

ORIGINAL ARTICLE

Exophoric References for Personal Recovery: Insights from Linguistics and Medical Practitioners

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ARTICLE INFO

Article history

RECEIVED: 17-Oct-21

REVISED: 31-Oct-21

ACCEPTED: 12-Nov-21

PUBLISHED: 30-Nov-21

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Citation: Ooi Zao May and Sridevi Srinivass (2021). Exophoric References for Personal Recovery: Insights from Linguistics and Medical Practitioners. *Hor. J. Hum. & Soc. Sci. Res.* 3 (2), 93–108. <https://doi.org/10.37534/bp.jhssr.2021.v3.n2.id1123.p93>.

ABSTRACT

Since the early 20th century, there has been a growth in medical genre transitioning from the earlier forms of anonymous accounts to the contemporary, deeply personal forms of authentic narratives. The main objective of the current study is to extend mental health literacy for informing narrative-based interventions by bringing together the insights from linguistics and medical practitioners in treating mental health memoirs as the object of investigation. Previous research has shown that personal recovery experiences which were recreated in various contexts were investigated through various methods. There is a lack of research concerning personal recovery experiences focusing on the use of exophoric references in building meaning relations. There is a need for a deeper understanding of language as a resource in the process of making meaning for personal recovery. A linguistic study is deemed useful to bring out the structure of referential chains in the construction of texts. It can inform us about participant identification in personal recovery narratives. Hence, the current study examined narrative memoirs of medical practitioners. The methodology of text linguistics along with the theoretical framework of Martin's (1992) Systemic Functional Linguistics (SFL) theory of referential cohesion was used to investigate Recovery-Oriented Narrative (RON) discourse which contains representational practices from the perspectives of practitioners. The purpose of investigation was to unravel the shaping of narrative identities afforded by the realisation of participants. The results show the sharing of perspectives, the generalisation and the cultivation of personalised connections. The results also show a culture of inclusivity for personal recovery. This discourse contributes to the discursive resources for mental health support during the COVID-19 pandemic.

Keywords: exophoric references, mental health, narrative identities, personal recovery, Recovery-Oriented Narrative (RON) discourse, referential cohesion

Introduction

The current paper is a linguistic investigation into mental health memoirs of medical practitioners to explore the choices of referential devices. These referential devices

are structured as chains in the construction of texts found in them. In these mental health memoirs, there are a multitude of “authentic narratives” (Hoffman & Hansen, 2017) portraying personal recovery experiences as recreated by the medical practitioners in reflecting upon

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their clinical practices. These narratives come together as a unity, culminating in the advent of Recovery-Oriented “Narrative discourse” (henceforth, RON discourse) (Genette et al., 1980). Recently, narratives of medical practitioners concerning illnesses are moving in a new direction from “often anonymised accounts in the early 20th century to deeply personal, owned contemporary works” (Wilson et al., 2019, p. 20) in the forms of published mental health memoirs. The self-reflexive nature of mental health memoirs does not only relive physicians’ enthusiasm and creativity (Reifler, 1996; Shapiro, 2012), but also help traumatized physicians in coping with life generally by allowing catharsis to happen. Reflection in its true sense helps to illustrate the creation of normative frameworks that are gradually internalized to become part and parcel of medical interventions (John et al., 2018).

As far as we know, no previous research has investigated mental health memoirs of medical practitioners. Most of the available academic works on medical memoirs are in the form of book reviews (for example, Frizelle, 2019; Shapiro, 2009; Vinay Prasad, 2018) and essays (for example, Gask, 2019; Koven, 2016) among others. No studies of referential cohesion on medical memoirs were found. The current Systemic Functional Linguistics (henceforth, SFL) study is significant in contributing to the knowledge base for the application of narrative-based interventions by the means of manipulating use of exophoric references. Martin’s (1992) SFL theory of referential cohesion was employed as the main framework of the current study for investigating the use of exophoric references for personal recovery in the RON discourse.

The study implications may inform the application of the RON discourse as a form of “complementary and alternative medicine” (Salamonsen & Ahlén, 2018, p. 357) in the mental health arena. Such a discourse forms part of the surrounding “discursive resources” which people in distress draw upon “to make sense of their experience, present themselves in socially acceptable ways, manage their everyday practices, negotiate their role within the mental health system, exonerate their life conditions and choices” and so on (Georgaca, 2014, pp. 58–59).

Personal recovery actually comes with life worthiness (Roe & Kravetz, 2003; Tranulis et al., 2009). The personal recovery model is built upon different attributes like strength, hope, healing, value, and inclusion (Roberts & Boardman, 2013, 2014; Shepherd et al., 2008). Previous research on patients’ personal recovery experiences involved online discussions (Jaworska, 2018; Moore et al., 2016), posts on microblogging sites like Sina Weibo (Pan

et al., 2018), journalistic and business publications (Scholz et al., 2014), the doctor-patient consultations (Janusz et al., 2018), interview data (Fullagar & O’Brien, 2013, 2014; Sari & Gencoz, 2016; Staneva & Wigginton, 2018), academic publications (Scholz et al., 2017) and others. While these studies have shed light on patients’ personal recovery experiences to a certain extent, there is a lack of focus on the perspectives of medical practitioners. Hence, the current study on the RON discourse can help us in further conceptualizing personal recovery experiences from the perspectives of medical practitioners.

In the field of psychiatry, there are various studies revolving around the treatment of referential cohesion as a linguistic biomarker. Most of these studies share the same focus which is on psychopathology (for example, Bearden et al., 2011; Gupta et al., 2018; Kurczek et al., 2013; Kurczek & Duff, 2011; Lundin et al., 2020). Such studies are helpful in advancing our scientific knowledge of mental health issues for the prevention, diagnosis, treatment, intervention and monitoring. Yet, the perspectives of medical practitioners which are deemed significant in the shaping of narrative identities for personal recovery are understudied.

Rather than just a linguistic “text”, the RON discourse is treated as a fully coherent text. Its coherence is due to having “similar mental representation(s) of shared topicality, reference and thematic structure” (Gernsbacher & Givón, 1995, p. 7). Gernsbacher and Givón (1995) further suggest that the fully coherent text is “a collaborative negotiation” between the writer and reader. Tanskanen (2006) notes that “there are still notable gaps in our understanding of the effects on the use of cohesion of the different contexts in which speaker, writers, listeners and readers operate and communicate” (p. 2). In addressing the gap in research, the current study was carried out to explore the use of referential devices as cohesive ties in the construction of the RON discourse for the shaping of narrative identities.

