of the nature of the interaction and that it only serves as a ruse to guise this real nature and purpose of the counsellor-client interaction. What justification do we have for the fact that majority of the statements (for instance in Text 1, all of the 14 and in Text 2 all of the 24 statements) do not pack the neutral propositional content indicative of the things as they are rather they are realized in instruction, warning, condescension, command, acquiescence and other social functions. Similarly, majority of the questions (for instance in Text 1, 12 of the 13) realize the social functions of condescension, warning, conformity and acquiescence etc. What is contrastive here with respect to the principles of Counselling is that the individuated point of view of a privileged ‘enabling’ professional legitimated by scientific paradigm is the source of subject matter.

Likewise, when we analyze the imperative mood, it is found that majority of the requests turned out to be realizing other social functions and prominent among them is command.
In conclusion, it seems from the intertextual point of view, that the efforts are directed at incongruent mapping of speech functions onto social functions. In other words imperative interpersonal functions (commands and other closely related social functions) are mapped onto indicative interpersonal functions like statements and questions. What is happening here is the transformation of the subjective interpersonal reality into detached (the way the world is), descriptive interpersonal reality drawn from the objective scientific perspective in which the discipline of Counselling is placed.

While in case of imperatives, contrast between speech and social function (requests realizing commands) seem to be symptomatic of transforming the discipline of Counselling into a client-centred approach. The use of medical terminology (discussed in the relevant section), likewise can be interpreted as intertextual endeavours put in service towards hegemonizing agenda of institutional discourse like Counselling.

5.2.11 Power in Counsellor-Client Interaction

Content control, use of questions, medical terminology and other features of exchange structure in the counsellor-client interactions were common sight in this study. It becomes imperative, therefore, to ask whether this counsellor-client talk is an instance of power display by attempting controls and proscriptions of legitimate client oriented aspirations.

Under the present heading, medical terminology in the counsellor-client interaction would be important. Following Černý (2007), the use of medical terminology can be interpreted to have the effect of toning down the perceived asymmetry in institutional discourse so as to conform to the social changes in the modern world which forbids asymmetrical relations those that may be overtly displayed and can thus be criticized for domination and unequal power. But it was observed that medical terminology was most readily used by the counsellor, not by the client (section 5.2.4 and Table 5.1). The counsellor’s use of medical terminology could, therefore, be interpreted to be a display of “the voice of Medicine” (Mischler, 1984).
Discussions on how the counsellors try to keep the floor to themselves, replacement of clients’ responses about their illness with medico-scientific conceptions (section 5.2.9), and allocation of turns to the clients so as to constrain client initiated/orientated responses (section 5.2.3.2) have already been taken up and could be argued to have a definite power perspective to them.

Discussions in the previous paragraph might have made us appreciate the link between various overt interactional features – asymmetry in exchange structure, questions, etc. and topic control. Nonetheless, they are either embedded in apolitical approaches to discourse analysis, conversation analysis and Sinclair and Coulthard approaches for instance, and see this institutional talk as neutral and transparent. According to Thornborrow (2002: 18) such approaches are not interested in critical perspectives as they steer clear from the notion of power in institutional discourse. The most, these approaches could emphasize is that the role of asymmetrical exchange structure, questions and topic control is significant for the achievement of common goals rather than taking these feature as signs of counsellor’s domination of the discourse.

More pressing, therefore, it seems is to ask how the interactional features which are not so overt and explicit may be linked to power. The questions may be formulated, for instance, thus: (1) why interrogative and descriptive speech functions perform the social functions of warning, acquiescence, condescension, conformity (2) why requests are evoked in service of commands, (3) what functions do medical terminology serve in these interactions, and (4) what role do intertextual features play?

In the backdrop of these questions this analysis reminds us the notion of hegemony. In an interesting article, Shahid and Jha (2014) view Biestik’s principles of Social Casework through Gramscian notion of hegemony. Hegemony argues that power is maintained and exercised not so much through marshal action and explicit oppression but through a subtle form of domination by consent.

