Why this now?
A genre analytic approach to aphasic/non-aphasic interactive events

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4.5 Summary
1 Introduction

1.1 Problem

The phenomenon of aphasia has been scientifically researched for over two centuries (cf. Tesak and Code 2008). Much has been discovered about the symptoms of this acquired language impairment, about the localization of the brain damage that causes it, and about strategies of language use that aphasic speakers and their conversational partners may exhibit. Anyone who is professionally or personally interested in aphasia has access to psycholinguistic models and flow charts of language processing and its specific obstructions relative to aphasic symptoms. Individual aphasic patients and their relations are informed on specific outcomes on scales of linguistic and communicative ability. This comprehensive knowledge must be invaluable to non-aphasics when they engage in verbal interaction with aphasic speakers. As a speech and language therapist I experienced however that such interaction may particularly bring to light a lack of knowledge of what aphasia really is.

Consider the following anecdote: In April 2010 I joined in on a training session to learn how to master the application of the Scenario Test (Van de Sandt-Koenderman and Van der Meulen 2009), which evaluates overall communicative ability in aphasic patients. My colleagues and I were presented a video of the performance of this test with a severely aphasic man. He scored literally zero points, which indicated that he could practically not dispose of any communicative ability at all. Still, our trainer assured us that 'afterwards, she had had a very good chat about this outcome with the presented patient.' This comment was not felt by any of the students – all well experienced professional participants of interactions with aphasia – to be contradictory or even an unfortunate figure of speech. My pointing this out was received as a superfluous comment: professionals who work in the field of aphasia rehabilitation know that interactions with people with aphasia may have high communicative value despite their apparent verbal difficulties and low test results. Aphasic participants of interaction are reported to ‘communicate better than they speak’ (e.g., Howard and Hatfield 1987; Holland 2008; Olness and Ulatowska 2011), and they may be surprisingly good at that too (e.g., Feyereisen 1990; Anderson et al. 1997; Heeschen and Schegloff 1999; Goodwin 2003; Hengst 2003, 2005, 2006; Linebaugh 2006).

In the case of the training session, the ‘good chat’ is unlikely to refer to the aphasic participants’ verbal communicative strategies since these had been evaluated to be very limited. So what event did he participate in that qualified as a ‘good chat?’ What model of ‘good chat’ did his former non-aphasic co-participant share with her audience? And why did she not rather say: “Well, afterwards, we shared a good silence”? I presume that her use of ‘good chat’ was received in our group as a conventional reference to the genre of the ‘bad news conversation’ (which may very well include the option of ‘sharing a good silence’). Still, the specific choice of ‘good chat’ indicates that while aphasia was clearly a distinctive feature of the referent event, it was conceptualized as essentially a normal – that is non-aphasic – type of conversation.

From an essentially non-aphasic perspective aphasia-bound interactions may be sunny but they are seldom plain sky events. The tenacious cloud of ‘normal interaction’ casts its shadow as a point of reference or navigation, as a sign of loss or a beacon of hope. I assume that, for reasons
of mere experience, at the onset of aphasia non-aphasic interaction is the only interactive model that is available. Moreover, since a loss of linguistic ability does not interfere with knowledge of the specific conventions of language use (Bates and Wulfeck 1989; Menn, Obler & Miceli 1990; Bates Wulfeck & MacWhinney 1991; Dick et al. 2001), these models of interaction may continue to be present as lively and valid images, even if they are compromised by the reality of concrete interactive events. Because aphasia is a pathological condition, it seems only natural that aphasic patients and their interactive partners consider recovery to imply living up to these models of former behaviour, which essentially means proceeding to engage in interaction as they know it as best as they can.

Like in the training session, communicative ability in aphasia is generally defined along the lines of success and failure relative to non-aphasic models of verbal interaction. Aphasic speakers are thus seen to project reduced, but essentially normal interactive behaviour. They present qualitatively normal personal narratives (Ulatowska, North and Macaluso-Haynes 1981; Ulatowska et al. and North 1983; Berko-Gleason et al. 1984; Armstrong 2000; Ulatowska, Olness and Williams 2004; Armstrong and Ulatowska 2007) and display strategies of language use that resemble adaptive behaviour by normal populations in time pressed conditions (Bates and MacWhinney 1987; Kolk 1995; Dick et al. 2001; De Roo et al. 2003). These outcomes suggest that aphasic speakers may adapt to their limitations in a manner that normal speakers evaluate as intelligible. Aphasic speakers still go by on the normal categories of interactive knowledge and action and while doing that, they adapt to their impaired language capacities in a way that strikes us as familiar. Ideally, we may recognize their verbal moves and say: “Hey, good move! I would do just that. I know where you are going!”

Except: We non-aphasics do not know what it is like to be aphasic from within. We have our evidence-based assumptions and we do know what it is like to be the conversational partner of an aphasic speaker. From that common ground we can say to each other: “That is an effective response you gave. It’s really supportive!” When our aphasic co-participant makes a move we may similarly recognize its strategic intention and be prone to make inferences on what grounds that move would be strategic. And indeed, sometimes we make the right inference, but at other times we have to accept that those grounds are essentially unfamiliar territory to us. I am curious about that ‘unfamiliar territory’ and I also think that it may be worthwhile to try to include the aphasic perspective in our definitions of interaction with aphasia. This study is a first attempt to find out more about that perspective and maybe achieve a better understanding of aphasic verbal actions, particularly the ones that appear to be different or unintelligible within a discourse.

I set out from the common ground of a familiar problem, namely, that when engaged in verbal interactions with people with aphasia, non-aphasic speakers may experience a difficulty in appreciating the communicative value of (some of) the interactive devices used by the aphasic speakers. Particularly, they may not be able to establish in what way the given (verbal) device is coordinative to them to share an indicated referent. In brief, aphasia is essentially unfamiliar to non-aphasic speakers and likewise, aphasic verbal strategies may be essentially obscure to them. I assume that communicative difficulty in interactions between aphasic and non-aphasic speakers may partly result from this premise.
1.2 Aims

The first aim of this study is to explore the assumption that the communicative potential of limited linguistic structures used in interactive events that comprise an aphasic and a non-aphasic participant may not be well appreciated because the participants of such events may have a different perspective on the knowledge and actions associated with these. This means that they may hold divergent models of the contextual, textual and linguistic dimensions of these discourses, which may cause problems in coordination of their minds and actions and prevent optimal reception of already limited linguistic expression in the aphasic participant.

A secondary aim of this study is to present an interesting case for genre theory as proposed by Gerard Steen (2011). As I will clarify below, genre theory postulates that participants of a discourse event select cognitive schemas of integrated knowledge and action that constrain their expectations and behaviour relative to that event. A ‘genre analysis’ conceives situated language use as the verbal expression of the genre models a participant holds to be appropriate for the situation of speech she is engaged in. Genre events complicated by aphasia challenge the analyst to appreciate a limited verbal expression as the outcome of an aphasic participant’s integrated projection of contextual, textual and linguistic knowledge. Particularly, this projection might differ from conventional non-aphasic genre expectations associated with the event under scrutiny.

Generally, this study is designed to advance awareness of the aphasic participants’ perspective on discourse with aphasia. I believe that the aphasic participants’ model of discourse with aphasia is informative on how aphasia affects verbal interaction in a way that non-aphasic conceptualizations cannot provide for.

1.3 Questions

Considering my assumption that aphasic and non-aphasic participants of discourse may not fully share their perspective on knowledge and actions associated with discourse events with aphasia (the non-aphasic participant may be knowledgeable on the phenomenon of aphasia but, unlike her aphasic co-participant, she does not share aphasia from subjective experience: Verbal actions that from the experiential perspective of discourse with aphasia are salient devices for indicating meaning may not have a similar saliency from the non-aphasic perspective on this interaction and vice versa), I submit the following research questions:

• How, in an interactive event that includes an aphasic and a non-aphasic participant, do the participants share ground on knowledge and actions associated with that discourse situation?
• Is it possible that an aphasic and a non-aphasic participant of verbal interaction project diverging models of the interactive event they are engaged in?
• If so, how do these models diverge in respect of the contextual, textual and linguistic dimensions of the discourse?
• How does aphasia interfere with establishing shared ground on knowledge and actions associated with such an interactive event?
1.4 Hypothesis
This is an explorative multiple case study and my preliminary answer to these questions only has a limited scope. My hypothesis is that in discourse events with aphasia, there may be a relation between communicative success or failure and the genre models that are projected by the participants in these events. Ideally, participants may exploit shared code, text and context level knowledge and actions as a safety net or as a resource to improve communication with a pathologically restricted code level in one of the participants. Just as well, divergent genre projections in participants may result in an even poorer apprehension of code level actions.

1.5 Method
This is an empirical study of language use in three separate discourse events that include both an aphasic and a non-aphasic participant. I use a qualitative method of analysis that I consider particularly apt for an ‘integrated approach’ to discourse with aphasia as for example advocated by Armstrong and Ferguson (2010) and Olness and Ulatowska (2011). Specifically, I conduct genre analyses (Steen 2011) in the tradition of etnomethodology (cf. Labov 1972; Garfinkel 1974; Hymes 1974; Ten Have 2002; Goodwin 2003; Blommaert and Dong 2011) and discourse analysis (cf. Van Dijk 2011, 2014) to reconstruct individual and shared expectations of knowledge and action from verbal expressions used in personal interviews between an aphasic and a non-aphasic speaker of Dutch.

1.6 Outline of this book
The key chapters of this book each represent an empirical study of a discourse event with aphasia. These events are concrete personal interviews performed by a non-aphasic interviewer and an aphasic interviewee. In this respect, chapter 4 represents a genre analysis of a personal interview with aphasic participant Sara; chapter 5 represents a genre analysis of a personal interview with aphasic participant Ben; and chapter 6 represents a genre analysis of a personal interview with aphasic participant Ronald. Preceding these analyses, in chapter 3 I discuss the method of genre analysis in detail using original data of personal interviews with non-aphasic interviewees for illustration. Chapter 2 offers a theoretical background on both genre theory and the phenomenon of aphasia, particularly in respect of verbal interaction. In the last chapter of this book (7) I discuss the outcomes of the proposed analyses in relation to the research question and the tentative hypothesis articulated above.

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1 Sara, Ben, and Ronald are fictive names. I use them to warrant the anonymity of the people with aphasia that so generously agreed to participate in this research project.
2 On the scope of genre theory and the phenomenon of aphasia

This study aims to contribute to the field of aphasiology as well as to present an interesting case for genre theory as conceptualized by Steen (2011) from the field of discourse studies. His theory of verbal interaction postulates that the genres of discourse that are familiar to us in everyday life, e.g., reading a book, attending a lecture, receiving therapy or conducting an interview, have a cognitive representation that integrates linguistic, contextual and textual patterns of knowledge and action. When engaged in a genre event, participants of interaction are thus assumed to project the multi-dimensional cognitive genre model that they expect will enable them to perform appropriate contextual, textual and code level actions. Also, they expect that their co-participant(s) will select a similar model and they will thus share a specific repertoire of actions to successfully perform the joint activity at stake (cf. Clark 1996). In preparation of the concrete empirical studies presented in this book, in the current chapter I first introduce the framework of genre theory and then define the genre expectations that may generally be associated with interactive events that include an aphasic participant.

2.1 On genre theory

Genre theory is essentially designed as an analytical framework for accurate research into discourse events. It recognizes all discourse events as tokens of a distinct type of genre, whether they are known as documents or as live interactions. The analytical model advocated by Steen (2011) thus principally applies to anything ranging from reading a novel via texting to the performance of a personal interview (cf. Hymes 1974; Bakhtin 1986). The current study focuses on the latter type, more specifically on the genre of a personal interview in which one of the participants is an aphasic speaker.

2.1.1 Cognitive genre schemas

Genre theory is explicitly profiled as rooted in cognitive psychology, and proposes that peoples’ tacit assumptions about the properties of a particular genre are represented in cognitive action schema’s that contain a complex of information on how to act in a given interactive situation:

\[ G \text{genre is } ] \text{defined as a type of complex knowledge schema that individual language users have at their disposal to engage in discourse. This position is emergent from and compatible with many psychological approaches to discourse (e.g., Paltridge,1995; Graesser, Millis, & Zwaan,1997; Slater, 1997; Steen, 1999; Slater & Rouner, 2002; Hall, 2003; Bilandzic & Rössler, 2004; Knobloch et al., 2004; Sherry, 2004; Donovan & Smolkin, 2002; Van Dijk, 2008). (Steen 2011: 25)\]

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2 This stance differs from the conventional, narrower uses of the concept of genre as for example represented by The Oxford Dictionary online. Here, genre is exclusively referred to as a category of the fine arts. http://oxforddictionaries.com/definition/english/genre?q=genre
Following Van Dijk and Kintsch (1983), a cognitive action schema or genre model is seen to comprise, and be limited to three levels of knowledge and action, notably a code level, a text level, and a context level. In this picture, ‘text’ refers to the message that is being exchanged or co-constructed between participants; ‘code’ refers to the semiotic means comprising the text; and ‘context’ refers to all relevant structures and entities outside the text which are involved in the genre event. (Steen 2011: 31)

Importantly, genre theory views genre models as representations of situated discourse. It refers to such discourses as genre events, which typically foregrounds a principally integrated approach to interaction:

The new notion [of the genre event] shifts the emphasis from [interactive] events as primarily grounded in the use of language (speech or usage event) to their being grounded in genres as individual action patterns that involve not just language but also, and crucially, cognition and communication. (Steen 2011: 28)

Genre theory is primordially presented as a theory of action as genre-specific behavior. Steen (2011) explicitly states that genre knowledge is seen to enhance the way participants of interaction behave:

The difference between […] many studies of discourse […] and the present proposal is that the present approach constrains and specifies the broad notion of ‘discourse’ by a behaviour-regulating notion of genre knowledge. (Steen 2011: 29)

From this citation I infer that genre knowledge resembles a cognitive ‘manual’ on how to act when engaged in a specific type of genre event. Modeling a situated genre event involves narrowing down its full scope to a specific configuration of code, text and context knowledge and skills that subsequently is applicable to future events. To get an idea of what such a process comprises, let’s take a closer look at the properties that may be part of a genre event.

The linguistic, cognitive and communicative elements of a concrete genre event as they may be experienced in a participant of interaction seem to be disparate and numerous (cf. Chafe 1994; Edelman 2004). A situated event E of reading a novel, for example, is a subjective experience that includes among other things, awareness of the way the paper feels at your fingertips, your appreciation of the elegant typography, the wind softly blowing the curtains, the quietness in the street, your recognition from the first lines that this is a good read and your looking forward to enduringly engage in this genre event, the moral implication expressed in the book, the length of the sentences outdoing Proust, their seemingly excellent translation from Spanish – a language you do not command yourself –, unfinished work pressing somewhere in the back of your mind. You experience these elements as an integrated and ongoing scene that changes over the duration of the event. You close the window, you come across cruel and explicit episodes, you get more and more involved in the event, you leaf back to look up the identity of a character, you change your body position because your muscles are sore. In the end, however, when asked what you were doing all afternoon, you will say: “I have been reading
a novel.” (cf. Chafe 1994). If a genre model is truly situated all these details that one is aware of during an interactive event must be included. However, the inclusion of such a large and unique variety of details seems to contradict the concept of a cognitive action schema that, in order to be suitable for future projections, presupposes a rather general definition instead.

In answer to this problem genre theory postulates that the particularities of individual engagement in a specific type of genre event are cognitively represented in a prototype structure (Steen 2011: 30):

A specific concern of the present approach is the role of cognitive-psychological theories of categorization, including exemplar theory and prototype theory (e.g. Murphy, 2002). A particular genre event can be a central or marginal case for the category it exemplifies, in that it can display better or worse characteristics of the genre it belongs to. Any historical novel, for instance, is (a) a novel but (b) less typical since it is not completely fictive. This perspective therefore allows for the inclusion of a particular genre event within the class of a genre as more or less typical, or even as a hybrid between two genres, without undermining the complete system. This is in fact how many language users operate with genres that are in a stage of transition or that have ended up on the border between two well-defined but mutually exclusive categories.

As suggested in the quotation, prototype structure may account for the variety of features within genre categories. Which exemplars of a genre are peripheral and which are prototypical relative to a particular interactive event is ultimately defined by how salient its properties are to the participants at that moment. As I discuss below, this in turn depends on individual preferences, socio-cultural conventions and shared perceptions (Clark, Schreuder and Buttrick 1983; Clark 1996; Kolk 2012).

2.1.2 Concrete genre events

For live interactions, such as conversations, Steen (2011) postulates that participants simultaneously project action schemas they expect to be shared as well as individual action schemas that are based on their private experiences. The dual projection enables participants to effectively engage in specific genre events, however

[t]hese private mental models of say a conversation may sometimes be at odds with the presumably shared models of the same conversation. Both models need to be monitored by individuals when they represent their participation in a genre event. This leads to a dual perspective on verbal interaction that has been successfully laid out for all discourse by for instance psychologist Herb Clark (1996).

Clark (1996) conceptualizes interactive events as primarily joint actions. In order to perform a joint action, participants have to coordinate their behaviour. In reference to Schelling (1960), Clark envisions this situation as a ‘coordination problem.’

Two people have a coordination problem whenever they have common interests, or goals, and each person’s actions depend on the actions of the other. To reach their goals, they have to coordinate their individual actions in a joint action. (Clark 1996: 63)
Interaction is thus seen as an event in which participants basically solve a coordination problem. In order to coordinate, participant 1 needs to use a device to inform participant 2 on his current position to the referential ground, thus enabling participant 2 to adequately attune his actions to that ground. A famous and instructive example of coordinative action is the so-called 'Schelling game' presented below. It was developed and studied by Thomas Schelling (1960), whose work is fundamental to Clark’s joint action-approach to discourse:

Meeting. You are to meet somebody in New York City. You have not been instructed where to meet; you have no prior understanding with the person on where to meet; and you cannot communicate with each other. You are simply told that you will have to guess where to meet and that he is being told the same thing and that you will just have to try to make your guesses coincide. You were told the date but not the hour of the meeting: the two of you must guess the exact minute of the day for the meeting. At what time will you appear at the meeting place that you elected? (Clark 1996: 63)

As was evidenced by Schelling this coordination problem turned out to be solvable by a great majority of subjects, who told that they would appear at Grand Central station at noon. By solving this problem, they approached it as a joint activity. They followed their expectations about what the antagonist was expecting that they were expecting that he was expecting (and so on). They coordinated their actions using as devices a place and a time that they expected that the antagonist would, like them, regard as salient. In other words, in reaching their goal they all tuned in on what they expected to be valuable entities of shared ground.

In a similar manner, participants of concrete genre events draw on the salient features of the genre model they project. These are for example speech style conventions, a precedent (e.g., a running gag), an explicit agreement (e.g., not to talk about X) or a perceptual referent object or event (e.g., the sun sinking in the sea) (Clark 1996: 91). Such coordination devices are like sign posts that speakers and hearers use to explore or exploit the conceptual framework of the genre model in the direction of their choice (cf. Janssen 2007). Coordination devices thus have a semiotic function for they draw attention to participants' history together, the socio-cultural world they share and the perception of the physical world around them (cf. Prior and Hengst 2010).

Participants’ private models may however project diverging prominences, possibly in conflict with the shared one. Imagine for example how in the context of an advanced reading course, long sentences are shared as a salient feature and typically associated with Proustian syntax. To attend to a novel in that way is then part of a shared, prototypical action schema between the participants of that lecture. The fact that someone in that classroom simultaneously experiences the curtains quietly bellying out as an essential property of the genre event is a result of the projection of an individual schema. This participant will configure the two projected models in support of his current value preferences. If he wants to pursue the shared value of gaining knowledge and getting grades he will background his private projection and focus on the shared genre model.

Cognitively, it may sound like a pretty demanding job to simultaneously manage individual and shared genre models. However, interactions, especially conversations, are usually not experienced as being demanding in that way (Garrod and Pickering 2004; Pickering and Garrod 2006; Hagoort 2008). The reason for this is that interacting humans are driven by an essential desire to gain what is valuable to them. This drive is directive for communicative behaviour
and the way participants monitor their genre models will ultimately depend on their value preferences (Kolk 2012).

In respect of value driven action, Kolk (2012) asserts that humans learn how to behave by acting in a way that is valuable to them. What is valuable to them lies within the physical and social environment and may for example be represented by a certain smell or taste, other’s approval of some action, or financial profit. Specific regions in the frontal cortex have been identified to be involved with the attribution and selection of values (Olds and Millner 1954 in Kolk 2012: 46/7; Damasio 1994; Elliot et al. 1997 in Kolk 2012: 46/7). An action pattern is repeated in a new situation when it added value before in similar situations. The action repertoire that is acquired in this way – i.e., by pursuing particular values in a human environment – is a set of automatic, conventional responses. Within the frame of genre theory, these may be comparable to the set of conventional or shared genre models. Specific elements in the environment strengthen or evoke the automatized action patterns through priming and imitation – processes that relate to the context, text and code aspects of an event.

However, when participants detect potential surplus value, they tend to overrule the automatic response and select alternative behaviour. Attention plays a key role in this process.

This perspective is relevant to the process of engaging in a concrete genre event, which requires a sound management of public and private genre models. In the reading class-examples above, the more automatic pattern seems to be projected by the individual model that allows a possibly dreamy participant to attend to features that in the shared model are peripheral or even absent. The surplus value of getting grades then overrules the prominence of the private model and backgrounds it in favour of the (features of the) conventional model. In this picture, key to the
management of genre models is attention. The importance of it here cannot be underestimated if one considers the variety of things one can attend to – and value – if one acquires language and genre knowledge accumulates (cf. Chafe 1994; Edelman 2004).

In sum, following Steen (2011) participation in a genre event is seen to involve the projection of shared and individual genre models. The projection of these models defines the referential frame of the interactive event, comprising its code, text and context level potential with the associated devices that participants may exploit to coordinate their behaviour. Engaging in a genre event is not like rolling out a predictable sequence of actions dictated by a compatible genre model. It is more like two people drawing on individual and shared genre knowledge, estimating each other’s acquaintance with that knowledge and fine-tuning their linguistic devices to that frame. Concrete genre events may then represent coordinated activity that ranges from affirming a common ground ‘well enough for current purposes’ (Clark 1996) to exploring the genre potential and reaching for new and unexpected grounds. As Chafe (1994) points out, it is this combination and moreover a friction of the known and the new that makes interaction valuable and interesting to participants:

[… interestedness seems above all to reside in conflict with mundane expectations
[… On the other hand, interest can also be sustained when language confirms
expectations already held. A satisfactory mental life depends on a balance between the
expected and the unexpected, the stimulating and the comfortably reinforcing, kiwi
sherbet and vanilla ice cream […]. Language suggests that the choice of what to focus
on reflects these complementary criteria. (1994: 34)

2.1.3 Summary
Genre theory postulates that all discourse events are tokens of genre that are defined by specific linguistic, textual and contextual properties. Participants are able to successfully engage in genre events if they have appropriate cognitive action schemas at their disposal, representing specific configurations of code, text, and context level behaviour. These genre models are acquired from their individual and shared experiences with situated discourses in specific socio-cultural environments. When participants engage in a genre event they are viewed to be in pursuit of what is valuable to them. To achieve their goals they alternately fore- and background conventional shared and individual models of the genre. A genre analysis defines how participants deal with a particular genre in a given instance, how they explore and utilize it to their benefit, using linguistic and other coordination devices to signal to each other their perspective on the assumedly shared ground.

The next section of this chapter is about aphasia. I intend to share with the reader the knowledge repertoire that I assume to be more or less professionally available to speech- and language therapists concerned with aphasic patients. As it occurs, in the interactive events discussed in this study, the non-aphasic participants - the interviewers - are such therapists. What follows then is an articulation of what I assume to be the conceptual background for the genre expectations of the non-aphasic participants figuring in the data. Possibly, the aphasic participants of the discourse events studied here generally share this knowledge from their own experience and/or education. In exactly what level of detail this knowledge was available to them at the time of interaction and whether or how it may have influenced their genre expectations...
I do not know – and I hope we find out more about that through this study. Anyhow, being presently confined to the non-aphasic perspective, I use the information presented below as a theoretical resource backing up my analyses of the empirical data discussed in chapter 4, 5, and 6.

2.2 Aphasia

A classical description of the phenomenon of aphasia defines it as a language impairment caused by lateralized and localized brain damage in speakers with normal language development. Mostly caused by stroke, the impairment sets about promptly and may affect all modalities and levels of language processing (e.g., Prins & Bastiaanse 1997; Bastiaanse 2011). In the Netherlands, about 30,000 people suffer from some form of chronic aphasia.1 Their daily lives are affected by it tremendously: basic genre activities like having a conversation, reading the newspaper, making a phone call, and following traffic signs can become great challenges. Spontaneous recovery from aphasic symptoms may be observed in the first weeks post onset the brain damage (Niewold 2006; Bastiaanse 2011). Further recovery of linguistic and communicative ability may be achieved in rehabilitation (e.g. Doesborgh et al. 2004; Petheram 2004; Ruiter 2008; De Jong-Hagelstein et al. 2011; Hurkmans et al. 2012), where aphasia therapists conduct tailored and controlled therapy sessions that produce results especially when patients are able to commit to these programs intensively (Bhogal et al. 2003; Kelly et al. 2010; Cicerone et al. 2011; Salter et al. 2011; Code 2012). Still, in the chronic stage of aphasia – from six months post onset4 - 75% of the Dutch aphasic population is declared fully unable to work and 90% report social isolation.5

Because aphasia may selectively affect or spare all levels and modalities of the language system, aphasic symptoms are various (cf. Miceli 1999). In aphasiology major efforts have been made to classify aphasic symptoms on the basis of symptom features, language models and localization of brain damage (e.g. Wernicke 1874; Luria 1973; Poeck et al. 1975; Goodglass and Kaplan 1992). However useful in clinical practice, proposed syndrome categories include significant individual differences between patients within and across languages (Menn & Obler 1990; Bates et al. 1991; Code 1991; Miceli 1999). Variation is also found within individual patients relative to situations of speech (Hofstede and Kolk 1994; Beeke, Wilkinson and Maxim 2007).


4 NVAT (Nederlandse Vereniging van Afasietherapeuten) and NVLF (Nederlandse Vereniging voor Logopedie en Foniatrie) discern in their guidelines of interventions related to aphasia therapy the following phases in the course of aphasia: the acute phase: 0-2 weeks post onset; the rehabilitation phase: from 2 weeks up to 6 months post onset; the chronic phase: from 6 months post onset onwards (Berns et al. 2015).

The aphasic participants included in the current study are all diagnosed with 'Broca’s aphasia.' Their condition may also be referred to as 'non-fluent' which profiles a typical reduced phrase length and slow rate of speech (Goodglass et al. 1994).

Non-fluent aphasic speech is generally effortful and slow. Speakers tend to use short, incomplete or simple phrases and verbal stereotypes, the structural quality of which is also known as 'telegraphic style' or agrammatism (Howes 1964; Howes and Geschwind 1964; Benson 1967; Goodglass and Kaplan 1983; Kolk 1990; Perlman Lorch 1991; Miceli 1999). Although often less apparent to co-participants, agrammatism may affect the comprehension of grammatical structure as well (e.g. Caramazza and Zurif 1976; Tesak and Code 2008). Apart from grammatical problems, these patients experience word-finding difficulties, as anomia is pervasive in all types of aphasia (Goodglass & Geschwind 1976; Bastiaanse 2011).

Generally, the course of the disorder of aphasia comprises both being pathologically affected by a cognitive impairment of linguistic ability and being promptly confronted with a persistent communication problem. The first condition implies that a person receives therapeutic interventions directed at diagnosis and treatment of her specific linguistic impairments. These may produce improvement of linguistic performance to a particular degree. The second entails that a person and her relations will probably develop some sort of strategy to deal with communication under the circumstances. How successful she is in communicating with aphasia may depend on resources of adaptation and strategic action in her and her co-participants of interaction. How well an aphasic speaker may engage in interactive events in the chronic stage of aphasia depends on a variety of factors, including the severity of brain damage and/or aphasia, the presence of other cognitive problems, (changes in) personality, mental state, intelligence, and the ability of the co-participants of interaction with aphasia.

### 2.2.1 What do aphasic symptoms represent?

Recognizing aphasic symptoms and knowing what they represent are two different things. Because linguistic competence is found to be largely preserved in aphasia (cf. Bates et al. 1991), aphasic symptoms are perceived as either the direct result of a problem in accessing or processing linguistic information or as strategic language use by speakers and/or non-aphasic conversational partners who functionally adapt to such problems (cf. Kolk and Heeschen 1990). Thus, structure (i), uttered by aphasic speaker Sara (see chapter 4), allows for at least three different analyses depending on its conception as A) impaired outcome, B) normal elliptical structure, and C) a strip of interactive structure.

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6 Named after one of the founders of aphasiology, Paul Broca (1824-1880) who presented the famous case of monsieur Leborgne, a man who had very limited speech and relatively spared comprehension skills. Broca associated these symptoms to brain damage to the left frontotemporal lobe, which then became to be known as 'Broca’s area.'
23

ON THE SCOPE OF GENRE THEORY AND THE PHENOMENON OF APHASIA


Sara en dan opgeraapt
and then picked up

A en dan _ _ opgeraapt (en dan ik opgeraapt)
and then _ _ picked up (and then I got picked up)

B en dan opgeraapt (aphasic) = hij lachen (normal adult) = die afgebroken (normal child)
and then picked up = he laugh-INF (normal adult) = that off-broken-PART (normal child)

C S en dan flat en dan (...) gevallen.↑
I hmmm.
S en dan opgeraapt.
I ja

The approach represented by A defines agrammatic structure in principle as a reduction from a full sentence source, which may resemble for example ‘then I got picked up’ or ‘then they picked me up.’ The apparent omission of relevant morphemes is explained as the result of a processing difficulty concerning specific procedures of the linguistic system. Classical hypotheses include a problem in the application of the grammatical information attached to the lemma, such as argument structure (e.g. Bastiaanse and Zonneveld 2004), a difficulty with the process of transformational verb movement, that according to theories of generative grammar is a necessary part of rule governed sentence generation (cf. Grodzinsky 2000) or a problem in the processing of phonologically non-salient elements, which just do not reach the threshold for linguistic processing (Kean 1977, 1979, 1980 in Miceli 1999: 250). These theories aim to explain the absence of the auxiliary verb, of argument structure, of specified thematic roles, or of any kind of more elaborate grammar in the given structure.

B and C however, view (1) not as impaired structure, but as an example of functional adaptive behaviour, respectively to an internal and an external condition. Adaptation theory (see Kolk and Van Grunsven 1985; Kolk and Heeschen 1990; Kolk 1995; Kolk 2001; De Roo et al. 2003), the advocate of B, follows Pick (1913), who already characterizes agrammatic speech as ‘emergency’ output, and Isserlin (1922), who defines telegraphic style explicitly as adaptive behavior, suggesting that speakers deliberately plan simple structures to avoid production problems (Miceli 1999: 247). Following these authors, Kolk (1995) postulates the Temporal Window Hypothesis, which proposes that agrammatic speakers specifically adapt to a slowdown in syntactic computations. This slowdown is viewed to relate to a temporally reduced attention span for syntactic structure; sentential elements in the attention window either fade too soon or do not even reach the threshold for simultaneous representation. Non-fluent Broca’s aphasic patients adapt to this cognitive limitation by correcting their linguistic output (either after they have uttered linguistic material, as can be observed in the false beginnings and reformulations they make; or before they utter anything, as can be observed in the pauses they

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7 Examples of non-finite verb forms in last position (representing normal ellipsis in Dutch adults and children) taken from Kolk 2001: 344.
Why this now?

make, when performing preventive corrections) or by preventively simplifying their speech, i.e., switching over to ‘telegraphic,’ ‘reduced’ or ‘elliptical’ style. In this respect ‘and then picked up’ resembles an essentially normal type of contextual ellipsis: The verb form ‘picked up’ is interpreted as an adjectival participle, which allows for the argument structure and thematic roles to be conventionally inferred from the context – Sara ‘picked up’ by someone.

Conversation Analysis (C) proposes an external motivation underlying (1). Utterances are assumed to be foremost adaptive to a concrete social situation, currently aphasic talk-in-interaction. When observed in its natural environment, structure (1) is part of a sequence of interaction that serves optimal communication between interlocutors. Agrammatic speakers are viewed to aim for a shared processing load (cf. Linebaugh et al. 2006) and may explicitly use their speech to monitor others to ‘say what they want to say’ (Heeschen and Schegloff 1999; Goodwin 2003). ‘And then picked up’ is thus viewed as a package offered to the hearer, who unfolds it, making the relevant contextual inferences as described above. Whereas Adaptation Theory primordially focuses on the status of the elliptical structure as part of a non-pathological repertoire, Conversation Analysis takes its occurrence to express how grammar in aphasia becomes an interactive phenomenon (Heeschen and Schegloff 1999; Beeke et al. 2007). Salis and Edwards (2004) and Beeke et al. (2007) observe that much of the agrammatic elliptical structures are missing more constituents than would be acceptable in normal conditions. These structures are not ‘ill formed’ but should be regarded as idiosyncratic yet systematic in a structure that is closely associated with social action. In this respect utterances are also packaged by juxtaposition and prosody, not only by grammar (Beeke et al. 2007, 2009) and they are seen to establish conversational control and to monitor solutions to apparent referential problems.

A and B focus respectively on sentence level structural deviance and normality, whereas C examines aphasic structures as functional parts of co-constructed conversation. From the perspective of genre analysis advocated in the current study, yet another approach is relevant, which focuses on the cognitive implications of structure (1). Although it is not a widely recognised perspective on aphasic verbal structures – and hence assumedly not part of the

8 Adaptation Theory claims that agrammatic ellipsis resembles patterns of reduced syntax in normal populations. Research in this framework has been focused on the relation of agrammatic ellipsis and normal elliptical repertoire (overuse, but no qualitative differences; agrammatic ellipsis is similar to normal adults, child language, foreigner talk and motherese (De Roo et al. 2003)), contextual implications on the use of agrammatic ellipsis (yes, variety of ellipsis is task related (Hoistede and Kolk 1994)), and therapy perspectives of telegraphic style in Dutch agrammatic speakers (Ruiter 2008). In support of the assumption of an essentially normal adaptation to time pressed conditions underlying agrammatism, McWhinney and Bates (1989) found that reception of grammatical morphology is impaired in non-aphasic, and even non-neurological patient groups. Selective impairments of grammatical morphology may result from global perceptual or cognitive limitations or general pressure. Dick et al. (2001) confirm such a hypothesis. They evidence that non aphasic speakers experience impaired reception of grammatical morphology under pressure too. In normal language production research, overuse of grammatical ellipsis is found for example in football commentary. Mackenzie (2004) finds increase of ellipsis by reporters relative to increase of pressure in the game.
common knowledge repertoire of aphasia therapists – I elaborate on it here because next to the analytical stances A, B and C, it inspires my analyses presented further on.

This view of aphasic linguistic structure is connected with the paradigms of Cognitive Linguistics (from here CL, see for an introduction Croft and Cruse 2004) and Cognitive Grammar (Langacker 1987a, 1990, 1999). It enables me to conceive of ‘and then picked up’ as representing a typically ungrounded construal of its referent event. This means that this elliptical structure does not include any cues from which the hearer can make an inference about the speaker’s current perspective on the indicated referent. (Inter) subjective perspective on referents is a central feature to the communicative situation which is addressed as a ‘viewing arrangement’ (Langacker 1987, 2002; Verhagen 2005): this conception of the speech situation includes a speaker and a hearer with their respective knowledge repertoires attending to objects of (linguistic) conceptualization - or else: things, events, and situations they want to talk about. For example, if the speaker says ‘lamp’ or ‘walk’ – or ‘picked up’ – he specifies a conceptual category, respectively of a nominal type (a thing) and a verbal type (an action or event), but he does not specify what this type is to him. He can say ‘I dislike your green lamp’ and thus turn the nominal type into a concrete instance, or token, that can be talked about for it is now grounded in the current situation of speech. With this particular expression, he has been very explicit about his subjective perspective on the referent, putting it – metaphorically – right out on stage. Speakers can however indicate their subjective positions in subtler, schematic ways too, notably, by using linguistic elements that traditionally have a deictic function (cf. Janssen 2002; Langacker 2002). Apart from their value of locating referents in time and space, these elements may be conceived as indicating the status of referents in respect of the knowledge repertoires included in the ground (Brisard 2002). Thus these ‘grounding elements’ signal how knowledge is controlled in a given interaction and as such they represent ‘epistemic deixis,’ which is vital to communicative interaction (Brisard 2002):

For each situation we describe there is a need to indicate its epistemic status – where it stands in relation to what we currently know and what we are trying to ascertain. (Langacker 2008: 297)

If a speaker uses a grounded clause or nominal phrase he both indicates a concrete referent and schematically cues the hearer to make a relevant inference of its current knowledge value. For example, use of present tense or a modal auxiliary indicates whether event E is referred to as respectively an actual or a potential event in the current conceptual frame of reference. Definite or indefinite articles indicate whether thing T is respectively established or new to the current ground; and selected demonstratives cue the hearer to make an inference about situation S being proximal (this situation) or distal (that situation) relative to the shared mental field of attention (Janssen 2000, 2002). Grounding a predication thus involves controlling a hearer’s inferences and attention focus in a non-explicit way. In this respect, grounding is an abstract communicative device. Because grounding elements express subjective perspective on referents, the grounding procedure is essential to communication:

\[\text{\ldots\ldots\ldots}\]

9 ‘Ground’ in our current terms may compare to the projected genre model, comprising context, text, and code level knowledge and action.
Nominal grounding elements include determiners: articles, demonstratives, and quantifiers. Clausal grounding elements include finiteness and modal auxiliaries. Other authors propose a broader category including lexical elements as well (e.g. Foolen 2001; Nuyts 2002). From an aphasiological view epistemic deixis is thus associated with a grammatical category that is characteristically reduced in non-fluent aphasia. I speculate that a CL-inspired aphasiologist may hence assume that aphasic co-participants have particular difficulties in controlling multiple (their own and their co-participants') perspectives in the speech situation, and/or in tuning their linguistic construals to the shared ground in a meaningful way. It is noticeable in this respect that in the traditional perspective on deixis, ‘grounding’ a type of thing or event presupposes a conceptual operation that renders the type into a concrete instance in time and space. But the concept of epistemic deixis rather presupposes a conceptual operation that projects coordinative cues to exert control over the inferences the hearer will make. These inferences may concern concrete and local content as well as complex meanings and perspectives developed in the course of interaction. In terms of CL then, the omission of epistemic deictic elements would imply a great communicative loss, as Verhagen (2005: 13) suggests:

It is typically not just attending to the same object, but understanding what the speaker/writer is getting at (what she wants you to infer), that counts as successful communication.

In sum, it may not always be clear what the symptoms of aphasia represent: plain impairment or strategic action relative to a cognitive condition (a reduced temporal window for syntactic processing), a contextual situation (a cooperative co-participant), or a conceptual ability (processing overload for managing both conceptual reference and epistemic grounding?). Considering discourse with an aphasic speaker as including some lack of shared ground in respect of her expressions being impaired or strategic, it is relevant to have a perception of how aphasia may affect cognitive functioning and reasoning. Therefore the next paragraph addresses conceptual ability in people with aphasia.

2.2.2 Conceptual ability

Language is widely viewed to play a role in acquiring and producing socio-cultural knowledge, linguistic structure attending to and explicating the conceptual categories shared in a society (e.g., Vygotski 1934/1986; Whorf 1956; Lakoff and Johnson 1980; Sapir 1983; Gumperz and Levinson 1996; McDowell 1996; Tomasello et al. 2005). Since aphasia is identified as an impairment of an already matured language system, it is expected that a socio-culturally shared conceptual frame of knowledge is already established and independent of linguistic function (Siegal and Varley, 2002, 2006). Aphasic participants appear to have normal access
Moreover, they seem to be highly empathic in respect of other's beliefs and perspectives. They know how non-aphasic participants use language (Bates and Wulfeck 1989; Menn, Obler & Miceli 1990; Bates Wulfeck & MacWhinney 1991; Dick et al. 2001) and they may be very sensitive to unauthentic or deceptive behaviour in co-participants. Compared to normal speakers, they excel in lie detection (Etcoff, Ekman, Magee, & Frank 2000) and aphasic speakers with even severe grammatical impairments perform very well on tasks that challenge their consideration of others’ false beliefs (Siegal and Varley 2002, 2006). Aphasia does typically not affect theory of mind-reasoning, which means that they have the ability to understand that others have mental states- beliefs, feelings, intentions and interests- that can differ from one's own and from reality (Astington & Baird, 2005). (Siegal & Varley 2006: 167)

However, linguistic limitation has been associated with a reduction of conceptual operations and people with aphasia are often assumed not to exploit the common conceptual frame of reference to its full potential. Particularly, aphasia has been associated with a loss of ‘abstract attitude’ (Goldstein 1942) and a loss of ‘propositionality’ (Hughlings Jackson 1874/1958). Goldstein originally postulated ‘concreteness’ not so much as a specific cognitive impairment of conceptual operations but rather as an attitude to which “the individual as a whole gears himself (...) A mode of functioning” (Goldstein 1942: 2 cited in Salas et al. 2013: 4). This attitude particularly is a “realistic attitude, where behaviour is confined to the immediate [not reflective] apprehension of a given thing or situation” (Goldstein, 1936b; 1942)” (Salas et al. 2013: 3). Specifically,

The abstract and the concrete attitudes are not acquired mental sets or habits of an individual, or special isolable aptitudes, such as memory, attention, etc. They are rather capacity levels of the total personality. Each furnishes the basis for all performances pertaining to a specific plane of activity. In other words, each attitude constitutes one definite behavioural range which involves a number of performances and responses. These latter, when taken individually at their surface value, may appear to be discrete entities of quite a diversified nature (e.g. attention, recall, retention, recognition, synthesizing, symbolization, etc.) (Goldstein & Scheerer, 1941, p.1). (Salas et al. 2013: 4)

To Goldstein, a concrete attitude does not indicate a reduction of ideas and thoughts as such, but it “affects and modifies how people operate and manipulate with ideas and thoughts.”

Today clinicians still acknowledge a ‘concreteness’ orientation in brain damaged patients (Salas et al. 2013). Particularly, in aphasic patients, an increased ‘concreteness effect’ in lexical
Why this now?

processing – faster and more accurate availability of concrete (‘tree’) versus abstract (‘justice’) nouns - is found (Paivio 1986; Newton & Barry 1997; Pulvermüller 1999; Berndt, Haendiges, Burton, & Mitchum 2002; Barry & Gerhand 2003; Mårtensson 2008; Kiran, Sandberg, & Abbott 2009) as well as a relative preservation of non-propositional speech automatisms and high frequent use of formulae as opposed to novel structures that express original (‘abstract’) ideas (Code 1994, 2011, see below). Non-verbal conceptual action in aphasia has been questioned too. Particularly, a difficulty in performing non-verbal association tasks has been associated with language impairment (see Vignolo 1999 for a review). To perform such tasks correctly one needs to select and attend to separate perceptual features and recognize these as connected with the same concept. Aphasic speakers have been reported to exhibit difficulty with matching perceptual stimuli in this respect (e.g., matching the miaowing sound with the visual image of a cat) and experience problems in sorting out objects according to their differences in perceptual features (De Renzi et al. 1966). Typically however, situational features enhance association performances in aphasic speakers (Cohen et al. 1975, 1976; Kelter et al. 1976; Cohen, Kelter and Woll 1980). Cohen, Kelter and Woll (1980) found that in a picture to picture task, aphasic patients failed to select targets associated with a perceptual cue (e.g., the screw was not appreciated as a match to the staircase) or an action cue (e.g., the frog was not an easy cue for selection of the kangaroo) but were successful in selecting referent items that were associated with a situational cue (e.g., the guitar was an easy match for the bullfight). In the examined aphasic speakers, the projection of conceptual relations was thus facilitated by concrete, experience based situational frames.

The assumption of a concreteness orientation in aphasia has also been postulated in connection with the pronounced concreteness effect of lexical processing found in aphasic populations. Aphasic speakers are suggested to be limited in processing abstract words because these are solely stored as verbal forms in the left or dominant cerebral hemisphere, which is typically damaged in aphasia. Processing of concrete words on the other hand is associated with activation in both hemispheres of sensori-motor representations involving verbal as well as contextual information. Processing of concrete words is therefore more likely to be (partly) preserved in aphasia while, in addition, it is generally supported by non-verbal resources, i.e., perceptual representations of highly imaginative properties (Paivio 1986; Schwanenflugel et al. 1988; Pulvermüller 1999; Sandberg and Kiran 2014).

In respect of the conceptualisation of events Marshall and Cairns (2005) and Cairns et al. (2007) discuss deviations in the description of action pictures in aphasic speakers. When asked to describe pictures of events through naming, non-aphasic speakers typically performed according to the expected conventional (thematic) event structure, which represents a propositional schema (including main protagonists and their role in the event) and is marked for perspective (cf. Levelt 1989, 1999). They started with the agent, and then named the theme, and finally the instrument. Some aphasic speakers however did not project this schema but were less focused in this naming and used different word order, naming key entities as well as peripheral ones (Marshall and Cairns 2005) or even naming entities that were not even in the picture at all (Cairns et al. 2007). The authors hypothesize that this behaviour is associated with an impairment of ‘thinking for speaking’ in these aphasic participants. Thinking for speaking is a concept developed by Slobin (1996) which explicates that speakers direct attention to properties that are most readily available in their language. Thus, if in a language the description of events typically requires a grammatical representation of propositional structure
and perspective, members of that language community most likely focus on properties that represent these features (especially when officially being asked to describe an event). Hence, when aphasic speakers diverge from such a principle, linguistic conventions may not be directive to them in conceptualizing events. They do not commit to the general procedure but they display an individual approach to the task.

Cairns et al. (2007) suggest here an aphasia-related limitation in discerning the key elements from peripheral ones, that is, a problem in processing figure ground relations. But they also consider a contextual explanation: their subject may be driven by an intention to demonstrate linguistic ability. This explanation in a way aligns with the tentative conclusion I draw from the research presented above, namely that aphasic speakers take advantage from situational knowledge and concrete experience. In this case, I speculate that the goal of demonstrating competence may be valued as being more immediately tied to the concrete interactive situation than is the strict execution of the task at hand. Such a productive orientation on the concrete situation of speech is often observed in aphasic speakers. Vignolo (1999: 287) points out:

Aphasics who perform quite poorly on non-verbal tests of conceptual thinking [in the laboratory setting, cv] often display virtually normal judgement and categorising ability in dealing with real-life situations.

I summarize that people with aphasia have full access to the conventional repository of socio-cultural schemas of knowledge and action of their language community but they may operate on these schemas in a particular way, demonstrating a preference for the ‘bare,’ unmediated, concrete experience.

Above I discussed how non-aphasic people – in particular researchers – may appreciate non-fluent aphasic speech, namely as impaired outcome, as strategic actions relative to either cognitive or interactive conditions or as particularly connected with imaginable or situational aspects of shared knowledge. In the next paragraph I zoom in on the linguistic characteristics of non-fluent aphasic speech, more specifically on its main feature agrammatism.

2.2.3 Agrammatism

Agrammatic speech in aphasic speakers is characterized by a lack of grammatical elaboration, that is the reduction and substitution of grammatical morphemes. Agrammatic structures are non-finite and contain either non-finite verb forms like infinitives, imperatives, gerunds, and participles, or no verbs at all (cf. Kolk 2006). Full sentence structures may be produced, but these are of limited variety (Saffran et al. 1980 in Miceli 1999: 251; Goodglass and Kaplan 1983; Goodglass, Christiansen & Gallagher 1994; Menn & Obler, 1990; Saffran, Berndt, & Schwarts 1989 in E. de Roo et al. 2003) while stereotypes and automatisms are characteristic to aphasic speech (e.g. Code 1999; Wray 2002).

Reduction of freestanding morphemes – determiners, auxiliary verbs, prepositions and pronouns – is basic to agrammatism across languages. Symptoms of bound grammatical morphemes – inflections – are language specific and errors on these may typically result in substitutions (Miceli 1999). The prominent features of Dutch agrammatic free speech are omission of function words and a preference for non-finite elliptical structures. Verbs are omitted or non-finite forms are selected – particularly infinitives and past participles (Hofstede and Kolk 1994; De Roo et al. 2003; Ruiter 2008). Good examples are simple, declarative structures like ‘schoonmaken...’
Agrammatic speakers may also exhibit associated comprehension problems. Caramazza and Zurif (1976) found that their agrammatic subjects could process simple active sentences like The boy is eating the apple and simple passives like The apple the boy is eating is red but had difficulties in case of reversible thematic roles like The girl the boy is chasing is tall (Tesak and Code 2008: 216). Difficulties in comprehension of reversible sentences have since been found in a number of studies (see Miceli 1999: 266). Reception of grammatical relations may also be different in less complex structures. For example, in the sentence The baby cries, agrammatic speakers may typically consider as most closely linked the words baby cries, whereas normal speakers consider The baby as most closely related (Zurif, Caramazza, and Myerson 1972 in Miceli 1999: 249).

Although agrammatic speakers experience difficulties with the processing and use of grammatical relations and morphology, they still 'know their grammar' and can make normal grammaticality judgements and recognize errors in someone else’s speech (Bates and Wulfeck 1989; Bates, Wulfeck, & MacWhinney 1991; Menn, Obler, & Miceli 1990 in Dick et al. 2001: 763). Bates et al. (1991) state that

 [...] the patterns of omission and substitution observed in [Broca and Wernicke] aphasias reflect the patients’ detailed knowledge of legal options and information demands in their language. (Bates et al. 1991: 8)

In the current study, I take a functional perspective on agrammatism, starting from the assumption that agrammatic structures also represent strategic behaviour in aphasic speakers.

From a grammatical perspective, this view has particularly been developed by Adaptation Theory (see Kolk and Van Grunsven 1985, Kolk and Heeschen 1990, Kolk 1995). According to Kolk’s (1995) ‘Temporal Window Hypothesis’ agrammatic speakers suffer from a temporally reduced attention span for syntactic structure. Sentential elements in the attention window either fade too soon or do not even reach the threshold for simultaneous representation. Aphasic speakers are viewed to respond to this condition in two ways, namely through ‘preventive adaptation’ and ‘corrective adaptation.’ In the latter case speakers correct their linguistic output either after they have uttered linguistic material, observed in false beginnings and reformulations, or before they utter anything, manifested in pauses. The ‘preventive adaptation’ strategy implies that speakers simplify their speech by switching over to a highly frequent use of essentially normal elliptical repertoire. Within the framework of Adaptation Theory ellipsis in agrammatism is claimed to be well-formed, following language specific syntactic rules comparable to those in normal adult and child usage (cf. Kolk 2001; De Roo et al. 2003; Kolk 2006; Kleppa 2009). Like normal context ellipsis, its communicative value or ‘efficacy’ is typically viewed to be a function of reduced syntax in correlation with contextual opportunities (Ruiter 2008; Ruiter et al. 2010). In this respect, varieties in degree of grammatical elaboration have been associated with task variation (cf. Hofstede and Kolk 1994), interactive context (cf. Heeschen and Schegloff 1999), and politeness phenomena (in the sense of Brown and Levinson 1987; cf. Ruiter et al. 2010).

From a pragmatic stance, extensive cross linguistic studies by Bates, MacWhinney and associates indicate that the elements left out in agrammatic speech are particularly elements that in a language have low information value and high processing costs. Bates and MacWhinney postulate the ‘Competition Model’ of agrammatism, which predicts the strength
or vulnerability of linguistic structures to be dependent on their ‘cue validity’ and ‘cue costs’ (Bates and MacWhinney 1987; MacWhinney and Bates 1989). Elements that conventionally carry important information are most robust in aphasic speech, whereas elements that require a high amount of processing load, for example because they are difficult to perceive or to pronounce, or need a lot of memory space like matching agreement cues across a sentence structure are easier dropped (Bates et al. 1991). Also, Wulfeck et al. (1989) find their aphasic subjects to be sensitive to given and new information, leaving out those elements that may be considered as implicated by the referential frame.

Despite their processing limitations, aphasic speakers across languages show high skills in circumventing their performance difficulties. They demonstrate a functional attitude and use pragmatic or semantic cues for compensation, and, if necessary, syntactic cues (Bates et al. 1991). The latter is confirmed by Hofstede and Kolk (1992, 1994), who found that grammatical elaboration in agrammatic speech correlates with the task at hand. Their 1992-experiment employed three types of tasks to a group of Dutch (16) and German (1) Broca’s aphasics. They analyzed omission and substitution rates of free and bound morphology in these subjects while they participated in 1) an open interview, 2) a non-communicative picture description task (task a), and 3) a communicative description task (task b). This research was conducted within the framework of Adaptation Theory and it was considered that subjects’ avoidance behavior, that is avoidance of the production of full sentence structures, should be particularly stimulated by the setting of informal personal interviews because in an informal condition, patients should feel free to engage in a deliberate overuse of elliptical repertoire. When the agrammatic subjects performed the non-communicative task (a) it turned out that omission rates significantly decreased while substitutions increased in agrammatic speakers’ descriptions of black and white pictures of target structures like the boy is taking the big knife, in Dutch including a direct object and an adjective inflection, the woman is giving the ball to the child, and the book is lying on the bed. The structures they produced were generally more complete and hence contained more errors. This effect was even stronger when subjects had to communicatively describe spatial relationships between a circle and a square from a picture that was available to themselves but not to the experimenter (task b). The latter had to reconstruct the configuration on the basis of the description alone, which would confront the describers immediately with failing to produce all necessary elements. Hofstede and Kolk interpret these results as the outcome of strategic language use of aphasic subjects dealing with processing overload on the one hand and contextual demands on the other. The extent to which they employ avoidance behavior is influenced by the grammatical demands of the speech situation.

Another factor of influence connected with agrammatic outcomes may be the processing demands associated with linking grammatical elements to the discourse context. Bastiaanse et al. (2008, 2011) found that their Dutch, Turkish and Chinese agrammatic subjects showed a relative difficulty with linguistic reference to the past compared to linguistic reference to the present (particularly through tense, periphrases and aspectual elements). This is explained to be the result not of a grammatical impairment but of high processing costs associated with linking the current situation of speech to a referential (past) situation of speech. The same holds for which-questions and pronouns, which use requires accessing discourse context and information. These are more difficult to process for aphasic speakers than who-questions and reflexives (Avrutin 2000, 2006; Bos et al. 2014).
From the studies discussed here I conclude that in meeting limited processing capacities, agrammatic speakers appear to be sensitive to the informational conventions of their own language and they functionally dispose of some linguistic expressions over others; costly items are dropped in favor of elements with high information value. High cost cues are not just associated with syntactic form or grammatical morphology but also with semantic content, pragmatic values and discourse linkage. Adaptive behavior in aphasic speakers thus seems to imply a more general attitude focused on balancing communicative goals and processing costs. In this respect, Wilkinson (2010) associates agrammatic speech with Givón's (1979) notion of the ‘pragmatic mode of communication,’ observed in child language and pidgins and characterized by topic-comment structure, loose conjunction, and lack of grammatical morphology. Wilkinson (2010) points out that Givón contrasts this mode with the ‘syntactic mode’ in respect of being ‘a more transparent, iconic, and ontogenetically prior mode of communication’ (Givón 1979, 1985; Wilkinson 2010).

Above I referred to conversation analytical studies that point at the interactive value of agrammatic structure. In conversation, aphasic speakers are able to use their linguistic resources, however limited, in support of conversational management, including control over interactive procedures and face management. They may effectively deploy their structures to co-construct the course of interaction together with their interlocutors (cf. Goodwin 2003). Beeke et al. (2007) postulate that grammar in aphasic conversation is actually ‘interactive grammar,’ which typically serves co-construction of meaning and social action rather than individual expression through sentential frames. All in all, in respect of the characteristics of agrammatic speech style, we have thus far established that agrammatic outcomes are defined by cognitive, informational, discursive, situational (task/genre), and interactive constraints and opportunities. In the next paragraph I discuss three common varieties of agrammatic speech style: topic comment structure, interactive structure, and formulaic structure. These will be relevant to the latter analyses too.

2.2.3.1 Topic Comment structure

'Topic Comment' (TC) refers to a linguistic structure’s particular quality of organizing or ‘packaging’ information (see papers by Chafe, Givón, Hyman & Zimmer, Justus, Keenan & Schieffelin, Lehnmann and Li & Thompson in Subject and Topic, published in 1976 by Li; and also Jacobs 2001; Nikolaeva 2001; Belford 2006; Maslova & Bernini 2006; Pontes 1987; Primus 1993). Concerning aphasic use of TC-constructions, Webster, Franklin, and Howard (2001) show evidence that agrammatic speakers use normal TC patterns, containing normal though less complex comment structures. Moreover, word order in agrammatic structures is found to typically represent topic comment structure (cf. Tesak and Ditmann 1991; Beeke et al. 2007; Kleppa 2008, 2009, 2010).

Characteristic of TC structures is that the T-element and the C-element are separated both conceptually and formally. Phonologically, there is a pause between the topic and the comment, and the intonational curve might rise or fall at the end of the topic element. Syntactic integration of the two elements is optional but the hearer must be able to conceptually link the topic and the comment in order to interpret the utterance. An example of a so-called ‘hanging topic’ – which lacks syntactic integration with the comment – is ‘My work, I’m going crazy’ (Primus 1993: 884), in which the topic is ‘my work’ and the comment ‘I’m going crazy’. Hanging topics are not regarded as reductions or deviancies. On the contrary, Gundel (1988: 224) refers
to hanging topics as the essential case of TC-structure for representing maximum structural separation of the T and C-element. Hanging topic constructions are common in informal language use amongst all European languages (Bernini & Maslova 2006). Versluis and Kleppa (2016) found intensive use of these structures in Portuguese and Dutch agrammatic subjects.

T and C-elements may hold either an aboutness or a frame-setting relation. The aboutness relation is realized if the speaker indicates a new or given referent (a person, a thing, an event, anything) and then comments upon it. For example (1) uttered by participant Ben in this study:

(1) Ben mij vrouw (.) altijd achter me gestaan my wife (.) always behind me stood (PART) 'my wife always stood behind me' (my wife always been there for me)

As can be observed, hanging topics in agrammatic speech may also lack verbs or finiteness markings on verbs, which renders them (even more) elliptical. Note that there is no finite (auxiliary) verb linking the topic to the comment in (1).

The other type of relation between topic and comment is a frame setting relation. Frame setting topics set a scene or delimit a frame for a space, time, a state or an event. Example (2) represents a time-frame, 'Tuesday' (and in its original discourse context, a time-space frame for a subsequent referent event, 'Tuesday rehabcentre x happend').

(2) Ron dinsdag validatiecenter Tuesday (re)hab centre

In using TC-structures, (aphasic) speakers draw on expectations of shared knowledge of a taxonomy of semantic categories. Their TC-structures explicate relations between (generally) shared categories and support specification of referential time, space, and topic with highly economic syntactic means.

2.2.3.2 Interactive structure

Another type of strategic language use that may add to the coordinative or communicative value of agrammatic speech is use of interactive structure. This style of speech has been conceptualized as verbal demonstration, (re) enactment, constructed dialogue, or quotation (see, e.g. Tannen 2007; Clark and Gerrig 1990; Streeck and Knapp 1992; Prince 2003; Hengst 2006; Wilkinson et al. 2010). Since actual or imagined (i.e. fictive) spoken interaction is the principal resource of this speech style, it typically allows for a free form that may include verbal and non-verbal elements such as ellipsis, exclamations, gestures, onomatopoeia, sounds, mime, and facial expressions (cf. Hengst et al. 2005; Van Alphen 2006; Wilkinson et al. 2010).

Interactive structure in principle can be used to refer to any kind of referent; it may present thoughts, utterances and perceptions as well as actions, emotions, attitudes, and events (e.g., Tannen 2007; Clark and Gerrig 1990; Pascual and Janssen 2004). Referents are constructed with their fictive (past, future, hypothetical) source context often inserted into the current context.
without any tag or marker (Mathis and Yule 1994; Van Mulken 1999; Myers 1999; Tannen 2007). Sometimes there are discourse markers such as ‘well’ and ‘right’ or prosodic markers, such as mimicking the voice of the reported character. In episode (3), a tense-switch signals that a verbal demonstration may be assumed. Aphasic participant Ben is referring to his state after waking up in hospital. Line 4 represents the unbracketed citation of his thoughts at the time:

(3)

1 I dus u werd wakker in ‘t ziekenhuis? so you woke up in hospital?
2 Ben ja (.) ja yes (.) yes
3 I en toen? and then what happened?
4 Ben (...) eh: (...) dan is niet goed+, dat is niet good+,...
5 I okee () dat dacht u okay () that’s what you were thinking
6 Ben jaha! dat dacht ik yeahh! that’s what I was thinking

In (3) the interviewer and Ben talk about the time he was hospitalized after stroke. She refers to that past situation in past tense, and by addressing his waking up in a hospital bed she implicitly addresses his past impressions. In line 4 Ben aligns to this focus and uses interactive structure to express his thoughts at the time. By thus taking on the perspective of the past self he zooms in on the referent situation and brings the event to life again here and now.

What makes enactment or demonstration – as opposed to description (cf. Clark and Gerrig 1990) – special in general is its power to animate a character’s voice and to “present an engaging story performance” (Hengst et al. 2005). Following the play-genre, in enacted dialogue hearers become members of an audience, and the story comes to life before their eyes. Moreover, they become involved in co-conceptualizing the referent situation. Enactment enables speakers and hearers to access referent situations through linguistically simple metonymic channels (Pascual & Versluis 2006). Verbal demonstration typically draws on common ground and uses shared imagination as a resource. As Clark and Gerrig formulate:

When speakers demonstrate [‘dramatically enact’] only a snippet of an event, they tacitly assume that their addressees share the right background to interpret it the same way they do. In essence, they are asserting, ‘I am demonstrating something we both can interpret correctly,’ and that implies solidarity. (1990: 793)

Interactive structures are syntactically simple and informal structures that typically indicate shared experiences. As such, they easily support the co-construction of meaning between participants.

In aphasia, the use of interactive structure – usually addressed as direct speech - has been found to be robust and it is used as normal in respect of distribution, form and function (Berko-Gleason et al. 1980; Ulatowska & Olness 2003; Hengst 2005; Pascual and Versluis 2006 for Dutch; Armstrong & Ulatowska 2007; Beeke et al. 2007; Banreti 2010; Wilkinson et al. 2010; Groenewold
et al. 2013 for Dutch). Berko-Gleason et al. (1980) as well as Groenewold et al. (2013) report respectively a relative preservation and an increase of direct speech in Dutch Broca’s aphasics speakers. These findings are related to an overall reduction of complex utterances. Thus, direct speech is considered an economic alternative to indirect speech and not as an independent construction with a communicative function in itself. Berko-Gleason (1980: 380) and others claim: “Broca’s aphasics […] are very limited in syntactic structures – they may resort to direct quotes rather than embedded structures.” Groenewold et al. (2013) find that Dutch agrammatic speakers use direct speech with regular and high frequency and specifically without reporting verbs. Beeke et al. (2007) mention the typical combination of talk and mime in an agrammatic speaker when reporting events. This mime is suggested to function as a substitute for verbs (Beeke et al. 2007: 267).

Armstrong & Ulatowska (2007) identify direct speech as an evaluative device used by aphasics in telling illness stories. They stress mainly the engaging strength of direct speech style, which use “re-creates the event for the listener as if it was happening again” (2007: 768). Hengst et al. (2005: 138) claim “individuals who used reported speech stood out as successful communicators, despite often severe levels of aphasia.” This intuition may be based on the fact that in using direct speech, speakers effectively play on the conceptual frame of reference they share with their interlocutors. They relay or fictively construct events and situations hearers more or less recognize from experience and identify with. Moreover, the hearer is invited to take part in the event that is acted out. Through imagination s/he becomes actively involved in conceptualizing the content referred to.

Seeing the potential forms and referents of direct speech structures, Pascual introduced the concept of Fictive Interaction (FI) (Pascual 2002; Pascual and Janssen 2004; Pascual 2006, 2014). Fictive interaction defines instances of direct speech in a broader sense to represent interactive structure as a productive resource that structures language, cognition and communication (Pascual 2002, 2004, 2014). The concept of FI addresses interactive structure as a communicative type of fictivity (Talmy [1996] 2000). This means that when a speaker uses an interactive structure to refer to a thing, an object, event or situation, she exploits shared conceptual (i.e. fictive) knowledge of interactive events as a shared ground for coordination. FI particularly enables the use of interactive structure to refer to non-quotative, potentially abstract referents too. Pascual’s notion shares features with the traditional concept of direct speech but it essentially surpasses the direct-indirect speech dichotomy, including sentential as well as intra-sentential structures in its scope:

Fictive is a non-actual channel of communication set up when we speak, write, or think in interactional terms in a non-dialogic situation or in order to refer to a non-interactional conversational reality. (Pascual, 2014: 189)

This enables hearers to share referents from imagery about interactive situations (comprising varieties of verbal and non-verbal phenomena) instead of from linguistic appreciation alone (Pascual 2002, 2006a, b, Pascual et al. 2013). Based on the data examined in the current study, Pascual and Versluis (2006) and Versluis and Kleppa (2016) explore how FI is used as a communicative strategy in respectively Dutch and Dutch and Portuguese agrammatic speakers. These speakers particularly use combinations of FI structure and the Topic Comment kind of structures discussed above. In my analyses I generally use ‘interactive structure’ to refer to
instances of direct speech and I explore whether the concept of Fictive Interaction may indeed be applicable in some instances of use.

2.2.3.3 Formulaic structure and speech automatisms

A third prominent quality of linguistic structure in aphasic speech is formulaicity. Formulaic language is already pervasive in non-aphasic interactions but aphasic speech contains a particularly high proportion and even severely aphasic patients may still use speech automatisms while all other language has become unavailable (Code 1987; Dunbar 1993; Code 1994; Wray 2002; Van Lancker and Rallon 2004; Code 2005; Van Lancker-Sidtis and Postman 2006; Code 2011; Van Lancker-Sidtis 2012). Formulaic language in aphasia is a broad category of structures importantly bound by a ‘non-novel’ character: they are (largely) processed holistically, that is without the grammatical operations associated with novel structures that express original ideas (Hughlings Jackson 1874/1958). It includes lexical speech automatisms (coined ‘LSA’s’ by Code 2011) like expletives, swearing, greetings, and serials like days of the week and counting as well as proverbs, discourse particles, idiom, non-reversible dyads (salt and pepper), or conventional metaphors (cf. Van Lancker-Sidtis 2010; Code 2011).

Formulaic expressions (FE’s) have four key features: a stereotyped form; a conventional meaning; specific conditions of use; and a special status as ‘known’ or ‘familiar’ (cf. Van Lancker-Sidtis 2012). Their fixed form implies that they include specific words in a specific order articulated with a specific prosodic quality. However, FE’s allow for variation to the extent that their canonicity remains recognizable (cf. Everaert 2003; Kuiper 2007). In this respect, Wray (2002) explores the variations of fixedness and slot-options in formulaic structures. An FE represents an intuitive meaning that is highly accessible to a language community. Meanings of FE’s are complex, non-literal and “rife of nuance and connotations” (Van Lancker-Sidtis 2012: 63) and are associated with social, emotional and evaluative aspects of communication (Code 1994; Wolf and Van Lancker-Sidtis 2012). Contrary to novel expressions, the use of FE’s is importantly constrained by contextual features. Members of a language community immediately detect if usage of an FE is out of context. FE’s are especially sensitive to social conditions such as social register, formality index, discourse styles, and the format of the communication, speaker, topic, purpose of the talk and numerous other variables. (Van Lancker-Sidtis 2012: 65).

Features of FE in aphasic speech compare to the features just described except for the case of lexical speech automatisms present in severely aphasic speakers as ‘recurring utterances.’ These are automatisms like swearing, greeting or counting that are often the only linguistic form a speaker can utter. When she intends to speak, the LSA occurs independent of intention or context of speech. Communication with these forms through variation in prosody is clinically observed, but uncommon (De Bleser & Poeck 1985; Oelschaegler & Damico 1998; Code 2005; Van Lancker-Sidtis 2006; Code 2009). Formulaicity is discussed here in the context of aphasiology alone and the broader linguistic perspective on this phenomenon provided by Construction Grammar (cf. Fillmore and Kay 1988) is outside the scope of the current study.
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In the course of recovery from aphasia, speakers may extend these fragments towards agrammatic structures (Alouajoine 1956) (examples Code), a process that Code (1994, 2011) argues for to resemble language evolution. In this perspective, use of LSA after damage to the left or dominant hemisphere represents a protolanguage that is supported by neuronal regions in the right hemisphere and subcortical regions that associate language and speech with action, gesture and perception representations (Code 2011: 137).

As it occurs, right hemisphere damaged patients are less frequent users of formulaic language and they clearly show difficulties in processing figurative meaning and metaphor (Van Lancker-Sidtis and Postman 2006). Along with increased use of FE in aphasia, this suggests that the right hemisphere has a special role in processing formulaic sequences and hence provides for an intact linguistic resource in aphasic speakers. However, recent studies dispute figurative ability in aphasic speakers and present evidence for a literal bias in their interpretations of idioms (Morawska 2009) and metaphors (Benedek et al. 2013; Ianni et al. 2014). Still, a different processing principle of formulaic as opposed to novel structure may however be apparent and is articulated in the dual process model postulated by Wray and Perkins 2000; Wray 2002; Van Lancker-Sidtis 2012). Wray’s (2002) ‘distributed lexicon’-model represents structures on a scale from novelty via (semi-) fixedness to reflexive speech automatism. Wray specifically seeks to apply the model to aphasic speech, arguing that apparent fluency or grammatical ability might be in fact a productive use of lexical resources, particularly formulaic sentence schemas or constructions (Wray 2002: 247/8). All in all it may be concluded that use of FE indicates a linguistic competency that is associated with the interactive routines that articulate the implicit knowledge repertoire of a language community rather than with grammatical generation in support of the expression of an individual idea or proposition.

The above paragraphs discussed the characteristics of aphasia on the sentential level. This information may be particularly instructive for appreciation of the analyses of linguistic aspects of the discourse events under scrutiny in this study. In the next paragraphs I explicate the conceptual background of the analyses of the textual phenomena observed in these events.

2.2.4 Narration

The current study examines communicative interactions in connection with the genre of personal interviewing. A common feature of this genre, and in fact the main focus of analysis in this study, is the oral narrative of personal experience also addressed as personal story or personal narrative (cf. Labov and Waletzky 1967; Labov 1972; Olness and Ulatowska 2011).

A narrative of personal experience is a report of sequence of events that have entered into the biography of the speaker by a sequence of clauses that correspond to the order of the original events. (Labov 1997)

A personal story is built on two things: reference and evaluation (cf. Labov and Waletzky 1967; Labov 1972). Reference implies that a narrator informs a hearer on the who, what, when, where, and what happened concerning a past, biographical event (Nespoulous et al. 1998; Olness et al. 2010; Olness and Englebretson 2011). To this end she uses referential language, typically
noun phrases and the verb phrase (Olness and Englebretson 2011: 2). Evaluation implies that a narrator adds prominence to selected referents in order to make these more salient relative to other parts of the information conveyed. The narrator uses evaluative language to establish such differentiation and hence express her current perspective on the past event. As Labov argues, evaluation

\[\ldots\] indicate[s] the point of the narrative, its raison d’être: why it was told and what the narrator is getting at. (Labov 1972: 366)

A story which lacks a narrator’s perspective is not really a story but rather a summing up of events without clear significance. Selected evaluation devices therefore importantly secure the coherence of a story (Labov and Waletzky 1967; Labov 1972; Ulatowska et al. 2004; Ulatowska et al. 2006; Olness en Stewart 2007; Armstrong and Ulatowska 2008).

In form, personal narratives are based on a sequence of functional parts, called 'macrostructure,' which includes 1) a brief summary of the story; 2) orientation in time, place, situation and or characters; 3) a complicating action; 4) a solution to the complication and 5) a coda section that closes the story (Labov 1972). These elements comprise the conventional 'macrostructure' of the narrative, which renders the text predictable to the listener.

Personal narratives of non-fluent aphasic speakers are qualitatively similar to those of normal narrators (Ulatowska, North and Macaluso-Haynes 1981; Ulatowska et al. and North 1983; Berko-Gleason et al. 1984; Armstrong 2000; Ulatowska, Olness and Williams 2004; Armstrong and Ulatowska 2007). Macrostructure is less elaborate and simple, but it often contains the essentials: orientation, complication and solution and the principle of temporal iconicity – the sequential development of the story follows the chronology of events as they have occurred in reality - secures cohesion when temporal or causal connectors are omitted ((Labov and Waletzky 1967; Labov 1997; Labov 2010) or in case of pathology induced referential vagueness (cf. Wilkinson et al. 2010). Moreover, hearers take narrators to be cooperative (Grice 1975), which means that they assume structural organization must be coherent and that the speaker sincerely reports on the facts, i.e., as he perceived and conceptualized them. If they are not offered explicit linguistic coordinations, hearers thus project causal relations between the successive narrative clauses on the basis of common knowledge (cf. Boogaart 1991; Ulatowska and Olness 2004).

As it turns out aphasic storytellers show relatively more difficulties with use of referential language than with evaluation or 'modalizing behaviour' (cf. Nespoulous et al. 1998; Ulatowska and Olness 2003; Olness et al. 2010). Olness et al. (2010) postulate that aphasic narrators’ use of evaluative devices may be quantitatively reduced but is generally very similar to normal use in respect of quality and distribution. From various significant resources (Berman 1997; Grimes 1975; Johnstone 1990; Labov 1972, 1997; Longacre 1996; Polanyi 1989), Olness et al. (2010) derive four functional categories of evaluative language that each include various prosodic and/or linguistic devices that may add prominence to selected referent construals. A complete overview is included as a supplement in Olness et al. (2010). Here I list the categories with

\[\ldots\]

\[\ldots\]

12 Plus adverbial phrases that situate events in place and time.
some examples, all taken from that article. As can be inferred, evaluative language not only emphasizes particular referents, but also opens up a conceptual background to the story by indicating co-events (cf. Labov 1972).

• **Suspension** (devices that delay the action). For example, using comments that are external to the narrative line like this is for real! or directly addressing the listener, e.g., *you know?* or repeating a sentence exactly or paraphrastically.

• **Intensification.** For example by adding onomatopoeia, noises or profanity, e.g., *I hear pow!* or predicate modifiers: *so calm/* all along the street.

• **Irrealis** (devices that represent options and possibilities). For example questions - *and then, why?* (*why did I have a stroke?*), disjunctions - *I just didn't know...*a good man* or* a bad man* – and future tense – *its gonna be hard.

• **Comparators** (association with other experiences). For example... *the most scariest time of my life!* and idioms like *freeze on that* (*don’t do that*).

Evaluation has been found to be a very robust phenomenon that is used by aphasic narrators in a linguistically limited, less complex, less varied, but qualitatively normal manner (Ulatowska et al. 2004; Ulatowska et al. 2006; Olness and Stewart 2007; Armstrong and Ulatowska 2008). Even severely aphasic populations may use evaluative devices such as repetition, direct speech, onomatopoeia, negation and adverbs and adjectives (Olness and Stewart 2007). Sometimes aphasic narrators lack referential ability but still use evaluative means to represent a story (Ulatowska et al. 2006). To explain for this relative preservation of evaluative language in aphasia, Nespoulous et al. (1998) propose that evaluative devices (linguistic and prosodic) are processed in different parts of the brain than referential structures. Whereas grammatical generation of NPs and VPs is associated with the left or dominant hemisphere – and hence typically impaired in aphasia – modulating behavior may be associated with language processing capacities located in the right hemisphere and the limbic system (cf. Olness et al. 2010).\(^{13}\)

The quantitative reduction may however reduce narrative content and referential clarity in aphasic narrations (Ulatowska, North and Macaluso-Haynes 1981) and Ulatowska et al. and North (1983). Particularly on the micro-level use of elements like pronouns, demonstratives, and articles may often occur without proper reference to antecedents, which affects text cohesion (Armstrong 2000). Such problems are seen to reflect a difficulty in integrating narrative structure and assumed shared knowledge or knowledge of the world (Ulatowska et al. 1983; Huber 1990; Ulatowska and Chapman 1994). Aphasic narrators may explicate information

\(^{13}\) In this respect, I speculate that the repertoire of evaluative devices may overlap with the repertoire of formulaic expressions or, generally, structures that are strongly tied to social actions. Preservation of these in aphasic speakers has similarly been associated with spared subcortical and right hemisphere function (Code 1994, 2011). Formulaic expressions and interactive structures are discussed below as structural varieties of non-fluent aphasic speech.
that is in fact implicit to the referential frame and vice versa and their stories often lack relief because elements are not discerned in terms of prominence (Ulatowska et al. 1983; Caplan 1992; Ulatowska & Sadowska 1992). Aphasic narrators may experience difficulties in organizing a variety of details to a coherent story with a clue. Despite the evaluative potential reported on above, it is not uncommon that aphasic narrations look like summings up of loose elements that seemingly have an equal importance. (Ulatowska c.s. and North 1981; Ulatowska and North 1983; Ulatowska and Chapman 1994; Olness and Stewart 2007).

Nonetheless, even severely aphasic speakers are often regarded as engaging storytellers (e.g., Hengst et al. 2005; Holland 2010). Apart from aphasic speakers’ individual narrative abilities, this discrepancy may be associated with the fact that story telling is a joint activity par excellence. Personal narratives are situated interactions and as such their form and content are influenced by the context of speech. To engage in storytelling in a given conversation, a potential narrator needs to come up with an event that is worth a story, i.e., his experience needs to be ‘reportable’ (Labov 2010). Therefore, it is not only relevant what the story is about (reference) and how it is told (evaluation), but also who tells it to whom and for what purpose (Robinson 1981). With reference to George (1969), Robinson postulates that the listener is not a passive receiver of a tale – there is a specifiable role which listeners are expected to enact. Listeners are expected to be attentive, appreciative, to give overt indications of interest, to show that they grasp the point of the story, and to agree with the narrator about its meaning. Listeners carry out these expectations through posture, gesture and speech. In addition to this highly conventionalized role there are several functions that listeners may perform. Polanyi [1979] notes that listeners monitor the coherence and meaning of narratives and will interrupt seeking clarification when either quality is lacking or ambiguous. (1981: 71)

The point of a story, Robinson argues, is not exclusively the responsibility of the narrator. Stories are always told against a background of presuppositions and shared knowledge and listeners use this background to construe the clue and value of the narrative they receive. The meaning and impact of the text is closely associated with the frame of reference of the participants. Heeschen and Schegloff (2003) take this view even a step further in their concept of storytelling as fully situated joint action:

[... from a conversation analytic point of view, whether something is a story (or narrative) is not a question of fulfilling defining criteria for the genre established by analysts beforehand (as in Labov 1981), but it is a matter of the participants themselves, of whether they themselves are oriented to their doings as the construction of a story or a story-telling. (2003: 251)

\[\text{14} \quad \text{In this respect, Robinson mentions the ‘heuristic situation’ in which stories are told to discover their meaning. In those stories, narrators present a point of view, but they seek a new one, to be delivered by the listener. Such cases could be imagined to be particular relevant to illness narratives (1981: 76).}\]
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Storytelling as a locus of joint activity is only to be expected by participants of aphasia-bound interactions. If they commit to storytelling, the non-aphasic listener may be expected to use any rudimentary narrative convention as well as socio-cultural and personally shared knowledge to reach some sort of shared ground on the referent event and the narrator’s perspective on it.

The main focus of analysis in this study concerns participants’ personal narrations about the event of their stroke. Their stories are explicitly requested for and they concern an event that is reportable by moral convention. ‘Illness stories’ or stroke stories are a narrative genre in itself and they may to some extent be modeled or ‘trained’, for, at the time of elicitation, they probably have been told before to others many times, as Frank (1995) points out in reference to illness stories in general:

[…] the phone rings and people want to know what is happening to the ill person. Stories of the illness have to be told to medical workers, health bureaucrats, employers and work associates, family and friends. Whether ill people want to tell stories or not, illness calls for stories. (1995: 54)

How interviewees respond to the question may depend on the way they are coping with the event of stroke in their lives. Regarded as illness conceptualizations, both the sober report and the engaging story performance may reflect this coping process in a particular way (Frank 1995; Hyden 1997; Bury 2001). In this respect, Frank (1995) proposes that the narrative construction of an illness history represents the actual identity of the narrator. The story that is told reflects his current relation to what has happened to him. Frank discerns four types of story in this respect, notably narratives that express chaos, that are focused on rehabilitation, that formulate the illness as a meaningful quest in life and stories that are like a testimony. These stories globally represent different phases of coping in which the victim develops from a ‘wounded body’ to an individual that takes the responsibility to testify of negative experiences unknown to others. Narrative is thus recognized as an important means to cope with illness and how it affects one’s wellbeing, identity and life goals (cf. Frank 1995; Hyden 1997; McKevitt 2000; Shadden 2005).