The personal recovery narratives in the RON discourse can play a role in our “self-constitutions” in which we first “conceptualize our lives as a story” (Hoffman & Hansen, 2017, p. 287) to forge “patterns of coherence and psychological intelligibility within our lives” (Mackenzie, 2008, p. 12; see also Mackenzie & Poltera, 2010; Potter, 2013). Antonovsky (1979, 1987) suggests that a person with a “sense of coherence” will have access to new knowledge by virtue of one’s high degree of autonomy. The resultant self-narratives then influence “who we think we can and should be, and, by extension, who we actually are” (Hoffman & Hansen, 2017, p. 287).

The work of McAdams (1993) entitled “The Stories We Live By” which has both metaphorical and literal themes pertaining to telling ourselves and others about who we are can be treated as a form of self-narrative which is “sustained, sequential, integrated and purposive” upon which our identity is based, as Giddens (1991) suggests (Stevens, 2012, p. 2).

Narrative identities are composed of “plots explaining where we have been, where we are, and where we are going” that originate from very particular viewpoints (Lewis, 2017, p. 306). By examining the functions of reference devices in “expressing at each stage in the discourse the points of contact with what has gone before” (see Halliday & Hasan, 1976, p. 299), the shaping of narrative identities can be unravelled. The resourcefulness of narratives comes from their flexibility in providing “the range of responses” to the mentally inflicted, often heightening the possibility for hope, self-acceptance, and fortitude (Tekin, 2011, p. 6).

In general, we use language to say something about something or someone (referent) thereby the greater relevance and salience of entities (for example, things, people, objects, ideas and concepts) than anything else (Fontaine, 2012). To put it in another way, “if we group all the kinds of things we can say something about into one category, it will make it much easier to say something about these things” (ibid., p. 44). Based upon this SFL theoretical contention by Fontaine (2012), the unit of analysis for the current study was decided to be at “the level of group or phrase” (Srinivass, 2011, p. 196), more specifically, the nominal group. The relevant nominal groups in the dataset were analysed as different reference devices according to their roles in creating texture based on the presence of cohesive ties for “the realisation of participants” (Martin, 1992, p. 98). The manner in which reference devices are structured as chains in the construction of RON discourse can inform us about participant identification in which people are introduced and then being tracked in the unfolding of the discourse (see Martin & Rose, 2003). This particular discourse constituting of representational practices can contribute to the shaping of narrative identities.

The aim of the study is to unravel the shaping of narrative identities for the process of recovery in the RON discourse of the mental health memoirs. The aim of the study is also to identify the exophoric references used as cohesive ties in the construction of RON discourse found in the texts of mental health memoirs and to interpret personal recovery experiences as portrayed by the shaping of narrative identities with the use of exophoric

references. Based on these aims, the following research questions were formulated:

RQ1: What are the exophoric references used as cohesive ties in the construction of the RON discourse in the mental health memoirs?

RQ2: How are the exophoric references used for expressing personal recovery experiences as portrayed by the shaping of narrative identities?

RQ1 will be answered based on the resultant findings from the referential cohesion analysis carried out in the current study. RQ2 will be answered based on interpretation on the resultant findings obtained from the completed analysis.

Materials and Methods

The materials and methods section concerns data description, research design and the SFL referential cohesion theory for data analysis.

Data description

Table 1 provides a description of the dataset for the current study by memoir title, chapter title and number of sentences.

Research Design

The research design of the current study can be sequenced into four stages as follows:

Stage 1: Internet search for suitable mental health memoirs

The four mental health memoirs were selected via retrieval from an internet search. These mental health

Table 1: Data description

Memoir Title	Chapter Title	No. of Sentences
<i>The Other Side of Silence: A Psychiatrist's Memoir of Depression</i> (Gask, 2015)	Chapter 13: 'Exorcising Ghosts'	161
	Chapter 16: 'Learning How to Live in the Present'	218
<i>Becoming Myself: A Psychiatrist's Memoir</i> (Yalom, 2019)	Chapter 23: 'Existential Therapy'	176
	Chapter 33: 'The Gift of Therapy'	112
<i>Maybe You Should Talk to Someone: A Therapist, Her Therapist and Our Lives Revealed</i> (Gottlieb, 2019)	57: 'Wendell'	82
	58: 'A Pause in the Conversation'	113
<i>The Heartland: Finding and Losing Schizophrenia</i> (Filer, 2019)	Stigma and Discrimination	137
	The Keyholder, the Non-keyholders and the Voices	287

memoirs were purposely chosen based on a list of selection criteria, particularly: (1) published within the past 10 years; (2) written in English; (3) contains evidence of depression symptoms; (4) written by a medical practitioner; and lastly, (5) comes with evidence of positive signs for mental well-being. These memoirs belong to a particular text type known as the RON discourse of professionals practising in the mental health arena.

Stage 2: Selection of two chapters containing the RON discourse in the greatest density from each memoir

For each memoir, two chapters which contain the RON discourse in the greatest density across all the chapters were selected as the unit of observation, being “the who or what being studied in an analysis”, in other words, what is being described by research data (Miles, 2019, p. 4).

Stage 3: Transcription for the selected two chapters from each memoir in Microsoft Word

The selected two chapters comprising the RON discourse from each memoir were transcribed into a Word document as “running verbal texts” in “orthographic units” or sentences (Srinivass, 2011, p. 197).

Stage 4: Referential cohesion analysis

The resultant findings obtained at this stage will be used to answer Research Question 1: What are the exophoric references used as cohesive ties in the construction of the RON discourse in the mental health memoirs? The relevant nominal groups across the dataset were identified as various referential devices according to their roles in creating texture based on the presence of cohesive ties for “the realisation of participants” (Martin, 1992, p. 98). The linguistic features of these identified referential devices will be made known. For the purposes of this paper, only findings on exophoric references will be presented.

