6. Systemic Functional Linguistics: An interpersonal perspective

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1. Introduction

In exploring interpersonal communication, it is very easy to focus on what is said and why. This is natural, since for the interactants themselves it is the meanings that are of paramount importance and, except in special circumstances, they are unlikely to take conscious note of, or remember, the way in which those meanings are expressed. However, the analyst cannot afford to overlook the fact that language is not simply a transparent medium for conveying information: how speakers choose to express meanings has a fundamental effect on the interaction. To take a very simple example, the choice of how to word a command – e.g., *let your feet hang* vs. *could you let your feet hang* – reflects the speaker's assessment of the social relations in the particular interaction and simultaneously contributes to constructing the social relations as being "business-like" (allowing bare commands) or "polite" (requiring the command to be mitigated). Any full analysis of how an instance of communication works requires a principled examination of the choices made by the speaker from the lexicogrammatical resources of the language, in a way which allows these choices to be related to the immediate situation and the wider socio-cultural context in which the communication takes place and makes sense. Many approaches to linguistic description are not intended to lend themselves to this kind of application; but Systemic Functional Linguistics (SFL), which is the focus of the present chapter, is designed precisely for the purpose of "mak[ing] it possible to say sensible and useful things about any text, spoken or written" (Halliday 1994: xv).[1]

As a preliminary example of the interpersonal issues that can be explored with this kind of analysis, we can take the following short extract. This is part of a consultation in a doctor's surgery at the point where the doctor is carrying out a physical examination of the patient, who has complained of back pain. During this examination the doctor taps on the patient's spine in order to discover the locus of pain.

(1)
D: tell me where the tender spot is
P: there oh
D: er further down

P: no just there
D: no ..
      sides
P: yeh
D: so that's the worst spreading out to both sides
P: yeh
D: let your feet hang over the edge

If we focus on just one aspect of the doctor's contributions to the interaction (a fuller analysis will follow in Section 4.1.), we can see that there is a kind of tension between the functional meaning of his utterances and the structures that he uses to express the meaning. From a functional point of view, the doctor asks four questions, none of which is expressed by a simple interrogative form: the first question (*where is the tender spot?*) is expressed in the form of an imperative, as if it were a command (*tell me*); the next two are elliptical with the interrogative element understood (the patient's responses show that she successfully interprets them as meaning something like *[is it tender] further down?* and *[is it tender on the] sides?*); and the final one is expressed as a declarative (*so that's the worst* – compare *so is that the worst?*). It might appear at first that this tendency to ask questions indirectly is purely accidental; but in fact, as we shall show in Section 4.1. below, it is possible to link these and the other language choices made by the interactants to the context in a systematic way in order to understand more fully how and why these choices have been made. The connections can be made with aspects of the context from the specific co-text (for example, the elliptical *no … sides* would be unlikely to occur as the initial question in this kind of exchange) and the non-verbal aspects of the situation (for example, the fact that the doctor is tapping parts of the patient's back as he asks the questions) to the wider socio-cultural context – including especially the institutional roles being performed by the doctor and patient. Making the connections, however, depends on adopting a functionally-oriented approach to the analysis of interaction which starts from, and gives appropriate weight to, the linguistic choices made by the speakers.

    In Sections 2. and 3., we will sketch an overview of the SFL model of the linguistic resources that play a major part in constructing interaction.[2] In Section 4, we will then apply the model to two types of spoken interaction, in order to illustrate the kinds of insights that can be gained. In each case, we will not attempt to provide an exhaustive analysis, but will concentrate on features that seem more revealing. This will allow us to highlight how choices from particular systems within the lexicogrammatical model offered by Systemic Functional Linguistics operate in discourse, and how the choices reflect and construct interpersonal aspects of the socio-cultural context of the interactions.

2.   Lexicogrammatical and semantic resources for interaction

The major set of choices in interpersonal grammar that are open to the speaker is in the system of MOOD:[3] Every independent clause chooses between imperative and indicative; within indicative, between declarative and interrogative; and within interrogative between polar (yes/no) and *wh*-interrogative.[4] In contrast to the imperative, which has neither Subject nor Finite,[5] the indicative is realized by the presence of Subject and Finite (in the order S^F for declarative, F^S for polar interrogative and *wh*-element^F(^S) for *wh*-interrogative). Corresponding to these structural choices, the speaker chooses between four options in the system of SPEECH FUNCTION: s/he may take on the role of giver or demander, and what s/he gives or demands may be information or goods-&-services. Thus every independent clause functions as statement (giving information), question (demanding information), command (demanding goods-&-services), or offer (giving goods-&-services). See Table 1.:

Table 1. The basic speech functions

role in exchange	commodity exchanged	
	information	*goods-&-services*
giving	statement	offer
demanding	question	command

Other speech functions, many of which have everyday labels and which have been the subject of much discussion in, for example, speech act theory, can be seen as more delicate sub-categories of these four basic functions: e.g., *contradiction* is a kind of statement, *request* is a kind of command, *promise* is a kind of offer.

While offers are not realized by a specific mood form in English, there is an unmarked match between the three other speech functions and the mood choices: declaratives predominantly realize (function as) statements, interrogatives realize questions, and imperatives realize commands. The match is not, however, absolute: for example, commands may be instantiated by imperatives (*let your feet hang*), but are often instantiated by declaratives (*you must let your feet hang*) or interrogatives (*could you let your feet hang*); and questions may be instantiated by interrogatives (*what is it*) but also by declaratives (*so that's the worst*) or imperatives (*tell me where*). Form-function mismatches of this kind (which are described as indirect speech acts in some other approaches – see, e.g., Austin 1962; Searle 1969) combine two kinds of meaning in a way which serves specific interactional purposes. For instance, a command may be expressed as a polar interrogative in order to show politeness: the interrogative

form (e.g., *could you*) in principle offers the addressee the possibility of giving either a positive or negative response. On the other hand, a question expressed as an imperative (e.g., *tell me where*) in principle does not offer this possibility and thus tends to construe the questioner as having (or assuming) greater authority than the addressee. It is, however, important to stress two points: first, as we will explore in Section 4.1., the effect of, and reason for, particular choices in the systems of MOOD and SPEECH FUNCTION will depend on contextual factors such as the institutional roles of the interactants, the degree of personal closeness, and so on; and second, apart from in exceptional contexts such as a court of law, the speech function may not "succeed", in that the addressee always in principle retains the option of giving what Halliday (1994: 69) calls the *discretionary alternative* response (equivalent to the *dispreferred response* in Conversational Analysis, cf. Pomerantz 1984). For example, they may refuse to comply with a command.