The hegemonic conception of Counselling practices in clinical settings is important precisely because reproduction and maintenance of power in knowledge producing
institutions is achieved via consent, legitimacy and moral and intellectual leadership (Forgacs 2000: 423).

The Gramscian notion, in this analysis, helps to “understand the complex and insidious ways in which dominance is asserted as moral persuasion; ideas disseminated as commonsense.” Garrett noted Gramsci’s potential usefulness for Social Work education and practices the notion that Social Casework is a politically loaded activity (Garrett 2009: 463–464; see also, Garret 2008). Shahid and Jha argue that the knowledge to take decision in a casework relationship lies with the caseworker and not with the client.

Likewise, intertextuality could be interpreted to have paved the alternative ways of exerting power i.e. hegemonic processes in counsellor-client interaction. This notion appears to account for the conduct of the counsellor towards client-centred approach by removal of overt power displaying devices as discussed in earlier section (5.2.10).

5.3 Evaluating Research Hypotheses and Objectives

In chapter one of this study we had stated and discussed the alleged principle-practice discord in Casework. Simultaneously we formulated two research hypotheses, one, Social Casework values client’s individual worth and dignity, and two, Social Casework values client self-determination. Further, related to these principles three research objectives were spelt out in the concluding section of the chapter. It is time to reflect upon those objectives and the alleged principle-practice discord in Casework profession.

On the basis of findings and discussions in this concluding chapter, it is intensely felt that Casework would continue to be deemed as an empowering profession, so long as empowerment is attenuated to certain superficial phenomena, surface level linguistic realization for instance. But the moment this reductionism and attenuation of empowerment as an instantiation of surface level linguistic phenomena is questioned and realignment is sought between them by drawing upon deep social reality, these previous alignments go haywire. Consequently, drawing upon the latter point of view, it seems we can no longer call Casework an ‘empowering profession’ of which this study is a resounding testimony. To cut the long story short, the balance of power, in
the first place, is always skewed and lopsided in favour of the counsellor than that of the client.

This study reaches the conclusion, on the basis of this analysis of primary data, that (1) there seems to exist principle-practice discord in Counselling, (2) client’s individual worth is infringed and her dignity is found to be severely compromised, and (3) client’s self determination has been found to be squarely violated.
REFERENCES


Good, B.J., & Good M.J.V. (1994). In the subjunctive mode: Epilepsy narratives in Turkey. *Social Science and Medicine*, (38), 835-842.


**Websites:**


# JEFFERSONIAN NOTATION

Jeffersonian Transcription Notation includes the following symbols:

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Name</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ text ]</td>
<td>Brackets</td>
<td>Indicates the start and end points of overlapping speech.</td>
</tr>
<tr>
<td>=</td>
<td>Equal Sign</td>
<td>Indicates the break and subsequent continuation of a single interrupted utterance.</td>
</tr>
<tr>
<td>(# of seconds)</td>
<td>Timed Pause</td>
<td>A number in parentheses indicates the time, in seconds, of a pause in speech.</td>
</tr>
<tr>
<td>(.)</td>
<td>Micropause</td>
<td>A brief pause, usually less than 0.2 seconds.</td>
</tr>
<tr>
<td>. or ↓</td>
<td>Period or Down Arrow</td>
<td>Indicates falling pitch.</td>
</tr>
<tr>
<td>? or ↑</td>
<td>Question Mark or Up Arrow</td>
<td>Indicates rising pitch.</td>
</tr>
<tr>
<td>,</td>
<td>Comma</td>
<td>Indicates a temporary rise or fall in intonation.</td>
</tr>
<tr>
<td>-</td>
<td>Hyphen</td>
<td>Indicates an abrupt halt or interruption in utterance.</td>
</tr>
<tr>
<td>&gt;text&lt;</td>
<td>Greater than / Less than symbols</td>
<td>Indicates that the enclosed speech was delivered more rapidly than usual for the speaker.</td>
</tr>
<tr>
<td>&lt;text&gt;</td>
<td>Less than / Greater than symbols</td>
<td>Indicates that the enclosed speech was delivered more slowly than usual for the speaker.</td>
</tr>
<tr>
<td>°</td>
<td>Degree symbol</td>
<td>Indicates whisper or reduced volume speech.</td>
</tr>
<tr>
<td>ALL CAPS</td>
<td>Capitalized text</td>
<td>Indicates shouted or increased volume speech.</td>
</tr>
<tr>
<td>underline</td>
<td>Underlined text</td>
<td>Indicates the speaker is emphasizing or stressing the speech.</td>
</tr>
<tr>
<td>:::</td>
<td>Colon(s)</td>
<td>Indicates prolongation of an utterance.</td>
</tr>
<tr>
<td>(hhh)</td>
<td></td>
<td>Audible exhalation</td>
</tr>
<tr>
<td>? or (.hhh)</td>
<td>High Dot</td>
<td>Audible inhalation</td>
</tr>
<tr>
<td>( text )</td>
<td>Parentheses</td>
<td>Speech which is unclear or in doubt in the transcript.</td>
</tr>
<tr>
<td>(( italic text ))</td>
<td>Double Parentheses</td>
<td>Annotation of non-verbal activity.</td>
</tr>
</tbody>
</table>