Once the analysis was completed, interpretation on the findings was carried out to bring out the personal recovery experiences based on the perceived meanings of the “experiential content” (Martin, 1992, p. 103) in the selected chapters collected from the four mental health memoirs. Findings on “the structure of reference chains”

(Martin, 1992, p. 144) help to reveal “the ongoing contextualization of meanings” (Eggins, 2004, p. 51) to do with the expression of personal recovery experiences. The interpretation carried out at this stage can help to unravel the shaping of narrative identities in the RON discourse so as to answer RQ2: How are the exophoric references used for expressing personal recovery experiences as portrayed by the shaping of narrative identities?

SFL Referential Cohesion Theory for Data Analysis

Martin’s (1992) Systemic Functional Linguistics theory of referential cohesion was selected as the framework of the current study. For a more robust and thorough analysis, other similar theories sourced from the pioneering work of cohesion by Halliday and Hasan (1976), Halliday and Matthiessen (2014) and Eggins (2004) were also integrated.

As Figure 1 illustrates, Halliday and Hasan’s cohesion and coherence framework is based on “the stratal organisation of language” whereby meanings which constitute “the semantic system” are realised (coded) as forms of wordings made up of “the lexicogrammatical system, grammar and vocabulary” and forms of wordings are realised in turn (recoded) as expressions through “the phonological and orthographic systems” (Halliday & Hasan, 1976, p. 5).

The system of cohesion comprises lexicogrammatical systems that have “evolved specifically as a resource for making it possible to transcend the boundaries of the clause” (Halliday & Matthiessen, 2014, p. 603). To be concise, the system of cohesion is mainly to do with inter-clausal meaning relations that involve realisations at various linguistic strata, as Figure 2 illustrates.

As Figure 3 illustrates, within the reference framework based on Martin’s (1992) work, where reference to “the context of situation” is required for retrieving the

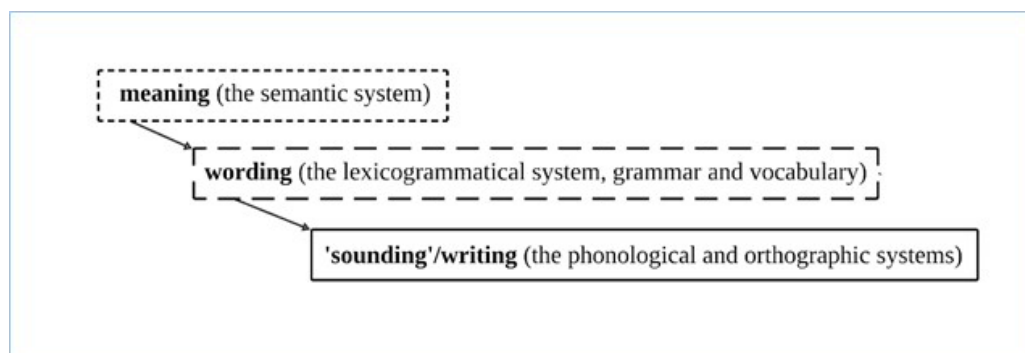


Figure 1: The cohesion and coherence framework
(Adapted from Halliday and Hasan, 1976, p. 5)

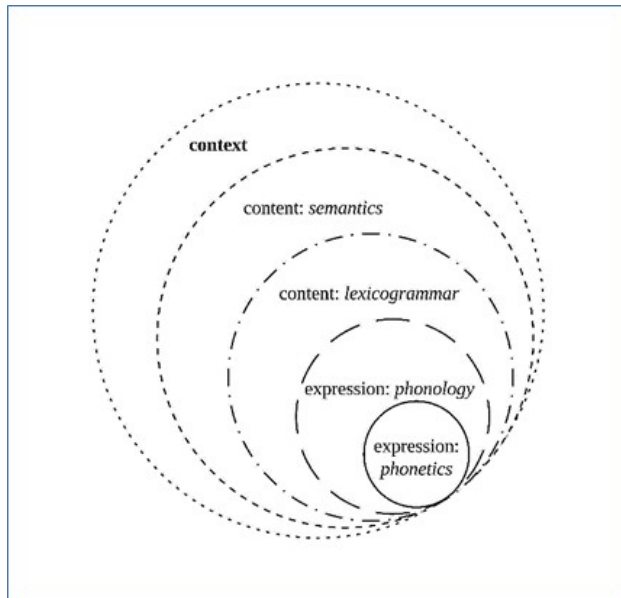


Figure 2: Stratification
(Adapted from Halliday & Matthiessen, 2014, p. 26)

referent, this can be either “endophora” or “exophora” (p. 124). “Endophora” requires reference to the co-text or verbal context, while “exophora” requires reference to the non-verbal context. On the other hand, where reference to “the context of culture” is required for retrieving the referent, this must be “homophora” (ibid., p. 124). Looking at endophora, it can be further categorised into two kinds, more specifically, anaphora pointing backwards to the preceding text and cataphora pointing forwards to the following text. To be precise, reference pointing forwards to the following text can be further categorised into esphora and cataphora. Esphora is the kind of reference pointing forwards within the same nominal group, while cataphora is the kind pointing forwards beyond the nominal group.

The larger study concerns a full-range referential cohesion analysis; however, for the purposes of the current study, only findings on exophoric references will be presented and discussed. Exophora typically refers to either interactants like speaker, speaker plus others and addressee of the speech events or non-interactants that are within “the field of perception shared by speaker and listener” (Halliday & Matthiessen, 2014, p. 624). As Figure 4 illustrates, the English person categories comprise three main distinctions, catering to different speech roles (*I, you* and *we*), other roles (*he, she, it, they* and *we*) and the generalised *one* (Halliday & Matthiessen, 2014).

Exophora, which appears as first mention quite commonly, can be set aside after its first mention, thereby spawning biasness in the reference analysis focusing solely on endophora which normally involves only “intra-textual relations” (Martin, 1992, p. 126). Halliday and Matthiessen (2014) refer to exophora as “exophoric reference” pointing outwards from the text, which is usually presented at the beginning before being “picked up through anaphoric reference again and again, forming referential chains in the unfolding conversation” (p. 606).

As Example 1 shows, the nominal group which reads, “the sun” can be interpreted as exophoric or homophoric, while its subsequent mention as realised by the determinative pronoun “it” can be interpreted as “either of these plus anaphoric” (Martin, 1992, p. 125).

Example 1 (Source: Martin, 1992, p. 125):

The sun’s hot; it’s starting to burn me.