Clearly, representing the facts of illness as well as coping with it through narrative action is limited in aphasia (Shadden 2005; Armstrong and Ulatowska 2007). Moreover, aphasic people may withdraw from picking up the phone, speaking out to the doctor or even to friends and family. To ‘organize and make sense of reality’ (Hyden 1997) through narration may be a very distant option and listeners may easier associate incoherence in aphasic narration with linguistic impairment than with the expression of chaos experience in a stroke ridden patient. Still, the use of narration in coping and identity reconstruction in aphasia should not be underestimated and is thought to be a valuable tool in the process of healing (cf.; Bernstein-Ellis & Elman 2007; Holland 2008; Armstrong and Ulatowska 2007; Olness and Ulatowska 2011).

In sum, non-fluent aphasic narrators are reported engaging storytellers who project basic macrostructure and may strategically apply evaluative tools even in severe aphasia. Reduced linguistic resources however do affect referential clarity as well as cohesion and coherence. In genre events that comprise an aphasic narrator, hearers are expected to take a relatively more active role. They project relations between sub events with respect to a somewhat insecure shared ground. A true sharing of the personal experience of the narrator and recognition of his specific perspective on the past referent may submerge in the background when identifying what exactly happened (reference) becomes a prominent goal in narrative joint action.
Why this now?

In the last section of this chapter I address some essential contextual aspects of discourse events that include people with aphasia. Again, the information that I provide here represents the conceptual background to the analyses later on. The analyses value both an individual perspective on linguistic, textual and contextual knowledge and action projected in the genre events at stake and an integrated perspective on these levels.

2.2.5 How does aphasia affect personal communicative interaction?

“When I’m alone, I don’t have aphasia.” (Shadden 2004: 176). “Well, if I am going to say something, everyone is gone, you know. Yes, that’s a problem!” (Blom Johanson et al. 2012: 149-150). These two comments by aphasic speakers point out how aphasia affects one’s social identity and how it redefines the roles and relations of aphasic speakers and their non-aphasic co-participants. Consider for example another aphasic speaker, Jasvinder Kosha (in Parr et al. 2003), who, before his stroke was known as funny and quick witted (13). Being raised in India and Northern Ireland he was bilingual and highly capable of switching codes and accents to fit in with different situations and people. He reports that since he became aphasic he became much more of ‘an onlooker, not a player’ in interactive events (12). Apart from his more passive role, and an overall difficulty to communicate with him, his style of speech was received as unfamiliar to his social group. He had lost Punjabi altogether – already excluding him from conversations in his mother tongue - and in therapy he had developed a more British tone of voice. Khosa recalls how this was an issue among his relatives “You speak like a white person’ my relatives have told me on a number of occasions when my sisters (...) were not in earshot” (Parr et al. 2003: 12). Seeing that verbal interaction is a primary means of understanding and being a part of the socio-cultural environment and considering identity as socially constructed through interaction, aphasia has also been denoted as ‘identity theft’ (Sadden 2004, 2005; Simmons-Mackie and Damico 2007; Sadden et al. 2008). Like speaking in a particular ‘white’ tone of voice constructs an identity that is distant from the speaker’s socio-cultural origin (see also for example Zadie Smith (2009) on such loss in non-aphasic speakers), speaking in an aphasic way in itself already constructs identity as ‘abnormal’ or ‘incompetent.’

Aphasia thus has a great impact on both people with aphasia and on their social or communicative environment (e.g. Parr et al. 2003; Simmons-Mackie and Damico 2007; Simmons-Mackie 2008; Grawburgh et al. 2013; Dietz et al. 2013; Dammers and Wielaeert 2014; Te Meij and De Haan 2014; Rautakoski 2013). Practically, the most frequent conversational partners of people with aphasia have been reduced to the nucleus of their family and friends (Dalemans et al. 2010; Gillespie et al. 2010; Blom Johanson et al. 2012; Rautakoski 2013; Musser et al. 2015). Within this social network, roles have been changed because family and friends have “move(d) into the role of care giver simultaneously as the person with disability move(d) into the role of receiving care” (Gillespie et al. 2010: 1559). The overall attitude of the caregivers towards the new situation is to “maintain an image of “life carrying on as normal” (Thomas et al. 2002: 529)” (Gillespie et al. 2010: 1573). They seek to avoid stigma (Simmons-Mackie and Damico 2007) and adapt to limited communication (Goodwin 1995).

Co-participants of interaction with aphasia need constantly to decide upon supporting independence and confronting silence and struggle or protecting and helping the aphasic participant (cf. Simmons-Mackie and Damico 2007; Gillespie et al. 2010). Either way they must relate to their disabled identity. This means that participants and non-aphasic participants of
interaction with aphasia are intensely dealing with politeness and face (in the sense of Goffman 1967 and Brown and Levinson 1987) but they may have different perspectives on how they should operate in that respect (Gillespie et al. 2010). The asserting, non-aphasic participant may for example value positive feedback or other encouraging remarks as assigning competency (well done!) but the receiving party may feel she is framed as a person who needs praise, which implies that she is in fact incompetent. ‘Carrying on as normal’ may imply that aphasia is not accepted and regarded as preventing a recovered social identity. The perception that ‘aphasia masks competence’ (Kagan 1998; Shadden 2005, 2008; Dietz et al. 2013) may thus be related to common interactive phenomena like particular ways that aphasic participants are ‘being spoken for,’ (Simmons Mackie, Kingston and Schulz 2004; Purves 2009), their exclusion from decision-making (Blom Johanson et al. 2012; Simmons-Mackie and Damico 2015), or the non-aphasic participant’s projection of “a dominant interpretative framework to impose their own interpretations of utterances” (Simmons-Mackie and Damico 2015: 89). In these cases, the non-aphasic participant ‘stands in’ or ‘takes care’ of the aphasic participants role in discourse.

Aphasic speakers themselves may cover up their aphasic identity too, for example by refraining from (trained) speech strategies that may be regarded as ‘typically aphasic’ such as deliberate overuse of an economic elliptical style of speech (Bastiaanse 1995; Ruiter 2008). Aphasic informants in Blom Johanson et al. (2012) report on their insecure position when engaged in interactive events, being uncertain of what has been said or understood and anxious to use inappropriate words, or being laughed at and ignored (2012: 152). Moreover, they experienced how many non-aphasic people did not know how to interact with them and avoided conversations altogether (2012: 149-150). A lack of knowledge about aphasia in the general public (cf. Code et al. 2015) and even in family, friends and the aphasic participants themselves (Blom Johanson et al. 2012) marginalizes the role of aphasic participants in any interactive event. Contrastively, when aphasia is recognized and learned about, social identity and participant roles can be explored and recovered (Parr 2007; Rautakoski 2013).

With respect to verbal interaction with an aphasic speaker, today’s AVN/SAN-information brochure advises non-aphasic co-participants to adjust their speech styles: Take time, slow down their rate of speech, reduce information complexity, and use wh-questions systematically to support clarification of referents in case of word finding difficulties or other communicative breakdowns. Aphasic speakers of the Belgium “leven met afasie”- public awareness-project add to these advices that people with aphasia need to be treated as valued adults, each with a very different communication profile. They urge their fellow aphasic speakers to be assertive, not to be ashamed or afraid but step out and claim patience and the time to finish their own sentence.

Conversation analytical studies demonstrate how aphasic co-participants may be successful in gaining control over interactions, and hence constructing positive face as competent interlocutors, through the selection of specific linguistic structures or style of speech. In this respect, Beeke et al. 2002 demonstrate the use of fronted phrases to hold the turn at talk in the
presence of a low rate of speech. The advanced and isolated element is seen to signal to the hearer ‘wait, there is more to come.’ Wilkinson (2009) discusses how pseudo cleft constructions are instrumental in projecting a reference in the presence of word finding difficulties. Using such a construction – even in telegraphic style – buys one time, thus securing a positive representation of self, and it engenders a word search that may easily be completed by the co-participant (e.g., an aphasic participant and a non-aphasic participant talking about fairy tales, looking for a name. Aphasic participant: “the boy that never—who never—he always (.)” Non-aphasic participant: “Oh, Peter Pan.” taken from Wilkinson 2009: 216). Heeschen and Schegloff (2003) show how an undertold tone of voice and a specific ‘laconic’ style of speech in their subject W typically engages the co-participant and prompts her ‘to unpack W’s spare expressions’ in a natural manner. Such ‘speaking on behalf of the patient’ has also been observed in Heeschen and Schegloff (1999) and in Goodwin (1995) in regard of a severely affected aphasic man who can only use the words yes, no and and. Goodwin argues that these specific words “allow him to tie his talk to the talk of others within ongoing sequences of action. With this vocabulary he is able to parasitically build upon relevant linguistic structure provided by interlocutors.” (Goodwin 1995: 23/24.) Beeke et al. (2006) detect the use of formulaic phrases containing a 1st person subject + a cognitive verb (I don’t know, I think, I expect) to provide for ‘islands of fluency’ that balance the generally non-fluent production. Leiwo and Klippi (2000) examine how aphasic participants’ repetition of own and other’s words and structures supports turn keeping, emotional expression, confirmation, and grammatical acceptability. These studies all demonstrate how structures that are common to non-fluent aphasic speech are closely connected to specific social actions that carry interactive success – socially and communicatively. These structures are thus part of systematic joint action in which each participant has his role and task (cf. Goodwin 1995; Klippi and Laakso 1999; Hengst 2003). Apart from conversational strategies, personality traits in the non-aphasic participant may add to a better communicative outcome. Turner and Withworth (2006) indicate that aphasic people with excellent communication skills may do poorly in conversations with an unskilled partner (see also Kagan and Gaily 1993; Davidson et al. 2008; Rautakoski 2013; Simmons Mackie and Damico 2015). In respect to a profitable attitude they assert:

General consensus exists as to the importance of personality traits and attitude on partner interactional style and conversation with people with aphasia (e.g., Jordan & Kaiser, 1996; Kagan et al. 2001; Parr & Byng, 1998). Some attitudes that are acknowledged as being important include respect for and showing genuine interest in the person with aphasia as well as showing empathy and tolerance (Jordan & Kaiser, 1996). (503)

Simmons-Mackie and Kagan (1999) define characteristic features of successful and poor interaction with aphasia based on the judgements of two experienced speech and language pathologists and a non-expert graduate student of ten conversations between an aphasic and a 

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17 Purves (2010) explicates how complex ‘speaking for another’ may be, and how being spoken for in some situations enables communicative action but on other occasions may rather silence the aphasic speaker (see also Gillespie et al. 2010).
non-aphasic participant. They mostly agreed on how good or bad the non-aphasic participants were at facilitating successful and comfortable interaction. To conclude this section, I list the selected characteristics here with examples taken from their article.

A good co-participant of interaction with aphasia frequently performs acts of acknowledgment, as shown for example in Simmons-Mackie and Kagan (1999: 811):

\[(\text{IR (volunteer) is asking CH (person with aphasia) about her activities at the aphasia centre.})\]

\begin{verbatim}
109* IR: Okay, did you do music?
110  CH: aahahahah
       ((shaking [head no]))
111  IR: **((shaking head no))
112  No. Did you do movies?

* Numbers denote the reference line of the original transcript.
** [ bracket denotes overlapped talk or actions.
\end{verbatim}

Next to that, a good partner produces congruent overlap in turns, which rhythmic synchrony – for example shared laughter - signals 'I'm with you.' Furthermore, he seeks to accommodate the interaction using high and low tech alternative augmentative communication devices (AAC), which in case of (6) is just a simple gesture. Example taken from Simmons-Mackie and Kagan (1999: 815).

\[(\text{IR has asked CH how she gets to the center.})\]

\begin{verbatim}
20  IR: Somebody drove you here?
21  CH: ah ah ((shaking head no))
22  IR: Um, wheel trans?
23  CH: ah ah ((thumb up gesture))
24  IR: ((thumb up, smiling)
       Good, right.
\end{verbatim}

Successful interaction with aphasia also implies that repair strategies initiated by the non-aphasic speaker are face saving. In the following example (Simmons-Mackie and Kagan 1999: 816), communication breaks down, but the co-participant makes a positive inference from the fragments produced and rounds up the episode in a conclusive way.

\[(\text{JO: How do you come to the center?})\]

\begin{verbatim}
17  JO: How do you come to the center?
18  Do you dri:[ve? 
19  TS : ((nodding no))
20  JO: Do you take the wheel trans?
\end{verbatim}
I infer that this implies that co-participants explicitly position themselves next to the aphasic speaker and accept and actively use her means of communication. Put differently, adaptation compares to adjustment to the other’s perspective. Poor communication on the other hand includes frequent use of disjunctions like ‘well,’ that do not agree with prior discourse and signal a shift in topic (Shiārin 1987; Psathas 1995). Poor communicators also use less face saving repair strategies like in the following example, in which a sufficient answer is not valued but instead met with ‘rapid-fire questions and repetitions’ (Simmons-Mackie 1999: 816).

In respect of face care, poor communication also includes explicit use of a semantics of incompetence (“somebody helps you?”, “all by yourself?,” 1999: 817).

I infer from these characteristics that overtly comparing the aphasic participants’ moves and actions with one’s own alleged ‘normal’ perspective is counterproductive. Successful interaction with aphasia takes an open mind, a heuristic attitude and willingness to explore new ways of communication together, ideally, the aphasic speaker is acknowledged as the primary expert here and as such she takes the lead in this process.
2.3 **Non-aphasic expectations of personal interaction with aphasia**

From the foregoing information, I infer that the non-aphasic participant of a mixed aphasic/non-aphasic genre event may hold the following assumptions:


However, used linguistic structures may also just be genuinely impaired and not represent strategic adaptations (cf. Kolk and Heeschen 1990). And, on the other hand, full sentence structures may be produced, but expectantly, in a limited variety (Saffran et al. 1980 in Miceli 1999: 251; Goodglass and Kaplan 1983; Goodglass, Christiansen & Gallagher 1994; Menn & Obler, 1990; Saffran, Berndt, & Schwarts 1989 in E. de Roo et al. 2003). Varieties in degree of grammatical elaboration have been associated with task variation (cf. Hofstede and Kolk 1994), interactive context (cf. Heeschen and Schegloff 1999), and politeness phenomena (in the sense of Brown and Levinson 1987; cf. Ruiter et al. 2010).


Aphasic speaker’s stories have a qualitatively normal but simple structure and form and a limited referential scope (Ulatowska, North and Macaluso-Haynes 1981; Ulatowska et al. and North 1983; Berko-Gleason et al. 1984; Armstrong 2000; Ulatowska, Olness and Williams 2004; Armstrong and Ulatowska 2007). It is not uncommon that aphasic speakers deliver a summing up of loose details for a narrative (Ulatowska c.s. and North 1981; Ulatowska and North 1983; Caplan 1992; Ulatowska & Sadowska 1992; Ulatowska and Chapman 1994; Olness and Stewart 2007), but even severely aphasic speakers may just as well be engaging story tellers, (e.g., Hengst et al. 2005; Holland 2010) since use of evaluative language – including onomatopoeia, direct speech and reenactment, repetition, adverbs, formulae - is relatively preserved in aphasic speakers (cf. Nespoulous et al. 1998; Ulatowska and Olness 2003; Olness and Stewart 2007; Olness et al. 2010). Sometimes aphasic narrators lack referential ability but still use evaluative means to represent a story (Ulatowska et al. 2006). Generally, the importance of narrative as a means to cope with illness and how it affects one’s wellbeing, identity and life goals too (cf. Frank 1995; Hyden 1997; Bury 2001) is recognized for people with aphasia too (e.g. McKevitt 2000; Shadden 2005).
In interaction, aphasic speakers may particularly be sensitive and attuned to a shared conceptual frame of reference (Etcoff, Ekman, Magee, & Frank 2000; Siegal and Varley 2002, 2006). Still, they may have some difficulties in integrating their own stories with assumed shared knowledge or knowledge of the world (Ulatowska et al., 1983; Huber 1990; Ulatowska and Chapman 1994). People with aphasia are generally skilled conversationalists. They will use their linguistic options to exercise some control over the interaction and to monitor the non-aphasic co-participant to co-construct meaning and reference (e.g. Heeschen and Schegloff 1999; Goodwin 1995; Klippi and Laakso 1999; Leiwo and Klippi 2000; Beeke et al. 2002, 2006; Wilkinson et al. 2009; Hengst 2003, 2005). However, their interactive performance may vary depending on the conversational skills of their co-participant (Turner and Withworth 2006). Seeing potential inequality resulting from non-fluency and disabled identity (Kagan 1998; Shadden 2005, 2008; Simmons-Mackie and Damico 2007; Sadden et al. 2008; Dietz et al. 2013), in mixed aphasic / non-aphasic conversations, power and face are subject to careful management (cf. Simmons-Mackie and Damico 2007; Gillespie et al. 2010).

I recall my hypothesis concerning the current research question ‘How, in an interactive event that includes an aphasic and a non-aphasic participant, do the participants share ground on knowledge and actions associated with that discourse situation?’:

*My hypothesis is that in discourse events with aphasia, there may be a relation between communicative success or failure and the genre models that are projected by the participants in these events. Ideally, participants may exploit shared code, text and context level knowledge and actions as a safety net or as a resource to improve communication with a pathologically restricted code level in one of the participants. Just as well, divergent genre projections in participants may result in an even poorer apprehension of code level actions.*

From the theoretical background articulated in this chapter I feel inclined to narrow down this hypothesis in a positive direction. I suggest that a shared projection of genre knowledge – that is a shared intuition about the scope of knowledge and actions that are associated with the speech situation in respect of its contextual, textual and linguistic properties – may indeed be assumed in both participants and may particularly be a starting point for successful communication. Aphasic verbal structuctures can be appreciated as strategically attuned to a shared genre model and if they are clearly impaired, this model will be a safety net offering a limited collection of repair options. Joint attention to concrete and situational topics will particularly warrant successful communication and as such be a resource for establishing an equal participant relation. I suspect that complex individual genre projections will be avoided and both participants will strive for joint performance in accordance with conventional genre models that feature familiar, commonplace coordinates. After all, the aphasic participant as well as the non-aphasic participant may be assumed to be sensitive to the complication of aphasia to the interaction. They will solve the coordination problem as a Schelling game, adjusting their actions to what they expect the co-participant will expect that they expect ad infinitum (Schelling 1960; Clark 1996). That means that they will essentially act as normal participants of the genre event.

In the next chapter I explicate the methodology I use to explore how these theoretical assumptions match the empirical reality of the three genre events under investigation in this study.
3 A genre analytical approach to discourse analysis

As outlined in the previous chapter, genre theory is essentially designed as an analytical framework for accurate research into discourse events. Genre theory recognizes all interactive events as tokens of distinct genre types, whether they present themselves as documents or as live interactions. The analytical model advocated by Steen (2011) thus principally applies to anything ranging from reading a novel via texting to the performance of a personal interview. The current study focuses on the latter type, more specifically on the genre of a personal interview in which one of the participants is an aphasic speaker and the other one is a non-aphasic speaker. Before proceeding to the investigation of this challenging type of interaction, in the current chapter I explicate the methodological basis of this study and I demonstrate how genre theory can be used as a method for the analysis of language use in relation to genre events in general. It should be noted that the discussion of methodological principles below serves to explicate how this study is anchored in the tradition of scientific work. Although the methodological basis outlined here has its conceptual echo throughout this research project, specific terminology addressed here is not systematically referenced again in the empirical studies that follow.

3.1 Methodological basis

This research has sprung from a scientifically naïve, personal question that I had during my earlier years as a speech and language therapist. Due to my work in a rehabilitation centre and later in a hospital, I engaged in many interactions with people with aphasia and some of these events were very satisfying while others were difficult and frustrating. I could wonder: ‘Here are two people with severe aphasia who in respect of language impairment may be regarded as equals. Then why do I feel that I can only communicate well with just one of them?’ Years later, when I joined in on the weekly sessions of an all aphasic conversation group at the Amsterdam Aphasia Centre, I began to sense that this may have been the wrong question altogether. Instead of ‘what is going on with communication in language impairment’ it appeared more appropriate to ask where exactly communication is going on with language impairment. Hence in reformulating my original question scientifically, I withdrew from my previous assumption that communicative success should be in proportion with the linguistic competency of the participants alone. I recall my current research question here:

*How, in an interactive event that includes an aphasic and a non-aphasic participant, do the participants share ground on knowledge and actions associated with that discourse situation?*

This research question implies that interaction with aphasia is a social event that may be produced as a type of genre in itself, thus comprising specific knowledge and action relative to the context, text and code level of the interaction. I think that this question specifically calls for an integrated approach to discourse as advocated by Van Dijk (2011, 2014) and Steen (2011) from the perspective of discourse studies and sociolinguistics, and Armstrong and Ferguson (2010) and Olness and Ulatowska (2011) from the perspective of aphasiology. Below, I explain...
why I think this methodological outlook is appropriate and how it defines my proceedings in the empirical studies presented in the next three chapters.

As I mentioned in the introductory chapter, I assume that an essential limitation of understanding (interaction with) aphasia may be caused by the fact that my non-aphasic perspective on interaction is essentially foreign to an aphasic perspective on interaction. In this study I want to explore just that limitation in mixed aphasic/non-aphasic interactions and I found that the sociolinguistic and particularly ethnomethodologic tradition (Labov 1972; Garfinkel 1974; Hymes 1974; Gumperz 1992; Ten Have 2002; Goodwin 2003; Blommaert and Dong 2011; Van Dijk 2011, 2014) provides for useful principles to take on this enterprise on a scientifically apt, yet intuitive level of investigation. These research fields are particularly concerned with the implicit rationale of everyday practices in social groups, and moreover, with the members of such groups having a common understanding of what counts as a sensible – ‘accountable,’ (Garfinkel 1967a; ‘Ten Have 2002) - act and what does not. To intuitively appreciate a perceived action as in fact an accountable social (interactive) strategy requires intimate knowledge of the common grounds of a society or, more particular of a collectivity or sociocultural group. One has to be a member of that group and thus possess associated ‘membership knowledge’ to be able to act sensibly and know it too (Garfinkel 1967a, Sacks and Garfinkel 1970, Ten Have 2002, Auer 2007; Van Dijk 2014). ‘Mastery of a natural language,’ that is language competency, may be regarded as a key feature of membership knowledge (Garfinkel 1967a) and Sacks and Garfinkel 1970: 342). A broader definition of membership requirements applies to current purposes:

The notion of "member" refers to capacities or competencies that people have as members of society; capacities to speak, to know, to understand, to act in ways that are sensible in that society and in the situations in which they find themselves. Ten Have (2002: 8)

I believe that such knowledge and action may be comparable to ‘genre knowledge’ as described in the foregoing chapter: cognitive schemas of context, text and code level knowledge and action associated with specific social situations.

Suppose I find myself in an interactive situation with a co-participant who is a member of Dutch urban socioculture as I am myself but nonetheless I am unable to receive the sensibility of some of her actions, for instance because she happens to be aphasic and I am not. In such a case I can deduct what is going on and what my co-participant is doing in different ways. From the perspective of my personal position, that is my situated self (Hymes 1974), I may judge her as apparently incompetent (Hymes 1974; Kovarsky et al. 1999). But also, I can re-evaluate my position and infer from the fact that her action is insensible to me that she is in fact ‘culturally different’ and I am incompetent in respect of that culture (Kovarsky et al. 1999; Maxwell et al. 1999). Better still: when it comes to interaction with aphasia, an aphasic and a non-aphasic member share a level of (in) competency.

In respect of acquiring membership competency through interaction, it should be noted that the ‘accountability’ of observable actions in a community has no static definition. Rather, “...accountable phenomena are through and through practical accomplishments.” Sacks and Garfinkel 1970: 342). Moreover, “members shape action in relation to context while the context itself is constantly being redefined through action” (Heritage 1984: 242). This principle has been called ‘reflexivity’ (Heritage 1984; Garfinkel 1974; Ten Have 2002) and in its original sense it is
explained as the commonality of standing in a line with people and knowing that you are in a queue, and through doing and knowing so producing that very act. The concept of reflexivity has later been connected with research methodology (Blommaert 2005a; Bourdieu 1990). Particularly referring to

...the way in which the observer has an impact on what is observed, and the way in which the observed events themselves are captured in a real historical context, from which they derive meaning and salience. (Blommaert and Dong 2011; ch. 5/38)

Blommaert and Dong speak here of ethnographic fieldwork, where researchers set out to acquire membership knowledge from an observant position amidst the members of a socioculture. In the historical setting in which they engage in (re)producing accountable acts, these acts are inevitably shaped by their complex identity as observant participants too. It is a premise in ethnomethodology that the scientific process thus has an intrinsic subjective component and this goes for the ultimate interpretative analysis of collected data too: it is about using one's membership knowledge to study membership (Ten Have 2002; Mruck and Breuer 2003). To summarize, I assume that my research question is typically connected with questions that are targeted in the field of ethnomethodology: Proceeding from that point of view, my research question is directed towards the implicit heuristics of mixed aphasic / non-aphasic interactive events. The actions of an aphasic and a non-aphasic participant 'doing a conversational interview together' may particularly profile the reflexive processes associated with the phenomena of accountability as well as membership competency.

3.2 Data, analytical scope and procedure

The research presented in this book is an explorative multiple case study that features an inductive approach to recorded and transcribed conversational data. Analytical results firstly display the implicit knowledge schemas associated with three separate historical conductions of the assumed genre model of mixed aphasic / non-aphasic conversational interviewing. If genre analysis indeed provides with interesting insights in this type of communicative interaction, this study may furthermore theoretically and practically contribute to the view that researching interaction with aphasia requires a principally integrated approach to discourse events (cf. Armstrong and Ferguson 2010; Olness and Ulatowska 2011). Also, relative to genre theory, the analytical work related to the extreme case of the genre of aphasic interaction performed in this study may add to a more explicit conceptualization, operationalization and application of the selection of genre variables proposed by Steen (2011).

As an analyst, I actively work with my subjective position, that is, expose my personal non-aphasic perspective and membership knowledge as a self-evident resource (cf. Ten Have 2002). In this respect it should be noted that I have acquired membership knowledge from various sources: I have membership competency as a native speaker of the Dutch language; I have been trained as a speech and language therapist (Mscn) and learned from over five years of practice in clinical and post clinical settings. Furthermore, I have acquired membership knowledge on a personal level with people with aphasia through (professional) commitment for over two years to an all-aphasic conversational / support group. Approaching the data with explicit use of subjective pre understanding and critical revisions thereof, my genre analyses are essentially argumentative in character (Lindseth and Norberg 2004) and their contribution to the existing quantitative and
All data were collected with approval of the medical ethical committee of Vrije Universiteit medical centre (METC VUmc) and signed informed consent. I have collected the data for analysis from two sources: I selected the interview with Ronald (chapter 6) from the database of spontaneous speech of non-fluent aphasic speakers belonging to the Rotterdam Afasie Therapie Studie (RATS I) and kindly provided to me by Dr. Evy Visch Brink. The interviews with Sara and Ben were conducted by myself as a participating researcher and later selected from a small collection of such interviews. Selection criteria included type of aphasia (non-fluent or Broca’s aphasia with agrammatism), the absence of other neurocognitive impairments, and, frankly, interestingness. These data are not representative of all mixed aphasic / non-aphasic interaction – I actually could not think of any data set that would be representative of that – but they capture some of its rich variety. At the time of data collection, my research question was essentially similar to the current one, but I sought to address this question primarily from a cognitive linguistic outlook, thus focusing on ‘the relation between (semi-) spontaneous aphasic speech and conceptual structure.’ I only became acquainted with genre theory several years after elicitation of these data.

Concerning the interviews with Sara and Ben, I introduced myself as a researcher in Dutch language and culture, which I am, who took a scientific interest in, and here I quote from the original recruitment flyer and patient information letter, “the experience of Dutch aphasic patients in life after stroke, the changes they went through, how they feel about their situation, and how they speak of their daily life.” This formulation addresses the interviewees as aphasic patients, but it carefully keeps away from the topic of speaking ability. I aimed to make sure that the genre event should be a showcase of communicative interaction and not of linguistic performance.

Still, two things may have interfered with that set-up. First, Ben and Sara were recruited by their speech and language therapists and, second, I used a questionnaire based on the Dutch version of the Aachen Aphasia Test (Graetz, De Blieser, Willmes, & Heeschen 1992). The latter is an evaluation scale that Ben and Sara, like most Dutch aphasic patients, had been tested with before. It is a very general questionnaire, which serves well for starting a conversation, but its original purpose is to draw from the aphasic subject qualitative and quantitative information about his linguistic performance. The course of both the interviews, however, suggests that the questionnaire was used preeminently in service of facilitating in depth personal interviewing. Concerning the interview with Ronald, these data were retrieved from the spontaneous speech performance data set of a large randomized trial connected with a therapy effect study. The AAT-questionnaire is used here too, but the interviewer is not me, but a familiar therapist of Ron, who conducts the interview on behalf of the associated research board. Although its elicitation history diverges from the other interviews, I selected these data for analysis here because it is such a rich source of information for our current purpose.

All data are collected through audio recording. I do recognize that, particularly in face:

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19 ‘Patiënteninformatiebrief 01-03-2006’ approved of by the Medisch Ethische Commissie of VU medische centrum (METC VUmc) d.d. 10-04-2006.
to-face interactions, non-verbal signaling is an essential part of communication. Gesturing and facial expressions add to the expression of a genre projection and hence should be part of genre analysis in full. The current study, however, is restricted in this respect and does not take non-verbal modalities other than prosody into account. I endorse a strict focus on linguistic signaling because I specifically am interested in the rationale behind linguistic choices in mixed aphasic/non-aphasic interactions. I discussed in the foregoing chapter how aphasic verbal structures are explained as adapted outcome, either to an internal, cognitive limitation (Kolk and associates) or to the interactive situation (authors within the field of Conversation Analysis). In this respect I want to explore, and I assume my research question covers for this, if and how an aphasic speaker’s linguistic choices are connected with her genre projections. Moreover, I want to investigate to what extent such connections are shared and coordinative to the non-aphasic co-participant and how they affect communicative success or failure. I decided therefore that data could be collected through audio recording alone, with the benefit of minimal interference with the recorded interactions. All in all, two sources of information feed the analyses, notably the verbal interaction of the participants as recorded, and sociocultural, linguistic, and (para-) medical knowledge that is assumed to be available to the participants and/or shared by the analyst on the basis of experience, study, expertise, information, convention, and intuition.

The presented analyses specifically focus on episodes in the recorded interaction that demonstrate how participants deal with coordination problems that in some way may be associated with the aphasia bound quality of the genre event. I inductively and systematically examine these episodes, always attending first to context level phenomena, then to text level phenomena and finally to code level phenomena. In that respect, my analytical perspective is constrained by the respective variables proposed by Steen (2011). To control analytical work connected with each genre variable I use a set of questions specifically designed to provide for partial answers to my original research question “How, in an interactive event that includes an aphasic and a non-aphasic participant, do the participants share ground on knowledge and actions associated with that discourse situation?” These questions are of practical guidance for processing each analysis. They are systematically explicated in the demonstration analyses presented in the current chapter but, for reasons of readability, in the research report they receive a more implicit address.

1. Relative to analytical category X, what are assumedly shared conventions of the genre model?
2. Relative to analytical category X, what is/are (a) relevant episode(s) in the genre event?
   a. Do participants represent projections that diverge from convention? If so, then how do they represent their individual projection linguistically?
   b. What discourse values may be pursued by these actions?
   c. How are individual projections appreciated by the co-participant?
3. Given shared and/or individual genre projections and their level of appreciation, how is the communicative potential of the genre model of the given event eventually exploited?

The extent to which the list of these genre variables is applied may vary in practice according to the judgment of the analyst. In this study, I use most of them but any departures will be explained.
To make my methodological proceedings in the following chapters extra intelligible, I now go step by step through the analytical categories of use. For each genre variable I present a brief definition of its content and scope and a demonstration of my genre analysis relative to that variable. For demonstration, I use rough transcriptions of audio recordings of authentic discourse events that are comparable to those I use for the focus analyses presented in chapters 4, 5, and 6. As such the demonstration data comprise personal interviews of a similar format and thematic scope, involving participants that have experienced a history of illness or trauma that includes a sudden loss of function. However, none of the current participants was affected by cerebral pathology and they all show a normal command of the Dutch language. The following analyses are not exhaustive and implications may remain unspecified. Moreover, at this point, I do not aim for introducing a conclusive methodology but for a demonstration of my analytical perspective.

3.2.1 Transcription rules

In the examples below, I use a minimal transcription code or ‘field transcript’ (Blommaert and Dong 2011: 19) featuring a minimum of symbols besides Dutch written text and its translation to English. The transcription of the focus data in the following chapters is equally simple and bound to what I believe is necessary for current purposes (Edwards 1993; Blommaert and Dong 2011). Data representation is sequentially organized by 1) number of line in the full transcript, 2) abbreviation of the participant taking the turn at talk, 3) transcription of what is said, that is, what is audio recorded. Transcription symbols (based on McWhinney and colleagues’ chat transcription symbol summary – abridged for AphasiaBank21) are fully applied in the transcriptions of the interviews with Sara, Ben and Ronald. Transcriptions of the non-aphasic demonstration data are kept as simple as possible.

Common interjections:  hmm, uhuh, hm, uhuh
Fillers:       ehm, eehm, ehm, um, uh
Repetitions:   <word> [x4]
Fragments:    &sch
Pauses:  (.), (..), (…)
Emphasis:  text
Unintelligible:  xxx
Simple actions:  &=laughs, &=sighs, &=writes, &=meddles with recorder
Overlap:  <1, <2
Pitch:  ↑
Whispering:  }
Utterance terminators:  !
                    ?
                    +... (trailing off)
                    +.? (trailing off of question)

21 http://talkbank.org/AphasiaBank/
Utterance terminators (cont’d): 
+. (interruption)
+, (self completion)
++, (other completion)
+” (quotation next line)
+” (quotation now)
+”. (end of quotation)

3.3 Analytical procedure: Definitions and demonstration
The data that are used for the analytical examples below comprise audio recordings of face-to-face personal interviews between the participating researcher – Christine, 31 years, highly educated, no personal experiences of sudden invalidity but professionally familiar with aphasic survivors of stroke – and the following interviewees, between one and two years after their invalidation:

- Monica, 37 years, highly educated, spinal cord lesion due to tumorectomy that left her paraplegic from the waist. She moves in a wheelchair and lives independently in an apartment building that is specifically designed for handicapped inhabitants. She was a former hotel manager but since her illness she has been out of work. She volunteers in community projects. The interview is conducted at her home.

- Ann, 40 years, normally educated, multiple amputations due to bacterial infection. She uses artificial limbs and moves upright. She lives with her partner. The interview is conducted at her home.

- Michel, 25 years, highly educated, spinal cord lesion due to a diving accident. He is partially paraplegic from the neck. He moves in a wheelchair and lives with his parents. He is a student and manages several relevant jobs in the mean time. The interview is conducted at the rehabilitation centre he visits as an outpatient.

- Don, 22 years, normally educated (voluntarily below potential), trauma with pain. He uses a wheelchair and lives independently. He is a former construction worker but since his accident he is a part time ticket seller at a strip club. The interview is conducted at his appartment which is currently being adapted to his needs.

Monica and Michel were interviewed via mediation by a rehab therapist who is mutually acquainted with the interviewer, then Monica arranged with her friends and former peers of the rehabilitation center, Ann and Don, to join in on the project.

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22 Except voor Christine (the participating researcher and author), all participants of interaction cited in this book have fictive names.
3.3.1 Context level analysis

The context level of the genre model(s) assumedly held by the participants of a genre event comprises their knowledge, expectations and actions concerning the speech situation. Included is knowledge and behavior concerning the situations and settings of the event (3.3.1.1), the participants involved (3.3.1.2), the goals they pursue and functions they attribute to the event (3.3.1.3), the domains that are relevant to it (3.3.1.4) and the medium that is used for its conduction (3.3.1.5).

3.3.1.1 Situations and settings

Situation or setting refers to the material circumstances of the genre event and what these represent. Next to physical time and space, the ‘arena of language use’ (Clark 1996) has a psychological or cultural definition (Hymes 1974). A material environment may define participants’ identity to a greater or lesser extent and may also influence power relations between participants. As Elwood and Martin (2000) point out, the office room of a managing director will be an attribute of power to him relative to the visiting interviewer’s status. Space matters:

The microgeographies of the interview reflect the relationships of the researcher with the interview participant, the participant with the site, and the site with a broader sociocultural context that affects both researcher and participant. (Elwood and Martin, 2000: 650)

Considering interview-settings, in truth, I did not give interview location much consideration for pragmatic reasons. I complied with the preference of the interviewees and upon their wish interviews were held at their homes or in the rehabilitation center. Although these sites may have been selected without much attention and are visually neglected by the audio recording, still they are a part of the genre models of these events. In these events, situation is typically projected as pragmatically accommodating verbal interaction and audio recording. Importantly, since the interviewees selected the locations themselves, potential effects of power from the environment are expected to positively add to the interviewees. To them, locations are familiar and safe: On the occasion when interviews were held at their home, the interviewer was automatically a guest and the interviewee a host. In the event of meeting at the rehabilitation centre, the co-participants were both visitors, but unlike the interviewer, the interviewee was a regular customer, who knew his way around.

Considering situation and setting, a relevant episode in the interview with Monica is (1). The interview is held at her home. This place intuitively strikes the interviewer as personal and cozy. In episode (1), she asks Monica to tell something about her living situation.
<table>
<thead>
<tr>
<th></th>
<th>C</th>
<th>eh kun je iets vertellen over je woonomstandigheden?</th>
<th>eh can you tell something about your living conditions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>M</td>
<td>ehm ik woon nu zelfstandig () ik eh woonde altijd al zelfstandig maar ik woonde op 2 hoog dus dat kon met de rolstoel niet meer en ik heb geluk gehad dat eh mede ook door middeling van het [revalidatiecentrum] () dat ik in dit pand terecht ben gekomen () dit is een nieuw pand opgeleverd in augustus 2002 () het is een combinatie van minder valide woningen dus m.i.v.a.-woningen en seniorenflats en eh ja het is een eh een domein () ik heb de mazzel dat ik ook de grote variant van de woning heb () alles is hier eh gelijkvloers () d’t is een lift in ’t pand () alles is eh ruim () ik heb bewegingsvrijheid ik kan draaien in de gang () alles is toegankelijk ehm ja het is echt een woning op mij aangepast () met alle extra aanpassingen die eventueel ook nog nodig waren () toegespitst op mijn handicap</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ehm I now live independently () I eh always did live independently but I lived on the second floor so with the wheel chair that became impossible and I was lucky that also because of mediation by the [rehab centre] () I ended up in this building () this is a new building deliverd in august 2002 () it combines disability flats [‘m.i.v.a.-flats’] and senior housing and eh yes it is a eh a domain () I am very lucky that I also have got the bigger variety of this appartment () everything is on same floor () there’s a lift in the building () everything is eh spacious () I have elbow room I can turn in the corridor () everything is accesible ehm yes it really is a house adjusted to my needs () with all extra adjustments potentially needed () pointed to my handicap</td>
<td></td>
</tr>
</tbody>
</table>

Communicative devices that align with the indicated pragmatic attitude towards the variable situation and setting, include a particularly distal, abstract approach to the immediate environment. This is reflected by a particularly technical choice of words, in fact jargon, of both interviewer and interviewee, e.g. ‘woonomstandigheden / living conditions’; ‘zelfstandig / independently’; ‘pand / building’; ‘miva-woningen / m.i.v.a. flats’; domein / domain; bewegingsvrijheid / moving space’; ‘toegankelijk / accessible’; ‘aanspassingen / adjustments.’

The devices used by the participants typically ignore the location they are in as a homely and personal environment. Participants abstract away from their actual connection to this space and how it affects their relation, and choose to address its general and practical virtues. The participants may share the assumption that this approach is most appropriate or relevant to the current event thematically and/or in terms of power relation. It may be argued that it is the interviewer who instigates this line of action with her selection of ‘woonomstandigheden / living conditions’ – instead of for example ‘house / home.’ But still, Monica is very decisive in pursuing that line. Moreover she exploits its status options: She recounts how the building is newly delivered and how she has acquired the apartment by mediation of the rehab centre, how
it is specifically attuned to her needs. The business like perspective on the setting attributes to her a privileged status and a right of possession, authorized by the rehab institution.

Participants’ shared projection of setting generally avoids emphasis of potential status inequality or privacy violation associated with the interviewer being a guest to the interviewee’s home for pragmatic, not social reasons. The participants corroborate the conventional model that projects the essential irrelevance of participants’ personal relation to the physical environment. But additionally, Monica exploits the projected genre variable by adding an individual perspective that contributes to her positive face.

3.3.1.2 Participants: Their roles and relations

A genre event is typically understood as a joint activity in which participants coordinate their actions in a way that they assume is appropriate and meaningful (cf. Clark 1996). Seeing an interview as ‘a task at hand’ to be jointly performed (Holstein and Gubrium 2003), the official or public roles – ‘interviewer’ and ‘interviewee’ – represent a division of labour (Clark 1996: 37) over clearly assigned or ‘ratified’ participants (Goffman 1967). Next to these most accountable roles, the genre event may include bystanders, eavesdroppers, or overhearers who may be influential on the actions of the main participants (Goffman 1967; Bell 1984; Clark 1996; Dynel 2010).

In genre events, participants may be assumed to be cooperative in principle (Grice 1975) but human interaction is a central site for the construction of social identity and power relations too (Labov 1972; Hymes 1974; Auer 2007; Simmons-Mackie and Damico 2007; Van Dijk 2011; Da Fina 2011). The concept of ‘face’ (Goffman 1967; Brown and Levinson 1987; Watts 2003) captures this delicate issue of public self-image that participants construct and negotiate in interaction. In principle, face is defined as a temporary phenomenon, bound to the interactive event one is engaged in but within that event it must be coherent (Watts 2003). In line with their current imago, participants are thus expected to avoid certain behavior and produce other behavior. Also, co-participants “have an obligation to maintain the faces of the other participants in the interaction” (Watts 2003: 125). ‘Positive face’ refers to a participant’s onstage, public presentation which is ultimately attributed to her by others. Positive face is easily a conventional, or even stereotyped projection, but since participants’ positive faces depend on the attribution they receive from each other, it is managed carefully and offense or threatening of other’s face is preferably avoided. If a so-called face-threatening act (FTA) is performed – e.g., scolding, accusation or not commenting on the new haircut – a participants’ ‘negative face’ is affected, i.e., his ‘off stage’ private space is offended, which is experienced as crossing the line.

Face is a key and potentially delicate feature of normal interaction and participants deal with it through a variety of politeness strategies (Brown and Levinson 1987).

Face and power relations are expected to be negotiated throughout the interaction (cf. Watts 2003). The interviewer may appear to be in charge for she initiates the event, introduces the interviewee to its purpose and protocol, decides on the topics and asks the questions. On the other hand, the interviewees are doing her a favor; they decide whether to pick up a topic or withdraw from it, they decide how cooperative they want to be. Essentially, the interview must be accepted as a ‘gift’ from the interviewee (Limerick, Burgess-Limerick and Grace 1994). Power or status relations between speaker and hearer are thus shifting and dynamic; devices that conventionally seem to express power – e.g., questioning, interrupting, calling someone by the first name – often may just as well be interpreted as expressing solidarity or a lack of power (Tannen 1987, 2007). Thus, participants’ face is not necessarily proportional to the formal power
or status relations projected by a particular genre model. It is often ambiguous who has the power in interaction (Tannen 1987, 2007).

Regarding participant roles and relations I assume the participants more or less share the following details as implicit, conventional knowledge. The genre event at stake here is a personal interview on behalf of a research project. Such a model includes two official, ratified participants (Goffman 1967), notably speaker and hearer, who are fully entitled to engage in the interaction and take responsibility of its joint performance. The participants are aware of the fact that the interview is being recorded, and hence that their actions will be overheard at some point in the future. The genre model thus includes an equally ratified third party – individual or collective – whose indirect participation is known and accepted by the main participants. The future analyst is not conceptualized here as a secretive ‘eavesdropper’ or passive ‘bystander’ (Goffman 1976; Clark 1996) but as an overhearer who purposefully “construe(s) meanings on the basis of speakers utterances,” and hence qualifies as a participant in full (Dynel 2010: 14). In addition, the main participants may even specifically design utterances for her (Bell 1984: 177; Dynel 2010:4).

In respect of participant roles, episode (2) is of interest. It is taken from the interview with Don, which was held in his apartment at short notice. Upon arrival, the interviewer discovers a plumber to be working on the bathroom. This man only figures in the background - not even as a bystander for he attends to other business - but still his presence contributes to the event. The participants sit in the living room while the plumber moves about in the bathroom causing loud noises which occasionally disturb the interview and its recording. Preceding the interview a possible inconvenience in that respect was shortly discussed, but so far the topic is not referred to in the conversation. In fragment (2), however, a hindering sound level is reached and the plumber initiates the closing of a hall way door, thus locking himself and his business out of the interview setting. The following episode represents Don talking about his living environment while the plumber traverses through the room to shut the door in question.

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The current research design includes a participating researcher in the majority of cases, which implies that the interviewer occupies both one of the main participant roles and, later on, the third party role. Since the researcher is committed to collect data as spontaneous as possible and the genre analysis is to be performed with due temporal resources and reflective attitude, the interviewer is not assumed to hold a ‘hidden agenda’ (Clark 1996) that motivates eavesdropping in anticipation of her later role whilst performing the main participant role. Moreover, the genre analysis itself is conceptualized as an entirely different genre event including different participant role configurations. However, in particularly the interview with aphasic speaker Ron (chapter 6) the main participants display sensitivity to the channel linkage (term coined by Levinson 1988: 174) with the third party who they may feel as observant of their competencies.
The communicative devices that are relevant to the analysis of the current analytical category are represented in the sequence of talk and gesturing that extends from line 1 to line 7. The gesture of raising the thumbs (4), the repetition of last phrases or words to indicate stopping short (3) and the phrasal expression ‘dat ging mooi in koor! / that was a nice chorus!’ (5) are highly conventional, iconic signals. What is striking is the smooth and flawless synchrony of the gestures and the way that the whole turn taking sequence – particularly its syntactic structure – in principle remains intact, despite the third party’s interruption. In 2, the plumber enters the scene and in (3) Don holds his turn; in 4 the plumber closes the door while the main participants simultaneously raise their thumbs in silence; in 5 Don explicates the synchrony linguistically. In 6 Don resumes his original structure at the exact same spot where he had left it before.

From the selected verbal and non-verbal communicative devices used by Don and the interviewer I infer that what is foremost valuable to them is a smooth and coordinated management of the interference of the plumber with the genre event. His presence is not included in the conventional model of participant roles. When he steps out of the background to close the door, however, his concrete participation is profiled. When both main participants raise their thumbs in silence to salute him they recognize this participation. During the incident, the main interaction is kept on hold and all three participants stay silent until Don picks up syntactic structure at the exact point where it was left. With this coordinated behaviour they may pursue to keep the presence of the plumber from the record. Their performance, initiated and coordinated by Don, is close to perfection.

However, there is one divergence from the track of concealment, which is Don’s evaluative remark ‘dat ging mooi in koor! / that was a nice choir!’ (5). This device comments on the simultaneous gesturing and affirms that the participants share perspective on how to deal with this contextual issue. This specific automatic phrase may even be regarded as a triumphant exclamation, possibly a slip of the tongue, primed by successful coordination and the
contextual harmony. Nonetheless, it also gives away the divergence from the prototype model of participant roles that, initially, Don took some effort to conceal.

Why would Don, who is apparently sensitive to participant relations and roles, so easily give up his flawless control of the model? At this point, a surplus value to him may be the opportunity to express positive face (Goffman 1967; Brown and Levinson 1987). Concerning the discussed episode, and the interview in general, Don’s positive face is importantly built on his behaving in a calm, cool and controlled fashion. I infer that this face is early on recognized and supported by the interviewer from the fact that she raises her thumb in synchrony with Don. The simultaneity may be mere coincidence, but it may also signal an adjustment to Don’s style of controlling the situation. Her making the gesture at this point may be received as inappropriately bold and therefore may even affect her own face. Although Don’s behavior in episode (2) may be regarded as favorable to his positive face, it essentially is action in service of mutually keeping up the shared projection of the prototype participant model. However, eventually, face maintenance apparently has a surplus value for him for he entitles himself to verbally evaluate the situation. Concerning face, Don’s act contributes both to his own positive face, representing him as the controller of the situation and to the interviewer’s face, for it quickly deals with a potential face threatening situation the interviewer has created for herself.

Then how do the participants address the communicative potential of the shared genre model? From the analysis presented above it follows that on the one hand, the participants of the current genre event corroborate conventions and make efforts to preserve the prototype model of participant roles connected with personal interviewing (for data collection) despite what actually happens off record in the concrete genre event. On the other hand, particularly Don exploits the genre model in respect of face management.

3.3.1.3 Goals and functions

In each genre event there are many goals pursued (Clark 1996; Brown and Levinson 1987; Goffman 1974). The basic shared goal of a genre event is to achieve the conduction of the event one is in, in our case that would be ‘doing interviewing.’ But that process involves other goals too, such as an efficient procedure of the required moves and maintaining interpersonal contact with the co-participants or building positive face (Clark 1996). Some of these goals are public, that is, openly recognized and endorsed by the participants while others are private. The latter may concern hidden agenda’s of deceit and betrayal (Clark 1996), but also, and maybe more relevant to our current data, gaining personal insight through storytelling pursued within the larger scope of the public goal of interviewing.

The goal of the genre event set by the interviewer is to collect an interview that is as spontaneous as possible and in which interviewees report on their lives in a way that is most natural to them at the time of the event. This goal permits that the event be functional in respect of, for example, illness conceptualization, face building, or complaint. In this respect, the genre event is potentially advantageous to both participants.

A clear indication that the shared goal of data collection does not stand in the way of exploitation of individual goals is represented in fragment (3). The interviewer asks Don to tell her about the events that eventually caused his current disability.
<p>| | | |</p>
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</table>
| 1 | C | kun je om te beginnen vertellen hoe je ziek geworden bent (.) wat er precies is gebeurd?  
   | Don | [vertelt het verhaal van zijn kart-ongeluk, zie (6) beneden]  
   | C | oh nee! en wat gebeurde er toen?  
   | Don | wat er toen gebeurde (.) ja eh ik heb een half uur op een ambulance liggen wachten ze hebben mij opgepikt (.) en eh ik ben met twee kapot (.) verbrijzeld onderbenen ben ik naar het ziekenhuis overgebracht eh verbrijzelde pols, rechterpols voor de rest nog wat meerdere complicaties en ja daar eh hebben ze me behandeld  
   | C | was je bij bewustzijn op dat moment?  
   | Don | ja ik heb mezelf nog gestabiliseerd vanwege een eh een zware bloeding in m'n linker been omdat ik een eh (.) mijn scheenbeen stak uit mijn huid en die had tegelijkertijd een eh één van de (hoe noem je dat) een hoofdader of een slagader geraakt en daar bloedde ik uit dus ik heb eh mezelf afgebonden ik ben zelf uit die kart gekropen ik heb m'n benen gestabiliseerd en ik ben daar liggen wachten |

In this episode the participants express the conventional genre projection in the following way. In line 1 the interviewer invites the interviewee to not hesitate to go into details and take his time (‘om te beginnen’, ‘precies’). After Don has offered a detailed answer, she shows her engagement with his story by exclaiming her awe (‘o, nee!’ line 4). Furthermore she encourages him to go on and use the floor, first to look at the referent event objectively (‘and then what happened?’ line 4) and, again, in line 10, by zooming in on a possible subjective experience of it (‘were you conscious?’ paraphrase: ‘did you experience any of this?’). Participants’ use of the indicated devices in episode 2 indicate that they both value a personal engagement with the illness story. The value pursued by Don may be connected to the (re)conceptualization of his trauma experience and the definition of his positive face relative to that event. The local values pursued by the interviewer seem to relate to general interest and sincere empathy.
All in all, the conventional projection of goals and functions may be said to be shared because the participants exploit the official goal of collecting spontaneous data – pursued by the interviewer and supported by the interviewee – by projecting implicit individual goals pursued by the interviewee and supported by the interviewer.

3.3.1.4 Domains
Interactive events are situated in time and a space and in a particular sociocultural environment too. The variable of domains is concerned with the latter. Domains refer to the larger ‘spheres of life’ in which individual interactions occur, such as family, religion, education, and employment (Fishman 1972; Boxer 2002). Discourse domains are the cognitive schemas of interactive practices that represent the sociocultural norms and expectations of a particular social group or institution (Fishman 1972; Douglas 2004; Steen 2011). Shared and individual knowledge of these practices back ground individual interactive events and affect participants’ actions (and appreciation thereof) (Douglas 2004; Auer 2007; Biber and Conrad 2009). Their styles of speech, register and choice of topic indicate affiliation with a particular social group (and its particular occupations) (Labov 1972), or construct the event explicitly as part of a particular domain (e.g. the genre model of doctor-patient intake conversation is typically associated with the domain healthcare). Domains may be indicated by (elements in) the physical environment of the event as well (e.g., a room in the hospital, but also the microphone of the journalist amidst a mass demonstration).

One of the central domains of the genre model under scrutiny concerns ‘rehabilitation.’ From off record information it is inferred that the participants share this domain. However, their perspectives on its content are likely to differ due to their diverging experiences. Each of the interviewees has gone through a period of serious illness and intensive rehabilitation and now is trying to readjust to normal society. The interviewer is experienced as a speech and language therapist in a hospital and a rehab center. They both know about hospital life and the efforts of rehabilitation, but experiencing these things as a patient is widely different from experiencing them as a professional. In respect of the domain of rehabilitation, episode (4) taken from Don’s interview is of particular interest. The interviewer asks Don about his occupations and current job and he responds that he is currently working in a stripclub. The interviewer’s reaction to that implicates a neutral tolerance towards this conventional taboo.
Communicative devices that support domain projections in this episode are Don’s choice of words and explicit evaluation profiling some complex conceptual issues within the domain of rehabilitation. When talking about his post-rehab job, he first denotes it in serious employers’-jargon ‘aanvullende baan / supplementary job,’ but then specifies it with the loose and potential taboo word ‘striptent / strip club.’ He immediately evaluates this job by asserting both a public and a very private disapproval: ‘heel veel mensen: bizar / a lot of people: bizarre’ and ‘vader: totaal niet blij / father: not content at all,’ followed by his own explicit disregard of this apparently universal judgement: ‘dat maakt me niet uit / I do not care for that.’ He goes on to explain the contents of his job, construing it as practical ‘exchanging money’ and not much ado, closing off with a phrase that, on the contrary, frames him as significantly attached to the business, notably the guy that keeps a look-out: ‘I just keep an eye on things.’

The use of this specific variety of devices profiles the subdomain of ‘post rehab pursuits, jobs and labour’ in an ambiguous manner. That ambiguity seems to value Don’s positive face relative to his position in normal society. He frames his job in the strip club explicitly as a job that is thought of by the majority of the public – importantly including his father, as ‘bizarre’ i.e. essentially abnormal. By telling about it anyway and rejecting that prejudice he profiles as belonging to an outcast, not (yet) normal society, but a subculture. Don’s construal marks a border region between the domains of rehabilitation and normal society. The subculture adds to his positive face in that it is culturally clearly distant from the healthcare domain and its potential wild, non-conformist image relates to his original identity as a self-acclaimed adventurous fire-eater.
What happens in the interaction is interesting: the interviewer does not show the shock, disapproval or embarrassment that Don anticipates on in his evaluations. Instead, she calmly relates this job to his ‘current abilities:’ ‘dat kun je goed doen met je handicap / you do that well with your handicap.’ His figuring in subnormal society is apparently beyond judgment, for he is currently handicapped. She may secretly pursue the value of saving her face, but nonetheless, overtly, she frames Don back in the rehabilitation domain.

In episode (5) the interviewer posits her inference from the previous discourse, suggesting that Don is already getting back to his former – i.e., normal – ways. Don’s empathic strong denial in response to that may be interpreted as a reaction to this framing. In episode (5) he strongly rejects the interviewer’s assertion.

(5)

<p>| | | |</p>
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<tbody>
<tr>
<td>1</td>
<td>C</td>
<td>ja dus je hebt het idee dat je je oude leven een beetje weer aan het oppakken bent?</td>
</tr>
<tr>
<td>2</td>
<td>D</td>
<td>nou dat totaal niet (.) ik heb kleine dingetjes die ik terug heb gepakt maar mijn leven is totaal niet het leven wat ik hiervoor leide (.) en dat komt waarschijnlijk doordat een heel groot gedeelte van je leven bepaald wordt door je werk en aangezien ik op dit moment niet werk en dat er ook geen optie is om terug te keren op in mijn oude beroep eh zit dat er ten eerste niet in en ten tweede heb ik persoonlijk nog niet het ongeluk geaccepteerd</td>
</tr>
</tbody>
</table>

yes so you have got the feeling that you are a bit getting back your old way of life then? well that is totally not the case (.) I have got small things that I caught back but my life is totally not the life that I led before this (.) and that is probably due to the fact that a great part of your life is defined by the job you do and because I do not work at the moment and that there are no options to return to my former profession eh firstly that is out of the question and secondly I personally have not yet accepted the accident

In (5) Don profiles normal status as importantly related to having a (serious) profession (line 2). Moreover, he explicitly states that he currently is out of labor, thus disqualifying the part-time job referred to earlier as professional work. Here Don makes it clear that he focuses on joining normal society, not on rehabilitation. His assertion that he has not accepted what has happened to him (end of line 2) may be interpreted as a way of stating that the transition phase he is in is a source of identity conflict. This confidence should clear any misconception about his position: he does not intend to construe his identity against the background of rehabilitation.

From this example I infer that participants project different genre models in respect of relevant domains. Whereas the interviewer uses rehabilitation as a conceptual background, Don departs from the domain of normal society. This mismatch may be seen as productive to communication for it explicates an inner conflict which is assumedly associated with being out of rehab. The fact that the interviewer may have reacted out of politeness does not limit this impact. The participants exploit the shared genre model in respect of relevant domains by actively dealing with their conflicting individual models.
Medium

Medium concerns the channel of communication that is used to produce the interaction (Steen 2011). In all interactive cases that are subject to this study, that channel is natural face-to-face speech. Conventionally, the model includes participants of the Dutch nationality and tongue. Their perception and articulation of spoken language is expected to be normal. All episodes are relevant in this respect and conventional devices are the normal speech, hearing and non-verbal communicative competencies. A shared value is the performance of the genre event in itself. There may also be individual values pursued by the interviewees.

In respect of the used medium, the genre model is fully shared. Potentially, in the current genre model, the exploitation of the medium is an opportunity to demonstrate one’s competence. As will become clear in the text and code level sections of the analysis below, participants of the current genre events effectively use their uncompromised ability to engage in verbal spoken interaction to build face and construe illness narratives. Concerning the mixed aphasic / non-aphasic interactions discussed in the next chapters, notice that numerous studies provide evidence for successful engagement in face-to-face spoken interactions despite the difficulties associated with the condition of aphasia (e.g. Goodwin 1995; Anderson et al. 1997; Laakso and Klippi 1999; Leiwo and Klippi 2000; Heeschen and Schegloff 2003; Hengst 2003; 2005; 2006; Wilkinson et al. 2010).

Text level analysis

The text level of the genre model(s) assumedly held by the participants of a genre event comprises their knowledge, expectations and actions concerning the written and/or spoken text that is used. Included is knowledge and behavior concerning text content (3.3.2.1), text type (3.3.2.2), text structure (3.3.2.3) and text form (3.3.2.4). In the demonstration below, data samples are inspected for projections of these categories using the research questions tried above.

Content

Concerning text, this research specifically addresses the personal stories that participants are requested to tell about their illness history. These stories are about the accident or illness that caused the current physical condition of the interviewee. These are dramatic life-changing events and the story content may thus be expected to be typically ‘reportable’ i.e., worth telling about, and presupposes an empathic listener’s response, typically including a question like ‘and then what happened?’ (Labov 1972; Labov and Waletzky 1967; Norrick 2005; Labov 2010). Illness stories may reflect the coping process and (re)conceptualize past experience to make ‘sense of reality’ (Frank 1995; Hyden 1997; Bury 2001). Ochs (2011) thus postulates

In some cases, narratives will provide new models and open up novel possibilities for the shape of our lives to come. Nowhere is this more poignant than in cases in which illness, accidents, or catastrophes require a person to recast their life towards a radically different future (Briggs and Martini-Briggs 2003; Mattingly 1998; Shohet 2007; White 2007). (Ochs 2011: 70).

The story that is told may reflect the narrator’s actual relation to what has happened to him. Frank (1995) discerns four types of story in this respect, notably narratives that express chaos, that are focused on rehabilitation, that formulate the illness as a meaningful quest in life and
stories that are like a testimony. These stories globally represent different phases of coping in which the victim develops from a ‘wounded body’ to an individual that takes the responsibility to testify of negative experiences unknown to others. Narrative is thus recognized as an important means to cope with illness and how it affects one’s wellbeing, identity and life goals (cf. Frank 1995; Hyden 1997; McKevitt 2000; Shadden 2005).

Off record information tells that the interviewer has preliminary knowledge about the participants’ limitations but not about the specific facts that caused these. Relevant episodes for analysis are for example (6) and (7) respectively in which Don and Michel indicate the referent event of their stories for the first time in the genre event. In (6) Don tells the story of the life threatening accident leading up to his disability and the interviewer gives the typical Labovian response.

(6)

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<tbody>
<tr>
<td>1</td>
<td>kun je om te beginnen vertellen hoe je ziek bent geworden wat er precies is gebeurd?</td>
<td>can you for a start tell how you became ill what exactly happened?</td>
<td>i have (.) three years ago I had an accident (.) I do a lot of racing sports and extreme sports and during a test ride with a kart I had fixed myself with a couple of friends the gas pedal got stuck and I slammed head-on into a concrete wall at a speed of 80 km per hour oh no and then what happened?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>ik heb (.) drie jaar geleden heb ik een ongeluk gehad (.) ik doe veel aan racesporten en aan extreme sporten en tijdens een proefritje met een kart die ik zelf in elkaar had gezet met een stel vrienden is het gas blijven hangen en ben ik met tachtig kilometer per uur frontaal tegen een betonnen muur aan geknald o, nee en wat gebeurde er toen?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>C</td>
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In (7) Michel tells a story about the diving accident he was in that left him permanently paralysed. However, his actions are not met by the response that Don received.

(7)

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</thead>
<tbody>
<tr>
<td>1</td>
<td>kun jij mij om te beginnen vertellen hoe je ziek bent geworden (.) wat er precies met je gebeurd is?</td>
<td>can you for a start tell me how you became ill (.) what exactly happened to you?</td>
<td>well (.) “ziek ben geworden”. “became ill” is eh is too big a story (.) but I had an accident and eh I dove with my head into a sand bank (.) ’t was a bit low tide and I broke my neck with it... okay+...</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>nou ja+”j”. +”ziek ben geworden”+. is eh is een groot verhaal (.) maar ik heb een ongeluk gekregen en eh ik ben met m’n kop in een zandbank gedoken (.) ’t was een beetje laag water en daarbij heb ik m’n nek gebroken+… ok+...</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>C</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>dus ja (.) dat [i]s niet zo’n slimme actie+…</td>
<td>so yes that [i]s not such a smart move+…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ja (.) want waar gebeurde dat?</td>
<td>yes (.) cause where did that happen?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Episode (6) seems to resemble the prototypical model of behavior concerning text content in the genre of personal storytelling. Relevant devices in this respect are reportability (the referent event conventionally has a high impact) and, typically, the compassionate listener’s response (Oh, no, and then what happened?). From these devices it is inferred that participants in episode (6) share the conventional genre model and commit to it.

The referent event that Michel indicates in (7) seems to be equally reportable, but here the conventional ‘Labovian’ response stays out. The interviewer instead responds in a very withheld manner that leaves the floor open to Michel, but does not particularly encourage him to go on. Then, Michel himself offers the evaluative response to his story when he comments “dat is niet zo’n slimme actie / that is not such a smart move” (line 7). This action may be interpreted as an effort to fill a gap in his projection of the conventional model of interaction. In this view, it replaces the conventional ‘and then what happened?’ by an opposite move; Michel’s comment potentially closes the story. That participants’ models diverge can furthermore be inferred from the interviewer’s reaction in line (8). She asks for location details, which is a specifying instead of a spontaneous comment on Michel’s report. She thus redeems the expectation of encouragement to go on telling about the event, but not the act of empathy.

It may be argued that the difference in listener’s response in (6) and (7) is due to a difference in the evaluative force with which the respective stories are delivered. An evaluative style of speech may provoke empathic responses. In this respect, it is observed that both Don and Michel use evaluative tools to present the referent event. Don uses mainly choice of words: loose talk ‘proefritje / test ride,’ ‘een stel vrienden / a couple of friends,’ extra specific and plot delaying details ‘80 km/h,’ ‘frontaal / head-on,’ and hard talk ‘aangeknald / slammed into.’ Michel uses an explicit evaluation (‘well, illness is too big a story’) and a loose choice of words: ‘kop / head,’ and diminishing ‘beetje / a bit.’ Don and Michel exhibit an equally cool style of speech but Don’s evaluative tools are more explicit and suspend the action which triggers the interviewer’s reaction while Michel’s style is cool but kept aloof, and in that respect not reaching for response. In both cases the interviewer may be said to perfectly align to the narrator’s actions.

A second perspective on the different listener responses in (6) and (7) is associated with participant relations. In episode (6), participants jointly play out the prototype model up to a point of caricature. This seems to be a robust and safe way to come across this potentially difficult moment in the interaction, both to Don and to the interviewer. In episode (7) participants do appear to be more vulnerable in the face of the text content asked for and delivered. Michel may pursue similar values as Don, but the value pursued by the interviewer seems to be to avoid the expected empathic response.

This difference in the dynamics of narrative evaluation may be associated with a contextual feature. First, Michel may have had private reasons to stay aloof and reduce chances of ‘acclamation’ to his story. But also, in respect of contextual setting, the interview room provided for by Michel’s rehabilitation center was of a very small size. Participants had to sit very close to each other, which may have motivated the interviewer to take a more neutral and businesslike attitude to guard participants’ personal space. In respect of Michel’s comment in line (7) it may be argued that he quickly deals with the undelivered act of hearer empathy, thus striving for the value of face management.

In episode (6) participants corroborate the conventional content model to their advantage. Story content is reportable in itself and listener’s response is expectantly empathic and encouraging. In (7), the interviewee seems to aim for a similar affirmation, delivering an equally
serious and reportable story, but the interviewer instead projects a non-empathic text content response. Rather than exploiting the text model, she meticulously cuts off any emotional potential and directs attention to the factual side of matters. The narrator understands this and rounds up the conventional model by filling in the evaluative response himself and then follows the interviewer’s adapted projection.

I conclude then, that considering Don’s story content, participants share a stereotypical projection of the conventional genre projection. In case of Michel’s story, however, a similar projection seems to be expected on the text level, but it is not executed here for contextual reasons.

3.3.2.2 Type

The prototypical text type projected in association with the current genre model is the oral narrative of personal experience (Labov and Waletzky 1967; Labov 1972, 1997, 2010). Personal narratives typically are situated interactions: someone tells them to someone else for a purpose (cf. Robinson, 1981; Wolfson, 1987). In this respect, it is relevant to consider the narrative text under scrutiny specifically as ‘illness narrative’ (cf. Frank 1995; Hyden 1997; Bury, 2001, see also chapter 2 for a discussion).

As the narrators of personal experience in the current study are participants of an interview, their illness story is first of all an answer to the interviewer’s question (cf. Wolfson 1987). In the investigated genre events this question is generally focused on the facts of the past experience, as it says: Do you remember what happened to you? and Can you describe what exactly happened to you? It addresses the topic of illness in a neutral and implicit manner and does not particularly aim for a highly evaluative conceptualization of the stroke event but neither excludes such a comment beforehand.24

Episode (8) is taken from the interview with Ann. Here she narrates on events that occurred in the hospital approximately two years before the interview. She has finally regained consciousness after spending weeks in intensive care and needs to face the prospect of multiple amputations due to bacterial infection.

24 For that matter Armstrong and Ulatowska (2007) observe in personal stories specifically selected for content of of subjective illness experience, that the degree to which speakers engage in evaluation or emotional exposure may vary. Some subjects confined to mere summings up of the facts.
(8) Ann

[... and then exactly (.) you regain consciousness yourself and then you actually do not know at all what has happened and you do not understand at all and he [partner, cv] had taken on the job to tell that I would loose my arms and legs and well I don’t get it at all I couldn’t grasp the story at all (.) yes and that I had been so ill and I only weighed 48 kilo (.) I actually just lay there so drugged (.) I did not understand at all (.) you cannot grasp anything anymore (.) then he very slowly build the story and tell me that I eh (.) I wanted every (.) I could not talk cause I had a tube in my throat (.) I said+”].

+”well then I want to write+”.
but that [I could not do anymore according to him] and then I thought+”].

+”jesus (.) who is he to tell me that I can not write anymore?+” like+”].

+”but I can write right?+”.
yes and then they very slowly worked towards telling me that my hands and my feet were very ill and that it probably had to be removed (.) but yes then (.) you do not get that fully do you

In episode (8) Ann uses devices that support the narrative type identified by Frank (1995) as the ‘chaos story.’ Illustrative here are the repetition of explicit evaluations that express the experience of incomprehension (‘ik snapte het allemaal niet / I did not understand, grasp, get it’); the enumerating way in which her trouble comes to her, reflecting ‘life pecking away’ (Frank 1995: 99) (‘en ik zou mijn armen en benen gaan verliezen, en ik kon het hele verhaal niet aan elkaar knopen, en ik was nog maar 48 kilo / and I would lose my arms and legs; and I did not get it at all; and I only weighed 48 kilos’); the emphasis on the theme of loosing agency or control expressed by direct speech (‘en toen dacht ik jesus wie is hij nou om te vertellen dat ik niet meer kan schrijven, zo van maar ik kan toch schrijven); the transferal of perspective to an anonymous authority taking control (ze hebben x gedaan / they did x); the general focus on
the present, without a memorable past and the narrative development flagging.

Obviously, to turn chaos experience into a verbal story is to have some reflective grasp on it (Frank 1995: 98). This narrative text, hence, is not incoherent or incomprehensible to the hearer. Nonetheless, Ann seems to choose for a conceptualization that stays close to her original raw experience. The reason for profiling her inability to grasp that situation and her objection and denial of the facts may have a personal and a social value. What happened to Ann is conventionally fearsome and potentially difficult to relate to by others. This episode of her story preserves that fact, which possibly still stands despite her coping process. Furthermore, Ann’s chaos narrative enables the hearer to relate to her situation because it discusses exactly the barrier of comprehension or protest that potentially excludes the hearer from sharing such a story.

The text model of the discussed genre event includes the type of a narrative of personal illness experience. Ann may be argued to use this model by (in part) projecting a chaos story. Since the model projected allows for both a sober report as well as for a ‘true’ illness conceptualization, Ann is seen to exploit its opportunities.

3.3.2.3 Form

Conventionally, narrative form or macrostructure includes 1) a brief summary of the story; 2) orientation in time, place, situation and or characters; 3) a complicating action; 4) a solution to the complication and 5) a coda section that closes the story (Labov 1972: 363). Narratives of personal experience may be expected to include the minimal projection of the nuclear elements 2, 3, 4. Evaluative units or sequences, supporting narrator’s perspective, text coherence and pointe, have no fixed position and may be inserted freely throughout the story (Labov and Waletzky 1967; Labov 1972; Ulatowska et al. 2004; Ulatowska et al. 2006; Olness and Stewart 2007; Armstrong and Ulatowska 2008).

Episode (9) represents Monica’s narrative about the history of her illness as requested for by the interviewer.

<table>
<thead>
<tr>
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<th>C</th>
<th>M</th>
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<tbody>
<tr>
<td>1</td>
<td>kun je mij om te beginnen (.) vertellen hoe je ziek bent geworden (.) wat is er precies gebeurd? eehm wat ‘r gebeurd i[s] (..) ik ben ehh in april [jaartal] is er bij mij voor het eerst een moedervlek (.) weggehaald op m’n rug en toen eh na verder onderzoek en operaties dachten we dat het ok was (..) en toen bleek het in april (.) in juni [jaartal, i jaar later] bleek het goed fout te zijn (..) enneh toen ben ik geopereerd(...) en daarna ehm bestraling en w(at) verdere operaties (.) de bestraling heeft uiteindelijk geleid tot ehm een dwarslaesie+..</td>
<td>can you tell me for a start how you became ill (.) what exactly happened? eehm what happened i[s] (..) I am ehh in april [year] a mole was removed from my back for the first time and then eh after further examinaion we thought that it was ok (..) and then it turned out in april (.) june [year] it turnde to be pretty bad (..) and eh then I was operated (...) and then ehm radiotherapy and further operations (.) the radio therapy eventually caused ehm a spinal lesion+..</td>
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<td>---</td>
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</tr>
<tr>
<td>3</td>
<td>C</td>
<td>ja () ok () wat voor dingen kon je niet meer toen? Wat waren je eerste problemen?</td>
</tr>
<tr>
<td>4</td>
<td>M</td>
<td>eeehm dat ik het de () tweede keer merkte was dat ik eh heel slecht kon slapen ik kon niet goed blijven zitten eehm en () ik had 't ehh j gewoon een heel onrustig gevoel in m’n lijf en ik ben toen naar de dokter gegaan enneh toen dachten we even dat het met de bronchitis te maken had maar ik wist eigenlijk nou na een dag of twee toen ben ik terug gegaan ik heb gezegd+”.</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>“nou volgens mij heeft het te maken met dat vorig jaar die eh melanoom hebben weggehaald+”.</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>en t (oen) heb(ben) we foto’s laten maken en dat hebben we gedaan () alleen op de röntgenfoto’s was mijn tumor niet te zien want die zat achter m’n ruggegraat en eehm () nou ehm dus ik ben naar huis gegaan () had fysiotherapie en toen eh van vrijdag op zaterdag heb ‘k heel veel pijn gehad toen werd ik ’s morgens wakker met eh tintelvoeten en eh zondags eh werd ik wakker met tintelbenen en maandags naar het ziekenhuis en toen eh hebben ze me gehouen+..</td>
</tr>
<tr>
<td>7</td>
<td>C</td>
<td>ok+..</td>
</tr>
<tr>
<td>8</td>
<td>M</td>
<td>toen was ’t mis +..</td>
</tr>
<tr>
<td>9</td>
<td>C</td>
<td>ok () ja () maar je had niet meteen een dwarslaesie () dat waren zeg maar de symptomen+..?</td>
</tr>
<tr>
<td>10</td>
<td>M</td>
<td>++van de tumor die mijn zenuwbaan eh aan het afknellen was</td>
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</table>
The first part of episode (9) includes two short narratives with full, conventional macrostructures that are schematically represented as follows:

<table>
<thead>
<tr>
<th>narrative</th>
<th>orientation</th>
<th>complication</th>
<th>solution</th>
<th>coda</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>April</td>
<td>mole</td>
<td>removed</td>
<td>okay</td>
</tr>
<tr>
<td>B</td>
<td>June</td>
<td>pretty bad</td>
<td>operated etc.</td>
<td>(spinal lesion)</td>
</tr>
</tbody>
</table>

Narrative A as a whole seems to function as an orientation (or evaluative story that builds up) to narrative B. In respect of form, B is a repetition of A. The interviewer receives the narrative (A/B) as a completed story. Her question ‘wat voor dingen kon je niet meer toen? / what kind of things could you not do anymore then?’ rephrased as ‘wat waren je eerste problemen? / what were your first problems?’ indicates a focus on the spinal lesion and the intention to proceed from there. However, upon this question Monica presents a detailed and highly evaluative second version of the story (A/B). Apparently, Monica assumes that the interviewer must have received her story as centering around the complication, which she has clearly marked as such because it is being foreshadowed by story A and empathically addressed as ‘goed fout / pretty bad’ in story B. The interviewer, however, focuses on an event that in Monica’s form projection is framed in coda position. This is unexpected and even not fully attended to by Monica. Her individual projection biases her interpretation of the interviewer’s question. She leaves the initial question ‘wat voor dingen kon je niet meer toen / what kind of things could you not do anymore then?’ (namely, after the occurrence of spinal lesion) hanging in the middle and apprehends the specifying phrase ‘wat waren je eerste problemen? / what were your first problems?’ as coordinative for elaboration on the A/B story.

The participants in this example may both pursue the value of exchanging an illness narrative, but they seem to be directed by diverging expectations of point of story, resulting in a coordination problem on the level of macrostructural organisation. In this respect, the interviewer projects a text model that profiles a sudden loss of physical ability, whereas Monica’s story evolves around the problem of cancer. The loss of physical abilities is a peripheral event in her story and it is framed as part of the solution. In the interviewer’s perspective, where spinal lesion is the most relevant illness, cancer is its indirect cause. In this view, it is intelligible that the interviewer apprehends Monica’s story as an abstract preceding the main theme announced in its coda section, i.e. ‘dwarslaesie / spinal lesion.’ From further responses by the interviewer it follows that she is a bit confused about the interaction and tries to label Monica’s second story (paraphrase: you are not narrating on your problems with the lesion, are you?) and then she focuses again on the theme she originally wanted to address: the other problems, experienced after treatment of the cancer.

In sum, Monica corroborates a conventional model of text form by projecting prototypical macrostructure to organize in her illness report. It features cancer as a complication and spinal lesion as a solution, that is, the inevitable result of successful treatment. In a second version of the story she furthermore adds extensive evaluations to the text form. The interviewer’s form projection differs from Monica’s in that it includes spinal lesion as a complicating action instead of the cancer. Participants’ divergent projections of text form may relate to textual and contextual presuppositions, namely the interviewer assumes that the interview is about sudden loss of function – she is collecting stories about this topic. However, Monica’s experience of this
sudden loss is entangled with a history of a life-threatening disease.

The analysis demonstrates how verbal indications that in itself clearly represent a specific projection of macrostructure were easily but wrongly used by both participants as evidence for shared ground on their individual projection of macrostructure.

3.3.2.4 Structure

A narrative of personal experience is constructed with reference and evaluation (cf. Labov and Waletzky 1967; 1972; Nespoulous et al. 1998; Olness et al. 2010; Olness and Englebretson 2011). Such narratives “[recapitulate] past experience by matching a verbal sequence of clauses to the sequence of events which (it is inferred) actually occurred” (Labov and Waletzky 1967: 287). Narrators construct this line of events using referential language, typically noun phrases and the verb phrase (Olness and Englebretson 2011: 2). But the narrative line alone does not constitute a story but rather a summation up of events without clear significance. Therefore the narrator uses evaluative language to add prominence to selected referents in order to make these more salient relative to other parts of the information conveyed. Selected evaluation devices – e.g. repetition, direct speech, onomatopoeia, negation and adverbs and adjectives - suspend or intensify the action, open up imaginary or comparable story lines in all possible forms. Hence, the first, temporal structure represents the stories connection with real past events whereas the second, evaluative structure represents the narrator’s current perspective on those events and therefore provides for the point of the story and its ultimate textual coherence (Labov and Waletzky 1967; Labov 1972; Ulatowska et al. 2004; Ulatowska et al. 2006; Olness and Stewart 2007; Armstrong and Ulatowska 2008).

In episode (10), Michel reports on the consecution of events leading up to and causing his injury.

(10)

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<tr>
<td>1</td>
<td>C</td>
<td>en je was echt aan ‘t duiken of+…?</td>
</tr>
<tr>
<td>2</td>
<td>Mi</td>
<td>nee ehm nee (.) ik rende ‘t water in bij ‘t eh bij ‘t strand (.) ik kom aangelopen (.) ik sta tot m’n middel in het water (.) neem een duik en op dat moment eh liep er een zandbank recht omhoog waar ik dus eh vol indook met m’n hoofd</td>
</tr>
<tr>
<td>3</td>
<td>C</td>
<td>ja+…</td>
</tr>
<tr>
<td>4</td>
<td>Mi</td>
<td>dat vonden ze niet prettig</td>
</tr>
<tr>
<td>5</td>
<td>C</td>
<td>en toen? je lag daar of eh+…?</td>
</tr>
</tbody>
</table>

And you were actually diving or+…? no eh no (.) I ran into the water at the eh the beach (.) I come walking up (.) I stand in the water to my waist (.) take a dive and at that moment a sand dune erects right up and I dove right into it with my head yes+… they did not care for that much and then? you lay there or eh+…?

In this episode, three clauses seem to be connected by a temporal structure: ‘ik rende ‘t water in bij het strand / I ran into the water at the beach’, ‘neem een duik / take a dive’, and, ‘op dat moment liep er een zandbank recht omhoog waar ik vol indook met m’n hoofd / at that moment

.........