Prof. R.K. Gaur  
Chairperson Department of Psychiatry  
JN Medical College and Hospital  
AMU, Aligarh

05.05.2014

Dear Prof. Gaur,

Subject: To certify and recommend the application of Syed Ghufran Hashmi for his research related data collection in the Department of Psychiatry, JN Medical College Hospital, AMU, Aligarh.

This is to certify that Mr. Syed Ghufran Hashmi is enrolled as a Ph.D. student in the Department of Linguistics, AMU, Aligarh under the supervision of Prof. S. Intiaz Hasnain. His topic of research is "Walk the Talk: Social Case work – A Discourse Analysis." He has been regularly pursuing his research work and has displayed potential of quality work.

I found Mr. Syed Ghufran Hashmi a promising Research Scholar with sound analytical skills. I, therefore, have no hesitation in recommending his application to be permitted to carry out his research related data collection in the Department of Psychiatry, JN Medical College Hospital, AMU, Aligarh.

(Prof. K.S. Mustafa)
Dear Prof. Zulfia Khan,

Subject: To certify and recommend the application of Syed Ghufraan Hashmi for his research related data collection in the Department of Community Medicine, JN Medical College Hospital, AMU, Aligarh.

This is to certify that Mr. Syed Ghufraan Hashmi is enrolled as a Ph.D. student in the Department of Linguistics, AMU, Aligarh under the supervision of Prof. S. Imtiaz Hasnain. His topic of research is “Walk the Talk: Social Case work – A Discourse Analysis.” He has been regularly pursuing his research work and has displayed potential of quality work.

I found Mr. Syed Ghufraan Hashmi a promising Research Scholar with sound analytical skills. I, therefore, have no hesitation in recommending his application to be permitted to carry out his research related data collection in the Department of Community Medicine, JN Medical College Hospital, AMU, Aligarh.

(Prof. K.S. Mustafa)
Dear Prof. S. Manazir Ali,

Subject: To certify and recommend the application of Syed Ghufran Hashmi for his research related data collection in the Department of Pediatrics, JN Medical College Hospital, AMU, Aligarh.

This is to certify that Mr. Syed Ghufran Hashmi is enrolled as a Ph.D. student in the Department of Linguistics, AMU, Aligarh under the supervision of Prof. S. Imtiaz Hasnain. His topic of research is “Walk the Talk: Social Case work – A Discourse Analysis.” He has been regularly pursuing his research work and has displayed potential of quality work.

I found Mr. Syed Ghufran Hashmi a promising Research Scholar with sound analytical skills. I, therefore, have no hesitation in recommending his application to be permitted to carry out his research related data collection in the Department of Pediatrics, JN Medical College Hospital, AMU, Aligarh.