Other examples of exophora can be found in Eggins’ work (2004) (see Example 2 to 4). In Example 2, the determinative pronoun “it” can be retrieved as whatever object the

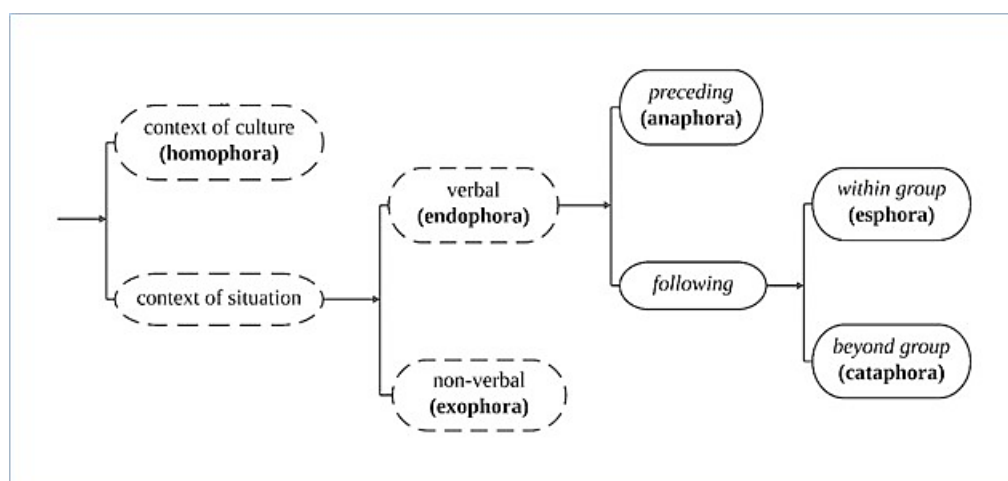


Figure 3: The reference framework
(Adapted from Martin, 1992, p. 124)

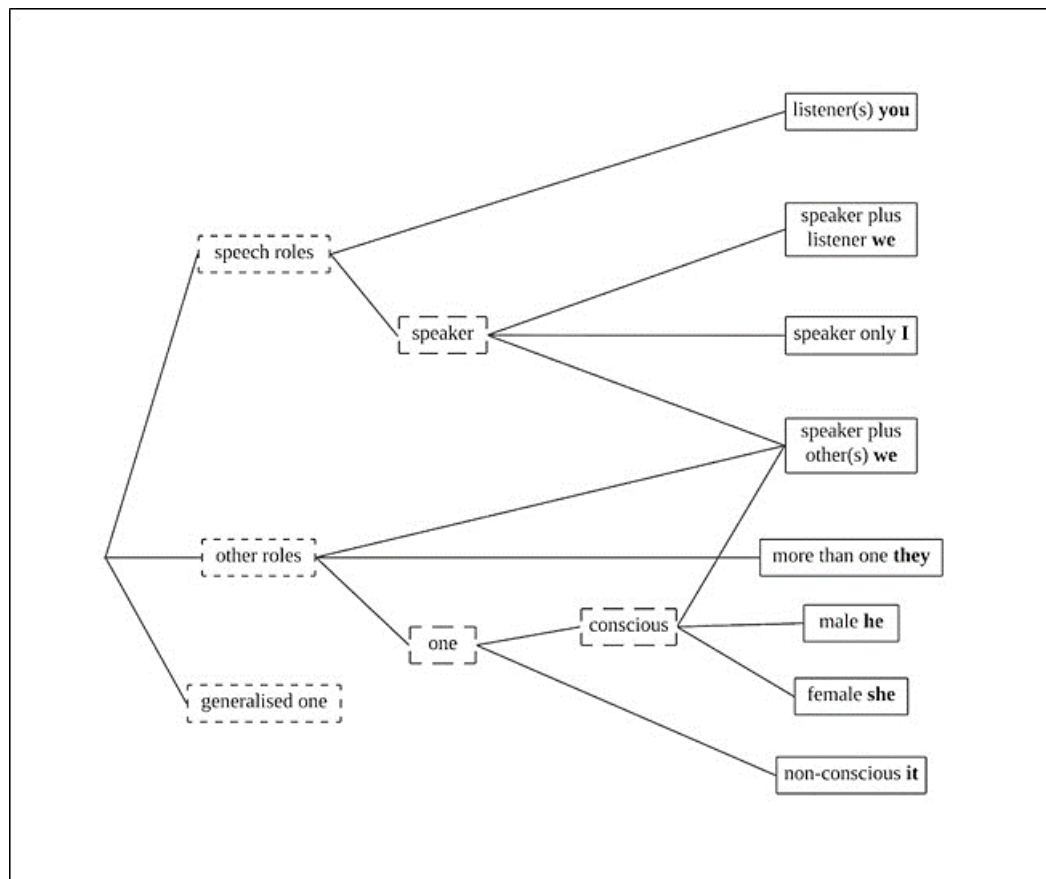


Figure 4: The English person categories
(Adapted from Halliday & Matthiessen, 2014, p. 384)

speaker is pointing to in “the immediate context of situation”, while the pronoun “her” can be retrieved as “the female in the room” where both the speaker and listener are located at the same time (Egins, 2004, p. 34). In Example 3, the locational reference “here” can be retrieved as “here where we are” (ibid., p. 37). In Example 4, the locational reference “these days” can be retrieved as “these days that we live in now” (ibid., p. 37).

Example 2 (Source: Egins, 2004, p. 34):

Put **it** down next to **her**.

Example 3 (Source: Egins, 2004, p. 37):

Here are some bikkies.

Example 4 (Source: Egins, 2004, p. 37):

These days it costs a fortune.

Results

The results section concerns results in relation to RQ1 and also RQ2.

Results in Relation to RQ1

Based on answers sought for RQ1 (What are the exophoric references used as cohesive ties in the construction of the RON discourse in the mental health memoirs?), extracts will be shown to help illustrate where the exophoric references appear. To sum up, the interlocutor determinative pronouns like “I”, “you” and “we” are the exophoric references used as cohesive ties in the construction of the RON discourse in the mental health memoirs.

Interlocutor Determinative Pronoun ‘I’

The use of the interlocutor determinative pronoun ‘I’ is shown in Extract 1. The writer, Irvin David Yalom is recreating a lecture he attended where he heard the first question from Elisabeth Kübler-Ross (a pioneer in working with the dying) to a seriously ill patient.

