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MARCELLE DE SOUSA PONTES ALVES

SPEECH FUNCTIONS IN ONLINE THERAPEUTIC DISCOURSE

João Pessoa

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RESUMO

A presente monografia tem como objetivo investigar as funções de fala adotadas em sessões de terapia online durante a pandemia da COVID-19. Assim, torna-se necessária a interface entre os Estudos de Linguística Aplicada e os Estudos de Contextos Profissionais, visto que através da linguagem é possível identificar instabilidades, emoções e sentimentos, bem como identificar padrões de construções lexicogramaticais que projetam áreas de possível colaboração entre linguistas e psicólogos. visando melhorar o atendimento virtual em situações de crise, bem como a colaboração científica multidisciplinar. Com base na Linguística Sistêmico-Funcional (HALLIDAY; MATTHIESSEN, 2004, 2014), este estudo pretende analisar as funções da fala realizadas no contexto das sessões de terapia online durante a pandemia, levando em conta os dois papéis fundamentais da fala: (i) dar; e (ii) solicitar; e os valores negociados na troca, a saber: (i) informação; e (ii) bens e serviços. Essas categorias se ramificam em quatro funções: oferta, comando, declaração e pergunta. Dessa forma, a LSF entende que os papéis dos interagentes são definidos por variáveis contextuais, como as relações sociais e profissionais. Considerando a abordagem terapêutica empregada pelo profissional – psicanálise –, os resultados deste estudo não evidenciaram anormalidades nas funções da fala adotadas durante as sessões de terapia online durante a pandemia. O discurso do terapeuta é fortemente sustentado por perguntas em forma de proposições, a fim de favorecer a autorreflexão do paciente, enquanto o discurso deste consistia principalmente em fornecer informações por meio de declarações, construindo seus próprios significados e avaliações sem o viés dos julgamentos e valores sociais do profissional.

Palavras-chave: discurso terapêutico; funções de fala; linguística sistêmico-funcional; estudos do discurso profissional.

ABSTRACT

The present monograph aims to investigate the speech functions adopted in online therapy sessions during the pandemics of COVID-19. Thus, the interface between Applied Linguistics Studies and Professional Contexts Studies becomes necessary, considering that through language it is possible to identify instabilities, emotions, and feelings, as well as to identify patterns of lexicogrammatical constructions that project areas of possible collaboration between linguists and psychologists aimed at improving virtual assistance in crisis situations, as well as multidisciplinary scientific collaboration. Based on Systemic-Functional Linguistics (HALLIDAY; MATTHIESSEN, 2004, 2014), this study intends to analyse the speech functions realised in the context of online therapy sessions during the pandemics, taking into account the two primary speech roles: (i) giving; and (ii) demanding; and the commodity that exchanged, namely: (i) information; and (ii) goods-&-services. These categories branch into four functions: offer, command, statement, and question. In this way, SFL understands that the roles of interactants are defined by contextual variables, such as social and professional relationships. Considering the therapeutic approach employed by the professional – psychoanalysis –, the results of this study showed no abnormalities in the speech functions enacted during online therapy sessions during the pandemics. The therapist discourse is heavily backed by questions in the form of propositions, in order to foster self-reflection in the patient, whereas the discourse of the latter consisted mainly of giving information through statements, construing their own meanings and evaluations without the bias of the professional's social judgments and values.

Keywords: therapeutic discourse; speech functions; systemic functional linguistics; professional discourse studies;

SUMMARY

ABBREVIATIONS AND CONVENTIONS

AP – Appraisal System
BP – Brazilian Portuguese
BT – Back Translation
PDS – Professional Discourse Studies
SF – Speech Functions
SFL – Systemic Functional Linguistics
OT – Original Text
TT – Translated Text

1. Introductory remarks

Considering Halliday's premise (2007, apud MATTHIESSEN, 2013, p. 437) that Systemic Functional Linguistics (SFL) is an appliable kind of linguistics that provides the theoretical and descriptive resources to investigations in many different contexts. This monograph proposes the interface between SFL and Professional Discourse Studies, more specifically, Professional Therapeutic Discourse during the crisis of the COVID-19 pandemic, to investigate how the participants (patient and therapist) enact their interpersonal relations. Accordingly, the present study is oriented by the following specific objectives:

1) What speech functions do the participants adopt during the interaction?
2) Are there any patterns that emerge from the setting of online therapy sessions during the COVID-19 pandemic and their importance?
3) How can the speech functions adopted by the participants be understood in this particular context?

Few studies have addressed the Therapeutic Discourse supported by a linguistic theory as SFL; in this sense, this is a yet unexplored field within the Professional Discourse Studies, indicating the imperativeness to develop further research in the area. Thus, the discourse produced in online therapy was analysed through the lenses of Systemic Functional Linguistics, a theoretical framework that provided the necessary tools to unwrap the many layers of discourse. However, this monograph addresses only one facet of the discourse construed, the analysis of the speech functions, i.e., the roles adopted by the participants in the speech event.

The analysis of the speech functions provides an interesting understanding when contrasted with other layers of discourse. Therefore, in the course of the reasoning on the roles adopted by the participants, there are mentions of Transitivity and Appraisal analyses conducted previous to this monograph as a way of illustrating the comprehensiveness of the therapeutic discourse in light of a linguistic theory.