A further system of interpersonal choices which play a crucial role in interaction is that of MODALITY. Modal resources involve modal operators (e.g., *may*) but also many other kinds of expression including lexical verbs (e.g., *suggest*), adjectives (e.g., *probable*), adjuncts (e.g., *certainly*), nominalizations (e.g., *possibility*), clauses (e.g., *it is probable that*), and other less direct wordings (e.g., *the plain truth is that*). MODALITY covers two main semantic areas, depending on whether it relates to what Halliday (1994: 89) calls propositions (utterances which centre on the exchange of information – i.e., statements and questions) or proposals (utterances which centre on the exchange of goods-&-services – i.e., commands and offers). The former type is MODALIZATION, which adjusts the validity of the proposition in terms of probability or usuality, and the latter type is MODULATION, which adjusts the strength of the proposal in terms of obligation on the addressee or inclination of the speaker. (There is also a further modal category, ABILITY, expressed by *can/be able to*; but this is largely marginal in terms of the negotiation of the validity or strength of an utterance, which is our main focus here.)

Within the two main areas, the most important variables that can be manipulated are the value and the orientation. Key points on these two clines are illustrated in Table 2.

Value here refers to where the modal expression falls on the cline in terms of degrees of probability, usuality, obligation, or inclination. For example, high value probability indicates near-certainty (e.g., *I'm sure it's a torn muscle*),[6] whereas low value obligation expresses permission (e.g., *you can relax now*). Orientation refers to how overtly the speaker takes responsibility for the modal meaning: with explicit subjective modality, the speaker is directly implicated in the assessment (*I think X*), whereas with explicit objective modality, the modality is represented as if it were an attribute of the proposition/proposal itself (*X is possible*) and thus the speaker's responsibility for the assessment is masked.

Table 2. Main variables in the domain of MODALITY

	modalization		modulation	
	probability	usuality	obligation	inclination
commitment:				
high ↑	she must be	she's always	you must	I'm keen to
median	she will be	she's usually	you should	I'm determined to
low ↓	she may be	she's sometimes	you can	I'm willing to
responsibility:				
objective ↑	it's likely that	it's usual for	it's essential to	–
	maybe	usually	supposed to	willing to
	may	will	must	will
subjective ↓	I think that	–	I expect you to	I volunteer to

Together, these resources (with more delicate options not discussed here) allow speakers to make an enormously wide range of fine gradations in the extent to which they accept interpersonal responsibility for the validity or strength of their utterances.

The final main area of interpersonal resources that we will touch on is the APPRAISAL system (Martin and White 2005; Macken-Horarick and Martin 2003). This covers the expression of the speaker's evaluation of entities, propositions, and proposals. In order to capture what goes on when a speaker evaluates, we need to take three related perspectives, each of which can be represented as a system of choices within the overall APPRAISAL system: the assessment itself, which draws on the system of ATTITUDE; how the speaker negotiates the intersubjective status of the assessment in his/her discourse, termed ENGAGEMENT; and how the speaker amplifies or tones down the expression of the assessment, termed GRADUATION.

Attitudinal evaluation can be divided into three major types, each with subcategories (some will be introduced as necessary in the analyses in Section 4.2. below). The basic type is AFFECT, which is prototypically expressed as a mental process directed at the appraised entity: this can be schematically exemplified as *I like/dislike X*. This form of assessment is then "institutionalized" (Martin 2000a: 147) into two other types, where the assessment is essentially represented as an attribute of the appraised entity: JUDGEMENT involves assessments of behavior in terms of moral, ethical values (e.g., *you are being inconsiderate*), while APPRECIATION involves assessments of things in terms of aesthetic values (e.g., *the tablets are effective*). One complicating factor is that attitude may be expressed directly, or inscribed; but it may also be expressed indirectly, or invoked. For example, in the consultation the patient says *all last night I couldn't turn on my side*: in itself, this is not an overtly evaluative statement, but it is

clearly intended to make the doctor see her situation as undesirable.[7] The importance of the concept of invocation of attitude is that it highlights the fact that appraisal is intersubjective: invocation works by inviting the other interactant to share, even if only provisionally, the values of the speaker in order to understand why this information is being given. In fact, contrary to the conventional view that evaluation is simply the expression of personal feelings, all appraisal can be seen as intersubjective in that it represents an appeal for solidarity (or, alternatively, enacts antagonism).

This intersubjectivity emerges even more strongly through the options in the system of ENGAGEMENT. The primary choice here is between monogloss and heterogloss utterances. All discourse can be seen as inherently dialogic, in Bakhtin's terms; and heterogloss utterances are those which in some way recognize this, acknowledging and responding to the possibility of alternative views, either already expressed in previous discourse or potentially held by other people, including the addressee. Signals of heteroglossia include modalization, hedging, negation, and reporting. For example, as the doctor prescribes pills, he tells the patient *they don't make you drowsy*. The negative signals his awareness that the patient knows that this is an undesirable side-effect of some drugs. Monogloss utterances, on the other hand, do not take account of other possible voices. This may be an unexceptionable option, as when the patient describes her own feelings *I've been in agony all night*; but with more contentious evaluations it may represent an attempt to close down any possibility of negotiation over the evaluation being expressed.

The third perspective, GRADUATION, is in some ways the simplest: it involves boosting or minimizing the evaluation. This may be done either through modifying elements (*a little bit, so much*) or through intensified lexis (*agony, hopeless*). Appraisal in discourse is typically cumulative, with an evaluatively coherent stance being constructed across a discourse; and speakers may deploy the resources of GRADUATION to foreground or background particular claims. In addition, they may use these resources to negotiate greater interactional solidarity by matching the strength of their evaluations to what they predict will be acceptable/appropriate to their addressee; or they may strengthen confrontation by deliberately aiming at a mismatch.