Extract 1 (Yalom, 2019, Chapter 23, p. 181)

I found that question to be of great value: it conveys so much – namely, that I am open and willing to go wherever the patient wishes, even into the darkest places.

Extract 1 shows that one exophoric reference as realised by the interlocutor determinative pronoun “I” is used for

referring to any mental health therapist in general, inclusive of the writer.

Besides, the use of the interlocutor determinative pronoun “I” is shown in Extract 2. The writer, Lori Gottlieb is recreating her clinical encounters with patients in which she feels the organic ending in the best case. It is when the patient feels more resilient, more flexible, more able to navigate daily life.

Extract 2 (Gottlieb, 2019, Chapter 58, p. 408)

We’ve helped them hear the questions they didn’t even know they were asking: Who am I? What do I want? What’s in my way?

Extract 2 shows that two exophoric references as realised by the interlocutor determinative pronoun “I” are used for referring to any mental health patient in a general sense.

Interlocutor Determinative Pronoun ‘you’

The use of the interlocutor determinative pronoun ‘you’ is shown in Extract 3. The writer, Nathan Filer is recreating the feelings that he detected in the room where he met the Hearing Voices Support Group together with a nurse who had also experienced hearing voices.

Extract 3 (Filer, 2019, Chapter: The Keyholder, the Non-keyholders and the Voices, p. 226)

There’s a whole gang of **you**.

You’re all walking this dark alley together.

Extract 3 shows that two exophoric references as realised by the interlocutor determinative pronoun “you” are used for referring to any person in general, inclusive of the writer.

In addition to this, the use of the interlocutor determinative pronoun “you” is shown in Extract 4. The writer, Lori Gottlieb is recreating her clinical practice in which she was just there to guide the patient whereby in fact, the patient was the one who should put in effort by first turning up for therapy.

Extract 4 (Gottlieb, 2019, Chapter 58, p. 409)

Everyone needs to hear that other person’s voice saying, I believe in **you**.

I can see possibilities that **you** might not see quite yet.

Extract 4 shows that two exophoric references as realised by the interlocutor determinative pronoun “you” are

used for referring to any mental health patient in a general sense.

Interlocutor Determinative Pronoun ‘we’

The use of the interlocutor determinative pronoun ‘we’ is shown in Extract 5. The writer, Lori Gottlieb is recreating her clinical practice and the moment she was saying goodbye to her therapist.

Extract 5 (Gottlieb, 2019, Chapter 58, p. 409)

But **we**’re also taught something else that **we** can’t really understand until **we**’ve done thousands of hours of sessions: **We** grow in connection with others.

Extract 5 shows that four exophoric references as realised by the interlocutor determinative pronoun “we” are used for referring to mental health therapists at large, inclusive of the writer.

Besides, the use of the interlocutor determinative pronoun “we” is shown in Extract 6. The writer, Lori Gottlieb is recreating a conversation with her therapist.

Extract 6 (Gottlieb, 2019, Chapter 57, pp. 404–405)

Most of what **we** say to ourselves **we**’d never say to people **we** love or care about, like our friends or children.

In therapy, **we** learn to pay close attention to those voices in our heads so that **we** can learn a better way to communicate with ourselves.

Extract 6 shows that five exophoric references as realised by the interlocutor determinative pronoun ‘we’ are used for referring to mental health patients in general, inclusive of the writer.

Aside from these, the use of the interlocutor determinative pronoun “we” is shown in Extract 7. The writer, Irvin David Yalom is recreating the sharing by one member of his therapy group about the experience of learning and growing from the confrontation with death, as also emphasised by a group member with metastatic breast cancer.

Extract 7 (Yalom, 2019, Chapter 23, p. 186)

I often put it this way: *though the reality of death may destroy us, the idea of death may save us.*

It brings home the realization that since **we** have only one chance at life, **we** should live it fully and end it with the fewest regrets possible.

Extract 7 shows that two exophoric references as realised by the interlocutor determinative pronoun “we” are used for referring to people at large, inclusive of the writer.

Not only that, the use of the interlocutor determinative pronoun “we” is shown in Extract 8. The writer, Nathan Filer, is recreating the explanation from the psychiatrist and blogger, Dr Alex Langford in regard to the useful comparison between diabetes and mental health problems so long as the focus is placed on Type 2 diabetes.

Extract 8 (Filer, 2019, Chapter: Stigma and Discrimination, p. 58)

In Type 2 diabetes, high sugar levels are primarily caused by the body not being as responsive to insulin as it should be, but insulin levels are often low as well.

Other hormones like glucagon and incretin are out of kilter too.

This is akin to depression, in which **we** know that it’s not just serotonin that’s important at the biological level.

Extract 8 shows that one exophoric reference as realised by the interlocutor determinative pronoun “we” is used for referring to people at large, inclusive of the writer.

Additionally, the use of the interlocutor determinative pronoun “we” is shown in Extract 9. The writer, Nathan Filer is recreating his interview experience with a patient diagnosed with paranoid schizophrenia.

Extract 9 (Filer, 2019, Chapter: Stigma and Discrimination, p. 49)

The common perception of people with schizophrenia being a danger to society is wholly inaccurate.

This is also a good time to stress that what **we** call schizophrenia needn’t be a life sentence.

Extract 9 shows that one exophoric reference as realised by the interlocutor determinative pronoun “we” is used for referring to any reader in general, inclusive of the writer.

Results in Relation to RQ2

Based on answers sought for RQ2, figures were sketched for illustrating the three emergent functions of exophoric references: (1) the sharing of perspectives via the writer’s assimilation into various social groups like the patient group, the mental health therapist group and people at

large; (2) the generalisation via a sense of commonness among various social groups like mental health therapists at large, patients at large, and people at large; and lastly, (3) the cultivation of personalised connections via a sense of close proximity among various social groups like the reader group, the patient group and people at large.

The Sharing of Perspectives via the Writer’s Assimilation

Findings related to the sharing of perspectives via the writer’s assimilation may be illustrated in Figure 5 to show how exophoric references in the RON discourse are used in the shaping of narrative identities for expressing personal recovery experiences.