Moreover, describing and understanding professional discourse from a linguistic point of view has the potential to foster interdisciplinary and interprofessional collaborations with various areas, which, in turn, is beneficial to society, both within the academy and expansion of scientific production, as well as in daily professional practices, in which professionals would be better equipped by more effectively understanding and employing language. However, considering that Therapeutic Discourse Studies is a developing area, it is essential to consider one question that Sarangi (2005) poses: "under what conditions can 'applied linguistics'

become ‘effective linguistics’?” (p. 379). As the author suggests, it is imperative to ponder how linguists communicate their research in interdisciplinary investigations carefully.

In this way, Sarangi (2005) outlines two paradigms, the second being the perspective adopted by this study, however, according to the author, both are overlapping but present a crucial difference when considering some elements such as: (i) “researcher-researched relationship;” (ii) “the division of expert knowledge;” (iii) “the invited vs. self-imposed nature of the researcher involvement”, and (iv) “the ways in which the research findings may be presented and disseminated for potential uptake” (p. 373). According to the author, the consultative model, the paradigm, is:

> While the consultancy model may foreground the researcher as an expert trouble-shooter in a problem-solving ethos, the consultative model is more of a *collaborative exploration of the nuances of professional practice*, where the applied linguist/discourse analyst *has not only to justify and problematise what constitutes the object and objective of research but also to rely heavily on the insights of the professional practitioner in making sense of the phenomena under study*. (SARANGI, 2005, p. 373-374, emphasis added).

It is essential to discuss the role of the linguist/researcher, at least briefly, in studies such as the one developed in this monograph as to steer away from any presumption that it is enough for applied linguists to carry out studies based solely on linguistic theories, disregarding the necessary time to socialize and achieve a certain level of literacy in the professional context it aims to study. Furthermore, the work is, ideally, supposed to be of “thick participation” from both sides, according to Sarangi (2005), to achieve its potential as an appliable kind of research and promote valuable change.

Finally, this discussion is also relevant when considering developing a good relationship with professionals from other areas, as well as proper collaboration, which proved to be an obstacle for this study at its beginning due to a lack of understanding or unwillingness from healthcare professionals to collaborate, which shall be better discussed further on. However, on the role of the linguist, Sarangi (2005) asserts that “discourse analysis, as a methodological toolbox, should be aimed at recovering evidence (at the levels of the said and the unsaid) rather than assessing professional knowledge and its truth status.” (p. 379), illustrating the task of the applied linguist, which, in turn, heavily relies on the so-called “thick participation,” as it follows:

> Thick participation constitutes a form of socialisation and it should not be equated with becoming a professional expert. There is more to expertise than a familiarisation with experience from the periphery. What I have in mind here is more of an acquisition of professional/organisational literacy that would provide a threshold for interpretive understanding. *Without an adequate level of literacy, it is difficult to imagine how a researcher can understand and interpret professional conduct in a meaningful way*. (SARANGI, 2005, p. 377).

The main objective of this Final Year Project (Trabalho de Conclusão de Curso), however, is not to ponder on the role of the linguist in interdisciplinary studies with professional contexts. Nonetheless, this issue must be mentioned, even superficially, to foster debate on the subject and contextualise some issues that arose during the research. This study aims to analyse the speech functions in the light of SFL and how they can be understood in this particular context. According to Sarangi's premises, this study was supported by the expertise and collaboration of a therapist (cf. ESPINDOLA et al., 2021), in which the approach adopted, psychoanalysis, is explained and contrasted to a linguistic theory, SFL, in order to provide a comprehensive view on the discourse construed by the participants in online therapy sessions, achieving what Sarangi called thick participation.

It is important to highlight that there are numerous studies regarding Therapeutic Discourse, however, a distinction must be made as "while most approaches within the therapy process research use language in therapy sessions as data, they do not conceptually focus on discourse per se" (WEISTE; PERÄKYLÄ, 2015, p. 3). Therefore, language functions as a means to achieve a goal, whereas the study of Professional Therapeutic Discourse, supported by a linguistic theory, appreciates language as the goal. In this sense, and according to Halliday's Introduction to Functional Grammar (HALLIDAY; MATTHIESSEN, 2014), language construes human experience, and "there is no facet of human experience that cannot be transformed into meaning" (HALLIDAY; MATTHIESSEN, 2014, p. 30).

From this perspective, this monograph is justified by the limited literature on the subject, thus aiming to contribute to the expansion and scientific production. Additionally, the need to describe this new context – online sessions during the COVID-19 pandemics – and to understand in what way the interpersonal relations were enacted in this specific setting.

Furthermore, the data analysed in the present monograph was obtained during a Scientific Initiation Project (PIBIC) developed at the Federal University of Paraíba (UFPB) during 2020-2021. Two other studies were conducted, an analysis of Transitivity and one on

Appraisal. After contrasting both results, some of our initial hypotheses were verified (cf. ESPINDOLA et al., 2021), and other paths of investigation surfaced, pointing us to the present monograph. So, the following objectives guided the present investigation:

1) To identify the speech functions adopted by the participants during the interaction;
2) To describe the patterns that emerged from the setting of online therapy sessions during the COVID-19 pandemic and justify their importance backed by the premises of SFL and PDS;
3) Discuss the implications of the speech roles adopted by the interactants in this context.

After this chapter of an introductory nature, this monograph is divided into 4 chapters. The second chapter presents the theoretical framework, Systemic Functional Linguistics and Professional Discourse Studies and Therapeutic Discourse. The third chapter describes the methodology employed. Then the fourth chapter consists of the analysis of the online therapy session. Finally, the fifth chapter revisits the proposed research questions.