It is worth mentioning that intonation also plays an important role in supporting and extending the ways in which the lexicogrammatical resources outlined above operate in constructing interaction. For example, one of the linguistic features which signals to the patient that, when the doctor says *sides*, this is to be interpreted as a question is the rising intonation. However, space prevents us from including intonation in the present account. For full accounts see Halliday and Greaves (forthcoming) and Brazil (1997).

3.   Exchange Structure

When communicating with others, we tend to draw from the range of lexico-grammatical and semantic resources listed above to co-produce patterned sequences of conversational structure. What is meant here goes beyond the concept of the *adjacency pair* in which an answer tends to follow a question or acceptance tends to follow a request. This broader view suggests that social actions seem to be organized alongside interactional "slots" that can extend across any number of conversational moves extending beyond the pair. For instance, it is quite common in the negotiation of meaning and action during a medical examination for the patient to comply with the doctor's commands (e.g., *press down with your feet against my hands*). But this exchange of meanings, which comprises a command followed by compliance, often contains a third "move" in which the doctor indicates that the patient has successfully carried out the command (e.g., *okay, that's good*). So, in order to provide a comprehensive account of how interpersonal meaning is produced and negotiated in conversation, we need to not only identify the lexicogrammatical resources that function interpersonally, but also we need to show how these resources pattern within an exchange of moves in sequence.

Research in exchange structure from an SFL perspective has largely benefited from the pioneering work of Berry (1981a,b) and has seen various developments from a number of researchers (see especially Martin 1992, 2000b; Muntigl 2007; O'Donnell 1990, 1999; Ventola 1987). Taking as a point of departure some of the earlier studies from the Birmingham school (for overviews, see Coulthard and Montgomery 1981; Sinclair and Coulthard 1975), Berry went on to propose that exchanges be distinguished in terms of whether they involve propositions or proposals. As discussed earlier, propositions involve the giving or demanding of information (i.e., statements and questions), whereas proposals involve the giving or demanding of goods-&-services (i.e., commands and offers). Information-based exchanges are referred to as *knowledge* exchanges (or K-exchange for short) and goods-&-services exchanges are referred to as *action* exchanges (or A-exchange for short). The moves comprising an exchange tend to sequentially unfold in a specified order, which is represented in the following structure potential ("X" = A or K; "^" = is followed by; "( )" = optionality):[8]

(X2) ^ X1 ^ (X2f ^ (X1f))

The only obligatory move is X1. It is realized as a statement if a K-exchange and an offer if an A-exchange.[9] Making a statement or performing an action on its own may therefore be construed as a complete or felicitous exchange. X2s, on the other hand, are eliciting moves and tend to be considered infelicitous if occurring in isolation. In other words, there exists an expectation that an addressee

will respond to the X2 by taking up the X1 option. Elicitations of knowledge involve questions, whereas elicitations of action involve commands. The last two moves (X2f and X1f) are follow-up moves and tend to signal the speaker's attitude towards the prior move in the exchange.

The function of a move is also in part determined by its position in sequence. For example, X2s, which can be realized as questions or commands, are eliciting moves that occur at the beginning of exchanges. X2fs, by contrast, are "follow-up" moves and are realized subsequent to the core moves of the exchange. Another important feature of exchange structure is that the four moves are each interpreted as functional slots within which speakers take up certain knowledge or action positions. Moves designated as "1" are associated with primary knowers/actors and those designated with "2" are secondary knowers/actors. What this means is that our choice of initiating move sets up certain knowledge or action roles for each of the participants (as will be shown in example (5) and in Section 4.2., these roles are anything but "immutable"; they can be upgraded, downgraded, resisted, or appropriated). If a speaker A begins with a K2 by asking a *wh*-question, A positions herself as having secondary access and rights to knowledge and positions her interlocutor as having primary access. This local assignment of knowledge (or action) roles is especially relevant in situations where access to knowledge and/or the performance of an action is being resisted or challenged, as in examples (5) and (7) below.

An example of an A-exchange involving a doctor-patient interaction is shown in (2), taken from the same consultation as (1) above; the complete transcript is shown in (6). In the first move, represented as A2, D elicits an action by way of a command (*press down hard*). Here, D is performing a physical examination in response to P's complaint of having severe back pain. P then realizes the role of primary actor, represented as A1, by pushing against the doctor's hand. The follow-up move by D, expressed as *ok*, works not only to complete the exchange, but also to signal to P that she has correctly complied with D's request (the horizontal line between moves 04 and 05 signals an exchange boundary).

(2)[10]

01	A2	D:	what I want you to do first then is to press down with your feet against my hands
02	A2	D:	press down hard
03	A1	P:	((presses down))
04	A2f	D:	ok
05	A2	D:	now pull up against my fingers

Turning to a K-exchange in (3) that involves a therapist (T) and a client (F), we see a similar type of sequential unfolding. In this example, T is exploring the causal effects of F's problem, which had previously been identified as indeci-

siveness. The initiating move is a K2, as shown by T's question in line 06 (*what does it have you thinking about yourself (.) Fred*). By selecting a K2 move, T positions himself as a secondary knower. In other words, what indecisiveness makes F think about himself is primarily knowable to F and not to T. F takes up a K1 slot in line 08 by providing the *what* to T's question (*that I can't make a decision*), and T closes down the exchange by producing the third position response token *kay*. T then initiates a new exchange in line 11 that ultimately unfolds in the same K2^K1^K2f sequence.