25 Plus adverbial phrases that situate events in place and time.
a sand dune erects right up and I dove right into it with my head.’ These clauses represent
the main narrative line and their sequential order also seems to match the most logical
development of real events. More specifically, they represent the most conventional dynamic
development of the event: run, dive, and forceful collision. It may be argued then that these
clauses are connected by both temporal iconicity and causal structure. This main narrative line
is however interrupted by three clauses that in respect of causal dynamics do not seem to fit
in: ‘ik kom aangelopen / I come walking up,’ ‘ik sta tot m’n middel in het water / I stand in the
water to my waist,’ and, ‘op dat moment liep er een zandbank recht omhoog / at that moment a
sand dune erects right up.’ The use of these clauses modulates the event line by arresting it and
hence suspending the action. The clauses all construe events or situations as referents of focal
attention (cf. Janssen 2004) either through present tense or paraphrastically.

The alternation between past tense – historical present – past tense is a structural device
which separates important events from each other. The switch – not the historical present
tense in itself – is structuring the story. Next to that it supports the narrative performance in
that it has the effect of “a change of lighting or scenery upon a stage” (Wolfson 1987: 220). The
evaluative force of this type of structuring a story is also established because it is optional.

Michel thus projects a temporal structure that is evaluative
by convention. By projecting this complex structure, Michel reconstructs what happened in
a metaphorical manner. At the referent point of running in the water (‘I run’) he slows down
the perspective (‘walk towards’) and arrests the event (‘stand’) as if projecting a flash back in
slow motion. As a figure of speech, he construes the sandbank as a dynamic participant, which
‘at that moment,’ suddenly, ‘erects.’ Projecting this particular text structure values a specific
trauma conceptualization that profiles a man standing, meeting his fate.

Michel may thus be argued to make optimal use of the conventions of the model. A shared
projection of text structure as the product of sequential reference and evaluation, as well as the
more general contextual assumption of cooperation and credibility, enables him to creatively
manipulate structure in favor of a personal conceptualization of the referent event.

3.3.3. Code level analysis
The code level of the genre model(s) assumedly held by the participants of a genre event
comprises their knowledge, expectations and actions concerning the written and/or spoken
code that is used. In respect of the mixed aphasic/non-aphasic data discussed in the next
chapters, I propose the following. The current genre model includes aphasia as a linguistic
phenomenon that participants relate to from different angles. The interviewer in all three
cases is a professional receiver of aphasia affected Dutch spoken language and the interviewees
are all experts by experience of it. Both aphasic and non-aphasic participants are assumed to
adjust to aphasia being a part of the genre event, but not necessarily in a similar way. I view the
characteristics of code level actions to reflect functional adaptions to the aphasic conditions
as well as ‘simply impaired’ actions. General features of aphasia in Dutch spoken language are
discussed in the theoretical section of this book (chapter 2).

The code level of a genre model includes knowledge and behavior concerning modality
(3.3.3.1), language (3.3.3.2), register (3.3.3.3), style (3.3.3.4), and rhetoric (3.3.3.5). In the
demonstration below, data samples are inspected for projections of these categories using the
analytical questions tried above.
3.3.3.1 Modality

Modality concerns the sign system(s) that participants use as their code (Steen 2011). In the genre events I discuss this is traditional spoken language, notably Dutch. The projection of conventional Dutch spoken language is present in all demonstration data samples. This means that participants use the common devices of Dutch spoken language, including lexicon, grammar, prosody, and gesturing (gesturing is not within the scope of the current research design, as stated above). The use of this modality is valued as conditional to the genre event as set by the research design.

The participants exploit the conventional model of Dutch spoken language according to their respective levels of competence and performance. Off record information suggests that the interviewer is particularly experienced in interviewing aphasic speakers. It strikes her that the fluency and linguistic control of the non-aphasic participants is a powerful factor of positive face which easily levels status relations or may even challenge these. It appears as if the participants with acquired physical inabilities exploit their linguistic competencies to construe face, and compensate for their losses. Also, linguistic competence seems to support interviewees’ apparent need to report on their illnesses accurately and in great detail.

Relative to modality, in the mixed aphasic/non-aphasic data studied in the following chapters, participants are inequal performers. Still, it is common ground to them that they both share knowledge and a passive command of Dutch spoken language (cf. Bates et al. 1991). However, the aphasic participant inevitably demonstrates a difficulty in spoken language production. In all three cases, the aphasic participants nonetheless use spoken language as their main ‘outputroute,’ and only rarely draw on additional writing and gesturing as alternatives to enhance interaction.

3.3.3.2 Language

Dutch is a West Germanic language with SOV and V2 word order. It contains 40 phonemes (consonants / vocals) and over 1 million words. Dutch is a so-called analytic language and grammatical relations are mostly expressed without use of inflectional morphemes. Clauses thus consist of unbounded root morphemes. Cases and gender have fallen out of use, still nouns are marked for number. In the demonstration data, both competence and performance levels of Dutch may be assumed equal in the participants, whereas the (monolingual) aphasic participants in this study suffer from a pathological reduction of language performance.

‘Mastering a language’ implies that one understands how relevant linguistic utterances are tuned to assumed shared knowledge and adjusted to a hearer’s assumed inferential capacity. In the mixed aphasic/non-aphasic cases, a passive command of the Dutch language in the aphasic speakers in this study must be assumed to be at normal level, as must their sensitivity to the shared frame of reference linguistic expression should be in tune with (Etcoff, Ekman, Magee, & Frank 2000; Siegal and Varley, 2002, 2006). Relevant episodes in the demonstration data in this respect are (11), (12), and (13).

...........

26 I took Wikipedia as a resource for this highly conventional information.
A GENRE ANALYTICAL APPROACH TO DISCOURSE ANALYSIS

Conventional devices comprise linguistic structure in itself; completion of the other participant’s structure; direct reference to a mutually familiar place and its associated discourse; general linguistic reference to persons unfamiliar to the hearer as well as explanatory effort to specify the referent situation unfamiliar to the hearer (‘hoe komt die buurvrouw daar?’ / how did that neighbour get there?). This, as well as all explicatures and implicatures that language users may be expected to make on the basis of the structure of utterances in context.

An implicit communicative value is that speakers’ linguistic competence adds to their status and control over the interaction. A generally shared value is fluent, efficient interaction and face management through accurate estimation of hearers’ knowledge and perspective.

The participants corroborate the conventional model of normal Dutch spoken language. They demonstrate a normal competence and performance, accurately tuned to shared and new knowledge.

3.3.3.3 Register

Register refers to a variety of language use connected with a specific situation (Hymes 1974; Crystal 2003; Biber and Conrad 2009). A register is a set of linguistic features and general interactive behaviors that are functionally associated with a particular situation of speech (Biber and Conrad 2009: 18). This means that because one is participating in a conversational event, one starts to use language with linguistic features that are typically appropriate for conversation (Biber and Conrad 2009: 9). Hymes (1974: 112) points out a more constructionist approach to register:
[registers]...are not chosen only because a situation demands them; they may be chosen to define a situation, or to discover its definition by others.

The most basic register in human language is conversation, which verbal and non-verbal characteristics are described at length in the conversation analytical literature (Biber and Conrad 2009; eg. Garfinkel 1967; Jefferson 1972; Sacks, Schegloff and Jefferson 1974; Goffman 1983; Mazeland 2003). Conversational register is a basic and accessible repertoire to any native speaker since it is acquired naturally from the very common experience with conversational situations. Its verbal and non-verbal features typically arise from the sequential quality of conversational situations and the fact that these interactions are real-time productions shaped by their situational context. Conversational register implies two or more participants taking turns at talk that have an internal organization featuring openings and closings and that may be subject to overlap and interruption. Participants are typically seen to use their turns to co-construct the interaction. Subsequent turns may thus involve ‘adjacency pairs’ or repair sequences. Conversational register is also full of fillers, repetitions, minimal responses like eh’s and hmm’s, attention getters (hey!), vocatives and collocations and idiom or common speech. It supports an informal style of speech comprising structural and phonological reductions, but it is not syntactically simple per se (Legard, Keegan and Ward 2006). Common grammatical categories used are 2nd person pronoun (you); Wh-questions; semi-modals (going to, have to, got to, better); modal verbs (can, might, will, would); short simple clauses; embedded structures (of course he gets mad) and structures that particularly express stance: I think / I hope / I know (Legard, Keegan and Ward 2006; Biber and Conrad 2009).

The genre event of personal interviewing may be regarded as a conversational event (Holstein and Gubrium 2003) and participants in this study indeed use conversational register. A difference from entirely ‘free’ or spontaneous conversation is the fact that topics do not arise naturally from the situation, but are managed by the interviewer (Holstein and Gubrium 2003; Legard, Keegan and Ward 2006). Also, depending on her choices, the conversational interview may select relatively more moves directed at explaining concepts or conveying information compared to free conversation which has a strong focus on stance (Biber and Conrad 2009: 88).

Participants of the sample interviews use conversational register as illustrated by the following citations:

(14)

| Mo | en toen eh hebben ze me gehouen | and then eh they kept me |

(15)

| Don | dat is het enigste waar je (.) waar ik echt zwaar tegenaan loop (.) dat is pijn | that’s the only thing that you (.) that I am really coming up against (.) that is pain |
A GENRE ANALYTICAL APPROACH TO DISCOURSE ANALYSIS

(16)

1 An ik herkende m’n buurvrouw niet meer (.) die stond in de slaapkamer en ik had alleen maar zo iets van+. I could not recognize my neighbour anymore (.) she stood in the bedroom and I was just like+.

3 +”wie is dat?” +”who is that?”

4 en toen had m’n man zo iets van+/. and then my husband was like+/.

5 +”nou (.) dit is helemaal fout zo fout+” +”well (.) this is completely wrong so wrong+”

6 dus die heeft me in de auto gegooid (.) gezegd”/. so he threw me in the car (.) said”/.

7 +”ik ga je naar het ziekenhuis brengen+ “.” +”I’m going to bring you to the hospital+ “.”

(17)

1 Mi dus ja (.) dat [i]s niet zo’n slimme actie so yes (.) that [i]s not such a smart move

Conversational language use is displayed in consonant deletions (’gehou_en / kept’) (Monica in 14) or additions (’enigste / only’) (Don in 15), collocations like ‘slimme actie / smart move’ (Michel, 17) or ‘zwaar V-ing’ / really V-ing’ (Don, 15), and the popular quotative constructions such as ‘he was like X’, use of intensifiers like ‘helemaal fout, zo fout / completely wrong, so wrong’ that represent stance and an overall loose choice of words like ‘in de auto gooien / throw in the car’ (all used by Ann, 16). The interviewer may be argued to be more precise in her formulations, but nonetheless she shares the projected model of register, being on first-name terms, producing incomplete sentences:

(18)

1 C en je was echt aan ‘t duiken of+..? and you really were diving or+..?

Apart from such informality, participants all use medical or paramedical jargon, as in the following citations (relevant elements hatched). Selection of jargon is sometimes called a selection of register – i.e. ‘medical register’ – (e.g. Crystal 2003). I prefer to view use of jargon or particular terminology as a style feature because such use is typically indexical: it demonstrates a speaker’s exclusive membership knowledge. Off course, jargon may typically be required by a speech environment too – e.g., a hospital. Still, since the genre events under scrutiny in this study do not include such an environment, I suggest that participants’ use of terminology is a matter of social construction through style (Da Fina 2011; Van Dijk 2011).

(19)

1 Mi ik kan mijn armen niet meer bewegen (.) mijn benen dat was eigenlijk helemaal niks (.) m’n hoofd zelfs niet want die zat in een eh speciale tractie (.) dus die kon ik ook niet bewegen en d’y zat een tube in m’n keel I cannot move my arms anymore (.) my legs that actually was completely finished (.) even not my head cause that was in a eh special traction (.) so I could not move that either and there was a tube in my throat
Concerning the projection of register, the expected conversational model is corroborated. Choice of register supports contextual values, as does a general informal tone of voice, which aligns to the shared goal of performing the genre of personal, conversational interviewing.

3.3.3.4 Style
Style refers to a speaker’s linguistic choices, which means her selection of one variable realization over another, or one lexical expression over another or even one code over another within a genre event (Leech and Short 2007; Auer 2007). Style comprises a pattern of such choices which may be expressed on all levels of the genre model. Style features may hence include choices relative to prosody, politeness, register, and rhetoric, or lexical choices including idiom, collocations, specialized or rare vocabulary, concrete or abstract nouns, or use of proper names; grammatical choices including simple or complex sentences, a particular choice of clause types, figures of speech, or choices in warranting cohesion and coherence (Auer 2007; Leech and Short 2007). A speech style is a relational concept and may as such be interpreted as an individual ‘thumbprint’ (Leech and Short 2007, referring specifically to literary authors) or as the expression of the common acts and speak of a particular social group. In this latter perspective, style may be used to show affiliation with that group, but also for mocking this group, showing one is typically not ‘one of those,’ or a category’s style may be borrowed as a voice to position oneself in for example personal narration (Labov 1972; Hymes 1974, Le Page 1978; Auer 2007; Gumperz and Cook-Gumperz 2007; Da Fina 2011; Van Dijk 2011). Although sometimes viewed preeminently as an aesthetic taste or preference (e.g. Biber and Conrad 2009), style is never a mere ‘optional extra’ – particularly, choosing ‘the neutral variable’ is also a choice. Whether selected in relation to individual or social values, a style of speech is much rather a ‘dress of thought’ or a ‘mind style,’ that is, a certain cognitive view (Leech and Short 2007). Leech and Short (2007) follow Halliday (1972) in stating that all linguistic choices – and hence all styles - must be regarded as meaningful whether it is to talk about experience (‘ideationally’), to interact with others (‘interpersonally’) or to organize information in a systematic way (‘textually’).

The communicative effect of a speech style ultimately draws on a co-participant’s appreciation of it. This in turn is influenced by contextual values like time and place of the interaction and, in respect of style as a tool for social construction, a co-participants’ ‘ideological attitude,’ i.e. her knowledge of and stance towards ideology (ideology being here “[the] basic self-image of a group, including the interests and relationships (power resistance, competition) to other social groups” (Van Dijk 2011: 388) (Gumperz and Cook-Gumperz 2011)). What is prominent, deviant, or distinctive in a style of speech ultimately depends on a co-participants’ style experience and know how or stylistic competence.’ Leech and Short (2007) comment for literary styles:

It is reasonable to suppose that a sense of what is usual or unusual or noticeable in a language is built up from a lifelong experience of linguistic use, so that we are able to affirm with reasonable confidence and without resort to a pocket calculator (...) that Hemmingway favors short sentences. (3940).

The personal interview particularly aims at an interviewee’s self-exposure and he is encouraged to use the stylistic means of his preference to conceptualize and share his experiences. The interviewer may adapt her speech style to her goals as an interviewer: if she
thinks it will serve the expressiveness of the interviewee she may tune to his speech style, supporting his chosen voice, or maybe just the other way around, create a distance to provoke him.

In episode (20) Don reports on events and actions following his kart-crash. He demonstrates a particularly detailed style of speech.

(20)

<table>
<thead>
<tr>
<th></th>
<th>C</th>
<th>was je bij bewustzijn op dat moment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>were you conscious at that moment?</td>
</tr>
<tr>
<td>2</td>
<td>D</td>
<td>ja (.) ik heb mezelf nog gestabiliseerd vanwege een eh een zware bloeding in m’n linker been omdat ik een eh mijn scheenbeen stak uit mijn huid en die had tegelijkertijd een eh één van de (hoe noem je dat) een hoofdader of een slagader geraakt en daar bloedde ik uit dus ik heb eh mezelf afgebonden ik ben zelf uit die kart gekropen ik heb m’n benen gestabiliseerd en ik ben daar liggen wachten</td>
</tr>
</tbody>
</table>

Apart from the graphic formulations (‘mijn scheenbeen stak eruit / my bone stuck out of my skin,’ ‘die had een hoofdader geraakt / it had caught an arteria,’ ‘daar bloedde ik uit / I bled from that’), Don explicitly construes his ego as an active agent. In episode (23) the impression of agency and control is highlighted against the background of a traumatic experience. Life threatening events happen, but Don denotes them accurately and acts responsibly. His style of speech supports an orderly and possibly structuring conceptualization of the event and hence builds positive face. His explicit, detailed description of the event (including his own responsibility in it) and the prominent construal of active agency may serve to avoid the issue of blame for this personal catastrophe (cf. Labov 2010: 548).

In episode (21) Michel reports on events that follow his collision with the sandbank in an equally graphic manner.
In episode (21) Michel articulates his experience in detail using phrases like ‘dan lig je daar te verdrinken / and then you lay there drowning,’ ‘je voelt jezelf vier keer wegzakken en weer bijkomen / you feel yourself slide away four times and come back.’). His ego is construed as a generalized other (je). This particular construal of ego is functional in sharing the experience. Michel construes the ego as being in a role that is potentially also available to the hearer (cf. Mead 1962). The hearer is thus coordinated to identify with the agent. The protagonists in this story (‘de mensen / the peoples,’ ‘die / they,’ ‘ze / they’) are profiled in a distant manner, which supports hearer-identification with the agent even more.

In (22) Ann reports on events leading up to her being rushed to the hospital. She uses a demonstrative, direct speech-sequences in alternation with a predominantly descriptive style of speech.

(22)

1 An ik ben wezen winkelen met m’n vriendin en ik kwam thuis toen werd ik eh ik werd op een gegeven moment heel erg koud en rillerig en meteen 40 graden koorts en toen (.) ja doodziek en toen dacht ik nog+”;

2 +”nah zal wel overgaan (.) griepje+”;

3 ja je bent voor de rest nog wel redelijk gezond en dus toen kwam mijn vriend [die had] avonddienst die kwam thuis en die zegt+”;

4 +”jeetje wat is er met jouw gebeurd+”;

I have been shopping with my friend and I came home then I went eh I went at a particular moment very very cold and shivery and instantly 40 degrees fever and then yes deadly sick and then I yet thought+”;

+”it’ll pass (.) a bit the flu+”;

Yes for the rest you are still reasonably healthy and so then my boyfriend came [he had] the night shift he came home and he says+”;

+”jeez what happened to you+”.
### A Genre Analytical Approach to Discourse Analysis

Ann’s use of direct speech in episode (22) (*en toen dacht ik nog nah zal wel overgaan (.) griepje / and then I yet thought it’l pass (.) a bit the flu,*’ *die zegt jeetje wat is er met jou gebeurd / and he says jeez what happened to you?,*’ *je denkt van na ja het zal wel weer overgaan allemaal / but you think like eh it appeared I will pass for sure,*’ *we hadden zoiets van nou ja ok / so we were like+/.*

The direct speech sequences specifically highlight the key points in the developing story. This threat of enactments thus carries an evaluative perspective that points at the critical impact of the event becoming increasingly apparent to the main characters. Ann’s choice for
interactive structures may have narrative significance for it construes the ego's meeting an inevitable faith as a social event.

In their style projections, the participants corroborate the conventional, tolerant model of speech style and exploit its many opportunities and functions to construe ego, build face, manage illness conceptualization and coping processes and so on, each participant in his or her personal manner.

3.3.3.5 Rhetoric

The classical, Aristotelian view on rhetoric includes ethos (speaker), logos (discourse), and pathos (emotions aroused) (Aristotle; Emanuel et al. 2015). Its principle goal is persuasion, conceived of as influencing action and attitude not through logic or reasoning but through emotional arousal in the audience (Eco 2007, 2009, referred to in Emmanuel et al. 2015). Rhetoric in this respect is a skill or technique that the speaker can acquire. Bitzer (1966) instead directs attention to the ‘rhetorical situation’: it is the discourse situation, not the speaker, that instigates rhetorical action. It must contain some urgent matter, a problem that calls for rhetorical response (‘exigence’). This problem is typically solved – that is positively modified - by way of human interaction. The audience (its attitude, its actions) is not so much the object of change as well as the very mediator of change: The rhetor or speaker starts a particular discourse and the audience becomes so engaged in this discourse that it changes their thoughts and actions (Bitzer 1966: 4). Bitzer’s concept of the rhetorical situation comments on the complex integrated quality of rhetoric action: rhetoric results form an active interplay of ethos, pathos and logos: Its not just the speaker's skills that control the audience, ‘receiver goals shape message processing and persuasion effects’ (Slater: 1979: 128; O'Keefe 2009) and contextual variety defines rhetorical effects too. For example, an interactive website design – context, medium – invites visitors to become actual participants. Being thus engaged in discourse they may be more open for persuasion than if they were visiting a website that only allows for passive reception of documents (Emmanuel et al. 2015).

Rhetoric may be described as a set of tools, a technique specifically designed for persuading the audience, including for example ways of ordering information, use of rhetorical questions and metaphor. But it is also a social practice, an ethic, and a science (Barthes 1970 in Emmanuel et al. 2015). Bonsiepe (1966: 37/8) proposes that everyday discourse is full of rhetorical action: “‘Pure’ information exists for the designer only in arid abstraction. As soon as he begins to give it concrete shape, the process of rhetorical infiltration begins.” There may be observed a link here with the phenomenon of evaluation (e.g. Labov 1972, 1997), discussed in the previous chapter, or with the cognitive linguistic concept of subjectivity which is associated with a speaker's perspective on the things she wants to talk about (e.g. Langacker 1987; Janssen 2006; Verhagen 2005; Brisard 2002): verbal and noun phrases are ‘grounded’ which means that they attribute a particular position to a thing or an event within the conceptual frame of reference shared by a speaker and her audience. Relative to our current purpose and data: sharing such a particular perspective and convincing a co-participant and oneself of this perspective is essential to illness story telling or ‘illness conceptualization’ as part of a coping process (e.g. Frank 1995). Talking about the topic of past traumatic experience may typically evoke a ‘rhetorical situation,’ the exigence or problem being the grasping of a decisive moment in life.

A particular linguistic construal of the referent event articulates a particular perspective on its experience. And this is an emotional (pathic) rather than a rational (logic) achievement. It is
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about coming to terms with what happened and making sense of it more than recounting the specific facts. The narrator may carefully select a linguistic expression and hold it as a figure against the ground of his current situation. This model of rhetoric includes a speaker, who in an effort to conceptualize and/or make sense of reality (cf. Hyden 1997), coordinates a hearer and himself (Hyde and Smith 1979) to make particular inferences on how he assesses the referent event relative to the current ground (cf. Lanckacker 1987; Janssen 2006; Verhagen 2005; Brisard 2002). The rhetorical effect of this action may be different in each occasion. It may for example evoke a hearer’s empathic response, advance emotional coping, or generate help or respect.

Episode (23) represents Michel’s report of the moments before and the actual occurrence of his trauma. The rhetorical force of his linguistic construal of the past events is foremost expressed through used morphological devices, as I explain below the data.

(23)

<table>
<thead>
<tr>
<th>Mi</th>
<th>nee ehm nee (.) ik rende 't water in bij 't</th>
<th>no eh no (.) I ran into the water at</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>eh bij 't strand (.) ik kom aangelopen ik</td>
<td>the beach (.) I come walking up (.)</td>
</tr>
<tr>
<td></td>
<td>sta tot m'n middel in het water (.) neem</td>
<td>I stand in the water to my waist (.)</td>
</tr>
<tr>
<td></td>
<td>een duik en op dat moment eh liep er een</td>
<td>take a dive and at that moment eh</td>
</tr>
<tr>
<td></td>
<td>zandbank recht omhoog waar ik dus eh</td>
<td>a sand dune erects right up and I</td>
</tr>
<tr>
<td></td>
<td>vol indook met m'n hoofd</td>
<td>dove right into it with my head</td>
</tr>
</tbody>
</table>

In episode (23), I suggest that finiteness morphology cues for apprehension of the related construals as being of focal or disfocal concern to the actual shared frame of reference (Janssen 2002; 1993). From the use of the past tense in ‘rende/ran’ I infer that this action is of ‘disfocal referential concern,’ which means that indeed, the action is projected, but it is peripheral to the attention focus of the speaker or conceptualiser. The subsequent actions: ‘ik kom aangelopen / I come walking up,’ ‘sta tot m’n middel in het water / I stand in the water to my waist,’ ‘neem een duik / take a dive’ all are grounded with present tense, which implies a ‘focal referential concern,’ i.e., a strong focus on the projected construal. The moment supreme is announced with ‘op dat moment / at that moment’, which increases the weight of the focal concern by explicitly staging it through lexical paraphrasis. The next contruals again imply a disfocal referential concern: ‘liep er een zandbank recht omhoog waar ik vol indook / A sand dune erects right up and I dove right into it with my head.’ are projected with a past tense marker (cf. Janssen 1993, 2002).

The communicative devices used in episode (26) grammatically cue the hearer to apprehend or perceive the event in a cinematographic way; zooming in- and out of the respective scenes, taking in the moments before the collision like a film still. The extreme point of attention focus is represented by op dat moment which is a point of divergence: before that construal Michel is framed as a focal, active agent, thereafter the actions of his narrative ego are backgrounded by disfocality (represented by the past tense). The sequential position of ‘liep er een zandbank recht omhoog / a sand dune erected right up,’ frames the sandbank as an active agent. Its prompt actions are extra emphasized, the adverbal modifier ‘recht / right’ assigning prominence to its direction of ‘movement’ ‘up / omhoog.’ I infer that on an abstract level, the hearer is thus persuaded to conceive a trauma concept that profiles Michel as a non-causative agent, who is powerless against the chances of nature. Thus used devices value Michel’s positive face.

Michel thus corroborates the conventional model of rhetorics in this genre of story telling. His use of rhetoric devices is sophisticated and adds to a mere subjective evaluation by cueing
the hearer to cognitively connect to the referent event in a way that resembles the narrators’ current perspective. Hence, rhetorical devices project an intersubjective perspective and produce cognitive coordination between the participants (Verhagen 2005). Furthermore, the conventional rhetoric projection accounts for a supposed ‘logical incoherence’ in a narrators’ construal that otherwise should have to be accepted as part of a narrator’s exclusive personal conceptualizations which are potentially inaccessible to the hearer. Rhetorical devices imply that a genre event is essentially a conceptual environment that issues participants’ referent construals, not their personal experiences for participants for negotiation and persuasion.

The projection of rhetoric in the given demonstration data is thus seen to be shared by means of the appreciation of finiteness morphology. I assume the co-participant to be able to appreciate these grammatical signs within the frame of a conventional model of rhetoric that includes grammatical morphology as a tool for epistemic grounding (cf. Brisard 2002). As discussed earlier, I assume that the hearer does however not overtly show much appreciation in response to Michel’s story for contextual reasons.

3.3.3.6 Summary
In the foregoing sections I have explicaded the methodological background of genre analysis as conducted in this research project, outlined basic definitions of relevant analytical categories, and demonstrated my analytical proceedings with data samples of non-aphasic interactive events.

The demonstration analyses above are based on the assumption that an interactive participant’s knowledge and behaviour is shaped by the genre model(s) s/he projects. By looking into participant’s linguistic choices and co-participants responses to those in the above analyses I reconstructed how the participants stage and negotiate their genre perspectives. These reconstructions displayed how communicative interaction is an arena for advancing knowledge and insight, and for building ‘face’ and identity. In this sense, verbal communication is typically profiled to be about “regulating and assessing others” rather than mere “exchange of information” (Verhagen 2005: 9). Below, I paraphrase the communicative values I infer to be associated with participants’ particular expressions of the respective genre variables in the data samples examined above.

Participant roles
Don: I’m in control, I emphasise my observation that you adjust to that. We have an equal relation.

Setting
Monica: I agree to talk about the room we are in in a distal manner. I use jargon to define it and exploit the opportunity to profile my status as a privileged and justified owner.

Domains
Don: I don’t want you to frame me as different or disabled by being so tolerant. My position in society is at issue. Take me serious, I’m no exception to taboo. I’m not a freak.
Content
Christine: we share this text content as highly reportable. However, I do not commit to the expected adjacency pair and then emphasise the fact that Michel is sharing this emotional content with me. We do not know each other and we already are in an awkwardly intimate setting. He stays aloof, I adjust only to that.

Type
Ann: we share the narrative model of personal storytelling. I get right to the bottom of it and zoom in on the chaos it was.

Form
Monica: My main problem concerns cancer. Losing mobile ability is secondary to that. I paid for that to save my life, it is part of the solution.
Christine: This story will be about the problem of sudden disability. That is what I came for to record in connection to my research program.

Structure
Michel: this is what happened in real time, moment by moment. I make a point of the exact sequence of events stressing the impact of the key event.

Register/style
Don: I know exactly what happened, I am not afraid to confront it, I am an expert in what happened, this is my domain, these are my words.

Rhetoric
Michel: This is my story of what happened. I was alive and innocent. Running and active. I picture this moment as time stood still and in a glimpse this giant thing just takes me down. Are you with me?

These descriptions are not part of verbatim thought (whatever such a thing would be) but they are paraphrases of what the linguistic expressions used may signal to the hearer, who is herself projecting a genre model too, particularly the sociocultural frame of reference for these expressions that she assumes to share with her co-participant. The reconstructed messages above may thus represent the communicative potential of (sets of) verbal structures discussed in this chapter.

In the analyses presented in this chapter, I found most projected genre models to be shared and in several cases those conventional projections included opportunities for exploitation (for example the opportunity of disposing of individual degrees of personal disclosure, connected with the shared goal of joint performance of a personal interview). However, I also found coordination problems between participants particularly in respect of form or macrostructure and in respect of domains. Notably, in an episode of Monica’s interview, the interviewer projected a macrostructure that was associated with her individual contextual and textual expectations. However that macrostructure turned out not to be a valid ground for receiving Monica’s story. This coordination problem remained somewhat implicit and was not openly solved, which resulted in some awkward responses. A similar thing happened in
the interview with Don. When the interviewer explicitly associated Don’s assertions with the
domain of rehabilitation, he ostensively objected to that. This coordination problem was then
overtly negotiated and solved. In both cases, the interviewer’s contextual expectations – and
in Don’s respect even presumptions - biased her appreciation of the interviewees – in Don’s
respect somewhat ambiguous - concrete linguistic expressions.

I believe that like normal discourse events, the genre of communicative interaction with
aphasia too is essentially concerned with staging and negotiating subjective perspectives on
genre models. Discourse events that involve an aphasic and a non–aphasic participant may
however be typically more vulnerable to failure of sharing ground in that process because
divergencies of the shared model maybe poorly marked linguistically. Particularly, non-fluent
aphasic speakers display a reduction of grammatical grounding elements, which, at least from
a cognitive linguistic view (Langacker 1987; 2002; Brisard 2002; Jansen 2002; Croft and Cruse
2004; Verhagen 2005) typically signal subjective perspective in participants, thus enabling co-
participants to keep track of - in our terminology - individual genre projections. Also, general
wordfinding difficulties may diminish the chances that the communicative potential of
interactive events with aphasia is effectively explicated. Still, in the following empirical studies
I will preeminently view aphasic structures to serve the expression of a genre model, despite
any difficulties associated with the aphasic condition. Genre expression in mixed aphasic / non-
aphasic conversation may of course be associated with impairment or adaptation to reduced
processing capacities, but not always necessarily so and at least not necessarily in a clear cut
manner which is easily shareable by the non-aphasic participant. In my view, communicative
interaction with aphasia is just as non-aphasic discourse, firstly about sharing conceptual
ground, or intending to do so. I therefore believe that investigating shared ground on genre
expectations is a sound departure for researching the communicative potential of interactive
events with aphasia.

In each of the following analyses I address the genre categories introduced in chapter 3,
except for ‘medium,’ ‘language,’ and ‘modality.’ In all three interviews and their related
assumed genre models, the projection of these three categories comprises the following general
information.

The medium projected in the current genre model is face-to-face interaction. As such,
participants conventionally use speech, non-verbal gesturing and facial expression to interact.
As stated, the analyses are exclusively directed at selected linguistic structures and their
relation to assumed genre expectations. Conversation analytical studies evidence that face-to-
face interaction is a relatively favorable medium for aphasic participants.

Dutch spoken language is used in all genre events. The participants share knowledge of the
ways in which aphasia can affect Dutch spoken language – the interviewer from a professional
angle, the interviewee from an experiential angle. While competence of Dutch language must
be assumed normal in the aphasic speakers, their performance skills are obviously limited.
If this fact should appear as an issue in any way, it is discussed in the appropriate analytical
category.

The participants mutually project spoken language as the primary modality in this genre
event. The model is tolerant for incidental supportive use of other modalities if the aphasic
condition should require this. In this respect, participants use incidental written denotation
of key words and some supportive non-verbal enactment. These instances are explicated in the
transcript and/or analyses.
4  A personal interview with Sara

The following sections contain my essential analyses of context, text and code level knowledge and action associated with the interview with Sara. I view the reflexively accomplished, full genre model underlying this specific event to be the sum of individual and shared genre projections. This model may thus represent a variety of genres and the analysis presented below demonstrates how the participants control and share that complex configuration of knowledge and action. I expect that due to Sara's aphasic condition, management of a complex of shared and individual genre projections may be subject to coordination problems between the participants. The rationale of verbal expressions may not be clear to them immediately and hence they may experience difficulty in appreciating the communicative value of interactive moves. But just as well, a shared genre projection may be a safety net or even a productive resource for assigning meaning to elliptical utterances. My point of departure is that all utterances in the data, whether produced by the aphasic or the non-aphasic participant, are expressions of an individual or shared genre model. A hearer's ability to recognize that projection – and hence appreciate the strategic value of the structure – is basic to communicative success and indicative of the influence of the aphasic condition on communicative interaction in the genre event.

Leading the subsequent analyses is the research question 'How in an interactive event that includes an aphasic and a non-aphasic participant do the participants share ground on knowledge and action associated with that discourse situation? Implicit sub-questions structuring the analytical work involve: How is a given genre category projected by each of the participants? Do their projections diverge?; How are individual projections represented linguistically?; and, (how) are potential divergences appreciated by the co-participant?; Given shared and/or individual genre projections and their level of appreciation, how is the communicative potential of the genre model of the given event eventually exploited? Each section is rounded up with a brief reflection on how the presented analytical result may be objectively related to the aphasic features of Sara's verbal expressions.

4.1  Data specifics

At the time of the genre event, Sara and the interviewer had not met before and had little knowledge about each other. Personal expectations generally comprised the facts that Sara had a chronic Broca's aphasia and had enlisted to the research project upon suggestion of her speech- and language therapist, who found that Sara's condition matched the inclusion criteria. Sara was informed of the goal of the interview as explicated in the patient information letter referred to above. For reasons of naturalness and spontaneity, the interviewer looked into Sara's medical dossier only after the genre event had been conducted.

In 1996 Sara, a former school teacher, had a stroke in the left hemisphere, resulting in a hemiplegic right side of the body, epilepsy and severe aphasia. She had a history of alcohol abuse. The current interview was conducted in 2007. At the time, Sara (then 67) lived in a nursing home. She moved in a wheelchair and her aphasic condition had developed into Broca's aphasia of average severity. She needed some help with washing and getting dressed and only maintained non-intensive contact with a social worker and psychologist in connection with
her history of abuse. Sara was divorced with two biological children and one foster son, but she had actual contact with just one daughter. She was reported to be ‘very happy with a room of her own and undertaking many activities outside the nursing home.’

Table 1 below displays Sara’s linguistic performance as measured by the Dutch version of the Aachen Aphasia Test (Graetz, De Bleser, Willmes, & Heeschen 1992), in September 2004. She was eight years aphasic at the time.

Table 1. AAT-results Sara (8 years aphasic).

<table>
<thead>
<tr>
<th>Task</th>
<th>Result</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spontaneous language production</td>
<td>Communicative behavior: 3</td>
<td>With little help, conversation on almost any topic is possible. Obvious difficulties in speech production complicate the interaction.</td>
</tr>
<tr>
<td></td>
<td>Articulation and prosody: 4</td>
<td>Slightly slowed down rate of speech.</td>
</tr>
<tr>
<td></td>
<td>Automatisms: 4</td>
<td>A few stereotyped expressions.</td>
</tr>
<tr>
<td></td>
<td>Semantic structure: 4</td>
<td>Severe word finding difficulties.</td>
</tr>
<tr>
<td></td>
<td>Phonemic structure: 4</td>
<td>Some empty phrases.</td>
</tr>
<tr>
<td></td>
<td>Syntactic structure: 2</td>
<td>Some phonemic paraphasias and/or insecurities.</td>
</tr>
<tr>
<td>Token Test</td>
<td>50/50 false score</td>
<td>Mostly 1-2 word structures; almost no function words or inflections.</td>
</tr>
<tr>
<td>Repetition</td>
<td>105/150</td>
<td>Severe impairment (not conducted).</td>
</tr>
<tr>
<td>Writing</td>
<td>23/90</td>
<td>Average impairment.</td>
</tr>
<tr>
<td>Comprehension</td>
<td>78/120 (auditory: 44/60; visual: 34/60)</td>
<td>Average / severe impairment.</td>
</tr>
<tr>
<td>Naming</td>
<td>83/120</td>
<td>Average impairment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>average/light impairment.</td>
</tr>
</tbody>
</table>

For illustration of her ability to describe situations and actions, I present here Sara’s performance of that section of the naming test verbatim.
Table 2. AAT naming test Sara (8 years aphasic).

<table>
<thead>
<tr>
<th>Picture</th>
<th>Target</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>De man bedelt / The man goes out begging / begs.</td>
<td>'Man bedelen hoed vragen / Man to beg ask hat.'</td>
</tr>
<tr>
<td>2</td>
<td>De vrouw poetst de kan / The woman brushes the jug.</td>
<td>'Keuken vrouw kan kopje afdrogen / Kitchen woman can wipe dry cup.'</td>
</tr>
<tr>
<td>3</td>
<td>De jongen speelt met de hond / The boy plays with the dog.</td>
<td>'Jongen hond leren of spelen koekje of balletje leren zitten / Boy to teach dog or to play cookie or ball learn to sit.'</td>
</tr>
<tr>
<td>4</td>
<td>De man heeft een laars opgevist / The man has caught a boot.</td>
<td>'Man hengelen schoen oprapen /Man to fish shoe to pick up.'</td>
</tr>
<tr>
<td>5</td>
<td>De jongen heeft een glas gebroken / The boy has broken a glass.</td>
<td>'Huilen jongen verdriet gevallen beker / To cry boy sadness fallen mug.'</td>
</tr>
<tr>
<td>6</td>
<td>Vader en zoon spelen indiaantje / Father and son are playing cowboys and indians.</td>
<td>'Jongen indiaan spelen vader touw boom / Boy to play indian father rope tree.'</td>
</tr>
<tr>
<td>7</td>
<td>De politieman arresteert een booswicht / The policeman arrests a villain.</td>
<td>'Politie man inbreker schroever nee / Police burgler screwer no.'</td>
</tr>
<tr>
<td>8</td>
<td>Twee mannen maken ruzie / Two men are fighting.</td>
<td>'Man en ook man praten gesprek lang duren gesprek / Man and man too to talk conversation long duration conversation.'</td>
</tr>
<tr>
<td>9</td>
<td>De lerares legt het meisje iets uit op het bord / The schoolteacher explains something to the girl on the blackboard.</td>
<td>'Juffrouw leren meisje brief of bordjes bord bord / Teacher to learn girl letter or signs board board.'</td>
</tr>
<tr>
<td>10</td>
<td>De man ligt op de sofa, rookt een pijp en leest een krant / The man lies on the sofa, smokes a pipe and reads a paper.</td>
<td>'Krant lezen man pijp leven lekker ontspannen / To read the paper pipe to live nice and relaxed.'</td>
</tr>
</tbody>
</table>

4.2 Context level analysis

We begin this genre analysis by looking into the contextual projections included in the assumed genre model underlying the interview with Sara. In the following sections I subsequently address the categories of situation and setting (4.2.1), sociocultural domains (4.2.2), participants’ relation and roles (4.2.3), and the goals they may pursue by joining this event (4.2.4).

4.2.1 Situation and setting

The interview with Sara was conducted in her room at the nursing home where she lives. After the head of unit introduced them to each other, Sara, who is in her wheelchair, has led the interviewer to the room. The participants settle opposite each other next to the bed.
Some items in the room clearly refer to its nursing environment, like the hospital bed and the canvas on the floor, but there also is a homely atmosphere, due to Sara’s personal furniture and belongings. What exactly this setting represents is topicalized in the interaction, where Sara’s living environment is alternately profiled according to a conventional stereotype and a unique and personal model.

In Dutch society the public healthcare facility of a nursing home is subject to stereotypical framing par excellence. Generally it is viewed as a last resort, occupied by old and sick men and women who have come to die there. It may typically be associated with hopelessness, a bad smell, abuse and inferior food servings (cf. Ledbetter Hancock 1989). There is a particular fear of being completely dependent of the help of others and being subject to physical, medical and social dereliction. This environment may be even less attractive for people with aphasia, who already are vulnerable to being dependent (Simmons-Mackie and Damico 2007; Gillespie et al. 2010), are less capable of explicating and demanding their needs and easily excluded from decision-making (Blom Johanson et al. 2012; Simmons-Mackie and Damico 2015). Moreover, it is reportedly difficult for people with aphasia to talk to people outside a small circle of close relatives (Davidson et al. 2008; Dalemans et al. 2010; Gillespie et al. 2010; Blom Johanson et al. 2012; Rautakoski 2013; Musser et al. 2015). Confronted with the vast lack of understanding of aphasia in society (Code et al. 2015) and with insufficient communicative know how and will to communicate in even friends and acquaintances (Blom Johanson et al. 2012) they thus tend to withdraw to being at home and are at risk for social isolation (ref. Rautakoski 2013). Physical inability is an extra motivation to stay homebound (Code 2003; Dalemans et al. 2010; Parr 2007). For someone with both aphasia and physical disability, a nursing home must be an extra challenging environment to be in.

However, for the same reasons, the nursing home setting may just as well offer an opportunity for people with aphasia. It is hard to avoid those difficult interactive situations but the strangers or mere acquaintances surrounding you are knowledgeable on disability and social exclusion, may be even on aphasia. Caregivers may be trained to communicate with you and this enhances interaction with them (Turner and Withworth, 2006; Rautakoski 2013; Simmons Mackie and Damico 2015). Moreover, the nursing home situation may typically call for the daily routine chitchat, a genre which you are relatively good at (Blom Johanson 2012;
Rautakoski 2013). Getting out of your house is easier, for your building is wheelchair proof for sure and you are close to welfare-options and accommodations. Importantly, family members do not become your caregivers (Gillespie et al. 2010), because you have your own professionals and hence you stay independent of your children, which may provide for more time and energy to try to talk with them about non-daily topics of your interest.

Both Sara and the interviewer use devices that profile the negative stereotype of the nursing home setting. Consider fragment (1) for instance:

<table>
<thead>
<tr>
<th>Line</th>
<th>Interviewer</th>
<th>Sara</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>219.</td>
<td>I</td>
<td>hoe lang woont u hier nu?</td>
<td>how long do you live here now?</td>
</tr>
<tr>
<td>220.</td>
<td>S</td>
<td>drie jaar</td>
<td>three years</td>
</tr>
<tr>
<td>221.</td>
<td>I</td>
<td>oh (.) en dit is uw eigen kamer?</td>
<td>oh (.) and this is your own room?</td>
</tr>
<tr>
<td>222.</td>
<td>S</td>
<td>ja (.) maar twee jaar eh twee kamer+...</td>
<td>yes (.) but two years eh two room+...</td>
</tr>
<tr>
<td>223.</td>
<td>I</td>
<td>++toen had u twee kamers</td>
<td>++then you had two rooms</td>
</tr>
<tr>
<td>224.</td>
<td>S</td>
<td>ja (.) nee! eh een kamer dat is beter eh twee (...) mensen</td>
<td>yes no! eh one room that is better eh two (...) people</td>
</tr>
<tr>
<td>225.</td>
<td>I</td>
<td>aha (.) u was toen met z’n tweeën op &lt;een kamer&gt; 1</td>
<td>aha (.) then you were with two in &lt;one room&gt; 1</td>
</tr>
<tr>
<td>226.</td>
<td>S</td>
<td>&lt;een kamer&gt;1 () juist!</td>
<td>&lt;one room&gt;1 () right!</td>
</tr>
<tr>
<td>227.</td>
<td>I</td>
<td>ja () dus nu meer privacy</td>
<td>yes () so now more privacy</td>
</tr>
<tr>
<td>228.</td>
<td>S</td>
<td>jaah () ja en anders</td>
<td>yeah () yes and different</td>
</tr>
</tbody>
</table>

In fragment (1), the interviewer initiates the construal of Sara’s place in terms of ownership and privacy. Within the conventional frame, reference to these qualities highlights the issue of multiparty occupancy and loss of privacy. From (1) it follows that Sara used to share a room with another resident but now she has a room of her own, a fact of which she appears to be glad.

In episode (2) the participants evaluate the communal aspect of the living environment. The interviewer refers to this feature in an explicitly neutral manner, which, relative to a stereotypical nursing home model, may be regarded as hypercorrect or euphemistic (line 235). Sara’s response lacks referential clarity but it is nonetheless apparent that it does not resemble the conventional adjacency leg which would be expected to profile a negative evaluation – e.g., ‘terrible,’ or ‘I cope with it,’ or even ‘not that bad, actually.’
### 2

| 235 | I | drie jaar dat u eigenlijk in een gemeenschap leeft (.) met anderen | three years that you actually live in a community (.) with others |
| 236 | S | &lt;ja&gt; 1 (.) jaa! hoe vindt u dat? | &lt;ja&gt; 1 (.) yeah! how do you like that? |
| 237 | I | ehm (...) dat is beter (.) maar (...) eh begrijpen wel maar (...) ja dat is dat is een hand twee handen drie handen (.) dat is niet goed | ehm (...) that is better (.) but (...) understanding yes but (.) yes that is that is one hand two hands three hands (.) that is no good |
| 238 | S | hmm | hmm |

### 3

| 272 | S | ehm ikzelf eh museum bekijken | ehm me eh look at museum |
| 273 | I | oké (.) dan gaat u op pad dus | ok (.) so then you go out |
| 274 | S | ja! | yes! |
| 275 | I | ja (.) alleen of..? | yes alone or..? |
| 276 | S | jaa (.) of een busje en dan rijden en dan scooter mee en dan (.) lekker+… | yeah (.) or a bus and then riding and then with scooter and then (.) nice+… |
| 277 | I | ja ja | yes yes |
| 278 | S | en dan ook ehm even wachten (.) de schouwburg | and then also ehm wait a minute the theatre |
| 279 | I | ja | yes |
| 280 | S | ja s allemaal (.) maar langzaam beter beter beter | yes s all (.) but slowly better better better |
| 281 | I | ja dat gaat steeds beter om d’r uit te gaan | yes that’s getting better to go out |
| 282 | S | ja leuk! dat is allemaal goed (.) ja want eh nu anders (.) allemaal mensen ziek en dood | yes nice! that is all good (.) yes because eh now different (.) all people sick and dead |
| 283 | I | waar is dat het geval? | where is that the case? |
| 284 | S | (...) | (...) |
| 285 | I | hier | here |
| 286 | S | juist | right |
| 287 | I | in dit huis | in this house |
| 288 | I | ja (.) ja | yes (.) yes |
| 289 | I | dus daarom gaat u liever d’r uit | so that’s why you prefer to go out |
| 290 | S | juist | right |

While Sara does not readily meet the conventional expectation in episode 2, in episode (3) below, she presents a perspective that is particularly distant to it. Here, Sara refers to her cultural outings, which may be viewed as atypical to nursing home residency and hence expresses an individual projection of the setting of this event.
With her summary of outings followed by the generalizing reference of ‘allemaal mensen ziek en dood / all people sick and dead’ (line 282) Sara signals a sharp contrast between her own activities and those of her fellow residents. Moreover, she indicates that she intends to share the prototype model of her living environment but simultaneously distances herself from that frame, alluding to an individual interpretation of nursing home residency. In lines 283-288 the interviewer makes a point of checking whether Sara is really affirming the stereotype concept here. I interpret the interviewer’s effort as signaling that she is surprised by Sara’s explicit definition, given the previous discourse in which she has established an original profile of the setting as a place that enables her to enjoy life high-end style (visiting art galleries, the theatre etc.). As it turns out later on in the genre event the participants both seem to diverge from the stereotype nursing home model as they mutually construe a conclusive suggestion that frames this setting as a true home that provides personal freedom and safety.

In fragment (4) Sara asserts that she uses communal space to relax or to use the computer (line 312). The interviewer specifies that she then must move about ‘buitenskamers / outdoors’ - a neologism based on the term ‘binnenskamers / in private’ - which she marks with the modal adverb ‘zogezegd / as it were’ (line 313).

(4)

307. I en wat doet u ‘s avonds?
308. S televi?tie en ook schouwburg (;) televisie
() computer en puzzels
309. I aha (;) ok? ja
310. S ja (;) allemaal &-wijst
311. I u wijst
312. S eh sla of eh gang en dan tafel en computer en puzzle
313. I ja (;) dus dat doet u buitenskamers zogezegd?
314. S ja (;) klein huis [daarom] en gang en dat is beter
315. I dus u voelt zich wel vrij om om gewoond (;) u leeft hier (;) u bent hier thuis?
316. S juist (;) juist dat is beter (;) maar dat is ja (;) maar ehm (;) ikzelf beslissen en dan dat is beter eh (...) wonen is vroeger (;) alleen
317. I ja
318. S ja (;) en dan is het drunken drunken
319. I ja (;) ja
320. S en nu (;) veranderd
321. I juist ja
The interviewer’s choice of words in line 313 and her specifying the point of using communal space in general imply that she is unsure how Sara’s clearly stated distancy from ‘the sick and dying’ matches her free sharing of communal space with them. Sara’s first response offers a very practical explanation for this (line 314): she has only a ‘small house’ (comprising her own room in the building). But the interviewer takes this practical attitude to signal that Sara must then be ‘actually living here,’ be ‘at home’ (line 315). This remark expresses a felt ambiguity in Sara’s projection of situation and setting that has been fed by her preceding comments. She has framed the setting conventionally as a domain of the sick and dying and she has profiled herself as a person who is still fully part of society through her cultural outings. In line 315 the interviewer thus highlights Sara’s declared praxis and ease to move around in the residential space and be a part of that too (line 312) as a contrastive condition. And indeed, from line 316 onward Sara explains how her model in this respect is not average.

It appears that to her this housing is an improvement to her past independent living situation. In line 316 she associates that situation with ‘being alone’ and in line 318 with alcohol abuse. It may be observed that Sara’s repetitive articulation of ‘drunk’ (line 318) carries evaluative force and in that respect this referent has a high profile just like the explicit lexical string ‘sick and dead’ (line 282). These evaluative devices highlight a denial of a stereotypical contrast between a former true and better home and the current housing that is assumedly forced by unfortunate life events like stroke. In lines 316-320 Sara clearly qualifies her current living environment as a safe haven that includes friendly staff who look after her (cf. Hjaltadóttir and Gústafsdóttir 2006).

Finally, in fragment (5) Sara reflects some more on this model of the situation. The interviewer can be seen to deliberately employ neutral formulations, thus avoiding the definite projection of either the stereotype or the peripheral model proposed by Sara.
In sum, from the data I infer that the setting of this genre event is personally significant to Sara. Although the space is part of an institution that she associates with illness and death, she regards her living there as a shelter from a destructive way of living that she has experienced in the past. The stereotype of the nursing home as a place of the sick and dying is stated but the concept of the setting as a safe home to Sara is a highly profiled individual projection, which is eventually recognized by the interviewer too. It is of interest to note that Sara never mentions her stroke in relation to her current living situation, and even distances herself from illness in this respect. To the interviewer, who is unfamiliar with Sara’s personal life apart from the fact that she is a stroke survivor, the current setting is easily conceived of as primarily related to Sara’s physical condition and her dependence on healthcare due to a cerebrovascular accident.

As a result I consider the participants to have diverging perspectives on the speech situation and possibly different contextual expectations at this point, figuring stroke (the interviewer) and shelter (Sara) respectively. From their respective expressions associated with situation and setting I conclude that, to the question ‘where are we?’, the participants of this genre event may give different responses. One of them might say ‘in a place that is my refuge after a tempestuous life’, the other one ‘in a health care institution that is a forced but apparently accepted housing to my stroke ridden co-participant.’ Because the participants know very little about each other’s history it is probable that they do not reckon with this difference of perspective. In this respect, Sara may be expected to relate easier to the interviewer’s model, than the other way around, since it is the more conventional one.

I conclude that in respect of the genre variable discussed in this section, at first it does not have a strong definition in the discourse. In fragment 1 the interviewer receives Sara’s referentially unclear expression – ‘but two years eh two room’ (line 222) - in the most literal manner (which interpretation departs from the conventional prototype model: a person occupying two rooms would be luxurious relative to the average housing facilities). In fragment 2 Sara again produces a response that is difficult to comprehend (line 238). Still, it can be inferred that this expression does not easily add to the conventional stereotype model represented by the interviewer’s euphemistic ‘how do you like living in a community?’ (lines 235-237, paraphrase: ‘can you cope with it?’). Then from fragment 3, Sara uses several nouns and adjectives – ‘museum, scooter, nice, theatre’ (lines 272-278) – that prototypically indicate a non-stereotype genre model for the actual setting – notably a model of active old age with leisure and cultural outings – and she also uses a strong linguistic indication of the stereotype model – ‘all people sick and death’ (line 282). I view that from there, the participants start to operate on these two genre projections in a more conscious, reflexive manner. Sara’s linguistic indications are clear and representative of the ‘active old age model’ (television, theatre, puzzles, computer) and the interviewer checks Sara’s position relative to the stereotype model (‘you actually just live here? You are at home here?’ (line 315). When both situation models are thus clearly on the
table, Sara sets out to explain how her projection is actually unique (from line 316 onwards). My impression is then that here, genre models are activated in the participant’s mind when the co-participant starts using strong, even stereotype indications of these. And when these projections are thus established or recognized, the participants draw on that conceptual background to explore individual positions in more detail.

Indeed, due to aphasia, Sara’s linguistic expressions connected with situation and setting are elliptical and particularly at first, referentially unclear. Maybe the interviewer’s wrong inference in line 223 can be associated with aphasia interfering with this interaction. However, it is still very clear that the participants have divergent expectations of the situation associated with this genre event. Sara’s direct and unpolished expression of her individual projection both quickly uncovers this fact and creates some urgency in the interviewer to change her mind and coordinate with Sara’s genre model (cf. the discussion of the variable of rhetoric below). In this respect, I propose that aphasia both creates a problem – the negative feature of aphasia-related vague reference – and provides for a solution – the positive feature of unembedded and blunt expression. I assume that the latter feature is not just ‘aphasia’ but particularly Sara’s way with it.

### 4.2.2 Domains

The foregoing analysis suggests that the participants perceive their environment in different ways. From the perspective of the interviewer, the genre event is strongly associated with the pathology-induced condition of aphasia. She organized the event specifically in favor of data collection for a research project about interaction with aphasia. As a former speech- and language therapist, the specific location of a healthcare institution is to her a common place to meet a person with aphasia. As far as Sara is informed, she participates in an interview about her life after stroke with a researcher in Dutch language and culture, particularly not an aphasiologist. We do not know what role aphasia plays in her life or whether it is an issue for her when engaged in conversation. From the analysis of setting and situation, it is just apparent that she prefers to frame the nursing home in terms of personal rather than of physical well-being. The current section is a further inquiry into domains, or the sociocultural expectations and actions that participants associate with the particular ‘sphere of life’ which they assume backgrounds their interaction (Fishman 1972; Douglas 2004; Boxer 2002; Auer 2007; Biber and Conrad 2009; Steen 2011).

Already at the beginning of the interview it appears that the participants use different submodels of the domain that may be summarized as ‘Healthcare.’ The interviewer sets out from a medical orientation by asking about Sara’s speaking problems and referring to the event of her stroke. She does not use the word stroke explicitly, which may indicate that she considers this to be situationally implied – that is, in the Healthcare domain as a medical environment.

| 1. | I de eerste vraag gaat eh over wat er met u gebeurd is, dat u problemen heeft met spreken. herinnert u zich die dag nog? | the first question is about what happened to you, that you experience problems with speech. do you still remember that day? |
Fragment 7 shows how Sara responds in writing.

(7)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I</td>
<td>ja (.) u schrijft twee data op (.) twee jaartallen</td>
</tr>
<tr>
<td>11</td>
<td>S</td>
<td>ja ja!</td>
</tr>
<tr>
<td>12</td>
<td>I</td>
<td>jaren ’90+…</td>
</tr>
<tr>
<td>13</td>
<td>S</td>
<td>ja</td>
</tr>
<tr>
<td>14</td>
<td>I</td>
<td>en nu recent (.) in 2007</td>
</tr>
<tr>
<td>15</td>
<td>S</td>
<td>ja</td>
</tr>
<tr>
<td>16</td>
<td>I</td>
<td>ja ja</td>
</tr>
<tr>
<td>17</td>
<td>S</td>
<td>hersen</td>
</tr>
<tr>
<td>18</td>
<td>I</td>
<td>+.hersenbloeding</td>
</tr>
<tr>
<td>19</td>
<td>S</td>
<td>ja</td>
</tr>
<tr>
<td>20</td>
<td></td>
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</tbody>
</table>

From Sara’s response in fragment 7 it seems to follow that she shares the interviewer’s orientation. She writes down ‘jaren ’90’ / 90’s’ and ‘2007,’ years that, as she confirms, correspond to the strokes she has had. When asked to tell about what happened however, Sara puts forward a personal story of abuse and divorce:

(8)

<p>| | | |</p>
<table>
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<tbody>
<tr>
<td></td>
<td>I</td>
<td>ja (.) kunt u zich nog herinneren hoe dat ging (.) wat u deed op die dag..?</td>
</tr>
<tr>
<td>21</td>
<td>S</td>
<td>ja! want+…</td>
</tr>
<tr>
<td>22</td>
<td>I</td>
<td>+,wat er gebeurde?</td>
</tr>
<tr>
<td>23</td>
<td>S</td>
<td>ja want ikzelf eh (…) dronken† eh (…) seksueel</td>
</tr>
<tr>
<td>24</td>
<td>I</td>
<td>verdranken zegt u? (.) ne gedr+…</td>
</tr>
<tr>
<td>25</td>
<td>S</td>
<td>gedronken</td>
</tr>
<tr>
<td>26</td>
<td>I</td>
<td>gedronken (.) ja</td>
</tr>
<tr>
<td>27</td>
<td>S</td>
<td>ja veel</td>
</tr>
<tr>
<td>28</td>
<td>I</td>
<td>ja</td>
</tr>
<tr>
<td>29</td>
<td>S</td>
<td>ikzelf vroeger eh eh altijd dri↑nken want eh &amp;sch eh papa altijd seksueel</td>
</tr>
<tr>
<td>30</td>
<td>I</td>
<td>oké</td>
</tr>
<tr>
<td>31</td>
<td>S</td>
<td>juist en dan ja dronken en dan seksueel en dan+…</td>
</tr>
<tr>
<td>32</td>
<td>I</td>
<td>ja</td>
</tr>
<tr>
<td>33</td>
<td>S</td>
<td>en dan gescheiden en dan+…</td>
</tr>
<tr>
<td>34</td>
<td>I</td>
<td>oké</td>
</tr>
<tr>
<td>35</td>
<td>S</td>
<td>ja?</td>
</tr>
<tr>
<td>36</td>
<td>I</td>
<td>ja (.) dus u heeft eigenlijk (…) proble&lt;men gehad&gt; 1</td>
</tr>
<tr>
<td>37</td>
<td>S</td>
<td>&lt;men (.) had&gt; 1 (.) juist</td>
</tr>
<tr>
<td>38</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

yes you write down two dates ()

two years

yes yes!
nineties+

yes

and now recently in 2007

yes

hemmo

+.hemmorhage

yes

yes (.) can you still remember how that went (.) what you did that day..?

yes! because+…

+.what happened?

yes because me eh (…) dru↑nk eh (…) sexual dronken that is? (.) no dru+…

drunken (.) yes

yes a lot

yes

me in the past eh eh always dri↑nking because eh &sch eh daddy always sexual ok

right and than yes drunk and then sexual and then+…

yes

and then divorced and then+…

ok

yes?

yes (.) so you actually (.) have <had problems> 1

<had (.) ms> 1 (.) right
Apparently Sara considers this story to be a relevant answer to the interviewer’s inquiry on events connected with her stroke. I submit, however, that at this point of discourse its exact connection to the stroke event is unclear to the interviewer. It is nonetheless apparent that Sara’s story profiles a psychosocial rather than a medical concept of the healthcare domain. Particularly, in lines 24–34 she refers to a history of abuse, addiction and relational difficulties.

Furthermore, in lines 45–47 Sara indicates that she cannot remember anything at all about the stroke event itself.

But then Sara suddenly does recall the event in the expected neuro pathological context – explicitly indicated with the term ‘beroerte / stroke’ (line 44) – and she delivers a factual report:

100 Why this now? Why this now?

Apparant het onderscheid tussen psychosociaal en medisch in het zorggebied. In lijnen 24-34 refereert ze aan een geschiedenis van misbruik, verslaving en relatieproblemen. Verderin, op lijn 45-47 vermeldt ze dat ze zich niet herinnert aan de ziekte zelf.
In this episode, Sara offers the requested stroke report, eventually committing to the expected – that is, medically oriented – domain. Then, in line 77, she profiles a first relation between the stroke event and alcohol abuse, which may be seen to bridge the diverging domain projections.

The interviewer responds to this by formulating aloud her perception of what Sara has indicated (lines 78/79). To represent the assumed conceptual relation, she construes the drinking as causing the stroke by means of a (fictive) thought quotation, ‘it happened because I drank so much’ (line 79). She frames this casual relation explicitly as a proposal for shared ground – ‘so, you think: […]?’, seeking to establish Healthcare as a medical domain (line 78). From that perspective, alcoholism as a psychosocial issue is subordinate to the topical event of somatic stroke. Sara agrees with this proposal in line 80, although there is no real evidence that she provided the raw materials for it — as can also be seen from the interviewer’s utterance, who has represented the causal relation as a logical inference (‘so, you think […]’).

In fact, Sara has related stroke to drinking in a contrastive way, using ‘maar ook / but’ in line 77, thus bringing the alcoholism-story back up on stage next to the stroke event just shared. In the same turn she goes on and projects a sequential relation between the drinking and the stroke, using,’dan / then,’ which may either indicate a temporal or a causal construal. In line 77 Sara thus makes two moves: she first calls for attention to the abuse story and second, she projects a sequential relation between abuse and stroke. The interviewer only responds to the second move, ignoring the evaluative value of the contrastive particle, which may emphasize: ‘this story is important too,’ or even: ‘this story is primal, the stroke story is secondary.’ In lines 78/79 however, the relation between the stroke and the drinking is established as subordinate in favor of the stroke. Inferentially, framing the physical condition of stroke as a superordinate concept favors medical Healthcare as a prominent domain in this genre event.

Yet later on in the interview – after discussing issues typically contextualized by the medical Healthcare domain, such as rehabilitation – Sara continues to withdraw from that medical bias. In line 123, for example, she rejects the commotion of ‘ill people and nurses,’ a crowd hat apparently hinders her functioning (here represented in fragment 12).

120. I want hoe is dat nu (..) met dat spreken? because how is that now (..) with that speech?
121. S ja (.) anders (.) beter beter beter (.) jaah! yes (.) different (.) better better better (.) yeah! that’s all good
122. I ja ja yes yes
As pointed out before, later on, in line 282 represented in fragment (5) above, Sara also explicitly distances herself from ‘the sick and the dead,’ and she frames her life in the healthcare-institute as normal, i.e., non-clinical. Her list of daily activities, including outings to the theatre, do not typically fit the domain of Healthcare in general (fragment 3 above). Also, she refers to her room as ‘her home’ (line 314, fragment 4) and the interviewer may end up thinking that the medical staffs are actually some personal friends (fragment 4 above). Her construal of her living environment hints at a situation where she has hired homecare (‘that is home, having nurses,’ line 328 in fragment 5). Particularly, Sara discusses the care she receives generally in terms of (financial) problems connected to her psychosocial, not her medical situation. If Healthcare is part of the genre model she projects, it is obviously for its psychosocial features, not for its medical ones.

All in all, I infer that Healthcare is a key domain in the genre model that the participants however project in different ways. I conclude that the interviewer, from her clinical experience and current aims, expects a medical Healthcare context to be most conventional to the genre event. Sara on the other hand persistently highlights the psychosocial side of Healthcare. The data samples discussed in the current section demonstrate the dominance of the interviewer’s projection of medical Healthcare. However, further analyses below will clarify that in this genre event the origo of the eventually shared domain projection is turned away from illness and death and looks out on the more regular domains of personal health and wellbeing that adjoin the Healthcare domain from the side of normal social cultural participation.

Considering how in respect of domains, aphasia interferes with communicative interaction, I submit the following. The apparent ambiguity of ‘that day’ (line 21) illustrates that the participants have diverging expectations of domain. That the interviewer may expect ‘that day’ to refer to a day of a medical incident and Sara somehow associates it with a psychosocial troubled past is no reason for communication problems in itself. However, Sara’s expression in line 24 – “because me drunk sexual” – is structurally limited and semantically vague and does not explain for or correct the participants’ divergent projections in any way. Particularly, this linguistic construal does not signal to the hearer that she should adjust her expectations and how. In respect of domains, participants’ divergent perspectives are not negotiated but put forward quite bluntly. In the subsequent fragments, the participants each stage their individual projections very clearly.

First Sara presents an explicit construal of her abuse history, which the interviewer clearly arrests. She then overtly inquires about the medical perspective and Sara very clearly denies its relevance (first she has no memory of it, then she puts forward a very austere report). The
projections are thus boldly staged and at some point (line 79), the interviewer makes a suggestion about how Sara’s projection might relate to her own model of domains. Proposing a causal relation (the psycho social condition causes the medical condition) she explicitly construes a subordinate relation between her preferred domain projection and Sara’s model. As it turns out, it will take considerable effort to establish shared ground on Sara’s unique genre projection and in retrospect adapting to the non-medical profile of domains is an essential move in that process. I conclude that the aphasic quality of Sara’s utterance in line 22 has obstructed a smooth alignment of divergent projections in the participants. In contrast with coordinative actions connected with the variable of situation / setting, individual projections are not yet clearly on the table when Sara starts to explain her particular position.

4.2.3 Participants: Their relation and role(s)

After the onset of aphasia, one is generally less likely to be an actual participant of interactive events (Dalemans 2010; Dietz et al. 2013; Blom Johanson et al. 2013; Rautakoski 2013; Musser et al. 2015) and if one is, establishing and maintaining a proper participant role may pose considerable difficulties. One’s familiar participant role patterns have changed and a once talkative personality may now be an ‘onlooker’ instead of a ‘player’ in interactive events (Kosha, 2003). Aphasic informants in Blom Johanson et al. (2012) report on being uncertain of what has been said or understood and anxious to use inappropriate words, or being laughed at and ignored (152). Constructing identity and power through style of speech may be a problem in aphasia for aphasic speech may typically be associated with (overall) incompetency (Kovarsky et al. 1999; Simmons-Mackie and Damico 2007). Participant relationships are generally under pressure because of the dilemma of dealing with the imposed inequality: should the aphasic co-participant be helped, protected or should he struggle independently? (cf. Simmons-Mackie and Damico 2007; Gillespie et al. 2010). This means that both aphasic and non-aphasic participants of interaction with aphasia are intensely dealing with politeness and face (in the sense of Goffman 1967 and Brown and Levinson 1987, see section 3.3.1.2) but they may have different perspectives on how they should operate in that respect (Gillespie et al. 2010). How participant roles and relations are produced is ultimately dependent on the attitudes of the participants and their personal traits (Rautakoski 2013). Conversation analytical studies demonstrate how aphasic co-participants may be successful in gaining control over interactions, and hence constructing positive face as competent interlocutors (e.g. Beeke et al. 2002; Goodwin 2003; Wilkinson et al. 2009).

Still, the question remains how Sara’s aphasic verbal expressions or styles may be received as ‘accountable’: Are they mere indices of impairment or adaptation to cognitive limitations (Kolk and Heeschen 1990), or can they genuinely be appreciated as constructing social identity (in the sense of Labov 1972; Hymes 1974; Auer 2007; Simmons-Mackie and Damico 2007; Van Dijk 2011; Da Fina 2011)? In a genre analysis, that analytical decision typically depends on the genre models one assumes the participants to project. If, against the background of her research project and affiliated institution, the researcher/interviewer’s model should for example include aphasia as the decisive feature of the interviewee’s identity, her role fixed as the preeminent aphasic interviewee/research participant, I expect that she will not hold verbal expression entirely as a genuine tool for positive identity construction in this interview. Moreover, the interview is audiotaped and hence, later on it will be represented in a different medium and in a sense be recontextualized by the event of analysis (Briggs 2003). This may affect the interviewees’ as well
as the interviewer’s actual position, for indirectly, they are on display for critical analysis.

A modern view on interviewing defines it as a joint activity in which participants engage to produce meaning and knowledge together (Holstein and Gubrium 2003). Still, interviewing with aphasia may draw on a more traditional – and asymmetrical – concept of participant relations in which the interviewer is assigned as a facilitator who needs to “promote the expression of the actual attitudes and information that lie in waiting in the respondent’s vessel of answers.” (Holstein and Gubrium 2003: 13). In case of the interviewer being the ‘more able’ participant, she may feel extra accountable for the success or failure of ‘extracting’ this valued information from her aphasic respondent. Note in this respect that the interviewer is a speech and language therapist and may personally feel that she (should) know(s) ‘the right buttons to push.’

In respect of equality in the participant relation, the current interview setting seems to offer a rather symmetrical base: Formal participant roles – interviewer-interviewee – are clearly implied, but not sharply controlled (in the end the interviewer asks for example whether ‘Sara has any questions to her’). Aphasia is an acknowledged given and there is no time pressure on the interviewee. The one-to-one conversational setting is a premium contextual opportunity for performance with aphasia (Heeschen and Schegloff 1999, 2003; Rautakoski 2013). In the preparatory phase of this discourse event, the interviewee is specifically addressed as an expert on the topics that are discussed. What she has to say is interesting to the interviewer and apparently ‘researchworthy.’ In this sense, the interview is clearly framed as a ‘gift’ from the interviewee to the interviewer (Limerick et al. 1994; Holstein and Gubrium 2003).

Concerning the number of participants involved I observe that there are two ratified participants present in the speech situation. Since the audio recorder is openly operated, I take it that both are aware that the interaction is audio taped. It is not specified to Sara what will happen to the tape other than it being subject to future analysis. I infer from this situation that an overhearing party is implied but not profiled. Still, during the event, the interviewer purposefully verbalizes some of Sara’s non-verbal actions, such as her supportive writing. Apart from checking on shared ground, I infer this verbalization is a service to the later analyst. I infer that a comment like the one in line 6 may have a similar function, that is, it may explain for a silence on the tape.

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With respect to status and power relation, it is relevant to recall that as a speech and language therapist, the interviewer has visited aphasic clients in nursing homes before as a professional.
Her current role as a participating researcher and interviewer implies however that she now is a guest of Sara’s, physically, by being welcomed into her home, as well as functionally, for Sara in principle is doing her a favor in cooperating. Since the participants do not share a personal history together, their relationship is practically built from scratch at the start of the genre event.

A shared projection of participant relations and roles may minimally include expectations of age and physical presentation – a student likely to be younger than the nursing home resident – the stroke survivor more likely to be disabled than the visiting participant – as well as common knowledge on how to participate in a personal interview according to the roles assigned (Holstein and Gubrium 2003: 11). As we will see in detail, I infer from the data that this base model is applied by the interviewer, but not by Sara. Her participant model is not confined to a stroke related identity nor does it include any politeness restrictions concerning personal exposure. Participants’ diverging projections of their relation and roles causes face- and politeness issues that will prominently feature in this genre event. These are staged right at the beginning of the interview, when Sara is remarkably open with highly personal and potentially face threatening information.

Fragment (14) represents the episode at the beginning of the event when Sara very openly confides what may be considered private and highly delicate information. The participants have just mutually established that the dates written by Sara refer to the stroke event. In line 18 the interviewer then resumes her initial question about the actual occurrence of that event.

(14)

<table>
<thead>
<tr>
<th>21.</th>
<th>I</th>
<th>ja (.) kunt u zich nog herinneren hoe dat ging (.) wat u deed op die dag..?</th>
<th>yes (.) can you still remember how that went (.) what you did that day..?</th>
</tr>
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<tbody>
<tr>
<td>22.</td>
<td>S</td>
<td>ja! want+...</td>
<td>yes! because+...</td>
</tr>
<tr>
<td>23.</td>
<td>I</td>
<td>+,wat er gebeurde?</td>
<td>+,what happened?</td>
</tr>
<tr>
<td>24.</td>
<td>S</td>
<td>ja want ikzelf eh (...) droënken eh (.) seksueel</td>
<td>yes because me eh (...) drunk eh (...) sexual</td>
</tr>
<tr>
<td>25.</td>
<td>I</td>
<td>verdranken zegt u? (..) ne gedr+...</td>
<td>drowned that is? ..no drunk+...</td>
</tr>
<tr>
<td>26.</td>
<td>S</td>
<td>gedronken (.) ja</td>
<td>drunken (.) yes</td>
</tr>
<tr>
<td>27.</td>
<td>I</td>
<td>gedronken (.) ja</td>
<td>yes (.) a lot</td>
</tr>
<tr>
<td>28.</td>
<td>S</td>
<td>ja (.) veel</td>
<td>yes</td>
</tr>
<tr>
<td>29.</td>
<td>I</td>
<td>ja</td>
<td>yes</td>
</tr>
<tr>
<td>30.</td>
<td>S</td>
<td>ikzelf vroeger eh eh altijd driënken want eh &amp;sch eh papa altijd seksueel</td>
<td>me in the past eh eh always drinking because eh &amp;sch eh daddy always sexual</td>
</tr>
<tr>
<td>31.</td>
<td>I</td>
<td>oké</td>
<td>ok</td>
</tr>
<tr>
<td>32.</td>
<td>S</td>
<td>juist en dan ja dronken en dan seksueel en dan+...</td>
<td>right and than yes drunk and then sexual and then+...</td>
</tr>
</tbody>
</table>
In line 22, Sara responds to the interviewer’s questions concerning the day she was hit by the stroke. Prosody evidences that her ‘ja/yes’ is emphasizing the point of the question, and may be paraphrased as ‘yes, I certainly recall this.’ Given this decisive confirmation, I infer the consecutive causal junction ‘want / because’ (line 22, repeated in line 24) to anticipate on the delivery of some sort of explanation for remembering so well; it is a rhetorical or evaluative comment upon this defining day in Sara’s life, such as ‘yes, because you never forget such thing, would you?’ or even ‘yes, because it was my birthday.’ But Sara diverges from this conventional expectation. After ‘want / because’ (line 22) she does not immediately continue her turn, which provides a space that the interviewer fills with a last specification, syntactically completing her initial question (‘wat er gebeurde / what did happen,’ line 23). In line 24, then, Sara resumes her own structure with equal emphasis (‘ja, want / yes because’) but what follows next can hardly be taken as the predicted evaluative adjacency leg. To perceive line 24 as coordinative, the interviewer needs to review her initial inferences. The sequence of words uttered by Sara in line 24 – cause, me, drunk, sexual – is narratively highly dramatic and interactively quite shocking.

Apprehended as a concrete report (paraphrase: ‘yes, I remember: I was drunk and having sex’), Sara’s coordination could be valued as rather blunt but possibly matching real events. The bluntness then may be explained by the assumption that Sara has confided in this many times over the years and that to her it is just a practical formality to repeat it to a professional listener (of whatever kind). Such an interpretation however involves the interpretation of ‘seksueel / sexual’ as some aphasia based selection error of word class or syntactic structure (substituting for the target ‘sex’ or ‘sexually active’). However, if we take Sara seriously, ‘seksueel / sexual’ is adjectival and in isolation easily recognized as the collocational first part of ‘seksueel misbruik / sexual abuse.’ Using this word class here thus introduces a big story that features Sara as a
victim. Contextually, this is a daring action, especially since the hearer assumedly was preparing for an ‘average’ stroke story, comprising a sudden black out of cognitive and/or physiological functions at a specific time and place and the ‘narrative hero’ being rescued and hospitalized at some point. Sara’s use of ‘papa / daddy’ (line 30) instead confirms the implication of a big story on psychosocial ‘issues.’ The word has a very intimate connotation and used in this context it may be regarded as greatly challenging politeness relations.

By being so straightforward and explicit Sara profiles as brave, expressive and daring to break conventions. Moreover, she shows her negative face without compromise or shyness. This kind of exposure might be accepted in the context of an unequal status relation, for example connected with a therapist-client relation. However, not equipped with the professional face of the therapist, or even the professional journalist, the interviewer is vulnerable to feelings of embarrassment and discomfort. Simultaneously, her positive face is challenged in that the unconventional move requires an appropriate response. Sara’s exposure puts the participants’ power relation out of balance and the interviewer needs to restore it by demonstrating her control, covering up personal unease.

From her medically biased base perspective, the interviewer may be inclined to regard Sara’s move as a slip of the tongue or the product of emotional inhibition and loss of decorum, possibly related to her neurological condition. Whatever exactly her judgment is, the interviewer instantly treats Sara’s move as a coordination problem. Her reflexive solution in line 25 – ‘verdronken? / drowned?’ – suggests that they are not dealing with a relational issue but with a referential problem connected with not hearing right (medium), or else an aphasia based phonemic substitution (modality). This response rather garishly reveals an act of troubleshooting but just the same it politely puts off time pressure and creates space to recuperate and adjust to Sara’s perspective.

Sara’s explicitness and the interviewer’s intuitive response to it in lines 25-27 represent a crucial episode in the genre event for it clearly throws into relief the participants’ diverging projections. When the taboo word is set, from line 24 up to line 34 Sara launches a delicate story that, within a conventional frame that includes a shortly introduced, unprepared hearer, poses a face threatening act (FTA, in the sense of Goffman 1967; Brown and Levinson 1987; Watts 2003, see section 3.3.1.2) that calls out for leveling politeness relations. In the remainder of this paragraph I demonstrate how this FTA proves to be a productive catalyst for the development of the interaction and the eventual co-conceptualization of a fairly abstract illness story.

In respect of restoring politeness relations and face management, four episodes in the interview are of relevance. These consecutively represent the following problem solving actions: 1) the interviewer arrests further interaction on the problem topic (lines 37-44); 2) the interviewer incorporates the problem topic via causal linkage into another story, which is accepted by Sara (lines 76-80); 3) Sara reissues the problem topic twice from a positive angle (lines 240-251 and lines 316-322); 4) the interviewer offers a solution to the coordination problem by proposing a construal of the problem topic that reevaluates the initial face threatening act as an act of illness conceptualization – which contradicts the causal linkage mentioned in 2). At this final stage of solution, both participants explicitly endorse this proposal and confirm that they are on shared ground (lines 327-339).
In fragment (15) the interviewer strategically arrests Sara’s coordination.

(15)

<table>
<thead>
<tr>
<th>Line</th>
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<th>Translation</th>
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<tbody>
<tr>
<td>37.</td>
<td>ja (.) dus u heeft eigenlijk (..) proble&lt;men gehad&gt; 1+...</td>
<td>yes (.) so you actually (.) have (had problems)&gt;1+...</td>
<td></td>
</tr>
<tr>
<td>38.</td>
<td>&lt;men (.) had&gt; 1 (.) juist</td>
<td>&lt;had (.) ms&gt; 1 (.) right</td>
<td></td>
</tr>
<tr>
<td>39.</td>
<td>+,waardoord u ging drinken</td>
<td>+,that started you drinking</td>
<td></td>
</tr>
<tr>
<td>40.</td>
<td>juist</td>
<td>right</td>
<td></td>
</tr>
<tr>
<td>41.</td>
<td>juist ja (.) u vertelt ook,”/</td>
<td>right yes (.) you also tell me+/</td>
<td></td>
</tr>
<tr>
<td>42.</td>
<td>“k ben gescheiden+”.</td>
<td>“I’m divorced+”</td>
<td></td>
</tr>
<tr>
<td>43.</td>
<td>ja (.) ja</td>
<td>yes (.) yes</td>
<td></td>
</tr>
<tr>
<td>44.</td>
<td>ja (.) maar herinnert u zich ook nog die dag dat u die beroerte kreeg (.) wat was u aan het doen?</td>
<td>yes (.) but do you also still remember that day that you had the stroke (.) what were you doing?</td>
<td></td>
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</tbody>
</table>

After Sara finishes her story the interviewer offers a very general and taboo-avoiding summary, which she accepts (line 40). Strictly speaking, that could have killed the subject, though then the interviewer herself keeps it in focus by recalling the mentioned divorce (lines 41 and 42). Apart from this unexpected withdrawal from a perfectly neat round up of this challenging episode, highlighting yet this other detail even seems to be a bit off track discursively. One explanation for this move may be that the interviewer exploits the lesser taboo of divorce to compensate for her relatively shy responses and eventual euphemistic summary (e.g., ‘problems’ representing sexual abuse by the father). By bringing up the divorce at this discursively marked position the interviewer signals that she is not afraid to confront a loaded topic and invites Sara to flesh it out. Postponing a change of subject at this point may also be perceived as an acknowledgement of the gravity of Sara’s story, which lacked a proper empathic response upon her telling it. Sara however does not take this act as an invitation, which apparently paves the road for promptly changing the subject back to stroke. With line 44 the interviewer shows Sara the preferred discourse route, - paraphrase: ‘but, do you remember that other event?’ - and to be extra clear, she instructs her to start reporting on her concrete actions on the day of the stroke.