2. Theoretical Framework

2.1 - Systemic Functional Linguistics

According to Matthiessen (2013), Systemic Functional Linguistics provides the underlying theoretical and descriptive resources to researchers, supporting investigations and interventions in various contexts. Furthermore, Heberle (2018) stated that SFL has been theoretically and methodologically concerned with the description and analysis of lexicogrammatical, semantic, and contextual choices. In this sense, this monograph adopts SFL, specifically the perspective of the *Introduction to Functional Grammar* (HALLIDAY; MATTHIESSEN, 2014), as a comprehensive way to describe the numerous layers of discourse.

In this sense, language is understood as a resource to construe meanings. Thus, when producing a text, three types of meaning are simultaneously being realised: (i) the representation of human experience through language; (ii) the power relations and attitudes towards others; and (iii) the organization of the message (cf. ESPINDOLA et al., 2021, p. 290, our translation). These three types of meaning are related to the *metafunctions* proposed by Halliday (1985, 1994) and Halliday and Matthiessen (2004, 2014), namely ideational, interpersonal, and textual. Additionally, the authors argue that “the three structures serve to express three largely independent sets of lexicogrammatical choice” (HALLIDAY; MATTHIESSEN, 2014, p. 363). However, it is essential to point out that, although the realization of meaning is unveiled in each

metafunction, Halliday and Matthiessen assert that "the text has its communicative objective accomplished through the three metafunctions, so that they occur simultaneously and are interdependent" (cf. ESPINDOLA et al., 2021, p. 293, our translation).

The layer of the clause that is the object of this monograph is "its interpersonal meaning as an exchange" (HALLIDAY; MATTHIESSEN, 2014, p. 134). In this sense, discourse is understood as an *interactive event* between the participants. Thus, according to Halliday and Matthiessen (2014), when a speaker[1] "adopts for himself a particular speech role, and in so doing assigns to the listener a complementary role that he wishes him to adopt in his turn" (p. 134). Therefore, the act of speaking is interactive and dynamic, in which both interactants are "co-authors" of the meanings construed. Additionally, according to Halliday and Matthiessen (2014), there are just two speech roles: (i) giving and (ii) demanding. Although only two categories are listed, these are complex concepts, as follows:

> The most fundamental types of speech role, which lie behind all the more specific types that we may eventually be able to recognize, are just two: (i) **giving**, and (ii) **demanding** (see Halliday, 1984a). Either the speaker is giving something to the listener […] or he is demanding something from him […]. Even these elementary categories already involve complex notions: ***giving means 'inviting to receive'***, and ***demanding means 'inviting to give'***. The speaker is not only doing something himself; he is also requiring something of the listener. Typically, therefore, an 'act' of speaking is something that might more appropriately be called an interact: it is an exchange, in which giving implies receiving and demanding implies giving in response (HALLIDAY; MATTHIESSEN, 2014, p. 135)

Furthermore, according to Halliday and Matthiessen (2014), the type of commodity exchanged in the interaction is yet another fundamental distinction that must be made, and they can be either goods-&-services or information. In goods-&-services, the commodity being exchanged is strictly nonverbal, and language is the means to an end. For example, if someone says to another person, "close the door!" or "give me the book!", what is being demanded of them is, respectively, an action and an object. Whereas, if the commodity is information, a verbal response is expected. So, for example, if someone wishes for another person to tell them

1 In *Halliday's Introduction to Functional Grammar* (2014), the authors adopt the terms *speaker and listener* as cover terms for the participants in an interactive event for didactic purposes.

"what did [they] think of the book?", information is being demanded from the listener. Thus, language is both the means and the end.

Considering the two variables simultaneously – the speech roles, giving or demanding, and the commodities, goods-&-services or information –, the authors describe the "four primary speech functions of **offer**, **command**, **statement**, and **question**" (p. 135). Accordingly, there are also the four corresponding expected responses, "accepting an offer, carrying out a command, acknowledging a statement and answering a question" (p. 135).

	Commodity exchanged	
role in exchange	**(a) goods-&-services**	**(b) information**
(i) giving	'offer' would you like this teapot	'statement' he's giving her the teapot
(ii) demanding	'command' give me that teapot!	'question' what is he giving her?

Figure 1: Giving or demanding, goods-&-services or information

Source: (HALLIDAY; MATTHIESSEN, 2014, p. 136)

		Initiation [A/B]	**Response**	
			expected [C]	**discretionary [D]**
give [M]	goods-&-services [X]	offer shall I give you this teapot?	acceptance yes, please, do!	rejection no, thanks
demand [N]		command give me that teapot!	undertaking here you are	refusal I won't
give [M]	information [Y]	statement he's giving her the teapot	acknowledgement is he?	contradiction no, he isn't
demand [N]		question what is he giving her?	answer a teapot	disclaimer I don't know

Figure 2: Speech functions and responses

Source: (HALLIDAY; MATTHIESSEN, 2014, p. 137)

Halliday and Matthiessen (2014) efficiently describe the set of options an interactant has available in construing meaning according to their context and linguistic goals. According to Figures 1, 2 and 3, it is possible to understand the way speech functions take place from a

more logical perspective. Thus, language here is understood as an exchange, and the participant can adopt the role of giving or demanding. The commodities exchanged can be of goods-&-services or information.