(3) (from Muntigl 2004: 285)
```
01        T:   kay (2.0) now this is great (1.0)
02             I think
03             we're really getting at indecisiveness
04             is the influence over you .hh
05             so what does have you um (.)
06   K2        what does it have you thinking about yourself (.) Fred
07             (2.0)
08   K1   F:   that I can't make a decision
09   K2f  T:   kay
10             (4.0)
11   K2   T:   is that true Fred
12             (1.5)
13   K1   F:   oh I can when I have  [to  ]
14   K2f  T:                        [yes] okay so you can
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Exchanges, of course, do not necessarily begin with an X2 move. An example of a K1 initiated exchange is shown in (4). In this example, again involving therapy but this time with a different client (W), T makes a statement that refers back to a positive experience that W had in the previous therapy session (*so it wasn't a bullshit day*). By way of this action, T positions himself as a primary knower who can, in certain situations, make claims about W's personal experience. W then ratifies T's primary knowledge status by producing a K2f in which she offers an agreement (*I didn't think so*). This exchange structure gets recycled in lines 04–06, with the addition of a K1f through which T acknowledges W's prior agreement.

(4) (from Muntigl 2004: 153)
```
01   K1   T:   so it wasn't a bullshit day
02             [that wuz it wuz      ] positive
03   K2f  W:   [I didn't think so    ]
04   K1   T:   an it wuz real.
05   K2f  W:   i cou- uh uh it wuz tuh me?=
06   K1f  T:   =mm hm
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So far, our discussion of exchange structure has involved affiliate actions in which the speakers agree with each other or comply with one another's demands. Bearing in mind that speakers are not always compliant or interested in achieving consensus, Berry suggested that speakers have some manoeuvrability in responding to an initiating action. If we briefly return to (3), we note that F has demonstrated that he has access to the knowledge that was being elicited by T's questions. According to Berry, F has selected the option of [+k], which simply means that F is able to fulfill the K-role set up by the K1 move. Sometimes, however, speakers do not know the answer. In such cases, speakers claim no access to knowledge, and this can be represented by the speaker having selected for [-k].

An important issue in the modeling of conversational exchanges, therefore, is to illustrate how K- and A-roles are negotiated over the course of the exchange. Muntigl (forthcoming) has suggested that one way of doing this is to indicate the K- or A-roles of each of the conversationalists for each move of the exchange. For example, if a speaker selects a K2 by asking a *wh*-question, the speaker not only claims lesser access to the information (i.e., [-k]), but also positions next speaker as having greater access and rights to the information. The answerer, in turn, may ratify the K-roles set up in the initiating move, or s/he may challenge the K-roles by denying knowledge of the answer, thereby selecting for the [-k] rather than the "expected" [+k] option. An example of this type of modeling is shown in (5), which is an example of couples therapy (T=Therapist; D=Dave; L=Lisa). For convenience, this excerpt has been divided into exchanges with the third and fourth columns indicating the [+/-]K-role assigned to T, D, or L.

(5)

		T	*D*		
784				T:	s:o:. (6.0) so you've done the (.) big screw up,
785					and you realize its hopeless,
786					and you can't really recti↑fy: it.
787					((T's gaze returns to D))
788					(2.0)

Exchange 1

| 789 | K2 | -k | +k | T: | what h(h)appens. |
| 790 | | | | | (1.5) |

Exchange 2

791	K2	-k	+k	T:	d-does- do you:. (2.5) ((T turns to gaze at L))
792					is that a time when: (.) when you sort ↑of (2.5)
793					((T gazes back at D))
794					withdra:w↑ a little bit↑ from the relationship?
795					((T and D gaze at L))

| 796 | | | | er shut ↓dow:n a little bit↑ from the relationship? er. |
| 797 | | | | (2.5) ((T returns gaze at D)) |

Exchange 3

798	K2	-k	+k	T:	what h(h)a:ppens for you.
799					(0.5) ((D glances quickly at T, then returns gaze at L))
800	K1	-k	-k	D:	I don't know if I do:. I might- (0.5) but not realize ↑it.
801					(2.0) ((D maintains gaze with L))

		L	*D*		*Exchange 4*
802	K2	+k	-k	D:	d'you know what- (.) do I?
803					(1.0)
804	K1	-k	-k	L:	°I dunno. °

In this example, T attempts to elicit a response from D that explains what D does in situations where he acts in contrast to his wife's (L) expectations (*so you've done the (.) big screw up*). The first K2 initiated exchange begins in line 789. Here, T positions herself as having lesser rights to knowledge [-k] and D as having greater rights to knowledge [+k]. Since a K1 move is not forthcoming immediately following T's K2 – note the 1.5 second silence in line 790 – T reformulates her question, this time providing D with some possible answers (*is that a time when: (.) when you sort ↑of (2.5) withdra:w↑ a little bit↑ from the relationship? er shut ↓dow:n a little bit↑ from the relationship? er.*). T's subsequent version of the question, which also contains candidate answers that D may use to respond, can be seen as a way to more specifically pursue a response from next speaker (see Davidson 1984 for a discussion of this strategy). Again no answer from D is forthcoming, which leads T to begin another K2 exchange in line 798 (*what h(h)a:ppens for you.*). Although a response finally occurs in 800, notice that D selects a [-k] option by claiming no knowledge of what could happen (*I don't know if I do:. I might- (0.5) but not realize ↑it.*). In effect, D's social actions ultimately result in the absence of a primary knower for two reasons: first, by denying access to knowledge through "I don't know", D resists claiming greater access and epistemic rights of his own personal experience; and second, in exchanges one and two, D fails to take up a K1 slot in which his being cast as primary knower becomes relevant. To confound matters even more, D begins a new exchange (exchange 4) in which he casts himself as the *secondary* knower of his own experience and L, his spouse, as the primary knower.

What we hope to have illustrated, however briefly, is that exchanges involve more than simply providing "opening" or "closing" moves, and certainly more than merely sending and receiving information. Exchanges cast the conversationalists in certain *epistemic* or *deontic* roles, and these roles may be negotiated (resisted, challenged, or usurped) in a variety of ways. In the next section, we

show in more detail how lexicogrammatical and semantic resources and exchange structure work in tandem to account for the interpersonal negotiation of meaning.

4.   The model in operation

Having outlined the main areas of the SFL model that relate to interpersonal aspects of communication, we will now expand on our account by showing how this approach can be used to illuminate discourse choices in context. In the following illustrative analyses, we will focus especially on mood choices in Section 4.1 and exchange structure and appraisal in Section 4.2, with reference to other parts of the model as relevant.