After having eventually followed this instruction, in line 77, represented in fragment (16) below, Sara herself reintroduces her drinking habit again, now in relation to the stroke. She brings this on when the interviewer is trying to head for a more detailed report on the exact occurrences from the midst of stroke onwards.

(16)

<table>
<thead>
<tr>
<th>Line</th>
<th>I</th>
<th>S</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>76.</td>
<td>ja (.) u was gevallen (... en+...</td>
<td>yes (.) you had fallen (... and+...</td>
<td></td>
</tr>
<tr>
<td>77.</td>
<td>ja (.) hersenbeschadiging† maar ook dronken dronken dronken en dan eh hersenbeschadiging dus u denkt*/.</td>
<td>yes (.) brain damage† but also drunk drunk drunk and then eh brain damage so you think*/</td>
<td></td>
</tr>
<tr>
<td>78.</td>
<td>“het komt doordat ik zoveel dronk+”</td>
<td>“it happenend because I drank so much+”</td>
<td></td>
</tr>
<tr>
<td>80.</td>
<td>juist</td>
<td>right</td>
<td></td>
</tr>
</tbody>
</table>
In line 76 the interviewer explicitly coordinates Sara towards a more fine-grained level by starting up a description of the referent situation. Sara however does not follow that coordination but instead she proposes that besides the stroke also heavy drinking was at issue. From this, the interviewer infers that Sara poses a causal relation between her drinking and the stroke. Since there is no linguistic evidence to establish this inference – ‘en dan / and then’ is not a causal connector per se –, I presume that this proposition is supported by the interviewer’s expectations on most reportable content elaborated on in the text level section below. Again, her move downplays Sara’s own expressions. She paraphrases the evaluative (that is repetitive) ‘drunk drunk drunk’ with the more neutral ‘drinking too much,’ which strictly does not imply alcoholism, as does Sara’s own typically emphasized indication. Sara accepts the proposed construal in line 80, which puts off the drinking topic by incorporating it in the stroke story. Interaction on this problematic topic is now for a second time arrested, as I infer from the fact that it is not discussed anymore. The interviewer leaves aside both this peculiar, but shared construal as well as her attempt to find out more about the concrete details of the stroke incident and instead heads for the next scene in that story: hospitalization (‘oké ja ja en toen bent u naar [ziekenhuis] gegaan? / ok yes yes and then you went to the [hospital] line 81).

Later in the interview, Sara again foregrounds the drinking topic, but now from a positive angle, namely in connection to the professional help she currently receives in daily life:

(17)

<table>
<thead>
<tr>
<th>Line</th>
<th>Speaker</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>240.</td>
<td>S</td>
<td>en ook eh ook eh helpen Bart en dan eh (.) wat is het zakgeld</td>
</tr>
<tr>
<td>241.</td>
<td>I</td>
<td>ja</td>
</tr>
<tr>
<td>242.</td>
<td>S</td>
<td>ja daarom</td>
</tr>
<tr>
<td>243.</td>
<td>I</td>
<td>krijgen jullie zakgeld?</td>
</tr>
<tr>
<td>244.</td>
<td>S</td>
<td>ja (.) ikke</td>
</tr>
<tr>
<td>245.</td>
<td>I</td>
<td>dus jullie financiën worden geregeld hier</td>
</tr>
<tr>
<td>246.</td>
<td>S</td>
<td>ja</td>
</tr>
<tr>
<td>247.</td>
<td>I</td>
<td>oké (.) vindt u dat prettig?</td>
</tr>
<tr>
<td>248.</td>
<td>S</td>
<td>ja (.) maar &amp;mo nou! (.) maar dronken dat is niet goed en (.) dan dat is beter</td>
</tr>
<tr>
<td>249.</td>
<td>I</td>
<td>ja (.) oké</td>
</tr>
<tr>
<td>250.</td>
<td>S</td>
<td>dat is dat is dronken (.) dat is niet goed</td>
</tr>
<tr>
<td>251.</td>
<td>I</td>
<td>ja (.) dus u wordt daarin geholpen (.) nu</td>
</tr>
</tbody>
</table>

In this fragment Sara relates her drinking habit to potential financial troubles. She evaluates the fact that others now control her financial administration as an improvement. The interviewer recognizes that Sara’s current situation is supportive to her (line 251).
A third reference to the drinking topic again comprises a positive association. In lines 316-322 (fragment 18) Sara explicitly relates the drinking to living on her own and in that respect she considers her current housing situation in the nursery home to be safe (line 322).

After the first introduction of the FTA, its initial arrestment by the interviewer, a proposal to deal with it as a causal function in the background of the conventional story model, and two attempts to handle it by positive construal initiated by Sara herself, the interviewer finally suggests a more adequate solution in line 327 (episode (19) below). She construes the outcome of the stroke event as eventually an improvement of Sara's quality of life. Sara affirms this concept emphatically and it may be inferred from lines 327-339 that speaker and hearer have indeed reached mental coordination on this issue.

<table>
<thead>
<tr>
<th>Line</th>
<th>Speaker/Interviewer</th>
<th>Transcript</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>316</td>
<td>S</td>
<td>juist dat is beter maar dat is ja</td>
<td>right that is better but that is yes but ehm me decide and that is better eh living in the past is alone yes and then that is drunk drunk drunk</td>
</tr>
<tr>
<td>317</td>
<td>I</td>
<td>ja</td>
<td>yes (.) yes</td>
</tr>
<tr>
<td>318</td>
<td>S</td>
<td>ja (.) en dan is het dronken dronken dronken</td>
<td>yes (.) yes and now changed right yes right and then other people and then Bart and Ria together and then yes &amp;th yes that is better safe</td>
</tr>
<tr>
<td>319</td>
<td>I</td>
<td>ja (.)</td>
<td>yes (.) yes</td>
</tr>
<tr>
<td>320</td>
<td>S</td>
<td>en nu (.) veranderd</td>
<td>yes (.) yes</td>
</tr>
<tr>
<td>321</td>
<td>I</td>
<td>juist ja</td>
<td>yes (.) yes</td>
</tr>
<tr>
<td>322</td>
<td>S</td>
<td>juist en dan andere mensen en dan Bart en Ria samen en dan ja &amp;d ja dat is beter veilig</td>
<td>yes (.) yes and then other people and then Bart and Ria together and then yes &amp;th yes that is better safe</td>
</tr>
<tr>
<td>327</td>
<td>I</td>
<td>oké ja (.) dus in zekere zin is uw leven ook wel verbeterd+..?</td>
<td>ok yes yes so in a way your life has also improved+..?</td>
</tr>
<tr>
<td>328</td>
<td>S</td>
<td>ja</td>
<td>yes</td>
</tr>
<tr>
<td>329</td>
<td>I</td>
<td>+ na de beroerte</td>
<td>+ after the stroke yes! &amp;-laughs yes! &amp;-laughs so you do have some advantage of it?</td>
</tr>
<tr>
<td>330</td>
<td>S</td>
<td>ja!</td>
<td>yes!</td>
</tr>
<tr>
<td>331</td>
<td>I</td>
<td>dat is een aparte ontwikkeling &amp;-lacht</td>
<td>that is a peculiar development &amp;-laughs yes! &amp;-laughs so you do have some advantage of it?</td>
</tr>
<tr>
<td>332</td>
<td>S</td>
<td>ja! &amp;-lacht</td>
<td>yes!</td>
</tr>
<tr>
<td>333</td>
<td>I</td>
<td>dus u heeft ook wel winst erbij?</td>
<td>yes! &amp;-laughs so you do have some advantage of it?</td>
</tr>
<tr>
<td>334</td>
<td>S</td>
<td>ja! dat is beter maar veilig (.) dat is thuis verpleegsters hebben dat is (.) ja rustig</td>
<td>yes that is better but safe (.) that is at home having nurses that is (.) yes peaceful yes that is safe right</td>
</tr>
<tr>
<td>335</td>
<td>I</td>
<td>ja</td>
<td>yes</td>
</tr>
<tr>
<td>336</td>
<td>S</td>
<td>dat is eh veilig</td>
<td>yes</td>
</tr>
<tr>
<td>337</td>
<td>I</td>
<td>juist</td>
<td>yes</td>
</tr>
</tbody>
</table>
There is acclaiming intonation in Sara’s affirmations (lines 330 and 332), there is shared laughter and surprise (lines 331 and 332), and there is a way of emphasizing this shared conceptual position by exploring it: the interviewer pushing it a bit further by presenting ‘gain’ upon ‘improvement’ (line 333) and Sara by adding positive qualifications (lines 334-336).

In sum, from the above analysis I infer that participant relations are particularly profiled in terms of politeness issues. In this respect, Sara projects an unexpected relational schema by confiding in highly delicate private facts. This personal exposure is face threatening to the interviewer. At this point in the interaction, there are however no verbal or prosodic signs of offense or status conflict. That is why I presume that Sara essentially just seeks to respond to the interviewer’s question in a true and relevant way. Her response thus projects an individual perspective on her personal situation and status. Sara’s possibly unintended FTA is nonetheless a powerful signal that the participants have diverging contextual projections. During the interview, the participants gradually and mutually establish a solution to this ostentatious coordination problem. Clearly, from the interviewer’s perspective there is no room for solution in the first section, only for damage control by encapsulating Sara’s proposition. In the course of the interview a suitable background is built and other, more positive details are profiled, taking off the edge of the original representation and making way for a final, highly reflective co-conceptualization of referent events. The unfolded illness conceptualization profiles stroke as an opportunity for change and fully backgrounds a perspective on stroke as a medical complication that includes chronic aphasia. Participants’ effortful search for shared ground pays off in a significant mutual understanding and acknowledgement of Sara’s highly individual context model.

In my view the variable of participant relations is a very strong vehicle for communicative success in this conversation. Sara’s explicit language is a strong indication that her projection of participant relations is very tolerant and subordinate to the successful communication of the story she wants to share. The elliptical quality of the linguistic construal of the abuse-story represents this story without a cue how to appreciate it and renders it blunt and unexpected. However, that works out very well because it alerts the interviewer and throughout the discourse makes her sensitive to cues that she can use to co-construct Sara’s genre model. Again, we see here how the very clear projection of a genre variable coordinates participants to reflect on their own and the other’s genre projections and to openly explore these in favor of shared ground.

It is interesting how aphasia does not appear to have a role in Sara’s projection of participant relations at all. She is self aware, powerful and daring and she controls the interaction not so much by way of controlling turns-at-talk – which is an achievement in itself (e.g. Beeke et al. 2002; Goodwin 2003; Wilkinson et al. 2009) – but with the things she wants to convey, regardless of the linguistic difficulties she is facing. The interviewer needs to decide on how to respond to her powerful message not on whether to ‘support her independence’ or ‘help her out’ (cf. Simmons-Mackie and Damico 2007; Gillespie et al. 2010) as a less able, aphasic co-participant.
4.2.4 Goals and functions

As in each genre event, there is more than one goal pursued with the performance of this interview (Clark 1996; Brown and Levinson 1987; Goffman 1974). As pointed out above, the event was openly staged as connected to research in the humanities, particularly Dutch language and culture with respect to living with aphasia. This goal figures as a motivation of the event, but it is particularly beneficial to the interviewer and not to Sara. As a registered member of the research subject pool, she has nonetheless committed to it and therefore supports this goal. Apart from the goal of data collection, the immediate shared goal of the event is to engage in an in depth personal interview. This is how the interviewer has introduced the event to Sara, as an interview about her personal experiences as an aphasic person with life after stroke. Legard, Keegan and Ward (2003) suggests that this type of interview is both structured and flexible in form, interactive in nature with preferably a face-to-face setting, and generative in that it produces new knowledge as the interviewer is an active facilitator who may use any probe to explore the interviewee’s thoughts and feelings about a selected topic (see also Holstein and Gubrium 2003; Boyce and Neale 2006). Considering the sparse opportunities someone with aphasia normally has to engage in a potentially lengthy and meaningful conversation with someone who takes a professional interest in the interaction and hence will be a patient and active co-participant, the interview may be a big opportunity for Sara (cf. Dalemans et al. 2010; Gillespie et al. 2010; Blom Johanson et al. 2012; Rautakoski 2013).

From the analysis conducted thus far I infer that Sara projects a prototype model of personal interviewing. Her efforts to communicate a complex personal view on the significance of major events in her life seem to indicate this. I also infer from the previous analyses that the interviewer is however not fully committed to such in depth personal interviewing. This holds notwithstanding the fact that even her research related goals in principle allow for such activity.

First, within limits the genre event of personal interviewing for data collection allows for research subjects to take advantage from this because candidate subjects need a motivation, especially when there is no financial compensation to speak of – which is the case. Second, the spontaneous quality of interactive behavior that the researcher/interviewer aims for in principle encourages Sara to explore the potential of the event to her own benefit. Still, the interviewer demonstrates that she is not at all prepared for personal disclosure, particularly in episode (15) represented above, where she arrests Sara’s story and explicitly coordinates her to commit to a text projection that the interviewer has apparently set up in advance. This particular projection comprises a concrete illness report, in case a prototypical ‘stroke story.’ The interviewer’s efforts reveal expectations of content (medical history) and complexity (simple, concrete) that are connected with a model of goals and functions that is more restrictive than it needs to be.

Given her later efforts to understand Sara and partake in co-conceptualizing her complex story, however, I presume that there was no intention to keep away from in depth interviewing in favor of acquiring the preferred data set. I rather assume that on the basis of a broader contextual model centred on the domains of medical Healthcare and Aphasia, the interviewer had covert expectations about how Sara would exploit the personal interview. Apparently, she did not expect Sara to pursue a normal procedure of personal interviewing. That expectation is activated by the FTA-factor of Sara’s abuse story discussed above.

Sara’s explicit, but legitimate attempt to use this genre event as an opportunity to (re)conceptualize past experiences plus her general evaluative capacities observed in the data may support another, functional, interpretation of the formerly discussed FTA. I propose that this
move, of which I cannot detect any indication that it is driven by a conscious intention to shock
the co-participant and create politeness issues, is an effective device for getting the interviewer
to actively support Sara’s evaluative goals. At least, that is the way it worked out. Of course
one can only speculate if Sara intentionally offended politeness conventions to manipulate her
co-participant to support her in constructing an abstract level illness conceptualization. The
following observations may nonetheless provide some evidence for this stance.

From her behavior throughout the interview I infer that Sara generally takes an evaluative
approach to this event. Fragment (20) is exemplary for that attitude. Here, the participants talk
about Sara’s rehabilitation and therapies.

(20)

107. I ja ja ja (.) want welke therapieën heeft u
gehad in [revalidatiecentrum]?
yes yes yes (.) because which
therapies did you get in
[rehabilitation center]?
108. S oh leuk! dat is allemaal goed
109. I ja?
110. S maar zwaar hoor
111. I ja (.) alleen voor het spreken+..? of ook
andere dingen?
112. S ook handenarbeid handenarbeid eh gym
eh allemaal veel
113. I ja ja (.) u beweegt met uw arm (.) u deed
iets met uw lichaam ook (.) trainen?
114. S knokken knokken knokken &=moves arm
fight fight fight &=moves arm

In line 108 Sara shows that she is not sensitive to the simple referential focus of the interviewer’s
question, especially relative to the wh-question. Instead she immediately comments
emphatically on the content words ‘ therapieën/therapies, u/you, [revalidatiecentrum]/
[rehabilitation center].’ The interviewer ignores the coordination problem here and repeats
her question in line 111. Sara then (being the former school teacher that she is) names two
occupations using typical jargon from the domain of (normal) education instead of proper
paramedical terminology (respectively ‘ergotherapy’ and ‘physiotherapy’), which she may be
expected to be familiar with as a rehabilitation client. She rounds up again in an evaluative
manner, emphasizing her past efforts with repetition and gesturing (lines 113).

Sara’s displaying evaluative behavior throughout the interview – which episode (20) is one
example of – may suggest that she projects an open personal perspective from the start. The
interviewer may be expected to welcome this approach, since as a researcher she is particularly
interested in aphasic speakers’ creative language use and possible unconventional linguistic
performance in service of the communication of experiences, thoughts and ideas (off record
information). The fact that the interviewer does not respond to evaluative structure connected
with small topics, like in (20), or big stories like the abuse story, seems counterintuitive to that
background interest.

I therefore assume that, contrary to her individual experiences and beliefs, namely that
aphasic speakers can be creative and successful communicators despite their diagnosis, at
the time of the genre event the interviewer was not prepared for a serious personal interview – serious in the sense of normal, genuine – as was Sara, who exploited the genre to share her opinions, conceptualize her life history and interpret the meaning of stroke in her life. Noticeably, these aims are within limits of the conventional goal of personal interviewing, and even so within limits of the interviewer’s individual goal of data collection.

I conclude that the current genre model holds individual projections of goals and functions. Sara’s behavior suggests that she aims for genuine personal interviewing in the context of a research project. This projection corresponds to the model that is proposed to her in advance of the genre event. The interviewer however actually diverges from that model herself. Her actions obstruct the exploration of the genre potential because they are unresponsive to reflective and evaluative moves. I associate the interviewer’s projection of goals and functions with a prejudice about Sara’s capability based on a contextual orientation on Aphasia and medical Healthcare, which is particularly not shared with Sara.

Relative to the variable of goals I infer that the aphasic quality of Sara’s utterances does not particularly interfere with a possible shared projection of goals. Her responses are often evaluative but apparently, that does not signal to the hearer an evaluative aim at the general level. All in all, individual goals are not explicitly indicated and hence any divergences in that respect remain covert.

4.2.5 Conclusions
Evidence from the setting, domains, and participant roles and goals of this genre event adds to the image that Sara and the interviewer project different context models and hence may have different expectations of the genre event that they jointly perform. The interviewer’s perspective seems to project a primarily stroke ridden Sara, who, due to her medical condition, is forced to live in a nursing home, and who luckily has for some reason accepted to contribute to the research project by engaging in an interview to talk about her stroke and subsequent life as an aphasic patient. Sara’s perspective, on the other hand, seems to include herself as the owner of a psycho socially aggravating past who now due to her medical condition is in possession of a safe home and proper care. She does not profile herself as a victim of stroke, distancing herself from physical illness in general, but preeminently as a survivor of abuse. Her unannounced openness on this topic shocks the interviewer and for that matter can be considered as face threatening to the interviewer even more than to Sara herself.

The two individual context models projected in this genre event in a way deny one another, or rather, they are competitive. It is probably not uncommon for participants of a genre event to project divergent individual models, but usually cognitive coordination is established through abstract signaling and covert adjustments (cf. Brisard 2002). If in the current event one should speak of ‘a battle of models,’ it could be argued that Sara’s moves make a powerful case. Her initial abuse story strongly and urgently puts her personal perspective on the agenda. She does not avoid explicit language and direct formulations. Throughout the interview, she continues to exclusively project her individual context model. In this respect, she does not accommodate to her co participant, but instead refers to unshared person referents without introduction or uses ostensive silences instead of offering requested referential clarification (e.g. (3) line 284).

In view of conflict and competition, one may interpret these behaviors as devices of power used by Sara to establish her private knowledge schema as the dominant projection in this event.
On the other hand, from the recorded data as well as from my own recollection, it follows that, although sometimes the interviewer clearly needs to resume her orientation, speaker and hearer never seem to experience stress or agitation. Both participants appear preeminently focused on sharing knowledge and perspective. All contextual coordination problems are solved and sometimes they are even dealt with in a sophisticated way and using advancing insight. Indeed, Sara shows a tendency to keep to her own knowledge model. The interviewer works to adapt to that frame of reference and if needed, Sara strategically offers her time to do so. The interviewer frequently checks common ground and she controls mutual perspective by offering subjective conceptualizations of Sara’s input for acceptance or denial. She does not withdraw from offering such proposals even if they obviously lack concrete evidence. Nonetheless, Sara shows willingness to accept them.

These all seem typical characteristics of two participants that commit to the conventional role pattern of in-depth personal interviewing. In that genre, the interviewee’s perspective is dominant in principle, for the primary function of the interview is to reveal as much information of her individual perspective as possible (cf. Legard et al. 2003; Boyce and Neale 2006). Yet it should be recalled that in respect of personal interviewing the current genre model is not entirely ‘genuine’ for it includes a superordinate goal, namely elicitation of research data. I propose that the interviewer’s projection of this goal but even more so her medical and aphasia bounded orientation prepare her for a simple and concrete stroke report instead of personal disclosure on the assignment of meaning to stroke in life. I view Sara’s projection to resemble a prototype case of personal interviewing. Still, it is remarkable how she commits to this goal completely without reservations concerning her positive face. Her actions are foremost directed at sharing her story and face maintenance is subordinate to a degree that it is face threatening to the interviewer. Notwithstanding a joint pursuit for mutual understanding and a charitable attitude, Sara’s individual projection produces a severe face threatening act and its conventional imperative to solve face issues is clearly received by the interviewer (cf. Brown and Levinson 1987). In the current conditions, however, these actions realize a series of meaningful and productive discourse episodes, resulting in the recognition of unexpected contextual knowledge.

The genre analysis conducted so far has established diverging perspectives on the role of aphasia in this genre event. Whereas the participant without aphasia projects language impairment and medical care as inalienable to the context level of the genre model of this event, the participant with aphasia acts from contextual schemas oriented on genuine communicative interaction, in case personal interviewing, and psychosocial wellbeing. Genre analysis furthermore demonstrated that the context level category of participant relations, specifically concerning politeness, has a high profile in the projection of the current genre model. This genre variable figures as a device that alerts for diverging individual projections and sparks interactive behavior in support of the exploration of the text level potential to eventually produce cognitive coordination on all levels.

All in all, I observe that Sara’s context-level actions importantly construct a strong and powerful identity profile and rebut the expectation that aphasia masks identity and affects self-awareness and control over participant roles, relations and voice (Shadden 2004; 2005; Simmons-Mackie and Damico 2007; Sadden et al. 2008; Parr et al. 2003; Kagan 1998; Dietz et al. 2013. Blom Johanson et al. 2012; Rautakoski 2013; Purves 2009). Moreover, Sara’s projection stands firm against the interviewer’s model that includes the assumption that disability and
aphasia is a defining feature of Sara’s life world, and hence includes the potential to attribute to her an incompetent social identity (Kovarski et al. 1999; Gillespie et al. 2010; Simmons-Mackie and Damico 2007).

The aphasic quality of Sara’s utterances prevents the participants from sharing context level projections in a smooth and immediate way. Sara’s elliptical construals lack coordinative strength in respect of how the hearer should appreciate an expression relative to her own expectations. Nonetheless, Sara’s possibly aphasia driven, but still particularly clear and ‘blunt’ indication of her individual projection signals that participants projections may diverge and coordinates them to explore these individual genre projections and use genre knowledge to develop communicative success.

4.3 Text level analysis

The preceding analysis suggests that the context level of the studied genre model includes two subtly diverging individual projections whose connection is explored by way of a non-genuine politeness offense projected by Sara and productively processed by the interviewer. The following analysis demonstrates that a dual projection equally defines the text level of this genre model. The participants both show very strong individual expectations of text level features, which leads to the production of two narrative texts with very different characteristics. In the following sections we attend to participants’ shared and private expectations and actions connected to subsequently text content (4.3.1), type (4.3.2), form (4.3.3), and structure (4.3.4). We take a special interest in how Sara’s aphasic condition is proportionate to participants’ options to share and exploit text level projections in favor of communicative values. The analysis is confined to the texts that are associated with the personal narrative of illness experience requested for at the start of the interview.

4.3.1 Content

In the preceding analysis, I have proposed that the interviewer projects a contextual model that is biased for medical Healthcare and Aphasia on the grounds of a research project connected with this genre event and a professional identity as a speech and language therapist. I suggested that the interviewer might therefore hold specific expectations about narrative results, in particular assuming concrete, referential event construals. I inferred that Sara, on the other hand, is set for less restricted narrative action on the basis of a contextual model that includes the intention of personal disclosure on psycho social experiences whose impact on her is significantly related to her experience connected with stroke and aphasia. In respect of the current variable of content, these diverging contextual projections entail individual models of most reportable content in the sense of Norrick (2005) and Labov (2010). In this section I track these content projections and investigate how productive their mutual inclusion in the current genre model is.

Below, we focus on the apparent clash of individual content projections that figure in the first part of the interview. In episode (21), lines 1-20 represent actions that typically seem to allude to the projection of stroke as a concrete experience. The theme of abuse that eventually turns out to be associated with the bigger evaluative story extends from line 21 to line 43. The concrete stroke event is construed in lines 44-88.
<table>
<thead>
<tr>
<th>No.</th>
<th>Deeks</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I</td>
<td>de eerste vraag gaat over wat er met u gebeurd is, dat u problemen heeft met spreken (...) herinnert u zich die dag nog?</td>
</tr>
<tr>
<td>2.</td>
<td>S</td>
<td>jaa! ehm (...) ehm even wachten (...) moet even schrijven+...</td>
</tr>
<tr>
<td>3.</td>
<td>I</td>
<td>de pen</td>
</tr>
<tr>
<td>4.</td>
<td>S</td>
<td>ja ehm+...</td>
</tr>
<tr>
<td>5.</td>
<td>I</td>
<td>ja</td>
</tr>
<tr>
<td>7.</td>
<td>I</td>
<td>ja () u schrijft de datum op+...</td>
</tr>
<tr>
<td>8.</td>
<td>S</td>
<td>jaa</td>
</tr>
<tr>
<td>9.</td>
<td>I</td>
<td>+,van die dag+,...</td>
</tr>
<tr>
<td>10.</td>
<td>S</td>
<td>en dan en dan (...) juist (...) denk het wel juist juist en dan klein beetje nog denk het mmm {een twee drie} denk het hoor</td>
</tr>
<tr>
<td>11.</td>
<td>I</td>
<td>ja () u schrijft twee data op () twee jaartallen</td>
</tr>
<tr>
<td>12.</td>
<td>S</td>
<td>ja ja!</td>
</tr>
<tr>
<td>13.</td>
<td>I</td>
<td>jaren '90+...</td>
</tr>
<tr>
<td>14.</td>
<td>S</td>
<td>ja↑</td>
</tr>
<tr>
<td>15.</td>
<td>I</td>
<td>en nu recent () in 2007</td>
</tr>
<tr>
<td>16.</td>
<td>S</td>
<td>ja</td>
</tr>
<tr>
<td>17.</td>
<td>I</td>
<td>ja ja</td>
</tr>
<tr>
<td>18.</td>
<td>S</td>
<td>hersen</td>
</tr>
<tr>
<td>19.</td>
<td>I</td>
<td>+,hersenbloeding</td>
</tr>
<tr>
<td>20.</td>
<td>S</td>
<td>ja</td>
</tr>
<tr>
<td>21.</td>
<td>I</td>
<td>ja () kunt u zich nog herinneren hoe dat ging () wat u deed op die dag?</td>
</tr>
<tr>
<td>22.</td>
<td>S</td>
<td>ja! want+...</td>
</tr>
<tr>
<td>23.</td>
<td>I</td>
<td>+,wat er gebeurde?</td>
</tr>
<tr>
<td>24.</td>
<td>S</td>
<td>ja want ikzelf eh (...) dronken↑ eh (...) seksueel</td>
</tr>
<tr>
<td>25.</td>
<td>I</td>
<td>verdronken zegt u? (...) ne gedr+...</td>
</tr>
<tr>
<td>26.</td>
<td>S</td>
<td>gedronken</td>
</tr>
<tr>
<td>27.</td>
<td>I</td>
<td>gedronken () ja</td>
</tr>
<tr>
<td>28.</td>
<td>S</td>
<td>ja () veel</td>
</tr>
<tr>
<td>29.</td>
<td>I</td>
<td>ja</td>
</tr>
<tr>
<td>30.</td>
<td>S</td>
<td>ikzelf vroeger eh eh altijd drinken↑ want eh &amp;sch eh papa altijd seksueel</td>
</tr>
</tbody>
</table>
Given the prologue of lines 1-20, in which the participants seem to explicitly agree on focal narrative content, it comes as a surprise that Sara does not continue to express this allegedly shared projection. Her alternative selection of the abuse theme may comply with her private expectations on content, but at this point of discourse, first meeting the interviewer’s request for a simple stroke report does not seem to conflict with that model per se. However, as it turns out later on, the concept of stroke as a concrete event has no presence at all in Sara’s perspective, not even as a subordinate case. She initially strongly denies any recollection of the stroke event (lines 45-48) and then, after some thinking it comes back to her and she is able to produce the stroke story in a detailed, routine like fashion. She enumerates subsequent events as a list, using stressed key words, including some proper names of persons and places, connected
with ‘and then, and then.’ My impression is that this stroke story is a routine narrative that she maybe has told before many times. It only takes her a while to recall it now because she does not expect its deliverance is relevant.

The interviewer clearly demonstrates her individual preferences for content too. Her response to the abuse theme is minimal compared to her efforts to co-construct a more elaborate story on concrete events on the day of Sara’s stroke. In line 44, represented in (22), she also explicitly distinguishes the abuse theme from the stroke story. This separation is not openly discussed or motivated and is neither implied by the preceding discourse (but arguably, the preceding abuse story does not seem to cohere with the mutually established projection of narrative orientation and theme in lines 1-20).

In (22) the interviewer attempts to resume the alleged initial focus on concrete stroke content in a manner that sharply contrasts the two themes. Contrastive ‘maar / but,’ intensified by ‘die dag / that day’ ‘die beroerte / that stroke’ indicates that she intends to speak not about this topic, currently in focus, but about that one, which somehow now figures in the periphery of attention (cf. Janssen 2006). By using progressive ‘aan het doen / doing’ she shifts away from the abuse content and zooms in on the concrete actions associated with the past event. In spite of this effort to separate the two topics, Sara reintroduces the abuse theme to her story in the epilogue of her stroke report, when the interviewer is cueing her to zoom in on a more detailed level of the stroke event:

At this point in the interaction Sara has delivered a general account of the stroke event (lines 49-63), after which the interviewer has made efforts to co-construct the story in a more detailed way, systematically asking for and suggesting target referents (lines 64-76). In line 76 they have arrived at zooming in on the supposed key episode of the story: the stroke hits Sara who is then alone in the house. Instead of following this most conventional lead, Sara responds by closing or suspending the process of event description as she puts forward an act of evaluation. Her summarizing ‘ja, hersenbeschadiging / yes, brain damage’ (line 77) firmly establishes and
conceptually represents the abuse-free construal just produced. Then, with clear emphasis, using a focus particle – ‘maar ook / but also, moreover’ – and the intensifying repetition of an explicit word – ‘drunk, drunk, drunk’, – she adds the abuse-element to the stroke event in a sequential relation – ‘en dan hersenbeschadiging / and then brain damage.’ In lines 78-79 the interviewer rephrases this construal by proposing that Sara thinks that alcohol abuse has physically caused the brain damage. Her paraphrase typically includes a personal pronoun ‘het / it’ to refer to the stroke, implying that stroke is still topical and abuse its subordinate cause. Sara confirms this causal rephrase in line 80. Therefore, the abuse theme is now established as part of the sequence of concrete events that make up the stroke story. The abuse theme thus neatly fits the conventional content template. Yet relative to Sara’s projection, key content is now probably framed as a side issue: Down-framing the abuse theme in this way obstructs Sara’s projection of the atypical concept of stroke as a medical solution for psychosocial issues.

Later on in the interview (lines 327-337), the participants agree on life having improved after and possibly due to the stroke. They not only solve the contextual problem discussed above but they also review the projected causal connection between the themes of abuse and stroke. In a highly reflective conceptualization, stroke is framed as instrumental to Sara’s positive change in life and current wellbeing.

In sum, in an attempt to fulfil the expectations associated with her original text model, the interviewer seems to force Sara to represent a conventional stroke report. Sara herself explicitly indicates that in her text model, stroke is not profiled as a concrete experience of past events and initially she even claims that she has no recollection of that at all. The quality of her eventual report is simple, and in comparison to her construal of the abuse content it lacks evaluative force.

I suggest that coordination problems associated with narrative content are explained on the grounds of reduced contextual expectations in the non-aphasic participant and not relative to a reduced linguistic ability in the aphasic participant. The narrative content represented by Sara is complex to a degree that is not immediately captured by the interviewer. In her individual genre model preferred content comprises the concrete events associated with the experience of stroke. However, as it appears, Sara projects a reflective evaluation of the significance of stroke in her life. She projects this content right from the start, but it is only communicated in full later on in the interview, which fact I have earlier associated with the dynamics of contextual phenomena too.

From the analysis I thus infer that in respect of content, participants’ text level projections largely diverge. Coordination problems following from that are solved by the interviewer, contextually by way of a repair sequence in which she explicitly requests for narrative content that matches her individual expectations, and textually by incorporating the abuse theme as a cause to the stroke. It should be noted that this textual solution is only tentative and will be altered later on as the interviewer adapts to Sara’s overall genre model.

29 I use ‘abuse’ here metonymically to refer to Sara’s complex story of assumedly childhood abuse and later alcoholism, and possibly divorce as connected by her story that addresses key psycho social problems in her life. I choose this reference to profile the taboo quality of this story in the studied genre event.
Why this now?

I assume that her aphasic condition prevents Sara from representing her content projection in its full complexity, that is, including its anchorage relative to the event of stroke, which is a prominent entity of the actual frame of reference or ground. It’s now like she just throws in the abuse-story content and then, to counter this fierce act, the interviewer forces Sara to vocalize her content projection. When both projections and their obvious divergence are thus clearly laid out, participants move on to explore how these are connected. One may argue that the elliptical quality of Sara’s abuse story sets up the communication problem in the first place. However, its explicit content also instigates a solution for sharing ground on a complex referent despite aphasia: the interviewer counters Sara’s move by forcing a representation of the interviewer’s own content model. The speakers thus established two clearly distant projections as a productive basis for further exploration of the content variable.

4.3.2 Type

In this genre event, participants might have been more receptive to each other’s content projections if text type had not been such a well-defined slot in their individual genre schemas. I argue that whereas the interviewer strongly projects a concrete report of past events, Sara profiles a far more reflective type of illness narrative. The analysis suggests that there is a crucial connection between projected text type and participants’ respective medical and psychosocial orientations. In favor of the appreciation of text type, episodes (24) and (25) – (29) respectively represent the stroke report and the narrative that in this paragraph I argue to be a so-called ’quest narrative’ (Frank 1995), which includes the story I formerly referred to as ‘abuse-story,’ in isolation of their interactive context. The originally dispersed elements of the quest narrative are sequentially ordered and commented upon.

(24)

city] en dan [ziekenhuis X] eh behandelen...flat ... Maaike eh Erik en dan flat ...
en dan gevallen...en dan opgeraapt...en dan Maaike . bellen en dan juist...sleutels .
en dan slot en dan ‘bombom’ en dan ziekenshuis en dan ziekens [Y] en dan
[revalidatiecentrum]...en dan 1 jaar wonen.

[city] and then [hospital X] eh treatment...flat...Maaike eh Erik and then flat...and then fallen...and then picked up...and then Maaike . call and then right...keys . and then lock and then ‘bombom’ and then hospital [...] and then hospital and then hospital [Y] and then [rehab center] ...and then living one year.

The narrative type delivered upon explicit request by the interviewer, here represented in (24), seems to exactly resemble the report or summing up predicted for stories short of evaluative tools (Labov and Waletzky 1967; Labov 1972; Ulatowska et al. 2004; Ulatowska et al. 2006; Olness and Stewart 2007; Armstrong and Ulatowska 2008). Rather than telling a story, this text enlists past events in their assumed chronological order. As such it meets the narrative condition of reference to past events, however it typically lacks any foreground background relations. None of the referents is singled out or highlighted and reference is unclear or only general despite naming relevant locations, characters, actions, objects, and time. The enactment ‘bombom / bombom’ may be regarded as an evaluative tool, but it is not intelligible what referent it is supposed to assign prominence to. It may rather be interpreted as an unspecific referential
reenactment. In sum, it is difficult to see why the narrator is telling this story apart from just reporting on past events as requested.

Lacking point in that way, this text does not resemble a conventional narrative, at least not in the classical Labovian frame. Given typical expectations on aphasic narration, we might be inclined to associate the projection of this text type with the narrator’s linguistic impairment (e.g. Olness and Stewart 2007; Ulatowska and Chapman 1994; Caplan 1992; Ulatowska and Sadowska 1992; Ulatowska et al. 1983; Ulatowska and North 1983; Ulatowska c.s. and North 1981). Yet defining the quality of (24) on the basis of itsaphasic symptoms alone compromises its interpretation as a genuine text type, e.g., a report. As a type, the stroke story is then just negatively defined as an impaired narrative, or a ‘typical aphasics’ story.’ Yet, the current event gives reason to pursue a different line of analysis. Sara’s production of a reference-focused report is not pointless for it perfectly matches the interviewer’s request. Moreover, in the same event, Sara produces another text that, although it similarly includes aphasic symptoms, is of a different, highly evaluative type. This suggests that Sara is not – or does not have to be – pathologically confined to the most simple text type, as is projected by the interviewer.

The following analysis demonstrates that Sara’s initial response to the interviewer’s request for her story resembles a quest-narrative in the sense of Frank (1995). More particularly, it clearly resembles a ‘memoir,’ which is a type of illness narrative that tells about the meaning of illness in life. A memoir typically combines the illness story with other significant stories in the narrator’s life (Frank, 1995 : 119). From the perspective of this type model, it may be inferred that (25) represents such a story.

(25)

ikzelf vroeger altijd drinken want papa altijd seksueel… juist… en dan dronken en dan seksueel en dan… en dan gescheiden en dan… ja?

me before always drinking because daddy always sexual…right… and then drunk and then sexual and then… and then divorced and then… yes?

The analysis of this story as part of a quest narrative is only possible in retrospect because its initial presentation given in (25) does not specify any connection to the stroke event. The type features of (25) in itself rather suggest the projection of a chaos narrative, which, according to Frank (1995), is a type of story that represents a narrator’s experience of being overwhelmed by the facts of life. It typically includes a ‘list of ‘life’s possibilities that anyone fears’ and overdetermination reflecting ‘life pecking away’ (Frank, 1995 : 99). Such features are present in (25) with its explicit summary of taboo issues – ‘drinken / drinking,’ ‘papa / daddy,’ ‘seksueel / sexual,’ ‘dronken / drunk,’ ‘gescheiden / divorced,’ ‘en dan, en dan, en dan / and then, and then, and then’ – and the repetitive determiners – ‘altijd drinken / always drinking,’ ‘altijd seksueel / always sexual.’ Furthermore a distorted temporal structure caused by the repetition of ‘seksueel / sexual’ indicates a state of being caught in “an incessant present” (Frank 1995: 99). Unlike the stroke report, this story has a high degree of evaluative force and it intensively foregrounds ‘its culturally salient and self-evidently important content,’ which should indicate that this story unmistakably has a point (Polanyi 1979 : 207). However, in this case too, there is no foreground and background relief since now all elements are highlighted and the narrator’s perspective remains hidden to the co participant.
Why this now?

In retrospect, the point of this story is to account for the unconventional positive meaning of the stroke event in the narrator’s life. At this moment in the interaction however, there is no evidence for inferring this. Here, the interviewer can only perceive this story as a chaos type of story, which (i) is not easily recognized as a narrative type in principle (Frank 1995: 98, even calls this type an ‘anti narrative’ because of its lack of temporal development), and (2) does not meet conventional expectations concerning text type as explicated by the interviewer’s request. Therefore, rather than a narrative, at this point in discourse the text figures as a type of confession or personal exposure which clinical or post clinical interview settings allow for, but the occurrence of which is still unexpected given the context model projected by the interviewer.

The interviewer’s response values a clarification of overall narrative point, but it is also typically inspired by that contextual projection, particularly favouring appeasement and face control: She lists the various issues referred to, ordering them, renaming them in a neutral manner thus downsizing their emotional load. And indeed, at this point of the interaction, this story calls out for crisis intervention or at least clarification of overall point, not for a firm Labovian (1972, 2010) “and then what happened?,” which the narrator herself nonetheless may have been expecting. In later instances Sara continues to refer to this life story through the chaos narrative frame. In fragment (26) her repetition of explicit lexicon – ‘dronken drunk drunk drunk’ – represents its profile metonymically:

(26)

Fragment (26) also represents a first indication that the chaos story is not an uncontrolled exposure, but potentially part of a larger, more complex narrative. In this respect the temporal junction ‘en dan / and then’ is an essential indicator of the emerging quest narrative, which construes the significance of the illness in one’s life. It is used here with emphasis as a focus particle, construing the stroke event – ‘hersenbeschadiging / brain damage’ – as a pivot or a chance in life. It transfers the perspective to the stroke as an anonymous authority or deus ex machina taking control over an uncontrollable situation. Again, this interpretation is only possible in retrospect, for the concept of stroke invoking positive change in life has not yet been surfaced.

Nonetheless, the discourse context at (26) provides for a combination of stories, be it on a less abstract, namely causal level. Such combining is indeed pursued by the interviewer and accepted by Sara. Then, in fragment (27) the projection of the quest narrative gains ground when Sara adds an element of comparison, particularly in connection to administrative tasks. She linguistically expresses the negative qualification of her former situation – ‘dronken that is not good’ as compared to her current situation – ‘dat is beter / that is better.’ The interviewer emphasizes this contrastive relief by adding ‘nu / now.’
### Episode (27)

<table>
<thead>
<tr>
<th>Line</th>
<th>Dutch</th>
<th>English</th>
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<tbody>
<tr>
<td>245.</td>
<td>I</td>
<td>dus jullie financiën worden geregeld hier</td>
</tr>
<tr>
<td>246.</td>
<td>S</td>
<td>ja</td>
</tr>
<tr>
<td>247.</td>
<td>I</td>
<td>oké (.) vindt u dat prettig?</td>
</tr>
<tr>
<td>248.</td>
<td>S</td>
<td>ja (.) maar &amp;mo nou! maar (.) dronken dat is niet goed en (.) dan dat is beter</td>
</tr>
<tr>
<td>249.</td>
<td>I</td>
<td>ja (.) oké</td>
</tr>
<tr>
<td>250.</td>
<td>S</td>
<td>dat is dat is dronken (.) dat is niet goed</td>
</tr>
<tr>
<td>251.</td>
<td>I</td>
<td>ja (.) dus u wordt daarin geholpen (.) nu</td>
</tr>
</tbody>
</table>

In (28) the scope of comparison to pre and post stroke life is broadened by including the concept of living alone versus living together. Also, linguistic specification increases qualitatively and quantitatively in respect of the expression of the comparative relation – ‘vroeger / in the past,’ ‘nu / now,’ ‘veranderd / changed,’ ‘beter / better’ - as well as in respect of descriptive reference of the situations compared – ‘wonen alleen / to live alone,’ ‘en dan is het [chaos] / and then it is [chaos],’ ‘andere mensen / other people,’ ‘Ria en Bart samen / Ria and Bart together,’ ‘veilig / safe.’

### Episode (28)

<table>
<thead>
<tr>
<th>Line</th>
<th>Dutch</th>
<th>English</th>
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</thead>
<tbody>
<tr>
<td>316.</td>
<td>S</td>
<td>juist (.) juist dat is beter (.) maar dat is ja (.) maar ehm (.) ikzelf beslissen en dan dat is beter eh (…) wonen is vroeger (.) alleen</td>
</tr>
<tr>
<td>317.</td>
<td>I</td>
<td>ja</td>
</tr>
<tr>
<td>318.</td>
<td>S</td>
<td>ja (.) en dan is het dronken dronken dronken</td>
</tr>
<tr>
<td>319.</td>
<td>I</td>
<td>ja (.) ja</td>
</tr>
<tr>
<td>320.</td>
<td>S</td>
<td>ja (.) veranderd</td>
</tr>
<tr>
<td>321.</td>
<td>I</td>
<td>juist ja</td>
</tr>
<tr>
<td>322.</td>
<td>S</td>
<td>juist en dan andere mensen en dan Bart en Ria samen en dan ja &amp;d ja dat is beter (.) veilig</td>
</tr>
</tbody>
</table>
In sum, concerning text type, I observe that participants’ individual projections diverge. The interviewer shows a strong preference for a stroke report whereas Sara projects a quest narrative, particularly a memoir. Such a narrative typically features the combination of different life events. I infer that one of these events is referred to by means of a chaos story. However, the interviewer initially does not recognize the potential connection of this story to a quest narrative, possibly due to her strong projection of the report text type, her assumed conventional expectations on text level ability in Sara, and since a chaos story is likely to be apprehended as an independent, non-narrative text.

All in all, from the interviewer’s text level perspective there is no point in Sara telling a chaos story at the current moment of interaction. Hence, the interviewer takes the chaos story at face value and responds to it in a proper manner: she receives it as the emotional breakdown-expression it qualifies for, both acknowledging its existence and trying to bring matters under control. In the same way it can be inferred that from Sara’s text level perspective there is no point in telling a stroke report. She eventually responds to the interviewer’s call, but persists in foregrounding the chaos story.

Throughout the genre event the participants seek to explore a mutual type projection. Exploration begins when the chaos story is connected to the stroke story on a simple causal level. In this projection, the interviewer’s model may be argued to play a dominant role. From there on the relation of the two stories is conceptually explored and grammatically grounded up to a point where Sara’s type model is recognized and mutually established as a quest narrative, featuring a story that

\[ \ldots \text{meet[s] suffering head on; [it] accept[s] illness and seek[s] to use it} \ldots \text{the quest is defined by the ill person’s belief that something is to be gained through the experience.} \] (Frank 1995: 115)
The quest story is highly reflective and therefore truly in compliance with Sara’s individual genre model, which has a strong contextual bias to the psychosocial domain. The chaos story, on the other hand, stands out as a non-reflective type of story. The projection of this type may be the result of pathology-induced failure to initially project the complex quest narrative in a hearer-adapted manner. However effectively, the chaos type is the bait that hooks the big fish. Sara takes increasing effort to hold on to her line and pulls it out.

The analysis of type projections above coheres with the context level analysis that already revealed how the participants of this genre event have different expectations of the potential of their shared genre model. In this respect, the interviewer’s expectations are rather restricted compared to Sara’s. This difference again is perceptible in the individual projections of text type discussed in this section. I regard the interviewer’s report-projection foremost to fit the genre of personal interviewing within limits of collecting particularly aphasic speech as research data. But Sara’s memoir with its explanatory and reflective assets matches the genre of personal interviewing in the fullest (that is normal) sense. The presented map of coordination processes connected with the projection of text type displays how the participants search for and arrive at shared ground.

Thus far, the genre analysis has indicated intricate relations of non-verbal and verbal knowledge and actions in this genre event. In regard of the variable of text type, the analysis shows that contextual expectations are highly selective for projections of narrative genre in both participants. Thinking in terms of genres in general has been a productive viewpoint for the detection and recognition of specific narrative types in the data. As I pointed out above, the interviewer did not dispose of such a mindset at the time of the event – she definitely was not an expert in narrative genres. Nonetheless, this part of text level knowledge proved to be very supportive for the appreciation of narrative interaction with Sara.

In respect of aphasia interfering with the coordination of participants’ projections of text type, I conclude the following. Sara essentially projects a quest narrative but her aphasic condition prevents an immediate and fluent articulation of such a complex category. Particularly, the chaos-type abuse story is a linguistic representation of the first part of a comparative story concept (note that throughout the discourse Sara keeps referring to this part in chaos-terms – ‘drunk drunk drunk’). The interviewer on the other hand expects a (potentially evaluative) stroke report. Both stories have an agrammatic quality, but the chronological report and the incoherent chaos construal are clearly opposite type projections. Once these poles are defined, the participants start building common ground from their two individual perspectives and eventually arrive at the mutual articulation of the quest type projection in full.

4.3.3 Form

Above I proposed a correlation between participants’ individual projections of the text level categories of content and type with their divergent context level projections. I considered the respective individual content projections to follow directly from these. Concerning the type variable, I suggested that next to an understanding of respective contextual schemas, specific text level knowledge is essential for the detection of type projections in this analysis. Moreover, I suggested that coordination problems on the text level arise from divergent contextual projections and a possible lack of text level (expert) knowledge in the non-aphasic participant, rather than from linguistic impairments in the aphasic participant alone. In the current section,
we will find out whether the analysis of form, or macrostructure, can further develop this view.

Considering the analysis so far, I presume that the interviewer is expecting a simple, conventional text form. In most individuals with aphasia macrostructure is known to be qualitatively intact but reduced, often comprising a nucleus of orientation, complication and solution (Ulatowska et al. 2004; Ulatowska et al. 2006; Olness and Stewart 2007; Armstrong and Ulatowska 2008). Evaluative force stands out as relatively robust, which is seen to relate to its free form potential, (Ulatowska et al. 2004; Ulatowska et al. 2006; Olness and Stewart 2007; Armstrong and Ulatowska 2008). Sara’s text level performance in respect of form seems to meet these conventional predictions. The macrostructure of her stroke report represented in (30) does not indicate major difficulties in form projection, which in fact even comprises a coda section:

(30)

A  Line  57  Orientation in space
B  Line  59  Complicating action ('gevallen' / 'fallen')
C  Lines  61-65  Solution (sum of details)
D  Line  65  Coda

Given this macrostructure, challenges in respect of the text level do not seem to reside in severe aphasia related limitations of text form management. At first glance, the first narrative episode – including the abuse-story – represents a form just as obvious and simple, and mutually projected too. Nonetheless, when Sara presents the narrative complication, her move really comes as a surprise. Is surprise here only caused by the taboo content, and if so, why was this content not introduced or premeditated in the preceding functional sections? In the following analysis, I trace the participants’ mutual and/or individual expectations of form in the initial narrative episode through close inspection of what they actually say.

The interviewer’s question in fragment (31) starts off the interview, a fact that she verbally explicates: “the first question is about……” (line 1). This introductory question comprises subsequently a complex and a simple sentence.

(31)

1. I  de eerste vraag gaat over wat er met u gebeurd is, dat u problemen heeft met spreken (.) herinnert u zich die dag nog?
   the first question is about what happened to you, that you experience problems with speech (.) do you still remember that day?
2. S  jaa! ehm (...) ehm even wachten (.) oh yes! ehm (...) oh wait a minute
3. I  de pen
   oh (.) have to write+
   the pen

The first, main sentential structure ‘what happened to you?’ has a broad semantic scope that aligns well with the introductory function. Following this line of thinking I suggest that these first structures may signal a fairly open invitation, e.g. ‘let’s start with the primary question: what happened to you?’ The interviewer goes on to specify the intended target event in a subordinate phrase, adding the question if Sara ‘still remembers that day.’ This latter question
may be received as zooming in on the concrete details of the target event, which is the one that has resulted in speech problems. However, it equally allows for an evaluative interpretation, which connects this inquiry to the initial, broader scope of interest. As such it repeats the evaluative function and hence emphasizes the broader scope at the cost of the specifying subordinate phrase. I thus suggest that strictly speaking this first question may be received in two different ways: 1) ‘Go ahead, what happened to you? How significant is this day (of stroke) to you?’ 2) ‘First question, how did your speech problems arise, can you talk about the events of that day (of the stroke)?’ Given her empathic ‘jaa!’ in line 2, I presume that Sara responds to the first implication. If this is the case, this introductory exchange allows Sara to tell her story without restrictions on type or content.

After a brief hesitation, Sara starts out with the written notation of two dates, which I view to be a typical act of orientation.

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<tbody>
<tr>
<td>11.</td>
<td>i</td>
<td>ja (.) u schrijft twee data op (.) twee jaartallen</td>
</tr>
<tr>
<td>12.</td>
<td>S</td>
<td>ja ja!</td>
</tr>
<tr>
<td>13.</td>
<td>I</td>
<td>jaren ’90+...</td>
</tr>
<tr>
<td>14.</td>
<td>S</td>
<td>ja</td>
</tr>
<tr>
<td>15.</td>
<td>I</td>
<td>+,en nu recent in 2007</td>
</tr>
<tr>
<td>16.</td>
<td>S</td>
<td>ja ja</td>
</tr>
<tr>
<td>17.</td>
<td>S</td>
<td>hersen</td>
</tr>
<tr>
<td>18.</td>
<td>I</td>
<td>+,hersenbloeding</td>
</tr>
<tr>
<td>19.</td>
<td>S</td>
<td>ja</td>
</tr>
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In fact, episode (32) includes three points of orientation, namely ‘nineties,’ ‘2007’ and ‘hemorragie.’ The temporal orientations differ in respect of scope. ‘Nineties’ in this respect indicates a past fuzzy period of time compared to which ‘2007’ is clear and bound, and, as the interviewer points out in line 15, actual and recent – the adverbs ‘now, recently’ suggest a specific point of occurrence within 2007 and thus increase the difference in specificity of orientation even further. It is not established what events these two points of orientation exactly do indicate. However, the sequential position of the co-constructed noun ‘hemorragie’ which figures as a third, thematic point of orientation, suggests a conceptual relation with the preceding dates. At least, such a connection would particularly be implied by a perspective that profiles the target event as a complicating action associated with speech problems. In this respect, it should also be noted that according to off record knowledge the original stroke causing the aphasia occurred in 1996 and the 2007-stroke was a mild one. Strictly speaking, it is not evidenced that ‘90’s’ and ‘2007’ both refer to stroke, particularly, ‘2007’ may refer to recent stroke as well as to recent quality of life. In retrospect, it is actually plausible that Sara’s ‘90’s’ here refers to the general period of ‘bad times’ in Sara’s life and 2007 may then indicate her improved current situation of life. In this frame, the thematic orientation ‘hemorragie’ is not valued as an instrument to specify the preceding temporal orientations as referring to a similar event, but it has a significance in itself. This analysis suggests that Sara’s individual projection of form already includes features of the memoir narrative type in its orientation section, comprising indications of two different situations in time and hemorragie as a pivot or point of change.
Considering this, we see that already at this early point in discourse the interviewer’s individual text projection diverges from Sara’s. From line 21 (33) below, I infer that the interviewer, in line with her assumedly simple text model – one stroke, one story – without announcement, tailors down the orientation scope to comprise only the assumed main event, i.e. the first major stroke which caused the aphasia. From her perspective this would be the event that ends normal life and ability.

This reduction completely ignores the second temporal point of orientation as possibly relevant to the text schema. In this respect, the act indicates that the interviewer is only perceptive to orientations on a specific complication, namely stroke causing aphasia as the main relevant life event. Here, the individual projection overrules Sara’s linguistic coordinations that clearly differentiate the two time referents and apparently it also blocks her non-verbal intuitions about temporal indications of significant life events (to my knowledge, participants refer to a severe, bounded event like a stroke in exact terms, e.g., a date or a year).

The question in line 21 resembles the first question (line 1) representing a broad semantic scope that allows for ambiguous interpretation. The phrasal structure ‘hoe dat ging / how that went’ (line 21) typically may implicate ‘what was going on,’ referring to ‘a situation’ instead of just the concrete experience of a particular event. After a short pause, the interviewer specifies the latter content by adding the alternative subordinate construal (line 21). Part of this construal – ‘die dag / that day’ – however echoes the original ‘herinnert u zich die dag nog / do you still remember that day?’ (line 1), especially given the thematic content of its current main clause – ‘kunt u zich nog herinneren …/ can you still remember …’ These conditions may obscure the reference to concrete actions – namely the in itself semantically clear phrase ‘wat u deed op die dag / what you did do that day’ in the subordinate structure. In line 22, Sara responds empathically, exclaiming:

This ‘yes!’ most logically refers to the ability to recall the event. Then Sara appears to start an explanation using ‘want / because’ but she does not continue her move and her turn drifts away. The interviewer does not respond to this alleged explanatory attempt, but she acts like she finishes her own turn, proposing yet another alternative ending:

Obviously, the interviewer does not receive Sara’s turn in line 19 as a significant part of macrostructure. Minimally, it might have represented a freestanding evaluation resembling for example a comment like ‘yes, because you don’t forget something like that do you?’
Maybe, the interviewer did indeed make that inference and took the stereotype indication to be understood. Evaluation has no fixed position in macrostructure and its potential use here would not be conspicuous (cf. Labov 1972). However, if evaluation was recognized, it is now (in line 23) framed as an interruption or possibly even a symptom of aphasia. It certainly is not received as indicating that Sara has a story in mind very different from the expected model, much more complex too. For that matter, Sara’s hesitation following ‘want/because’ might not be the result of ‘average’ word finding difficulties or a problem in syntactic generation. It might rather echo Sara’s initial hesitation – ‘ehm (...) ehm even wachten / ehm (...) ehm wait a minute’ in line 2 – and her strategic writing, carefully choosing different time construals as points of orientation.

In this view, Sara’s hesitation may be a symptom of a difficulty in planning a complex story, which the hearer assumedly is not prepared for. In the preceding discourse the ambiguous formulation of the interview questions have facilitated the projection of this text model. Both the projection of stroke as a simple complication and the projection of stroke as a solution to other life events could be developed in this interaction. The exchange in line 21-23 displays how this discourse situation enables the participants to ignore any other projection than their own because each one moves down her own track. The interviewer’s last ambiguous comment referring to what happened to Sara instead of what she did, i.e., framing her as a patient instead of an agent (line 23), allows Sara to engage in her story on her past life as a (passive) victim. In her individual projection she thus logically moves on to the narrative complication:

In line 21 it is now very clear that the participants are on diverging tracks. This situation might still be covered at this point if Sara’s turn could be appreciated as an attempt to stage the ignored evaluative remark anyway. However, if we asserted that ‘it was a memorable day because I was drunk and sexually [active]’ in my view may only be regarded as socially inappropriate and profile Sara as someone with a lack of decorum (possibly due to brain damage).

Given the genre analysis so far there is no evidence for framing Sara this way. Her phrase in line 24 is only intelligible when the preceding interaction is understood as (paraphrase) S: ‘Yes, this is a memorable day to me.’ I: ‘why, what happened?’ S: ‘well, in my case: I’ve had a lot of trouble before this day arrived.’ In (37), Sara, after some initial politeness related activity, projects the complicating action in full by way of a chaos story from line 30 on:
The conventional response to such a highly evaluative complication is: ‘and then what happened?’ (cf. Labov 2010), which offers the narrator the opportunity to project a solution. In this case, a text level response may ideally have sounded like: ‘so before the stroke you already had some difficulties to deal with. For that matter, how did you feel about getting the stroke?’ Instead the interviewer responds with a summary, which may come as a surprise to Sara and effectively silences her.

(38)

From the interviewer’s reaction represented in (38) I infer that she does not receive the complication offered by Sara as a macrostructurally valid move. As discussed above, Sara’s text is perceived as a sensitive kind of exposure and accordingly treated as such using context level inspired knowledge and behavior. After that the interviewer resumes her projection of the much simpler complication of stroke as a concrete event. Again, she attends to Sara’s recollection of the day of the incident. This time her formulation is unambiguously referring to concrete events, zooming in on these with the progressive construal: ‘wat was u aan het doen / what where you doing that day?’ (line 44).

(39)
Sara's denial of remembering in episode (39) stands in a sharp contrast to her emphatic confirmation of it in line 22. Clearly, at this moment in discourse, the day of the stroke has no meaning to her as a concrete series of past events. From her evaluative perspective, the stroke represents a point in time, a turning point in life. By itself, episode (39) seems to provide conclusive evidence that the participant's text form projections are on diverging tracks.

To summarize, from their overt linguistic coordinations I infer that at first the participants seem to project a shared model of text form. However, covertly, they value each other's verbal expressions according to their individual projections of text content and type. Thus, the interviewer, who is anticipating on the stroke as the main and sole complication, receives 'want / because' (22) as a free evaluative remark, the completion of which may be quietly inferred or that may even be ignored for code level prejudices. But Sara, anticipating on abuse as the complicating action, uses 'wat gebeurde er? / what did happen?' in its broadest scope – including the inquiry 'what do you mean, what happened?' – to continue her evaluative start and project a text form that supports a reflective construal of events, in which stroke functions as a solution. Regardless of linguistic signals that mark their diverging form projections, the participants pursue to construe the object of talk – 'that (memorable) day' – as either a series of events that comprise a complication or a point in time that figures as a solution.

I argue that the two individual text projections are validated by the ambiguous representation of the questions asked by the interviewer, comprising both a general and a specific content. Also, strong individual expectations of content and text type bias the participants' interpretation of each other's linguistic coordinations. Sara's linguistic performance may be affected by symptoms of aphasia, but her moves also reflect a strategic effort to develop a complex narrative schema to be appreciated by an ignorant audience. In that respect I argue that the potential of her verbal expression is manifest, but remains unexplored by the co-participant. Sara too fails to appreciate the verbal indications of a different narrative projection in her co-participant.

I conclude that in the case of the form-variable strong individual genre schemas overrule the linguistic coordinations and constrain the active exploitation of their semantic potential. Content and type characteristics of the participants' individual text projections predict that the narrative forms of respectively the stroke report and the quest narrative construe the stroke event respectively as a complication and as a solution. Participants' expectations of the nuclear sections of the text form motivate their biased interpretation of linguistic structures – which quality does allow for multiple interpretations – in the orientation section.

The application of genre analysis in this section enables me to explain a profiled communication problem as resulting from misinterpretations that importantly arise from the interaction between used linguistic structure and individual genre projections. Particularly, the analysis demonstrates how these misinterpretations are essentially irrespective of aphasia – that is to say, semantic ambiguity in the non-aphasic participant plays an equal part in the coordination problem as structural sparsity in the aphasic participant. Both are insensitive to the semantic potential of the others' coordinations.

4.3.4 Structure

From the preceding analysis I infer that with respect to content, type and form, the text I identified as the stroke story complies with the most conventional text model associated with this event, whereas the text I identified as the chaos story expresses a peripheral, more private
model. In line with this tendency, the stroke story has a conventional sequential / temporal structure and the chaos story relies on a conceptual configuration that is commonly perceived as non-typical to narrative discourse, since it lacks sequentiality and hence development (cf. Labov and Waletzky 1967; Frank 1995).

Episode (40) represents the interviewer’s response to the stroke report. Structurally, the report has been projected as a set of consecutive narrative clauses connected by temporal junction, i.e. ‘en dan / and then.’ As such, all conventional expectations seem to be met by this narrative projection. However, the features that have been employed do not seem to support its reception very well. From episode (40) it follows that the story has left the hearer with multiple questions concerning the referent event. She inquires and proposes candidate referents and interpretations to get a clearer picture of what she has just been told. In a way she retells the story in a more detailed manner with Sara adding affirmative comments.

(40)

64. I oké (.) ja (.) Maaike is uw dochter? ok (.) yes (.) Maaike is your daughter?
65. S ja yes
66. I oké ja (.) en zij heeft u gevonden ok yes (.) and she found you
67. S juist! right!
68. I aha aha
69. S juist! right!
70. I want zij had de sleutel because she had the key
71. S ja juist (...) altijd ja yes (…) always
72. I oké (.) dus u was alleen thuis+... ok (.) so you were home alone+...
73. S ja yes
74. I ja (.) oké ja (…) was u lang alleen? yes (.) ok yes (…) were you alone a long time?
75. S ja yes
76. I ja (.) u was gevallen (…) en+… yes (.) you had fallen (…) and+…

Of course, this laborious search for common ground may in part be a natural result of referential limitations due to aphasia. Apart from that, the expected temporal structure does not seem to be particularly supportive for sharing a story under these conditions. This structure advocates the individual perspective by default. It construes the narrator as a gatekeeper to her own private experience. What is specified heavily depends on her linguistic ability, her intention to be specific or not, her intention to lie or be truthful. Participants that receive such a story need to project a high level of confidence or charity because they have not much to go by on to verify what they are told, particularly not their personal imagination. In non-aphasic genres, audiences of conventionally structured narratives may be informed and persuaded by a sophisticated use of linguistic function, but in the current aphasia bound genre event sharing

30 A structure that mimes the chronology of events in the real world, also called “temporal iconicity” (Wilkinson et al. 2010).
a story with a temporal structure seems bound to pose difficulties in this respect.

From episode (41) I infer that a non-temporal structure serves communication much better in the current genre event. This episode represents the first lines of the chaos narrative and the immediate, unreflective hearer-response to a story that is clearer than she cares for.

(41)

At the current point of interaction the hearer's expectations of content, type, form and structure do not prepare her to receive this story as a coherent text. Still, from her context-based reaction I infer that she immediately recognizes this scattered expression as referring to a 'big story.' Contrary to her later efforts to fill in the blank spots in the stroke report, she now pursues to zoom out of any details. Her first response in line 25 is a reflex to look away and her subsequent reaction is to rephrase Sara's story in a very general terms, as can be inferred from (42).

(42)

The strong impact of Sara's own version of this story is preeminently based on its conceptual configuration. The adjacency of 'drunk,' 'daddy,' 'sexual' and 'divorced' is quickly identified as the expression of a highly sensitive social stereotype. This lexical sequence is not an idiom and not a collocation in its strict sense, but as a whole it is strongly associated with a frame or domain of psycho social 'issues.' I view these words, and typically their adjacency, to represent an Idealized Cognitive Model (ICM, Lakoff 1987) whose knowledge schema typically structures knowledge according to a current social cultural perspective (cf. Fillmore 1975; Lakoff 1987; Croft and Cruse 2004). ICM-structures, particularly social stereotypes like the one represented by Sara's taboo words, are well established in society. They are 'often subject to public discussion' and 'especially used in 'jumping to conclusions.' (Lakoff 1987: 85). The lack of a temporal/causal structure in Sara's story may be uncharacteristic for a narrative definition, but it is nonetheless very 'telling' as her summing-up functions as a metonymic channel to a highly accessible knowledge frame. Upon perceiving the stereotype figure, the hearer will quickly draw her inferences and feel to know 'exactly' what this story is about. Hence I suggest that Sara's story very overtly draws on shared conceptual structure (ICM).

In sum, participants' projections of text structure diverge. The temporal structure of the stroke story, projected by Sara but in fact authorized by the interviewer's preference model,
meets the narrative convention. However, using the temporal model in the presence of linguistic limitations produces referential underspecification. The conceptual structure of the chaos story typically evokes sociocultural knowledge and stories. As a feature of personal narration however it is unconventional because rather than projecting – and protecting – a narrator’s individual perspective, it openly shares that perspective and exposes it to the liability of hearers jumping to conclusions. Nonetheless this structure clearly stages the story.

Considering the divergences of participants’ content, type and form projections, I infer that particularly the structural divergence has a high profile in the current genre event. Projecting the conceptual stereotype is the vehicle that really puts pressure on participants’ coordination problems for it effectively offends politeness. If Sara had used temporal structure instead of a metonymic ICM, the interviewer might have just started to flesh out her story. But now there is no question of that: there is shock and damage control, restoration and eventually a mutual understanding. Both Sara’s temporal and her ICM-structures are typically represented in agrammatic elliptical style, but the communicative impact of these two varieties is very different.

I argue that the participants’ individual projections and values select for different structural categories. In this respect Sara’s ICM-projection matches her type model of the evaluative memoir, which is typically used for explaining and finding meaning in events and particularly for sharing that meaning. Projecting the ICM-structure here values the clear and effective indication of a past situation that is only part of her full story. As such it is a quick sketch of a troubled period that adds to the definition of stroke as a turning point that is to follow. The temporal structure matches the report-projection. It supports recollection without assigning meaning to the past event and facilitates the mere summing-up of details.

The analysis of structure then, again, displays how in this genre event coordination problems are not necessarily caused by the limitations imposed by aphasia. Rather, individual text level projections may motivate participants’ linguistic choices.

4.3.5 Conclusions

The current genre model includes two prominent individual text level projections. In respect of text content, the concrete experience of stroke competes with the evaluation of this event as a key to a better life. In respect of text type, a stroke report stands opposite to an illness conceptualization, specifically a quest narrative comprising a chaos story. In respect of text form, stroke is viewed as a complication or as a solution. In respect of text structure, a temporal structure parallels an ICM-structure, specifically a stereotype ICM (cf. Fillmore 1975; Lakoff 1987; Croft and Cruse 2004). Generally speaking, the genre model of this event both includes a fairly simple and concrete and a more complex and reflective text level.

The individual text level projections comply with the participants’ context level expectations described earlier. Sara’s evaluative approach coheres with her psychosocial, reflective orientation. Her text level projection stands out for its complex and abstract potential. The interviewer’s model on the other hand is limited in this respect and seems aligned to her context level impairment bias. Both participants demonstrate a strong and persistent projection of their individual model. The interviewer first arrests Sara’s story as acknowledgeable but irrelevant to the text level. She explicitly coordinates Sara to represent the conventional stroke report and incorporates Sara’s own story explicitly in a subordinate position to it. Sara, however, is equally
persistent in her projection. She only admits to the urging request to deliver a stroke report after deep thinking, displaying confusion about the relevance of that question. Moreover, her choice of a taboo stereotype structure and its inherent politeness offense dramatically highlight her own case.

Strong individual expectations seem to overrule the participants’ appreciation of local linguistic indications concerning macrostructure, which causes them to both miss an opportunity to adjust to the other’s perspective. However, they also try to connect and seek ways to tune in on shared ground. I argue that a productive exploration of the individual projections is essentially based on Sara’s initial and recurring stereotype ICM-structures. Her chaos story motivates the interviewer to co-conceptualize the quest story in pursuit of leveling politeness relations through reason. Sara’s assumedly unintended politeness offense thus supports the mutual establishment of a sophisticated text form that includes the original concept of stroke as a solution.

Considering genre knowledge as a possible resource or safety net for interpretation of linguistically impaired expressions I conclude from my analyses that Sara’s verbal expressions display linguistic reduction but still they clearly represent all text level variables discussed here, except for the form-variable. The interviewer is not prepared for immediate appreciation of Sara’s genre projections and their sparse linguistic representation does not provide enough cues to ground them. But from Sara’s specific linguistic choices it is clear from the start that her text level projection diverges from the interviewer’s. Strong indication of individual genre models instigates participants’ active operation of genre knowledge in order to establish shared ground on Sara’s individual text level projection. In respect of form I propose that a relatively weak linguistic expression in both participants causes individual genre expectations to obstruct a shared interpretation of this variable.

I conclude that in respect of her text level actions, Sara succeeds in monitoring the co-participant to jointly produce a complex and abstract illness conceptualization through which she shares her perspective on the meaning of defining experiences in her life. She creates an interactive situation that enables her to perform as an engaging story teller (Hengst et al. 2005; Holland 2010). Her story is reportable (Labov 1997) and she effectively uses evaluative devices typically available to her as an aphasic speaker (Ulatowska et al. 2004; Ulatowska et al. 2006; Olness and Stewart 2007; Armstrong and Ulatowska 2008; Olness et al. 2010). The level of complexity of her story and her ability to use a co-constructed narrative to make sense of reality rebuts aphasia bound expectations that predict a simple and concrete story line (e.g. Goldstein 1942; Hughlings Jackson 1874/1985; Salas et al. 2013) and a limitation to represent the facts of illness and coping with it through narrative action (e.g. Shadden 2005; Armstrong and Ulatowska 2007). The typical expectation of aphasic narrative as rather a ‘summing up’ (Ulatowska et al. and North 1981; Ulatowska and North 1983; Ulatowska and Capman 1994; Olness and Stewart 2007) is included in this genre event too, particularly associated with the stroke story. However, it is unclear whether its lack of elaboration results from aphasia or from an experienced irrelevance in the mind of the narrator, who then offers the routine illness report sitting in the back of her mind.
4.4 Code level analysis

The analysis up till now suggests that individual context and text level projections diverge in respect of contextual orientation and textual ambition, and that the productive exploration of these participants’ genre models is essentially sparked by contextual – politeness – issues. At this point, code level phenomena have briefly been touched upon in respect of context level assumptions on linguistic competence; participants’ biased appreciation of linguistic representations connected with their individual text form projections; Sara’s choice of words in favor of ICM-based text structure, and her increased use of grammar in function of text type and content.

The preceding analyses demonstrate that contextual and textual projections may significantly influence the appreciation of Sara’s verbal expressions. I argue that linguistic structures in this genre event may be reduced but in relevant occasions generally display a semantic potential that signals a divergent individual projection. That information motivates the hearer to explore her co-participant’s model further and seek its grounding in (her assumptions of) the actual frame of reference.

However, linguistic representation of the form-variable typically did not contain such a coordinative potential and subsequent joint action. The question I ask in the following sections concerns the quality of the communicative potential of code level actions, particularly given Sara’s aphasic condition. How robust and powerful is this potential – hence, what are the chances of its exploitation – amidst the forces of individual text and context level projections in this genre event?

In the following sections I attend to participants’ (assumed) expectations and actions connected with the code level of this genre model. We subsequently address characteristics of register (4.4.1), style (4.4.2), and rhetoric (4.4.3) that profile in the participants’ shared and private projections. The analysis focuses on the episode stretching between lines 1-90 and hence comprise code level performances in the context of narrative evaluation and report.

4.4.1 Register

The variable of register represents what particular variety of language use is conventionally associated with the current genre event (Hymes 1974; Crystal 2003; Biber and Conrad 2009). In our case, in agreement with the genre of personal interviewing, the participants share an informal variety of language use, more specifically conversational register (Holstein and Gubrium 2003; Legard, Keegan and Ward 2006), which has been described at length by conversation analysts (e.g. Garfinkel 1967; Jefferson 1972; Sacks, Schegloff and Jefferson 1974; Goffman 1983; Mazeland 2003 – see also chapter 3). Aphasic speakers are good at conversational register and they use its typical verbal and non-verbal features to their advantage (cf. Goodwin 1995, 2003; Heeschen and Schegloff 1999; Klippi and Laasko 1999; Leiwo and Klippi 2000; Wilkinson et al. 2009; Beeke et al. 2002, 2003, 2007).

From their actions I infer that the participants indeed share the features of conversational register. In (43) for example, the interviewer and Sara demonstrate a common use of ellipsis. Structural reductions in aphasia may fit the normal conversational register, but they may also be less common (Salis and Edwards 2004; Beeke et al. 2007). Agrammatic reductions are foremost directed at optimal co-construction with the interlocutor.
A PERSONAL INTERVIEW WITH SARA

Within the informality of the conversational register, Sara also uses a particularly explicit lexical repertoire, which can be observed in (44).

(44)

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<tbody>
<tr>
<td>24.</td>
<td>S</td>
<td>Ja want ikzelf eh (...) dronken eh (...) seksueel.</td>
</tr>
<tr>
<td>282.</td>
<td>S</td>
<td>[...] ja want eh nu anders allemaal mensen ziek en dood</td>
</tr>
<tr>
<td>318.</td>
<td>S</td>
<td>ja () en dan is het dronken dronken dronken</td>
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Maybe Sara’s bold lexical choices in the examples above are stylistic choices (see the next section), but I suggest that to Sara, her usage is typically required by the current situation of speech or genre event. Her context level projection includes a full commitment to in depth interviewing and personal reflection on the significance of stroke in her life. This situation of speech thus includes on the one hand the complication of aphasia, and on the other hand a complex biography and Sara’s intention to deliver a truthful account of that. Commiting to personal disclosure may to Sara involve calling things directly as they are – possibly she has been prepared for that by earlier instances of personal interviewing related to therapeutic intervention (see data specifics).

I have suggested before that in retrospect Sara’s free and explicit expression benefits the joint performance of the genre event. The productive value of her linguistic choices may be explained by the fact that the co-participant’s first response is shock, which is illustrated by her acts of avoidance. This can be inferred from the example represented in (45) which features some of Sara’s expressions of alcoholism and their euphemistic rephrase by the interviewer.
Participants’ individual difference in the projection of register – conversational, but with different degrees of lexical directness – may originate in differences in personality and participant role. The interviewer’s restrictive, neutralizing actions demonstrate that she is taking charge over what is desirable code level behavior. Apparently she is not prepared for Sara’s liberal behavior and instead of accepting it as a token of aphasia or a broader effect of brain damage (e.g. loss of decorum), she is shocked and responds with acts of avoidance and rational neutralization. Even in the face of limited linguistic resources one can apparently make a point of desirable language use (even knowing that evaluative, automatic expression and cursing is robust and often preserved in aphasia (Code 1994)). I thus assume that, in association with the situation of mixed aphasic/non-aphasic conversational interviewing, the participants share the projection of conversational register that is particularly directed at co-constructed interaction. However, Sara exploits this type of conversational register to a further degree than the interviewer by including use of explicit lexicon, which in fact fuels co-conceptualization. I suggest that her particularly bold projection meets requirements set by her concept of the speech situation, which is defined by her contextual and textual ambitions to deliver a personal account and stance as a genuine interviewee and participant of conversation, despite aphasia. The interviewer’s projection of register is associated with a similar concept of the situational context, however she is not charitable towards explicit language, as I think she would neither be in non-aphasic situations of speech.

From the current analysis I infer that Sara’s aphasic condition plays a marginal role on the context and the text level of her individual genre model, but, relative to the projection of conversational register, she adapts to aphasia in a radical manner. In the interviewer’s model, Sara’s aphasic condition figures prominently on the context and the text level, but her commitment to (communication with) aphasia on the code level does not uphold taboo register. In fact, this is only good, because this divergency between participants’ projections warrants the eventual communicative effect, that is active search and co-construction of Sara’s complex and original story.

4.4.2 Style

To enhance communicative effect of context and/or text level projections, participants make stylistic choices. By choosing one variable realization over another, they represent a particular cognitive outlook or an affiliation with a particular sociocultural practice or group (Labov 1972; Hymes 1974; Le Page 1987; Auer 2007; Leech and Short 2007; Da Fina 2011) (see also p. 103). What may be the limit of using heterogeneity within or across the linguistic system – grammar, phonology, lexicon – in order to express individuality or social identity? (Auer 2007: 3). This question is of particular interest in case of (non-fluent) aphasic speech style, also known as ‘telegraphic style’ or ‘agrammatism,’ which generally includes effortful and slow articulations with short, incomplete or simple phrases and verbal stereotypes, (Howes 1964; Howes and
At best, telegraphic style indexes functional language use and personal commitment to face communicative challenges head on within the scope of the social group of aphasic speakers. Just as well, its use profiles a stigma for incompetency relative to non-aphasic speakers (Kovarsky et al. 1999; Simmons-Mackie and Damico 2007; Ruiter 2008).

Still, in case of aphasic speech too, appreciating style is a matter of interpretation within a certain context (Gumperz and Cook-Gumperz 2007; Van Dijk 2011). I suggest that the communicative potential of style in mixed aphasic/non-aphasic interactions depends on whether the non-aphasic co-participant holds aphasic language use as impaired or as adapted speech (Kolk and Heeschen 1990). If we perceive aphasic speech as involuntary linguistic outcome, ‘style,’ for lack of choice, may not even be an appropriate variable to describe aphasic linguistic expression. From the perspective of adaptation, however, style may be viewed as a tool for strategic communication. Indeed, style variation in aphasic speakers has been observed relative to context of speech and within individual speakers (Hofstede and Kolk 1994; Beeke, Wilkinson, and Maxim 2007; Ruiter 2008; Armstrong and Ferguson 2010; Versluis and Kleppa 2016). In value of the current research question, and the current phenomenological outlook on mixed aphasic/non-aphasic interactions, I propose to principally address style as a genuine part of language use in aphasic speakers despite apparent production difficulties. Hence, my starting point here is that the variable of style refers to a deliberate selection of one expression over the other, within the limited freedom of choice which is inherent to a specific aphasic condition.

Examples (46)-(48) represent the chaos/quest and the stroke story in respect of their linguistic structure alone. As can be observed, the stories both have an agrammatic, elliptical quality, but their style also differs in the way verbal structures tune to shared knowledge. Below, I analyze Sara’s speech style in respect of the chaos/quest story and the stroke story by looking at what referents she has selected for linguistic expression in the first place and what her associated choices of linguistic construal are, and why. First, (46) represents the linguistic expressions associated with the chaos episode.

(46)

(ja want)
izelf dronken seksueel
ikzelf vroeger altijd drinken want papa altijd seksueel
en dan dronken
en dan seksueel en dan
en dan gescheiden en dan

(yes because)
me drunk sexual
me before always drunk because daddy always sexual
and then drunk
and then sexual and then
and then divorced and then
In (46) the ego (‘ikzelf / myself’) and the antagonist (‘papa / daddy’) are explicitly and clearly staged. Also linguistically explicated are sensitive sociocultural knowledge (‘dronken / drunk,’ ‘seksueel / sexual,’ ‘papa / daddy,’ ‘gescheiden / divorced’) and some organizational devices (structural: ‘want / because,’ and deictic: ‘vroeger altijd,’ / before always,’ ‘en dan / and then’). Particularly left implicit are the target referent event (abuse) and grounding relations to establish an actual perspective. These items are respectively implied by the stereotype ICM-representation discussed above (‘papa altijd seksueel / daddy always sexual’) and by way of deixis (the pronominal ‘ikzelf / myself’ and the temporal adverb ‘vroeger / before’). This selection of linguistic expressions suggests to me that Sara uses linguistic structures to particularly indicate shared (social cultural) knowledge in a very direct and economic manner. Use of only necessary structural coordinations and lexical combinations that represent stereotypical knowledge represents an efficient, goal-directed style of speech. Apart from its typical aphasic quality, this style does not seem to signal a particular sociocultural affiliation, rather it displays a neglect of face or care for personal representation in favor of textual values, that is, sharing a story.