It is important to note the importance of the different commodities. Usually, both linguistic and non-linguistic elements are used in the interaction. When exchanging goods-&-services, the language is used as a means to achieve a goal that could be achieved by non-linguistic means as well. For example, if one person were to offer coffee to another, the goal of this interaction would be the act of giving the coffee to the latter. Whereas, if the commodity was a piece of information, language would be both the means and the goal of the exchange. For example, if a person asks another, "What is the weather forecast for tomorrow?" as obvious as it seems, the expected commodity is information about the weather expected for the following day, which would ultimately mean a linguistic exchange. So, according to Halliday's Introduction to Functional Grammar (2014):

> When language is used to exchange information, the clause takes on the form of a **proposition**. It becomes something that can be argued about – something that can be affirmed or denied, and also doubted, contradicted, insisted on, accepted with reservation, qualified, tempered, regretted, and so on (HALLIDAY; MATTHIESSEN, 2014, p.138).

The assignment of a letter to each "move" in the exchange, as illustrated in Figure X, allows the researcher to combine them in a sort of "equation", making the analysis easier to understand, following a logical pattern. So, to illustrate the diagram, a participant initiates an exchange with an open move (A), demanding (N) information (Y) through a question (Q). It is possible to sum this up in the acronym "ANYQ". According to Halliday and Matthiessen (2014, p. 137), this acronym is a "typical realization in grammar of speech functions" and usually occurs in interrogative WH- clauses. Furthermore, the authors describe in detail other typical realizations of the speech functions in English (cf. HALLIDAY; MATTHIESSEN, 2014, p.137) through several possible and frequent occurrences.

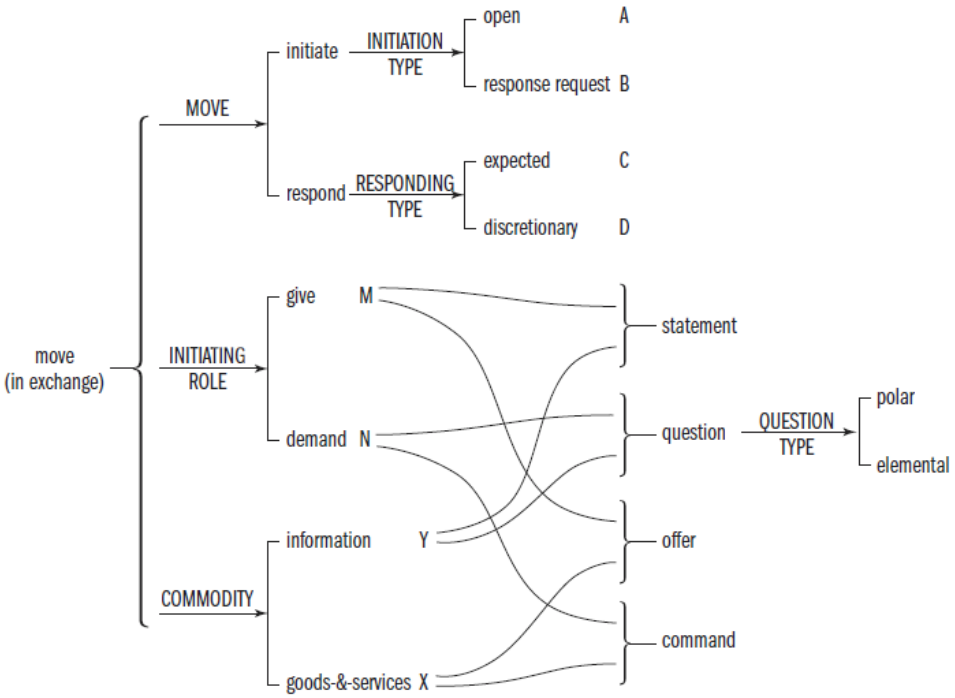

Figure 3: The semantic system of SPEECH FUNCTION

Source: (HALLIDAY; MATTHIESSEN, 2014, p. 136)

The representation of the semantic system of speech functions illustrated as shown in Figure 3 is meaningful because it provides researchers with a better understanding of the dynamics and levels of delicacy that encompass the development of the primary functions presented previously and how the given set of possible choices relate to each other in a complex system.

The following sub-section links the theoretical framework of SFL to the Studies of Professional Discourse and Therapeutic Discourse.

2.2 - Professional Discourse and Therapeutic Discourse

According to Espindola et al. (2021), effective communication is essential in all spheres of life in society, and concerning healthcare settings, this premise is no different. In this sense, understanding language as a crucial tool for communication fostered a productive environment for developing several investigations in the field of Professional Discourse Studies (henceforth PDS) and the growing recognition of its importance. Researchers such as Lockwood (2013, 2015, 2016) and Slade (2015, 2016, 2018) have been investigating telemarketing and Business Process Outsourcing (BPO) language and medical and hospital language, respectively (cf. ESPINDOLA et al., 2021, p. 286-287).

The studies of Therapeutic Discourse, however, are still scarce. As mentioned in the introductory section of this research, there are several studies concerning therapy talk. However, although language is used as data, the primary analytic goal is not linguistic. For this reason, the framework of the Therapeutic Discourse heavily relied on the PDS premises. Thus, it is necessary to develop studies in this novel field supported by a linguistic theoretical framework such as SFL. Furthermore, it is also imperative to describe the context that the discourse is realised, that is, online therapy sessions, and to investigate the ways in which the participants are materializing through language their experiences and feelings, as well as the relationships that arise from the interaction between the participants in the focalized setting. In this sense, Therapeutic Discourse can be described as follows:

> […] The meanings constructed about oneself and about the world arise as interaction occurs through language. Therapeutic Discourse, therefore, is characterized as a creative activity where meanings are constructed within a given context. That is, Therapeutic Discourse encompasses the role of discourse as a vital agent for the social construction of reality where dialectical relations between discourse and social practices are associated. Miller (2018) points to the notion that discursive interactions in therapy are "collaborative conversations that are concerned with what clients want and the resources available to clients to achieve their desired future" (p. 95). He also says that therapeutic interactions are negotiations about what the facts of patients' lives appear to be and how these can be interpreted (ESPINDOLA et al., 2021, p. 287, our translation).