4.1.   Questioning and mood

The following is a longer stretch of the doctor-patient interaction from which example (1) at the start of the chapter was taken.[11] The extract can be divided into three stages: the opening in which the patient explains the problem (moves 01–11); a brief verbal diagnosis stage (12–16); and then the physical examination (17–62).

(6)
> *Phase 1: the patient's account*
01 P: what it is er I work with elderly people
02 D: yeh
03 P: and yesterday I got home from work and *[inaudible]* the trouble is I can't bend forward and I can't like turn sideways it's like the bottom of my spine it just feels like I'm sitting on a pin
04 D: so it's pain in the lower back
05 P: lower back just about there
06 D: ok
07   how long did you say again
08 P: I mean all last night I couldn't turn on my side I couldn't stand up I couldn't go to the toilet
09 D: so it got worse overnight
10 P: yeh when I walk it hurts me to walk
11   I don't know what it I don't know if probably it's lifting the residents in the nursing home or what
> *Phase 2: verbal diagnosis*
12 D: no remembered injury *[1 sec]*
13   you don't remember doing anything in particular

14 P: I've I've worked with elderly people for ten years moving them
       around
15 D: waterworks OK
16 P: yeh fine
       Phase 3: physical examination
17 D: can you climb on the couch while I have a look at your back
18 P: ((action))
19 D: just lie flat on your back
20 P: lie back oh ooh *[inaudible]*
21 D: I'll give you a hand
22   just relax back as best as you can / sorry / as you are comfortable ok
23 P: yeh
24 D: it's when you move
25 P: it's when I move and when I lie on my bed back in the house I can't lie
       straight I have to lift my bottom up otherwise I can feel something like
       ripping the back of my spine
26 D: what I want you to do first then is to press down with your feet against
       my hands
27   press down hard
28 P: ((action))
29 D: ok now pull up against my fingers
30 P: ((action))
31 D: can you press your feet together
32 P: ((action))
33 D: press your knees apart
34 P: ((action))
35 D: just relax while I do your reflexes which are fine
36   can you bend your knees
37 P: oh
38 D: yes ok take your time
39   now keep them as they are while I just try and straighten your legs
40 P: ((action))
41 D: right
42   now let your feet come down
43 P: ((action))
44 D: that's it
45   I'm going to do the work if you can try and relax and tell me when it
       gets too uncomfortable
46 P: now
47 D: that's it ok so about forty degrees
48   now *[inaudible]* now this one
49 P: there

50   D: about the same
51   can I sit you forward now while I while I hit you
52   P: *(laughs) [inaudible]* that's as far as I can't go any further
53   D: tell me where the tender spot is
54   P: there oh
55   D: er further down
56   P: no just there
57   D: no ..
58   sides
59   P: yeh
60   D: so that's the worst spreading out to both sides
61   P: yeh
62   D: let your feet hang over the edge

If we start with mood choices, as noted above the doctor's questions are almost all expressed in forms other than direct interrogatives (the only exception in the extract is utterance 07): in utterances 04, 09, 13, 24 and 60, he uses declaratives functioning as yes/no questions (Geluykens (1987) introduced the term "queclaratives" for this particular form-function pairing); in 12, 15, 55, and 58 he uses elliptical forms in which the Mood element (consisting of the Finite operator + Subject) is missing; and in 53 he uses an imperative. He also uses a range of forms to express commands. Some of these are mitigated in various ways: modalized interrogatives (*can you* in 17, 31, 36; *can I* in 51); and some declaratives (*what I want you to do first then is to* in 26; *if you can try and* in 45).[12] However, the majority of his commands are expressed as imperatives with no mitigation, or only minimal mitigation (*just*): this happens in utterances 19, 22, 27, 29, 33, 35, 38, 39, 42, and 62. There is also one elliptical command in 48 *now this one*.

These lexicogrammatical features of the doctor's contributions can be seen as reflecting and construing his role in the interaction. In terms of commands, his expertise-based authority allows him to use bare imperatives in the physical examination stage of the interaction: there is a conventional agreement that the doctor has the right, by virtue of his institutional role, to command the patient to carry out certain actions which will aid diagnosis, without needing to negotiate this imposition.

Less obviously, it can be argued that his choice of question forms which do not explicitly signal their interrogative nature is also related to the construal of his authority. It has been noted that in certain contexts questioners have a more authoritative position than answerers, since they in principle control the next utterance (see, e.g., Thornborrow 2001). However, questions are a double-edged sword, in that they inherently indicate lack of knowledge, which is associated, locally or more globally in an interaction, with a less authoritative position. One significant feature of the doctor's questions is that their function is not formally

signaled: either they are expressed by non-interrogative forms (imperative or declarative), or the Mood, which explicitly signals interrogation through the Finite^Subject order, is ellipted. People whose professional role is to be consulted on specialist matters, such as doctors or lawyers, are constructed, by both interactants in a consultation, as being "institutionally knowledgeable" (cf. Berry's 1987 term *Primary Knower*): even though they are asking about events of which the patient/client has first-hand knowledge, they are in a position to predict the kind of information that is likely to be given, and to control the kind of information that is relevant: it is worth noting that the questions are designed to elicit confirmation rather than information, acknowledging the doctor's greater epistemic right to identify and diagnose. Thus the grammar supports and reflects the expert "knower" role conventionally assigned to the doctor by offering ways of expressing his meanings which do not explicitly construe lack of knowledge.

At a more delicate level of analysis, the question forms that the doctor uses are conventionally associated with certain specific functions, especially in the diagnostic stages of such interactions. The queclaratives are typically used to confirm the essentials of the information that the patient has given and simultaneously to reformulate it in a way that fits in with the medical process of diagnosis. On the other hand, the elliptical questions typically construe progress which is business-like (and therefore potentially reassuring for the patient) through a pre-established checklist of points that need to be covered in order to reach a diagnosis. Utterances 12 and 13 are interesting in this respect: the doctor begins by using a specialist formulation from his mental checklist in an elliptical question *no remembered injury*; but after a pause he rephrases this as a *queclarative* in terms which will be more comprehensible to the patient *you don't remember doing anything in particular.*

Turning more briefly to the patient, she mostly uses statements giving information about her condition. It is unsurprising that, given her role, she utters no commands; and on the one occasion in the extract when she asks what might be interpreted as a question (utterance 11), she explicitly expresses it as a statement about her own lack of knowledge. We can further note a significant difference in where ellipsis occurs in her utterances. Whereas the doctor's elliptical utterances are typically initiating moves in an exchange (e.g., 15 *waterworks OK*), when the patient uses ellipsis, it is normally in responding moves (e.g., 16 *yeh fine*). Unlike the doctor, the patient does not have an institutionally ratified agenda to work through, which means that any initiations by her have no pre-established grounding to work from; they therefore need to be negotiated fully through non-elliptical Mood elements.