(Signed)
(Prof. K.S. Mustafa)
Dear Sir,

Subject: Request to approve collection of audio-visual recordings of the talk between the social work practitioner/counselor/therapist and the client/patient at the Departments of Psychiatry and Pediatrics, JNMC, AMU, Aligarh.

I am a Research Scholar, Department of Linguistics, AMU, Aligarh. My topic of research is “Walk the Talk: Social Case Work – A Discourse Analysis,” in which I intend to analyze audio-visual recordings of counseling sessions between the social work practitioner/counselor/therapist and the client/patient at the Departments of Psychiatry and Pediatrics, JNMC, AMU, Aligarh.

I am aware, this kind of research, which entails collecting audio-visual recordings of counseling sessions, certainly impinges upon exploring the private world of both the patient as well the counselor. However, academic and research commitments and imperatives demand my sharing this private space for the purpose of analyzing audio-visual recordings of the natural data taking place during counseling sessions. I am also aware that there exists, to safeguard the interests of the patients, a Ethical Committee for research that takes measures in case there happens a breach of this privilege.

May I inform you, that the information/data collected during the course of this research study will be done duly through implementation of “informed consent” procedure and no information/data will be collected without securing prior written “informed consent” of the client/patient. Further, every step will be taken up to maintain the confidentiality of the sources and at no stage there will be any act of misuse of data.

Through this letter I present the case before the committee and request to approve the collection of the necessary data.

I look forward for your positive response.

Thanking you

Yours Sincerely

(Syed Ghufran Hashmi)

Enclosure:
1) A copy of my Ph.D. synopsis.
2) A tentative copy of “Informed Consent” form.
Faculty Of Medicine
Aligarh Muslim University, Aligarh

D.No. 392/ FM
Dated: 10.06.2014

Chairman
Department Of Linguistics
Faculty Of Arts
AMU Aligarh.

Meeting of the Institutional Ethics Committee Faculty Of Medicine was held on 16.5.2014, and the members of the Committee unanimously decided that Mr. Syed Ghufran Hashmi, Research Scholar submit the NOC from the Department of Medicine, Psychiatry and Pediatrics. Mr. Syed Ghufran Hashmi, was called on 19.05.2014 and informed accordingly, but he has not submitted NOC from the above Departments till date.

In this connection Mr. Syed Ghufran Hashmi may be directed to submit the No Objection Certificate from the Departments of Medicine, Psychiatry and Pediatrics, J.N. Medical College latest by 18.6.2014. for taking further necessary action in the matter.

(Prof. S. Bano)
DEAN
Faculty of Medicine
AMU, Aligarh
INSTITUTIONAL ETHICS COMMITTEE

CERTIFICATE

Faculty of Medicine, AMU, Aligarh

Walk the Talk: Social Case Work – A Discourse Analysis

Members of Institutional Ethics Committee have examined all the ethical issues related to the Research Project submitted by Mr. Syed Ghulfran Hashmi, Research Scholar, Dept. of Linguistics, Faculty of Arts, AMU, Aligarh in the meeting held on 16.05.2014.

APPROVED

(Prof. H. Ashraf)
CONVENER
Institutional Ethics Committee

(Prof. S. Bano)
DEAN
Faculty of Medicine
A.M.U., Aligarh
Informed Consent Form for participants who reported to the Department of Paediatrics, Department of Community Medicine, Rural Health Centre and Urban Health Centre JN Medical College & Hospital, AMU, Aligarh and who consented to participate in this research. The title of this research is "Walk the Talk: Social Case Work – A Discourse Analysis."

Name of the Research Scholar : 
Institution where the Researcher is enrolled : 
Name of Supervisor : 

This Informed Consent Form has two parts:

I. Information Sheet, to share information about the research with you (participant).
II. Certificate of Consent (for signature if you agree to take part in this research).