Representation (47) displays how after the chaos construal the quest narrative is gradually developed by way of increasing linguistic explication of structural relations.

(47)

a ja hersenbeschadiging maar ook dronken dronken dronken en dan
hersenbeschadiging
yes brain damage but also drunk drunk drunk and then brain damage

b dronken dat is niet goed en dat dat is beter
dat is dat is dat is dronken dat is niet goed.
drunk that is not good and that that is better
that is that is that is drunk that is not good.

c wonen is vroeger alleen en dan is het dronken dronken dronken…en nu
veranderd…
en dan andere mensen en dan Bart en Ria samen en dat is beter..veilig.
living before is alone and then it is drunk drunk drunk…and now changed…and then other people and then Bart and Ria together and that is better..safe.

d dus in zekere zin is uw leven ook wel verbeterd..na de beroerte..dat is een aparte
ontwikkeling (samen lachen) dus u heeft ook wel winst erbij. ja! Dat is beter maar
veilig dat is thuis . verpleegsters hebben dat is rustig..dat is veilig.
so in a way your life has improved..after the stroke..that is a peculiar development [mutual laughing]. So you also gain from it. yes! that is better but safe that is at home . having nurses that is quiet..that is safe.

To communicate her story, Sara’s selects nominal predicates (for example 47a: ‘hersenbeschadiging / brain damage,’ ‘dronken / drunk,’ 47d: ‘veilig / safe,’ ‘thuis verpleegsters hebben / at home having nurses,’ ‘rustig / quiet’), comparatives (for example 47b, d: ‘beter / better,’ 47c: ‘vroeger alleen (…) en nu veranderd / before alone (…) and now changed’), contrastives (for example 47a: ‘maar ook (…) en dan / but also (…) and then’), causal relations (for example 47c: ‘wonen is vroeger alleen en
dan is het dronken / living before is alone and then it is drunk'), left dislocation or TC-structure (for example 47b: ‘dronken dat is niet goed / drunk that is not good,’ 47c: ‘wonen is vroeger alleen / living before is alone’), and negation (for example 47b: ‘niet goed / not good’).

These grammatical structures all contribute to the expression of the concept of comparison and contrast of two discerned situations. First, in 47a, ‘maar ook / but and in 47b negation ‘niet / not’ and comparative adverb ‘beter / better’ express a qualification of these two situations. Then, in 47c the TC-structure ‘wonen is vroeger alleen / living before is alone’ profiles the former condition in focus position, specifying that situation with ‘en dan dronken / and then drunk.’ Then Sara completes the contrastive construction by adding ‘en nu / and now’ with ‘change’ in focus position. That changed, current condition is subsequently specified with ‘en dan / and then’ ‘andere mensen [etc., cv] / other people [etc., cv]’. In 47d Sara agrees with the positive qualification of the post stroke situation - ‘u heeft er ook wel winst bij / you gain from it’ and in that respect, this current situation is established as the better one. Sara immediately expounds on that view by objectifying the qualifying statement ‘dat is beter / that [the current situation, cv] is better’ and adding the contrastive focus particle ‘maar’ which narrows the qualification down to one particular aspect, namely ‘safety.’ Subsequently, Sara continues to distance herself from an all too general concept of her current situation being an improvement by framing that situation as ‘at home, having nurses.’ Her choice of words defines the nursing home situation as a situation of (private) home care and strikes me as typically supporting positive face. The lexical string selected again indicates a sociocultural stereotype model, i.e. active old age (as opposed to being among the sick and dying).

In sum: Sara’s choice of verbal expressions preeminently emphasizes the contrastive schema underlying the quest story and in this sense, style of speech seems to preeminently serve communicating conceptual, not social information. In my view, Sara’s content-focused style of speech is so effective because it activates conventional knowledge shared by the participants. Referents can thus be imagined and recognized from memory and common knowledge. In this respect, the communicative potential of Sara’s strategic speech style is high. I assume that her selection of referents and their associated linguistic construals preeminently display a style of speech that is directed at sharing – and co-conceptualizing – a story at the cost of risking face by using this overtly direct style.

How is that for the expression of the stroke narrative? In the stroke narrative (48 below), linguistically explicated elements include institutions (line 50: ziekenhuis / hospital) and antagonist participants (52, 58: Maaike and Erik), as well as actions (specifically not the target referent, 50: behandelen / treatment, 54: gevallen / fallen, 56: opgeraapt / picked up, 58: bellen / call) and objects (60: sleutels / keys, slot / lock). Thus grounding relations and conceptual relations are left implicit. The first is implied by the use of proper names staging family and places of residence. The second are implied by the alternate projection of infinitive and participle type construal.

31 That is apart from ‘thuis verpleegsters hebben / at home having nurses’ which construct Sara as a member of the active elderly. Affiliation with this group is signaled elsewhere too (visits to the museum and theatre in lines 272-278) but not within the narrative episode.
49. S o ja ehm nee (...) juist juist juist (...) kijk [stad] ↑ &=writes
50. I ja (...) u schrijft het weer op
51. S ja (...) [stad] gek he (...) dat is gek he (...) en dan en dan [ziekenhuis] en (...) behandelen
52. I oké
53. S eh (...) flat (...) Maaïke en Erik (...) Maaïke (...) dochter
54. I ja
55. S en dan flat en dan (...) gevallen↑
56. I hmm
57. S en dan opgeraapt
58. I ja
59. S en dan Maaïke (...) bellen en dan (...) juist
60. I hmm (...) oké
61. S sleutels (...) en dan slot en dan+/
62. +"bo↑mbo↑m+".
63. en dan eh ziekenhuis
64. I oké (...) ja (...) Maaïke is uw dochter?
65. S ja
66. I oké ja (...) en zij heeft u gevonden
67. S juist!
68. I aha
69. S juist!
70. I want zij had de sleutel
71. S juist (...) altijd
72. I oké (...) dus u was alleen thuis
73. S ja
74. I ja (...) oké ja (...) was u lang alleen?
75. S ja
76. I ja (...) dus u was gevallen (...) en+...
77. S ja (...) hersenbeschadigingmaar ook dronken dronken dronken en dan eh hersenbeschadiging
78. I dus u denkt+"/
79. +"het komt door (...)dat ik zoveel drank+".
80. S juist
81. I oké (...) ja ja (...) en toen bent u naar [ziekenhuis] gegaan?
As has been discussed in the text level analysis above, Sara uses infinitive and participle type construals in alternation. She uses past participles at two points: when indicating the complicating action (line 55) and at the moment of solution (line 57). Infinitive construals are used between orientation and complication (line 51) and in the round up or coda section(s) (line 59 and 88). I interpret this particular distribution of verb forms as a strategic choice, using Janssen’s analysis of the perfect tense (2003: 48). He asserts that with perfect tense, a speaker is always introducing a new situation. Janssen’s proposition corresponds with Hopper’s (1979) observation that “The perfective aspect is found mainly in kinetic, sequential events which are central to the unfolding of the narrative” (1979: 58 in Boogaart and Janssen 2007). Hopper proposes the difference between perfect and imperfect tense – and Sara’s root infinitives may well be added here – basically comes down to a difference in fore- and background positions. Perfect tense construals, then, are figures. When Sara construes a situation using perfect tense, she introduces a new situation, which is profiled relative to prior and following situations and events construed otherwise. A code level analysis thus represents the narrative structure of Sara’s story as follows:

| 82. | S | eh (.) &=writes eh (.). writes | eh (.). writes eh you write down [city] (.) that’s were you were in hospital |
| 83. | I | eh [stad] schrijft u op (.) daar was u in het ziekenhuis | eh you write down [city] (.) that’s were you were in hospital |
| 84. | S | huis ja juist .. en dan eh ziekenhuis ehm [dorp] | hospital yes right…and then eh hospital ehm [village] ok |
| 85. | I | oké | ok |
| 86. | S | juist en dan+... | right and then+... |
| 87. | S | [revalidatiecentrum] | [rehabilitation center] |
| 88. | S | juist (.) en dan eh een jaar eh wonen | right (.) and then eh live eh one year |

1. Orientation by proper nouns, nouns and infinitives. ‘Furnishes’ the background to the central event.
2. Introduces new and complicating situation, figure against the background just painted (‘gevallen / fallen’).
3. Immediately introduces a new figure situation, which effectuates a suggestion of sequentiality and also intensity (‘opgeraapt / picked up’). The two consecutive figures – complication and solution – represent the nucleus of the story (no fleshing out of the frames).
4. Winding up of the solution and coda. After the rough grained construal ‘Maaike bellen / Maaike call,’ Sara zooms in on several situational details. The cohesion of these details is underspecified. Nonetheless, the hearer is able to apprehend them as at least part of the situative frame introduced by ‘opgeraapt / picked up.’ Everything that follows from there should be somehow connected to that solution.

From this analysis I infer that although the hearer has to make do with looking through peepholes, at least she is informed that each view she is offered is clearly framed (namely by the consistent application of stylistic devices). In the presence of the grammatical ungroundedness of Sara’s verbal expressions, the hearer is offered some cues, or rather, scanning instructions.
to direct her perspective. Compared to Sara’s style in respect to the quest narrative, her style connected with the stroke narrative delimits or restrains the imagination. Maybe this effect is connected to the sequential and descriptive structure of the story or its concrete and particular content. In any case, Sara’s linguistic choices do not display a motivation to render the referent event more accessible to the hearer.

In sum, Sara’s individual style projection features aphasic elliptical structures lacking function words and finiteness morphology. Construal of referents is therefore typically ungrounded which may compromise the validation of these construals in the shared frame of reference. Following Kolk and Van Grunsven (1985), Kolk and Heeschen (1990), and Kolk (1995) I view Sara’s lexical and grammatical structures not as impaired but as strategically adapted to her aphasic condition. Particularly, they are radically tuned to both structural economy (in the sense of being elliptical) and to activation of shared conceptual knowledge (sociocultural stereotypes and narrative schemas featuring contrast and comparison). The communicative potential of Sara’s style of speech is best appreciated when target referents are part of socioculturally shared knowledge. In these cases, the communicative effect of this style is further advanced by Sara’s choice of taboo register – discussed above –, which fuels the imagination. Sara’s projection of style appears to be aligned to her textual ambition and relative to that ambition, it turns out that she has an unexpected variety of grammatical and lexical choices at her disposal, which she uses cautiously to cue the co-participant’s imagination if needed.

All in all, I suggest that in this genre event, aphasia may reduce stylistic resources in Sara, but her projection of style is essentially normal in that it comprises the deliberate selection of one variable realization over another. Sara’s linguistic choices are foremost tuned to her text level projection and they seem to downplay stylistic options of social construction.

4.4.3 Rhetoric

Relative to the current genre event, I infer that rhetoric – in the sense of persuasion or influencing action and attitude of the co-participant using emotion rather than logic – (Aristotle; Bitzer 1966; Emanuel et al. 2015) is present in at least three instances. Classic types of rhetoric include the use of a paradox in the round up of the quest story, and the projection of an argument schema in the aftermath of the interview. Also, I view that the stereotype ICM-structure that figures so prominently in the context and text level analyses above is essentially apprehended as a rhetorical tool. Although it may not have consciously been intended as such, it typically creates ‘exigence,’ that is, an urgent matter in the discourse that calls for solution, particularly through discourse (Bitzer 1966).

As discussed in the text level section above, the chaos or abuse story includes a taboo figure that provokes conventional politeness relations. I have suggested that its contextual impact motivates the interviewer to cooperate in co-conceptualizing Sara’s illness narrative, thus identifying the chaos / taboo-story as part of a greater quest story. In retrospect, this process is importantly enhanced by Sara’s use of explicit lexicon, which intensified the taboo. In this respect, the productive effect of Sara’s abuse story may be assumed to importantly depend on the communicative potential of code level phenomena; although the text level potential of Sara’s move is not appreciated immediately, its rhetorical potential is.

Relative to the interviewer’s context level projection, more specifically her individual strategy to handle politeness offense by way of rational scrutiny, the abuse story can become a
rhetorical tool: the taboo pulls her into a process of co-conceptualization and eventually into the acceptance of Sara's story. I do not think however that Sara intended the taboo construal as a rhetorical tool per se. Based on my analysis of Sara's projection of register and speech style above, I assume that in her individual genre model, explicit formulations are foremost part of a radically functional code projection associated with her perspective on communicative interaction with aphasia which favours sharing her story over politeness relations. Furthermore, a possibly deliberate use of the abuse story as a rhetorical tool in favor of co-constructing her complex text level projection seems to be quite circuitous. I assume however that in the context of the interviewer's relatively conservative code level projection the abuse story carries rhetorical potential as described.

At other moments in the discourse Sara does demonstrate deliberate rhetorical ability, for example in response to the interviewer’s evaluation of the quest story as different and unusual ('apart / peculiar'). Sara confirms this by way of a paradox, saying: ‘(being a stroke ridden nursing home resident is) ‘thuis . verpleegsters hebben / at home . having nurses.’ This concept of private nurses metonymically relates to the social cultural stereotypical frame (ICM) of middle class old age, which she has made a contrastive reference to before (e.g., mentioning outings to the theater in spite of living amidst the sick and dying). The paradox represented in (49) serves both reference and positive face. In respect of the latter value, Sara's original construal exemplifies her power to bend the situation to her own will.

In the aftermath of the interview, Sara projects an argumentation schema, which even seems to exclusively serve face management. In fragment (50) Sara responds to the request if she wants to ask something back in return. Instead of posing a question, she refers comparatively to her daughter, who is a psychologist like she assumes the interviewer is too.
Why this now?

In her description of the daughter’s educational history Sara demonstrates that she thinks highly of her daughter’s career (‘hoog’), ‘bij’, which is short for ‘bij de pinken’ and translates to ‘smart’ (346). In terms of argumentation, she praises the interviewer and her daughter for their competencies.

The interviewer responds to this evaluation by crediting Sara in line 347, and then Sara cooperates in this by including her son Niels as someone who that credit applies to as well (line 348, which the interviewer affirms in line 349). The son is not relevant for the argument however, as is inferred from his job being ‘different’ (mentioned twice) and the rounding up of this part of the argument with the generalization of it all being fine (350). Then in line 354 Sara returns to her daughter’s education, saying she has changed her mind and eventually became a schoolteacher like Sara herself.

Interestingly, in this short sequence, Sara first topicalizes herself (line 354: ‘ikzelf ook / myself too’). When we take this at face value, it means that this sequence is not about the daughter, but about Sara. Her argumentation is based on authority and produces the argument that Sara and the interviewer have an equal status. Notably, Sara’s daughter is equally educated as the interviewer, but (being smart) she has eventually preferred the profession of her mother. The interviewer responds to this status projection in a professional manner, keeping her distance. She neutralizes the argument by projecting a stereotype that highlights the family connection and backgrounds the element of professional competencies. She thus respectively ignores the daughter’s potential authority beyond family ties and refrains from being included in the argument through evaluation of her competency.

In sum, the shared genre model includes a genuine use of rhetoric in support of face building and communicative success. Concerning the abuse story, I suggest that Sara did not construe it to stage a taboo and face threatening act on purpose. Her construal is rather connected with a communicative strategy that favors reference and/or evaluation over politeness. Nevertheless, the interviewer is prepared to use intellectual responses to rebuke potential emotional threats and therefore the taboo stereotype can figure as a spark to successful co-construction. The fact
that it thus becomes an element that persuades the interviewer to go at length to share Sara’s text level perspective – and in the act level politeness relations – implies to me that the abuse story may be defined as a rhetorical tool in this event, notably as the instigator of exigence and more generally, a rhetorical situation that transforms the co-participant into a mediator of change (cf. Bitzer 1966): She modifies her original genre projection and engages in the co-construction of Sara’s individual text-level projection.

I conclude that the variable of rhetoric is a shared projection and despite the general impact of aphasia on the genre event, rhetoric is clearly and productively established. Moreover, both participants seem to appreciate rhetoric as a genuine category in the current genre model, not ‘contaminated’ by aphasia at all.

4.4.4 Conclusions

I conclude that on the code level, Sara’s code actions are both syntactically economic and radically tuned to shared knowledge at the cost of politeness or diplomatic register. Throughout the discourse Sara demonstrates a forward and cautious usage of available linguistic resources in favor of communicative function. Her projection is essentially conventional: She projects register as typically tied to a situation (namely the situation of interaction with aphasia) (Hymes 1974; Crystal 2003; Biber and Conrad 2009); style as a deliberate linguistic choice (in favor of text level ambition) (Auer 2007; Leech and Short 2007); and rhetoric as an act persuasion (Aristotle; Emanuel et al. 2015) and of exigence (Bitzer 1966). I assume that the interviewer shares Sara’s essentially conventional code level projection, but in a less radical manner and with care for contextual as well as textual values. She shares the functional conversational register, appreciates Sara’s instructive style of speech and is sensitive to her rhetorical moves. But she is also provoked by Sara’s more daring linguistic expressions.

I suggest the participants’ projections of code level variables differ in degree of commitment to communicating with the complication of aphasia. Sara’s projection is more extremist in this respect whereas the interviewer’s projection keeps within boundaries of politeness conventions. This difference creates a tension in the interaction that urges the interviewer to explore Sara’s code level rationale. By receiving Sara’s taboo construal as a genuinely serious face threat, and hence a rhetorical urgency, the interviewer aligns to Sara’s code level projection and from then they productively exploit its strategic potential using both lexical and grammatical elements in a highly efficient manner.

Aphasia is an obvious complication to the interaction. It affects the free use of linguistic expression in Sara and a smooth comprehension of the interviewer. However, from the analysis of this particular mixed aphasic/non-aphasic genre event I infer that aphasia does not limit Sara’s ambition to realize her textual projection and she further displays a controlled use of her linguistic resources. Despite aphasia, Sara uses code level action and knowledge to coordinate with the co-participant on her individual communicative values.
4.5 Summary

I now summarize the foregoing analyses in a way that addresses the research questions put forward in the introductory chapter.

How, in an interactive event that includes an aphasic and a non-aphasic participant, do the participants share ground on knowledge and actions associated with that discourse situation?

I propose that the genre model of personal interviewing with Sara includes the following characteristics:

The context level profiles the category of participant relations. It features two, diverging perspectives on situation and personal identity, comprising a medical and a psychosocial orientation respectively. These two perspectives collide when Sara truthfully answers the interviewer’s question about her illness history. The interviewer receives her explicit construal as offending politeness relations (Goffman 1967; Brown and Levinson 1987; Watts 2003), which turns out to result in a highly productive co-construction.

The text level aligns to the context level projection as the two individual perspectives continue in the projection of all textual categories. It includes persistent individual projections of respectively a concrete stroke report and an abstract illness conceptualization. The first projection includes a conventional, sequential narrative structure that profiles stroke as a complicating action. The second includes a stereotype ICM-structure (cf. Fillmore 1975; Lakoff 1987; Croft and Cruse 2004) that profiles a comparative relation in which stroke figures as a solution to a subversive experience.

The code level comprises shared projections of register, style and rhetoric, which however diverge in degree of commitment to the aphasic condition. The interviewer expects linguistic expression to strategically adapt to processing limitations but she also values a polite register and her individual text level projection favors a descriptive style of speech. Sara’s projections feature a more radical commitment to strategic language use. She displays an indicative, explicit style of speech which favors reference to shared knowledge over polite formulations. Her daring lexical choices select a rhetorical effect as the abuse story becomes an object of exigence (Bitzer 1966) that calls for thorough co-constructive action.

All in all, I argue that the central ‘why this now’ moment of this genre event – i.e., Sara bringing on the abuse story – is not a point of failure or getting stuck, but a moment of choice, namely to either appreciate or denunciate actions as part of the actual genre event, i.e., as tokens of the potential of the genre model that is projected. I suggest that the interviewer’s choice to, after her first shock, treat Sara’s story as a serious move, is inspired by her contextual strategy to manage politeness relations through reason and is additionally motivated by the shared projection (and clear linguistic expression) of rhetoric. By acknowledging the story as a serious move she makes an effort to find a perspective in which that move is not offensive but coordinative. This means that she prefers the assumption that such a perspective is valid over the assumption that Sara is offensive or suffers from a loss of decorum associated with her neurocognitive condition. I believe that in this genre event, the text level is explored so productively precisely because contextual and textual presuppositions and the countering thereof are played out so explicitly, particularly at Sara’s initiative. Considering this assumption, I draw the following conclusions from the current analysis.
The interviewer’s projections of the context and the text level of this genre model relate to her non-aphasic presuppositions connected with the condition of aphasia. Her context level projections comprise a stroke ridden and communicatively handicapped Sara who is unfortunately bound to spend the rest of her life in a nursing home. In respect of the text level, she will deliver a stroke report that includes a simple account of the concrete events connected with the event of stroke that caused her aphasic condition. Relative to the code level, Sara’s actions will particularly be characterized by agrammatic structure, and possibly a creative use of ellipsis, e.g., reenactment or topic-comment structure. Apart from that, the interviewer’s projection of register and rhetoric appears to be fairly normal, i.e. not biased by presumptions on aphasia in any way. She displays a preference for decency and a descriptive style of speech connected with the narrative type of her selection (the stroke report).

In Sara, however, it is the other way around: her projections of the context and text level are highly individual and not restricted by her aphasic condition in any way. But in respect of the code level, she displays a full commitment to her linguistic limitations. Her context level projection comprises a person whose condition may represent some losses, but foremost provides her with a safe living environment. Before stroke, she has experienced significant psychosocial difficulties in life, which define who she is more than does stroke or aphasia. Her lifestyle is not restricted by her physical or aphasic condition and she profiles as an active, independent person. Sara’s text level projection is fairly complicated and abstract. She shows no adaptation to aphasia in respect of the things she intends to convey. However, her code level actions do display a radical adaptation to her aphasic condition. Rather than defined by a grammatical economy mode, they are motivated by a communicative strategy that preeminently draws on the assumption of shared conceptual knowledge. She uses lexical and grammatical elements that enable the hearer to access conventional sociocultural knowledge schemas and explicate conceptual relations. In that respect, referential clarity typically precedes contextual decency.

The interviewer initially does not fully appreciate the referential potential of Sara’s verbal expressions. Also, she is not expecting any complex referents, partly due to her research protocol. However, her conservative projection of code level variables – comprising essentially normal – that is, non-aphasic but reduced action – makes her sensitive for the common contextual effects of linguistic choices such as politeness offense and for rhetorical potential. Interestingly, it is this conservative projection of the code level (despite Sara’s aphasic condition) that counters her contextual and textual presuppositions connected with aphasia. Precisely because she initially appreciates Sara’s abuse story as a genuine taboo figure it can become the means through which the referent it metonymically connects to (the quest narrative) is explored to its limit.

Thus, this genre analysis demonstrates how strong individual projections of text and context of this interactive event may define the communicative potential of agrammatic verbal expressions. Indeed, sharing ground on those projections was compromised by obvious aphasic symptoms. However, once divergent projections were very clearly indicated, shared...
ground was established nonetheless. When individual perspectives were out on the table, participants started to operate genre knowledge to explore their projections and mutually ground them in the shared frame of reference (or else: establish them as part of the shared genre model of this event). Moreover, when individual contextual and textual projections were clearly stated, the code level projection was shared in a more strategic perspective and the communicative potential of verbal structures was eventually appreciated in full through successful co-construction.

*How does aphasia interfere with establishing shared ground on knowledge and actions associated with this interactive event?*

I suggest that the participants share a code level projection that includes aphasic symptoms and/or behavior that is strategically adaptive to aphasia. In this respect, the complications and challenges of aphasia are part of shared ground. However, I do think that contextual and textual presuppositions connected with aphasia affect coordination on genre knowledge and action in this event. While the interviewer projects contextual and textual categories that are marginalized for aphasia, Sara maintains a perspective on the text and context level that is not bounded as such in any way. On the other hand, Sara appears to radically adapt her code level projection to her aphasic condition, in favor of getting her story across and at the cost of contextual values like politeness relations. It is interesting to see how, once the interviewer acknowledges that Sara projects an individual narrative model, Sara clearly demonstrates how she uses her linguistic resources in a very concise way in favor of co-construing that text level.
5 A personal interview with Ben

Below I present my genre analysis of the interview with Ben. This second analysis too is based on the view that participants’ verbal actions and reactions are the expression of their genre expectations. Like Sara, Ben is a participant with chronic aphasia and this entails that it may be unclear to the co-participant how his verbal actions are defined by genre projections. Rather than being direct expressions of genre, they may first represent language impairment or a strategic adaptation to reduced processing capacities (cf. Kolk and Heeschen 1990). To appreciate how aphasic utterances represent a speaker’s individual genre model – i.e. the particular cognitive schema comprising what she wants to communicate and how – the hearer must be able to recognize their potential to do so. Therefore it is required that she has an appropriate scope of expectations of what an utterance may indicate, i.e. what knowledge it may evoke. While it may be hard to establish the rationale behind aphasic linguistic structures, in this study, my point of departure is that all utterances in the data, whether produced by the aphasic or the non-aphasic participant, are expressions of an individual or shared genre model. A hearer’s ability to recognize that projection – and hence appreciate the strategic value of the structure – is basic to communicative success and indicative of the influence of the aphasic condition on communicative interaction in the genre event.

Implicit questions structuring the analytical work involve: How is a given genre category projected by each of the participants?; Do their projections diverge?; How are individual projections represented linguistically?; and, (how) are potential divergences appreciated by the co-participant?; Given shared and/or individual genre projections and their level of appreciation, how is the communicative potential of the genre model of the given event eventually exploited?

The genre analysis below reconstructs how Ben’s aphasic condition interferes with the projection and coordination of genre models between the participants. As such, it may provide us with an insight in the relation between language use and communicative function in interaction with aphasia.

5.1 Data specifics

At the time of the genre event, Ben (age 64) and I, as a participating interviewer had not met before and had little knowledge about each other. Personal expectations generally comprised the facts that Ben had a chronic Broca’s aphasia and had freely enlisted to the research project when this opportunity was called for via the aphasia center he associated with. Preceding the event he was told that the interviewer was a researcher in humanities who wanted to question him about his life after stroke, particularly with aphasia. I did not inform him that I was a speech and language therapist, nor that my research had a linguistic perspective in any way. For reasons of naturalness and spontaneity, preceding the event I (from now on ‘the interviewer’) did not consult Ben’s medical dossier prior to the genre event.

In 2000 Ben, then 57 years old and working full time as an independent architect, had an infarction to the left hemisphere that caused in him a hemiplegic right side of the body and aphasia. He had a premorbid sight of the right eye of 10-15%. The interview with him was
conducted in 2007 at an aphasia center located in the outskirts of a large city. Ben had been living with aphasia for over six years. He lived at home with his wife, having been forced to close his office. He moved in a wheelchair. His initial global aphasia had transferred into Broca’s aphasia. Despite his handicaps he liked to spend his time outdoors, using his scoot mobile, meanwhile keeping up a vital social life which included visiting the yearly reunion of his guild, occasional chats with retailers and having outings with his wife and their mutual friends. He was a dad to three adult children and granddad. He was still experiencing slight progress in his communicative abilities and made an effort to visit the aphasia center on a regular basis. The section below represents an overview of Ben’s personal characteristics.

Ben’s dossier kept at the aphasia center included a neuropsychological report dated two months after his stroke. At the time, he could only utter a few words, but his comprehension skills were reasonably good. I cite a fragment of the report below which I believe is relevant to the appreciation of the genre event under analysis.

“The patient is alert, makes sound contact (...) [He] works with concentration, aims for achievement and is very dedicated to the task at hand; the patient is only satisfied when a task is fully completed and does not accept a task being broken off. The patient tends to start tasks impulsively and hasty, but then he corrects himself and checks his work. The patient seems to have a clear view on his own ability; he makes sounds and remarks when he experiences difficulty in performing a task. He often laughs when he fails.”

These observations are reported to be in compliance with Ben’s pre stroke personality. Table 1 below displays Ben’s linguistic performance as measured by the Dutch version of the Aachen Aphasia Test (Graetz, De Bleser, Willmes, & Heeschen 1992), d.d. 14.03.2007. He was 6.9 years aphasic at the time.33

33 Ben’s grammatical performance in the test as well as in the spontaneous situation suggests that the original classification of Broca’s aphasia does not hold at the time of the genre event. However, he was clearly known as a non-fluent aphasic speaker by the experts of the aphasia centre that supported his application to the research project. Ben’s scores on the AAT spontaneous speech section typically represent a Broca’s aphasic profile. His frequent use of (semi-) fixed constructions and automatisms may falsely give the impression of grammatical ability or voluntary fluency (Wray 2006).
Table 1 AAT-results Ben (6.9 years aphasic).

<table>
<thead>
<tr>
<th>Task</th>
<th>Result</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spontaneous language production</td>
<td>Communicative behavior: 2</td>
<td>Conversation on familiar topics is possible with the help of the conversational partner. It is often difficult to express an idea.</td>
</tr>
<tr>
<td></td>
<td>Articulation and prosody: 3</td>
<td>Mild dysarthria, slow rate of speech (50-90 wrds./min.).</td>
</tr>
<tr>
<td></td>
<td>Automatisms: 3</td>
<td>Many stereotypes. Some speech automatisms.</td>
</tr>
<tr>
<td></td>
<td>Semantic structure: 4</td>
<td>Severe word finding difficulties. some empty phrases.</td>
</tr>
<tr>
<td></td>
<td>Phonemic structure: 4</td>
<td>Some phonemic paraphasias and/or insecurities.</td>
</tr>
<tr>
<td></td>
<td>Syntactic structure: 2</td>
<td>Mostly 1-2 word structures; almost no function words or inflections.</td>
</tr>
<tr>
<td>Token Test</td>
<td>22/50 false score</td>
<td></td>
</tr>
<tr>
<td>Repetition</td>
<td>136/150</td>
<td></td>
</tr>
<tr>
<td>Writing</td>
<td>54/90</td>
<td></td>
</tr>
<tr>
<td>Comprehension</td>
<td>111/120 (auditory: 59/60; visual: 52/60)</td>
<td></td>
</tr>
<tr>
<td>Naming</td>
<td>103/120</td>
<td></td>
</tr>
</tbody>
</table>

* The current interview was used as a sample.

For illustration of his ability to describe situations and actions, I present here Ben’s performance of that section of the naming test verbatim.
Why this now?

(1a)

**AAT naming Ben** *(6.9 years aphasic).*

<table>
<thead>
<tr>
<th>Picture</th>
<th>Target</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>De man bedelt / The man goes out begging / begs.</td>
<td>'De man houdt zijn hoed beet – een cent erin gooien / The man holds his hat – throw in a penny.'</td>
</tr>
<tr>
<td>2</td>
<td>De vrouw poetst de kan / The woman brushes the jug.</td>
<td>'De koffiepot afdrogen / To wipe dry the coffee jug.'</td>
</tr>
<tr>
<td>3</td>
<td>De jongen speelt met de hond / The boy plays with the dog.</td>
<td>'De hond moet een kunstje leren / The dog must learn a trick.'</td>
</tr>
<tr>
<td>4</td>
<td>De man heeft een laars opgevist / The man has caught a boot.</td>
<td>'De man heeft een vis nee een schoen opgelap..opgevist / The man has caught a fish no patched up a shoe.'</td>
</tr>
<tr>
<td>5</td>
<td>De jongen heeft een glas gebroken / The boy has broken a glass.</td>
<td>'De jongen huilt en de vaas is gebroken / The boy cries and the vase is broken.'</td>
</tr>
<tr>
<td>6</td>
<td>Vader en zoon spelen indiaantje / Father and son are playing cowboys and indians.</td>
<td>'De jongen – de ouder en de jongen eh de boom in / The boy – the parent and the boy eh up the tree.'</td>
</tr>
<tr>
<td>7</td>
<td>De politieman arresteert een booswicht / The policeman arrests a villain.</td>
<td>'De boef is gepakt door de sterke arm / The villain is caught by the ..'</td>
</tr>
<tr>
<td>8</td>
<td>Twee mannen maken ruzie / Two men are fighting.</td>
<td>'Samen met ruzie – samen hebben wij ruzie / Together with argument – together we are having an argument.'</td>
</tr>
<tr>
<td>9</td>
<td>De lerares legt het meisje iets uit op het bord / The schoolteacher explains something to the girl on the blackboard.</td>
<td>'Juffrouw geeft les van de leerling – de juffrouw geeft les aan leerling / Teacher teaches of the student – the teacher teaches the student.'</td>
</tr>
<tr>
<td>10</td>
<td>De man ligt op de sofa, rookt een pijp en leest een krant / The man lies on the sofa, smokes a pipe and reads a paper.</td>
<td>'De krant zitten lezen op z’n gemak / Comfortably reading the paper.'</td>
</tr>
</tbody>
</table>

### 5.2 Context level analysis

In the following sections I attend to the genre variables of situation and setting (5.2.1), sociocultural domains (5.2.2), participants’ relation and roles (5.2.3) and the goals they may pursue by joining the event under scrutiny (5.2.4).

#### 5.2.1 Situation and setting

The interview with Ben was conducted at an aphasia centre that he visited on a regular basis. The interviewer has not been there before but she is acquainted with the concept of aphasia centres in general. The particularly non-clinical setting resembles a clubhouse to benefit a community of fellow aphasic patients that focus on joining social life and society. 34 Both of

the participants have just had morning coffee with the other clients in the centre and have subsequently withdrawn when various courses went ahead, Ben skipping his for the occasion. The vacant room in which the activity takes place is practically furnished, white walled, and non-descript. The participants sit at the end of a table, each occupying one side of a corner. The situation is neutral and foremost convenient for the purpose of their meeting. I presume that the setting is pre-eminently shared as a functional space. Overt reference to it is only made at the closing section of the genre event. In fragment (i) the interviewer superficially inquires and comments on its social features. Reference to the setting at this point seems to fully serve rounding up the interview in a polite manner. The participants zoom out of their conversation by attending to their physical surroundings.

(1b)

| 706. | I   | ja ja (.) u komt hier ook vaak? | yes yes (.) you come here often? |
| 707. | B   | ja                               | yes                                |
| 708. | I   | oké                              | ok                                 |
| 709. | B   | twee dagen per week              | two days a week                    |
| 710. | I   | twee dagen per week              | two days a week                    |
| 711. | B   | ja                               | yes                                |
| 712. | I   | veel mensen zijn hier he?       | a lot of people around here right? |
| 713. | B   | ja [ ] joh!                      | yes [ ] man!                       |
| 714. | I   | gezellig                         | fun                                |
| 715. | B   | ja! ja ( ) gezellig ja ja!       | yes yes ( ) fun yes yes!           |
| 716. | I   | ja ( ) nou hartelijk dank voor dit gesprek | yes ( ) well many thanks for this conversation |
| 717. | B   | graag gedaa†n                   | you’re welcome†                    |

In sum, the genre event is situated in a small-scale semi-institutional environment that is familiar to Ben and welcome to the interviewer. The immediate setting is included in the shared genre model as neutral and mere service to the joint activity at hand.

I find no reason to assume that Ben’s aphasic condition interferes with the shared projection of this genre variable. The aphasia centre is a place connected with Ben being in the chronic stage of aphasia; it topicalizes peer relations and social independence. Hypothetically, Ben may feel an urge to position himself relative to this setting because the interviewer has introduced herself as an outsider to it and moreover, as a visitor who is not affiliated with aphasia. However, I could not deduct that from the data. The participants appear to foremost share the situation as functionally implied.

5.2.2 Domains

Considering domains or the particular ‘spheres of life’ backgrounding the interaction (Fishman 1972; Douglas 2004; Boxer 2002; Biber and Conrad 2009; Steen 2011), I have suggested above that the setting of the aphasia center implies a non-clinical context. Although legally aphasia centers occupy a niche on the borderline of the healthcare and welfare industries, conceptually they are profiled as a club or training institute where ‘members’ or clients control their own goals and activities. Aphasia is issued as a primary handicap for social cultural participation.
A degree of physical independence is required and stroke-related handicaps like paralysis, epilepsy and apraxia are considered to be secondary.

From the setting as well as from the public goal of this genre event I infer that relevant domains to this genre model are Healthcare/Welfare and Research and Education respectively. Furthermore, I presume that ‘aphasia’ is a highly profiled concept in participants’ shared and/or individual projections of these domains.

From Ben’s perspective, the interviewer is a scholar in humanities who has no apparent professional or personal relation to aphasia. Moreover, she is interested in his personal experiences as a person living with aphasia and has traveled to interview him in the aphasia center, which profiles her as an outsider to aphasic subculture. Contrarily, from the interviewer’s perspective, Ben is an aphasic person that matches inclusion criteria of her aphasia-focused research project. As an experienced aphasia therapist, she is an insider to aphasia-bound healthcare/welfare and currently actively engaged in aphasia-focused research.

Below, I discuss four fragments that support the assumption that the participants’ individual projections of domains diverge in respect of their attentional scope being specific and non-specific for aphasia respectively. Fragment (2) and (3) represent diverging references to Ben’s medical and disability profile respectively, fragment (4) represents an overt discussion of aphasia as a factor of disability, and fragment (5) represents diverging references to communication as respectively a social phenomenon and a verbal phenomenon.

Episode (2) represents the official start of the interview with respect to content. It immediately follows after a short exchange about the tape recorder being set and ready.

(2)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>I</td>
<td>want (.) u heeft een beroerte gehad denk ik</td>
<td>because (.) you have had a stroke I presume</td>
</tr>
<tr>
<td>9.</td>
<td>B</td>
<td>nee (.) een e:h een herseninfarct</td>
<td>no (.) a e:h a cerebral infarction</td>
</tr>
<tr>
<td>10.</td>
<td>I</td>
<td>een hers&lt;eninfarct&gt;1</td>
<td>a cerebral &lt;infarction&gt;1</td>
</tr>
<tr>
<td>11.</td>
<td>B</td>
<td>&lt;enfarct&gt;1 ja</td>
<td>&lt;infarction&gt;1 yes</td>
</tr>
</tbody>
</table>

In this short fragment Ben corrects the interviewer’s denotation of his medical history, that in line (8) she loosely refers to as ‘presumably a stroke.’ ‘Stroke’ is a folk term for the most common cause of aphasia. The additional comment ‘denk ik / I presume,’ explicitly frames this referent as a common sense inference and not an information-based presumption. Semantically, ‘beroerte/stroke’ includes ‘herseninfarct/cerebral infarction’ as well as ‘bloeding/hemorrhage.’ Ben’s negation (line 9) may therefore easily be judged as an error, e.g. yes/no-conversion (correct phrase: ‘yes, I had a cerebral infarction, to be precise’). However, considering domains, it may be informative to be serious about Ben’s response here. The interviewer’s loose reference to his medical history suggests that she is focusing on his post-medical, particularly aphasic, condition. Ben apparently does not agree with that. His negation may be interpreted as an explicit denial that his medical condition currently is a peripheral category. In this perspective, the specific diagnosis he puts forward is no evidence of linguistic impairment, but an expression of a projection of healthcare/welfare that includes overall diagnostic accuracy as a relevant feature. In this study, such use of medical jargon is also common in the non-aphasic subjects when talking about their illness histories.

From fragment (2) it cannot be inferred that the interviewer apprehends Ben’s response as
coordinative to domain projection. Her reaction rather seems to serve local politeness values, signaling ‘you prefer this term, ok.’ She started the interview at the point of a subordinate structure - ‘want/because’ (line 8) - which may indicate the presumption of a topic of conversation, saying ‘where were we?’ or ‘so, tell me about X?’ Since the participants have not met before and their live interaction has just started now, this structure can only be sensibly used relative to the shared ground of a mutual commitment, factually to the research protocol that currently profiles interviewing about living with aphasia. From its opening position, and its subordinate structure, common folk register and content, I thus infer that the interviewer’s question expresses an aphasia-specific projection of domains. Her casual formulation may indicate that she expects aphasia-bound disability to be a shared domain in the current genre event.

In the following episode it is not Ben, but rather the interviewer who appears to act according to a non-aphasic projection of Healthcare/Welfare. In episode (3), she asks Ben about his current professional abilities considering that he used to be an architect. Ben’s emphatic and straightforward declaration of his ‘complete’ inability to perform this job tunes in to common sense knowledge associated with aphasia bound disability – ‘of course, he can’t be an architect, he is an aphasic!’. Against the background of an aphasia-profiled domain, any further inquiry may sound superfluous, and for that matter even offensive. In the current interaction however, the interviewer chooses to zoom in on the precise nature of Ben’s professional limitations.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>388. I</td>
<td>nu kan het niet meer?</td>
<td>now it cannot be done anymore?</td>
</tr>
<tr>
<td>389. B</td>
<td>helemaal niet meer!</td>
<td>not at all anymore!</td>
</tr>
<tr>
<td>390. I</td>
<td>nee (.) waar komt dat door?</td>
<td>no (.) why is that?</td>
</tr>
<tr>
<td>391. B</td>
<td>eh taal (.) taal niet eh (.) begrip van taal (.) heb ik niet</td>
<td>eh language (.) language not eh (.) comprehension of language (.) I don’t have</td>
</tr>
<tr>
<td>392. I</td>
<td>ja ja</td>
<td>yes yes</td>
</tr>
<tr>
<td>393. B</td>
<td>rekenen (.) heb ik niet</td>
<td>calculation (.) I don’t have</td>
</tr>
<tr>
<td>394. I</td>
<td>ja</td>
<td>yes</td>
</tr>
<tr>
<td>395. B</td>
<td>en eh (.) lezen (.) heb ik niet</td>
<td>and eh reading (.) I don’t have</td>
</tr>
<tr>
<td>396. I</td>
<td>ja (.) oké</td>
<td>yes (.) ok</td>
</tr>
<tr>
<td>397. B</td>
<td>&amp;al allemaal weg</td>
<td>&amp;al all gone</td>
</tr>
<tr>
<td>398. I</td>
<td>ja ja (.) je moet op een bepaald niveau zitten (.) met dat soort vaardigheden</td>
<td>yes yes (.) you have to be on a certain level with these kind of skills</td>
</tr>
</tbody>
</table>

The interviewer’s inquiry in line (388) is very neutral and open, without any verbal suggestion of insincerity or non-seriousness. Ben responds by summing up the cognitive functions the loss of which keep him from practice: ‘begrip van taal / language comprehension,’ ‘rekenen / calculation,’ and ‘lezen / reading.’ His threefold repetition of syntactic structure and intonation pattern has a rhetorical, argumentative quality to it, which may be responsive to the potentially superfluous quality of the question that he may have felt despite the interviewer’s apparent sincerity. Roughly summing up his losses in this repetitive style demonstrates how overtly clear he may consider his answer to be and his comment ‘allemaal weg / all gone’ seems to only emphasize this.
Nonetheless, Ben’s listing also expresses that his working incapacity is connected to the loss of three specific functions and not to some general ‘state of aphasia.’ The interviewer profiles that element in her response when she refers to these functions as ‘vaardigheden / expertises’ one needs to control ‘to a certain degree.’ Her choice of words is grounded in a general domain of training and education and associated with ability and skills. It is much less the expression of a disability domain that ‘naturally’ features an incapacity for work.

In episode (4) the interviewer inquires after Ben’s current verbal ability, which she addresses as ‘praten / talk,’ i.e. as a function in itself, apart from its social definition.

Ben first aligns with the technical approach to his talking with a reference to his performance level in exact percentages. But then he goes on to specify that he is talking about social interaction: ‘communiceer / communicate’ -, particularly with his wife. At this point, Ben asserts empathically that he experiences practically no communication problems with his wife or with any one else. The interviewer expresses her surprise and informs whether this close to normal communicative performance applies to interactions with other participants as well. Ben confirms that this is the case, construing his response from the perspective of his potential co-participants: ‘geen uitzondering / no exception.’ This response may be paraphrased as

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35 In this respect his indication resembles the non-aphasic participant Michel’s that ‘hoogreiken / reaching high’ is a specific, work related limitation (see chapter 3).
‘concerning communicative ability, no one is holding me back / I’m not restricted with anyone.’

In this short episode, then, an aphasia-bound projection of disability is first staged and then declined. Social participation is linked to co-participants rather than associated with an individual aphasic condition.

The last fragment I present here provides further evidence that Ben projects a model of healthcare/welfare that is not centered on aphasia or even disability in general. From (5) I infer that his projection profiles healthcare as the general background of a life-changing (medical) event. The episode directly follows the preceding fragment (4). The interviewer’s question in line 255-257 addresses peoples’ reaction to Ben as a person who is apparently ‘different’ in some way. As such, the question is framed by a general domain of marked social cultural participation or exclusion that may include categories like mourning, trauma, or disability. Given the preceding context, it is however likely that the interviewer intends her question to address social responses to Ben’s phasic disability. He however responds to it by recalling a social response that is typically experienced in persons affected by any kind of severe illness, trauma or life changing incident.

(5)

<table>
<thead>
<tr>
<th>Line</th>
<th>Transcript</th>
</tr>
</thead>
<tbody>
<tr>
<td>255.</td>
<td>I née née (.) want (.) hoe reageren mensen op u?</td>
</tr>
<tr>
<td>256.</td>
<td>B ja+...</td>
</tr>
<tr>
<td>257.</td>
<td>I hoe reageren ze (.) hoe?</td>
</tr>
<tr>
<td>258.</td>
<td>B ja (.) eh heeel verschillend</td>
</tr>
<tr>
<td>259.</td>
<td>I hmm</td>
</tr>
<tr>
<td>260.</td>
<td>B heel verschillend eh hmm ehh (.) ehm ja hoe (.) Dreverhaven (.) dat is een Dreverhaven ehh ja (.) &amp;«lacht</td>
</tr>
<tr>
<td>261.</td>
<td>I dat is een (.) plek of een+...</td>
</tr>
<tr>
<td>262.</td>
<td>B née née! née ehh ehh+...</td>
</tr>
<tr>
<td>263.</td>
<td>I of een (.) een kennis van u?</td>
</tr>
<tr>
<td>264.</td>
<td>B juist een kennis van mij</td>
</tr>
<tr>
<td>265.</td>
<td>I ja</td>
</tr>
<tr>
<td>266.</td>
<td>B eh niet zo &lt;wild&gt;1 communiceren</td>
</tr>
<tr>
<td>267.</td>
<td>I &lt;huhuh&gt;1</td>
</tr>
<tr>
<td>268.</td>
<td>B ja (.) maar eh ehm (.) eh+...</td>
</tr>
<tr>
<td>269.</td>
<td>I daar (.) communiceert u niet zo goed mee?</td>
</tr>
<tr>
<td>270.</td>
<td>B née helemaal niet! nee</td>
</tr>
<tr>
<td>271.</td>
<td>I waar ligt dat aan?</td>
</tr>
<tr>
<td>272.</td>
<td>B onbegrip onbegrip &lt;(.)&gt;1 onbegrip</td>
</tr>
<tr>
<td>273.</td>
<td>I &lt;oké&gt;1</td>
</tr>
<tr>
<td>274.</td>
<td>B onbegrip</td>
</tr>
</tbody>
</table>
This episode is about how Ben’s illness has caused the loss of a friendship. His choice of words and the interviewer’s response to that reflect the subtle divergence of their individual projection of domains. In lines (260-265) the topic of the acquaintance is mutually established as common ground. Next, Ben comments upon this subject ‘niet zo wild mee communiceren / not wild about to communicate with,’ which latter part in principle may refer to the main topic of communicative ability previously introduced (‘en hoe is dat nu . met praten? / and how is that now . with talking?’ line 243). From the interviewer’s literal response in line 269, I infer that from her perspective this instance of ‘communiceren’ indeed refers to Ben’s concrete communicative abilities (given his aphasic condition). This suggests that she tends to appreciate ‘niet zo wild / not wild about’ as a non-serious expression; an exotic, but not entirely off track-result of word finding difficulties (you cannot – technically – communicate well with him). However, the lexical string ‘niet zo wild / not wild about,’ used here as an adjective, may also be interpreted as an instance of the construction that includes phrases like ‘wild enthousiast / wildly enthusiastic,’ ‘helemaal wild van’ / crazy about,’ and ‘(heel erg) van (de) x zijn.36 ‘Niet zo wild communiceren’ in this respect is an evaluative structure that represents ‘communiceren’ as something that one is emotionally attached to, that is, something that one may or may not favour. This may explain for Ben’s emphatic response to the interviewer in line (270) and it announces his later emotional break down (line 288-291).

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36 e.g. “Nee, ik ben niet zo van groepsreizen” No, I’m not that into group travel (Cornelissen, P. 2009. Daar ben ik van. (Column). NRC Handelsblad d.d. 23.04.2009).
Further evidence that Ben is not grounding his story in an aphasia defined frame is his explanatory comment ‘onbegrip / ‘incomprehension’ (line 272). Genuinely, ‘onbegrip’ refers to the inability to understand someone in the presence of normal cognitive ability. As such it is distinguished from receptive problems associated with aphasia. But again, relative to the background of a particularly aphasia oriented domain, this term may easily be thought of as ambiguous in that respect. The interviewer does not show her perspective, but only specifies that ‘onbegrip’ is an attribute of Ben’s co-participant alone and not of Ben. In doing this, she adds to the perspective that includes ‘onbegrip’ as a general social response to a changed person. Her final remark ‘hij heeft dat niet overleefd / he did not survive that’ metaphorically refers to the medical incident that changed Ben but ‘killed’ his friend. This comment is grounded in a broad conception of Healthcare, which includes stroke as a life event, apart from potential disabilities that may result from it.

In sum, I infer from this analysis that the current genre model includes divergent individual projections of domains, namely a general and an aphasia defined projection of the domain of Healthcare/Welfare and the domain of Research and Education respectively. Differences in scope of domain figure subtly in the data. I argue that Ben’s projection of social cultural domains is non-specific for aphasia from the start. In his model, Healthcare/Welfare is profiled in respect of medical incidents and illness. He does not seem to associate social participation with the domain of disability, let alone with phasic disability. The interviewer on the other hand seems to expect relevant domains to be marginalized and include aphasia as a prominent feature. She nonetheless smoothly aligns with Ben’s perspective and refrains from emphasizing her individual projection, thus appearing to endorse a shared genre model. In this respect, I conclude that she may not agree with it but that she still appreciates Ben’s individual domain projection as he intends it.

Despite his aphasic condition, Ben’s verbal expressions that represent the variable of domains are very clear and explicit. The interviewer on the other hand is much more implicit in respect of her domain projection. She is presumptuous about relevant domains being marginalized for aphasia but she is also sensitive to Ben’s explicit communication. She recognizes his projection and is polite about it. I conclude that in respect of domains an open communication is not limited by aphasia related verbal difficulties but rather by the interviewer’s slightly critical resistance towards Ben’s individual projection.

5.2.3 Participants. Their relation and role(s)

I consider the current genre model to include a largely shared projection of participant relations and roles. An informal and equal relation is projected from the start, featuring a simple dyad of interviewer and interviewee. Fragments (6) and (7) and fragments (8) and (9) illustrate how the event is robust for challenges of respectively participant roles and general politeness and face. Fragments (10), (11) and (12) represent actions of face building and support thereof.

Already in the running-in episode, a shared projection of informality and status equality is projected and clearly valued by Ben. Fragment (6) represents the earlier mentioned prelude on the actual interview in which Ben meddles with the technical side of matters.
The participants have settled and the interviewer has pushed the ‘play’ button on the tape recorder. In line (1) the interviewer’s ‘oké’ signals that everything is set and ready, simultaneously profiling her role as the conversational leader. Then Ben joins in by taking over her script (line 2), indirectly challenging her participant role, which is met by accepting laughter of his co-participant. She rephrases his attempt in an inclusive manner stressing their joint commitment and aligning to Ben’s expectant and slightly bravura intonation (line 3), but nonetheless she resumes her initiative. Still, Ben does not give up and he interrupts the expected routine by forcing a hold in favour of a technical check. To this end, he uses fictive interaction (FI, see chapter 2, cf. Pascal 2002; Pascual and Janssen 2004; Pascual 2006, 2014; Versluis and Kleppa 2016) to construct a speech act. The FI-structure ‘test test test’ is a standard line associated with the interactive model of checking audio equipment, typically performed by an audio technician or ‘crew member’ potentially in the presence of an audience. Ben’s ostensive re-enactment in line 5 adds substance to his profile as an equal and assertive participant in this event. Using this line merges the fictive situation with the actual situation, framing him as a responsible participant, the man in charge. The interviewer ensures that she has done her job properly, but she also performs an act of bonding by construing the recorder as a make believe overhearer (‘hij/he,’ line 6) opposite to Ben and herself as ratified co-participants. She levels power relations by countering Ben’s fictive participant profile and metonymically foregrounding the overhearer by way of the recorder. She concludes her turn again in a comforting manner, thus stepping back in her conventional role (‘het is in orde / it’s all right’ line 6). This short introductory exchange stretches politeness options in this event. It expresses a model of joint performance and equal commitment that is initiated by Ben and accepted by the interviewer.

Fragment (7) presents a second example of Ben openly challenging conventional role configuration. This time his actions are instrumental to saving his positive face after an emotional breakdown. Episode (7) was discussed above in relation to domains. Now, we specifically focus on lines 293-298.
<table>
<thead>
<tr>
<th>Line</th>
<th>Interviewer</th>
<th>Response</th>
<th>Annotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>283.</td>
<td>I</td>
<td>ja (.) ja (.) want (.) hoe was uw contact met</td>
<td>yes (.) yes (.) because how was your relationship with</td>
</tr>
<tr>
<td>284.</td>
<td>B</td>
<td>juist+...</td>
<td>+.just+...</td>
</tr>
<tr>
<td>285.</td>
<td>B</td>
<td>hem voor het infarct?</td>
<td>+.him before the infarction?</td>
</tr>
<tr>
<td>286.</td>
<td>B</td>
<td>juist (.) uitstekend!</td>
<td>just (.) excellent!</td>
</tr>
<tr>
<td>287.</td>
<td>I</td>
<td>oké</td>
<td>ok</td>
</tr>
<tr>
<td>288.</td>
<td>B</td>
<td>en nu is (.) ja maar ja &amp;=slaat zacht op tafel</td>
<td>and now is (.) yes but yes &amp;=softly slaps the table</td>
</tr>
<tr>
<td>289.</td>
<td>I</td>
<td>ja</td>
<td>yes</td>
</tr>
<tr>
<td>290.</td>
<td>B</td>
<td>niet zo goed &lt;(..)&gt;</td>
<td>not so good &lt;(..)&gt;</td>
</tr>
<tr>
<td>291.</td>
<td>B</td>
<td>&lt;nee nee&gt;.</td>
<td>&lt;no no&gt;</td>
</tr>
<tr>
<td>292.</td>
<td>B</td>
<td>niet zo goed</td>
<td>not so good</td>
</tr>
<tr>
<td>293.</td>
<td>I</td>
<td>nee (.) hij heeft dat niet overleefd+..?</td>
<td>no (.) he did not survive that+..?</td>
</tr>
<tr>
<td>294.</td>
<td>B</td>
<td>ja juist &lt;ja ja helaas helaas&gt; &amp;=slikt tranen weg</td>
<td>yes right &lt;yes yes alias alias&gt; &amp;=fights back tears</td>
</tr>
<tr>
<td>295.</td>
<td>I</td>
<td>&lt;ja ja&gt;1</td>
<td>&lt;yes yes&gt;1</td>
</tr>
<tr>
<td>296.</td>
<td>I</td>
<td>denk aan je (.) koffie!</td>
<td>watch your (.) coffee!</td>
</tr>
<tr>
<td>297.</td>
<td>I</td>
<td>&amp;=lacht (.) maar andere mensen wel? (.) familie (.) vrienden?</td>
<td>&amp;=laughs (.) but other people did (.) family (.) friends?</td>
</tr>
<tr>
<td>298.</td>
<td>B</td>
<td>ja &amp;uite eh (..) mijn vrouw en mijn vriend ook uitstekend hoor</td>
<td>yes &amp;exc eh (..) my wife and my friend too excellent it is</td>
</tr>
</tbody>
</table>

The interviewer’s comment on Ben’s story of involuntary loss of a friendship in line 293 may be regarded as empowering Ben’s positive face, indirectly framing him as a survivor relative to his former friend. Ben reacts emotionally, begrudging his loss, which is in turn met by a conceding response of the interviewer. She however does not actively seek to control his vulnerable state. At this point he makes a contextual move himself, shifting attention away from the current topic by addressing something that is completely off stage: the state of the interviewer’s coffee (296). This act is an intervention that represents a model that leaves room for the interviewee to exert control over the development of the event in favour of face management and regardless of the interviewer’s agenda. I infer that the interviewer appreciates Ben's contextual signal for she laughs but does not literally shift attention off stage. She redeems potential expectations associated with her role by comforting Ben in an implicit manner, notably by staying on topic but now foregrounding his friends that did make it through (line 297). Her indirect ways align with the liberal concept of roles and relations just projected. She is not overtly dominant but chooses for diplomatic control.

Fragments (8) and (9) below present politeness challenges associated with aphasia bound communication problems occurring in this event. In (209) Ben is referring to a nurse or therapist he was related to when being hospitalized. He seeks to identify her by the colour of her hair, which causes some confusion for ‘rooie / red’ in Dutch is phonemically close to ‘mooie / nice.’ Ben is obviously struggling with the target word as the interviewer seizes the opportunity and jokingly inquires whether he means ‘mooie vrouw / beautiful woman.’ Ben appreciates this comment and shares the joke.
I regard this fragment as demonstrating how the participants mutually project a participant model that is tolerant of challenges and jokes and as such profiles a secure politeness relation (e.g. Hengst 2006). I view this model to support cooperative behavior throughout the interview. Communicative trouble is never backgrounded and participants are not reluctant to profile potentially unsuccessful repair sequences.

Fragment (9) follows an episode in which Ben is trying to clarify a detail of the stroke event, which the interviewer had not quite grasped from his first telling. Ben succeeds in telling his story but understanding at this point remains unsolved. Instead of letting it go, the interviewer launches a coordinated repair strategy.
This episode features an extensive and well-organized repair procedure that eventually fails. When this becomes evident, Ben sighs and adds hopefully ‘snap je dat?’ (line 123), already accepting his failure to solve the coordination problem. This meta-question introduces a different level of shared ground, which is immediately exploited by the interlocutors. Ben repeats the remark jokingly (125), in fact thus mimicking their unsuccessful cycles of retracing, repeating and reaffirming. His stressed quotation of the first ‘snap je dat?’ in line 125 intensifies the presence of this coordinate, suggesting: ‘this is where we are, at the point of this question itself amidst the pieces of my story.’ From the perspective of the failure to get to shared ground on the objective referent it is a shared refuge, welcomed by the interviewer, who affirms to be with him with a neutral ‘ja,’ confirming ‘yes, I know what you mean’ (124). Then, responding to the content of Ben’s rhetorical question, she adds ‘a little bit’ (126). In fact this explicit joint search for mutual perspective continues for a while after this. However, for now I take this fragment to be sufficient illustration of interactive space to be failure tolerant and bound to equal collaboration in favour of a successful communicative exchange.

I consider the open and lengthy attempts to manage communicative difficulties in this event to support Ben’s positive face (cf. Brown and Levinson, 1987; Goffman1967; Watts 2003, see also section 3.3.1.2), for apparently the interviewer does expect politeness relations to be robust enough to allow such exposure. Ben’s actions have demonstrated his assertive attitude from the

| 106. | B | ja | yes |
| 107. | I | help u? | helps you? |
| 108. | B | ja | yes |
| 109. | I | ja (.) en nu zegt u +”/ | yes (.) and now you say +”/ |
| 110. | I | +” het was zoals (.) deze situatie+” | +” it was like (.) this situation+” |
| 111. | B | nee | no |
| 112. | I | ok (.) ok | ok (.) ok |
| 113. | B | eeeh | eeeh |
| 114. | I | ja | yes |
| 115. | B | eh moet ik d nou↓ uittegen &=peinst | eh how can I explain th now↓ &=ponders |
| 116. | I | ja | yes |
| 117. | B | eehh de ee ehh (.) e:h e:h &gromt eh (.) de thuissituātie (.) een een stoel met leu↑ningen | eehh de ee ehh (.) e:h e:h &grumps eh (.) the living conditions (.) a a chair with arms↑ |
| 118. | I | ja | yes |
| 119. | B | de thuissituatie | the living condition |
| 120. | I | de thuissituatie | the living condition |
| 121. | B | n stoel met leuningen en e:h | a chair with amsand e:h |
| 122. | I | hmm | hmm |
| 123. | B | snap je dat &=zucht? | do you get that &=sighs? |
| 124. | I | ja | yes |
| 125. | B | +” snap↓ je dat↓ &=lacht | +” do you get↓ that↓ &=laughs? |
| 126. | I | <ja (.) een beetle &=lacht>1 | <yes (.) sort of &=laughs>1 |
| 127. | B | <&=lacht>1 | <&=laughs>1 |
start and throughout the interview he explicitly refrains from committing to a stereotypical identity of a stroke patient or victim. In this respect, the last three fragments of this paragraph show how Ben frames himself as free and explorative (10), as a critical consumer of healthcare (11), and as a determined carrier of his own fate (12). In each of these instances, the interviewer’s response represents the more conventional perspective. Rather than launching a competition, her moves evaluate his generally dominant projection. For example in (10), her rephrase of Ben’s ‘ik noem mij vrij / I call myself free’ as ‘u hebt uw vrijheid nodig / you need your freedom’ subtly receives his declaration of being free with the presumption that he is in need, which neutralizes the empowering force of Ben’s expression (lines 425 – 427). He does not object, but confirms emphatically. Whether he refers to the interviewer’s conclusion as a rephrase or a subsequent assertion I cannot infer.

(10)

<table>
<thead>
<tr>
<th>Line</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>436.</td>
<td>I</td>
<td>ja (.) waar gaat u dan heen?</td>
<td>yes (.) where do you go then?</td>
</tr>
<tr>
<td>437.</td>
<td>B</td>
<td>de wijde wereld intrekken</td>
<td>go into the wide world</td>
</tr>
<tr>
<td>438.</td>
<td>I</td>
<td>ja (.) gewoon op stap</td>
<td>yes (.) just out</td>
</tr>
<tr>
<td>439.</td>
<td>B</td>
<td>juist (.) gewoon op stap!</td>
<td>right (.) just out!</td>
</tr>
<tr>
<td>440.</td>
<td>I</td>
<td>ja ja</td>
<td>yes yes</td>
</tr>
<tr>
<td>441.</td>
<td>B</td>
<td>&amp;hierjoe</td>
<td>&amp;hereyou</td>
</tr>
<tr>
<td>442.</td>
<td>I</td>
<td>ja</td>
<td>yes</td>
</tr>
<tr>
<td>443.</td>
<td>B</td>
<td>dan eh de wijde wereld intrekken maar</td>
<td>then eh into the wide world but</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ik [noem mij] vrij</td>
<td>I [call me] free</td>
</tr>
<tr>
<td>444.</td>
<td>I</td>
<td>u heeft uw vrijheid nodig</td>
<td>you need you freedom</td>
</tr>
<tr>
<td>445.</td>
<td>B</td>
<td>juist (.) ja ja ja</td>
<td>right (.) yes yes yes</td>
</tr>
</tbody>
</table>

In fragment (11) the interviewer asserts that Ben has assumedly gone through intensive therapy. This suggestion is typically associated with a conventional model of stroke patients tried in rehab. Ben acknowledges this concept but immediately equates this frame by coming up with a guest review that profiles him as a satisfied customer. The interviewer’s response displays a small structural irregularity, which may indicate that Ben’s acclamation caught her off guard. She does not oppose his shift of genre, nor does she go on to explore his evaluation.

(11)

<table>
<thead>
<tr>
<th>Line</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>197.</td>
<td>I</td>
<td>dus eh intensieve therapie?</td>
<td>so eh intensive therapy?</td>
</tr>
<tr>
<td>198.</td>
<td>B</td>
<td>ja eh maar eh [..] [revalidatiecentrum] is</td>
<td>yes eh but [rehabilitation center] is a eh fantastic hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td>een eh fantastisch ziekenhuis</td>
<td>yes (.) yes</td>
</tr>
<tr>
<td>199.</td>
<td>I</td>
<td>ja (.) ja</td>
<td>fantastic hospital</td>
</tr>
<tr>
<td>200.</td>
<td>B</td>
<td>fantastisch ziekenhuis</td>
<td>what did you like?</td>
</tr>
<tr>
<td>201.</td>
<td>I</td>
<td>wat vond u goed aan?</td>
<td>eh: all (.) eh the doctors too and</td>
</tr>
<tr>
<td>202.</td>
<td>B</td>
<td>eh: allemaal (.) eh de artsen ook en de</td>
<td>the nurses too (.) all</td>
</tr>
<tr>
<td></td>
<td></td>
<td>verpleegsters ook (.) allemaal</td>
<td>yes (.) yes</td>
</tr>
<tr>
<td>203.</td>
<td>I</td>
<td>ja (.) ja</td>
<td></td>
</tr>
</tbody>
</table>
this surpasses any trace of doubt that may have been present. The interviewer subsequently admits to his model, concluding that it must have been pure character (180). Ben’s positive face is clearly established as actually valid, when the interviewer infers that his personality must be unaltered (182). Ben emphatically confirms this.

In sum, the genre model of the current event includes a shared projection of participant roles and relations. This projection features an informal, equal and cooperative relationship that is robust for mutual politeness challenges and that critically supports the positive face of the interviewee. In case of communicative trouble, participants openly operate together in favour of repair. Particularly profiled are Ben’s authority and control over his personal status and ability as well as over contextual complications in the concrete genre event. The shared projection is freely exploited and participant relations appear to be pleasant and frictionless.

The shared projection of the current variable openly profiles aphasia as a potential complication to the interaction and particularly values this condition as not interfering with participant relations. Despite aphasia, Ben is an assertive and equal conversational participant. The participants face communicative difficulties head on and their interaction does not display uneasiness or insecurity whether to help and protect or struggle independently (which may be a common contextual issue, cf. Simmons-Mackie and Damico 2007; Gillespie et al. 2010).

5.2.4 Goals and functions

The interview is an opportunity for both participants and hence no favours are done and no one is ‘used’ - or both are. Next to the chance for data collection, which is relevant to the interviewer, the activity is of interest to Ben too. From on and off record information I infer that he is not

| 172. | B   | maar eh (...) ik heb g geen moment gedacht eh (...) +/". |
| 173. | I   | ja. |
| 174. | B   | +”zo is gebeurd en nu moet ik+". verdergaan+". |
| 175. | I   | ja. |
| 176. | I   | ja |
| 177. | B   | +”moet ik verdergaan+". |
| 178. | I   | ja (.) dat had u al heel snel bedacht |
| 179. | B   | ja: ja (.) ja (.) ja (.) ja |
| 180. | I   | zo bent u |
| 181. | B   | ja (.) ja (.) ja (.) ja |
| 182. | I   | oké (.) oké (.) dat is niet veranderd dus |
| 183. | B   | nee helemaal niet <nee helemaal niet>1 |
| 184. | I   | <nee nee nee>1 |
| 185. | B   | maar eh (...) I have not thought for a single moment e-h (...)+/". +”it thus happened and now I must go on+". |
| 186. | I   | yes. |
| 187. | B   | +”now () that is the end of that+". |
| 188. | I   | yes |
| 189. | I   | +”must go on+". |
| 190. | I   | yes () you had thought of that soon already |
| 191. | I   | yes yes () yes yes () yes |
| 192. | I   | that’s who you are |
| 193. | I   | yes yes () yes yes () yes |
| 194. | I   | ok () ok () so that has not changed |
| 195. | I   | no not at all no <not at all>1 |
| 196. | I   | <no no no>1 |
a ‘serving’ research subject, acting on the non-committing basis of financial compensation, ‘doing good’, or ‘having been urged.’ Neither do I believe that he looks for an opportunity to have a potentially interesting conversation in general. Although such opportunities may be sparse (cf. Dalemans et al. 2010; Gillespie et al. 2010; Blom Johanson et al. 2012; Rautakoski 2013) he claims he never was a talkative person. Instead I presume he considers himself as a beneficiary of the event. Off record, there are several indications for Ben’s eagerness to perform tasks and take chances in his own interest. Psychological observations mentioned in the subject characteristics attribute to him a characteristic performance-orientation and even a persistence to successfully complete given tasks. His later special request (pc) to receive an evaluative report from the interviewer may indicate that Ben has high expectations of performing in this genre event. In hindsight, the small prologue represented in episode (6) may be seen as not only demonstrating Ben’s assertive attitude, but also his eagerness to perform and make sure his actions are recorded for review. I conclude that participants hold individual projections, which respectively profile data collection and performance check. I suggest these projections are however subordinate to the shared goal of a sincere joint commitment to the concrete genre event of personal interviewing (cf. Clark 1996).

Relative to his other contextual projections, Ben’s assumed individual projection of goals is strongly associated with the phenomenon of aphasia or at least supports a general urge to perform well in terms of communicative ability despite this condition.

5.2.5 Conclusions

I consider the context level of the genre model under scrutiny to include in particular a shared projection of participants’ relations and roles. This projection includes informality, cooperation, trust, and tolerance for politeness challenges. Individual projections of context level knowledge and actions figure subtly in the data. With respect to domains, the interviewer uses a concept of the social cultural domains of Healthcare/Welfare and Research and Education, specifically tailored to aphasia. Ben’s projection of domains is not marginalized in this sense. It profiles Healthcare as a circumstantial but evident background of an incident that he perceives as a life-changing experience, which caused significant losses (e.g., his job, a friendship), but which does not define social cultural participation in respect of disability or aphasia in particular. It is only off record information concerning Ben’s individual goals that seems to indicate a particular focus on aphasia and communicative ability. It is unclear to me however whether this projection is connected with a personal competitive trait commented on in his medical dossier or that it concerns an aphasia bound orientation as projected by the interviewer.

The shared contextual model is tolerant and sensitive to individual projections. Both participants take care that the aphasic condition does not affect politeness relations. However, although the interviewer recognizes and supports Ben’s broader perspective, her individual aphasia-defined projection is profiled by way of evaluative comments that subtly adjust Ben’s verbal conceptualizations. Thus, individual projections of domain figure throughout but do not reach a threshold for overt confrontation. Yet, the interviewer’s approach may indicate a critical attitude in respect of Ben’s dominant non-aphasia bounded projection.
Linguistic limitations in Ben do not seem to affect the representation of his contextual projections. On the contrary, his expressions associated with context level knowledge and action are clear and explicit. Also, both participants particularly seem to value shared contextual ground – including tolerance, openness, a joint and active approach – on the potential interference of Ben’s aphasic condition with their communicative interaction. I suggested that the shared projection of goal may include a positive concept of aphasia and feature Ben’s ambition – and may be his expectation or hope - to perform well despite aphasia. Similar to the interview with Sara, the contextual projection in Ben’s interview seems to rebut the expectation that aphasia negatively affects identity construction and control over participation roles (Shadden 2004, 2005; Simmons-Mackie and Damico 2007; Sadden et al. 2008; Parr et al. 2003; Kagan 1998; Dietz et al. 2013; Blom Johanson et al. 2012; Rautakoski 2013; Purves 2009). Moreover, in the current interview, participants share a contextual projection that backgrounds aphasia as a defining feature of social identity and relations and profiles it openly as a shared challenge to the current communicative interaction. It should be mentioned however that the interviewer still practices a more critical (or conservative) perspective.

5.3 Text level analysis

Although coordination problems seem to be dealt with very well contextually, relative to the text level, participants struggle with serious communicative difficulties. The full narrative episode in the discourse is represented in (13) below.

(13)

<table>
<thead>
<tr>
<th></th>
<th>I</th>
<th>B</th>
<th></th>
<th>I</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.</td>
<td>herinnert u het zich nog?</td>
<td>ja: (.) heel goed ↑ heeel nadrukkelijk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>do you still remember it?</td>
<td>yes (.) very well ↑ veery distinctly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>ja (.) ja?</td>
<td>when it hit me</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>toen ik het <strong>kreeg</strong></td>
<td>yes (.) yes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>ja (.) ja (.) kunt u mij dat eens vertellen, wat gebeurde d’r met u?</td>
<td>yes (.) yes (.) could you just tell me about that, what did happen to you?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>mijn vrouw ehh staat bij <strong>mij</strong></td>
<td>my wife ehh stands with me</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>hmm</td>
<td>and (.) she must fetch you no! she must fetch (.) me (.) ehh (.) eh eh swayed back and forth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>en (.) die moet je nee! die moet mij terug (.) haalen ehh (.) eh (.) eh eh heen en weer geslingerd</td>
<td>ok?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>hmm</td>
<td>no</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>ja?</td>
<td>yes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>mijn vrouw moet heen en weer geslinger nee! niet</td>
<td>my wife must sway back and forth no! not</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>hmm</td>
<td>hmm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>B mijn vrouw moe eh eh eh ehh m mijn vrouw moet eh eh +...</td>
<td>eh m my wife mus eh eh eh m my wife must eh eh +...</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
|32.| u zegt +”/. | you say +”/.
|33.| +” mijn vrouw moest mij terughalen+”. | +” my wife had to fetch me back+”. |
Why this now?

B: ja
I: en u werd heen en weer ge-
B: <slingerd>1 juist
I: Ja () ja () dus uw lichaam
B: ja () ja
I: oké
B: eh ehm mijn eh stoel ()1 me leute
leuningen ()2 eh eh mijn stoel ook daa
me duizingen () leuningen
I: <ja>1 <ja>2
ja () u had een stoel met leuningen?
B: ja! ja
I: wat gebeurde daarmee?
B: nou () eh vooraf heb ik e:h (...) ne: hm
mm vooraf? () heb ik een () eh (...) om eh
heb ik n wat opgehangen () ja
I: u heeft iets opgehangen
B: ja
I: waar was u?
B: em mijn huis?
I: thuis
B: ja! thuis
B: ok
I: ja ja ja
B: oké
I: en () eh waar () u zat op de stoel of +..?
B: nou () niet!
I: niet
B: ehh eh eehh mm huh↑ (...) d de kamer ()
heen en weer↑ lopen
I: ja
B: heen en weer lopen
B: hmm
I: en ik voel mij niet zo goed
B: oké
B: en mijn vrouw staat achter me
I: ja
B: toen was eh ineen eh mijn vrouw
staat↓ achteraf () achteraf
I: ja
B: en you were swayed back and
<Forth>1 <Forth>1 () right
Yes () yes () so your body
yes () yes
ok
eh ehm my eh chair ()1 wi ar
arms ()2 eh eh my chair too
ther wi my erms () arms
<yes>1 <yes>2 yes () you had a
chair with arms?
yes yes
what happened to it?
well () eh before I have e:h (...) no: hm mm before↑ () I have
() eh (...) on eh I have hung a
something up () yes
you did hang something up
yes
where were you?
em my house?
at home
yes! at home
ok () were you doing odd jobs?
yes!
ok
yes yes yes
ok
and () eh where () you sat on the
chair or +..?
well () not!
not
ehh eehh mm huh (...) th the
room () walking back and forth↑
yes
walking back and forth
hmm
and I don’t feel so well
ok
and my wife stands behind me
yes
then was eh suddenly eh my wife
stands↓ in the rear () in the rear
yes
173

I ja (+) oké (+) maar eerst was u nog niet där (+) heen en weer (.) zei u? (.)
82. B ja (+) maar ik weet het niet maar eh niet goed (+) u dacht (+). (.)
83. B ja (+) u dacht (+)/. (+) de dokter (+) / ter (+) komen (+). (+) de dokter (+) / ter (+) komen (+). (+) the doctor (+) / to come (+). (.)
84. B ja (+) u dacht (+)/. (+) de dokter (+) / ter (+) komen (+). (+) the doctor (+) / to come (+). (.)
85. B ja (+) maar ik weet het niet maar eh niet goed (+) u dacht (+)/.
86. I ja (+) maar ik weet het niet maar eh niet goed (+) u dacht (+)/.
87. I ja (+) maar ik weet het niet maar eh niet goed (+) u dacht (+)/.
88. I ja (+) maar ik weet het niet maar eh niet goed (+) u dacht (+)/.
89. I ja (+) maar ik weet het niet maar eh niet goed (+) u dacht (+)/.
90. I ja (+) maar ik weet het niet maar eh niet goed (+) u dacht (+)/.
91. I ja (+) maar ik weet het niet maar eh niet goed (+) u dacht (+)/.
92. B ja (+) maar ik weet het niet maar eh niet goed (+) u dacht (+)/.
93. I ja (+) maar ik weet het niet maar eh niet goed (+) u dacht (+)/.
94. I ja (+) maar ik weet het niet maar eh niet goed (+) u dacht (+)/.
95. B ja (+) maar ik weet het niet maar eh niet goed (+) u dacht (+)/.
96. I ja (+) maar ik weet het niet maar eh niet goed (+) u dacht (+)/.
97. B ja (+) maar ik weet het niet maar eh niet goed (+) u dacht (+)/.
98. B ja (+) maar ik weet het niet maar eh niet goed (+) u dacht (+)/.
99. I ja (+) maar ik weet het niet maar eh niet goed (+) u dacht (+)/.
100. I ja (+) maar ik weet het niet maar eh niet goed (+) u dacht (+)/.
101. I ja (+) maar ik weet het niet maar eh niet goed (+) u dacht (+)/.

A PERSONAL INTERVIEW WITH BEN
Why this now?

102. B  <ja>1 <ja>2 ja
103. I  ja (.) en (.) dan is er iets met een met een stoel?
104. B  ja
105. I  uw vrouw +...
106. B  ja
107. I  helpt u?
108. B  ja
109. I  ja (.) en nu zegt u +”/.
110. B  nee↑
111. I  ja (.) en nu zegt u +”/.
112. B  oké (.) oké
113. B  eeehh
114. I  ja
115. B  eh moet ik d nou↓ uitleggen &=peinst
116. I  ja
117. B  eeehh de ee ehh (.) ehh eh &=gromt eh (.) de thuis ситуatie↓ ties (.) een een stoel met leuningen↑
118. I  ja
119. B  de thuis situatie
120. I  de thuis situatie
121. B  n stoel met leu↑ ningen en eh
122. I  hmm
123. B  snap je dat &=zucht?
124. I  ja
125. B  +” snap↓ je dat↓ &=lacht+.”
126. I  <ja (.) een beetje &=lacht:>1
127. B  <&=lacht:>1
128. I  toen had u thuis (.) stoelen met leuningen
129. B  ja! ja
130. I  ja
131. B  ja ja ja
132. I  was u daar (.) iets mee aan het doen?
133. B  nee
134. I  nee
135. B  op eh rechtophouen↑ met mijn vrouw
136. I  ja, ja (.) dus uw vrouw (.) hield u rechtop↑/?
In this study I hypothesize that in interactive events that include an aphasic and a non-aphasic participant, communication problems may relate to a lack of shared ground for interpretation of interactive moves. In particular, because of a limited use of grammatical grounding, participants may fail to appreciate verbal actions as expressions of a genre model that diverges from their own projections. In this section, we take a look at what participants conventionally and/or individually may have been expecting of the text level of this interview and what actually happened when they started to mutually perform it. Following Steen’s (2011) categories, we successively attend to content (5.3.1) and type of the text (5.3.2), its form (5.3.3) and its structure (5.3.4).

### 5.3.1 Content

The text level of the current genre model appears to include a shared projection of content, resembling the personal experience of stroke. Evidently, and independent of the current genre event, this topic is story worthy, that is, it is ‘reportable content’ (Labov 1972; Labov and Waletzky 1967; Norrick 2005; Labov 2010). Although it has been over six years, Ben immediately sets out to zoom in on a detailed level of his recollection of this event, claiming to ‘remember it very well, very distinctly’ (line 20) and draw the hearer’s attention to the exact moment of the stroke, which he empathically indicates in line 22: ‘..toen ik het kreeg / ..when it hit me’, with emphasis on kreeg / hit. This very moment continues to occupy the focus of attention throughout Ben’s story. More accurately, Ben’s narrative actions mainly seem to be attempts to explicate this precise point in the past event.