As Figure 5 on the sharing of perspectives illustrates, the three large circles represent the patient group, the mental health therapist group and people at large respectively. Meanwhile, the three small circles each represent the writer. In more specific terms, the small circle representing the writer as realised by the interlocutor determinative pronoun “we” is merging into the patient group; the small circle representing the writer as realised by the interlocutor determinative pronoun “I” is merging into the mental health therapist group; the small circle representing the writer as realised by the interlocutor determinative pronoun “you” is merging into people at large. These kinds of merging all happen via the writer’s assimilation.

More specifically, as Figure 5 illustrates, the use of the interlocutor determinative pronoun “we” as exophoric

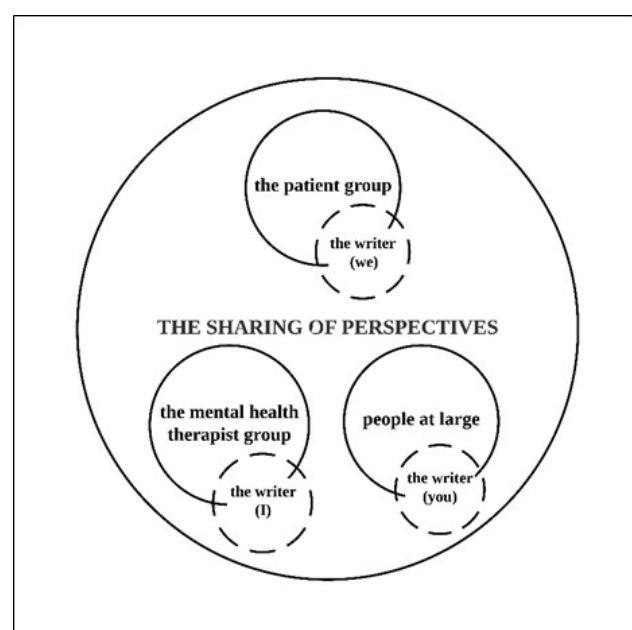


Figure 5: The Sharing of Perspectives via the Writer’s Assimilation

references serves the emergent function of the sharing of perspectives via the writer's assimilation into the patient group at large. These exophoric references facilitate the identification of the writer as part of the patient group at large. On the other hand, the use of the interlocutor determinative pronoun "I" as exophoric references facilitates the identification of the writer as part of the mental health therapist group at large.

As Extract 10 shows, one exophoric reference as realised by the interlocutor determinative pronoun "I" is used for referring to any mental health therapist in general, inclusive of the writer. This exophoric reference serves the emergent function of the sharing of perspectives via the writer's assimilation into the mental health therapist group at large.

Extract 10/Extract 1 (Revisited)

I found that question to be of great value: it conveys so much – namely, that I am open and willing to go wherever the patient wishes, even into the darkest places.

Not only that, as Figure 5 illustrates, the use of the interlocutor determinative pronoun "you" as exophoric references serves the emergent function of the sharing of perspectives via the writer's assimilation into people at large. As Extract 11 shows, two exophoric references as realised by the interlocutor determinative pronoun "you" are used for referring to any person in general, inclusive of the writer. These exophoric references facilitate the identification of the writer as part of people at large.

Extract 11/Extract 3 (Revisited)

There's a whole gang of **you**.

You're all walking this dark alley together.

The Generalisation via a Sense of Commonness

Findings related to the generalisation via a sense of commonness may be illustrated in Figure 6 to show how exophoric references in the RON discourse are used in the shaping of narrative identities for expressing personal recovery experiences.

As Figure 6 on the generalisation illustrates, the small circle represents mental health therapists at large as realised by the interlocutor determinative pronouns like "we" and "I". This small circle is embodied by the medium-sized circle representing patients at large as realised by the interlocutor determinative pronoun "I". This medium-sized circle is in turn embodied by the large circle representing people at large as realised by the interlocutor

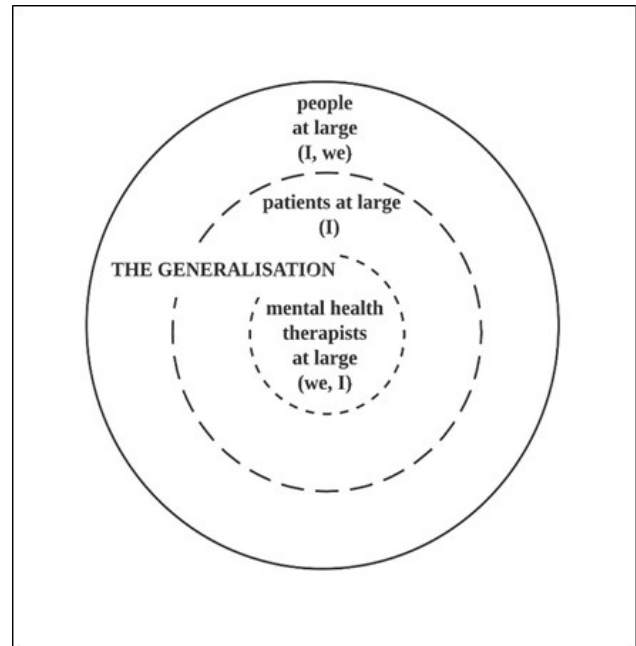


Figure 6: The Generalisation via a Sense of Commonness

determinative pronouns like "I" and "we". These kinds of embodiment all happen via a sense of commonness.

More specifically, as Figure 6 illustrates, the use of the interlocutor determinative pronouns like "we" and "I" as exophoric references serves the emergent function of the generalization via a sense of commonness among mental health therapists at large. The exophoric references as realised by the interlocutor determinative pronoun "we" facilitate the identification of the writer as part of the therapist group at large. Meanwhile, the exophoric references as realised by the interlocutor determinative pronoun "I" facilitate the identification of any mental health therapist in general as part of the therapist group at large. As Extract 12 shows, one exophoric reference as realised by the interlocutor determinative pronoun "I" is used for referring to any mental health therapist in general, inclusive of the writer.

Extract 12/Extract 1 (revisited)

I found that question to be of great value: it conveys so much – namely, that I am open and willing to go wherever the patient wishes, even into the darkest places.