If we move from grammatical choices at clause level to discourse choices at the level of the exchange, the doctor's authority is construed by the fact that he initiates all the exchanges, and the patient consistently supplies the expected response: she answers the questions (though in places her idea of a relevant

answer does not necessarily match the doctor's; e.g. 14) and obeys the commands. If we view the mood choices in terms of exchange structure roles, we see that, even though the doctor selects K2 moves, these are moves that position himself as [+k]. In the physical examination, for example, the patient must respond to the doctor's taps. So it is actually the taps which "discover" the pain areas. In a way, the patient is construed as not expert enough (not having equal epistemic rights) to know exactly where the painful areas are on her own body, at least in terms which are appropriate to medical diagnosis. Only the doctor is capable of ascertaining this. At times, the patient does initiate an exchange as in utterance 11; but on several of these occasions, including 11, the doctor does not provide a response: the responsibility for the successful completion of exchanges is not reciprocal. In one case, the doctor provides a feedback move, repeating and validating the patient's utterance: *no just there / no* (56 / 57). The right to validate rather than just acknowledge a preceding move in an exchange belongs to the more authoritative interactant: it is, for example, typically associated with teachers.

This illustrative analysis has of necessity focused only on a small extract. It is worth stressing that this would be only part of a typical analysis within the SFL approach: the aim is not only to illuminate what happens in a particular interaction, but to show how the choices made in that interaction make sense against the background of repeated patterns of choices across other instances of interactions of the same genre or similar genres. In order to be sure that the linguistic choices are not simply idiosyncratic, and that the language-context connections that we have argued for above are representative, we need to project the choices onto those found in a larger corpus of similar interactions. When we do this (see Thompson forthcoming), we can see that they are each playing a conventionalized part: the patterns of choices indeed recur not only across doctor-patient consultations but also across other kinds of institutional discourse such as solicitor-client. The choices in a specific consultation make sense against these wider patterns, because both interactants recognize, usually without being consciously aware of it, that they are behaving as "normal" in a consultation. As is typical in institutional interactions, the doctor, as the expert, has a discourse role for which he has been specially trained and his patterns of linguistic choices are thus more easily identified both in individual cases and across a corpus. The patient, on the other hand, has not been trained to be "a patient": she mainly follows the doctor's lead, filling the role that is constructed for her at each stage (answering questions, obeying commands, etc.), and otherwise making do with patterns based on ordinary conversation – in which she is of course an expert.

4.2. Knowledge roles and appraisal

In the discussion of example (5) above, it was shown how a speaker in a K1 slot resists the [+k] epistemic status that was assigned to him in the previous move by denying that he has access to this knowledge. In addition to resisting a certain epistemic status, we may also choose to take over or usurp the epistemic role claimed by the previous speaker. The conversation shown in (7), which is a family argument involving a teenage daughter (D), the father (F) and the mother (M), is a vivid illustration of how epistemic rights are negotiated or fought for during a social encounter. (More examples of family arguing can be found in Muntigl and Turnbull 1998.) In this example, D, F, and M are arguing over a re-curring problem that involves D's abundant use of the telephone. The conversation can be roughly divided into three phases: Phase 1 involves D's (some-what humorous) identification of the problem (lines 01–07), Phase 2 involves a lengthy exchange of disagreements (lines 08–24), and Phase 3 involves the pur-suance of agreement (lines 25–45).

(7)

		D	F&M		*Phase 1: identifying the problem*
01	K1			D:	Okay, there's a problem with the phone use
02					because I occupy it ninety percent of the time, as
03					mom says,
04					a::nd when she's on the phone I bug her too much.
05					That's the problem.
06					(.8)
07					((laughter))
					Phase 2: disagreement
08	K1	-k	+k	F:	The problem more than that ah
09					obviously you are being inconsiderate and ru::de.
10					(.7)
11					[To your parents.
12	K2f	+k	-k	D:	[NO, I JUST-
13	K2f	+k	-k	D:	NO I'M NOT.
14					She:'s the one who is always inconsiderate and
15					rude to me.
16					(.7)
17	K1f	-k	+k	F:	When you have the phone ninety percent of the
18					time?
19					(1.0)
20	K2ff	+k	-k	D:	NO::, whenever- whenever friends phone
21					she says oh those zit faced punks phoned again.
22					(.6)

23	K1ff	-k	+k	M:	No I didn't.
24					(2.7)

Phase 3: pursuing agreement

25	K2	+k	-k	F:	Why should you have the phone 90 % of the time
26					(.5)
27	K1	+k	-k	D:	Because that's who I call. (2.2)
28					They ca::lled. (1.1)
29					[NOT LIKE-

30	K2	-k	+k	F:	[Sh- sh should you not be considerate of your
31					parents?
32	K1	+k	-k	D:	.hh I do:: [I-

33	K1	-k	+k	F:	[Your mother and I have phoned
34					have friends and telephone calls too.
35	K2f	-k	+k	D:	.hhh y::eah.
36					(2.4)

37	K2	-k	+k	F:	Shouldn't we get a portion of the time?
38	K1	-k	+k	D:	.hhh yeah, I try to make em short
39					because mom always <u>threat</u>ens me when I'm on
40					the <u>phone</u>.
41					(3.5)

42	K2	-k	+k	F:	Should you come out when we're on the phone
43					and wave your ha::nds and make gestures for us
44					to get o::ff because you are in a panic?
45	K1	+k	-k	D:	.hh that only happened <u>once</u> with the <u>call</u> alert.