<table>
<thead>
<tr>
<th>Line</th>
<th>Ben (B)</th>
<th>Interlocutor (I)</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>137.</td>
<td>ja (.) ja</td>
<td>ja (.) ja</td>
<td>yes (.) yes</td>
</tr>
<tr>
<td>138.</td>
<td>+, zette u in een stoel?</td>
<td>+, put you in a chair?</td>
<td></td>
</tr>
<tr>
<td>139.</td>
<td>nee (.) nee</td>
<td>no (.) no</td>
<td></td>
</tr>
<tr>
<td>140.</td>
<td>dat niet</td>
<td>not that</td>
<td></td>
</tr>
<tr>
<td>141.</td>
<td>nee</td>
<td>no</td>
<td></td>
</tr>
<tr>
<td>142.</td>
<td>maar+/</td>
<td>but+/</td>
<td></td>
</tr>
<tr>
<td>143.</td>
<td>&amp;=-pakt armleuning vast</td>
<td>&amp;=-grabs armrest</td>
<td></td>
</tr>
<tr>
<td>144.</td>
<td>u kon zich vasthouden?</td>
<td>you could hold on?</td>
<td></td>
</tr>
<tr>
<td>145.</td>
<td>juist (.) juist (.) he ja</td>
<td>right (.) right (.) he yes</td>
<td></td>
</tr>
<tr>
<td>146.</td>
<td>ok (.) ja</td>
<td>ok (.) yes</td>
<td></td>
</tr>
<tr>
<td>147.</td>
<td>mijn vrouw ook (.) mijn vrouw ook</td>
<td>my wife too (.) my wife too</td>
<td></td>
</tr>
<tr>
<td>148.</td>
<td>met zijn tweeën?</td>
<td>the two of you together?</td>
<td></td>
</tr>
<tr>
<td>149.</td>
<td>juist ja (.) ja</td>
<td>right yes (.) yes</td>
<td></td>
</tr>
<tr>
<td>150.</td>
<td>ok (.) en zij heeft de arts gebeld?</td>
<td>ok (.) and she called (.) the doctor?</td>
<td></td>
</tr>
<tr>
<td>151.</td>
<td>eehh (.) ja (.) ja ja ja hm ja</td>
<td>eehh (.) yes (.) yes yes yes hm yes</td>
<td></td>
</tr>
</tbody>
</table>
In line 38 the interviewer’s response to Ben’s report represents her effort to clarify the content of his story particularly by way of literal interpretation: ‘dus [u hebt het over] uw lichaam? / so [you are talking about] your body?’ This comment ignores valid linguistic indications that Ben is in fact referring to the event in a less concrete manner. He talks about his wife urgently ‘having to fetch him back’ and his being ‘heen en weeër geslingerd / swayed back and forth’ (lines 26-32). On a more evaluative and metaphorical level, these structures may refer to the state of ‘swaying back and forth between hope and fear / life and death’ and the decisive presence of someone who keeps you from going. I argue that this interpretation is in fact the more conventional one given the fact that, as the current analysis demonstrates, the effort to establish ‘heen en weeër geslingerd / swayed back and forth’ in a literal sense only leads to wild imaginations and produces unsuccessful repair sequences instead of real evidence. By contrast, a figurative understanding of this phrase can be construed in retrospect. Additionally, an evaluative interpretation aligns with the concept of personal story telling on illness experience.
as a means to cope with illness and how it affects one's well being (Frank 1995; Hyden 1997; McKeivitt 2000; Shadden 2005).

In episode (15) the interviewer proceeds from Ben’s reference to the ‘chair with arms’ (line 41) to establish a better orientation through concrete objects and situations. Here, the interviewer again displays a projection of concrete content. This time, that model is specifically applied in favour of a repair procedure.

(15)

41. B  eh ehm mijn eh stoel (.)1 me leute leuningen (.)-2 eh eh mijn stoel ook daa me duizingen (.) leuningen
42. I  <ja>1 <ja>2 ja (.) u had een stoel met leuningen?
43. B  ja ja
44. I  wat gebeurde daarmee?
45. B  nou (.) eh vooraf heb ik eh (...) neh hm mm vooraf? (.) heb ik een (.) eh (.) om eh heb ik n wat opgehangen (.) ja.
46. I  u heeft iets opgehangen
47. B  ja
48. I  waar was u?
49. B  em mijn huis?
50. I  thuis
51. B  ja! thuis
52. I  ok, was u aan 't klussen?
53. B  ja!
54. I  oké
55. I  ja ja ja
56. B  oké
57. I  en (.) eh waar (.) u zat op de stoel of +..?
58. B  nou, (.) niet!
59. I  niet

The collection of referents that is successfully established in this episode – a chair with arms, being at home, Ben having done odd jobs hanging up something – facilitates coordination between the participants. This constructive orientation ends when the participants have arrived at defining Ben’s actions up to the key referent event (lines 54-56). At that point, the interviewer is a little hesitant about her next move. In line 57 she retrieves the chair with arms, which now adds prominence to this referent as the point of communicative break down before in line 41. As Ben emphatically points out – “well, not!” – her inquiry whether he was “sitting in the chair” does not follow most logically from the immediate context, which just zoomed in on Ben doing odd jobs. Her move being a little hesitant and conceptually off track may indicate that she is not sure how to proceed in order to trace Ben’s original conceptualization. It may also
indicate that she senses that the chair has some prominent value in this story. Apparently, it is still problematic to establish the coordinative value of this target referent. At this point, Ben takes over the initiative of step-by-step orientation, here represented in episode (16).

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>60.</td>
<td>B</td>
<td>ehh e eehh m m h u h t ( .. ) d e k a m e r t h e room t</td>
</tr>
<tr>
<td>61.</td>
<td>I</td>
<td>j a w a l k i n g b a c k a n d f o r t h t e r o o m ( )</td>
</tr>
<tr>
<td>62.</td>
<td>B</td>
<td>h e e n e n w e e r t l o p e n w a l k i n g b a c k a n d f o r t h t h e</td>
</tr>
<tr>
<td>63.</td>
<td>I</td>
<td>h m m</td>
</tr>
<tr>
<td>64.</td>
<td>B</td>
<td>e n i k v o e l m i j n i e t z o g o e d h e e n e n w e e r t l o p e n</td>
</tr>
<tr>
<td>65.</td>
<td>I</td>
<td>o k é a n d I d o n ’ t f e e l s o w e l</td>
</tr>
<tr>
<td>66.</td>
<td>B</td>
<td>e n m i j n v r o u w s t a a t a c h t e r m e</td>
</tr>
<tr>
<td>67.</td>
<td>I</td>
<td>j a</td>
</tr>
<tr>
<td>68.</td>
<td>B</td>
<td>t o e n w a s e h i n e e n e h m i j n v r o u w</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>69.</td>
<td>I</td>
<td>j a</td>
</tr>
<tr>
<td>70.</td>
<td>B</td>
<td>e n e h + ” / .</td>
</tr>
<tr>
<td>71.</td>
<td></td>
<td>” d e d o k t e r</td>
</tr>
<tr>
<td>72.</td>
<td>I</td>
<td>j a ( ) o k é a n d e h + ” / .</td>
</tr>
<tr>
<td>73.</td>
<td>B</td>
<td>o n g e v e e r e e n t w e e d r i e v i e r m i n u t e n</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>74.</td>
<td>I</td>
<td>z o s n e l ?</td>
</tr>
<tr>
<td>75.</td>
<td>B</td>
<td>j u i s t + ” / .</td>
</tr>
<tr>
<td>76.</td>
<td></td>
<td>” z o s n e l ? + ”</td>
</tr>
<tr>
<td>77.</td>
<td>I</td>
<td>o k é ? j a</td>
</tr>
<tr>
<td>78.</td>
<td>B</td>
<td>e n d i e e e n e h a m b u l a n c e k o m e n</td>
</tr>
</tbody>
</table>

In this episode Ben effectively gets past reference to busy movements (lines 60/62) and bad feeling (line 64) up to the moment supreme. When he has arrived at this point, he moves the perspective away from the viewpoint of his ego to profile his wife’s location relative to that (line 66), indicates the sudden alternation of her position (68), her voice calling the doctor (71) and the subsequent arrival of the doctor (73) and later on the ambulance (78). Ben’s moves thus seem to represent the narrative line of the event in an organized and referentially clear manner. This second attempt to tell his story also seems to ostensibly leave out the failed evaluative perspective - originally profiled by swaying back and forth, as well as the projected necessity relation ‘must fetch me back.’ The interviewer accepts the profiled gap and does not seek to inquire on it at this point (hence ignoring a second opportunity to foreground an evaluative construal of the past event). In a way, her acceptance resembles Ben’s act in line 58, when he chose to strictly stick with the logical relevance of the chair and keep away from indicating its potential metaphorical significance (the probability and function of which will be discussed later on).

Let us investigate how the participants share this more fluent stroke story that appears to effectively get round the communicatively troublesome episodes that initially hindered the narrative performance. In line 74 represented in fragment (17) below, the interviewer comments
upon Ben’s reference to time – ‘zo snel? / that fast?’ in a way that profiles its sequential position following ‘dokter komen / doctor to come’ and ‘ongeveer 1, 2, 3, 4 minuten / minutes approximately.’

From the preceding content, it is likely that Ben’s explicit temporal indication in line (73) refers to the period of time between ‘my wife stands in the rear’ (fragment 16) and ‘the doctor come’ (line 71). Early on in the event Ben has announced this period as very significant and, presumably for reasons connected with his aphasic condition, he has unsuccessfully tried to comprehensibly stage it as (fore)most reportable content. I presume that this content comprises the experience of fear of dying and in that respect Ben’s counting the minutes may refer, other than to the quickness of the doctor’s arrival proposed above, to this near death experience. The counting then functions as an afterthought or summary that represents the point of the story.

In this analysis, the arrival of the doctor and subsequently the ambulance, are narrative elements that comprise the coda section, zooming out of the main narrative event, thus rounding up the story. But in this perspective, a literal interpretation of the interviewer’s ‘zo snel? / that fast?’ would profile her comment as an ironic evaluation of Ben’s experience, asserting the opposite truth of what he has so meaningfully just spelled out, the perceived slow motion conventionally associated with ‘being swayed between hope and fear / life and death.’ Therefore, it is more likely that her comment ‘zo snel? / that fast?’ coheres with a perspective that links Ben’s explicit indication of minutes passing by to the (now quick) arrival of the doctor. I thus view the interviewer’s comment to be another indication of a content projection that is restricted to referential content.

How plausible is an interpretation of Ben’s ‘fluent story’ that attributes an evaluative or metaphorical value to the act of counting? In this interview, Ben uses counting mostly as a word finding strategy. But arguable, its availability also qualifies counting as a multipurpose tool par excellence. Moreover, even from a strict referential point of view, the literal construal wrenches somewhat with common sense – a very quick arrival indeed and a remarkable observation given
Ben’s state at the time. In further support of an evaluative over a literal interpretation, I present below an episode from the personal interview with Michel discussed in Chapter 3.

In this fragment, Michel verbalizes his experience of being in between hope and fear / life and death when he almost drowned due to a diving accident. In (18) he evaluates the period just after he collided with a sand bank. He is barely afloat in the sea, he cannot move and no one notices him.

(18)

En dan gaat er echt van alles door je heen en dan voel je jezelf vier keer wegzakken en weer bijkomen en op een gegeven moment hebben ze me gelukkig toch nog omgedraaid.

And then all kinds of things pass through your mind and you feel yourself slide away four times and come back and at a given point I was lucky they eventually turned me around.

Michel’s construal of these anxious moments profiles his experience in a similar manner as Ben’s counting. His use of ‘en dan voel je jezelf vier keer wegzakken en weer bijkomen / …’ is an evaluative structure which postpones the story, emphasizing the moment possibly in favor of trauma conceptualization and in support of narrative effect (Labov and Waletzky 1967; Labov 1972). A summarizing afterthought like ‘een, twee, drie, vier minuten / one two three four minutes’ may be the closest Ben can get verbally to the representation of the narrative topic of being in between, experiencing suspension with uncertain closure. In his story as in Michel’s, the fact that the doctor came is a side issue the value of which just serves the narrative macrostructure and is of minor importance to the point of the story.

Since Ben does not express his offense or at least his surprise in any way upon the interviewer’s comment in line 74, a potential conflict of content projections is not apparent. I rather infer that Ben, in pursuit of alignment and conversational solution, covertly chooses to frame ‘zo snel? / that fast?’ as a more general evaluative comment on his story. These minutes have been imprinted on him second by second, but, equally true, it has been ‘just a blink between life and death.’ This analysis is supported by the prosodic quality of line (76), which defines it as a case of fictive interaction, specifically a rhetorical question (Pascual 2002; Pascual and Janssen 2004; Pascual 2006; 2014; Versluis and Kleppa 2016). It is a good example of how participants with individual narrative projections may both use available verbal structures to establish their own projection as a ‘shared’ model. An ambiguous communicative potential allows for a covert exploitation of individual schemas.

The last episode I discuss in this paragraph again demonstrates that Ben’s content projection comprises an evaluative construal of near death experience. In fragment (19) the interviewer explicitly topicalizes the moment before Ben loses consciousness. He comments on this by emphasizing his full awareness (line 83) of the situation and his misgivings about it. In lines 86-90 he refers to the episode right after his wife ‘suddenly was in the rear,’ i.e. when he was completely left to himself. I infer from the exchange below that here the participants mutually project the evaluative perspective on Ben’s experience of stroke.
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>79.</td>
<td>I</td>
<td>ja</td>
</tr>
<tr>
<td>80.</td>
<td>B</td>
<td>eh ongeveer ik weet het niet</td>
</tr>
<tr>
<td>81.</td>
<td></td>
<td>+, maar toen was ik weg</td>
</tr>
<tr>
<td>82.</td>
<td>I</td>
<td>ja ok (.), ja (.), maar eerst was u nog niet weg</td>
</tr>
<tr>
<td>83.</td>
<td>B</td>
<td>nee helemaal niet weg</td>
</tr>
<tr>
<td>84.</td>
<td>I</td>
<td>nee (.), en was merkte u aan uzelf (.), u ging heen en weer?</td>
</tr>
<tr>
<td>85.</td>
<td>B</td>
<td>ja (.), maar ik weet het niet, maar eh niet goed</td>
</tr>
<tr>
<td>86.</td>
<td></td>
<td>nie goed (.), achteraf</td>
</tr>
<tr>
<td>87.</td>
<td>I</td>
<td>oké</td>
</tr>
<tr>
<td>88.</td>
<td></td>
<td>ja (.), u dacht +”/”</td>
</tr>
<tr>
<td>89.</td>
<td></td>
<td>+”/” niet pluis+”</td>
</tr>
<tr>
<td>90.</td>
<td>B</td>
<td>+”/” helemaal niet pluis!+”</td>
</tr>
</tbody>
</table>

All in all, as for story content, both participants appear to project the experience of stroke and Ben succeeds in raising expectations and hearer interest in support of communicating this particular content on a fairly detailed and evaluative level. As it turns out, Ben has difficulty in meeting those expectations and the participants confine to the more concrete, referential narrative line. Nonetheless, the evaluative model remains active throughout the interaction. Subsequent verbal expressions of this model are: 1) ‘heen en weer geslingerd / swayed back and forth’ and ‘mijn vrouw moest mij terughalen / my wife had to fetch me back’; 2) ‘stoel met leuningen / chair with arms’; 3) ‘opeens mijn vrouw staat achteraf / suddenly my wife stands in the rear and ‘een, twee, drie, vier minute / one, two, three, four minutes’; 4) ‘niet goed…achteraf / not good…in the rear.’ The participants fail to coordinate on sharing possible access nodes to get from the objective to the evaluative construal. The interviewer’s ‘swayed back and forth / your body?’ is representative in this respect, just as Ben’s ‘sitting? well not!’ The interactive episode ‘zo snel? - ja, zo snel / so quickly? - yes, so quickly?’ indicates that at this point of the genre event, the participants are both pragmatic in respect of sharing content and, moreover, their shared projection appears to allow for a potential ambiguity. This tolerance also renders their shared ground referentially delusive and apt for covert divergent projections.

Relative to the variable of content I conclude that severe communication problems stem from a specific combination of aphasic symptoms and non-aphasic genre expectations. Despite participants’ effort to establish shared ground on narrative content, at crucial points in the discourse the appreciation of verbal coordinations is biased to individual projections. Ben’s aphasic elliptical structures are semantically vague but the interviewer does not recognize their real and present figurative or metaphorical potential either. Rather she displays a preference for literal content. Despite the fact that evaluative content is robust or even preferred in aphasia (cf. Nespoulous et al. 1998; Ulatowska and Olness 2003; Olness et al. 2010) the interviewer displays a preference for concrete reference at the cost of a (potentially more complex) abstract illness conceptualization. Possibly, as a speech and language therapist, she expects an ‘evidence based’
concreteness orientation in Ben, assuming that the bare experience and its perceptual features are typically most accessible to him (Hughlings Jackson 1874/1958; Goldstein 1936; Goldstein and Scheerer 1941; Cohen et al. 1975, 1967; Kelter et al. 1976; Cohen, Kelter and Woll 1980; Paivio 1986; Schwanenflugel et al. 1988; Pulvermüller 1999; Salas et al. 2013; Sandberg and Kiran 2014), specifically in lexical processing (Paivio 1986; Newton and Barry 1997; Pulvermüller 1999; Berndt, Haendiges, Burton and Mitchum 2002; Barry and Gerhand 2003; Mårtenson 008; Kiran, Sandberg and Abbott 2009). The interviewer’s projection of content may also be marginalized for aphasia in a more general way which may direct her attention towards the occasion of ‘being aphasic’ at the cost of ‘having gone through a life threatening experience.’ The latter then only receives a superficial, factual address instead of an evaluative one.37

I assume that the communicative problems relative to the content variable are connected with the participants’ diverging projections of narrative type. As such, the communicative potential of Ben’s aphasic verbal expressions remains limited. In the next section I discuss how the interviewer, in connection to her aphasia bound text level assumptions, expects a report of concrete events whose narrative point resembles an accurate (maybe lively) description of the past event. Ben’s elliptical expressions however may point at the projection of a regular illness story.

5.3.2 Type

The current genre model includes individual projections of text type. The interviewer projects a ‘stroke story,’ which – given her aphasia prominent contextual ground - may be a simple report of past events that profiles stroke as the cause of a loss of cognitive – i.e. linguistic – function. Evaluative value is optional surplus in this model. As I elaborate on below, I view Ben to instead project a quest narrative in the sense that his story is a testimony of a highly individual experience (Frank 1995). This testimony construes the experience of stroke as a life-threatening incident in itself. This type of story is an illness narrative, which is designed to make sense of reality and (re)conceptualize a past experience (Frank 1995; Hyden 1997; Bury 2001). Use of narration in coping or identity construction may be a valuable tool in aphasic speakers too (cf. Berstein-Ellis & Elman 2007; Holland 2008; Armstrong and Ulatowska 2007; Olness and Ulatowska 2011).

Ben explicitly announces the projection of a testimonial story, framing himself explicitly as a witness when he asserts recalling the stroke event ‘very well, very distinctly’ (line 20). Given his verbal performance and assertive attitude at that point in the genre event, I infer that he is confident that he will successfully manage this story type.

Ben’s ‘first narrative attempt’ (roughly comprising lines 24-41) is characterized by an incoherent, yet pressing quality. Particularly, historical present tense – mijn vrouw staat bij mij in line 24 – construes the event with focal attention; heen en weer geslingerd in line 26 expresses a concept of uncontrolled movement; and mijn stoel met leuningen in line 41 seems an overly detailed indication in a context that lacks basic coherence and which apparently projects a highly individual perspective. Such elements suggest that Ben’s initial narrative action represents what Frank (1995) qualifies as ‘a chaos narrative’:

37 Notice that relative to Michel’s story, attending to his paralysis instead of his near death experience would be unthinkable.
The anti-narrative of time without sequence, telling without mediation and speaking about oneself without being fully able to reflect on oneself (1995: 98).

To suggest that Ben initially projects a chaos narrative does not contradict my previous assertion that he in fact is using a quest narrative model; a narrator may testify about an experience of chaos and loss of control. As it occurs, Ben’s story is indeed received as a chaos story. However, this reception turns out not to be productive at all. The interviewer sets out to organize the apparent chaos construal, particularly by acts of orientation (from line 42 on). Ben adjusts to that and together they establish constitutive elements for a coherent picture and hence, shared ground. The strategic approach and the focus on concrete objects and situations as points of orientation may indicate that the interviewer adjusts to the projection of a chaos type and Ben aligns with it as well, possibly without losing track of his original quest type projection.

As I discussed above, the mutual efforts to get to shared ground evolve into Ben’s coherent expression of a stroke report that typically leaves out what I suspect is most reportable content. I regard that content to be associated with the quest/testimonial type projection, namely Ben’s subjective experience of dying. As I discuss below, this model is later on explicitly staged when the interviewer inquires after Ben’s conscious perception at the time of the referent event (line 82) and, finally, when the chair is identified as a key element of the quest narrative (lines 135-145).

I view the participants’ diverging projections of narrative type as the main cause of the effortful and time-consuming character of narrative interaction in this genre event. The interviewer’s concrete and hands-on response reveals the professional attitude of a non-aphasic care giver conducting a proofed repair strategy. It frames Ben’s performance as foremost elliptical – i.e. linguistically underspecified – and disconnected and it approaches it as if it represented a (distorted) stroke report. However, within the perspective of a quest-story frame the same elliptical linguistic signals may be valued differently. Particularly, Ben’s choice of linguistic elements resembles a formulaic expression connected with the sociocultural model of near death experiences. Appreciated as such, Ben’s sparse elliptical structures provide for a metonymic channel to what is conventionally accessible narrative content. In this case I thus presume that individual expectations of narrative type bias the interviewer’s appreciation of linguistic signals.

Table 3 presents a comparison of Ben’s expressions assumedly associated with the stereotypical model of near death experience and non-aphasic expressions thereof, notably taken from the personal interview with Michel in Chapter 3. I present it here because I believe the linguistic and conceptual features of Ben’s narrative seem to have a striking similarity with the characteristics of Michel’s story. He is the non-aphasic man who survived a diving accident, which resembles Ben’s stroke experience in that it includes a sudden loss of control over one’s bodily functions and the expectation that one may die. In table 3, Michel’s story is represented verbatim in the middle column, its various functional units segmented by the rows. The lefthand column represents similar units projected by Ben in the various narrative episodes of the current genre event. I consider the distribution of these elements over the various episodes of storytelling in this event to demonstrate Ben’s persistent projection of the quest story type. The righthand column contains commentary on the citations explaining how they connect with the stereotype model of near death experience.
<table>
<thead>
<tr>
<th>Ben</th>
<th>Michel</th>
<th>Stereotype</th>
</tr>
</thead>
<tbody>
<tr>
<td>de kamer heen en weer lopen / ik voel mij niet zo goed / mijn vrouw staat achter me / toen was ineen mijn vrouw staat achteraf.</td>
<td>ik rende ’t water in bij ’t strand / ik kom aangelopen / ik sta tot m’n middel in het water / neem een duik / en op dat moment liep er een zandbank recht omhoog waar ik dus eh vol indook met m’n hoofd.</td>
<td>orientation in historical present followed by a ‘sudden occurrence’: something crucial happens.</td>
</tr>
<tr>
<td>the room walking back and forth / I don’t feel so well / my wife stands behind me / then was suddenly my wife stands in the rear.</td>
<td>I ran in the water at the beach / I come walking up / I stand in the water to my waist / take a dive / and at that moment a sand dune erects right up and I dove into it.</td>
<td>Idiomatic, cool expression of felt calamity.</td>
</tr>
<tr>
<td>niet pluis, helemaal niet pluis. fishy, very fishy.</td>
<td>dat vonden ze niet prettig ja toen wist ik dus al meteen dat het mis was ik voelde een krak in m’n nek en kon verder geen ledematen meer bewegen m’n armen niet m’n benen niet en ’k lag tot m’n neus ongeveer in het water.</td>
<td>Description of physical position and options.</td>
</tr>
<tr>
<td>mijn stoel met leuningen my chair with arms.</td>
<td>that they didn’t like very much. Well, then I knew immedeatly that it was trouble. I felt a crack in my neck and couldn’t move any limbs anymore. Not my arms, not my legs and I lay in the water approximately up to my nose.</td>
<td></td>
</tr>
<tr>
<td>rechtophouden met mijn vrouw. keeping up right with my wife.</td>
<td>en dan lig je daar te verdrinken en je ziet de mensen om je heen eh die hebben hun gedachten bij hele andere dingen en ja je wil wel aandacht trekken maar dat gaat op zo’n moment even niet dus eh and then you lay there drowning and you watch the peoples around you eh they have their minds set on distant matters and yes you want to draw attention but at such a moment that is quite impossible.</td>
<td>Description of being completely alone with one’s faith, other people are occupied, out of reach. Use of ‘je/you, one’ and modality (moest/must, wil-wel-gaat niet / want to-can’t do) objectifies and generalizes the experience and makes it accesible to the audience. As such it supports the goal of the quest to share the experience as a witness.</td>
</tr>
<tr>
<td>en die moet je neel! die moet mij terug halen eh heen en weer geslingerd. and she must fetch you no! she must fetch me eh swayed back and forth.</td>
<td>niet goed, achteraf not good, in the rear.</td>
<td></td>
</tr>
<tr>
<td>mijn vrouw moest mij terug halen. my wife had to fetch me back.</td>
<td>‘en “de dokter komen.” and “the doctor to come.”</td>
<td></td>
</tr>
</tbody>
</table>
I think that the comparative analysis above establishes evidence that Ben indeed is telling a quest narrative, more specifically a testimonial. Also, and importantly, this comparison indicates the semantic depth of Ben’s story, which is totally overlooked by the interviewer’s expectations of a stroke report that pre-eminently features stroke as a cause of aphasia. That perspective on stroke backgrounds the element of trauma and survival that is associated with Ben’s experience. To associate Ben’s verbal actions with a conventional – or at least, non-aphasic – linguistic construal of near death experience, as for example demonstrated by Michel, is to recognize the fact that in the interaction, these verbal actions were never exploited to their full potential.

In sum, I view the participants to project individual models of narrative type associated with Ben’s experience of stroke. The interviewer projects an aphasia centered stroke story with an optional evaluative quality. Ben projects a quest type of story, specifically a testimonial or witness report. Due to Ben’s production difficulties however, the interviewer receives this story as only a chaos type narrative and later on as a basic stroke report. In accordance with her type projection, the interviewer does show sensitivity to evaluative potential, but her actions mostly pursue concrete referential orientation and fail to fully explore the narrative as a conventional near death testimony. In particular, the stereotypical expressions are not coordinative to her as metonymic channels to the social cultural model of such experiences.

I conclude that the aphasic quality of Ben’s verbal expressions coordinate the hearer to look for shared ground on the level of literal content – that is a literal report - whereas these verbal structures actually represent figurative content – that is a testimonial. I suggest that Ben’s
projection may rebut evidence that aphasic narrators are bound to concrete and imaginative content (see the previous section) or stories that, due to processing difficulties are mere summings up of loose elements involuntarily resembling a report (Ulatowska c.s. and North 1981; Ulatowska and North 1983; Ulatowska and Chapman 1994; Olness and Stewart 2007). The interviewer’s projection may be tuned to such knowledge (and possibly her professional experience too). Her projection of type may also be generally marginalized for aphasia, like I suggested relative to text level categories before i.c content. Ben’s projection supports evidence that illness narratives are relevant tools for aphasic speakers (cf. Berstein-Ellis & Elman 2007; Holland 2008; Armstrong and Ulatowska 2007; Olness and Ulatowska 2011) as is evaluative action (cf. Nespoulous et al. 1998; Ulatowska and Olness 2003; Olness et al. 2010).

5.3.3 Form

I view the current genre model to include a shared projection of text form. At least, participants seem to set out from such a projection with their explicit appointment of an introductory section that includes title (‘brain infarction,’ lines 8-11), temporal orientation (‘6 years ago,’ lines 12-18), and evaluation (‘very well, very distinctly,’ lines 19-22). From then on coordination problems arise associated with the identification of a complicated action. I think that Ben is responsible for a lack of coherence here. Possibly, being ‘goal directed’ (see the data section above), he may jump all too quickly to the narrative complication without a more elaborate introduction. The interviewer however, just as well fails to recognize that maybe rather than already a complication, Ben’s expression might represent a free standing evaluative intermezzo (paraphrase: ‘I remember very distinctly because I was in the situation that someone had to fetch me back from far away. I was swayed between hope and fear / life and death.’). Whether lines 20-41 are intended as a complication or as an evaluative comment (or are a contraction of the two), the expression of either of these is somehow too complex to produce for Ben to be fully appreciated by the interviewer.

I observe that the orientation-focused repair strategy that follows upon this breakdown has an unintended yet implicit evaluative effect; the increased and repetitive orientation factually suspends the action and thus announces a complication section that must be significant, whatever its exact content. I find an illustration of such evaluative force through repetitive orientation present in Michel’s narrative actions. His testimony also includes elaborate orientation preceding the narrative complication:

1 ik rende’t water in bij het strand / I ran into the water at the beach
2 ik kom aangelopen / I come walking up
3 sta tot m’n middel in het water / stand in the water to my waist
4 neem een duik / take a dive
5 en op dat moment ... / and at that moment...

Lines 2 and 3 in this sequence are strictly speaking semantically redundant. They postpone the complication and as such add suspense to the story (cf. Labov and Waletzky 1967; Labov 1972). This effect is intensified by the explicit temporal orientation ‘op dat moment / at that moment’ which profiles the intersection of orientation and complication. The orientation includes the normal routine associated with taking a dip, but after ‘that moment’ extraordinary events and experiences occur. I detect this exact model in Ben’s story too: after routine content on doing
odd jobs, ‘ineens / suddenly’ complication begins (line 68). In both Michel’s and Ben’s case, that marked intersection also seems to signal a division between common knowledge and a highly individual experience. In Michel’s story a sandbank suddenly erects, and in Ben’s story, his wife suddenly stands in the rear. The indication of ‘suddenness’ or a quick turn of events here seems to emphasize that a significant development is coming up next. After this, the narrators return to common reference associated with the complication and solution of their respective stories, Michel by describing the stereotype model of near fatal diving accidents, and Ben by indicating the subsequent elements of his own trauma story.

I infer that the projection of macrostructure in the current genre model comprises the following sections in actual sequential order:

1 Orientation:
   Title herseninfarct / cerebral infarction (lines 8 -11)
   Orientation 6 jaar geleden / six years ago (lines (12 - 18)
   Evaluation heel goed, nadrukkelijk – toen ik het kreeg / very well, very distinctly, when it happened (lines 19 -22)

2 Complication or freestanding evaluation:
   mijn vrouw moest mij terughalen – heen en weer geslingerd – stoel met leuningen / my wife had to fetch me back – swayed back and forth – chair with arms (lines 24 -41).

3 Resumed orientation (lines 44 – 64)
   place (at home), action (doing odd jobs), feeling (not feeling well)

4 Complication (lines 66 – 77)
   Mijn vrouw staat achter mij – ineen mijn vrouw staat achteraf – “dokter komen”
   my wife stands behind me – suddenly my wife stands in the rear – “doctor come”

5 Solution (line 78)
   ambulance komen
   ambulance come

6 Evaluation (distributed, lines 76, 83, 135-145)
   1-5 min, “so fast” – not gone at all – fishy – hold on

I conclude that the interviewer projects an elementary projection of form – including the nucleus of orientation, complication and solution and that she is only prepared for evaluative action once basic macrostructure – representing a clear organization of what has actually happened - is enrolled to a point of completion. Her inquiry into Ben’s state of consciousness at the time of the stroke later on in the interview eventually recognizes the evaluative force of his projection. In Ben’s form-projection this force is particularly connected with the complication section, which is empathically anticipated in the interaction (by means of extensive orientation) but which content is only partly shared.

Similarities in text form with the model projected by Michel support my earlier assumption that Ben is projecting a quest type of story. In that schema, the chair with arms, originally
referred to by Ben in line 41, may be compared to Michel’s ‘sandbank.’ These entities both figure as profiled objects amidst dramatic action. If this comparison makes sense, the interviewer’s later inquiries about the chair (from line 91 on) may be compared with asking about the sand bank in response of Michel’s story (which is rather awkward). Within a testimonial, rather than contributing to a concrete description of the referent event, these figures serve personal illness conceptualization. In that respect, a sandbank is an agent that brings to a halt, and a chair is the last post to cling to. Of course, I speculate here and am aware that the prominence of the chair in Ben’s story is also the result of the mentioned pseudo evaluation connected with the repair strategy.

All in all, I take the interviewer’s effort to identify the narrative point of Ben’s empathic representation of ‘the chair with arms’ as an indication that she felt that she did not appreciate the communicative potential of Ben’s verbal expressions well enough. The fact that she does not just leave her already elaborate exploration to be, indicates to me that she has sensed she missed a significant point of story (namely the real complication, which she first received as part of orientation). I presume that Ben’s specific denotation – not just a chair, but a ‘chair with arms’ – may have signaled its potential as a significant element in the story.

Given Ben’s aphasic condition, a conventional yet nuclear text form may be expected, with optional evaluative sections (Ulatowska, North and Macaluso-Haynes 1981; Ulatowska et al. and North 1983; Berko-Gleason et al. 1984; Armstrong 2000; Ulatowska, Olness and Williams 2004; Armstrong and Ulatowska 2007). I infer from the data that the participants may share that expectation, but experience a coordination problem relative to the specifications of the narrative complication. Associated with her content and type projection, the interviewer seems to aim for the expression of a complication of physical details in the story. In this event, the ‘chair with arms’ figures as a material object that is somehow related to a concrete physical collapse, represented by ‘swayed back and forth.’ Her effort to reconstruct the complication from this angle neglects the option that ‘hoovering back and forth’ may rather be a free evaluation than actual part of a complication, ‘the chair’ carrying a more figurative content in Ben’s story. In respect of text form, I suggest that Ben’s aphasic condition obstructs a comprehensive representation of his genre projection. An urge for communicative solution then leads the interviewer to verbalize her own form-projection – which she assumes to be shared – ever so strongly. Her projection seems to favour a conventional macrostructural organization of mostly referential content, backgrounding evaluative elements. In this discourse context, it is difficult for Ben to project a competing genre projection, especially given his limited verbal resources.

5.3.4 Structure
The text level of the current genre model includes individual projections too. I find the interviewer projects structure foremost as a tool to facilitate discourse and narrative interaction with aphasia. Ben on the other hand appears to project structure preeminently to convey what is on his mind. I infer this for example from the initial narrative episode, where Ben’s story appears to lack coherent verbal expression but in retrospect is intelligible on a conceptual level. In particular, his verbal devices metonymically represent a stereotyped model of near death experience. Such an Idealized Cognitive Model or ICM (cf. Lakoff 1987) is conceived of as a specific complex of cognitive image schemas and symbols associated with a particular
occurrence or experience. An ICM-structure is a model of how we see the world and share that view and members of a socioculture are highly familiar with verbal and non-verbal signals that are connected with it. Clearly, this structure is not anticipated on by the interviewer, and she does not recognize it from Ben’s elliptical indications. When he fails to communicate his story, he adapts to the interviewer’s explicit projection of a model of temporal iconicity that profiles the chronology of past events (cf. Wilkinson et al. 2010). I assume that this projection is typically service to the management of communicative problems. I infer this for example from episode 20. Here, the sequential or assumed ontological structure is clearly operated as a refuge in the context of communicative trouble (paraphrase: ‘let’s go through this again. So you were doing […] and then […]’).

However, the interviewer’s question in line (57) poses a logical interruption of this expected course of actions. Notably, Ben ‘sitting’ on the chair is in conflict with the immediate preceding sequence of events, which includes him actively doing odd jobs. The interviewer’s suggestion indicates that her mind is on the conceptual reconstruction of the stroke event, and a small logical incongruence is then easily overlooked.

(20)

At this point in the discourse however, Ben and the interviewer are in the middle of a repair strategy in pursuit of referential clarity. Ben appears to expect a continued projection of the ‘repair’ variety of structure, i.e. its sequential safe mode, as he empathically corrects the interviewer’s unannounced divergence from it (line 58).

Episode (21) below displays a similar coordination problem in respect of structure. Here, Ben is asked to share some of his communicative experiences when he is out on the street.

(21)
I presume that in this episode Ben follows his individual projection of ‘conceptual structure’ whereas the interviewer expects them to again share the formal step-by-step schema of linguistic reference. The example demonstrates that rather than one of the participants being at fault here, their minds lack sufficient coordination. In line 469, the interviewer explicitly asks Ben to narrate on an experience of successful verbal interaction with a stranger. He responds by construing a situation that in principle could hold such an event (470). In line 473 the interviewer reduces/resumes Ben’s utterance to a simple locative coordinate. After
Ben affirms to be on shared ground (474), she starts off a dialogue very similar to earlier repair sequences used to establish the stroke story. Characteristic is the use of historical present tense (475), which zooms in on the situation, profiling a sequence of details that produces the typical effect of checking off shared referents to solve a coordination problem (477, 481, 483). In line 481 the interviewer makes an effort to specify the ‘interaction-with-a-stranger-situation’ by indicating a common part of that situation, i.e. that of potential communication partners. Ben confirms that this detail is part of his own perspective (482) and the interviewer as it were ‘ticks it off’, as mutually viewed (483). At this point there is evidence to assume that step by step Ben and the interviewer will go on to explore the ‘square-situation’ as they have explored the stroke event before in lines (46-81).

In line 484, Ben brings on ‘schoenenwinkel / shoeshop,’ and his construal ‘shoeshop too’ suggests a conceptual relation with the preceding referents. However, it does seem to completely deny the interviewer’s inquiry of ‘andere mensen / other people’ in line 481. Instead of joining the interviewer’s project of specifying the ‘square-situation’, he seems to move the focus to another location. In the sequence of turns that follows, the interviewer at first is at loss, expressing her lack of shared ground with ‘hmmm’ and an explicit question for clarification (485).

Then, in line 486, Ben introduces a new name, Hans. Except, he is not introducing. I infer this from the information structure of his construal, in which ‘Hans’ occupies the topical, ‘known-information’ slot and the fact that he is ‘the supplier of my shoes’ already fills the ‘news-end’ of the structure. The interviewer clearly shows confusion. She holds her pace, repeating the last words of Ben’s turn in a neutral tone of voice (487) and then, in line 489 she seems to make up her mind - ‘okay,’ followed by a brief pause - and turns back to ‘Hans,’ now topicalizing this character. This action turns out to be the solution to the communication problem, as can be inferred from the remainder of the fragment (lines 492-498).

What happened here? Between lines 484 and 489 the participants somehow lost track of their mutual perspective on the discourse situation. Interestingly, Ben does not seem to be aware of any deviation. In fact he is surprised that the interviewer is confused about Hans’ identity; has he not just mentioned that Hans is his cobbler? (line 490/491). In this respect, the way coordinative friction surfaces resembles the interactive episode of lines 57-58 (‘you sat on the chair or…? - well..not!’). To find out why Ben is surprised and the interviewer confused, we need to establish if they follow individual tracks without being aware. Let’s go down the interactive route, starting from line 452. The interviewer just asked Ben to share a positive experience talking to people outdoors.

(22)

| 470. B | eh eh ga ik regelmatig op het [plein] zitten | eh eh regularly I go sitting at [square] |
| 471. I | ja | yes |
| 472. B | eh eh [regelmatig] eh (.) nou (.) niet goed (.) nee eh eh +... | eh eh [regularly] eh (.) wel (.) not good (.) no eh eh+... |

Aphasia related perseveration of ‘regelmatig / regularly.’ Ben notices and tries to repair but fails.

(23)

| 473. I | [plein] | [square] |
The interviewer responds to the production problem of line 472 by profiling ‘[square]’ as a topic of inquiry. This move aligns to earlier locative coordinates (wide world, nature, [river], polder) staged between lines 437-461, just preceding the [square]-episode. From the following interactions it is inferred that the interviewer pursues the familiar step-by-step-repair strategy: prosody signals a listing procedure, historical present tense zooms in closely on the referent, implying that it will be scrutinized in some detail.

(24)

<table>
<thead>
<tr>
<th>Line</th>
<th>Interviewer</th>
<th>Response</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>475.</td>
<td>I</td>
<td>ja (.) u gaat zitten</td>
<td>yes (.) you sit down</td>
</tr>
<tr>
<td>476.</td>
<td>B</td>
<td>ja</td>
<td>yes</td>
</tr>
<tr>
<td>477.</td>
<td>I</td>
<td>oké</td>
<td>ok</td>
</tr>
<tr>
<td>478.</td>
<td>B</td>
<td>[op een eh] scootmobiel</td>
<td>[on a eh] scoot mobile</td>
</tr>
<tr>
<td>479.</td>
<td>I</td>
<td>ja?</td>
<td>yes?</td>
</tr>
<tr>
<td>480.</td>
<td>B</td>
<td>re↑gelmatig</td>
<td>re↑gularly</td>
</tr>
</tbody>
</table>

However, from Ben’s perspective, lines 475-480 may be a mere repetition of line 470 ‘regularly I go sitting at [square]’ which projects the situational concept of ‘hanging around’ without the implication of further inquiry. This structural projection diverges from the assumed interviewer’s sequentiality based projection.

(25)

<table>
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<th>Line</th>
<th>Interviewer</th>
<th>Response</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>481.</td>
<td>I</td>
<td>oké (.) daar zijn ook andere mensen?</td>
<td>ok (.) are there any other people?</td>
</tr>
</tbody>
</table>

From her perspective, typically focusing on [square] as a situation that could contain (interactive) events, the interviewer anticipates on a story in which Ben experiences interaction.

(26)

<table>
<thead>
<tr>
<th>Line</th>
<th>Ben</th>
<th>Response</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>482.</td>
<td>B</td>
<td>ja!</td>
<td>yes!</td>
</tr>
</tbody>
</table>

Of course! Why else would he mention the place at all?

(27)

<table>
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<tr>
<th>Line</th>
<th>Interviewer</th>
<th>Response</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>483.</td>
<td>I</td>
<td>oké</td>
<td>ok</td>
</tr>
<tr>
<td>484.</td>
<td>B</td>
<td>enne eh een eh een schoenenzaak ook</td>
<td>and eh eh a eh a shoeshop too</td>
</tr>
<tr>
<td>485.</td>
<td>I</td>
<td>hmm een schoenenzaak?</td>
<td>hmm a shoeshop?</td>
</tr>
</tbody>
</table>

And Ben offers another type of situation that includes positive interactive experiences. Prosody and hesitant articulation of the interviewer’s response suggests that she is at loss about the relevance of the 'shoeshop' at this point. Ben then takes this question as an incentive to specify how this shop is relevant to the assumedly shared topic of ‘communicative experiences,’ notably by introducing cobbler Hans as an interactive participant.
In response, the interviewer profiles ‘shoes’ with emphasis, thus again suggesting that the concept of a shoe store is peripheral in her projection. Her structural projection predicts a sequence of events at the [square]. In line 487 she halts her pace and then starts to adjust to Ben’s projection by informing on an interactive agent (fragment (29), line 489). In line 490 then, Ben openly surfaces their coordination problem. He does not recognize the interviewer’s move as an attempt to align to the conceptual configuration that frames the shoeshop and Hans as tokens of communicative experience. Just like in case of ‘the chair’ he frames the interviewer’s question as off track to the immediate discourse context.

In line 501 (30) the interviewer is eventually able to recognize the sociocultural concept of the shoeshop and value of Ben’s bringing it up.

What we see here then is an interviewer who projects a detailed sequential structure in a conversation with an interviewee whose text level preferences are primarily set for a non-consecutive, associative or conceptual structure resembling notions as a script (Schank and Abelson 1977), a scenario or frame (Fillmore 1985) or ICM (Lakoff 1987) (‘hanging around at the square’ as a concept that conventionally includes social interaction versus ‘hanging around at the square and subsequently meeting interactive participant X’). From the current fragment as well as from the initial stroke story episode I infer that Ben prefers coming to the point above detailed formal description. He aims to share his near death experience and talk about his friend...
the cobbler instead of going through a report or elaborate on his exact performances at the [square]. In both cases he expresses his surprise when the interviewer struggles to reconstruct a concrete story line, which to him is either not too interesting or just a matter of inferential thinking.

I conclude that with respect to text structure, the current genre model displays individual projections and a mutual exploration of these to some success. I view the interviewer to mostly draw on temporal or sequential structure and Ben as intuitively acting from semantic frames or scenario’s.

Considering aphasia interfering with genre projections, I presume that during the interview, Ben’s verbal expression of text structure is appreciated as impaired rather than as signaling a specific communicative potential. In this respect it is fair to realize that aphasic narrators may experience difficulties in organizing a variety of details to a coherent story with a clue. Sometimes aphasic narrations thus resemble summings up of loose elements without a clear relation among them (Ulatowska c.s. and North 1981; Ulatowska and North 1983; Ulatowska and Chapman 1994; Olness and Stewart 2007). This knowledge may be a solid motivation to project structure based on the principle of temporal iconicity – that is, the expectation that sequential development of a story follows the chronology of events as they have occurred in reality. This choice may secure cohesion when temporal or causal connectors are omitted (Labov and Waletzky 1967; Labov 1997; Labov 2010) or in case of pathology induced referential vagueness (Wilkinson et al. 2010). However, although temporal iconicity is used by both participants as a safe mode in value of repair of successful communication, I infer that the explicit projection of an assumed ontological sequence of events does not solve coordination problems in the end. Apparently, there are no points of departure for temporal structure in Ben’s own story. The openly conducted and long repair sequences initiated by the interviewer mainly frame Ben’s performance as structurally incoherent or subject to ‘topic hopping.’

In retrospect, however, Ben’s verbal performance may be argued to pre-eminently indicate a strategic use of shared conceptual knowledge schemas. Thus, whereas from the interviewer’s perspective aphasic difficulties do interfere with the expression of Ben’s individual projection of text structure, from Ben’s perspective, his verbal expressions contrarily profile structure as a strategic tool for sharing a story without linguistic specification, particularly inherent features like temporality or sequentiality. In the last section of this genre analysis I discuss how Ben’s code level actions indicate a systematic focus on information structure and a preference for a type of coordination that particularly foregrounds the shared conceptual frame of reference.

5.3.5 Conclusions

The text level of the current genre model includes two individual projections that diverge from a shared region in respect of evaluative depth and degree of formal expression. Ben’s text level projection includes evaluative content, testimony, basic macrostructure, and conceptual structure. The interviewer’s projection includes objective content, report, basic macrostructure and, generally, temporal organization. I argue that her projection is typically framed by aphasia bound knowledge and expectations: a concrete and simple content and form adjusted to apparent linguistic ability and temporal iconicity as a safety structure for optimal reference. I compare Ben’s projection on the other hand to the projection shared by the paraplegic speaker Michel and his interviewer in a similar (non-aphasic) genre event discussed in Chapter 3.
Despite great efforts and the interviewer’s genuine interest in the definition of Ben’s text projection, exploration of it is limited. Possibly of influence on the apparent coordination problems may be that successful communication of a testimonial text particularly draws on an expressive performance and as such fluency and audience design make a significant contribution to sharing such a story. An aphasia-related reduction of these features in Ben’s initial narrative performance – a disfluency in the assumed evaluative comment ‘I remember very well’ and the launching of the ‘swaying back and forth,’ followed by the ‘chair with arms,’ make these referents and their narrative function difficult to capture -may have hindered its proper appreciation.

The interviewer’s effort to establish communicative success results in extensive orientation episodes. These serve referential clarity but as a side effect they postpone the complicating action, creating suspense in a manner that is comparable to Michel’s non-aphasia bound testimony. Moreover, the form and structure conventions promoted by the repair-sequence – sequential orientation in time, space and action – are instrumental to the construction of Ben’s highly evaluative ‘fluent’ story. The communicative potential of the text form of this story, which includes a meaningfully empty complication slot – assumed to represent the original key referent that the participants were unable to establish between them – is however not mutually exploited. In this episode coordination problems remain covered as the discourse context allows for multiple interpretations, notably an evaluative and an objective interpretation of Ben’s quotative structure “zo snel?” in line 76. I suggest that the participants’ tolerant attitude towards individual projections in this genre event is a motive to accept ambiguity here. As a result, neither of the text level projections is fully established as shared ground.

In spite of the participants’ shared interest in communicative success, the narrative enterprise in the current genre model eventually remains ‘under construction’ and participants fail to really share Ben’s story. Constituent elements of Ben’s assumed illness conceptualization may be appreciated individually – the interviewer’s post narrative reference to the chair may include its value as an object of last resort in line (144-148) and her post narrative request on Ben being high alert in line 82 may add to the cognitive satisfaction of eventually shared understanding of Ben’s testimonial projection. However, there is no full recognition and acclaim, as was the case in the interview with Sara.

I view the text level of the current genre model to include a felt ‘missing the point’ in both participants. This is particularly foregrounded in lines (91-149) where the interviewer pursues the establishment of the chair with arms as a concrete referent, which drives Ben to exclaim ‘how am I going to explain this to you?’ (115). His despair probably resides in his awareness that sharing ground on this referent requires him to get the interviewer to recognize its value as part of a testimony. Framing a simple chair with arms as a life buoy is a complex operation if your co participant is not aligned to your text type projection. Moreover, the odds are really against you in this when your co participant is prone to the assumption that your verbal expressions are impaired rather than strategic representations of your genre model. Ben’s aphasic verbal outcomes signaled to the hearer that indicated referents would be semantically concrete and literal. I am not conclusive about why he did not succeed in monitoring the interviewer’s perspective and entice her to adopt another view on his linguistic choices and exploit their metaphorical potential. Maybe she was held back by her individual genre projections but neither were Ben’s verbal expressions powerful enough to make her reconsider them.
5.4 Code level analysis

Above I suggested that Ben’s verbal performance indicates a specific communicative strategy which is however not explored by the interviewer. In the code level analysis below, I intend to find out whether Ben’s verbal structures may be valued as indicative of a strategic code level projection, particularly as strategic keys for accessing shared sociocultural or conceptual knowledge. And if they can be, I want to address the question why the interviewer failed to recognize and exploit that potential. Is she hindered by her individual text level projections or is the quality of Ben’s code level actions simply insufficient due to aphasia? In the current section we subsequently address the categories of register (5.4.1), style (5.4.2) and rhetoric (5.4.3) and examine how these represent this difference.

5.4.1 Register

In association with personal interviewing conversational register is a shared projection of knowledge and action in this event (Holstein and Gubrium 2003; Legard, Keegan and Ward 2006). Ben, like Sara demonstrates how this register may suit speakers with aphasia well (cf. Goodwin 1995, 2003; Heeschen and Schegloff 1999; Klippi and Laakso 1999; Leiwio and Klippi 2000; Wilkinson et al. 2009; Beeke et al. 2002, 2003, 2007). Ben’s projection of register appears to typically include actions directed at increasing fluency and securing – or rather, taking responsibility of - his role as a conversational participant in spite of communicative difficulties. He consistently uses for example repetition. In (31) he repeats his own (line 81) and the interviewer’s words (82), inserting an adverb that modifies the structure and emphazises its content (line 83). A similar thing can be observed in line 90: Ben takes the given structure and adds emphasis using the routine adverb.

(31)

<table>
<thead>
<tr>
<th>Line</th>
<th>Speaker</th>
<th>Transcript</th>
</tr>
</thead>
<tbody>
<tr>
<td>81.</td>
<td>I</td>
<td>+, maar toen was ik <em>weg</em></td>
</tr>
<tr>
<td>82.</td>
<td>I</td>
<td>ja <em>oké</em>  (.) ja, maar eerst was u nog <em>niet</em>  <em>weg</em></td>
</tr>
<tr>
<td>83.</td>
<td>B</td>
<td>nee <em>helemaal</em> niet <em>weg</em></td>
</tr>
<tr>
<td>84.</td>
<td>I</td>
<td>nee (.) en wat merkte u aan uzelf, u ging heen en weer ↑ zei u?</td>
</tr>
<tr>
<td>85.</td>
<td>B</td>
<td>ja (.) maar ik <em>weet</em> het niet maar eh niet goed</td>
</tr>
<tr>
<td>86.</td>
<td>I</td>
<td>nie goed (.) achteraf</td>
</tr>
<tr>
<td>87.</td>
<td>I</td>
<td>+&lt; <em>oké</em></td>
</tr>
<tr>
<td>88.</td>
<td>I</td>
<td>ja (.) u dacht +”/”</td>
</tr>
<tr>
<td>89.</td>
<td>I</td>
<td>+”/” niet pluis+”.”</td>
</tr>
<tr>
<td>90.</td>
<td>B</td>
<td>+”/” <em>helemaal</em> niet pluis!+”.”</td>
</tr>
</tbody>
</table>

In normal – non-aphasic conditions – such repetition is pervasive, supporting fluency and participant relations (Tannen 2007; Hengst et al. 2010; Easter 2011). Repeating someone else’s words – or one’s own words – warrants talk or interaction to go on and provides for expression of common ground. For people with aphasia, echoing in conversation may be an economic resource for managing discourse. With minimal processing efforts they can avoid
communicative disruptions and simultaneously display competency and stay connected with their co-participant in the joint activity of conversation (Oelschlaeger & Damico, 1998; Ulatowska, Olness, Hill, Roberts, & Keebler, 2000; Leiwo & Klippi, 2000; Beeke, 2003; Easter 2011). When conversation does however break down, Ben draws on a repertoire of formulaic expressions that both add fluency to the interaction and foreground a conversational meta level that distances him from trouble going on ‘on stage.’ In form (fluent) and content (recognition of coordination problems) these expressions create isles of common ground with the co-participant when the proceeding of the interactive event is at risk. See for example line 119 in (32):

(32)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>115.</td>
<td>B</td>
<td>née↑</td>
<td>no↑</td>
</tr>
<tr>
<td>116.</td>
<td>I</td>
<td>oké (.) oké</td>
<td>ok (.) ok</td>
</tr>
<tr>
<td>117.</td>
<td>B</td>
<td>eeehh</td>
<td>eeehh</td>
</tr>
<tr>
<td>118.</td>
<td>I</td>
<td>ja</td>
<td>yes</td>
</tr>
<tr>
<td>119.</td>
<td>B</td>
<td>eh moet ik d nou↓ uitleggen &amp;=peinst</td>
<td>eh how can I explain th now↓ &amp;=ponders</td>
</tr>
<tr>
<td>120.</td>
<td>I</td>
<td>ja</td>
<td>yes</td>
</tr>
</tbody>
</table>

Another conversational principle that facilitates interactive fluency is the adjacency pair as minimal interactive sequence (Mazeland 2003). Such units include a first part that routinely evokes the second pair part – e.g. question and answer, invitation and acceptance, and greetings. (33) may be regarded as such an adjacency pair of which the first part possibly facilitates Ben’s rather elaborate response.

(33)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>19.</td>
<td>I</td>
<td>herinnert u het zich nog?</td>
<td>do you still remember it?</td>
</tr>
<tr>
<td>20.</td>
<td>B</td>
<td>jaa (.) heel goed↑ heeel nadrukkelijk</td>
<td>yees (.) very well↑ very distinctly</td>
</tr>
</tbody>
</table>

I conclude that Ben’s conversational behavior displays care for a smooth joint performance of the genre event. The interviewer projects a variable of register that features open and direct repair sequences. It seems that both projections align well: Ben’s conversational skills may draw on adaptive strategies – formulaic sequences, repetition – but they indicate that he is a confident and equal conversationalist who will figure as an equal partner in handling repair sequences.

Does aphasia interfere with the projection of register in this event? I think that Ben’s careful projection here is in part associated with his being aphasic. His skillful approach benefits the interaction, but it may also raise high expectations in the interviewer. Her explicit repair sequences may be well played, but they do not really pay off in the end. The strong projections of register align well but seem to serve contextual values more than textual values, at least concerning Ben’s stroke narrative.

5.4.2 Style

Since the interviewer is a professional acquainted with aphasic speech and Ben is an expert by experience, I presume that they share a style schema, or at least general know how relative
to options of structural and/or lexical variety in aphasic speech. Ben’s speech is ‘typically aphasic’ as it is characterized by slow rate, word finding difficulties and (aphasic) ellipsis (cf. Howes 1964; Howes and Geschwind 1964; Benson 1976; Goodglass and Kaplan 1983; Kolk 1990; Perlman Lorch 1991; Miceli 1999) as well as usage of quite a few (parts of) structures that appear grammatically accurate and a lot of (semi-) fixed constructions, up to a sentential level (cf. Code 1987; Dunbar 1993; Code 1994; Wray 2002; Van Lancker and Rallon 2004; Code 2005; Van Lancker-Sidtis and Postman 2006; Code 2011). Because such structures seem so pervasive in Ben’s speech, I take a closer look at idiom or, in a broader sense, formulaic expression as a possibly prominent feature of Ben’s style projection (FE, discussed in chapter 2). To this end I represent Ben’s use of (semi-) fixed structures in relation to Wray’s (2002) ‘distributed lexicon’-model. This model represents structures on a scale from novelty via (semi-) fixedness to reflexive automatism. Novel structures in this respect are assumed to be the product of grammatical sentence generation and representative of individual propositions. Formulaic expressions on the other hand are the outcome of holistic processes (cf. Wray and Perkins 2000; Wray 2002; Code 2011; Van Lancker-Sidtis 2012) and associated with implicit sociocultural meanings (cf. Code 1994; Van Lancker-Sidtis 2012; Wolf and Van Lancker-Sidtis 2012). Wray (2002) specifically seeks to apply the distributed lexicon-model to aphasic speech, arguing that apparent fluency or grammatical ability might be in fact a productive use of lexical resources (247-8). From the view of the distributed lexicon represented in Table 4 it seems that Ben uses novel ellipsis throughout the interview together with a considerable number of utterances that are (semi-) fixed expressions requiring no or little grammatical generation.

Table 4 on page 206-207

A majority of the fixed expressions are holistic strings or collocations without open slots to be filled. They are familiar phrases or can be identified as part of a personal lexicon because they are recurrently used in a different context, in a slightly modified way or even in much earlier speech. The construction ‘van lieverlee X / little by little X’ and the full string ‘twee woordjes had ik slechts / I only had two wordies’ are for example found in earlier data taken from Ben in 2006 (represented in the beginning of this chapter). Generally, Ben’s proverbial style of speech makes a very authentic, natural impression on me and I assume that this style may accommodate his way of verbal communication independent of aphasia. His selection of idiomatic over novel structures may indicate a preference for conventional social repertoire over individual linguistic expression. His style choices construct his identity as a common matter-of-fact kind of man. This is illustrated for example in (34) and (35), where Ben uses a fixed formulation that in particular represents his evaluative perspective on the incident of his stroke:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>173. B</td>
<td>“zo is gebeurd en nu moet ik verdergaan+”.</td>
<td>“it thus happened and now I must go on+”.</td>
</tr>
<tr>
<td>174. I</td>
<td>ja</td>
<td>yes</td>
</tr>
<tr>
<td>175. B</td>
<td>“zo (.) de streep d’r onder+”.</td>
<td>“now (.) that is the end of that+”.</td>
</tr>
</tbody>
</table>
Some single words are used very frequently like 'regelmatig / regularly' and assumedly these are part of Ben's personal, automatized lexicon (examples 36). As such these may be typically available to him in the presence of aphasia (Code 1994, 2011; Van Lancker-Sidtis and Rallon 2004).

### (35)

| 546. B | (.) zij zo | (.) so be it |
| 547. I | het zijn zo | so be it |
| 548. B | ja (.) ‘t zijn zo! | yes (.) so be it! |
| 549. I | ja ja | yes yes |
| 550. B | een streep d’r onder | that is the end of that |
| 551. | <verder gaan>1 | <go on>1 |
| 552. I | <ja>[1] < ja ja>2 | <yes>1 < yes yes>2 |
| 553. B | <verder gaan>2 (..) verdergaan | <go on>2 (..) go on |

### (36)

| 300. B | heel regelmatig mee eten | very regularly out to dinner with |
| 470. B | eh eh ga ik regelmatig op het [plein] zitten | eh eh regularly I go sitting at [square] |
| 504. B | nou (.) ik moet mijn (.) regelmatig naar [mediterane bestemming] toe weet je (.) regelmatig één twee maanden nee (.) één twee weken naar [mediterane bestemming] toe (.)[zij] & grunts | well (.) I must do mine (.) regularly off to [mediterranean destination] you know (.) regularly one two months no (.) one two weeks off to [mediterranean destination] (.) [she] & grunts |
| 655. B | maar eh ja die is regelmatig eh in mijn mij (.) regelmatig bij mij | but eh yes that one is regularly in me (.) regularly with me |

Sometimes Ben produces a fixed expression – in this case a conventional saying – in a somewhat distorted way. In fact, in (37) he seems to have selected more than one associated construction: ‘nu kan ik wel goed met X overweg / now I am on good terms with X’ and ‘nu kan ik wel met X door een deur / now I can get on very well with X’ (line 498). This paragrammatic quality does not seem to obscure the communicative intention in any way, given the immediate response of the interviewer in line 599.
Table 4. Use of (semi-) fixed structures in relation to the ‘distributed lexicon’-model (Wray 2002).

<table>
<thead>
<tr>
<th>I</th>
<th>II</th>
<th>III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource</td>
<td>Grammatical functors, incl. function words, bound morphemes</td>
<td>Referential words, collocates, referential holistic word strings</td>
</tr>
<tr>
<td>Process</td>
<td>Grammatical generation</td>
<td>Deliberate retrieval (referential)</td>
</tr>
<tr>
<td>Outcome</td>
<td>Novel sentences</td>
<td>Single words, fixed expressions (referential)</td>
</tr>
<tr>
<td>Effect</td>
<td>Objective free expression of ideas</td>
<td>Objective free expression of limited range of ideas; supports ease of production relative to I</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Selectional context dependency</th>
<th>lowest</th>
<th>low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free speech by Ben</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Mijn vrouw staat bij mij.     | Maar toen was ik weg.                          | Maar toen was ik weg. *
| My wife stands with me        | But then I was gone.                           | But then I was gone. *
| Die moet mij terughalen.       | Dat is niet goed.                              | Dat is niet goed. *
| She must fetch me back        | That is not good.                              | That is not good. *
| toen ben ik naar P vertrokken. | Af en toe meng ik mij in de strijd.            | Af en toe. *
| Then I went to P.             | Now and then.                                  | Now and then. *
| P is een fantastisch ziekenhuis.|                                                 |                                                 |
| P is a fantastic hospital.    |                                                 |                                                 |
| Dan heb ik een reunië.        | Af en toe.                                     |                                                 |
| Then I have a reunion.        | Now and then.                                  |                                                 |
| Maar dan kan ik niet verwoorden.|                                                 |                                                 |
| But then I cannot verbalize.  |                                                 |                                                 |
| S. is het woonplaats van hem. | Dat is teveel voor gebeurd.                    |                                                 |
| S. is the hometown of him.    | Too much has come between                      |                                                 |
| begrip van taal heb ik niet.  | Die is voor de tweede keer getrouwd.            |                                                 |
| Comprehension of language I do not have | That one is married twice                                                                 |
| rekenen heb ik niet.          |                                                 |                                                 |
| Calculation I do not have     |                                                 |                                                 |
| en eh lezen heb ik niet       |                                                 |                                                 |
| and eh reading I do not have  |                                                 |                                                 |
| heen en weergeslingerd.       |                                                 |                                                 |
| Swayed back and forth.        |                                                 |                                                 |
| Ik voel mij niet zo goed.     |                                                 |                                                 |
| I do not feel so well         |                                                 |                                                 |
Table 4. Continued

<table>
<thead>
<tr>
<th>IV</th>
<th>V</th>
<th>VI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Context-dependent words (yes, no, etc.)</td>
<td>Serial lists, mnemonics, rhymes,</td>
<td>Exclamations incl. swearwords, ouch, oh,</td>
</tr>
<tr>
<td>manipulative word strings</td>
<td>prayers, songs, quotations</td>
<td>etc.</td>
</tr>
<tr>
<td>Deliberate &amp; reflexive retrieval (communicative)</td>
<td>Deliberate &amp; reflexive</td>
<td>Reflexive retrieval (emotive)</td>
</tr>
<tr>
<td></td>
<td>retrieval (non-communicative)</td>
<td></td>
</tr>
<tr>
<td>Single context-dependent words, fixed</td>
<td>Performance &amp; mention</td>
<td>Spontaneous expression of emotion</td>
</tr>
<tr>
<td>expressions (sociointeractional)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subjective expression of context-bound</td>
<td>Availability of lengthy texts</td>
<td>Subjective expression of feelings</td>
</tr>
<tr>
<td>messages of interactional</td>
<td>and associated information at little</td>
<td></td>
</tr>
<tr>
<td>significance; supports ease of comprehension</td>
<td>processing costs</td>
<td></td>
</tr>
<tr>
<td>high</td>
<td>higher</td>
<td>highest</td>
</tr>
</tbody>
</table>

**IV**
- Denk aan je koffie!
- Test test test.
- Juist.
- Right.
- Moet ik d nou uitleggen.
- Snap je dat?
- Do you get that?
- Ik weet het niet.
- I don’t know.

**V**
- Eén twee drie vier vijf zes jaar.
- One two three four five six years.
- Ongeveer één twee drie vier minuten.
- Approximately one two three four minutes.
- Eén twee drie vier vijf zes zeven maand.
- One two three four five six seven month.
- Dertig 31 32 33 34 35 graden [35] graden.
- Thirty 31 32 33 34 35 degrees [35] degrees.
- Tien één twee drie vier vijf dagen.
- Ten one two three four five days.
- Eén twee drie kinderen.
- One two three children.
- Eén twee drie vier personen.
- One two three four persons.
- Verdikkeme! (quotative)
- Damn!

**VI**
- Ooh geweldig joh!
- Oh! Glorious man!
- Heerlijk joh!
- Wonderful man!
- Oh uitstekend ja
- Oh excellent yes.
- Uitstekend joh!
- Excellent man!
- Uit de kunst!
- Perfect! (idiom)
<table>
<thead>
<tr>
<th>I</th>
<th>III</th>
<th>III (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resource</strong></td>
<td>Referential words, collocates, referential holistic word strings</td>
<td></td>
</tr>
<tr>
<td><strong>Process</strong></td>
<td>Deliberate retrieval (referential)</td>
<td></td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
<td>Single words, fixed expressions (referential)</td>
<td></td>
</tr>
<tr>
<td><strong>Effect</strong></td>
<td>Objective free expression of limited range of ideas; supports ease of production relative to I</td>
<td></td>
</tr>
<tr>
<td><strong>Selectional context dependency</strong></td>
<td>low</td>
<td></td>
</tr>
<tr>
<td><strong>Free speech by Ben</strong></td>
<td>Lange weg te gaan.</td>
<td>Van lieverlee [ ] beter gegaan</td>
</tr>
<tr>
<td></td>
<td><em>A long road ahead.</em></td>
<td><em>Little by little improved</em></td>
</tr>
<tr>
<td></td>
<td>De wereld intrekken.</td>
<td>Van lieverlee gaat het beter.</td>
</tr>
<tr>
<td></td>
<td><em>Go into the wide world</em></td>
<td><em>Little by little it improves</em></td>
</tr>
<tr>
<td></td>
<td>Die man doet er geen goed aan.</td>
<td>Van lieverlee is dat minder</td>
</tr>
<tr>
<td></td>
<td><em>That man does not do any good.</em></td>
<td>geworden.</td>
</tr>
<tr>
<td></td>
<td>De zuster, die heb ik naar de hel toegebracht. The nurse, I brought her to hell</td>
<td>Little by little that became less.</td>
</tr>
<tr>
<td></td>
<td>Geduld opbrengen he?</td>
<td>Twee woordjes had ik slechts.</td>
</tr>
<tr>
<td></td>
<td><em>Try to be patient</em></td>
<td><em>I only had two words</em></td>
</tr>
<tr>
<td></td>
<td>Heel verschillend.</td>
<td>Ik heb geen moment gedacht [</td>
</tr>
<tr>
<td></td>
<td><em>Very different</em></td>
<td><em>Not for a moment I thought</em></td>
</tr>
<tr>
<td></td>
<td>Deur gesloten.</td>
<td><em>[...]</em></td>
</tr>
<tr>
<td></td>
<td><em>Door closed</em></td>
<td>Zo is gebeurd en nu moet ik</td>
</tr>
<tr>
<td></td>
<td>Mijn vrouw [ ] altijd achter me gestaan.</td>
<td>verder gaan.</td>
</tr>
<tr>
<td></td>
<td><em>My wife always been there</em> for me</td>
<td><em>So it happened and now I must</em></td>
</tr>
<tr>
<td></td>
<td>Een schat van een jongetje.</td>
<td><em>go on.</em></td>
</tr>
<tr>
<td></td>
<td><em>A cute little fellow</em></td>
<td>Zo. De streep d’r onder.</td>
</tr>
<tr>
<td></td>
<td>Helemaal niet.</td>
<td><em>Now. That is the end of that</em></td>
</tr>
<tr>
<td></td>
<td><em>Not at all</em></td>
<td>‘T zij zo.</td>
</tr>
<tr>
<td></td>
<td>Regelmagig.</td>
<td>So be it.</td>
</tr>
<tr>
<td></td>
<td><em>Regularly</em></td>
<td>Een streep d’r onder.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>That is the end of that</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Verder gaan, verder gaan.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Go on, go on.</em></td>
</tr>
</tbody>
</table>
In several phrases word finding difficulties are exposed at slot locations of semi-fixed constructions, like in the following examples in which respectively the construction ‘een schat van een X’ (a cute little X’) and ‘Ik heb geen moment gedacht dat X’ (I have not thought for a single moment X’) need insertion. Ben struggles with his target-word or phrase, substituting it in (38) and omitting it all together in (39).

Semi-fixed expressions that need elaboration like these are sparsely used by Ben. Apart from the examples just mentioned, there is only ‘denk aan je X’ (koffie)’ and ‘van lieverlee X’/ little by little X’ mentioned above. It seems that Ben is a very effective user of especially the referential holistic word strings, whose communicative import typically draws on shared, conventional knowledge. Outside the stroke story episode this usage adds to a fluent appearance, as does the echoing of structures, which Ben readily practices.
The style of speech displayed in episodes (40) – (42) above potentially indicates that Ben draws on shared knowledge and commonplaces as much as he can. The communicative potential of Ben’s formulaic speech style is especially profiled when he alternates this style with the use of novel structures. As discussed in the text level analysis, particularly in relation to the initial narrative episode, that potential is not appreciated by the interviewer and discoordination between the participants in this respect raises significant interactive difficulties. Let’s take a closer look at the central structures that Ben uses to initially indicate the stroke event and question them.

1. my wife stands with me (novel)
2. she must fetch me back (idiomatic)
3. swayed back and forth (idiomatic)
4. my chair with arms (novel)

Above I have denoted line 2 and 3 to represent the so-called most reportable content of the story (cf. Norrick 2005; 2010). In my view this content has a figurative meaning and it is typically represented by idiomatic expression. In this respect, ‘to must fetch someone back’ may imply to bring him back from a lost or complicated position.38 ‘Heen en weer geslingerd / swayed back and forth,’ especially in the context of line 2, may imply being on borderline, being in an intense mental state – ‘tussen hoop en vrees / between hope and fear’ for example.39 Both structures are part of an informal, elliptical speech style and they typically represent an evaluative stance: Ben uses them to convey how he felt, what he experienced during his stroke. In this sense, he uses ‘fetch x back’ and 'swayed back and forth' typically in their conventional way as ‘ways of saying’ that are associated with a conceptual model of life threatening events (cf. Everaert 2003).

In the later construal of the story (lines 60-81) this specific idiomatic sequence of two lines – indicating that the protagonist is in between hope and fear, realizing that the one who could save him is out of reach - is left out, but foregrounded as significantly absent in that frame (‘my wife stands with me - suddenly my wife stands in the rear’). I asserted in the text level analysis that the counting of minutes in line 73 represents the actual critical point of this narrative construal. In this view, hence both in the initial and the later narrative episode the story point is exclusively profiled by fixed structure (the counting being conceived as a speech automatism). The fact that

\[\ldots\ldots\ldots\]

the interviewer fails to fully appreciate the narrative point in Ben's stories has been explained by a lack of coordination between participants' text type, form, and structural projections (quest type versus report, conventional macrostructure versus freestanding evaluation, and sequential versus stereotype ICM structure). From a code level perspective, I infer that the relevant idiomatic (elliptical) structures may indeed be associated with a specific text level projection. If this projection had been shared, these structures might have been appreciated as reduced but possibly good enough cues for accessing the text level schema and co-conceptualizing the near death experience I assume Ben intended to stage. I think that Ben's frequent use of idiomatic structure, and especially his strategic use of idiom in alternation with novel structures add to the evidence that his linguistic behaviour strategically foregrounds a shared conceptual frame of reference.

I pointed out in the context level analysis above that Ben shows remarkably well organized and hearer sensitive conversational behavior. This type of behavior is represented in his style of speech too, not just in his frequent use of idiom but also in his use of topic-comment (TC) as a basic structure to both his novel and his (semi-) fixed expressions. TC refers to a principle of information structure or ‘packaging of information’ in which the informational topic of a sentence is located in front position (e.g. left dislocation). As such, the other content is included as commenting on the topic. TC is special because it pre-eminently represents informational content as a structuring device (see papers by Chafe, Givón, Hyman & Zimmer, Justus, Keenan & Schieffelin, Lehmann and Li & Thompson in *Subject and Topic*, published in 1976 by Li; and also Jacobs 2001; Nikolaeva 2001; Belford 2006; Maslova & Bernini 2006; Pontes 1987; Primus 1993). Conversation analysts have pointed out that using TC is a strategic choice in aphasic speakers for holding turns at talk and avoiding delay or repair, and hence the negative representation of self (Beeke, Wilkinson, Maxim 2002; Wilkinson 2009). Versluis and Kleppa (2016) observe that their Dutch and Portuguese subjects use TC to:

[… ] organize their stories by first framing them for time, space or some other delimiting factor. This type of text framing shows a fair ability of discourse management that involves both structuring one’s own information and taking into account hearers interests.

In (43) – (45) below, I represent several examples of TC-structure featuring an aboutness relation. Fragment (46) is exemplary for TC-construction in Ben for there is no finite (auxiliary) verb linking the topic to the comment, rendering the construction as a case of ‘hanging TC’ (cf. Primus, 1993; Gundel, 1988; Jacobs, 2001; Maslova & Bernini, 2006; Versluis and Kleppa 2016).

\[(43)\]

| 236. mijn vrouw (.) altijd achter me gestaan | my wife (.) always been there for me |

Other examples of the aboutness-relation with conceptual, syntactic and phonological separations in Ben’s novel structures as well as in (semi-) fixed expressions are given in (44). His creative use of TC adds to the impression that Ben is preeminently focused on functional communication and not on conventional linguistic outcomes. He uses structure strictly in service of sharing information, making sure that the referent is set and shared and then proceeds from there. He thus strategically adapts communicatively to his linguistic limitations.
Next to referent-setting topics establishing the aboutness-relation, Ben also uses frame setting topics. These topics typically set a scene or delimit a frame that can be applied to space, time, a state or an event as in the following examples.

From these examples I infer that, relative to the code level of the genre event, Ben is a productive, effective and creative user of TC-structure, which renders his talk mostly conceptually well organized and intelligible.
To summarize: I view Ben's style of speech to particularly foreground assumed socioculturally shared knowledge with his co-participant. His frequent use of idiom foregrounds shared knowledge of usage contexts, whereas his use of TC foregrounds schematic knowledge of conceptual categories and proceeds from there to comment upon or modify these. The participants share this projection of speech style that includes functional and creative adaptation to the aphasic condition. Nonetheless, Ben's high control over this projection and the interviewer's professional sensitivity to it is not fully productive in the current genre event. The interviewer preeminently attends to the style projection as a toolbox to fix aphasia bound code level problems in respect of reference and grounding. Ben however exploits style preeminently in favor of the expression of his current text model. His adaptive behavior is more radical than the interviewer's, leaving a descriptive speech style and/or attempts to compensate for that behind. Thus, participants mutually exploit the potential of the style category in this genre event foremost in support of contextual values like repair, face and politeness relations. Style thus appears to be valued foremost at the contextual level, thus in this genre event established firstly as a means for identity construction (cf. Auer 2007).

I suggest that there is no reason to believe that Ben's linguistic impairments prevented the interviewer from sharing the text-level potential of his style projection. On the contrary, the analysis demonstrates that his style of speech represents a consistent individual genre projection or even an ‘individual thumbprint’ of communicating (narrative) content (cf. Leech and Short 2007). I believe that Ben's effective use of formulaic structures and his overall skilled contextual performance produce a pseudo-fluency (Wray 2002) that construct his identity as ambiguously affiliated with aphasia. His speech may be of a slow rate, but he represents as a self secure and capable speaker. From his formulaic and organized style of speech the interviewer apparently infers that (more or less) accurate grammatical description is within his scope of performance. She does not (or to a lesser degree) infer that his speech style may represent a radical adaption to limited linguistic options in favor of text level values i.e. a choice for an indicative mode of language use (cf. Clark and Gerrig 1990; Clark 1996).

5.4.3 Rhetoric

I view the current genre model to include a shared projection of rhetoric, including classic argumentation and irony. Rhetoric in this model generally supports contextual values and is instrumental to cooperation: it is used for bonding, for clarification, and for taking care of the material details of the event. In the following episodes, rhetoric is projected by way of strategic speech styles; subsequently fictive interaction (FI) (46) and (47), hanging TC-structure (48), proverbs (49), (50), and repetitions (51), (52).

In (46) Ben uses a fictive quotation (Pascual 2002, 2006a, 2006b; Pascual and Versluis 2006; Pascual et al. 2013; Versluis and Kleppa 2016) to get the interviewer to check technical matters. When the interviewer announces to start the interview, he empathically puts this on hold.

(46) 

5. 

"test test test+". 

"test test test+".
The interactive structure ‘test test test’ is typically part of a conventional scenario of checking sound quality, usually in the setting of a stage or arena preceding public events. Using this line here creates a metonymic channel to this scenario. Its form and performance here fully match the fictive representation, and both establish the conventional speech act in the actual discourse and strongly evoke the source context. Thus, in the act Ben frames himself as an active participant in the actual situation, notably as a type of ‘crewmember,’ thus building an equal relation and hence positive face (Brown and Levinson, 1987; Versluis and Kleppa 2016). I regard this act as a rhetorical move because I view Ben’s concern for the recording as a felt urgency to him to which he responds by way of an exclamation to alarm the interviewer and instruct her to check the equipment (cf. Bitzer 1966). Episode (47) represents another use of FI and this time, Ben echoes his own words, chuckling and with an ironic tone of voice.

Ben’s echo in line 125 ‘stages’ or objectifies the situation originally projected in line 123 and expresses his attitude towards it (Sperber and Wilson 1981; Wilson 2006). That situation features an act of giving up after a great effort to reach mutual understanding on a referent. As such, it is a place of frustration, which is emphasized by a barely hopeful utterance in line 123, sigh included. In 125, Ben uses ‘snap je dat? / do you get that?’ to re-evolve that place, but now he speaks laughingly. He recognizes the frustration but at the same time he chooses to look at it and mock it. This is a rhetorical move, particularly expressing irony. Ben pretends that he is in a situation in which ‘snap je dat?’ is an appropriate, serious question. However, at this point in discourse, the participants share ground on the fact that answering this question and even posing it was quite redundant (cf. Grice 1987; Clark and Gerrig 1984; Clark 1996). Using this fictive interaction Ben recognizes that his original ‘snap je dat?’ was in fact a helpless move. There was too little offered to get, really. So in 125 he in retrospect profiles the irony of that question, which takes off the edginess of the frustrating outcome of the foregoing repair sequence. This ironic move builds his positive face and raises esteem (Burgers and Van Mulken 2013) and it provides both participants with the opportunity to enjoy some relief.

This genre event contains one classic rhetor ic structure, which organizes an argumentation, given here in (48). In answer to the interviewer’s question, Ben explains why he is unable to practice his former profession as an architect. His repetitive structure builds up tension and strengthens his statement, rendering it absolutely clear.
Ben’s rhetorical move in (48) resembles a particular type of fictive interaction, namely the fictive ‘question-answer’ pair (Pascual 2002, 2006b, 2014, Pascual and Sandler 2016). Here, the two parts of the sequence – e.g. ‘calculation (. ) I don’t have’ etc. - are interpreted as a fictive adjacency pair, specifically a question and an answer given to it. Pascual found evidence that this is a frequently used rhetorical strategy for argumentation in the courtroom, specifically both question and answer uttered by the same person (Pascual 2006a).

Throughout the genre event Ben frequently uses proverbs mainly in favor of building face, like in (49):
In sum, the participants share a projection of rhetoric specifically in support of contextual values. Rhetoric actions construe an equal and bonded relation between the participants. In this respect, Ben appears to be very skilled in rhetorical action, possibly thus persuading the hearer that he is a normal speaker (using ‘normal,’ that is non-aphasic, rhetorical skills and lexical choices). Even when text level actions break down, Ben performs very well rhetorically, for example by constructing a strip of common ground through irony (‘snap je dat?’ line 125). Thus, in terms of ‘exigence’ (Bitzer 1966), the participants seem to share a projection that profiles the context level of this genre event as the locus of rhetorical urgency: it is particularly contextual knowledge and action that calls for rhetorical action in them.

Does aphasia interfere with the projection of this variable? No, not enough, I would say. Rhetoric as a strategic tool is used successfully in service of contextual values but on the text level its potential is not exploited. Nonetheless, this particular speech situation – notably mixed aphasic / non-aphasic interaction – typically may include exigence on the text level: if you have aphasia, the text level of interaction may contain a real problem to solve, particularly if participants aim to exchange narratives of significant personal experience with some reflection and in some detail. I assume that contextual goals – politeness, face, successful conversational performance - may have outvalued textual goals and directed rhetorical action fully at the context level. I find Ben to take an assertive lead in this projection of rhetoric and the interviewer to easily align to that.