Besides, as Figure 6 illustrates, the use of the interlocutor determinative pronoun "I" as exophoric references serves the emergent function of the generalisation via a sense of commonness among patients at large. As Extract 13 shows, two exophoric references as realised by the interlocutor determinative pronoun "I" are used for referring to any mental health patient in a general

sense. These exophoric references facilitate the identification of any mental health patient in general as part of the patient group at large.

Extract 13/Extract 2 (Revisited)

We've helped them hear the questions they didn't even know they were asking: Who am I? What do I want? What's in my way?

Aside from these, as Figure 6 illustrates, the use of the interlocutor determinative pronouns like "I" and "we" serves the emergent function of the generalisation via a sense of commonness among people at large. The interlocutor determinative pronoun "I" is used as exophoric references for referring to any person in general, inclusive of the members in the therapy group led by the writer. These exophoric references facilitate the identification of the members in the therapy group as any person in general. On the other hand, the interlocutor determinative pronoun "we" is used as exophoric references for referring to people at large, inclusive of the writer. These exophoric references facilitate the identification of the writer as part of people at large. Putting this all together, the exophoric references as realised by the interlocutor determinative pronouns like "I" and "we" facilitate the identification of any person in general as part of people at large.

The Cultivation of Personalised Connections via a Sense of Close Proximity

Findings related to the cultivation of personalised connections via a sense of close proximity may be illustrated in Figure 7 to show how exophoric references in the RON discourse are used in the shaping of narrative identities for expressing personal recovery experiences.

As Figure 7 on the cultivation of personalised connections illustrates, the three large circles represent the reader group, the patient group and people at large respectively. Meanwhile, among the three small circles, two represent the writer while one represents any reader in general. In more specific terms, the large circle representing the reader group as realised by the interlocutor determinative pronoun "we" envelops the small circle representing the writer; the large circle representing people at large as realised by the interlocutor determinative pronoun "we" envelops the small circle representing the writer; the large circle representing the patient group as realised by the interlocutor determinative pronoun "you" envelops the small circle representing any reader in general. These kinds of enveloping all happen via a sense of close proximity.

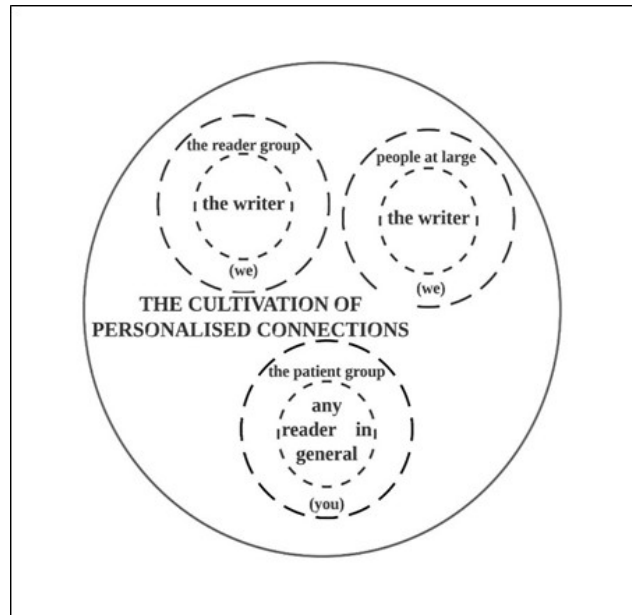


Figure 7: The Cultivation of Personalised Connections via a Sense of Close Proximity

More specifically, as Figure 7 illustrates, the use of the interlocutor determinative pronoun "we" as exophoric references serves the emergent function of the cultivation of personalized connections via a sense of close proximity among readers at large. These exophoric references facilitate the identification of the writer as part of the reader group at large.

Besides, as Figure 7 illustrates, the interlocutor determinative pronoun "you" is used as exophoric references for the cultivation of personalized connections among patients at large via a sense of close proximity. As Extract 14 shows, two exophoric references as realised by the interlocutor determinative pronoun "you" are used for referring to any mental health patient in a general sense. These exophoric references facilitate the identification of any reader in general as part of the patient group at large.

Extract 14/Extract 4 (Revisited)

Everyone needs to hear that other person's voice saying, I believe in **you**.

I can see possibilities that **you** might not see quite yet.

Not only that, as Figure 7 illustrates, the use of the interlocutor determinative pronoun "we" as exophoric references serves the emergent function of the cultivation of personalized connections via a sense of close proximity among people at large. These exophoric references facilitate the identification of the writer as part of people at large.

Discussion

Overall, the strategic use of exophoric references helps in weaving patterns of meaning inherent in the “experiential content” (Martin, 1992, p. 103) of the RON discourse which are best captured by the concept of inclusivity. As defined in the Global Inclusivity Report 2020 (“The Power of Diverse Voices,” n.d.), “inclusivity” means “the potential of inviting, embracing and valuing different people”, which is something widely understood in comparison to individual personal experience (p. 6). As presently demonstrated by the emergent functions in the use of exophoric references, the concept of inclusivity encompasses the sharing of perspectives via one’s assimilation into a particular social group, the generalization via a sense of commonness among a particular social group and the cultivation of personalised connections via a sense of close proximity among a particular social group. On the one hand, the study implications advance the knowledge in the field of Systemic Functional Linguistics in regard to the overall “potential” of the English language “system” (Halliday & Matthiessen, 2014, pp. 28–29) when it comes to the available use of exophoric references for personal recovery. On the other hand, the culture of inclusivity as represented in the RON discourse has been brought to the fore. This is in parallel with Martin’s (1992) theoretical contention which defines the “context of culture” as “relevant information which cannot be perceived, but which can be assumed because of shared knowledge among interlocutors deriving from their membership in some definable community” (p. 121).

On the strength of these implications, a culture of inclusivity is called for in the delivery of mental health care with more importance placed on the relational aspects in treating each and every mental health patient with due fairness. Besides, every person is uplifted to feel empowered in taking charge of their own life while reaching out to their peers for mutual support. The mind set as promulgated by Robert Ingersoll, a nineteenth century lawyer and orator in his quote which reads, “we rise by lifting others” (Bressler, 2018, para. 4) best expresses the current argument put across in this paper.

