TENOR

> ...the relationships that exist between the language users: whether we know each other or not, like or dislike each other, and whether there are differences in status that make one person more powerful than the other.... These relationships influence what can be called the tenor of the context.

This statement succinctly captures and defines the three dimensions of tenor:

contact:	which ranges from frequent and even intimate to occasional, and refers to the degree of familiarity and solidarity between interactants
affect:	which refers to the degree and intensity of like or dislike of interactants for each other and/or what they are talking about, and hence denotes positive or negative attitudes and judgements.
status:	which ranges from unequal (hierarchical) to equal (peers), and assigns degrees of power, deference and impersonality.

In the following text, a patient is making an appointment by telephone with a medical specialist she has not previously met. Hence, there has been no previous contact between the caller and the receptionist or secretary. The status is unequal in so far as the secretary as an agent of the specialist controls access to the specialist. However, the patient as a fee paying client is in a position of legitimately expecting service. This is the nature of the 'power play' (such as there is one) between the two interactants. Affect is neutral; the two speakers are not emotionally involved with each other and at this stage neither like nor dislike the other.

R: Good afternoon. Dr Richardson's rooms.

P: Good afternoon. My name is Erica Nolan. I'd like to make an appointment with Dr Richardson please.

R: Yes, have you seen Dr Richardson before?

P: No.

R: Alright, who is the referring doctor?

P: Dr Peter Caulfield, at the Borona Medical Centre.

R: Dr Caulfield, yes. Is the matter urgent?

P: I don't know. I've had an X-ray, a C.T. scan and a bone scan, and we still don't know what we're dealing with.

R: [pause] Alright, doctor will see you 2:00 tomorrow afternoon at the Brentwood Professional Centre, Brentwood Rd, Brentwood. That's in the main shopping area.

P: [jotting down address and time] OK. Good, I'll find it.

R: How do you spell your surname?

P: N - O - L - A - N, Nolan.

R: And do you spell Erica with a 'c' or a 'k'?

P: E - r - i - c - a.

R: Fine, and your phone number please?

P: 366 0005. That's in Elmgrove.

R: Elmgrove, fine. And is it Miss or Mrs?

P: Dr - the PhD kind, not the medical kind.

R: Alright, Dr Nolan, that's 2:00 tomorrow afternoon at the Brentwood Professional Centre with Dr Richardson. Please bring your X-rays and scans with you.

P: OK, of course. Thank you for fitting me in.

R: That's OK. Goodbye Dr Nolan. We'll see you tomorrow.

P: Goodbye.

This transcript is distinguished by being recognisably ordinary. The business at hand was to make an appointment and it was indeed made in a businesslike way. In the transcript, the lexis is *neutral,* rather than *attitudinal* (oh wow, tomorrow? fantastic!) and *formal*—full forms of words are used rather than abbreviations or diminutives (any chance of seeing the doc?). The text includes *politeness markers* (please, thank you) and the secretary deferentially picks up on the patient's *title*, referring to her as Dr Nolan rather than Erica. The patient, in her turn, shows deference using *Declarative Mood and modalisation* in her request (I *would* like an appointment). Also appropriate would have been 'Could I have an appointment please?' (Interrogative Mood) but not Imperative 'Gimme an appointment'.

The patient shows further deference by not talking unnecessarily but by quietly answering the secretary's questions, conceding the right of the secretary to ask. But in turn, the secretary does get the information by asking, not commanding (Spell your first and last names for me).

There is one use of language which indicates that the secretary has weighed up what the patient has said and has decided that an appointment sooner rather than later is expedient 'Alright, doctor will see you at 2:00 tomorrow afternoon'. In this matter, the secretary has made a decision and has left no doubt as to who is in control. Had the matter been judged non-urgent, the secretary is likely to have suggested an appointment time for the patient to accept or reject 'The first available appointment is...' or 'Does 4:30 the afternoon of the 28th suit you?' The secretary's choice of the non-modalised Declarative Mood in what she actually said is significant.

Contact

Text 2 is a request for another appointment with the same specialist, made eleven months and many appointments later. By this time the patient and secretary were more than anonymous roles and names to each other. While still respecting each other's role and status, brief casual conversations concerning decent restaurants, movies and holiday plans had taken place. The secretary and patient knew something of each other both in their respective roles and as people with lives outside of the medical centre setting. This change in contact resulted in a change in the degree of familiarity and solidarity between the two. There is now also a degree of 'shared experience', albeit limited to a medical context, that can be assumed. These factors all influence the language used.

R: Dr Richardson's rooms.

P: Hello, Lindsay?

R: Yes.

P: It's Erica Nolan here. I was wondering if I could move my appointment forward. Dr Richardson mentioned the possibility of taking the plate out. Before I sign on the dotted line, I need more information.

R: OK Dr. How does 5:00 next Tuesday sound?

P: Yeah, that's fine, thanks.

R: OK, that's Tuesday, November 8 at 5:00 [writing while speaking].