5.4.4 Conclusions

I infer that the genre model of this event includes a mainly shared projection of code level knowledge and action. In particular, code level categories are effectively exploited in favor of contextual values. Ben is an assertive and engaging conversational partner (cf. Goodwin 1995, 2003; Heeschen and Schegloff 1999; Klippi and Laakso 1999; Leiwo and Klippi 2000; Wilkinson et al. 2009; Beeke et al. 2002, 2003, 2007). Ben’s linguistic performance however both exceeds and rebuts conventional expectations of non-fluent aphasic speech. His speech is slow and clearly non-fluent, and he uses (elliptical) novel and (semi-) fixed structures often in effective (hanging) TC-structures. His style is playful, evaluative and holds rhetorical force. From his intensive use of formulaic expressions I infer that Ben actively draws on a social culturally frame of reference he assumes to share with his interlocutor. The interviewer largely appreciates this, but does not exploit that potential relative to Ben’s narrative performance. Moreover, despite the seemingly high quality of Ben’s code-level performance, the participants experience considerable difficulties to share his story.
From an analytical point of view it appears to me that in the current genre event Ben’s speech style reflects a thorough commitment to strategic communication. His verbal behavior is controlled and very immediate in the sense that his structures are typically mere sign posts in a shared conceptual frame of reference (Janssen 2000, 2004, 2007). His extensive use of TC and formulaic structure, as well as repetition, has many cognitive, linguistic, interactional and contextual advantages (cf. Code 1994, 2011; Goodwin 1995; Oelschlaeger and Damico 1998; Klippi and Laakso 1999; Lejio and Klippi 2000; Beeke et al. 2002; Wray 2002; Heeschchen and Schegloff 2003; Hengst 2003; Beeke et al. 2006; Wilkinson 2009; Killmer 2010; Van Langker-Sidtis 2012). His code level behaviour features holistic, routine and situational knowledge and actions rather than analytical and grammatical – an attitude that has been associated with damage to the left hemisphere and preserved right hemisphere function (cf. Code 1987; Dunbar 1993; Code 1994; Wray 2002; Van Lancker and Rallon 2004; Code 2005; Van Lancker-Sidtis and Postman 2006; Code 2011; Van Lancker-Sidtis 2012). I thus argue that Ben’s code level projection is fully and effectively adapted to communicative interaction with aphasia.

From the analysis I conclude that the code level of the current genre model is shared in favor of contextual values connected with politeness, repair and interactive performance. The communicative potential of code level knowledge and actions is however less appreciated as associated with a particular strategy of communication in service of the expression of the text level.

5.5 Summary

I now summarize the foregoing analyses in a way that addresses the research questions put forward in the introductory chapter.

How, in an interactive event that includes an aphasic and a non-aphasic participant, do the participants share ground on knowledge and actions associated with that discourse situation?

From the analysis presented above, I infer that the context level of this genre model is generally shared. However, the interviewer’s projection of domains is marginalized because it is centred on (her assumptions of what it means to have) aphasia while Ben’s projection does not appear to be limited in this respect. The interviewer receives Ben’s ‘aphasia-free’ projection but she does not credit it. Both the participants share a determination not to let the aphasic condition interfere with participant relations. A cooperative and equal participant relation is highly profiled and repair sequences are elaborate and openly pursued.

The text level of this genre model includes individual projections of text type, form and structure. I infer from both the stroke story and the [square]-story episodes that the interviewer’s projection profiles a literal, sequential report. Ben, on the other hand, projects an evaluative illness conceptualization, particularly a testimonial associated with the experience of stroke as a life threatening incident. He uses an evaluative perspective in the [square]-story too. Participants work to align, but switching between a concrete, sequential schema to an evaluative, conceptual one is difficult for both.

I view the code level to be a shared projection that includes highly strategic behavior in support of mainly contextual values. Ben’s TC, formulaic, interactive structures are cues for organized imagery. Together with repetitions, skillful use of rhetorical action and register,
Ben's code projection is economic and effectively directed at co-construction and successful interactive performance with aphasia. In respect of narrative action, Ben's verbal structures seem however foremost appreciated as (impaired) representatives of descriptive reference.

Concerning the interview with Ben I conclude that raised expectations of communicative performance connected with the context level (Ben's open, assertive and cooperative attitude) and the code level (his highly strategic structures, skillful command of conversational register) are not met with communicative results on the text level. The genre analysis distinguishes several characteristics of the projected genre model that may explain for this result. First, on the context level, a difference in aphasia-orientedness is apparent but particularly the interviewer keeps her aphasia-bound perspective at bay in favor of Ben’s not particularly aphasia bound projection. Politeness relations, particularly status equality and informality, are highly profiled and mutually endorsed, and in the act, Ben’s personal goal to deliver a good interactive performance is supported. Second, the analysis demonstrates that the participants' text level projections are divergent but that this fact is not clearly staged or profiled. Third, the interviewer has no urgent motive – like the politeness offense in the interview with Sara – to reconsider her text level projection and open up her perspective. A threshold for co-conceptual action in favor of the expression of Ben’s personal story is hence not reached.

How does aphasia interfere with establishing shared ground on knowledge and actions associated with genre projections in this event?

Like in the interview with Sara, aphasic symptoms and/or adaptation strategies connected with aphasia are part of common ground. However, the interviewer’s expectations on the context and the text level of this event are biased for aphasia and this affects how the communicative potential of Ben’s (aphasic) linguistic expression is appreciated. Ben’s contextual and textual projections do not appear to be marginalized because of his aphasic condition. However, his code level and also his text level projections are specifically tuned to strategic verbal interaction. They are directed at managing the conversation as well as sharing his story, specifically through stereotype ICM-structures related to near death experience. This strategic commitment to aphasia is shared by the interviewer in respect of contextual values, but her text level expectations predict an analytical, temporal and descriptive approach to storytelling and inherently, code level actions that support that.

I thus conclude that the participants maintain in part different models of knowledge action associated with the discourse event they are engaged in. What knowledge and actions they do share – particularly concerning politeness relations which value a respectful, equal and open participant relation – appears to be counterproductive for the exploitation of (the verbal expression of) their individual genre models.
6  A personal interview with Ronald

This third interview differs from the previous ones in several ways. It was not collected specifically for the current study, but part of a data set of a large randomized trial for a therapy effect study. I did not participate in that study myself and this means that unlike in the events related to Sara and Ben, I am not a participating researcher figuring as the interviewer. In its original context the current event is a protocol interview conducted to evaluate spontaneous speech performance – particularly AAT-SPT format as was used in the interviews with Sara and Ben. It is special because, contrary to the previous genre events, participants share a history and indicated referents are already part of shared knowledge. Moreover, the event is openly profiled as an obligatory performance of an already familiar genre model – specifically an AAT SPT-interview – in favor of the production of data requested for by a non-present research authority.

I present this case here because the speech situation supports the explorative character of my study very well. The genre event is specifically organized to enact a selected genre model. Because the participants are familiar with each other, and because they have both agreed upon this enactment of an historical genre event in advance, I presume that they may project a shared genre model in full.

In this analysis, I again seek to determine the participants’ verbal utterances as tokens of their genre projections on context, text and code level. I aim to reconstruct how Ronald’s aphasic condition may affect these projections as well as the coordination of genre projections between the participants. Key questions leading the analysis are: ‘How in an interactive event that includes an aphasic and a non-aphasic participant do the participants share ground on knowledge and action associated with that discourse situation? Implicit sub-questions structuring the analytical work involve: How is a given genre category projected by each of the participants?; Do their projections diverge?; How are individual projections represented linguistically?; and, (how) are potential divergences appreciated by the co-participant?; Given shared and/or individual genre projections and their level of appreciation, how is the communicative potential of the genre model of the given event eventually exploited?

The focus of this research concerns the interplay between linguistic structures and genre expectations in genre events that include an aphasic and a non-aphasic participant. Specifically, through genre analysis I aim to establish what defines the communicative potential of aphasic language use. As I have submitted before, my point of departure is that all utterances in the data, whether produced by the aphasic or the non-aphasic participant, are expressions of an individual or shared genre model. A hearer’s ability to recognize that projection – and hence appreciate the strategic value of the structure – is basic to communicative success and indicative of the influence of the aphasic condition on communicative interaction in the genre event.
6.1 Data specifics

At the time of the genre event, Ronald (age 31) is a relatively recent and young stroke patient, typically in a process of rehabilitation. The interview is conducted 4 months post onset a cerebro vascular accident to his left hemisphere. He is diagnosed Broca’s aphasia of an average severity rate and from the interview I infer he has a reduced mobility (he apparently had to give up playing soccer). Ronald has good comprehension skills (AAT-scores on auditory and visual comprehension: 106/120). He independently occupies an apartment in a middle large regional city. The interviewer’s explicit inquiry on his home and his family but not a partner, is seen to imply he is single. He has a vocational education and is a co-worker at a company involved in the food consumption industry. In the interview this job is profiled as ‘various,’ comprising ‘talking and writing’ and shared with a mate (‘me and Hans’).

6.2 Context level analysis

In the following paragraphs we successively attend to situation and setting (6.2.1), sociocultural domains (6.2.2), participants’ relation and roles (6.2.3) and the goals they may pursue by joining this event (6.2.4).

6.2.1 Situation and setting

From the data and off record information connected with the goals and methods of its elicitation, I infer that the interview with Ronald was conducted by his former speech and language therapist (SLT) at the academic hospital of a large city. At the time of the interview he receives further treatment in the rehabilitation center in the same city. I have no information on the exact location of the setting, but from the data I assume that it is particularly framed by its current function, namely to enable the participants to perform the genre event. No explicit reference is made to the environment but I assume it is the former therapist’s office or an office in her department. Whether or not it was shared as a therapy room in the past, this setting, in the hospital, may represent a period of diagnostics and treatment in the early or acute stage of aphasia, when Ronald was an inpatient recovering from stroke (NAIS, NVAT 2012; Berns and Wielaeetr 2014). As such, I assume it is connected with a highly significant episode in Ronald’s history of illness (cf. Ownsworth and Gracey 2010). It is not clear whether performing the current genre event is the only reason that Ronald visits the therapist. Their meeting may very well include informal chatting or even testing or therapy before and/or after the recording. From the interviewer’s comments in the data I infer that the participants discussed the specific character and purpose of the current event off record. I suggest that the setting in this event is projected as a ‘stage’ for the performance of the interview both the participants have officially committed to (see above).

The interviewer projects the setting as shared from the start. Episode (1) represents the interviewer’s first question. Without referring to the situation as different or peculiar, the interviewer sets out on the interview by asking Ronald to comment upon ‘his illness.’

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40 Data from Rotterdam Afasie Therapie Studie I (Doesborgh et al. 2004), kindly provided by Dr. Evy Visch-Brink.

41 Unfortunately, off line information is not available. All knowledge shared here is inferred from the recorded data and personal communication with Dr. E. Visch-Brink.
Particularly, her reference in this respect is quite general too.

As I will discuss more elaborately below, Ronald responds to this question by conveying detailed information on more recent events, notably a collapse in the rehabilitation center. The interviewer however immediately comments that this story is not the target response she is looking for.

With her correction, the interviewer signals that the setting of this interview is quite strict: it is not just a stage for any spontaneous conversation (to be recorded for scientific analysis): topics are controlled. As it happens, it takes some effort to get Ronald to deliver the planned response:

Later on, in (4) the interviewer projects the preferred genre model explicitly as a performance attended to by a live audience. In the act, she foregrounds this party as significant in number (plural) and presence (‘hier / here’).
In (4), the interviewer indicates that this is not a genuine situation, but it is a formal performance and they should take the audience into account, act more like being on a stage. From the data I infer that throughout the event the interviewer addresses their situation as obligatory play. On these occasions she linguistically profiles the pretense and provisional character of the situation, which contrasts it with a genuine or ‘real’ projection. This is illustrated for example in (5):

In (5) the interviewer first reminds Ronald ‘weer/again’ that in a normal setting, the target answer would be really old information – notably it is ‘een vraag die ik allang weet / a question that I know all about.’ She goes on to contrast that setting with the current projection, explicitly using contrastive particle ‘maar/but.’ Her use of modal particles ‘even, weer effe / quickly, lightly’ clearly represents the actual setting as one that Ronald should not care too much about. Its obligatory as well as fictive or pretense quality is indicated furthermore by the modal auxiliary ‘moet/must > have to.’

So, the current, special situation is one that Ronald and the interviewer have deliberately committed to and planned in advance. However, from the start Ronald does not seem to capture the exact purport of this setting as a stage for literal reenactment. He uses the wrong script and throughout the event the interviewer must remind him explicitly of their pretense situation. To alternate between the spontaneous conversational setting and the planned, stage setting is apparently easier to the interviewer than it is to Ronald. It may be assumed that he has not quite understood the particular arrangement of the current situation, that is, considering his aphasic condition. Is the task at hand too ‘abstract’ for the aphasic speaker, who may be more responsive to the immediate and concrete circumstances (Goldstein 1936b, 1942; Goldstein and Scheerer 1941; Salas et al. 2013))? However, Ronald’s ability profile suggests good comprehension skills, which is only confirmed by the current data. Moreover, people with aphasia are generally highly sensitive to other’s beliefs and intentions and aphasia is seen not to affect theory of mind reasoning (cf. Siegal and Varley 2002, 2006). Why then do the participants appear to have different perspectives on the exact set up of this interview? And how might aphasia interfere with the way Ronald commits to this setting (e.g. bringing about current rather than old topics, needing explicit coaching and reminding as in (4) and (5))? 

Ronald’s behaviour – being cooperative in principle, but somehow not quite acting by the rule of the agreed set up – reminds me of the case of ‘(non-)serious talk’ discussed in Vincent Marrelli (1994) (see also Parret 1994). She presents the interesting genre of expat-locals interaction in particularly Naples, Italy. Herself a British expat, she noticed that when she called
her grocer to order specific and even branded groceries – e.g. a pack of Acqua Vera, two peppers –, she never got exactly what she had asked for. She might receive another brand of fizzy water or three peppers. There was no financial gain in this nor had she any reason to assume the grocer deliberately aimed to do her wrong. She then found out that the “use of a token label (e.g. a particular brand name) may legitimately stand for a type” (1994:260). Choosing not the literal but the ‘loose’ interpretation was a signal that one ‘sees what is meant,’ that one ‘gets it’ and can be trusted with the task; it is a sign of collaboration. A literal interpretation on the other hand was considered as fussiness and maybe even impolite.

Now of course, our setting is not Neapolitan, but the case strikes me because the Neapolitan way represents a particular focus in verbal interaction on shared knowledge, which we have seen before in aphasic speakers Sara and Ben. Instead of being the one who did not quite understand his task at hand, coming up with a story that was not asked for, Ronald, on the contrary, may have acted from a cooperative stance. He shows to be committed to a good performance (and he is praised for that) and throughout the interview his first attention seems to concern his direct co-participant and the history he shares with her. He might be committed to her project, but in a loose, soft manner. Hence his surprise – ‘november? […] ooh heiseninfarct? / november? […] ooh brain infarction’ – that the interviewer wants to reenact conversation literally, which entails that they talk about topics that they have talked about (long) before. Being that serious overrules their natural ways: intimate, loyal, understanding. In our case, it is not sociocultural motivations that may have shaped Ronald’s projection of an arranged, but foremost natural – i.e. non-serious – apprehension of this setting, but possibly a strategic or intuitive focus on shared knowledge in relation to his aphasic condition.

Vincent Marrelli (1994) describes non-literal ‘intimate’ talk as ‘loose talk’, which should not be confused with the interviewer’s loose tone of voice in comments like (5), that express an attitude of ‘taking something not too seriously,’ acting as if ‘not to care’ and being easy going or non-committal towards ones goals and beliefs (1994: 257). Comments like (5) are set to persuade the addressee to seriously commit to the stage setting – attend to the audience, stick to the protocol – but their loose, in part apologetic form – saying ‘I’m sorry but we have to go through this’ – simultaneously highlights the intimate ‘off stage’ setting. Moves like (5) thus typically align with Ronald’s loose projection of setting. As I will discuss below, this alignment may also have a strategic motivation, namely to support the interviewer’s individual values connected with goals and face. Here I conclude that concerning situation and setting, the current genre model blends a non-serious arrangement (following a prior, intimate therapeutic relation) and a serious stage setting. The interviewer’s projection appears to fully capture that blend, I view Ronald’s projection of setting to foremost profile the first.

6.2.2 Domains

Given its setting, official purpose and participants, I consider the event to be contextualized by the sociocultural domain of Healthcare, specifically by its subdomains defined by Rehabilitation and Clinical Research respectively. Expectedly, this complex sphere backgrounding this event affects participants’ actions (Douglas 2004; Auer 2007; Biber and Conrad 2009). Episode (6) illustrates how the interviewer acts in support of a shared projection of the Research domain. In this episode she asks Ronald to talk about his job. Her actual question is preceded by a relatively elaborate introduction, in which she explicitly states that their current activity is obligatory. In this respect, line 88, discussed above, may be generally interpreted as ‘just act like X for a moment.’
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<table>
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<tbody>
<tr>
<td>88.</td>
<td>I</td>
<td>oké ehmm (.) ja (.) weer een vraag die ik allang weet maar (.) waar jij even het antwoord weer effe op moet geven (.) welk beroep heb jij?</td>
</tr>
<tr>
<td>89.</td>
<td>R</td>
<td>mm eh [acroniem]</td>
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<tr>
<td>90.</td>
<td>I</td>
<td>hmm (.) leg even uit wat [acronym] is</td>
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<td>91.</td>
<td>R</td>
<td>niks &amp;=lacht</td>
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<td>92.</td>
<td>I</td>
<td>nou ja (.) 't is wel ie↑ts nathuurlijk</td>
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<td>93.</td>
<td>R</td>
<td>hm nou!</td>
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<td>94.</td>
<td>I</td>
<td>wat doe je daar?</td>
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<td>95.</td>
<td>R</td>
<td>ehm (.) productie</td>
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<td>96.</td>
<td>I</td>
<td>hmm</td>
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<td>97.</td>
<td>R</td>
<td>eh van alles uren (.) ja (.) hja van alles</td>
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<td>98.</td>
<td>I</td>
<td>nou (.) het is heel afwisselend werk</td>
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<td>99.</td>
<td>R</td>
<td>ja</td>
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<td>100.</td>
<td>I</td>
<td>en en wat voor bedrijf is [acroniem]?</td>
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<td>101.</td>
<td>R</td>
<td>eh (.) Hans en ik eh productie eh hm praten praten praten hja (.) van a↑lies</td>
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<tr>
<td>102.</td>
<td>I</td>
<td>hmm en en wat wordt daar gemaakt dan?</td>
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<td>103.</td>
<td>R</td>
<td>vlee↑s↓</td>
</tr>
<tr>
<td>104.</td>
<td>I</td>
<td>hmm en eh het werk dat jij doet (.) je zegt al (.) veel praten (.) iets met productie+...?</td>
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<tr>
<td>105.</td>
<td>R</td>
<td>hmm</td>
</tr>
<tr>
<td>106.</td>
<td>I</td>
<td>eh maar werk jij zelf ook in de productie?</td>
</tr>
<tr>
<td>107.</td>
<td>R</td>
<td>neeh</td>
</tr>
<tr>
<td>108.</td>
<td>I</td>
<td>wat doe jij dan?</td>
</tr>
</tbody>
</table>
From episode (6) I infer that Ronald is not immediately receptive to the interviewer’s overt projection of the Research domain. I understand his ostensive non-cooperative response (line 91) particularly as a figure of Rehabilitation. While the interviewer has referred to his employment in present tense (line 88), Ronald has actually been out of work since his stroke and his prospects of ever getting back to it are presumably low, given his aphasic condition. Dealing with such facts is typically part of a rehabilitation process (Ownsworth and Gracey 2010; Wallace et al. 2016). In line 91 he comments that ‘[company name] is ‘nothing,’” which truthfully profiles his current relation to work. The interviewer recognizes his judgement - ‘well, yes (.)’- but nonetheless pushes him to cooperate and answer her question: ‘but (still) it is something of course!’ (line 92).

Her subsequent moves similarly deny the relevance of Ronald’s Rehabilitation perspective. She asserts how his work is ‘afwisselend / varying’ (line 98); seeks to establish a detailed image of his profession (lines 100 -112); stresses that it involves a ‘lot of talking’ (line 104); and she compares Ronald’s job to hers, framing him as an equal professional (line 110). In the context of the Rehabilitation domain these actions, and moreover their representation in present tense, are confronting in principle. Assuming that Ronald is currently facing a chronic stage of aphasia that will minimize his chances to return to his former position or any job at all, may even be called offensive. I therefore infer that the interviewer performs these moves strictly against the background of the Research domain, i.e. in order to conduct the interview conforming the protocol.

After his provocative first response, Ronald aligns to that projection. Still, he refers to this assumedly sensitive topic only generally, repetitively profiling features of the profession that point at his current inability to perform, i.e. talking and writing. The fact that he fails to produce a function title is professionally dealt with by the interviewer as a word finding difficulty – ‘it is not a big problem, it may be available to you later’ (line 114).
In sum, this genre model includes individual projections of the domain of Research and Rehabilitation respectively. The interviewer makes an effort to manage these individual projections in support of a dominant projection of the Research domain. I suggest that her explicit negative construal of this domain, framing it as obligatory and distal, both coordinates Ronald to share this domain and legitimize actions that might be offensive in the context of Rehabilitation. I view Ronald however, to mainly pursue basic conversational values and therefore act ‘naively’ from the domain of Rehabilitation, which must be personally prominent to him at this stage in life and illness. I view verbal expressions in Ronald to represent this individual domain projection adequately.

From the discussed episode, it is clear that Ronald is aphasic, showing word finding difficulties and agrammatism. However, I do not think that his verbal difficulties interfere with his projection of domains. When he answers that his work is ‘nothing’ he acts from his actual background as a rehabilitee. His elliptical “niks&lacht” (line 91) challenges the relevance of the interviewer’s dominant projection. The fact that he does not play along may indicate that he cannot master the unusual contextual conditions which complexity is fully captured in the interviewer’s genre model but apparently not entirely comprehended by Ronald or not accepted by him. Or maybe his personal condition as a genuine rehabilitee prevents him from ignoring this contextual domain in the way the interviewer is able to.

6.2.3 Participants. Their relation and role(s)

I assume Ronald and the interviewer share a history of post stroke aphasia therapy together and assumedly have developed a therapeutic relation in this context. From the data it is clear that the event breathes an informal atmosphere with participants being on first name terms and exercising a free and direct tone of voice. In spite of this seemingly relaxed profile, participant relations are fairly complex in the current genre model, which includes three different role configurations among three ratified parties (Goffman 1967). In these configurations I include the overhearer(s) as a ratified party too because their presence is openly acknowledged (consider that even in a more covert position, overhearers may be influential on the actions of the main participants (Goffman 1967; Bell 1984; Clark 1996; Dynel 2010). Moreover, the main participants may even specifically design utterances for her (Bell 1984: 177; Dynel 2010:4)). Below, these triads are defined as respectively the interview triad: interviewer / interviewee / overhearer; the protocol triad: producer / subject / director; and the therapy triad: therapist / patient / expert witness. I argue that the complexity of the participant model is only fully captured by the interviewer. Ronald does not seem to fully share the third participant in any of its three role configurations. I view Ronald to align to part of the projection and associate his actions foremost with the more conventional, or natural, roles of interviewee and patient respectively.

The complex participant model is projected right from the start of the event. In the subsequent episodes represented below, the interviewer connects to the overhearing party and tries to coordinate Ronald to tune his responses to its unshared ground. Let’s first take a look at example (7).
In principle, the interviewer’s explicit request to resume a story Ronald and she have shared ‘a long time ago’ (line 16) does not imply a third party listening in per se. Looking back from the course of the interaction, I consider the request represented in example (7) to mark a first strategic move to coordinate Ronald to share the participant schema in full. At first these moves are implicit and ambiguous in that they may very well be appreciated as supportive of the therapist-client-relation. Line (16) for example profiles preferred content as shared a long time ago and as such it denotes the participant relation as sustainable. Why not talk about this topic one more time and reflect on a defining episode in life? As I discussed before, Ronald demonstrates some confusion upon this idea but shortly he meets the interviewer’s request with full alignment to the interviewer’s literal intent (cf. Vincent Marrelli 1994). During his elaborate and creative narration, the interviewer as it were adds ‘translations’ of onomatopoeia he uses, turning Ronald’s single expressions into short, but referentially specific phrases. These turn taking packages, like the one represented in lines 38-39 in (8) below, figure as tokens for sharing ground empathically and inclusively: ‘you say ‘bats’ and I know exactly what you mean.’ But given the assumed interviewer’s perspective these paraphrases may rather be appreciated as directed to the overhearer.

In (9) a similar turn-taking package is produced. Here, the interviewer specifies Ronald’s indication of the time he was alone shortly after the stroke. Assuming they share the exact period of time, as may be inferred from lines 69-70, explicating the preposition here may be considered over-corrective. In a three party projection, however, this move expresses care for the overhearer and respect for their lack of knowledge.
Why this now?

Up to this point, the participant schema is foremost shared as an interviewer-interviewee dyad with the overhearing third party residing in the background. Although obviously, Ronald is not fully attending to the three party schema, the interviewer has coached him to act in accordance to that projection. Her delicate management is however put to an end when she changes her strategy by foregrounding the therapy triad. This is observed in episode (10) represented below.

(10)

In this fragment the interviewer and Ronald evaluate the current state of his communicative abilities. First Ronald demonstrates how at the onset of his aphasic condition he was unable to speak (line 75). The interviewer comments that this has changed a lot now, which Ronald confirms (line 82). Then the interviewer asks him which kinds of communicative abilities have been improved in him (line 83). Ronald responds to this not by listing specific performances, but referring to specific interactive participants, notably, ‘Dijkstra,’ ‘[nick-name]’ and the television (line 86). In line 78 the interviewer then quickly jumps to the conclusion that Ronald...
is able to ‘easily have conversations with anyone’ and swiftly closes the subject to continue with the next question on the protocol.

At first sight there is nothing special happening here. The participants talk in an informal and easy manner. Concerning roles, the therapy-dyad – and from the perspective of the interviewer, the therapy triad – is profiled. I infer this from the evaluative activity and the motivational comments of the therapist. At first, she is cautiously informing on partial improvements of his condition (line 83). Possibly encouraged by Ronald’s use of the – potentially aphasia-induced, stereotype - exclamation ‘klasse / tops’ (lines 84-86) she shifts from a specific focus to a, given Ronald’s condition, somewhat lighthearted generalization (line 87). Suggesting that he can easily talk with anyone is threatening his negative face for it downsizes his problems as an aphasic patient (i.e. ‘face’ as his public image as negotiated in interaction: cf. Goffman 1967; Brown and Levinson 1987; Watts 2003). The interviewer’s moves in this fragment may even be argued to support her own positive face as a successful therapist at the cost of this. This face building power is enforced by her earlier understated assertion ‘da scheelt wel effe he? / tha is quite a difference right?’ in line 81. Intentionally or unintentionally building face here may be assumed to be directed at the overhearer, who in the profiled therapy-triad figures as an expert-witness. This party is presumably affiliated with the research team and as such s/he is potentially judgmental of the interviewer’s professional performances. However, at the same time, the interviewer’s comments are also therapeutic: comforting, encouraging, and probably true. After this episode the interviewer goes on to downsize the current value of their interaction to Ronald and her and she openly profiles it as a mere obligation:

(11)

88. I  oké ehhm () ja () weer een vraag die ik allang weet maar () waar jij even het antwoord weer effe op moet geven () welk beroep heb jij?  ok ehhm () yes () again a question that I know about perfectly well but () that you just need to give an answer to () what is your profession?

At this point, then, the protocol triad is clearly established as a more accurate expression of the participant schema in addition to the interview- and therapy models already shared with Ronald. Although it is not clear whether Ronald has captured the third participant as actually included in these models, the interviewer could coach him to adjust to that potential without participant- or power relations being at issue. After possibly offending his negative face in line 87 and devaluing their current interaction in general in line 88, however, Ronald is seen to recurrently demonstrate non-cooperative behavior, challenging the interviewer’s managing position. I infer this for example from fragment (12) and (13) represented below.

(12)

89. R  mm eh [acronym]  mm eh [acronym]
90. I  hmm () leg even uit wat [acronym] is  hmm () just explain what [acronym] is please
91. R  niks &=lacht  nothing &=laughs
(12) directly follows the assumed sensitive episode. The interviewer has asked Ronald to talk about his job. Notably, she has formulated her question in present tense, which may be appreciated as another face threat to Ronald, who currently faces the prospect of lifelong disability to work. At first, he bounces back the question using the acronym representing the name of the company he is affiliated with. This name may not be general knowledge and using it excludes a third party from sharing information. The interviewer then urges him to not be difficult about it (line 90). His subsequent answer that ‘[acronym]’ is ‘nothing’ is painfully correct, i.e. from his personal perspective and it addresses the therapeutic relation of the participants.

In (13) the interviewer asks Ronald to describe his living environment.

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<tr>
<td><strong>118. I</strong></td>
<td>en kan jeh es omschrijven eh wat voor soort woning je hebt</td>
<td>and can youh just describe eh what kind of house you have</td>
</tr>
<tr>
<td><strong>119. R</strong></td>
<td>(...) nou (...) een flat</td>
<td>(...). well (...) a flat</td>
</tr>
<tr>
<td><strong>120. I</strong></td>
<td>hmm</td>
<td>hmm</td>
</tr>
<tr>
<td><strong>121. R</strong></td>
<td>eh*/.</td>
<td>eh*/.</td>
</tr>
<tr>
<td><strong>122. R</strong></td>
<td>+ “kom binnen*: &amp;=gnuft</td>
<td>+ ”come in*”. &amp;=chuckles</td>
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Ronald responds abruptly and after the interviewer’s awaiting ‘hmm’ (line 120) he comments ‘well, come in’ (122), chuckling as being smart. Again, he interferes with a clean arrangement of the interview. His imperative directly addresses the interviewer and excludes a potential overhearer in the act. He also challenges the interviewer’s positive face. His suggestion in line 122 is bad for her in two ways: literally, as a slightly indecent proposal to visit his place and, rhetorically, as an interactive riddle she has to solve. This latter speech act can only be appreciated against the background of the protocol triad for it directly challenges the interviewer’s ability to manage Ronald’s performance (in the face of a future research director). This may indicate he is aware of the complexity of participant relations. However, the informal tone of voice and particularity of the joke also point at an intimate therapy relation. From that perspective the ‘riddle’ is a joke from the patient, scorning his own verbal difficulties – which is indeed how the interviewer approaches it, see below.

Relative to the successful and appraised story telling episodes in the beginning of the interview, interaction on Ronald’s profession and his living environment taper down rather unsuccessfully. It is of interest however, that in response to Ronald’s challenges the interviewer teams up with him opposite the anonymous participant, who in (14) she indicates as ‘de toeschouwers’ which is a somewhat pejorative Dutch line for audience (‘the onlookers’) (but surely they will understand she acts like that to persuade him to perform):

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<tr>
<td><strong>125. I</strong></td>
<td>maar leg het es even uit voor de toeschouders eh hier</td>
<td>but just explain it for the audience here will you?</td>
</tr>
</tbody>
</table>
In (15) she again displays the ‘we-know-of-course, but-let’s-do-the-audience-a-small-favor’-attitude:

(15)

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<tbody>
<tr>
<td>147.</td>
<td>I</td>
<td>hmm en eh kan je even (.) ik weet het natuurlijk wel (.) maar wie is Marjolein (.) kan je dat effe uitleggen?</td>
</tr>
</tbody>
</table>

These examples illustrate how the interviewer sells the protocol-triad as a pragmatic projection they should both align to. Profiling a conspiracy relation however increases the current level of informality and confidentiality between them. As discussed in the analysis below, this informal relation is eventually endorsed at the cost of the protocol triad up to a point were the interviewer appears to loose control over her complex relational schema.

In (16) we see the interviewer coaching Ronald in relation to rehabilitation matters. Ronald has just explained that given his handicaps, he is no longer able to play indoor soccer, his former hobby. The episode resembles the one in which Ronald’s communicative performance was discussed. The interviewer projects the participant model in its full complexity but here too the therapy triad is subordinated to the protocol triad. I infer this from the way the interviewer downsizes negative responses in favor of going through the interview routine without much ado.

(16)

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<tbody>
<tr>
<td>163.</td>
<td>I</td>
<td>ja (.) en heb je zelf al een beetje ideeën wat je leuk zal vinden?</td>
</tr>
<tr>
<td>164.</td>
<td>R</td>
<td>nah (.) ja (.) bah</td>
</tr>
<tr>
<td>165.</td>
<td>I</td>
<td>ja (.) ‘t is natuurlijk wel [even] iets anders dan je met zaalvoetbal gewend bent he?</td>
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<tr>
<td>166.</td>
<td>R</td>
<td>ja+…</td>
</tr>
<tr>
<td>167.</td>
<td>I</td>
<td>ja dus t zal effeh (.) je moet het niet meteen gaan vergelijken (.) maar ‘t is wel leuk om weer iets op te pikken &lt;natuurlijk&gt;1 (.) maar je weet nog niet precies wat er mogelijk is</td>
</tr>
<tr>
<td>168.</td>
<td>R</td>
<td>&lt;hm&gt;1 nah</td>
</tr>
<tr>
<td>169.</td>
<td>I</td>
<td>nee [dus] dat zal Stijn je &lt;morgen&gt;1 wel uitleggen</td>
</tr>
<tr>
<td>170.</td>
<td>R</td>
<td>&lt;{nee}&gt;1 “+petanque+”.</td>
</tr>
<tr>
<td>171.</td>
<td>I</td>
<td>ja</td>
</tr>
<tr>
<td>172.</td>
<td>R</td>
<td>mhe ehh ehm &amp;m +”./. +“boogsschieter+”.</td>
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<td>173.</td>
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<td>174</td>
<td>I</td>
<td>hmm</td>
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<tr>
<td>175</td>
<td>R</td>
<td>nja van alles</td>
</tr>
<tr>
<td>176</td>
<td>I</td>
<td>ja (. ) nou ik denk dat er best veel mogelijk eh is (. ) eh nou &lt;laten we hopen&gt;1+…</td>
</tr>
<tr>
<td>177</td>
<td>R</td>
<td>+”&lt;tafeltennis&gt;1+”</td>
</tr>
<tr>
<td>178</td>
<td>I</td>
<td>ja (. ) ja (. ) misschien is er wel iets wat je achteraf heel erg leuk gaat vinden (. ) maar dat doe je nog eh dat doe je eerst nog zien waarschijnlijk</td>
</tr>
<tr>
<td>179</td>
<td>R</td>
<td>ja+…</td>
</tr>
<tr>
<td>180</td>
<td>I</td>
<td>ja (. ) ehmm (. ) oké (. ) we zetten em effe stop</td>
</tr>
</tbody>
</table>

In line 163 the interviewer asks if Ronald already has any thoughts about a new sport. She weakens the inquiry with evaluative ‘een beetje / some,’ which can be taken as a careful, therapeutic approach. He responds by expressing his bad feeling about the idea: ‘bàh’ (line 164). Then the interviewer acknowledges his feelings (165) but at the same time tries to persuade him into thinking about starting something new (167). From there on she coaches him step by step to become a more active participant in this plan to get him back to sports (possibly one of the goals set for his rehabilitation process). Line 167: you first have to learn what your possibilities are. Line 169: Stijn will help you with that. Ronald immediately denies he is uninformed and he continues to demonstrate his sound familiarity with his options. In naming these (lines 170-176: ‘petanque,’ ‘boogschieter / archerist,’ ‘tafeltennis / table tennis’) with persistent stress, he appears to echoe a list with popular rehabsports he probably has been informed on. The interviewer makes an effort to appease Ronald – controlling his subject-role while acknowledging his patient role – by profiling the bright side, but he stays on his own track, ‘table tennis’ coinciding with her suggestion in line 167. Then, in the second part of turn 177, the interviewer seems to eventually acknowledge a skeptical attitude in Ronald. She comments that ‘in retrospect,’ – particularly not at this moment – he may like some of these sports a lot, but probably he has to see it to believe it. At that point she terminates the interview, entangled in therapeutic discourse.

Although, the exchange in episode (16) breathes a similar relaxed atmosphere as the rest of the interview, I argue that it displays a contest of strength between the power relations in play in the complex participant schema of this genre model. The interviewer projects the protocol relation as the leading triad but Ronald persists in claiming his patient-role. In both perspectives the third participant is included as a witness, respectively of professional ability and personal struggle.

In conclusion, the current genre model includes a partially shared, complex participant model featuring three relational triads. The informal therapy-relation shared by Ronald and the interviewer competes with the protocol relation shared by the overhearing party and the interviewer. The interviewer seems to manage the complex projection if she focuses on the superficial interview-triad, keeping overt expressions of either the protocol and the
therapy relation sufficiently at bay. When these latter are nonetheless staged, the overhearing participant is foregrounded which reveals politeness issues that require concise diplomatic actions. Meanwhile, Ronald claims his entitlement of the patient role as he is confronted with a protocol text that, at this point in his rehabilitation process, is particularly functional as an instrument of evaluation and reflection. In this respect, behavior that I identified as challenging the interviewer’s role management, may also be analyzed as rhetorical behavior in support of the exploitation of therapeutic activity. I will discuss this in the text level and code level sections below.

Similar to the contextual variables discussed above, I regard the projection and coordination of participant relations not to be restricted by impaired language use in Ronald. Rather, I suggest that despite his aphasic condition he is able to align to the interviewer’s projection which profiles edgy, challenging participant relations up to a point of manipulation. Ronald’s elliptical responses perfectly challenge that projection in turn. In this sense the participants are a match for each other. Ronald represents as an assertive participant who does not cover up (Bastiaanse 1995; Ruiter 2008) or is coy about his aphasic identity (e.g. Blom Johanson et al. (2012); He speaks out in clear elliptical structures. On the contrary, he claims his role as a post-stroke patient struggling with the transitional phase of rehabilitation he is in. Meanwhile, the interviewer appears to “maintain an image of ‘life carrying on as normal” (Thomas et al. 2002: 529)” (Gillespie et al. 2010: 1573). I infer not because she intends to avoid stigma or inequality related to disability, but because she and Ronald share a history of therapeutic relation and they are on such good terms personally – or so I infer from their informal tone of voice and direct address. The interviewer projects the participant relation as equal and ‘understood’; together they team up against the obliged research task (/board). Whether this projection is deceitful, in the sense that it is foremost instrumental to delivering to the overhearing party, is not clear to me. However, to play this game – even if it is openly framed as non-serious – together with particularly a (former) patient puts care and responsibility for the co-participant at risk (Parret 1994; Vincent Marrelli 1994).

6.2.4 Goals and functions

The genre model of this event includes shared and individual goals. From off record information I infer that the overhearing party aims at acquiring semi-spontaneous speech, specifically produced by way of the spontaneous speech interview model suggested by the Aachen Aphasia Test (For Dutch: De Graetz et al. 1992). It seems that the interviewer in particular focuses on conducting the prototypical genre model set by the research design whereas Ronald’s actions directly relate to the local context of the concrete genre event, i.e. personal interviewing with his (former) aphasia therapist. I suggest above that Ronald’s action may indicate that he shares the interviewer’s goal of obligation in a loose, non-literal manner. All in all, this interview is the typical ‘task at hand’ to be jointly performed (Holstein and Gubrium 2003), each participant taking care of their part in the labour that has to be done (Clark 1996: 37).

In the first episode of the interview, here represented in (16), the interviewer makes an effort at controlling the requested format of elicitation at the cost of a more functional, and, possibly in fact a more adequate, spontaneous approach. After asserting how well Ronald has performed, put differently, how well he has spontaneously produced narrative speech, she coordinates him to nonetheless produce another narrative, even on, as it turns out, a very similar topic.
From Ronald’s moves in this episode, I infer that he aims for a genuine, informal conversation— which, I suggested above, does not necessarily exclude a commitment to the goal proposed by the interviewer. However, the straight jacket of the protocol text hands Ronald a highly accessible model for engaging in therapeutic reflection. Because, next to assumedly having been through these questions before, which turns the current event into a follow up interview, these questions typically address the stroke event and how it affects his life. The interviewer construing questions about his job in the present tense emphasizes to him the emotional value of this particular content, framing the event as if it has just happened and this job is still current. From the moment that the requested text model is explicitly brought to his attention, Ronald displays evaluative behavior and, according to his situation, he acts as a rehabilitee patient who confronts his losses. Thus, the protocol instrument that the interviewer uses to attain the goal of data elicitation and/or meeting the request to do so, is effectively used by Ronald as a schema for reflection and illness construal. The reproduction of a prototype interview is hence typically not a replica here. It may be argued in sum, that the current model features a generally shared goal of personal interviewing arising from individual projections of data collection, obedience and therapeutic evaluation.

Again, I find that despite Ronald’s aphasic condition this genre variable is projected in a normal, conventional manner. The verbal means of projection may (strategically or otherwise) be influenced by aphasia but that does not alter the fact that there is a goal shared, as well as individual practices of that goal figuring in this discourse.
6.2.5 Conclusions

I consider the context level of the current genre event to be complex and sensitive to coordination problems. None of the categories are unambiguously shared and things are complicated because the overhearing participant has a profiled presence. The model features both a stage setting and a therapy situation, a Research and a Rehabilitation domain respectively, and three participant schemas, including the neutral interviewer/interviewee/overhearer-triad, and the divergent triads of producer/subject/director and therapist/patient/expert witness. The participants share a general goal of personal interviewing but this projection may stem from divergent individual goals. The interviewer’s actions in this respect value deliverance of a protocol interview. While she openly ‘teams up’ with Ronald in this obligatory task, she does not (can not?) avoid threatening Ronald’s negative face in achieving her goals. Ronald on the other hand acts from his genuine identity as a rehabilitation patient. His behavior is non-cooperative in respect of his role as a research subject and as such this offends the interviewer/data producer’s positive face. All in all, the context level of the current genre event is shared in part. The genre event committed to is openly framed as just a formality and in that respect it does not favor the exploration of more genuine individual projections. Still, Ronald keeps foregrounding his individual projection throughout the interview, thus challenging the formal goal of the event and its associated participant relations. Both participants have an assertive attitude.

Considering linguistic impairment interfering with projection and/or coordination of genre projections, I suggest the following. The interviewer leaves her (dominant) genre projection implicit and when necessary frames it explicitly as a formality. The fact that Ronald largely holds on to his own projection and even challenges the interviewer’s pursued model several times is not a result of his linguistic impairment. Rather it seems to me that Ronald, although he has been instructed prior to the genre event, somehow does not accept the relevance of performing the event literally or ‘seriously.’ He keeps up (and is linguistically able to do so) profiling a contextual model that represents his current situation as a rehabilitation patient in conversation with a confided therapist.

I conclude that despite aphasia, Ronald does not commit to the interviewer’s request of mere reenactment of what I assume is a conceptually and linguistically trodden path. Rather he is prone to use language as a tool for sharing new information and new perspectives and hence gain something real from the event. I recall that as a person with aphasia, Ronald must be assumed to have a clear understanding of the co-participants’ beliefs and intentions (Siegal and Varley 2002, 2006). Also, based on the trusted relation he has with the co-participant, he may be inclined to have a loose, non-literar but collaborative attitude towards the task as hand that she has proposed (Vincent Marrelli 1994). Moreover, being aphasic, he may have a preference for the concrete, immediate situation of speech and be less inclined to fully distance himself from that (i.e. his current position and experience as a rehabilitation patient) (Salas et al. 2014). Finally, unlike what may be expected considering social identity and interactive confidence (e.g. Sadden 2004, 2005; Simmons-Mackie-Damico 2007; Sadden et al. 2008; Rautakoski 2013), Ronald demonstrates to be an assertive participant who chooses to deal with his linguistic limitations in a communicatively efficacious way. He expresses that he is aware of his losses – his job, his hobbies – and sceptical about his prospects. Possibly the trusted co-participant, professionally familiar with aphasia (Parr 2007; Rautakoski 2013) as well as the informal conversational setting (which still has a real presence next to the stage-setting) facilitate his performance in that respect.
6.3 Text level analysis

The text level analysis attends not only to the stroke story, but also to the 'epilepsy'-story, initially offered by Ronald ‘by mistake.’ Since this narrative is construed in a similar fashion as the target story and is equally informative on Ronald’s textual, in particular narrative capacities, I regard it as valuably adding to the narrative data of this event. I will mostly refer to the two stories as story A, comprising the ‘epilepsy story’ (lines 2-11) and story B, comprising the ‘stroke story’ (lines 17-64). Relevant narrative episodes are represented in (18) A an B below. Following Steen’s (2011) categories of the genre model, in the current section, we successively attend to information concerning the content (6.3.1) and type (6.3.2) of these texts, their form (6.3.3) and structure (6.3.4).

6.3.1 Content

As I indicated before, participants in this genre event at first hold diverging expectations of most reportable content (Labov 1997). Whereas the interviewer anticipates on a stroke story, Ronald attends to a recent collapse connected to epilepsy. These content projections overlap in that they both include events of personal significance to Ronald, particularly affecting his health situation. They differ in respect of time and impact: the stroke story refers to the original, ‘base’ event that has put Ronald in the post stroke condition he is in now, which is a condition that typically can hold events such as seizure and epilepsy.

From this perspective I suggest that conceptually, story A implicates story B and, as a sub-story adds to its definition. I consider a concerted analysis of these stories relevant here because it retrieves in Ronald’s text level projection a significant evaluative potential. Let’s inspect the contents of story A and B a bit closer and see how they relate to assumed text level expectations. Both episodes are represented below. In story A Ronald talks about what recently happened to him at the rehabilitation centre.

(18) A

| 2. R | nou (.) ehm & na dinsdag (.) ehh (.) ehm & validatiecenter |
| 3. I | hmm |
| 4. R | eh (..) m (..) nou↓+"/). |
| 5. | +" [wje] koffie?+" |
| 6. | +"nou ‘s goed+" |
| 7. | +"eh eh suiker en mellek?+" |
| 8. | +"oké+" |
| 9. | +"sui↑ ker en mellek? sui↑ ker en & me mellek? ha↑ llo↓ haa↑ llo↓↑+". |
| 10. | +"piee↓ w bots+. |
| 11. | nou↓ (.) klaar |

A general excerpt of story A could go like this: the event is situated on a Tuesday morning in a rehabilitation center. There is a brief interaction between assumedly ‘Ronald’ and a person (unspecified). Upon request, ‘Ronald’ orders some coffee. When asked if he wants sugar and/or milk added, the interaction breaks down followed by ‘Ronald’ fully blacking out (‘piew bots’).

In story B, Ronald narrates on the events preceding, accompanying and following his stroke.
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<td></td>
<td>november?</td>
<td></td>
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<tr>
<td><strong>18.</strong> I</td>
<td></td>
<td>ja</td>
<td></td>
</tr>
<tr>
<td><strong>19.</strong> R</td>
<td></td>
<td>ooh herseninfarct?</td>
<td></td>
</tr>
<tr>
<td><strong>20.</strong> I</td>
<td></td>
<td>ja</td>
<td></td>
</tr>
<tr>
<td><strong>21.</strong> R</td>
<td></td>
<td>ooh (. ) nou (. ) eh staterdagnacht hem (. ) hm (. ) em (. ) he pij ∞ n</td>
<td></td>
</tr>
<tr>
<td><strong>22.</strong> I</td>
<td></td>
<td>hmm</td>
<td></td>
</tr>
<tr>
<td><strong>23.</strong> R</td>
<td></td>
<td>eh [pewie] &amp;ziek ziekenhuis (. ) eh hier</td>
<td></td>
</tr>
<tr>
<td><strong>24.</strong> I</td>
<td></td>
<td>hmm</td>
<td></td>
</tr>
<tr>
<td><strong>25.</strong> R</td>
<td></td>
<td>[ammeh] bel ikke</td>
<td></td>
</tr>
<tr>
<td><strong>26.</strong> I</td>
<td></td>
<td>hmm</td>
<td></td>
</tr>
<tr>
<td><strong>27.</strong> R</td>
<td></td>
<td>ehm nou eh ∞”</td>
<td></td>
</tr>
<tr>
<td><strong>28.</strong></td>
<td></td>
<td>+”zaterdag (. ) oᶜ chte½ nd+”</td>
<td></td>
</tr>
<tr>
<td><strong>29.</strong></td>
<td></td>
<td>+”nou da’a’s goed↑+”.</td>
<td></td>
</tr>
<tr>
<td><strong>30.</strong></td>
<td></td>
<td>eh herseninfarct eh ∞”</td>
<td></td>
</tr>
<tr>
<td><strong>31.</strong></td>
<td></td>
<td>+”bots+”.</td>
<td></td>
</tr>
<tr>
<td><strong>32.</strong></td>
<td></td>
<td>ehh (. ) nou ja (. ) ehm (. ) ehh (. ) ehhmm ∞”</td>
<td></td>
</tr>
<tr>
<td><strong>33.</strong></td>
<td></td>
<td>+”hè! &amp;geirriteerds+”.</td>
<td></td>
</tr>
<tr>
<td><strong>34.</strong></td>
<td></td>
<td>[zî] telefoon ∞”</td>
<td></td>
</tr>
<tr>
<td><strong>35.</strong></td>
<td></td>
<td>+”tududuű ↑ t tududuű ↑ t &amp;hoge toon+”</td>
<td></td>
</tr>
<tr>
<td><strong>36.</strong></td>
<td></td>
<td>+”godverdomme+”.</td>
<td></td>
</tr>
<tr>
<td><strong>37.</strong></td>
<td></td>
<td>ja</td>
<td></td>
</tr>
<tr>
<td><strong>38.</strong></td>
<td></td>
<td>+”bats!+”.</td>
<td></td>
</tr>
<tr>
<td><strong>39.</strong> I</td>
<td></td>
<td>telefoon door de kamer↑r+…</td>
<td></td>
</tr>
<tr>
<td><strong>40.</strong> R</td>
<td></td>
<td>ja precies</td>
<td></td>
</tr>
<tr>
<td><strong>41.</strong></td>
<td></td>
<td>nou (. ) ehm [strompe]</td>
<td></td>
</tr>
<tr>
<td><strong>42.</strong></td>
<td></td>
<td>hmm</td>
<td></td>
</tr>
<tr>
<td><strong>43.</strong></td>
<td></td>
<td>nou (. ) [mek] …+”/</td>
<td></td>
</tr>
<tr>
<td><strong>44.</strong></td>
<td></td>
<td>+”[koosnaam]++”</td>
<td></td>
</tr>
<tr>
<td><strong>45.</strong></td>
<td></td>
<td>+”klopklompklokplop+”</td>
<td></td>
</tr>
<tr>
<td><strong>46.</strong></td>
<td></td>
<td>+”niet thuis↓+”</td>
<td></td>
</tr>
<tr>
<td><strong>47.</strong></td>
<td></td>
<td>+”nou (. ) helaas eh stappen+”. (. ) nee stadten</td>
<td></td>
</tr>
<tr>
<td><strong>48.</strong> I</td>
<td></td>
<td>ja</td>
<td></td>
</tr>
<tr>
<td><strong>49.</strong></td>
<td></td>
<td>nou (. ) eh: hallu↓f vijf (. ) ∞”/</td>
<td></td>
</tr>
<tr>
<td><strong>50.</strong></td>
<td></td>
<td>+”klopklompklopkop↓p+”</td>
<td></td>
</tr>
<tr>
<td><strong>51.</strong></td>
<td></td>
<td>+”nou ehm &amp;d weet ik nie+”.</td>
<td></td>
</tr>
<tr>
<td><strong>52.</strong></td>
<td></td>
<td>zes uur (. ) ∞”/</td>
<td></td>
</tr>
<tr>
<td><strong>53.</strong></td>
<td></td>
<td>∞”tsjongejonge+” (. )</td>
<td></td>
</tr>
</tbody>
</table>

(18) B
A general outline of story B could go like this: on Saturday night ‘Ronald’ experiences pain. He calls the hospital and he is told that he can make an appointment for the next morning. When the call is finished and the line is already dead, ‘Ronald’ has a stroke. Frustrated by the already broken off line, he throws the phone to the ground. He has trouble moving. At some point later (unspecified), someone (further in the interview ‘smansman’ is identified as a familiar person) is knocking at the door. Since no one answers, this person concludes that ‘Ronald’ is not at home, and infers that he probably has gone out. At ‘half past four’ the same person knocks and again there is no response, which strikes him/her as odd but not alarming. Six o’clock: ‘Ronald’ should be home now. Again the person knocks and again there is no response. This time the person is alarmed and s/he forces the door upon which ‘Ronald’ is discovered. Then the hospital is called and an ambulance arrives.

After Ronald’s presentation of story A, the interviewer praises him for his good story performance. I assume that she appreciates his strategic language use, which comprises combinations of topic comment and interactive elliptical structures (Versluis and Kleppa 2016). Normal, non-aphasic, conditions predict that a demonstrative speech style like Ronald applies is typically associated with evaluative rather than with referential actions. Use of evaluative structures is considered as a narrative device that represents the narrator’s perspective and hence, the point of their story, which secures its coherence too (Labov and Waletzky 1967; Labov 1972; Ulatowska et al. 2004; Ulatowska et al. 2006; Olness and Stewart 2007; Armstrong and Ulatowska 2008). Aphasic storytellers show relatively more difficulties with use of referential language than with evaluation or ‘modalizing behaviour’ (cf. Nespoulous et al. 1998; Ulatowska and Olness 2003; Olness et al. 2010). This may suggest that the evaluative value of Ronalds direct speech-structures is secondary to their value as strategic representatives for referential content. Whether an evaluative potential of used structures is intentionally projected into this event is not evidenced by the data. Specifically, in the current interaction evaluative value is not particularly appreciated by the interviewer. That potential is however retrieved in the analysis and I discuss it in this paragraph because a conventional appreciation of evaluative structure – that is, its reception as genuine narrative action – reveals an illness conceptualization whose theme I see projected in both story A and B.
The target events of story A and B are fully indicated via a controlled use of interactive structure – (fictive) quotations of utterances, thoughts and perceptions - particularly representing communicative loss and – in case of story B – its restoration. In story A, Ronald refers to his epileptic seizure almost exclusively via quotations of an interaction breaking down. In story B, he construes the event of his stroke with quotations that represent the loss of telephone contact, and a subsequent enduring period marked by fictive perceptions, thought quotations, and an exclamation.

A potential evaluative content associated with this particular interaction-bound construal of the respective referents seems hardly to be within the interest of the genre model I assume to be projected by the interviewer and the research authorities (the over hearer). That projection includes Ronald demonstrating his linguistic ability in a simple but preferably specific description of the past event. Indeed, the data confirm that the evaluative force of the story, let alone its import of ‘communicative loss,’ is not coordinative to the interviewer. She appreciates Ronald’s performance as ‘producing a perfectly clear picture.’ That expression emphasizes the quality of linguistic reference and not particularly the quality of evaluative force (line 13 represented in (19) below). An evaluative reception of the story may rather have evoked in the interviewer an empathic response like ‘that was a fierce incident for you was it not?’

The interviewer furthermore shows a focus on referential – as opposed to evaluative – content by immediately confirming story A as credible and identifying it as referring to the epileptic seizure that Ronald experienced on ‘Tuesday’ (example 20).

There is no evidence from the data that suggests that the interviewer is sensitive to a possible evaluative theme or illness conceptualization. In (21) she does respond to the stroke story with empathy, but only on a very general level. She summarizes Ronald’s story in a way that recognizes his agony, but ignores the highlighted (communicative) efforts that define the narrative.
I assume that the interviewer appreciates Ronald’s narrative construal foremost as an expression of successful management of grammatical impairment and word finding difficulties. As for Ronald himself, unlike his intensive use of interactive structure would suggest, from the audiotape his story telling does not present itself as a dramatic narrative performance. In his reenactments, Ronald adequately uses source prosody, and intensifiers like repetition and raising the voice add a genuine tension at appropriate times. However, the overall expressive scope is rather limited, such that it even sounds a bit monotonous. Such a restrained tone of voice might very well indicate that Ronald is using interactive structure not as an evaluative tool, but, indeed, as a type of structure that just represents his functional adaptation to reduced linguistic resources. In respect of linguistic reference, it is a successful performance and it may even be the case that it is a rehearsal from earlier performances.

Nonetheless, the odds considered, it may be argued that any genre event that includes the personal narration on a past event of serious illness, principally involves an (aspect of) coping and identity construction or else ‘illness conceptualization’ (Frank 1995; Hyden 1997; Bury 2001), particularly in speakers with aphasia too (cf.; Bernstein-Ellis & Elman 2007; Holland 2008; Armstrong and Ulatowska 2007; Olness and Ulatowska 2011). From this perspective, i.e. treated as a current expression of coping with serious illness, both A and B may be valued as a narrative expression of dealing with an aphasic condition. In this view, the evaluative tools that Ronald uses to indicate the target events are telling: he construes both events by explicitly profiling the intrinsic elements of communicative break down and isolation. Both the illness events are significantly defined by a loss of and struggle for (verbal) communication. The fact that this counts for both story A and B affirms their conceptual link.

Looking at story A and B as related expressions of an evaluative theme brings out striking similarities in respective content. In both stories, trouble begins when the protagonist is interacting with someone, by phone (B, line 28-38) and face-to-face (A, lines 9 and 10) respectively. Both times, after the black out, some instance tries to restore contact with the affected character. Although in B this action is elaborated upon quite extensively, just as in A the protagonist is never clearly specified. In both A and B, communicative efforts are thus objectified in themselves and receive focal attention.

There is also a notable difference between A and B, which is the presence (B) and absence (A) of a solution. Where story B has a ‘happy ending’ in the protagonist being found and rescued, story A just stops at the point of final black out. Here, solution is however inferentially available since from the text it is clear that the victim is in a public place. From the perspective of illness conceptualization, however, the fact that a solution is not explicitly stated – a macrostructural reduction – may be significant. It could signal a current feeling of not (being able) to be saved
Comparatively, in story B the protagonist’s expectation of being rescued eventually seems to be very high, which is marked by a triumphant and almost joyful exclamation (line 61: ‘Tadaah!’). The point where the two stories diverge then, might profile the dynamics of a conceptualization process, in which story A updates the prior illness conceptualization represented by story B. The two stories profile communicative loss as an essential coping theme. The quest for restoring communication is triumphantly solved in story B, the ‘Tadaah!’ an exclamation which also expresses relief (Versluis and Kleppa 2016). Story A profiles the communicative loss as an unsolved, open-ended story, thus marking a current stage of coping (and hence signals an urgent interest in therapeutic interaction in Ronald). With his construal of story A, followed by his account of the original stroke event, Ronald thus provides an overview of his post stroke journey.

To conclude, two stories are told, the content of which can be analyzed both in a plain referential and an evaluative way. From a referential or local viewpoint, contents differ in time, location, and action; from an evaluative perspective, they represent different stages of illness conceptualization. I consider the latter content to be unplanned and not overtly appreciated by the participants in the current genre event. It is surprising though that Ronald projects story A against obviously strong hearer expectations and probably against explicit instructions given to him in advance.

I regard the appreciation of evaluative content to be decisive for the text level definition of the current genre model. Notably, within an exclusively literal content projection, Ronald’s intensive use of interactive structure represents a strategic adaptation to linguistic impairment, his telling the story in the first place represents a misunderstanding, and its form represents a macrostructural reduction. However, within an evaluative content projection, supposed aphasic symptoms now figure as evaluative tools that indicate a profiled thematic content connecting the stories. The fact that evaluative potential remains unexplored in the current genre event does not exclude the possibility that Ronald’s content projections just express what is on his mind, i.e. the evaluative, conceptualizing process associated with coping. The fact that this is not received signals either that it is not existent or that data collection and therapeutic conversation are an unproductive combination.

The aphasic quality of Ronald’s verbal structures does not appear to affect the representation of his individual genre projections or the coordination thereof between the participants. Literal content, in the sense of the objective chronology of past events referred to in Ronald’s stories, is already shared by the interviewer. Additionally, she explicates that Ronald’s linguistic performance is very effective and semantically clear. Evaluative content is not explored, but Ronald’s verbal construals are nonetheless heavy with structures that are conventionally recognized as ‘evaluative,’ e.g. direct speech, intensively used by Ronald. These structures represent subjective perspective by means of highlighting certain parts of the content over other parts. Evaluation is known to be robust and qualitatively normal in aphasia (Ulatowska et al. 2004; Ulatowska et al. 2006; Olness and Stewart 2007; Armstrong and Ulatowska 2008). It may be less varied and less complex, but even severely aphasic narrators may use such devices as repetition, direct speech, onomatopoeia, negation and adverbs and adjectives (Olness and
Stewart 2007). Sometimes aphasic narrators lack referential ability but still use evaluative means to represent a story (Ulatowska et al. 2006). Named devices are typically used by Ronald. In the code level analysis below, I address how Ronald’s style of speech is appreciated – as a strategy for reference or as containing evaluative value too – and how this appreciation is connected with his aphasic condition.

6.3.2 Type

Ronald’s stories can generally be classified as ‘narratives of personal experience,’ which (Labov 1997: 399) defines as follows.

A narrative of personal experience is a report of a sequence of events that have entered into the biography of the speaker by a sequence of clauses that correspond to the order of the original events.

This minimal definition may comprise a literal report as well as a quest narrative. I suggested above that both these types are included in the current genre model. Type is generally shared as a personal report on experiences of seizure and stroke respectively. Next to that, Ronald’s performance comprises specific characteristics of quest and testimonial narration in the sense of Frank (1995). In the current paragraph, I discuss story A as a witness report and story B as a quest narrative.

In previous chapters, I have discussed the narrative type of the witness report or testimonial with respect to Ben’s and Michel’s stories of near death experience. These stories referred to the experience of dying for, at the time of the accident, the narrative hero is unaware of his eventual rescue. In story A, too, Ronald, who turns out to be affected by epilepsy, may be expected to have experienced fear of dying, or at least seriously blacking out, given his history of illness. His report resembles some of the elements found in Michel’s and Ben’s testimonies. Table 1 is retrieved from the preceding chapter and now Ronald’s story is inserted as column 1.
Tabel 1. Verbal indications of near death experience in Ronald, Ben and Michel

<table>
<thead>
<tr>
<th></th>
<th>Typical indications of near death experience</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ronald</strong></td>
<td>dinsdag [...] validatiecenter / koffie? nou ’s goed / suiker en melk? / oké / suiker en melk!? suiker en melk!? Tuesday habilitation center / coffee? well ok / milk and sugar? / ok / milk and sugar!? milk and sugar!?</td>
</tr>
<tr>
<td><strong>Ben</strong></td>
<td>de kamer heen en weer lopen / ik voel mij niet zo goed / Mijn vrouw staat achter me / toen was ineen mijn vrouw staat achteraf. the room walking back and forth / I don’t feel so well / my wife stands behind me / then was suddenly my wife stands in the rear</td>
</tr>
<tr>
<td><strong>Michel</strong></td>
<td>ik rende ’t water in bij ’t strand / ik kom aangelopen / ik sta tot m’n middel in het water / neem een duik / en op dat moment liep er een zandbank recht omhoog waar ik dus eh vol indook met m’n hoofd. I ran into the water at the beach / I come walking up / I stand in the water to my waist / take a dive / and at that moment a sand dune erects right up and I dove into it</td>
</tr>
<tr>
<td></td>
<td>nicht pluis, helemaal niet pluis. fishy, very fishy. mijn stoel met leuningen my chair with arms rechtophouden met mijn vrouw. keeping up right with my wife.</td>
</tr>
<tr>
<td></td>
<td>dat vonden ze niet prettig ja toen wist ik dus al meteen dat het mis was ik voelde een krak in m’n nek en kon verder geen ledematen meer bewegen m’n armen niet m’n benen niet en ’k lag tot m’n neus ongeveer in het water they did not care for that much. Well, then I knew immediately that it was trouble. I felt a crack in my neck and couldn’t move any limbs anymore. Not my arms, not my legs and I lay in the water approximately up to my nose</td>
</tr>
</tbody>
</table>

Idiomatic, cool expression of felt calamity. Description of physical position and options.
suiker en melk!?
milk and sugar!? 

mijn vrouw moest
my wife had to

en “de dokter
and “the doctor to

niet goed, achteraf
not good, in the rear.

ja (herinneren) heel
good / heel nadrukkelijk!

een twee drie vier
one, two three, four

helemaal niet weg!
not gone at all!

en die een ambulance
and the ambulance

en dan lig je daar te verdrinken
en je ziet de mensen om je heen

eh die hebben hun gedachten bij
hele andere dingen en ja je wil wel

and then you lay there drowning
and you watch the peoples
around you eh they have their
minds set on distant matters and

yes you want to draw attention
but at such a moment that is

quite impossible.

en dan gaat er echt van alles door
je heen en dan voel je jezelf vier

keer wegzakken en weer bijkomen

and then all kinds of things pass
through your mind and you feel

yourself slide a way four times

and come back

en op een gegeven moment
hebben ze me gelukkig toch nog

omgedraaid
at some point fortunately they

turned me anyway

Rescue is not part
of the witnessed
experience but
added to the story,
specifically from a
distal perspective

Description of being
completely alone
with one’s faith,
other people are
occupied, out of
reach, you can not
communicate with
them. Use of generic
pronoun ‘je/you’ and
modality (moest /
must, wil wel-gaat
niet / want to-can’t
do) objectifies and
generalizes the
experience and
makes it accessible
to the audience. As
such it supports the
goal of the quest to
share the experience
as a witness.

The long moment
of condensed
consciousness,
hyper-awareness.
The film of life

Typical
indications

Ronald
Ben
Michel

suiker en melk!?
milk and sugar!?

en die moet je neel die
en je ziet de mensen om je heen

en die moet je neel die
en je ziet de mensen om je heen

why this now?

hallo!? hallo!? /
hello!? hello!? /

ja (herinneren) heel
good / heel nadrukkelijk!

ja (herinneren) heel
good / heel nadrukkelijk!

ja (herinneren) heel
good / heel nadrukkelijk!

ja (herinneren) heel
good / heel nadrukkelijk!

ja (herinneren) heel
good / heel nadrukkelijk!

ja (herinneren) heel
good / heel nadrukkelijk!

ja (herinneren) heel
good / heel nadrukkelijk!

ja (herinneren) heel
good / heel nadrukkelijk!

ja (herinneren) heel
good / heel nadrukkelijk!

ja (herinneren) heel
good / heel nadrukkelijk!

ja (herinneren) heel
good / heel nadrukkelijk!

ja (herinneren) heel
good / heel nadrukkelijk!

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good / heel nadrukkelijk!

ja (herinneren) heel
good / heel nadrukkelijk!

ja (herinneren) heel
good / heel nadrukkelijk!

ja (herinneren) heel
good / heel nadrukkelijk!
Relative to the other testimonies, Ronald’s story is less descriptive. Apart from the orientation section, it is fully represented through enactment, using idiomatic interactive structure and prosody. These however, prove to be powerful tools to express the witness report. A sudden change of situation is effectively represented by a sudden divergence of protocol interaction and, simultaneously, the milk/sugar sequence renders the experience socially accessible for the hearer. Stretching the prosodic features, especially preceding the alleged black out (indicated by ‘piew bots’ in line 10), represent increasing concern from the protagonist and inherently frame ‘Ronald’ as being unattainable. This particular enactment thus implicitly highlights the episode of being alone and out of reach that precedes the loss of consciousness (represented here by ‘piew bots’ in line 10). ‘Now, done’ compares to the distanced expression of having been rescued, except here, it is an even more abstract, technical reference to a story ended, without indication of rescue. Typically non-present in Ronald’s story A is a description of physical position or felt calamity, which was observed in the other stories. Such content does not seem to be incompatible with a demonstrative style of speech, but Ronald assumedly prefers to stick with the interactive format of coffee ordering instead. Before I suggested that the omission of a solution might be motivated by an illness conceptualization frame that comprises both story A and B. In contrast to story A, in story B – in real time preceding the events referred to in story A – the rescue episode is highlighted. As a type category, story B resembles a true quest story with a triumphant hero in the end.

This quest begins when Ronald has a stroke and discovers that his contact with the hospital is cut off. Up to that point he has been well in control of the situation. He felt pain, contacted the hospital and made an appointment for the next day. The unfortunate timing of the stroke just after hanging up faces him with the quest to restore contact and get rescued. While in fact he is bound to passively wait and hope, the quest story frames Ronald as the agent hero. An essential feature supporting Ronald’s role in this respect is the fact that he is specifically profiled as the owner of the quest. This is established through the persisted narrative perspective, which is Ronald’s: he alone knows what should be done, and the actions of the antagonist are conceptualized from that perspective. The suspense of the story resides in the temporal span required for the antagonist to get to the point. His ignorance defines him as occupying the patient role, or even frames him as an obstructer that needs to be conquered in order to solve the quest.

(22)
54. Why this now?
55. Why this now?
56. 54. +"klopklopklopklop+"
57. +"nouh da↑t ik niee↓h+ (. ) eh+…
58. 55. +"nouh da↑t ik niee↓h+ (. ) eh+…
59. 56. +"krrrrk+".
60. 57. I hebben ze de deur kapotgemaakt
61. 58. R ja
62. 59. I hmm
63. 60. en +"/
64. 61. +" tadaa↑+
65. 62. +"halloo↓!+
66. +"knockknockknockknock+"
67. +"wellh tha↑ I don't kno↑w eh+" ( . ) eh+…
68. +"krrrrk+".
69. 66. they have broken the door
70. yes
71. 67. I don't know eh+
72. 68. I don't know eh+
73. 69. they have broken the door
74. yes
75. 71. I don't know eh+
76. 62. +"halloo↓!+"

The ‘tadaah’ in line (61) is consistent with Ronald’s role as the true agent / hero in this story. As indicated above, the interviewer’s response to story B indicates that it is not received as a quest type of narrative. As this analysis above demonstrates, his narrative projection nonetheless does contain this potential.

In sum: text type is shared as a personal report on a referential level, but not on an evaluative level, i.e. as a witness report and a quest story respectively. The type potential of Ronald’s stories is clearly indicated but in the current genre event relevant – i.e. evaluative – style and narrative features appear to be appreciated by the interviewer as unintentional side effects of strategic language use in the context of linguistic impairment. In that respect, a restricted appreciation of Ronald’s verbal structures is connected with a particular projection of code level knowledge and action. I reflect on that in the relevant section below.

Ronald’s persistent use of enactment and a lack of alternation with more descriptive sequences or referential actions (cf. Clark and Gerrig; Clark 1996) may indeed suggest that his choice for evaluative interactive structures is primarily a strategic choice for sharing information with aphasia. Still, I find that his stories clearly represent the type categories I refer to. I therefore find that Ron’s aphasic style of speech does not complicate the projection of text type in this event. However, the evaluative load that may be expected to be implied in this type of story – and which I believe still is included in it – does not seem to have a high impact in this genre event.

6.3.3 Structure

Compared to stories told by Sara and Ben, Ronald’s narrations stand out in respect of their high quality of clear and consistent structure. Indeed, his stories are non-temporal, but they seem to be intentionally structured as sequences of static scenes: Selected verbal cues enable the hearer to construct these scenes from her imagination (i.e. fictively). I suggest that Ronald’s stories are in fact structured like comics are structured, and, as such, that they are organized by a visual language structure as proposed by Neil Cohn (cf. Cohn 2007, 2012, 2013). A closer look at the structuring principles of the comics genre adds to an understanding of how Ronald’s stories reach a high quality of reference (and evaluation) with relatively little verbal means.

The essential units of ‘visual language’ are the panels or frames that in comics are typically bordered spaces (cf. Cohn 2007). Depending on the amount of action displayed in a panel it is conceived as ‘positively’ or ‘negatively’ charged. Positive entities are figures that carry the action and negative entities are the passive composers of background. Although a panel may
represent a full action, Cohn (2007) posits it does not compare to a clause but to a word in the verbal language (its size varying from a single morpheme to multi entity constructions). A taxonomy of ‘lexical representations’ in visual language (Cohn 2007, fig. 1) defines frames in respect of the amount of negative or positive entities they contain (base) and in respect of their framing. Base and framing-principles modulate attention focus: The vertical axis of this matrix indicates variation in scope or zooming level, whereas the horizontal axis indicates a variation in differential attention.

Fig. 1. *Lexical Representation Matrix (LRM) Cohn (2007: 39).*

<table>
<thead>
<tr>
<th>BASE</th>
<th>FRAMING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BASE/FRAME</td>
</tr>
<tr>
<td>Polymorphic</td>
<td>Divisional</td>
</tr>
<tr>
<td>Macro</td>
<td>Inclusionary</td>
</tr>
<tr>
<td>Mono</td>
<td></td>
</tr>
<tr>
<td>Micro</td>
<td></td>
</tr>
<tr>
<td>Passive</td>
<td></td>
</tr>
<tr>
<td>Amorphous</td>
<td></td>
</tr>
</tbody>
</table>

*Fig. 1. Lexical Representation Matrix (LRM) Cohn (2007: 39).*
Essentially, panels are ‘windows of attention’ (Talmy 2001, referred to by Cohn 2007) that focus attention on various parts of the information that is conveyed. Hence, choice of base and framing of individual panels in a sequence may add prominence to or background information. For example, the ‘active macro base panel’ in the matrix presented above displays the event of a sheriff holding what appears to be a farmer within close range. The event is prominent in full, including an equal representation of characters and action. In an ‘active macro base with divisional framing’ (one panel to the right) another event with two figures is displayed, but now each of them has an individual prominenecy. Their postures, positions and expressions are outlined and the action of running is relatively backgrounded to that.

I suggest that in visual language then, frames convey information by definition from a particular perspective. I observe a similar condition in Ronald’s stories, where ‘evaluative’ language (i.c. interactive structures) is used simulataneously for reference. An application of the LRM-model to Ronald’s story A, may look like this:

Table 2. Application of the LRM-model to Ronald’s story A.

<table>
<thead>
<tr>
<th>fictive frame</th>
<th>verbal expression</th>
<th>base and framing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&quot;nou (..) ehm &amp;na dinsdag (.) ehh (...) ehm &amp;validatiecenter eh (...) m (.) nou↓+&quot;/</td>
<td>Amorphic base frame (setting)</td>
</tr>
<tr>
<td>2</td>
<td>&quot;&quot; [wje] koffie?+&quot; +&quot;nou’s goed+&quot; +&quot;eh eh suiker en me↓illek?+&quot; +&quot;oké+&quot;</td>
<td>Macro (character A)</td>
</tr>
<tr>
<td>3</td>
<td>+&quot;su↑ker en mellek?+&quot; +&quot;su↑gar and millek?+&quot; ha↓llo↓ haα↓llo↓ !+&quot; +&quot;piee↓w+&quot; +&quot;bots+&quot;</td>
<td>Macro, division 1</td>
</tr>
<tr>
<td>4</td>
<td>+&quot;su↑ker en mellek?+&quot; +&quot;su↑gar and millek?+&quot; ha↓llo↓ haα↓llo↓ !+&quot; +&quot;bots+&quot;</td>
<td>Macro divided (character A and B)</td>
</tr>
<tr>
<td>5</td>
<td>+&quot;su↑ker en &amp;meα↑mellek?+&quot; +&quot;su↑gar and &amp;mi millek?+&quot;</td>
<td>Amorphic base</td>
</tr>
</tbody>
</table>

In this analysis I identify a series of ‘fictive frames’ (1-9). Although we cannot discern individual frames by a visual, graphic demarcation, I take Ronald’s (non-) verbal cues to have the same function as these ink borders: they define an attention window on the referent event with a particular scope and differentiation. These verbal cues evoke a conceptual, fictive image in our mind. In verbal interaction no visual demarcations are available to discern consecutive panels, but other coordination devices may be identified. In this respect I propose a) common knowledge associated with interactive structures; b) linguistic indication of time and space; and c) textual assumptions on narrative action.
I paraphrase my analysis below.

Frame 1: A frame setting TC-structure sets up a background situation which I fictively construe as an amorphous base frame displaying (some part of) a rehabilitation centre.

Frame 2: The interactive structure (incl. my knowledge of its usage practice) sets up a fictive macro panel that prototypically includes two characters engaged in a coffee exchange routine.

Frame 3: Based on my knowledge of the potential extension of a coffee-exchange interactive routine and my knowledge of narrative principles, I use the second part of the interactive routine to set up a new macro panel. In my view the (extension of the) interactive structure is a narrative modulation: it adds prominence to the referent event (average coffee interaction) and it slows down the action (suspense). These functions suggest a divisional framing, each part profiling one of the fictive characters. The frame thus draws attention to the fact that they have an equal share in the performance of the interaction.

Frame 4: I fictively construct this frame on the basis of a brief pause and, in hindsight, its sequential position in between suspended action and narrative complication. I imagine a micro panel framing character B’s (facial) expression indicating something goes wrong.

Frame 5: Based on the interactive structure, a repetition of the last part of the foregoing interaction routine, I set up a fictive mono base panel that displays character A’s repeating her part of the interactive script. I thus conceive of this frame as part of common interactive practice which may include a repetition in case of flawed medium (for example hearing ability).

Frame 6: The start of the dramatic repetition of these interactive scriptlines set up a new fictive panel. The empathic enactment suggests a micro base panel that zooms in on the manipulated interactive script lines.

Frame 7: This onomatopoeic structure conventionally suggests a dynamic event. I infer from the previous discourse that this event affects both referent characters. I use this structure to construct a divided macro frame with on the one side character B blacking out and on the other side character A reaching out.

Frame 8: This onomatopoeic structure suggests a static event or end point. Given the preceding discourse and the semantic connotation, I fictively construct an amorphic base frame representing black out.

This analysis is purely hypothetical and I present it to explore why Ronald’s structural projection is clearly so advantageous to his narrative performance. My analysis may be speculative but it also demonstrates that it is possible to associate visual language principles (specifically base and framing of consecutive images) with Ronald’s narrative performance. Following this line of investigation, I propose that a visual language perspective may offer an insight in the relation of Ronald’s choice of verbal structures and the particular fictive images these may evoke.

In comics, verbal structure integrates with visual structure in many different ways (cf. Cohn 2013). Text may appear for example as an adjoining caption or as emergent in the visual image – e.g. a book title, a road sign – it may appear in balloons that are ‘rooted’ – tied to an agent in the
image with a ‘tail’ – or in a ‘null carrier’ format – e.g. ‘honk honk’ representing the sound of a claxon (Cohn 2013). I believe that these varieties of integration can be observed in Ronald’s story too. For example, when Ronald uses the fictive quotation ‘suiker en melk? / milk and sugar?’ for the first time, the hearer recognizes this structure as part of the coffee exchange scenario that is metonymically evoked by the previous dyad ‘koffie? oké / coffee? ok.’ In this scenario this part of the verbal routine typically emerges as rooted text, i.e. connected to a speaker, i.e. the antagonist (in the visual cartoon frame the text would be presented in a speech balloon or ‘carrier’ with a tail to that root). However, it is difficult to imagine that the dramatic repetition of ‘suiker en melk?!? / milk and sugar?!?’ later on, is rooted in a similar way. At least, its emergence as a concrete, grounded utterance would not match conventional behavior (even in an emergency situation) and frame the referent event, in particular the antagonist, as socially divergent. Therefore I assume that this text is ‘objectified’ by way of its dramatic repetition, i.e. typically construed as ungrounded (cf. Langacker 2002; Verhagen 2005) and not rooted in the current frame. I thus assume that the text itself opens a new attention window on the referent event: It frames it as ‘arrested communication,’ particularly by way of the verbal-fictive image of a routine question remaining repetitively unanswered. Frame 6 presents the event of epileptic seizure particularly following a break down of communicative interaction and failure to co-participate.

As for onomatopoeia like ‘piew’ and ‘bots’: In cartoons, these may typically emerge in the frame with a ‘null carrier’ and ‘null root,’ e.g. ‘honk honk!! representing the claxon of a depicted car (Cohn 2013). In this sense, these structures have a more ‘pictorial’ quality (Abott 1986: 156). In this perspective, ‘piew!,’ cues the hearer to construct a fictive situation from the vantage point of a referent that is not an agent and which may typically be associated with ‘pieew.’ The relation between such referents and sounds is often highly conventional.

In sum, I assume that the text level of the current genre event may draw on a visual language structure that conventionally is associated with the visual language particularly applied in the genre of comics art. This assumption explains for the appearance of Ron’s narrative as a sequence of static scenes and his specific choice (and manipulation) of verbal structures (TC and interactive structure). Apprehended as units of a visual – or, relative to our current modality, (verbal-)fictive – structure, these verbal expressions represent attention windows to various parts of the referent event. Using knowledge of visual language, including conventions of text-image relations, the hearer is able to use a verbal structure to construct imaginary (fictive) referents from a specific vantage point. From the interviewer’s positive comment on Ronald’s story performance I infer that narrative structure is received well and therefore may be a shared projection in this genre event.