In addition to this description, when dealing with Therapeutic Discourse, it is necessary to point to the therapeutic approach employed by the professional, which can significantly change the way the discourse is realised, and the interaction between the participants. In this sense, and considering the questions posed by Sarangi (2005), dealing with professional discourse requires a level of literacy in the professional context to interpret the data effectively, and also the thick collaboration from both professionals so that the linguist, through proper socialization can formulate appropriate questions and, possibly, collaborate with relevant research and findings. The approach adopted by the therapist who collected the data for this study and collaborated with fruitful socialization is the Psychoanalysis. Thus, it is possible to assert the following about the interface between the therapeutic discourse oriented by the psychoanalytical approach and the SFL:

> When collecting discourses produced in a therapeutic environment guided by the psychoanalytic approach, it is possible to think about the use of SFL as a tool for research and linguistic analysis, since this discourse is produced in a certain context

> of culture (the life history of the patient and social reality) and the context of situation (the therapeutic setting). According to Halliday (1994), language, and consequently the discourses produced by it, are "first and foremost functional because everything that is said or written takes place in some context of interaction, shaping the system in which it occurs. Language evolves to satisfy human needs in society; language is not arbitrary; it is socially motivated; it is organized into the system in which it occurs; and all components of meaning are functional and organized into three types of meaning: ideational, interpersonal, and the textual, called metafunctions and; has each component of this meaning interpreted, considering the context in which it is inserted (HALLIDAY, 1994, p. xiii-v)" (ESPINDOLA et al., 2021, p. 289, our translation).

In this sense, SFL provides an exhaustive theoretical framework for both the description of the context in which the discourse is realised, but also for the analysis of the relationships and meanings that encompass the therapeutic discourse.

The following section, Methodology, describes how the theoretical framework of SFL and PDS were employed in analysing of the speech functions in the online therapy context.

3. Methodology

Prior to describing the methodology employed in this monograph, it is important to explain that the data presented and analysed in this work was obtained through a Scientific Initiation Program (PIBIC) developed at the Federal University of Paraíba (UFPB) during 2020/2021 (cf. ESPINDOLA et al., 2021).

The data used for this monograph was collected by collaborators, i.e., professionals of the area (therapists) who were willing to participate in the study. These therapists recorded their online sessions during May 2020 in the context of a private practice. The sessions were recorded in .mp3 format so that the professionals could comply with the ethical regulations of their workplace. Thus, the researchers did not have access to the participants, and the therapist previously anonymised all the data analysed in this monograph. Accordingly, the participants will be referred to as Therapist (henceforth T) and Patient (henceforth P), complying with ethical regulations and preserving their integrity.

Additionally, this final paper analysed only a sample of the recordings due to (1) difficulty in finding professionals willing to collaborate, thus, the overall corpus was already modest; and (2) the time available for the researchers involved to transcribe all data properly, which was done without the aid of software or artificial intelligence, taking up a great deal of

time and effort, in addition to the translation of the excerpts analysed in the monograph. Thus, the excerpts are part of only one session of 30 minutes and 04 seconds.

Moreover, regarding the data analysed in this study, in addition to all the ethical regulations followed and described thus far to preserve the identity and integrity of both the patient and professional, as to further comply with ethical regulations and, most importantly, the welfare of those involved, the full audio transcript will not be disclosed. The reasoning for restricting access to the full content is entirely focused on preserving the patient's identity and any sensitive information that might have been disclosed in the course of the session. The excerpts selected to compose the body of this monograph contains general information pertinent to the linguistic analysis that the study proposes and do not pose any risk to the participants involved, and do not fail to provide robust examples to corroborate and validate the study.

The transcription of the audio was oriented by the conventions proposed by Eggins & Slade (1997), aiming to preserve as much of the natural speech as possible, thus, "it is presented without alterations, and so spontaneity phenomena such as false starts, repetitions, incomplete utterances and fillers are all transcribed" (p. 347). The conventions proposed by the authors are comprehensive and account for particular situations that arise in the context of online sessions, such as audio noise, interruptions due to unstable connection, etc., and, as mentioned, maintain spontaneity. The devices used by the researchers in the excerpts present in this monograph are the following:

Table 1 - Transcription Devices according to Eggins & Slade (1997, p. 347)

a) "**Full-stops** indicate completion, usually realised by falling intonation."
b) "**Commas** are used to make utterances readable and separate phrases or clauses where completion is not signalled. These are often, therefore, segments delivered with non-final intonation and typically correspond to silent beats in the rhythm."
c) "**Question marks** indicate questions, usually associated with rising intonation or WH-questions."
d) "**Exclamation marks** are used conservatively to indicate the expression of surprise, shock or amazement."
e) "**Words in capital letters** are used conservatively to show emphatic syllables."
f) "**Double quotation marks** are used to signal that the speaker is directly quoting speech."
g) "**Single quotation marks** are used to signal that the speaker is saying what they or someone else thought."
h) "**Non-transcribable segments of talk** are indicated by empty parentheses **( )**"

i) "**Uncertain transcription**: Words within parentheses indicate the transcriber's guess"
j) "**Paralinguistic and non-verbal information**: Information about relevant non-verbal behaviour is given within square brackets [ ]. Such information is only included where it is judged important in making sense of the interaction."
k) "**Hesitations within utterances** are transcribed by 3 dots …"
l) "**Intervals between turns**: square brackets indicate the length of pauses longer than 2 secs that occur between turns e.g. [pause: 4 secs]"
m) "**Overlap phenomena**: The symbol of a double equals sign == is used in the transcript to represent two different speakers' utterances overlapping. The symbol == is placed before each of the simultaneous turns/utterances."
n) The symbol + indicates a **hypothetical example** (only used in a few cases).