PART I: Information Sheet

Introduction
I am a student of Linguistics in AMU, Aligarh. I request and invite you to participate in this research intended to analyze language use between you and the social work practitioner/counselor. You may share or talk to anyone, if you want and feel comfortable, about this research. If you have any doubt/clarification/hesitation/question etc. at any point of time before or during your participation in this research you are encouraged to discuss. You are not at all bound to participate in this research. Your participation in this research is purely voluntary. It is required in this research that your interaction with the social work practitioner/counselor will be AV recorded. It is undertaken by the researcher that the data collected in this research will be kept strictly confidential and that your identity will not be revealed outside this research group, which consists of this researcher and his supervisor who is a professor in the department of Linguistics, AMU, Aligarh.
Purpose of the research
Language is a “means of communication” and social work/counseling is a “helping profession.” This study investigates how this means of communication is used in the interaction between the social work practitioner/counselor and the client/patient. Do they both use language with equal efficacy and efficiency or are there differential patterns of language use? If yes, the researcher would like to come up with a description of the emerging patterns and explanation of why are they as they are? It is hoped that the results of the study and the understanding emerged during the course of this investigating will help not only in the description and explanation of the patterns or organization of the interaction but also is expected to help in the policy and planning of social work practice. Eventually this understanding, it is the hope of this researcher, would be beneficial to many clients/patients who’s expectations are not met.

Type of Research Intervention
This research involves A-V recording of a single interaction (one sitting) between you and the social work practitioner/counselor. Your case history/file will be used for this study. There will be no follow up and you will not be asked to come over again for the purpose of this research.

Voluntary Participation
You are not at all bound to participate in this research. Your participation in this research is purely voluntary. It will not hamper your right to access various facilities provided by this institution.

The results of this research study may be presented or published in journals. However, your identity will not be disclosed.

Benefits
It is hoped that the results of the study will help not only in the description and explanation of the patterns or organization of the interaction but also is expected to help in the policy and planning of social work practice with the understanding emerged during the course of this investigating. Thus, there may not be any direct benefit for you but your participation eventually, it is the hope of the researcher, will generate understanding of the subject under study and that would be beneficial to many clients/patients who’s expectations are not met.
Confidentiality
The information that we collect from this research will be kept confidential. Information about you that will be collected during the research will not be shown to anyone. Any information about you will have a number on it instead of your name. Only the researchers will know what your number is. It will not be shared with or given to anyone except this researcher and his researcher supervisor Prof. Imtiaz Hasnain, Professor of Sociolinguistics in the Department of Linguistics, AMU, Aligarh.

In case of more information or questions
If you have further questions you may ask the researcher/his supervisor/social work counselor/head Department of Community Medicine and Paediatrics.

Is this Research Reviewed and Approved?
Yes, this research has been reviewed and approved by the Institutional Ethics Committee of JN Medical College & Hospital, AMU, Aligarh, headed by Professor Shahjahan Bano, Dean Faculty of Medicine, JN Medical College. This committee ensures that research participants are not exploited and are protected. You can contact this committee, contact (name, telephone number). This research has also been approved by the Board of Studies (BOS) Department of Linguistics, AMU, Aligarh and by the Committee of Advanced Studies and Research (CASR), headed by the Hon’ble Vice-Chancellor of this University.
PART II: Certificate of Consent

I have read the foregoing information, or it has been read (in case if unable to read or wished that it be read out to him/her) to me. I am above 18 years of age. I am not participating in any other research studies. I have had the opportunity to ask questions about it and any question that I have asked have been answered to my satisfaction. I consent voluntarily to participate as a participant in this research.

Name of Participant ________________________
Signature of Participant ____________________ (Thumb print)
Date ____________________

Statement by the researcher
I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands the goal, nature and purpose of this research.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

Print Name of Researcher ____________________
Signature of Researcher ____________________
Date ____________________

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अलोगढ़ मुस्लिम विश्वविद्यालय, अलोगढ़ – 202002 भारत

भाग: शिशु रोग ☐ कम्युनिटी मेडिसिन क्षेत्र स्तर ☐ कम्युनिटी मेडिसिन अबन स्तर ☐

इस अध्ययन म भाग लेने वालों के लिए सूचना तथा सहमत पत्र

अलोगढ़ के शिशु रोग भाग तथा कम्युनिटी मेडिसिन क्षेत्र तथा अबन स्तर म आने वाले रूपरेखा तथा