Ronald’s projection of structure is typically adapted to linguistic processing limitations. Aphasia thus may be argued to influence this projection. But, since the concrete verbal representation of the structural projection is clear and intelligible, I think it would be wrong to say that the aphasic condition obstructs the genre projection (or, equally, that knowledge of the genre projection facilitates the appreciation of verbal structures representing it). Rather, the verbal representation is just in compliance with the projection of the genre variable.
6.3.4 Form

In the analysis above, I proposed narrative structure in Ronald’s stories to resemble the visual language structure conventionally associated with the genre of comic art. I considered this in part to be evidenced by Ronald’s particular choice of verbal structures: (combinations of) elliptical TC- and (fictive) interactive structures (FI). These styles seem to be particularly fit to represent fictive images by means of a verbal modality. Of course, the images that are framed by these verbal structures are not drawn by an artist but (co-)constructed by a hearer. I assumed above that hearers may construct the relation between a verbal cue and a fictive image on the basis of their knowledge of text-image conventions used in the comic genre. In the current section I explore whether in story B Ronald’s specific use of verbal-fictive integration reflects macrostructure and whether this may also reveal potential evaluative sections in that narrative form. Table 3 represents Ronald’s story B as a series of ‘verbal fictive frames’ that are numbered in the left column. Below follows my analysis of story B using the categories of comic visual framing and text/image relations proposed by Cohn (2007, 2013).

Table 3. Ronald’s story B as a series of verbal fictive frames.

<table>
<thead>
<tr>
<th>Number</th>
<th>Verbal Fictive Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ooh (..) nou (.) eh staterdagnacht hem (.) hm (.) em (.) he pij↓n</td>
</tr>
<tr>
<td>2</td>
<td>eh [pewie] &amp;ziek ziekenhuis (.) eh hier</td>
</tr>
<tr>
<td></td>
<td>[ammeh] bel ikke</td>
</tr>
<tr>
<td></td>
<td>+” nou eh zaterdag (.) o↑chte↓nd+”</td>
</tr>
<tr>
<td>3</td>
<td>+” nou da’s goed↑+”.</td>
</tr>
<tr>
<td>4</td>
<td>eh herseninfarct eh +/”.</td>
</tr>
<tr>
<td>5</td>
<td>+” hè! &amp;=geirriteerd+.</td>
</tr>
<tr>
<td>6</td>
<td>[zi] telefoon +/”</td>
</tr>
<tr>
<td></td>
<td>+” tududuu↑t tududuu↑t &amp;=hoge toon+”</td>
</tr>
<tr>
<td>7</td>
<td>+”godverdommer+”.</td>
</tr>
<tr>
<td></td>
<td>+”bats!+”</td>
</tr>
<tr>
<td>8</td>
<td>nou (.) ehm [strompe]</td>
</tr>
<tr>
<td>9</td>
<td>nou (.) [mek] +”/.</td>
</tr>
<tr>
<td></td>
<td>+”[koosnaam]”.</td>
</tr>
<tr>
<td>10</td>
<td>+”klopklopklopklop+”</td>
</tr>
<tr>
<td>11</td>
<td>+”niet thuis↓+”</td>
</tr>
<tr>
<td></td>
<td>ooh (.) well (.) eh staterday night &amp;hem (.) hm (.) &amp;em (.) &amp;he pai↓n</td>
</tr>
<tr>
<td></td>
<td>eh [pewo] &amp;hos hospital (.) eh here</td>
</tr>
<tr>
<td></td>
<td>[ammeh] I call</td>
</tr>
<tr>
<td></td>
<td>+” well eh saturday (.) mo↑rni↓ng+”</td>
</tr>
<tr>
<td></td>
<td>+”well all right↑+”.</td>
</tr>
<tr>
<td></td>
<td>eh brain infarction eh+/”.</td>
</tr>
<tr>
<td></td>
<td>+”bots+”.</td>
</tr>
<tr>
<td></td>
<td>+”he! &amp;=irritated+.</td>
</tr>
<tr>
<td></td>
<td>[ti] telephone +/”</td>
</tr>
<tr>
<td></td>
<td>+” tududuu↑t tududuu↑t &amp;=high pitch+”</td>
</tr>
<tr>
<td></td>
<td>+”goddamn+”.</td>
</tr>
<tr>
<td></td>
<td>+”bats!+”</td>
</tr>
</tbody>
</table>

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42 However, the principles of visual language structure is seen to underly cognitive processing of sequential images [and I suggest in our case sequences of fictive images] in general. See also: Cohn’s website (URL 12.01.2017: http://www.visuallanguagelab.com).
In Ronald’s story B presented above fictive panels or frames are set up by (combinations of) elliptical TC structures and FI-structures. The latter are either fictive verbal quotations representing thought or speech or onomatopoeia representing events or actions. In the absence of visual representation, the hearer fully draws on the offered verbal structure to fictively construct a frame (incl. base and framing). Her vantage point for fictive construal of the referent event is thus preeminently a verbal perspective. Based on the text-image interface conventions proposed for visual narration (Cohn 2013) I propose that the following relations of verbal device and fictive image are relevant in Ronald’s story B.

- Verbal structures adjoin the fictive image. (Descriptive parts of) TC structure represent orientations in respect of time / space / situation.
- Verbal structures are emergent in the fictive image.
  a) they are rooted (fictive quotations representing speech and thought).
  b) they are not rooted (perceptual quotations representing actions and events).

(Descriptive parts of) TC-structures are most distal to the image, they frame the referent event from a caption-like perspective. FI-structures on the other hand instruct a hearer to construe the fictive image from within. FI-verbal structures that represent speech and thought have an intermediate level of integration with the fictive image. In the visual image of the comic they are discerned from the image by way of carriers (speech baloons and thought bubbles). Onomatopoeia that represent actions and events have the highest degree of integration with the fictive image. In the visual image they are represented by ‘null carriers’ and hence appear as ‘most pictorial’ (cf. Cohn 2013; Abott 1986).
Table 4 displays the respective frames discerned in table 3 in sequential order and represented by their respective verbal framing devices.

Table 4. Verbal framing devices setting up the verbal fictive frames of Ron’s story B.

<table>
<thead>
<tr>
<th>Frame</th>
<th>Perspective</th>
<th>Type of emergence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>A</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>E</td>
<td>v</td>
</tr>
<tr>
<td>4</td>
<td>AE</td>
<td>p</td>
</tr>
<tr>
<td>5</td>
<td>E</td>
<td>v</td>
</tr>
<tr>
<td>6</td>
<td>AE</td>
<td>p</td>
</tr>
<tr>
<td>7</td>
<td>EE</td>
<td>vp</td>
</tr>
<tr>
<td>8</td>
<td>A</td>
<td>-</td>
</tr>
<tr>
<td>9</td>
<td>AE</td>
<td>v</td>
</tr>
<tr>
<td>10</td>
<td>E</td>
<td>p</td>
</tr>
<tr>
<td>11</td>
<td>E</td>
<td>v</td>
</tr>
<tr>
<td>12</td>
<td>E</td>
<td>v</td>
</tr>
<tr>
<td>13</td>
<td>AE</td>
<td>p</td>
</tr>
<tr>
<td>14</td>
<td>E</td>
<td>v</td>
</tr>
<tr>
<td>15</td>
<td>AE</td>
<td>v</td>
</tr>
<tr>
<td>16</td>
<td>E</td>
<td>p</td>
</tr>
<tr>
<td>17</td>
<td>E</td>
<td>v</td>
</tr>
<tr>
<td>18</td>
<td>E</td>
<td>p</td>
</tr>
<tr>
<td>19</td>
<td>AE</td>
<td>v</td>
</tr>
</tbody>
</table>

A = Adjoined perspective, E = Emergent perspective
v = verbal (speech/thought), p = pictorial (perceptions).

From this representation of the consecutive fictive frames in respect of the style of their verbal framing devices, I infer that the hearer is cued to construct the fictive referent event from a very close or from a more distal perspective. I suggest that ‘close’ resembles ‘closely connected, hence most integrated with the fictive image’ and that the close ups represent windows of focal attention. Verbal structures that represent a perspective that is most integrated with the fictive image are the ‘pictorial’ ones: the onomatopoeic structures. These devices frame the following referents:

a) brain infarction (bots)
b) broken connection (tududuut) and desperate reaction to that (damn! bats!)
c) the action of knocking (knockknockknock)
d) the action of forcing the door open (krrrk)

If I accept that the onomatopoeic devices represent the focal features of the narrative referent event, I infer that ‘bots’ marks its base orientation, ‘tududuut’ its complication, and ‘krrrk’ its solution. ‘Bats’ and ‘knockknockknock’ are then modulations and represent a particular evaluative perspective. They respectively add prominence to the complication (‘bats’ emphasizing its impact) and suspend the solution (with an episode structured by 3 times...
‘knockknockknock’). The later evaluative sequence is relatively extensive, which I take to indicate that it is particularly significant from the perspective of the narrator. This sequence is represented below, showing frame 10 to 18 with their verbal framing devices.

Frame 10  knockknockknock
Frame 11  niet thuis
Frame 12  nou helaas...zeker stappen
Frame 13  half vijf...knockknockknock
Frame 14  nou dat weet ik niet
Frame 15  zes uur....tjonge!
Frame 16  knockknockknock
Frame 17  nou dat weet ik niet
Frame 18  krrrk

Frame 10 represents the referent action – that holds the eventual solution – typically from the perspective of the fictive action itself. The onomatopoeia represents unrooted text, hence it frames the sound of the knocking but not the knocker that causes it. Panel 11 and 12 attend to the agent (with verbal quotations of his thoughts) but not to the action. Panel 13 frames the action, but not the agent. Panel 14 again foregrounds just the rooted thought-perspective. Then, in 15, the thought-perspective precedes the action-perspective in (16), and that reversion is repeated in the sequential pair 17 (rooted thought perspective) and 18 (action perspective).

The verbal quotations and the onomatopoeia construe respectively the referent agent and the referent actions as separate entities. Simultaneously, the onomatopoeia construct a perspective that implicates both the antagonist and protagonist in its scope (they represent a fictive sound, implying sound perception). Ronald keeps up the separate foci on agent and action until the solution. I suggest that his alternating choice of FI-styles (onomatopoeia and thought quotations alternately profiling the action and the agent) evaluates the prominence of the antagonist relative to the narrative development. The action is typically construed as ungrounded and both characters relate to it in their own way: the ego’s anticipating presence is implied by (fictive) perception and the antagonist moves away from it (the verbal quotation frames first following the onomatopoeic frames) and towards it (the verbal quotation frames later preceding the onomatopoeic frames). Ronald thus construes his ego as an equal contributor to the final solution. The final frame sets up the encounter of both characters and this scene is captioned a ‘tadaa'-situation. Which construes them as conspirators that have just succeeded in solving a trick. They both played their part in restoring the interaction (which event is fictively construed with a shared ‘hello!’).

Is Ronald’s alternation of TC and FI-styles appreciated as indicative of macrostructure and, moreover, is story B thus shared on this level of evaluation? From the interviewers response to the unrooted construal of the solution, rescue act (krrrk), I infer that she does not share this perspective. In contrast, her ‘hebben ze de deur ingetrapt / they kicked in the door’ describes the action as explicitly performed by an authoritative party. Her later response to the story attends to the fact that Ronald had to wait a long time before being found and hence represents the more literal and immediate evaluative purport (and suggests his passive, helpless condition). These comments indicate that the proposed evaluative potential that can be associated with Ronald’s use of verbal-fictive devices is touched upon, but not fully exploited. Apprehension of Ronald’s
style of speech as a tool for strategic reference (and less so as a means for strategic narrative evaluation) neglects its communicative potential and, moreover, receives it in principle as a smart management of reduced verbal structures. Verbal cues such as ‘tadaa’ may then just be regarded as slightly odd but good enough substitutes for ideal full referential descriptions.

Aphasic ellipsis as used by Ronald seems fit for analysis within the visual language paradigm proposed by Cohn (cf. 2007, 2012, 2013). Seeing the selected elliptical structures in relation to the fictive images they may evoke reveals their potential as functional building blocks of narrative form. Ronald’s alternate use of the structural variety that is available to him constructs macrostructure with a highly evaluative message that significantly adds to positive identity construction. I think that the analysis displays that the aphasic elliptical repertoire that is used by Ron is not a factor of obstruction here, but a resource for the expression of this genre variable.

I conclude that the condition of aphasia imposes a particular perspective on the code level in – at least – the interviewer. Apparently, the aphasic speaker’s linguistic choices are first received as serving information transfer at what the interviewer may assume is the most basic level of communication: concrete, literal content. Thus, structures that in normal, non-aphasic interaction are appreciated as typically evaluative (interactive structure and enactment in particular) are now received as strategic tools for indication of referential (non-evaluative) content. They are not regarded as the outcome of free, purposeful choices that represent a certain subjective perspective at best given the aphasic condition. Rather they are regarded as choices that serve code level action at best given the aphasic condition and irrespective of specific content.

6.3.5 Conclusions

Unlike the context level of this genre model, text level projections are largely shared. In respect of content, participants even intentionally set out to share old information. Narrative form and structure appear to be appreciated and well understood. As in the previous analyses, the category of text type includes projections of a personal report as well as a potential quest (in this case testimonial) story. Evaluative content is not explored in the event but in hindsight characteristics of content, form, and structure suggest that a specific illness conceptualization was implicated. An evaluative interpretation of the text level projected by Ronald is also in agreement with the context level analysis above.

From context level information I infer that expectations of what a narrative should look like in this genre event are rather well defined. The interviewer is expected to deliver a formal protocol interview, which in this case includes the production of a story about the event of stroke that caused the aphasic condition of the narrator. Apart from projecting ‘the wrong’ content at first (story A), Ronald appears to fully meet those expectations.

Strong expectations of what a genre event should hold may force actual – and successful – fulfilment of the preferred model, but cannot prevent other things from happening too. The genre analysis conducted here reveals an evaluative potential in the text level projection, which the participants may not share or even intentionally project. My analysis suggests that the initial projection of story A is not a mistake, but a natural expression of what is on Ronald’s mind regardless of contextual restrictions or ‘officially’ preferred models. I suggested in the context level analysis that delivering story A may be a result of loose interpretation of the
interviewer’s request, based on personal acquaintance and trust (Vincent Marrelli 1994; Parret 1994). The story is thematically connected with the coping process he is in, which process may be particularly foregrounded in the context of meeting up with his (former) therapist and in response to the text model associated with the research protocol performed. This text format typically addresses his knowledge and experiences connected to his stroke and his life shortly before and after that event. The participants assumedly have performed the same interview before at an earlier stage after the stroke. Now, in agreement with the research protocol, the interviewer represents this text model in present tense. I suggest that the thus actualized past situation and the actual situation of Ronald’s current transitional condition of facing chronic aphasia may prepare him for genuine evaluative action (illness conceptualization) and prevent him from admitting to a non-serious clean repetition of an old story. I thus consider story A and B together to express an illness story that is strongly directed at the conceptualization of communicative loss and restoration. In this view, the projection of story A expresses the current experience of (communicative) loss as an open-ended story including Ronald as a passive victim who can no longer hold his part in joint action, whereas story B profiles the experience of communicative isolation as something that is restored with Ronald figuring as an equal co-participant in that process.

To accept this evaluative potential of the text level projection as credible, it is required that Ronald’s actions are in part appreciated as conventional – non-aphasic – narrative behavior. This implies that his intensive use of topic-comment and interactive structure is not solely appreciated as strategically submissive to referential goals, but (also) as expressing narrative development and bringing about evaluative values indicative of other, more figurative contents as well. To this end, it should be mentioned that use of evaluative means – like enactment, interactive structures, onomatopoeia – is robust in aphasic speakers and outdoes use of referential structures – like NP’s and VP’s – in this respect (Nespoulous et al. 1998; Ulatowska et al. 2004, 2006; Ulatowska and Olness 2003; Olness and Stewart 2007; Armstrong and Ulatowska 2008; Olness et al. 2010). Olness et al. (2010) suggest that modulating behavior – that is, evaluation – may be associated with language processing options in the right hemisphere and the limbic system (typically not affected by focal damage causing aphasia). Most of Ronald’s verbal and non-verbal evaluative expressions are formulaic expressions which are equally expected to be processed in the non-damaged hemisphere in aphasia (cf. Code 1987, 1994, 2005, 2011; Dunbar 1993; Wray 2002; Van Lancker and Rallon 2004; Van Lancker-Sidtis and Postman 2006; Van Lancker-Sidtis 2012). Evidence then suggests that Ronald’s linguistic expressions are very likely produced while strategically avoiding referential structures. Hence, they may be pseudo evaluative.

Still I argue that genuine evaluative values can be derived from Ronald’s stories if we appreciate their narrative structure as inspired by a visual language structure common to the narrative genre of comic arts. My demonstration of a ‘verbal-fictive’ structure analysis indicates that Ronald’s verbal structures set up fictive frames that represent a subjective perspective on the narrative event. A similar verbal-fictive analysis of text form supports my assumption that Ronald’s story B does contain evaluative value particularly in service of constructing his identity as an equal participant in his illness story and not a passive victim of stroke. Use of narration in coping and identity construction too, is found to be robust in aphasia (cf. Bernstein-Ellis and Elman 2007; Holland 2008; Armstrong and Ulatowska 2007; Olness and Ulatowska 2011). I regard both this evaluative potential and the referential or literal profile of the text level to be
part of ‘what is going on’ between the participants within this genre event. I assume that the extent to which the participants actually receive and exploit what is going on between them is connected with their individual context level projections, which not only include divergences concerning valued roles and goals, but also divergent expectations of the influence of aphasia on text and code level knowledge and actions. I assume that in this respect the interviewer is inclined to appreciate Ronald’s actions as preeminently (strategically) connected with his aphasic condition and not firstly as connected with the expression of a personal illness story.

In my view there is no reason to suggest that the aphasic quality of Ron’s verbal representations cause text level coordination problems, specifically a lack of exploitation of evaluative content. On the contrary, Ronald’s demonstrative speech style and his projection of the variable of text structure particularly represent subjective perspective. The fact that that is not explored may rather be associated with the interviewer’s contextual projection which leaves little room for elaborate personal reflections. Also, her code level projections may prevent a more productive exploitation of the text level of this genre event. I suggest that Ronald’s text level projection, and specifically his systematic use of verbal cues for fictive imagery is a good example of effective communication with reduced grammatical and/or lexical resources. Ronald’s text level actions demonstrate that ‘switching over to elliptical repertoire’ may not be just a code level procedure in response of a reduced window for syntactic processing (cf. Kolk and Van Grunsven 1985; Kolk and Heeschen 1990; Kolk 1995; De Roo et al. 2003). Ronald shows that ‘efficient and efficacious’ adaptation (Ruiter 2008; Ruiter et al. 2010) may involve making text level choices that optimize the communicative potential of ones available linguistic resources.

6.4 Code level analysis
In the current section we subsequently address the genre categories of register (6.4.1), style (6.4.2), and rhetoric (6.4.3).

6.4.1 Register
In congruence with the current type of genre event, conversational register is a shared projection. Use of elliptical style, the first-name basis, and free use of interactive structure including onomatopoeia and even (narrative) cursing appear naturally included. At times the interviewer uses a particularly relaxed pronunciation as can be observed for example in (23).

(23)

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>79.</td>
<td>I</td>
<td>en eh hoe vin je het nu met het praten gaan?</td>
</tr>
<tr>
<td>80.</td>
<td>R</td>
<td>hum goed &amp; sniffs</td>
</tr>
<tr>
<td>81.</td>
<td>I</td>
<td>da scheelt wel effe he?</td>
</tr>
<tr>
<td>82.</td>
<td>R</td>
<td>jhah</td>
</tr>
</tbody>
</table>

and eh how do you feel about the talking now?
hum good & sniffs
tha is quite a difference right?
yhes

In (23), the interviewer explicitly uses a condensed, slurry variety (‘effe’), after a clean pronunciation (‘even/quite’). In this fragment, she also uses ‘jij / you’ instead of a less profiled ‘je / you.’ These elements render the expression more directive and simultaneously make explicit that the interviewer ‘teams up’ with Ronald (typically aligning to exclusive, relaxed register shared between them, or his assumed social environment). Such actions suggest that the interviewer uses register to coach Ronald towards meeting her goals.
Ronald does not stretch the conversational register by way of pronunciation but he does align to the directive attitude, thus challenging the interviewer. This can be observed for example in (25) where the interviewer in a particularly ‘careless’ manner presses Ronald to produce an answer to her question.

She uses a plain imperative (line 90) urging Ronald to respond her question but he reacts in a stubborn, playful manner. He is just as direct as she is and explicitly scorns at the topic she endorses. In fact, however, from Ronald’s perspective, he has answered in truth: his employer [acronym] is nothing to him in his current condition. In response of her attempt to persuade Ronald to produce particular data, Ronald attempts to persuade the interviewer to recognize his actual condition and engage in genuine interaction.

In sum, I consider the genre model to include a shared projection of conversational register. Both participants exploit the options of its informal values in favour of their individual goals. In this respect the interviewer uses at some points in discourse a particular relaxed pronunciation. Both participants share a direct and open conversational management.


6.4.2 Style

Ronald’s style, his ‘selection of one linguistic variable realization over another (Leech and Short 2007; Auer 2007) is adaptive to aphasia. If some identity construction must be inferred from that (Labov 1972; Hymes 1974, Le Page 1978; Auer 2007; Gumperz and Cook-Gumperz 2007; Da Fina 2011; Van Dijk 2011) I suggest his is the thumbprint of an aphasic speaker who is an effective adapter to assumed linguistic limitations. Self secure and goal directed, in terms of aphasia really ‘non-fluent’ but not disruptive or discontinuous. Apart from intensive use
of grammatical ellipsis sui generis (cf. Kolk and Van Grunsven 1985; Kolk and Heeschen 1990; Kolk 1995; De Roo et al. 2003; Ruiter 2008; Ruiter et al. 2010), three types of elliptical varieties typically applied by Ronald illustrate this: topic-comment-structures, interactive structures and formulaic structures, often in combination.

In agrammatic ellipsis, word order is found to typically represent topic comment structure (cf. Tesak and Ditmann 1991; Beeke et al. 2007; Kleppa 2008, 2009, 2010). The economic gain in using (particularly hanging-) TC is that (aphasic) speakers can draw on expectations of shared knowledge of conceptual relations, in case aboutness relations, like for example in (26) or time-space framing relations, like for example in (26) (cf. Versluis and Kleppa 2016).

(26)

<table>
<thead>
<tr>
<th></th>
<th>R</th>
<th>nou (.) ehm &amp;na dinsdag (.) ehh (.) ehm &amp;validatiecenter</th>
<th>well (.) ehm &amp;na tuesday (.) ehh (.) ehm &amp;habilitation center</th>
</tr>
</thead>
</table>

(27)

|   | R  | [zi] telefoon +/” +” tududuuu↑↑t tududuuu↑↑t &=hoge toon+” | [ti] telephone+/” +” tududuuu↑↑t tududuuu↑↑t &=high pitch+” |

Ronald often uses TC-structures as time or aboutness frames for formulaic and/or interactive structures. Formulaic structures, for their assumed holistic processing appears to be available by up to severely aphasic speakers (Code 1987; Dunbar 1993; Code 1994; Wray 2002; Van Lancker and Rallon 2004; Code 2005; Van Lancker-Sidtis and Postman 2006; Code 2011; Van Lancker-Sidtis 2012). Ronald uses a lot of speech automatisms and fixed structures like onomatopoeia, days of the week, and collocations.

Formulaicity is also apparent in Ronalds intensive use of interactive structure. Like formula and TC word order, interactive structure is known to be robust in aphasia (Berko-Gleason et al. 1980; Ulatowska & Olness 2003; Hengst 2005; Pascual and Versluis 2006 for Dutch; Armstrong & Ulatowska 2007; Beeke et al. 2007; Banreti 2010; Wilkinson et al. 2010; Groenewold et al. 2013 for Dutch). Berko-Gleason et al. (1980) as well as Groenewold et al. (2013) report respectively a relative preservation and an increase of direct speech in Dutch Broca’s aphasic speakers. Ronald displays a creative use of interactive structure, of which some clear examples of ‘fictive interaction’ (which defines interactive material as a resource for representing any kind of referent in principle (Pascual 2002; Pascual and Janssen 2004; Pascual 2006, 2014; Versluis and Kleppa 2016). He uses interactive lines to represent thoughts (28), solution (29) and a particular condition (not being able to respond) (30).

(28)

|   | R  | +”nou (.) helaas eh stappen+” (.) nee stadten +”well (.) too bad eh out+” (.) no shopping |

(29)

|   | R  | +”tadaa↑↑+” +”ha↑lloo↓↓!+”. +”tadaah↑↑+” +”he↑lloo↓↓!+”. |
I conclude that Ronald projects a style of speech that is straightforwardly and radically adaptive to his assumed linguistic limitations. He thus demonstrates not to avoid identification as an aphasic participant and I suggest that he is foremost focused on getting his message through, loud and clear. I assume that the interviewer shares his projection and recognizes its strategic value. As pointed out before, she even praises his clear referential capacity.

Considering Ronald’s aphasic condition, his projection of style is a very good outcome. Moreover, this style projection might exceed expectations. I assume this style is foremost valued – possibly by both of the participants as strategic in favour of reference and less so as a vehicle for the expression of evaluative content (see the text level section above for more discussion on this topic).

6.4.3 Rhetoric

In the current section, I examine two instances of rhetorical projection, particularly irony. Verbal irony may be associated with incongruency of an utterance with the actual context of speech, particularly if this utterance receives a literal interpretation (Grice 1987; Clark and Gerrig 1984; Burgers and Van Mulken 2013). Being ironic is then ‘to pretend’ to seriously mean something, but actually mean the opposite. Appreciation of the ironic utterance, and recognition of the pretense action, depends on the level of common ground shared by the participants of interaction (Clark and Gerrig 1984). An ‘echoic account of verbal irony’ (Sperber and Wilson 1981; Wilson 2006) backgrounds the relevance of literal interpretation of the used utterance, positing a more general dissociation of a speaker and her utterance. Verbal irony according to this account implies the “(echoing) of a thought or utterance with a similar content to the one expressed in (the) utterance, in order to express a critical or mocking attitude to it.” (Wilson 2006: 3). “Echoic allusion” or the interpretative as opposed to descriptive use of language in this respect may have some resemblance with the concept of fictive interaction (cf. Pascual 2002, 2006, 2014) in the sense that interactive structure – and inherently its prototypical context of use – may be freely used as a resource for communication of a wide array of content, in this case a speaker’s critical attitude (towards the use of the utterance specifically, or some broader state of affairs associated with it). I think the ‘echoing’ approach to irony is applicable to example (32) below.

First, let’s take a look at Ronald’s use of the speech act ‘kom binnen / come in’ in (31). The interviewer explicitly asks Ronald to deliver a descriptive account of his home (line 118). Het starts out in alignment to that request (119) but then it seems he is unable to continue – assumedly hindered by his aphasic condition (121). Ronald finds a solution to his production difficulties in responding by way of a speech act, welcoming the interviewer to his flat (122).
Using this speech act (‘kom binnen / come in,’ line 12) here may be regarded as ironic because a literal apprehension of it is incongruent with the current situation of speech. Whilst speaking this utterance, Ronald is not at home, neither is he inviting the interviewer to now enter his house for real. Moreover, such a thing may be even an inappropriate proposal considering their relation (however, strictly speaking I do not know whether home visits have been part therapeutic procedures in their past). From the interviewer’s reaction in line 123 I infer that she does not appreciate an ironic potential in Ronald’s move. She suggests a possible motiv for his remark – ‘then I can see it?’ – which alludes to the possibility that Ronald played back the question at her to escape from his apparent verbal difficulties. She does not credit his smart solution (e.g. ‘that’s a good one!’) however, but urges him to be good and act on behalf of the protocol situation, which she here indicates by profiling the overhearers.

Indeed, Ronald has set out for description (119) and he did struggle with that, seeing his pauses (119). Clearly, he realizes this will be a difficult task for him. Then he uses ‘kom binnen / come in’ while explicitly chuckling. This move clearly breaks off the descriptive efforts he was engaged in and the chuckling annotates this move as non-serious, challenging. An important drive to use irony in such a way – that is, as a riddle to be solved by the interlocutor – is to increase estimation or respect (cf. Burgers and Van Mulken 2013). Thus, Ronald, who is confronted with his linguistic limitations and inability to perform a – in normal conditions – simple task, saves his face by challenging the interviewer. But, she is implacable. She quickly takes the pun out of this set up, using the literal interpretation to emphasize that this is avoidance behavior.

In (35) the participants discuss hobbies and sports, specifically related to Ronald’s situation as a rehabilitation client. As indicated before, the episode below illustrates the friction between the interviewer aiming for a flawless proceeding of the interview and inherently the production of an acceptable data set, and Ronald aiming for therapeutic interaction. The fragment starts with the interviewer questioning Ronald what he likes to do for leisure time. He responds in a cooperative manner, summing up some activities he enjoys doing. The interaction turns after he mentions how his sport, indoor soccer, is ‘exit’, inferentially because of his physical inability. The interviewer responds to that with a motivational comment, which profiles her role as a therapist. In the act, she also inquires about actual events occurring in Ronald’s life, and in doing that she diverges from the protocol text and situation. Then follows a motivational episode in which the interviewer tries to picture a future of taking up a new sport and Ronald expresses himself negatively about that. The interviewer recognizes his problems, but she insists that things will turn out all right. In line 19 she offers a closure on this topic by framing it as a theme that will be further discussed tomorrow with Stijn, who will inform Ronald on the options. Then, Ronald denies being uninformed. I consider his subsequent listing of ‘rehab-sports’-activities here as an act of verbal irony.
151. I ehhm (.) what do you do in your spare time
152. R nou (.) computeren +…
153. I hmm
154. R ehneh (de) stad +…
155. I hmm
156. R en cd’s [spelen] (..) nou ja (.) zaalvoetbal (.) exit
157. I ja ja (.) ben je wel bezig om daar iets nieuws voor te bedenken (.) toch iets van sport ofzo of?
159. I hmm
160. R mee pra ten
161. I ah dan ga je ‘t er met hem over hebben?
162. R ja
163. I ja (.) en heb je zelf al een beetje ideeën wat je leuk zal vinden?
164. R nah (.) ja (.) bah
165. I ja (.) ‘t is natuurlijk wel [even] iets anders dan je met zaalvoetbal gewend bent he?
166. R ja+…
167. I ja dus t zal effe: (.) je moet het niet meteen gaan vergelijken (.) maar ‘t is wel leuk om weer iets op te pikken <natuurlijk>1 (.) maar je weet nog niet precies wat er mogelijk is
168. R <hm>1 (.) nah
169. I nee [dus] dat zal Stijn je het <morgen>1 wel uitleggen
170. R <{nee}>1 +” petanque”.
171. I ja
172. R mhe eh: ehm &m +”/.
173. I +” boogschieter
174. I hmm
When the interviewer asks Ronald in line 13 whether he himself has thought of any sports he could try he responds decisively with 'bah!' (line 14). The current event does allow for therapeutic interaction but strictly within limits, not interfering with the production of the requested data model. 'Bah' signals a potential interference with this model for it indicates a strong emotion connected with the topic of discussion, and, given the context projection carefully back grounded by the interviewer, a call for elaborate therapeutic action. The interviewer sets out to control this pathway, appeasing Ronald by recognizing his problems (line 15), focusing on the positive perspective (17, 26/7) and arguing that he is not familiar with all possibilities yet (17) (physical therapist) Stijn will inform him on. Ronald keeps aloof, but clearly opposes the later assumption. He then demonstrates that he is very well informed by listing a series of rehab sports in a quotative manner.

I view this listing to be a case of echoic use (Wilson 2006), that is, echoing other's (fictive) words in a way that expresses a critical attitude towards them or even mocks those words (and what is associated with them). In this case, the original utterances may be attributed to Stijn, the physical therapist, but also for example to a fellow rehabilitee or maybe an information brochure. I think Ronald's use of irony here may be incited by a so-called 'stereotype-inconsistent' situation resembling situations when 'the nerd is unexpectantly not the smart one (Burgers and Van Mulken 2013). I suggest then that from Ronald's transitory perspective, the interviewer pictures a situation of Ronald the football player interested in 'petanque' (not!). Ronald expresses the echoic sequence with a persistent tone of voice, which is not overtly scornfull however. His move could very well be interpreted as just a demonstration of his knowledge of the options. His persistent listing parallel to the interviewer's encouraging comments indeed may display a joint effort to positively reflect on new perspectives. The reason that I believe there is irony in play here is twofold. First, Ronald's tone of voice is overall rather flat and restrained. Playfull moves are accompanied by chuckling ('kom binnen / come in') or sniffing ('[bedrijf] is niks / [company] is nothing'), and in this particular case Ron typically speaks with emphasis. Moreover, I think that the interviewer, who knows Ronald and is familiar with the way he speaks, responds herself to an ironic level: she acknowledges skepticism: 'you will have to see for yourself first probably' line 178), suggesting that 'maybe in retrospect' (line 178) he might like one of the sports, which is not now, and if, way ahead into the future.
In the instances above Ronald projects rhetorical action with use of interactive structures – echoic use, fictive interaction. He uses verbal irony to support his positive face and to challenge the interviewer, thus securing an equal relation. He also uses irony to criticize the interviewer’s downplaying his current perspective and position as a rehabilitation participant in transition to a chronic phase of inability. He uses irony to make a point for his case, particularly in the current genre event which ignores this perspective for the sake of business procedure.

Again, despite aphasia, Ronald’s verbal expressions serve contextual values very well. He effectively projects a conventional variable of irony, economically using linguistic resources – interactive structure, echoing - that are available to him as an aphasic speaker. His projection is shared by the interviewer, who appears to be really challenged by Ronald’s ironic moves, that put her intended performance and her original goals in jeopardy.

6.4.4 Conclusions
To conclude, the code level of the current genre model includes a shared projection of code level knowledge and action. It comprises the use of elliptical and simple structures and in particular the use of interactive structure, formulaic structures and TC-structure. Ronald thus displays a skillful command of code level knowledge and actions that are generally recognized as enhancing economic and efficient interaction with aphasia (e.g. Code 1987, 1994, 2005, 2011; Dunbar 1993; Goodwin 1995; Beeke et al. 2002; Wray 2002; Heeschen and Schegloff 2003; Hengst 2003; Beeke et al. 2006; Wilkinson 2009; Killmer 2010; Van Lancker-Sidtis and Postman 2006; Van Langker-Sidtis 2012). With this style of speech, Ronald is able to conduct qualitatively normal instances of irony (Grice 1978; Sperber and Wilson 1981; Clark and Gerrig 1984; Clark 1996; Wilson 2006; Burgers and Van Mulken 2013). Generally, he is, like Ben and Sara, a proficient conversationalist (cf. Goodwin 1995, 2003; Heeschen and Schegloff 1999; Klippi and Laakso 1999; Leiwo and Klippi 2000; Wilkinson et al. 2009; Beeke et al. 2002, 2003, 2007).

My impression is that, Ronald’s code level actions are foremost valued in respect of referential quality but not as potential constructors of evaluative content and irony. It may be argued that the interviewer foremost receives Ronald’s code level actions from a contextual perspective – i.e. in respect of their contribution to ‘an interaction with an aphasic patient’ as unproblematic as possible.

I suggest that it is not the concrete grammatical or lexical reduction of Ronald’s utterances that interfere with the representation of his code level projections or coordination thereof with his co-participant. Rather, I think that on a general level, the interviewer’s code level projection may differ from Ronald’s in respect of how aphasic utterances represent strategic communication. I assume that the interviewer’s projection includes these verbal structures as strategic alternatives for currently unavailable conventional – descriptive - prototypes, while Ronald’s code level projection may just as well include verbal structures as more radical strategic tools for communicating a story with aphasia. From that outlook, the communicative potential of his verbal cues does not necessarily bound to clear points of reference.
6.5 Summary

I now summarize the foregoing analyses in a way that addresses the research questions put forward in the introductory chapter.

*How, in an interactive event that includes an aphasic and a non-aphasic participant, do the participants share ground on knowledge and actions associated with that discourse situation?*

The genre model of personal interviewing with Ronald includes a complex context level projection, which is sensitive to coordination problems. The participants’ individual projections of contextual categories are competitive and produce friction within the interactive event. The interviewer’s contextual projection includes a ‘staged’ setting, a Research domain, and three participant role schemas, which presents her with various role identities – interviewer, producer of data, and therapist. Particularly the high profile of the overhearing participant requires complex face management. Ronald’s contextual projection includes a therapy setting, a Rehabilitation domain and a genuine interviewer – interviewee participant schema. The participants share a history together, and display an informal, friendly relationship. However, their current goals diverge which seems to prevent them from exploiting this relation. Where the interviewer aims for data production on request, Ronald seems to strive for a more genuine personal interaction, which here includes therapeutic evaluation too.

The interviewer’s individual genre model includes a text level projection that includes the formal repetition of a story told by Ronald in a past situation. However, in the current situation, this projection seems to be particularly apt for evoking evaluative action in Ronald. The protocol questionnaire prescribed for this interview is a copy of the aphasia test battery which presumably was used to interview Ronald in the first weeks after his stroke to evaluate his aphasic condition. Using it now, several months later and Ronald being on a typically difficult moment in his rehabilitation process, facing chronic aphasia and inability, preeminently motivates reflection and evaluative illness construal. Several times the interviewer explicates the formality objective of the genre event and urges him to commit to her projection, reckoning with overhearing authorities. Ronald shows difficulty to capture that projection and later on keeps on critically commenting on it.

Concerning text and code level projections, I suggest that these are shared in respect of referential values but not explored in an evaluative manner. The analysis demonstrates that there is an evaluative potential in Ronald’s narratives, but his code level actions are preeminently received by the interviewer as a result of strategic behavior supporting referential clarity in aphasia bound interaction. I propose that the communicative potential of Ronald’s verbal devices, specifically his choice of speech style, is better received if appreciated within the perspective of the visual language structure typically applied in the genre of comic art. I argue that Ronald’s projection of text structure includes the co-construction of a sequence of fictive images with specific verbal devices cueing for base and framing specifications. An analysis of (structure and speech styles of) Ronald’s stories from this viewpoint profiles their metaphorical potential. I assume that this analysis targets implied communicative potential but I can only speculate whether or not it is intentionally included in Ronald’s projection of the current genre model. I assume that in the current event, the interviewer’s tight contextual projection functionally excludes (therapeutic) evaluation and reflection from its scope.
The genre model of the interview with Ronald thus includes a shared text and code level projection which evaluative potential is however not exploited because of contextual reasons. The interviewer may be argued to offend politeness relations by forcing Ronald to commit to genre requirements that potentially violate his negative face (the text model confronts him with his current losses associated with his disabledness after stroke). Ronald in turn challenges the interviewer’s positive face by openly displaying a critical attitude by way of irony and rhetoric. Two genre models compete here: protocol interviewing for data collection versus genuine therapeutic conversation. I infer that the participants are both aware of their divergent individual projections (or being made aware of, in case of Ronald) but since the genre event is preeminently a formal obligation to which both participants are subordinate, there is no room for a productive exploration of both of these perspectives.

How does aphasia interfere with establishing shared ground on knowledge and actions associated with the genre projections in this event?

Like in the previously examined genre events, participants are prepared for aphasic impairment and adaptation. In the current event, Ronald is even praised for being a good adapter to his linguistic limitations. As in the other events, I find that the interviewer has a textual preference for concrete, literal reports – and inherently, descriptive code action - with little attention to the potential of narrative evaluation. Ronald’s demonstrative speech style is appreciated as a smart replacement for a conventional – non-aphasic – descriptive one. The interviewer’s text level bias may be associated with the tight contextual projection that she has committed too. But the fact that she committed to conduct this event with Ronald in the first place, may indicate that aphasia – or aphasia centeredness – importantly defines the context level of this genre event. Being – i.e. from the perspective of a speech and language therapist / aphasiologist – such a smart conversationalist and so skillful in applying linguistic resources, masks Ronald’s greater identity as a person and as a genuine rehabilitation patient in particular. As a former aphasia therapist I would say that to me, he profiles like the client you typically think you can pull it off with to do such an interview. He can deliver a sample of aphasic speech for sure. He ‘understands.’ But then it turns out that aphasia is only just one of his problems.
Discussion

I recall from the introductory chapter that the aim of the foregoing genre analyses has been to explore the assumption that the communicative potential of limited linguistic structures used in interactive events that comprise an aphasic and a non-aphasic participant may not be well appreciated because the participants of such an event may have a different perspective on the knowledge and actions associated with it. This means that they may hold divergent models of the contextual, textual and linguistic dimensions of the discourse, which may cause problems in coordination of their minds and actions and prevent optimal reception of already limited linguistic expression in the aphasic participant.

In the current chapter I discuss the answers I found for my research questions. In the preceding chapters I have explored these questions by means of the genre analyses of recorded data comprising three concrete interactive events, notably personal interviews that each included an aphasic interviewee and a non-aphasic interviewer. Below I explicate my answers in sequential order.

Question: How, in an interactive event that includes an aphasic and a non-aphasic participant, do the participants share ground on knowledge and actions associated with that discourse situation?

☐ Is it possible that an aphasic and a non-aphasic participant of verbal interaction project diverging genre models of the interactive event they are engaged in without them being aware of it?

Yes, this is possible. The analyses show that the aphasic and non-aphasic participants of the respective interactions examined do indeed project divergent genre models next to shared projections. Apparent communication problems indicate that their minds are not coordinated and that divergent perspectives are not anticipated upon. The non-aphasic participants try to find solutions for these coordination problems within the boundaries of their own genre schemas. I infer that they assume that communicative difficulty is pre-eminently associated with a pathologically low quality of linguistic reference within the frame of reference of an assumedly shared genre model. However, the latter may be actually just their individual projection. When Sara first brings about her story of abuse, the interviewer receives it as causally related to the complication of stroke, while in fact it is part of an entirely different narrative that does not include stroke as a complication at all; Ronald is praised for his clear referential ability and the interviewer repeatedly calls out to him to play along with her game and not be difficult about it, while in fact Ronald’s stories do contain an evaluative layer and his resistance is produced by his mind being set for coping processes and therapy; In the interview with Ben, the interviewer conducts an elaborate repair sequence in order to establish reference to a concrete sequence of past events, while Ben appears to focus on an intense personal experience.
The aphasic participants, however, do show an awareness of different genre projections; that is, they display a sense that the communication problems result from a more basic difference in subjective orientation, which in this study I articulate as a divergent perspective on contextual, textual and/or code level knowledge and actions associated with the discourse at stake. I suggest, their behavior in this respect confirms evidence that aphasic speakers may be particularly sensitive and attuned to a shared conceptual frame of reference (Etcoff, Ekman, Magee, & Frank 2000; Siegal and Varley 2002, 2006). Ben, for instance, after an elaborate and unsuccessful effort to establish shared ground on the event of his stroke, exclaims ‘how am I going to explain this to you!’; Ronald displays an increasingly annoyed attitude claiming the relevance of his own projections as opposed to the interviewer’s, and Sara instantly throws in her individual genre projection, ignoring whether the interviewer is prepared for it or not. After that she then coaches the interviewer to share her perspective.

In sum, aphasic participants in this study claim contextually, textually, and on code level that in terms of discourse they want to do something else; they value a genre model different from the one put forward by their respective interviewers. The non-aphasic participants do detect communication problems but first seek to solve these within the boundaries of their current genre projection assuming that it is (or should be) shared.

If so, how do these models diverge in respect of the contextual, textual and linguistic dimensions of the discourse?

The aphasic and non-aphasic participants’ models appear to diverge in respect of how they are tuned to the condition of aphasia. The aphasic participants each project models of interaction that may be expected with the genre of the conversational personal interview (Holstein and Gubrium 2003; Legard, Keegan and Ward 2006). They admit to personal disclosure and are willing to share highly personal experiences and points of view. Sara reflects on how stroke has significantly changed her life for the better. Ben tries to share a testimonial account of his stroke as a near death experience. And Ronald pictures his experiences in terms of a quest story comprising communicative loss and restoration. Their actions seem to align to a general tendency in people to use narrative as a means to cope with illness and how it affects one’s wellbeing, identity and life goals (cf. Frank 1995; Hyden 1997; Bury 2001) – which has indeed been recognized for people with aphasia too (e.g. McKevitt 2000; Shadden 2005). The code level actions of the aphasic participants highlight referents that are conventionally prominent in respect of personal story telling and illness conceptualization (cf. Frank 1995; Pluta et al. 2014). They use their language typically to support the interviewers to access a shared conceptual frame of reference associated with these genres: Sara offers the hearer a sociocultural stereotype: Her lexical choices set up a metonymic channel to the sociocultural (ICM) model (cf. Fillmore 1975; Lakoff 1987; Croft and Cruse 2004) structuring the experience of sexual abuse. Ben uses formulaic expressions typically associated with such a the model of near death experience and Ronald’s well-organized use of interactive structures coordinate the hearer to construe a fictive narrative that profiles his particular current perspective on the past event.

For various reasons the non-aphasic participants’ genre perspective is marginalized because of the aphasic condition of their co-participants. The non-aphasic interviewers expect the impact of this phenomenon to define contextual domains and identity (e.g. Parr et al. 2003; Sadden 2004, 2005; Simmons-Mackie and Damico 2007; Sadden et al. 2008;

In sum, the non-aphasic participants project genre models of conversational interviews particularly restricted by presumptions related to acquired language impairment on all three levels whereas the aphasic participants do project genre models of common conversational interviews.

Question: How does the aphasic quality of the aphasic participants’ linguistic structure interfere with establishing shared ground on knowledge and actions associated with the discourse?

In the examined events, the aphasic quality of linguistic structure indeed affects the projection and coordination of genre models between the participants. Specifically, projections are not grammatically grounded and non-aphasic co-participants can hence not quickly grasp and covertly align to potentially divergent projections in their co-participant. Also, semantic content of the aphasic speakers’ verbal structures lack specificity and referential clarity. This is particularly the case in the interviews with Sara and Ben, whereas in the interview with Ronald the referent events are already shared between the participants on a factual level.

Still, the typical non-fluent style of speech, including a slow rate, occasional communicative breakdown, word finding difficulties, and varieties of agrammatic elliptical structure appears to be shared ground (e.g. Benson 1967; Goodglass and Kaplan 1983; Goodglass et al. 1994; Howes 1964; Howes and Geschwind 1964; Kolk 1990; Perlman Lorch 1991; Kolk and Heeschen 1990; Kolk 1995; Miceli 1999; Ruiter et al. 2008). Aphasia is expected, and there it is, so to speak. Actually, the aphasic participants were ‘good at it.’ Besides genuinely impaired linguistic structure (cf. Kolk and Heeschen 1990) they used full(er) structures too (Saffran et al. 1980 in Miceli 1999 :251;
Goodglass and Kaplan 1983; Goodglass, Christiansen & Gallagher 1994; Menn & Obler, 1990; Saffran, Berndt, & Schwarts 1989 in E. de Roo et al. 2003). Also, agrammatic ellipsis was used in a functional variety including topic-comment structures (cf. Tesak and Ditmann 1991; Beeke et al. 2007; Kleppa 2008, 2009, 2010; Versluis and Kleppa 2016), formulaic structures (Code 1987, 1994, 2005, 2011; Dunbar 1993; Wray 2002; Van Lancker and Rallon 2004; Van Lancker-Sidtis and Postman 2006; Van Lancker-Sidtis 2012) and interactive structures (Berko-Gleason et al. 1980; Ulatowska & Olness 2003; Hengst 2005; Pascual and Versluis 2006; Armstrong & Ulatowska 2007; Beeke et al. 2007; Banreti 2010; Wilkinson et al. 2010; Groenewold et al. 2013; Versluis and Kleppa 2016). The aphasic participants’ linguistic expressions thus stood out as highly adaptive to communicative interaction with the assumed limitations of aphasia. Selected speech styles typically draw on a hearer’s inferential capacities concerning conceptual relations, particularly aboutness-relations and time/space frames (topic comment structures); on a hearer’s sociocultural knowledge and knowledge of common speech (formulaic structures) and knowledge of interactive situations (interactive structures). Thus, these structures appeal to a hearer’s imagination and evoke co-conceptual efforts. From the speaker’s perspective, these structures adapt to the limitations of aphasia in the way that they are processed. Damage to language specific area’s in the dominant – i.e. left – hemisphere – may be effectively responded to by switching to elliptical repertoire to circumvent grammatical elaboration (Kolk and Van Grunsven 1985; Kolk and Heeschen 1990; Kolk 1995). Moreover, the particular elliptical varieties named above may be assumed to be associated with the typically holistic, synthetic, non-serial, emotional, visual, imaginative, metonymic and automatized workings and processes of an unaffected non-dominant – i.e. right hemisphere function (Levy 1985; Bradshaw and Nettleton 1983; Cummings 1985; Tonkovich 1988; Springer et al. 1989; Cranenburgh 1989a; Dharmaperwira-Prins 1986; Dharmaperwira-Prins en Maas 1990; Walsh 1992; Code 1987, 1994, 2005, 2011; Wray 2002; Van Lancker-Sidtis 2012). The aphasic participants use of non-sequential, synthetic (cf. Lakoff 1987) and visual (Cohn 2007, 2012, 2013) narrative schemas as well as their modulating behavior (that is, evaluative rather than referential actions) may be associated with functional reliance on right hemisphere processes too (cf. Olness et al. 2010).

Although (positive and negative) aphasic symptoms are omnipresent, in none of the cases does the quality of linguistic structures appear to be the essence of communicative trouble. Of course, if Sara, Ben and Ronald had spoken fluently and without verbal limitation, conversation might probably have been less complicated and relevant individual genre models more readily available for sharing. Conversations might have been more akin to the conversations with Ann, Don or Michel. But I think that the fact that they do not resemble these does not just come down to impaired or adapted linguistic structures in the aphasic speakers. I rather assume that interpretation of (indeed) reduced linguistic structure is also biased by the non-aphasic interviewers’ textual and contextual projections, that seem to prepare them for relatively simple, concrete and aphasia-prominent associations.

Considering this outcome I recall my initial hypothesis concerning the essence of communication problems in interactions with aphasia:
The aphasic and non-aphasic participants of communicative interaction do not share full perspective on knowledge and actions associated with interactive events with aphasia. The non-aphasic participant may be knowledgeable on the phenomenon of aphasia but, unlike her aphasic co-participant, she does not share aphasia from subjective experience. Verbal actions that from the experiential perspective of interaction with aphasia are salient devices for indicating referents may not have a similar saliency from the mere conceptual perspective on this interaction (and vice versa).

Let me recall what I mean by ‘saliency.’ In the ‘Schelling game,’ (Schelling 1960; Clark 1996), discussed in chapter 2, ‘Noon, New York Grand Central Station’ is to many people a salient time and place. They would go there and then if they were to meet someone on a specified day but without further contact or information on location, time and previous meetings with that person. In the aphasia-oriented game, the condition of aphasia is salient on all three levels of the genre model. In the non-aphasic interviewees, however, aphasia appeared to be salient only on the code level, which variable of style was adapted in a radical manner, and register and rhetoric were maximally exploited. It was recognized that these adjustments were effective, but in the aphasia salient model, their scope of effect, their communicative potential, is still restricted.

I suggest that the genre analyses thus may confirm the hypothesis. The non-aphasic participants project a marginalized perspective on the interactive model of the genre events they are engaged in. They reduce the contextual, textual and code level of the model in respect of the condition of aphasia. They appreciate their co-participants’ verbal expressions as ‘salient devices’ relative to that ground. In this aphasia-restricted model of interaction, verbal expression is typically salient as a means to identify referents (that is, to secure information transfer). Thus, to them, formulaicity or the visual/fictive language structure (Cohn 2007, 2012, 2013) foremost represents strategic reference relative to the aphasic condition. Verbal indications of complex narrative types are not received because such story types to them have no saliency in the aphasia-defined ground. Additionally, from the aphasia oriented ground, linguistic expression is importantly salient as a means for conversational management and politeness relations and as a means for co-construction as an outward strategy focused on concrete joint action to establish meaning and reference while sharing production load (cf. Heeschen and Schegloff 1999; Goodwin 2003; Linebaugh et al. 2006).

The aphasic participants on the other hand appear to project an unrestricted scope on the common ground of interaction – that is, relative to their aphasic condition. Salience is not so much defined by aphasia as it is by general sociocultural knowledge and actions, concerning for example trauma experience and coping with disability or life changing events. They select verbal expressions that are particularly coordinative relative to that wide scope conceptual frame of reference or genre model. In that non-aphasic perspective, verbal expression is salient as a means to share opinion and personal experience, to convince or manipulate or monitor the co-participant. Even most concrete topics such as living environment and job are subject to evaluative construal.

I thus conclude that in the mixed aphasic / non-aphasic interactive events examined here participants’ minds did not (fully) coordinate in respect of the prominence of the phenomenon of aphasia relative to the various levels of the interaction.
7.1 Adaptation strategies

The answers I found for my research questions suggest to me that it is of interest to discuss possible differences in the aphasic and non-aphasic participants’ adaptation or managing strategies relative to the phenomenon of aphasia in the examined interactive events. I specifically infer this from my observation that participants’ genre models diverge and that foremost the aphasic participants explicitly signal this; (1) The observation that genre projections seem to diverge in respect of being biased or not being biased for aphasia; (2) The observation of the structural variety of the aphasic participants’ linguistic actions – their typical use of elliptical interactive (FI), formulaic (FE) and Topic-Comment (TC)-structures. Furthermore the observation that the aphasic participants each seem to display a specific ‘coordinative attitude’ in their choice of speech styles: Sara’s selection of ‘assistance grammar’ (her increased grammatical elaborations in function of the assistance of the co-participants search for shared ground), Ben’s ‘alternative construal’ (his eventual grammatically fluent alternative construal of the referent event), and Ron’s persistent use of (interactive) structures, offering options for communicative (evaluative) exploitation. In the next section I discuss these phenomena as coordination tools associated with a particular communicative strategy. I argue that the linguistic actions of the aphasic participants in this study in various ways signal that they use their limited linguistic resources to assist joint attention to the rich intersubjective resources of the non-aphasic conceptual world. In the face of linguistic impairment, the non-aphasic participants however seem to rather choose for a reduced level of complexity of contextual, textual, and code level knowledge and actions to achieve shared perspective.

Normal, non-aphasic interaction, especially conversation, is usually experienced as cognitively easy and not particularly demanding (Garrod and Pickering 2004; Pickering and Garrod 2006; Hagoort 2008). A reason for this may be that interacting participants are driven by an essential desire to gain what is valuable to them (Kolk 2012, see chapter 2). According to Kolk, these values, and their associated actions, connect with the interactive environment:

Gedragspatronen zijn altijd gekoppeld aan de omgeving, de fysieke of de sociale. Het is dus ook de omgeving die ze oproept. Een keuken roept kookpatronen op, een feestje conversatiepatronen. (Kolk 2012: 49, 50)

Action patterns are always connected to the physical or social environment. Hence, it is the environment that evokes them. A kitchen evokes cooking patterns, a party evokes patterns of conversation. (Kolk 2012: 49, 50)

Such automatic responses are only overruled by alternative behaviour when participants detect potential surplus value.

Aandacht versterkt alle gedragspatronen, afhankelijk van hun toegevoegde waarde […]. Dit richen [van aandacht] wordt uitsluitend bepaald door de toegevoegde waarde. Wanneer deze groot is, wordt het bijbehorende gedragspatroon sterker dan het alternatieve patroon, en daardoor wordt het geselecteerd. Wanneer de toegevoegde waarde klein of zelfs negatief is, blijft het meest geautomatiseerde patroon domineren (Kolk 2012: 88).
Attention strengthens all action patterns, depending on their surplus value [...]. Directing [attention] is solely determined by surplus value. If it is significant, the associated action pattern becomes stronger than the alternative pattern, which motivates its selection. If the surplus value is small or even negative, the most automatic pattern dominates. (Kolk 2012: 88)

In this picture, participants’ management of individual and shared genre models to support coordination of minds depends on focus of attention. I suggest above that in the examined cases of aphasic/non-aphasic communicative interaction, the non-aphasic participants and the aphasic participants do not have coordinated minds in respect of the prominence of aphasia in the genre model they project. Relative to Kolk’s (2012) perspective this may imply that, in respect of interaction with aphasia, different things are valuable to them. Moreover, they may have similar interests, which evoked shared projections, but they also detected surplus values, which made them diverge from common actions. These divergences, I believe, represent the region of adaptation. Among other actions: Sara’s and Ben’s stereotype ICM-projections and lexical choices to represent respectively the abuse story and the near death testimonial, Ronald’s selection of the ‘wrong story.’ These are the points of ‘why this now.’

Suppose we assume that these actions were evoked by what the aphasic participants perceived as their environment, this means that to them, commitment to mixed aphasic / non-aphasic interaction calls for (among other things) 1) a non-serial projection of narrative structure 2) stereotype lexical choices 3) a loose interpretation of linguistic structure. These actions may thus be considered to adjust or adapt to their perspective on the common ground of the interactive event they are in, in a way that is valuable to them. Now consider the aphasic participants. Suppose their actions too are evoked by what they perceive is their current environment. They must perceive this common ground as calling for (among other things) 1) polite relations 2) simple and concrete narrative referents 3) literal interpretation of linguistic structure. I infer from these scenarios that the non-aphasic participants in the examined events value simplification. If they would be aphasic, they would reduce the complexity of what they intended to convey. That is, not pursue to express what was on their mind, but focus on what they might be able to convey. I suggest that this seemingly sensible non-aphasic attitude on interaction with aphasia may resemble the attitude with which we sometimes call agrammatism ‘telegraphic style.’ This term is focused on assumedly available resources too – in this case money and space delimit quantity and quality of information.

However, it turns out that telegrams cannot so easily be compared to ellipsis in non-aphasic genres and differs more than they have features in common (Tesak & Dittman 1991; Tesak & Niemi 1997; Kleppa 2008). The aphasic participants in this study did not adjust the complexity of what they intended to convey. They did not adjust their message to assumed limited available resources. Their genre actions valued the expression of what was on their minds. Their strategy was to use devices that they expected the co-participant would, like them, regard as salient entities within the common ground associated with personal interviewing. From these points of departure, the interviewers could complete what was not linguistically explicated from their shared conceptual frame of reference (Janssen 2002, 2004, 2006).

Seeing aphasic and non-aphasic participants’ behavior in the examined genre events, I suggest that the aphasic participants communicative actions are pre-eminently oriented on joint attention: they address shared (genre) knowledge with verbal structures that specifically
tune to the common sociocultural frame of reference. Used (elliptical) formulaic expressions, fictive interaction, topic-comment, ICM-structure, comic art structure, rhetoric structures, verbal irony all metonymically tune to conceptual schemas of interactive experience and knowledge of the world the co-participant, as a co-member of the language community, must be familiar with.

That the aphasic participants may favor joint attention over establishing a specific joint (grounded) perspective may be observed in all three cases studied. In the case of Sara, for example, grammatical elaboration typically increases after shared attention has been established. When the interviewer starts to explore the communicative potential of the genre model – acknowledging the possibility of Sara’s individual stance - Sara comes up with grammatical assistance. When Ben sighs ‘how am I ever gonna explain this to you?’ I speculate that he did not see shared attention (that is, his perspective being in the scope of the interviewer’s) going to be established any time soon. Maybe he adjusted his strategy to that assumption. In his action too grammatical elaboration increases, but other than Sara, he adjusts to the perspective of the interviewer, offering a different, more grammatical construal, still ostensibly leaving out the moment supreme. Ronald is very steadfast in his linguistic performance. He fully ignores grammatical elaboration and uses a specific elliptical and demonstrative style of speech he never departs from. It is up to the hearer to use these structures as metonymic channels to fictivity or appreciate them as ‘mere’ economic forms.

Relative to what I assume is the aphasic participants’ communicative strategy – using language in support of joint attention - the non-aphasic participants’ actions are oriented on ‘communicating about the focus of attention.’ They care for the eye, not for the view so to speak. Now linguistic impairment is a prominent feature of the ground. It potentially compromises the establishment of detailed, shared and concrete perspective on referents. Non-aphasic participants hence practice communicative joint attention on a reduced level (a safety mode): simple structures, concrete referents, step-by-step establishment of detailed shared attention. In a way, the non-aphasic participants thus show a more conservative approach to interaction with aphasia than do the aphasic participants.

Although aphasic speakers may have difficulties in integrating their own stories with assumed shared knowledge or knowledge of the world (Ulatowska et al. 1983; Huber 1990; Ulatowska and Chapman 1994), we must assume that their (genre) actions too are tied to the sociocultural frame of reference or environment. They are in (Kolk 2012). Especially given their sensitivity to this shared frame of reference (Etcoff, Ekman, Magee, and Frank 2000; Siegal and Varley 2002, 2006), their passive knowledge of how language is used and how linguistic structures are accountable (Bates and Wulfeck 1989; Obler and Miceli 1990; Bates et al. 1991; Dick et al. 2001). their conversational expertise (see references above and their stylistic repertoire (including topic comment, formulaic and interactive structures whose entanglement with the sociocultural shared frame of reference is discussed above).

Assuming that the participants in this study project different perspectives on knowledge and action associated with the genre event they are in and assuming that the relevant divergences are connected with a difference in how participants respond to the phenomenon of aphasia – personally experienced by the one but not by the other – I submit that the aphasic and non-aphasic participants in this study demonstrate a difference in communicative adaptation to aphasia. In this respect the aphasic participants generally use linguistic structures that
typically prompt hearers to construct meanings using familiar conceptual resources, that is their knowledge of the world, more particularly: genre knowledge, whereas the non-aphasic participants simplify the grounding process (including selection of simple, easy to identify referents) in order to preserve verification of a referents’ connection to the concrete here and now of the speech situation.

7.2 **Mixed aphasic/non-aphasic interaction is a reflexive genre model**

We may assume that verbal fluency is the primal perspective on the conceptual frame of reference (or: the shared collection of genre models accumulated in language acquisition or Bildung (cf. McDowell 1996). However, the aphasic speakers in this study rebut this: they typically use genre knowledge freely. The non-aphasic participants however, use it (start to use it) particularly from the grammatical perspective, projecting temporal, descriptive, referential – i.e., propositional – schemas. Assuming that linguistic access to the conceptual world is primal may be wrong. At least it is relative to adult members of a language community – aphasic and non-aphasic, CV – who, through language acquisition and practice have acquired and stored in memory a large repertoire of knowledge and action associated with social interaction. As such, they are full members of society and therefore able to act sensibly and know it too (Garfinkel 1967a, Sacks and Garfinkel 1970, Ten Have 2002, Auer 2007; Van Dijk 2014).

I suggest that linguistic structure used in the aphasic participants in this study is particularly apt for navigating shared knowledge. These structures may be defined as mere automatisms, stereotypes, or ontologically prior elements etc. but in fact they open up implicit knowledge shared by a language community. And therefore, today, the referents of these devices are complex conceptual constructions of sociocultural perspectives. Such ‘primitive’ structures may designate highly abstract referents (cf. Pascual 2002, 2006, 2014). I conclude from this study that we can appreciate this communicative potential better if we receive these structures as integrated parts of a genre model.

In this respect, the actions of an aphasic and a non-aphasic participant ‘doing a conversational interview together’ may particularly profile the reflexive processes associated with the phenomena of accountability as well as membership competency. Not only the analyst, but the non-aphasic participant in interaction with aphasia too can explore communicative potential in aphasic linguistic structure by associating linguistic expression with code level, textual and contextual projections. For example: if one interviews a person about her severe illness and subsequent disability (context level) she may engage in illness conceptualization and project a testimonial story (text level) thereby using a lexical repertoire that is typically associated with such a story (code level). To appreciate aphasic verbal outcomes as parts of an integrated genre model, one may be more sensitive to the accountability of such linguistic structures. Especially because such structures are often reduced, receiving them as sign posts (Janssen 2007) whose communicative potential may be explored from rich, but schematized and defined, genre knowledge may come at hand.

7.3 **Has genre theory been helpful in answering these questions?**

Yes. The study proved that genre specific knowledge may be crucial in appropriately interpreting aphasic linguistic action. I consider the approach advocated by Steen (2011) especially useful for its comprehensive and at the same time manageable selection of genre categories and moreover for its analytical course: one has to examine the same text successively from three different
angles, each interpretive round is therefore also a critical review to earlier interpretations connected with the other levels of the genre model. Each level of analysis, context, text, code, thus being reviewed from the other levels of analyses is truly informative on the interaction between these three functional resources of the respective genre events. Interaction between levels of discourse is particularly called for to advance our understanding of communicative success and failure in interactive events that include personal narratives of people with aphasia (cf. Armstrong and Ferguson 2010; Olness and Ulatowska 2011).

I believe that the presented analyses of complicated discourse events indicate that genre analysis is a robust analytical method. I like to think that this thesis contributes to establish genre analysis being practiced by professional and personal co-participants of interaction with aphasic people to different levels of sophistication. I believe that the value of genre analysis does not compare to conclusive evidence concerning particular discourse events. Rather, I have experienced genre analysis as an instrument that critically controlled my interpretations and opened up my view on the communicative potential of aphasic linguistic structure in concrete discourse events. Put differently, genre analysis deepened my insight in this phenomenon and I am convinced that in its current, simple form – in fact a list of genre categories connected with three levels of discourse – it may be put to use in clinical or post clinical settings to create a more specific awareness in non-aphasic and aphasic people of their shared and unshared perspectives on what it means to be aphasic.

7.4 To conclude

For now, I would like to refer back to my critical comment in the introductory chapter on the ‘good chat’ aphasic therapists (including myself) allegedly may share with aphasic speakers who officially cannot verbally communicate. I think that Sara’s case indicates that ‘the good chat’ with an aphasic speaker is not in fact sharing ‘a good silence’ – which I now assume is a different interactive genre – and neither something we should accept as common sense or ‘a manner of speaking’ amongst non-aphasic professional care takers. I would rather suggest that a good chat with an aphasic speaker is one that makes you feel uncomfortable and doubt your base of evidence. It is about accepting moves that are not intuitively accountable to you as serious actions. This attitude entails stepping into the world of shared knowledge on the coordination of loose cues. And just be there. Feel a little lost and enjoy that, seriously. That is, explore it.
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Why this now?
Summary

“Why this now?” reflects on the communicative potential of the verbal expressions of people with aphasia. Aphasia is a language impairment caused by brain damage. This study focuses on the non-fluent type of aphasia which is generally characterized by word finding difficulties, phonemic substitutions and/or omissions and a lack of grammatical elaboration. Speech is effortful and elliptical but language comprehension and passive linguistic knowledge is relatively spared. People with aphasia still ‘know their language’ but they are limited in their use of linguistic resources and this affects their ability to engage in communicative interaction. This study stems from the desire of a speech and language therapist to better understand the verbal choices of people with aphasia and to explore whether there is a way to appreciate their utterances to a fuller extend.

This thesis starts from the assumption that all verbal expressions, be it aphasic or not aphasic have a meaning within their associated conceptual frame of reference. This frame is a cognitive schema of knowledge and actions that is socioculturally and experientially tied to a particular type or ‘genre’ of interaction. A cognitive genre model is a complex set of contextual, textual, and linguistic know how and know what that participants of interaction use as a resource to act sensibly in concrete social situations. Thus, for example, at the local pub (context), one orders a beer (text) preferably in an informal style of speech (code), and in the court room (context), one enters a plea (text) with careful rhetorical composition (code). Participants of interaction assume that they act from socioculturally shared genre models and that any deviancies from these conventional cognitive projections are (verbally) indicated so they be appreciated and intelligible. In interactive events, participants may diverge from common genre projections if an individual projection is more compatible with their goals and values.

Interactive events – or ‘genre events’ – that include aphasic language use may be regarded as problematic or impaired. When non-aphasic persons are engaged in such an event they may feel that they share with the aphasic person a frame of reference and a perspective on its contextual, textual and linguistic definition. They may think that this frame is just poorly exploited because of the linguistic limitations brought about by their aphasic co-participant. The current study questions the assumption of shared ground in mixed aphasic / non-aphasic interactions. My hypothesis is that the meaning potential of a reduced verbal expression may still be appreciated if that expression is recognized as a meaningful part of an active genre model. However, against the ‘wrong’ background its meaning potential may not be well received. To explore these intuitions this study is designed to answer the following research question: How, in an interactive event that includes an aphasic and a non-aphasic participant, do the participants share ground on knowledge and actions associated with that discourse situation? I address this question through the following sub-questions: 1) Is it possible that an aphasic and a non-aphasic participant of verbal interaction project diverging genre models of the interactive event they are engaged in without them being aware of it?; 2) If so, how do these models diverge in respect of the contextual, textual and linguistic dimensions of the discourse?; 3) How does aphasia interfere with establishing shared ground on knowledge and actions associated with this interactive event?
I research these questions by way of a qualitative method of discourse analysis that is connected with the theory of genre proposed by Steen (2011) performed on the empirical data of three distinctive mixed aphasic / non-aphasic interactive events. As a ‘genre analyst’ I aim to reconstruct participants’ genre projections from their respective verbal expressions in the discourse. I take an ethnomethodological stance, using all knowledge that I assume is associated with the genre events under scrutiny thereby drawing on relevant scientific resources and my own experience as a language user and participant of interactive events. In chapter 3 I present the selected analytical categories and demonstrate how a genre analysis may be performed on recorded data of personal interviews. The demonstration data comprise interviews with non-aphasic interviewees who have experienced a sudden loss of function as did the aphasic participants in the focus data of this study. Chapter 3 thus also offers some background information on the type of genre event that is under investigation. In genre analysis, concrete genre events are examined successively from three different angles: from their contextual, their textual and their code level perspective. For each functional it is established how its associated genre variables are manifest in the participants’ concrete verbal expressions. For the context level that implies the variables of medium, situation and setting, the roles and relations of the participants, domains, and goals or functions. The text level of the genre model includes content, type, form, and structure and its code level includes modality, register, style, and rhetoric. The analytical proceedings imply that each interpretive round – respectively concerning context, text, and code level – is also a critical review of earlier interpretations connected with the other levels of the genre model. The result is a truly integrated approach to the data at hand. Chapter 4, 5, and 6 report on the genre analyses that I performed on auditory data and associated transcriptions of three personal interviews between a non-aphasic interviewer and an aphasic interviewee. Topics of interest include the event of stroke and daily life with aphasia. In each case the research questions of this study are answered by way of a reconstruction of individual and shared genre projections based on used utterances.

Chapter 4 reports on the case of the personal interview between the participating researcher and Sara, a 67-year-old aphasic woman. The interview is held in her room at the nursing home where she lives. The interviewer’s context level projections include Sara as a stroke ridden and communicatively handicapped person who is unfortunately bound to spend the rest of her life in a nursing home. Her text level projections include a ‘stroke report,’ that is a simple account of the sequence of concrete details associated with the past event of stroke that has caused her current aphasic condition. Her code level projections include an agrammatic style of speech with possibly a creative use of ellipsis – e.g., topic-comment structure, direct speech, formulaic structures in service of economic use of linguistic resources and / or referential clarity. In respect of register and rhetoric, the interviewer projects a conventional schema that values decency and care for polite participant relations. Sara's context level projections comprise a person whose condition may represent some losses, but foremost provides her with a safe living environment. Before stroke she has experienced significant psychosocial difficulties that define who she is more than does stroke or aphasia. She profiles as an active, independent person. Sara’s text level projection includes an abstract and complex illness story, notably a ‘quest narrative’ that conceptualizes the significance of stroke in her life. Here, the event of stroke is represented as a solution to the complications of a tempestuous past, which includes a history of child abuse. Sara’s code level projection comprises a style of speech that pre-eminently draws on the assumption of shared conceptual knowledge. She uses lexical elements
that indicate conventional socio-cultural schemas – even stereotypes – seemingly ignoring the politeness restrictions on register (e.g., ‘papa sexual’ referring to her history of abuse, and ‘all sick and dying’ (referring to her current living environment), and selected grammatical elements to indicate conceptual relations. The analysis thus uncovers how the aphasic and the non-aphasic participant of this discourse event project divergent models of knowledge and action in respect of the context, text and the code level of the genre event they are jointly performing. This means they are guided by different expectations of how the other’s verbal structures are coordinating to them for establishing successful communicative interaction.

**Chapter 5** reports on the case of the personal interview between the participating researcher and aphasic speaker Ben (age 64). The interview is conducted at the aphasia centre of which he is a regular visitor. The interviewer’s context level projection includes Ben as an independent, assertive person. Participant relations are profiled as equal and robust enough to openly and extensively deal with communicative difficulties when they occur. Her text level projections comprise a concrete and literal stroke report capturing the historical sequence of events connected with the incident of stroke. Her code level projection includes a strategic style of speech supporting clear reference and contextual values like politeness, bonding, and coping with communicative difficulty in conversation. In this respect, it allows for use of therapeutic strategies like conversational repair sequences. Ben appears to share the interviewer’s context level projection with its prominence for good and open participant relations. His individual goal to use the event as a chance to demonstrate and evaluate his conversational skills adds to that projection. His text level projection comprises a narrative account of his experience of stroke as a near-death experience, that is a testimonial story. His code level projection includes a polite, sociable conversational register. His style of speech includes agrammatic and word finding difficulties and it is characterized by intensive use of fixed structures (idiom, proverbs, ways of saying). These structures typically indicate socioculturally shared knowledge (‘af en toe meng ik mij in de strijd / now and then I get myself involved in the dispute’ (about talking with his friends) and ‘zo is gebeurd nu moet ik verder gaan / it thus happened and now I must go on’ (referring to his attitude towards his stroke). The analysis demonstrates how the aphasic and the non-aphasic participant share a contextual projection and, to some extent, a code level projection but not a text level projection.

**Chapter 6** reports on the case of the personal interview between aphasic speaker Ronald (age 31) and a familiar health care professional. The interview is openly conducted in favour of data collection on behalf of a non-present research board. The interviewer’s context level projection comprises complex participant relations that involve Ronald and herself as both interviewer and interviewee and therapist / client as well as a third party, notably the future analysts / member(s) of the research board. Her projection includes Ronald as a familiar client and a good candidate for the job, who will admit to a quick and easy performance of this obligation. Her text level projection includes a concrete report of the subsequent details associated with the event of Ronald’s stroke, a story she is already familiar with but must now be repeated for sake of scientific analysis. Her code level projection comprises informal register and an agrammatic style of speech that is highly strategic, featuring topic-comment structures, direct speech, formulaic sequences and intensive use of re-enactment. This style typically supports referential clarity. Ronald’s contextual projection profiles the informal therapist-client relation. It includes the protocol-scenario associated with data collection but his role as a research subject is backgrounded relative to his identity as a young stroke patient on the verge of the chronic
stage of aphasia and disability. His projection allows for challenging participant relations. His text level projection profiles content that is associated with actual events and, relative to the past event of his stroke, comprises a quest narrative in service of identity construction. He shares a code level projection with the interviewer although the projections differ in that in the interviewer’s projection, the figurative and evaluative potential of Ronald’s linguistic choices are backgrounded in favour of their referential value. Thus, the analysis demonstrates that the aphasic ad the non-aphasic participant do share genre projections on context, text and code level, but important parts of Ron’s individual projections remain backgrounded: on context level his identity as a rehabilitee client, on text level his story as illness conceptualisation and how it represents his (current) identity, and on code level the appreciation of his strategic linguistic choices as carriers of individual perspective and evaluation too.

In each of the interviews, participants make unexpected moves or the general course of the event differs from what is expected in advance. That feeling of ‘why this now?’ referred to in the title of this book is clearly apparent in the interview with Sara when she seemingly out of the blue comes up with a story of abuse when the interviewer was prepared for just a simple stroke report; in the interview with Ben it is the bit of a friction between participants’ seemingly good conversational performance and their inability to share Ben’s story, even after lots of mutual efforts and repair sequences; in the interview with Ronald there is the peculiarity that although he was informed in advance on the target content of the interview and has good comprehension skills, he responds to the request to tell about the event of his stroke with the ‘wrong’ story, notably about a recent seizure.

In chapter 7 I discuss how the analytical results may be interpreted. Roughly speaking, in the presented case studies the genre models projected by the non-aphasic interviewers valued good participant relations, politeness, a marginalized identity particularly caused by aphasia and care for that (context); a simple, concrete story representing the chronology of past events. On an evaluative level, emotions are appreciated but individual conceptualization or perspective backgrounded (text); linguistic strategies – that is functional varieties in elliptical structures like topic-comment structure, direct speech or formulaic structure are appreciated as aphasic speaker’s ‘smart’ alternatives for common descriptive reference (code). The aphasic interviewees projected models that valued good relations and politeness (Ben) but allowed for challenging or backgrounding such values relative to textual values (Sara, Ronald). On the text level they did not project any boundaries in respect of what could be conveyed. On the code level linguistic choices were fully oriented on coordination of the co-participant within the full scope of sociocultural knowledge and action connected with personal interviewing: personal disclosure on experience of trauma, illness and coping with life. Code level, but also text level choices, however elliptical, were used to indicate conventional cultural schemas. The interviewers did show a difficulty in appreciating these choices as such. For example, when Sara used ‘me drunk cause papa always sexual’ the interviewer first tried to subordinate that abuse-scenario to her own textual projection of the stroke report suggesting a causal relation between alcohol abuse and stroke. However, within the common frame of reference such an explicit linguistic construal may have had enough taboo value to assume an independent story was intended. When Ben used ‘heen en weer geslingerd / swayed back and forth’ the interviewer suggested a literal referent: ‘you mean your body?’ However, If her textual projection had not profiled the condition of aphasia at the cost of other experiences, like stroke as a traumatic event in itself, she might have appreciated ‘heen en weer geslingerd / swayed back and forth’
as part of the expression of a near death testimonial – accepting the figurative or formulaic expression ‘heen en weer geslingerd tussen hoop en vrees / swayed between hope and fear.’ When Ronald narrated on how he was finally found after his stroke he used ‘Tadaa!’ and the interviewer responded ‘so then they finally found you?’ However, if she had received his story as a means for illness conceptualisation and identity building she might have appreciated the genuine meaning of ‘Tadaa!’ and responded ‘So he finally solved the quest (of discovering you, after having no clue where you were for such a long time)?’ recognizing Ronald’s active part in this story and his equality relation with his rescuer. In these examples, the second is actually the more common interpretation of these utterances. Something caused the interviewers not to appreciate these utterances in a serious way but to attend to them as a minimal reference, securing clarity on what is talked about. And hence they missed the point.

It was only in the interview with Sara that participants became aware of divergent projections and successfully explored these. Early on in the interview she came up with an unexpected story of abuse in very direct and explicit formulations. This shocked the interviewer and to save her face she was forced to take Sara’s story as a serious move and search for the rationale behind it, that is, search for a compatible text model. This resulted in the co-construction of Sara’s complex quest story in which Sara took an active role in linguistic coordination. In the other interviews divergent projections might have been sensed but were not explored. Ben eventually adapted his style of speech and aligned to the interviewers descriptive, chronological report. However, at the cost of leaving out the key episode of his original story. Ron challenges the interviewer on the interpersonal level but he does not succeed in recognition of a potential evaluative layer of content in his story (and a possible functional link between his ‘wrong story’ and his stroke story).

This study is explorative and it only represents the genre analysis of three individual cases but it suggests that it is important to take aphasic speakers’ linguistic choices (relative to context, text and code level) seriously. That is, as genuine (parts of) linguistic tools that are conventionally associated with the particular genre of interaction that one is engaged in. Also, the study suggests that it may be important to realize that aphasic participants may have different intuitions about adaptation to non-fluency compared to aphasic speakers. The non-aphasic strategy in the examined cases entailed a reduced text level and a profiled context level projection: if you have no fluent command of language, keep your message simple and use your resources for conversational management. Aphasic participants in this study demonstrated that to them however, the condition of aphasia did not pose limits on the stories they could and wanted to tell. Aphasia only called for linguistic choices that tuned in to the world they assumed to share with their co-participant.
Why this now?
Curriculum Vitae

Christine Versluis was born in Delft on 17 July 1973. She studied Speech and Language Therapy at Leidse Hogeschool (B, 1994) and took up an interest in communicative problems associated with brain damage. She set out to study Dutch Language and Literature at VU Amsterdam with a specialization in philosophy and cognitive linguistics. During her studies, she worked on and off as a speech and language therapist in clinical and post clinical settings. Additionally, she contributed as an apprentice to Van Dale Etymologisch Woordenboek (1997). After graduation in 2000 (Msc with merit) she was an editor at Van Dale Lexicography for one year. She returned to the field of clinical speech and language therapy at Rode Kruis Ziekenhuis Beverwijk. In 2003 she started her PhD-project at the VU Graduate School of Humanities (Language and Communication). Next to teaching several courses in linguistics for students of the faculty, she organized a course for people with aphasia at VU University (Onderzoek, taalgebruik en afasie, 2008/2009). Since 2009 Christine works intermittently at the Stichting Afasietherapie and Afasiecentrum Amsterdam. She is married to Hans Pijp with two sons, Steven (2005) and Jasper (2008).