In the following sub-section, examples illustrate the comprehensiveness of the conventions adopted for the transcription, and their importance in describing this new context, unravelling peculiarities that arise from online therapy sessions.

3.1 Object of Study: Online Therapeutic Discourse

The object of study of the present research is the discourse construed in the setting of online therapy sessions during the pandemics. Additionally, it is vital to acknowledge the role that the therapeutic approach employed by the professional plays in the linguistic choices of the participants. In this sense, "[...] a given language is thus interpreted by reference to its semiotic habitat" (HALLIDAY; MATTHIESSEN, 2014, p. 32). Accordingly, the data analysed falls into the category of psychoanalysis.

Considering the transcription devices specified previously in this section, it is worth mentioning that in any spontaneous act of speech, overlaps, intervals, etc., can happen, however, when considering the context of *online* therapy sessions, it becomes imperative to point out and describe specific devices that become inherent of the context and their importance. As mentioned before, due to unstable internet connection or even the sole fact that the interaction occurs online, the overlapping phenomenon happens more frequently due to the delay in the delivery of non-verbal and verbal reactions.

Another device worth mentioning in this particular context is the "interval between turns". In two distinct moments of the 30 minutes session, the professional initiates a speech act through a proposition, which is met by a few seconds of silence (signalled in the transcript by the square brackets). The therapist then questions the patient if they heard what was said and

if they "are *still there*". At another moment of the session, the therapist verbalises that they need a second to think, thus explaining their silence, so the patient is aware that they "*are still there*". The excerpts are inserted below to illustrate the peculiarity of the online context. The description of the particularities of the discourse construed in an online setting is imperative to promote a better understanding of the linguistic demands that come with it.

Considering the possible delays in audio and video, in addition to possible connection collapse and other issues, the therapist noticed the necessity of verbalizing that they were still *there* listening, which probably could be solved by non-verbal information in a face-to-face situation. This description is crucial because Professional Discourse Studies, more specifically, Professional Therapeutic Discourse Studies, through the proposed interface with Applied Linguistics, aim to foster the scientific quality of language in order to provide tools for more effective communication. The following excerpts illustrate previously discussed features, namely, the "interval between turns".

Table 2

OT. **T**: tudo. Tudo... o que te vier na cabeça [pausa: 8 segundos] e se não vier nada também não tem problema. [pausa 5 segundos] oi, tá me ouvindo?
BT. **T**: everything. Everything... whatever comes to your mind [pause: 8 seconds] and if nothing comes to your mind, that's okay. [pause 5 seconds] hi, can you hear me?
TT. **T**: everything. Everything that… whatever comes to your mind [pause: 8 seconds] and if you can't think of anything, that's okay too. [pause 5 seconds] hi, can you hear me?

Table 3

OT. **T**: hum… e… [pausa: 3 segundos] tô pensando, tá?!
BT. **T**: um... and... [pause: 3 seconds] I'm thinking, ok?!
TT. **T**: um... and... [pause: 3 seconds] I'm thinking, ok?!

The excerpts presented in Tables 2 and 3, supported by the conventions adopted for the transcription, already illustrate some aspects that surfaced in the context of online therapy sessions. The following section presents the analysis of the data and the discussion concerning the findings regarding the speech functions adopted by the participants.

4. Analysis

As previously mentioned, this study investigates the speech functions adopted by the interactants. This section will analyse the semantic choices made by both participants, the patient (P) and the therapist (T). The categories of analysis encompass the roles enacted in the exchange (giving or demanding), the commodity (goods-&-services or information), and the move in the exchange, initiating or responding. Furthermore, considering the premises of both SFL and PDS, the speech event is understood as dynamic and collaborative. Thus, both interactants are co-authors in the discourse construed.

Throughout the discourse, the patient (P) repeatedly uses tags such as "right?" [in the OT "né?"] to seek the therapist's (T) approval or consent, as well as the constant use of semantic choices that express insecurity, uncertainty, or incapacity (e.g., "I don't know", "I'm afraid", "I couldn't do anything"), thus evaluating his feelings as Incapacity or Insecurity (Appraisal) in most occurrences. In 178 utterances, 48 (26.96%) had the tag "right". Other occurrences of the tag as slang were excluded because they serve no purpose in this analysis, as illustrated in Tables 4 and 5, in contrast to the 48 occurrences of "right?", in which it is possible to explicitly identify that P is seeking for approval through the tags. In the examples illustrated in the following Tables, the tag is simply a stylistic vice. Interestingly, as mentioned before, the session was recorded in May 2020, when the pandemics peaked in Brazil, and the situation was globally uncertain.