रिसच ह्यूमर्स का नाम:

भाग का नाम (जहाँ ह्यूमर्स प्लेस है):

सुपरवाइजर (गाइड) का नाम:

इस सूचना सहमत-पत्र के दो भाग हैं:

अगर आप इस रिसच म भाग लेने के लिए सहमत हैं तो)

भाग I: सूचना पत्र

भूमिका

जिसका उद्देश्य आपके और फिल्ट्स्क/परामशदाता के बीच का बात-चीत का भाषा का अध्ययन करना
इसम भाग लेने से पहले अथा भाग लेते वक्त कभी भी आपको कोई संदेह/एप्पोकरण/संकोच/
इस रिसच म आपके और फिल्ट्स्क/ परामशदाता के बीच होने वाले बात-चीत को रिकॉर्ड किया जाना
रिसर्च आपको वायदा करता है कि इस रिसर्च में लिये जाने वाले डेटा को पूरी तरह से गौरवीय रखा जाएगा और आपको

रिसर्च का उद्देश्य

यह अध्ययन यह जानने का कोशश है कि चार-चौंच का यह माध्यम चिकित्सक/परामर्शदाता एवं रोगी वया भाषा का प्रयोग दोनों समान दक्षता और क्षमता के साथ करते है या उनके बीच म कोई योग ऐसा है तो रिसर्च उन उभरते हुए पैटन का वणन करेगा और उस बात का त्याग यह करने का ऐसी उम्मीद है कि इस अध्ययन का परिणाम और इस अध्ययन के दौरान समझ म आने वाला चीज़ एवं न केवल पैटन का वणन और त्याग हो सकेगी बल्कि सोशल सोशल और इंडिस्टर्स का योजना और नीति और अंत म रिसर्च का उम्मीद है कि इस रिसर्च से मिलने वाला समझ से अनेक रोगी को मदद मिल

रिसर्च का प्रकार

इस रिसर्च म आपके और चिकित्सक/परामर्शदाता के बीच का एक बार का मुलाकात का ऑडियो-वीडियो स्वैच्छिक भागीदारी
फायदे

ऐसी उम्मीद का जाती है कि इस अंदाज़न से न केवल मर्ज और विभक्ति/परामशदाता के मद्देन्द्र के बात-चीत का वाणन और व्याख्या किया जा सकेगा बल्कि इस अंदाज़न से मिलने वालो समझ से हो सकता है कि आपको सीधे-सीधे कोई फायदा न मिलता दिखाता हो परन्तु रिसर्च कोई ऐसी उम्मीद है कि आपके इसम भाग लेने से अंततः इस बारे म और समझ पैदा होगी और इससे कई उन मरोजों

गोपनीयता

अंदाक सूचना अथवा सवालों के लिए

यदि इस बारे म आपके पास कोई और सवाल है तो आप रिसर्च/ उसके सुपरवाइजर/ सोशल वक

अलोग और एडवांड रिसर्च (सीएएसआर) जिसके अंदाज़ विभक्ति/दायलॉज के
भाग: I: सहमत पत्र
मुझे इससे समबल्ध सवाल का मौका दिया गया और युद्ध पूछे गए सवालों का संतोषजनक जवाब

भाग लेने वाले का नाम .................................................................

भाग लेने वाले का हस्ताक्षर ....................................................... (अंगूठे का निशान)

तारीख .................................................................

रिस्पत का वक्तमय

रिस्पत का प्रतिपक्ष नाम ... सैयद गुफरान हाशमी...

रिस्पत के हस्ताक्षर ...................................................

तारीख .................................................................
LIST OF PAPERS PRESENTED/PUBLISHED

PRESENTED

1. “Conflict and Conceal: A CDA of selected print media on the representations of Bodo-non Bodo violence in Assam” presented at 3-day international conference SCONLI-7 AMU, Aligarh.


4. “From Barbin to Parmanik: Discourse, Body and Sex” presented at 3-day international conference SALA, Hyderabad (February, 2014).

PUBLISHED