The main driver for the current referential cohesion analysis of the RON discourse is to contribute to the knowledge base for the extension of mental health literacy. Tan Sri Lee Lam Thye, the patron of The Befrienders, a not-for-profit organisation supporting the mentally vulnerable with the provision of emotional support 24/7, talks about the worsening of people’s mental health in the encounters of life vicissitudes brought about by the COVID-19 pandemic (*“500,000 Malaysians experience*

depression,” 2020). There can be long-term effects on children’s mental health as they continue to experience anxiety, distress, social isolation from peers, or an abusive family environment (Bilal Javed et al., 2020). In order to debilitate the impacts of psychopathology on vulnerable children (Christner et al., 2021), their awareness towards effective well-being practices such as listening to stories and reading novels and biographies, so as the complex form of biographical self-presentation in the social media (Habermas & Reese, 2015) should be imparted. The assortment of favoured and richer well-being strategies arising from research evidence will continue to expand for the continuous recognition and consideration of well-being in enhancing our care of the young generation (Bostic et al., 2021). These well-being strategies do not only fortify the specific treatments for psychiatric patients, but also help them in coping with their unique package of symptoms and inculcate healthy practices so as to create better life quality in their various life domains. In a writing experiment, Fuentes et al. (2021) found that the use of first-person pronouns gives way to less sadness, suggesting the viability of manipulating pronoun use for emotion-focused clinical application. Therefore, the emergent functions in the use of exophoras as discovered in the current study hold significance for the practice of narrative-based psychotherapy. Besides, in a social network analysis, Pahk and Baek (2021) introduce a relational approach to the design of peer-support services. The current study which shows the use of exophoras for the sharing of perspectives, the generalisation and the cultivation of personalised connections can be incorporated for the design of better peer-support services. The linguistic intricacies of the RON discourse can also be translated and put to good use in counselling practices as part of the curriculum for peace education which involves “respect for the individuality of all class fellows, and their culture, values and ways of life” as well as “promotion of increasing interdependence among students”, not to mention “cohesiveness and cooperation” (Karuna Shankar Misra, 2020, p. 13).

Furthermore, the application of the RON discourse in handling the COVID-19 challenge can be a promising outlook. In a descriptive qualitative study for making policy recommendations to handle the COVID-19 challenge in Indonesia, Ayurisyia Dominata et al. (2021) draws attention to the importance of collaboration and coordination in the management of COVID-19. One particular recommendation is the efficient use of social media, TV, newspapers and radio for public communication. Besides, society participation is also recommended for emotional support, social solidarity, local initiatives, and volunteers, so as the strong vision of the

national leadership. With an invitation for all to adopt an optimistic point of view towards COVID-19, this study serves as a very good basis for future consideration of the application of the RON discourse in COVID-19 mitigation strategies.

To encapsulate, the current SFL study which is an investigation into the mental health memoirs has made known the representational practices entailed in them, giving prominence to the axiological perspectives upheld by their respective writers, who are among the contemporary global health community. These informants of key opinions may pave the way forward for the field of narrative medicine by altering the practice through propagating the essential properties of the RON discourse for healing purposes. The RON discourse is constituted of a multitude of stories about different individuals, which are representations of the diverse perspectives and voices from multiple storytellers. Echoing what quoted from Frank (2012) pertaining to narrative analysis, the real business is “to bring diffuse voices into contact with each other, enabling each voice to be heard alongside other voices that expressed similar experiences, thus giving shape to what could become a dialogue” (p. 36). All in all, the heart of the matter is “to witness, in the simplest sense of gathering voices to give them a more evocative force so that these storytellers could hear each other, and so that they could be heard collectively” (Frank, 2012, p. 36).

Unlike the current study which uses pronouns to analyse exophoric references, Srinivass’s (2021) study used pronouns to analyse “voicing relations” in English retold versions of commonly used hymns from the Sanskrit and Bengali in the worship of *Tulasi* (p. 42). Common with the current study, the first-person pronouns, “I”, “we”, “you” and the generalised pronoun “one” were studied among other pronouns. This shows that the study of pronouns can be carried out from a cohesive point of view and also from a voicing relations (or “heteroglossia”) point of view (ibid., p. 42). Further research on RON discourse can take into consideration a heteroglossia study following Srinivass (2021) to reveal the multiplicity of meanings.

It is noteworthy that the RON discourse is recently promulgated albeit western centric. All the memoirs selected as the data sources are written by authors who are primarily Western medical practitioners. Therefore, the findings from the current study are certainly culture bound, with more tilts towards Western culture. Careful consideration is warranted when it comes to applying the study implications on other mental health communities.

Further research can be carried out on the RON discourse within Eastern culture for the extension of mental health literacy. As accentuated by Jorm (2000), “a ‘mental health literate’ society in which basic knowledge and skills are more widely distributed” is well-needed in consideration of the high prevalence of mental disorders to be attended to by professionals and the greater gains from “prevention, early intervention, self-help and support of others in the community” (p. 399).

Conclusions and Contributions

To summarise, this paper delineates the emergent functions from the use of exophoric references in the establishment of new personal identities for recovery, particularly (1) the sharing of perspectives via one’s assimilation into a particular social group; (2) the generalization via a sense of commonness among a particular social group; and lastly, (3) the cultivation of personalized connections via a sense of close proximity among a particular social group. In conclusion, the deep-rooted linguistic intricacies inherent in the RON discourse under the spotlight of the current study advance our human understanding towards the functions of language in evolving to serve our different purposes in terms of mental health functioning.

Competing Interests

The authors have declared that no competing interest exists.

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Acknowledgements

The authors wish to thank the editors and reviewers of Horizon JHSSR which provided us an opportunity to publish in their scholarly journal.

The authors wish to thank their families for their loving support. The authors hope that those with mental health issues are graced by God’s loving care.

Funding

No funding was received for this research.

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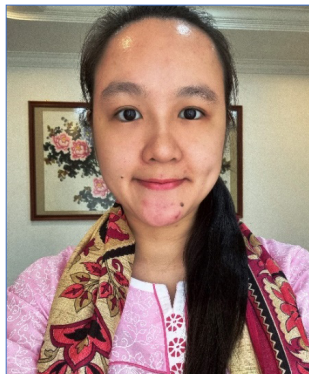
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from Linguistics and Vedic Vaishnavism [Horizon J. Hum. & Soc. Sci. 3 (1): 39 – 54 (2021)] where she integrates Systemic Functional Linguistics with Mikhail Bakhtin's social theory of dialogism.

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