Table 4

OT. **P**: aí eu fui mexer no celular, né? pra ver se vinha o sono. alguma coisa.
BT. **P**: so I went to use my cell phone, right? to see if sleep came. something
TT. **P**: so, I was checking my phone, right? to see if I'd feel sleepy, [or] something

Table 5

OT. **P**: e.. que é.. aquela coisa, né? puts.. é.. é.. isso já vem.. como eu falei, né? desde o começo da quarentena
BT. **P**: and.. which is.. that thing, right? geez.. yeah.. yeah.. that's coming.. as I said, right? since the beginning of the quarantine
TT. **P**: and... it's like... [I mean] that thing, right? gezz... er... er... that's been happening... as I said, right? since the beginning of the quarantine

SFL understands that “a language is a resource for making meaning and meaning resides in systemic patterns of choice” (HALLIDAY; MATTHIESSEN, 2014, p. 23), in addition to understanding that discourse is not arbitrary and serves a purpose in a particular context. Thus, the consistent use of the tag by P and their semantic choices corroborate the hypothesis that P is seeking approval and answers from T, whom P values to be trustworthy and reliable. In addition to this positive evaluation of P as a listener/co-author, the interaction hierarchy also impacts these choices because T is P’s therapist. Throughout the session, P reports and construes their feelings and meanings regarding the isolation in the pandemics through statements, responding to T’s propositions, that is, providing the piece of information demanded.

Table 6

OT. **P**: Eu não sei... porque até lá com certeza essa... a... pandemia não vai ter dimi... é... diminuído significativamente ao ao ponto de aglomerar muita gente, né?
BT. **P**: I don't know... because until then for sure this... the... pandemic won't have decr... it's... significantly reduced to the point of agglomerating a lot of people, right?
TT. **P**: I don’t know… because, for sure, until then it will have… the… [cases] pandemics won’t have reduc… er… significantly reduced to the point of agglomerating a lot of people, right?

Table 7

OT. **P**: e quando eu cheguei, aí fiz bem, eu acho, de não ter tomado, por ter ingerido bebida alcoólica, né?
BT. **P**: and when I arrived, then I did well, I think, not having taken it, for having ingested alcohol, right?
TT. **P**: and when got home, I did well, I guess, by not taking it because I ingested alcohol, right?

In Tables 6 and 7, the excerpts illustrate P’s pursuit for approval through statements with the tag “right?” at the end of both sentences. Both reports contemplate the times of pandemics and social isolation, in which the patient seeks social approval from T, that it is ok to see their friends (in Table 6), and that they made the right choice by not mixing medication with alcohol (in Table 7). Throughout the session, P explores T’s social values and judgments to obtain social confirmation and validation for their actions and feelings. Additionally,

considering the pandemic and professional context, the patient assumes the roles that were already expected by providing information through responses.

Finally, both analyses carried out prior to the monograph – the Transitivity and Appraisal analyses – corroborate the speech roles adopted by the patient, mainly providing information, reporting and evaluating their own feelings. The approach employed, as mentioned, fosters this environment providing the patient with more space for self-evaluation and less biased interference from the therapist. Regarding the speech functions, there were no abnormalities in the behaviours adopted by the patient in the online pandemic context compared to the speech roles and functions that were expected in a face-to-face therapy session before the pandemics. This result can be considered positive because, despite the pandemics, the professional managed and maintained a structure similar to the pre-pandemic therapy session. The most unusual and relevant linguistic reference comes from the technical difficulties and the necessity to adapt non-verbal communication, as in the following examples, in which T verbally reassures P that they are still "there", an issue inherent to the online context.

Table 8

OT. **T**: e... cê acha que cê precisa mudar isso? OT. **P**: é... eu acho que sim né? Porque... de uma forma ou outra afeta né? Por mais que eu consiga fazer... dar um jeito assim... às vezes afeta né? É... ==
BT. **T**: and... do you think you need to change that? BT. **P**: yeah... I think so, right? Because... in one way or another it affects, right? As much as I can do it... fix it like this... sometimes it affects, right? Yeah... ==
TT. **T**: and… do you think you need to change that? TT. **P**: yeah… I think so, right? Because… either way it affects me, right? Even though I can do it… like, manage [to do] it… sometimes it affects [me], right? Er… ==

According to Halliday and Matthiessen (2014), "the speaker on his part has a way of forestalling" (p. 137) alternative responses, which consists of adding the (mood) tag as a reinforcement of the expected response. Analysing the therapeutic session, the tags are, in turn, used to forestall alternative answers but with different purposes. In P's speech turns, they frequently use the tags as a way to seek the approval and contentment of T that their actions are valued positively by society, which is interesting due to the timeframe in which most people were afraid to do anything that could be seen negatively by society due to the pandemic.

Whereas, on the part of T, the use of the tags, as exemplified below, is to maintain the structure inherent to the psychological approach – psychoanalyses –and to foster in P independence in construing their own meanings and evaluations of what they consider to be socially acceptable and positively valued.

Table 9

OT. **T**: [...] você me falou de crise... me conta de... **me conta isso direitinho**. *vamo vê*.
BT. **T**: [...] you told me about crisis... tell me about... tell me about it properly. let's see
TT. **T**: [...] you told me about an anxiety attack... tell me... tell me more about it. *go on.*

The excerpt shown in Table 9 takes place at the beginning of the therapeutic session. The therapist (T) adopts the role of demanding information through a proposition (ANYQ). Although it is not signalled by punctuation, this is, in fact, a question. The excerpt is a transcription of recorded audio, so although the sentence is not structured as a traditional question in the transcript, additional information, such as the intonation used by the speaker, reinforces the excerpt as a proposition. It is also important to consider the context wherein the discourse is being construed, as well as elements such as the function of the tag "*go on*" at the end of the clause, encouraging the patient to attend to the demand of supplying information. Furthermore, the evaluation of Tenacity in T's speech emphasizes the role adopted, as the positive esteem of Tenacity points to a dependable and trustworthy interactant.