To begin the analysis, we focus first on the lexicogrammatical resources used in Phase 2 (the sequence of extended disagreements). As is typical for disagreement, we find many shifts in polarity from one move to the next that are realized in negative polarity elements (e.g., *NO I'M <u>NOT</u>* in line 13, *No I didn't* in line 23) and discourse markers of opposition (e.g., *NO, NO::*). Disagreement is also achieved by manipulating the element that is represented as modally responsible for the proposition (i.e., the Subject). Compare the following:

F: *you* are being inconsiderate and ru::de. (.7) *to your parents*
D: *She*:'s the one who is always inconsiderate and rude *to me*.

Here, D switches the roles of the participants as construed in F's utterance: *your parents* is shifted from the "target" of inconsideration and rudeness to the Subject role as *She*, while *you* takes over the target role (i.e., *to me*). This kind of switching is strongly associated with naïve contradiction. The final way in

which disagreement is realized involves the attributes of being inconsiderate and rude. Whereas F claims it has to do with D's occupying the phone ninety percent of the time (see line 17), D claims it is because M calls her friends *zit faced punks* (lines 20–21).

Although Phase 2 can be identified as a knowledge exchange, it should be clear that *information* is not what is at stake for these participants; that is, they are not arguing about the "right answer" or who has access to the "true" facts. Instead, the disagreement has more to do with epistemic rights in the sense that not every participant has equal rights in interpreting a given state of affairs. For instance, who is being inconsiderate to whom centrally involves differing points of view and has little to do with factual information. In this sense, the issue of epistemic rights has to do with who is able to get their point of view across and accepted and this seems to be what the main battle between D, F, and M is about. In fact, the commodity under negotiation seems to centrally involve appraisal: by calling D inconsiderate and rude, F made a negative judgement about D's character. D then tries to turn the tables on F by naming an instance in which M negatively judges (i.e., insults) her friends. This functions as a token of invoked negative judgement of M, providing evidence for D's explicit appraisal of her as *inconsiderate and rude.*

Turning now to the level of exchange structure, we can see that the assignment of [+/-]K rights gets reversed from move to move. F begins by positioning himself as [+k] and D as [-k]. D, in turn, attempts to seize primary epistemic rights and to resist F's positioning of D as [-k] by disagreeing with F. This back and forth assignment of opposing epistemic rights continues until the end of the exchange. Note that we did not differentiate between F and M's epistemic role, because, for all practical purposes, they are constructing themselves as a single unit (e.g., *your parents*, *your mother and I*).

In Phase 3, there is a shift from arguing by way of contradiction to F trying to get D to take on (and ultimately accept) the parent's point of view. One of the most notable differences is the shift from a K1^K2 exchange structure to a K2^K1 structure; that is, the initiating move now specifically tries to elicit something from the addressee. In the first exchange, F selects a K2 in line 25 that is realized by a *wh*-question (*Why should you have the phone 90 % of the time*). Subsequently, D answers by providing the *why* (*Because that's who I call. (2.2) …*), thereby satisfying the K1 requirement in which she ratifies her primary knower role. If F's local interactional goal is to convince D that she should make fewer and shorter phone calls, then it is clear that this strategy is not working in F's favor. The reason is that by accounting for her exorbitant phone use, D is able to strengthen her position. It is perhaps for this reason that, at this point, F uses a very different type of question to realize a K2 initiated exchange. Furthermore, he initiates two subsequent exchanges in the same manner. Let us take a closer look at how F formulates his questions:

- – Sh- sh should you not be considerate of your parents? (line 30)
- – Shouldn't we get a portion of the time? (line 37)
- – Should you come out when we're on the phone and wave your ha::nds and make gestures for us to get o::ff because you are in a panic? (lines 42–44)

Although these questions realize eliciting moves, they seem to be very different from F's *wh*-question in line 25. Whereas the *wh*-eliciting move positioned D as a primary knower (D is arguably in the best position to answer *why*), the subsequent eliciting moves do not position D as someone who can decide over the matter. This is because they merely seek confirmation from D: the first two K2s invite a *yes* and the last K2 invites a *no*. For example, the question *Sh- sh should you not be considerate of your parents?* implies that D should be considerate;[13] there is no 'equal' yes/no option implied in this formulation. For this reason, F's K2s position himself as having greater epistemic rights (i.e., F is stating that D should be considerate or *more* considerate by not using the phone to the degree that she does), and by confirming, D would simply ratify F's greater epistemic rights, thereby ratifying her own lesser epistemic rights. Notice also that F partially succeeds in maintaining the distribution of [+k] for F&M and [-k] for D. It seems that F has been somewhat successful in moving away from outright disagreement and into a line of persuasion that attempts to get D to view the dilemma from the parent's perspective.

In this phase, as in Phase 2, the exchange revolves mainly around appraisal meanings. F utters many judgements of propriety, some of which are explicit (D does not show consideration of her parents) and others are more implicit (D should give her parents a greater portion of the phone time; D should not make arm waving gestures when she is in a panic). D also draws from appraisal by depicting M as a cruel person and by arguing that it is because of M's cruelty that she is "forced" to make shorter phone calls (*I try to make em short because mom always threatens me when I'm on the phone.*).

By focusing mainly on exchange structure, we tried to demonstrate in this analysis that K-exchanges can involve commodities other than information. An exchange, therefore, should be seen in terms of *rights to knowledge*, which includes negotiation of points of view and not so much "what is true and what is false" or "can someone provide me with the information that I need". The right to knowledge also includes making competing judgements about self, other and relationship. It is about improprieties, poor vs. good taste, and the expression of emotion. It is about who can make claims and who can resist them. We feel that an analysis of lexicogrammatical resources within the context of conversational exchanges can help us to shed some light on how this is accomplished.