P: Got it, thank you.

R: Goodbye Dr.

P: Bye.

In this text, the interactants are on a first name basis, although the secretary still refers to the patient by her title, Dr. The transaction is still courteous but is not so formal (yeah, thanks, bye). The request for the appointment includes colloquial language (sign on the dotted line, Got it). Both participants know of the extant appointment and which plate is under discussion.

Because the role relationship between the two interactants is still a professional one, not one based on close, everyday friendship, slang and swearing are avoided, and attitudinal lexis (see Section 4.3) is minimal. Nevertheless, increased contact alone has allowed the language used to become less formal, in the ways outlined.

Status

The status of interactants vis-à-vis one another influences language use. Parents can talk to children in ways that children cannot talk to parents ('Don't you talk to me like that'), teachers to students, bus drivers to passengers and doctors to patients. Differential status influences degrees of formality, politeness, who has the right to ask and who to answer, who to command and who to comply. It also influences how a field is talked about, including the amount and degree of technical language used. In Text 3 below a specialist surgeon is telling a patient what needs to happen.

We can leave you with a functioning arm, but we'll have to fuse your shoulder.

Given a patient's knowledge of anatomy, physiology and surgery, the surgeon's experiential and interpersonal meanings may be appropriate at this point.

The same news conveyed to the patient's general practitioner is both more formal and much more technical. The lexis is neutral and formal, and the MOOD is non-modalised Declarative. In short, factual, technical information is being transmitted from one medical doctor to another.

The shoulder was arthrodesed in the usual position—i.e. approximately 30 degrees of abduction, 20 degrees flexion, and neutral rotation. Arthrodesis was effected by using transfixing screws from the humeral head particularly into the lateral border of the scapula but also into the base of the acromion. A neutralisation plate over the top of the humeral head was applied. Bone graft was harvested from the right iliac crest... and the abduction aeroplane type splint was applied.

Affect

Affect in the requests for appointments (Text 1 and 2) and the information given to a patient by her surgeon (Text 3) and to the patient's GP by the same surgeon (Text 4) is neutral. Degree of like or dislike, of emotional involvement, is not a major factor. Martin (1986) has defined affect as the positive or negative attitude of the speaker or writer towards the listener or reader and towards what she or he is talking about.

Attitude is realised in spoken language by stress and intonation, and in both written and spoken language by 'attitudinal lexis'. Attitudinal lexis includes such meaning choices as qualitative Attributes (the show was *fantastic* or *awful*), interpersonal Epithets (the *fantastic* or *awful* show), words used to realise the Thing in nominal groups (little *brat* or *angel*), the words used to realise Verbal or Mental:affective Processes ('Shh', he *hissed, spat, murmured, cooed* ; he *loves* or *detests* opera). The following review of the Lexus LS400 shows a number of these language features.

LEXUS is now a badge people respect (Mental:affective Process)—no longer do they say 'It's the luxury (interpersonal or attitudinal Epithet) car made by Toyota'—but BMW and Mercedes probably still have the status edge (qualitative Attribute) in the directors' car park. But this new Lexus is as good as their best (qualitative Attribute). It is better than its excellent (attitudinal Epithet) predecessor, and the only criticisms are the dull (attitudinal Epithet) styling and that some fittings look as if they would go better in a Camry. Never mind. This Lexis is a class act (qualitative Thing).
(Todd 1995:14)

Mood and Comment Adjuncts (e.g. perhaps, rarely, absolutely, obviously, quite, hopefully) also realise judgements and attitudes.

While affect in the surgeon's report (a specialised Recount in fact) to the GP was neutral, the patient's Recount to her brother is not. The writer is highly emotionally involved in the experience and is now telling her older brother by letter of the experience. Hence, affect, contact and status, i.e. the tenor, in Texts 4 and 6 are markedly different. In both the field remains constant. Both texts are Recounts, both written, one as an 'operation summary' and the second as a letter.

...My right shoulder is now made of an upside down L - shaped plate, ten pins and the ends of the humerus, clavicle and scapula grafted together with bone taken from my hip. The expressions 'having a loose screw' and 'pain in the butt' take on whole new meanings!! The rest position for this arm is reminiscent of Grandpa Charlie's—bent at the elbow and hand pointing backwards. That's not a complaint; I've only been allowed to take the splint off during the day since Friday. (I still have to wear the damn thing at night.) And I'd a whole heap rather have what I've got than an amputation...

This text, unlike Text 4, uses colloquial, informal lexis, assumes shared experience and even ventures into amiable swearing. The text is also much more personal. The writer has a positive attitude both to her reader and to the experience being recounted.

Contact, status and affect work in tandem in any given text. However, each can also vary independently, as I've tried to show above. The notions 'formality' and 'informality' (discussed above) along with 'impersonality' (objectivity vs subjectivity) are often of concern in schools and other arenas of social practice. Impersonality is therefore discussed next.