Table 10

OT. **T**: Vamo por parte, primeiro da história do trabalho, que que cê pode fazer?
BT. **T**: Let's go first, from the work history, what can you do?
TT. **T**: Ok, one thing at a time, first, the bit [that you mentioned] about your assignments, what can you do?

Table 11

OT. **T**: Você já pensou por quê que você faz isso?
BT. **T**: Have you ever wondered why you do it?
TT. **T**: Have you ever thought about why [do] you do this?

The excerpts shown in Tables 10 and 11 were divided for analytical purposes but are part of the same clause complex. In both clauses, T encourages P to deliberate about their own actions and manifest what they consider the best without being influenced by the speaker's bias (T). It is important to note that the speech functions adopted by T throughout the entire session are aligned with the approach employed by the professional – psychoanalytic therapy (cf. ESPINDOLA et al., 2021).

The therapist consistently adopts the role of initiating the exchange through propositions (ANYQ) in the interaction. During the entire session analysed, 29.46% of the therapist's speech consisted of propositions (ANYQ), as exemplified in the above tables. T uses both elemental and polar questions to manage the therapeutic discourse. Additionally, 33.03% of the occurrences are interjections, such as "aham, uhum", encouraging P to continue to speak/reflect on their own feelings and reports, thus, construing their own meanings without bias. The other occurrences in T's speech consist of acknowledging the information provided by P, and sharing expert information, as it occurs in Table 7 when P reports not mixing medicines and alcohol. T then proceeds to explain the physiological processes involved.

Similar to P, there were no abnormalities in the speech functions enacted by T during the sample analysed regarding the online context during the pandemics of COVID-19. The professional maintained an akin environment as it was prior de pandemics, at least, linguistically speaking, for the patient to feel safe, resulting in the adoption of speech roles that were expected from both participants.

5. Concluding Remarks

When describing this atypical context, analysing the Speech Functions in the online therapeutic discourse during the pandemics is important to the Professional Therapeutic Discourse Studies. Given that one of the aims of this monograph and related research is to foster the scientific character of the language in professional therapeutic contexts understanding how the contextualised discourse behaves in the face of the challenges arising from the pandemics can provide a relevant linguistic conceptual benchmark for both linguist and therapist professionals to further investigate human experience construed through language in this context. However, it is essential to note that, as mentioned in Section 3.1, the data analysed is merely a sample. Thus, the results are not to be taken as a generalisation of online therapy during the pandemics; instead, it is an attempt to promote and empower discussions in this unexplored area, the Therapeutic Discourse Studies.

Thus, it can be pointed out that the relevance of this study lies in the following points: (a) the scientific production and expansion of literature in this developing area; (b) the description of this unprecedent professional context – online therapy sessions during the pandemics; (c) a better understanding of the meanings construed through discourse during the pandemics; (d) through a comprehensive linguistic theory, it is possible to visualise the enactment of interpersonal relations in this particular context, and reflect on its purpose and nuances for this professional context; and (e) this work has potential to foster interdisciplinary and interprofessional collaborative practices and can provide linguistic tools for more effective and comprehensive use of language in professional situations.

To sum up the findings, this section revisits the research questions that guided this monograph and summarises the findings. The first question was (1) what speech functions do the participants adopt during the interaction? Taking the context into account, most questions are elemental (cf. Figure 3), and polar questions are put together to add emphasis or make something more straightforward. Mainly, the Therapist initiates the interaction through propositions, to which the Patient provides pieces of information. The Patient, in turn, provides pieces of information through responses and by making statements and recollecting events. In addition, the Patient frequently uses the tags at the end of the sentences to seek social approval for their actions and judgments of what they think is appropriate or not, whereas the Therapist uses the tags to give P autonomy to construe meanings, judgments, and evaluations by themselves.

Next, are there any patterns that emerge from the setting of online therapy sessions during the COVID-19 pandemic and their importance? As previously discussed, the main features found in the online therapy context were the several occurrences of overlap in speech turns, as well as the urge from both interactants to reassure one another that they were present and listening, that is, actively participating in the speech event, which was unsure in particular moments due to connection issues. Thus, there was an emergent demand to verbalize, in the online setting, that the participants were present, which differs from an on-site situation, where visual and non-linguistic clues would be enough. Moreover, the structure of the session did not present abnormalities.

Finally, how can the speech functions adopted by the participants be understood in this particular context? The other questions already meet this one, however, the speech roles adopted by the participants in the specific context of online therapy during the COVID-19 pandemics illustrate that, in this sample, the participants were able to maintain the structure expected. When contrasted with the analyses of Transitivity and Appraisal (cf. ESPINDOLA et al., 2021), it is possible to better comprehend the evaluations of Tenacity by the Therapist as argued in this monograph, as a way to open space, through propositions, for the Patient to feel safe and supported by a trustworthy listener. Whereas the evaluations of Insecurity and Incapacity by the Patient are expressed in the frequent use of the tags seeking confirmation and a positive appraisal from the Therapist.

Furthermore, as argued in the introductory remarks, this monograph aims to contribute to the expanding literature in this developing area and provide a more comprehensive and descriptive understanding of this unforeseen context from different layers of analysis.

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