5.   Conclusion

What we have aimed to do in this overview is to illustrate some of the main ways in which interpersonal communication can be investigated using Systemic Functional Linguistics. We have shown not only how lexicogrammatical and semantic resources are deployed by conversationalists to construe interpersonal meanings on a moment-by-moment basis, but also how these resources play a role in constructing "larger" activities or genres (for some important overviews on *genre* in Systemic Functional Linguistics, see Bateman 2006; Christie and Martin 1997; Muntigl and Gruber 2005; Ventola 1987). We have not had space to show how the insights may be applied in practice, but we hope that the implications are largely self-evident. The most obvious application is in achieving a better understanding of how language functions in establishing and maintaining social and personal relationships and, beyond that, the broader cultural norms of behavior. It is important to stress that Systemic Functional Linguistics does not see language use as simply reflecting those norms: language has a central role in constructing them. By speaking as they do, the doctor, the patient, the therapist, the client, the parents, and the child all construe their view of the world that they inhabit and their position in it. This means that an examination of their language is essentially an examination of their social beliefs, which has a number of ramifications. In institutional contexts, the insights may be used to inform training, making those who take on the "expert" role more aware of their own behavior and perhaps better able to guide, interpret, and respond appropriately to, the contributions of those whom they are advising. In less formalized settings, the description of how people go about the routines of living through their language is of direct relevance to many fields, including, for example, foreign language teaching (see, e.g., Thompson 2007) where it helps to avoid the kind of unrealistic and unhelpful distortions that bedevilled many teaching materials in the past.

The chief advantage that we would claim for the approach set out in this chapter is that it rests on a set of concrete categories: the recurrent patterns of language choices that occur in particular (types of) contexts. The model offered by Systemic Functional Linguistics is "extravagant" in Halliday's (1994: xix) term (and we have only outlined one part of it here); but this extravagance is balanced by systems of choices that are clearly defined, thus ensuring that analyses are in principle replicable. Of course, as noted above, specific contexts will involve factors which influence the reason for choosing, and the effect of, particular linguistic choices; but the consistency in the analytical categories allows a greater degree of comparability in the analysis of different interactions.

Appendix: Transcription notation

Notation	Gloss
(.)	untimed short pause (less than .5 seconds)
(1.0)	timed pause
[ ]	overlapping speech, e.g., A: how was the [movie] B: [great]
=	contiguous utterance, e.g., A: how was the movie= B: =great
–	indicates cut-off speech, e.g., I gu- guess
:	extended sound, e.g., we:::ll
.	clause final falling intonation
?	clause final rising intonation
underline	emphasis
CAPS	greater emphasis
.hh	inbreath
hh	outbreath, e.g., t(hhh)ake
( )	transcriber's guess at speaker utterance
(?)	unidentifiable speaker
((cough)) ((laughter))	non-speech vocalizations are placed in double parentheses
°	whispered utterance, e.g., he is °nuts°
↑	sharply rising intonation
↓	sharply falling intonation

Notes

1. The focus in this chapter is on speech, but it should be borne in mind that it is now widely accepted that written text can also be considered from the interpersonal perspective, in terms of the interaction that takes place between writer and reader. The ways in which this interaction unfolds is clearly different in kind, but the same linguistic tools can be used to explore it (see, e.g., Thompson 2001; Hyland 2005).

2. Within Systemic Functional Linguistics, the interpersonal resources that we focus on are seen as only one of four complementary sets of resources, which serve four metafunctions: in addition to the interpersonal, these are the experiential, logical, and textual metafunctions. For the purposes of analysis, the metafunctions can be explored separately – as we do with interpersonal meanings in this paper; but it is important to bear in mind that all language use realizes all four kinds of meaning simultaneously, and the account given here is inevitably only part of the picture. For fuller treatments of the whole model, see Halliday and Matthiessen (2004); Eggins (2004); Martin, Matthiessen, and Painter (1997); Thompson (2004).

3. In Systemic Functional Linguistics, specific typographical conventions are used to distinguish different kinds of linguistic concepts. The names of systems of choices in the grammar are given in small capitals; individual choices from systems are in lower case; and names of functional categories have an initial capital letter. Thus, MOOD refers to the system of choices which includes indicative and imperative, etc. The mood of an individual clause may be indicative or imperative, etc.; and the Mood is the functional element of a clause which consists of Subject and Finite.

4. There are some less frequent mood choices in addition to those listed here, including exclamative (a sub-type of declarative, with a *wh*-element) and imperative: suggestive (with *let's*). Note that dependent clauses in English, with very few exceptions, have declarative word order – i.e., there is no choice, as there is with independent clauses.

5. Some imperatives (e.g., *don't touch that*) have a dummy Finite form of *do*. This is not a "true" Finite, as is shown by the fact that it is invariable (e.g., no past form) and the fact that the tag uses a different Finite: *don't touch that, will you.*

6. As has often been pointed out, even the highest value of modality is less "certain" than a categorical, unmodalized proposition. Later in the consultation, the doctor actually says *it's a torn muscle*, which indicates that he is now representing the validity of that diagnosis as non-negotiable.

7. In fact the negative *couldn't* indicates a problem, so in Martin and White's terms, the attitude here is "flagged": that is, there is a signal that something is being evaluated, thus prompting the intended interpretation of the information.

8. Berry proposed an additional move, the Dk1 or Da1, which may precede an X2 move. In the case of K-exchanges, these moves are commonly referred to as "exam questions" in which the "teacher" delays the making of a knowledge claim until the third move of the exchange. The X1f move was not, in fact, proposed by Berry. This move was first introduced in Martin (1985) and in Ventola (1987).

9. Recall that *statement* and *command* refer to *general* speech functions. These categories may subsume more specific speech functions such as requesting or inviting when uttering a *command*.

10. See the Appendix for a summary of the transcription conventions used for the examples.

11. We are grateful for Sultan Al-Sharief's permission to use this data.

12. It is worth noting that the cases of *can you* in utterance 20, which we have classified as commands, could perhaps have been intended at least partly as questions, paraphrasable as *given the pain are you able to bend your knees.*

13. These questions have multiple meanings, which puts D in a bit of dilemma with respect to how she should respond. Note that D's response of *I do::* does not directly respond to the question, but to the presupposition that she is not considerate of her parents. So, although D has managed to counter the presupposition that she is not considerate, she still indirectly confirms she should show consideration.

130   Geoff Thompson and Peter Muntigl

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