



Vernacular  
Literacies  
Past, Present and Future

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# Vernacular Literacies – Past, Present and Future

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# Writing in Your Own Voice?

## Managing Interpersonal Meanings in Elder Care Literacy Practices

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**ABSTRACT.** Writing is a significant part of work in elder care today. Fieldwork in the project *Care work as language work* has shown how documentation and other literacy practices cause stress, due both to lack of time and to discursive dilemmas: in order to write the right way the staff need to repress parts of their work knowledge. Personal experience, feelings and opinions can only be expressed orally, in meetings – or by applying intricate techniques of code writing. In this article, the discursive dilemmas of elder care writing are explored with a focus on interpersonal meanings. Tools from systemic-functional grammar and the Appraisal framework are used to investigate how personal and subjective stances are taken or avoided in writing and in an oral meeting. Care workers *take positions, lean on external authority* and *express feelings*. The analysis shows how the use of *heterogloss*, i.e. invoking other voices, makes it possible to convey relevant information without breaking the institutional rules of neutral writing. The amount of personal stance-taking varies both according to genre and between speech and writing. The more informal the situation or text, the less is the need to “cover one’s back” or strive for neutrality.

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**KEYWORDS:** literacy, elder care, knowledge, discourse, interpersonal, systemic-functional grammar, Appraisal, heterogloss

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Everyday life is becoming textualized, at home, in leisure activities and at work. Areas and domains which were earlier predominantly oral, or silent, are now largely constituted and construed in writing. In working life, this means that work and tasks that were previously “practical” now involve a considerable amount of text use. This can be related to the new work order (Gee, Hull & Lankshear 1996), with its increased demands for efficiency and quality control, which in turn calls for communication over professional boundaries and documentation for audit purposes. Still, the institutional frameworks for written communication at work favour certain aspects of work knowledge and experience being put in writing before others. What is spoken, or “felt”, cannot immediately be transferred into written discourse. Thus, we can talk about a new and specific kind of “vernacular” writing in terms of discourses that do not easily fit into the dominant writing norm.

Research has shown that the work knowledge of caring is largely based on personal experience and individual qualities (Törnquist 2004). It can be assumed that the more personal the work-related knowledge, the more marginal the place it will be given in the workplace’s texts. Findings from the project *Care Work as Language Work*, in which literacy practices in elder care are investigated, support this assumption. Studies have shown how the personal work-identity of care workers, and the discourse that mediates this identity, are suppressed in writing (Karlsson & Nikolaidou 2012; Nikolaidou & Karlsson 2012).

This paper will focus on the interpersonal meanings of the work discourses of caring, and their realizations in different genres. Earlier research on interpersonal meanings in health care work (e.g. Jonasson 2010) suggest that interpersonal meanings are more problematic in writing than in oral communication. “Having a heart” and showing empathy is part of the core values of health care work. However, documentation and the formal regulations surrounding it call for a rather difficult stance.

The data comes from the project *Care work as language work*, in which literacy practice and care conversations in three elder care nursing homes in Sweden were investigated, with a special focus on second language speakers of Swedish in the staff.<sup>1</sup> Here, a number of text genres are analysed: care plans, work plans, residents’ diaries, incident reports and more informal

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notes written by the care workers.<sup>2</sup> In addition, an oral report meeting is analysed, in order to explore possible differences between the written and the oral. Analytical tools will be taken from systemic functional linguistics, more specifically from the Appraisal framework (Martin & White 2005). The texts and spoken data analysed here are in Swedish.

## Care Knowledge and Institutional Norms

Care work has only recently been brought into the formal education system. It is a kind of work that traditionally has been closely connected to personal and individual experiences and to typically female domains. From caring for children and older relatives, the step to caring for other elders in their homes was not far. Training was not considered necessary and there was no need to define or formulate the work knowledge (Törnquist 2004). Today, care work requires formal training, and care knowledge is being framed by curricula and teaching materials. Still, care competence is put together from rather different and to some extent conflicting components. According to Törnquist (2004:52 ff.) these are (1) knowledge from formal education, (2) professional knowledge (collegial experience) and (3) personal knowledge (individual experience). In earlier studies, we have related these aspects of knowledge to the three discourses of health care practice identified by Roberts & Sarangi (1999, 2003): an *institutional*, a *professional* (or *collegial*) and a *personal* (or *individual*) discourse (Karlsson & Nikolaidou 2012; Nikolaidou & Karlsson 2012). We have found that the increased textualization with a focus on written communication and documentation strongly promotes the institutional discourse and strongly represses the personal. Whether there exists a professional care discourse which is apt for writing remains unclear, since the care workers oscillate between a more medical professional discourse and one based on shared collegial experience. Neither choice is unproblematic (Karlsson & Nikolaidou 2012:246–247).

Some clues to the nature of the interpersonal conflicts can be traced in the formal regulations for written documentation. The rules for social documentation, as set up by Swedish Ministry of Health and Social Affairs (Socialstyrelsen 2010:52–56, can be summarized in the following points:

- Documentation should contain sufficient, relevant and appropriate information.

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<sup>2</sup> The term *care worker* actually refers to two different professional groups: assistant nurses ('undersköterskor') and carers ('vårdbiträden'). In the elder care facilities visited, the two groups perform the same tasks. Thus, we have chosen not to distinguish between them but instead use the term *care workers* for the group as a whole.

- Documentation should be clear and comprehensible.
- The source of information should be made clear.
- Facts should be separated from judgements.
- It should be clear who the writer is.
- Documentation should be made with respect for the integrity of the resident.

Several of these points can be directly related to the interpersonal stance of the writer. Therefore, I will explore the conflict between the institutional regulations and the personal discourse within the *interpersonal metafunction* of language (e.g. Halliday & Matthiessen 2004:106 ff.). This perspective and its analytical categories will be further presented below.

## Aims and Data

The purpose of this article is to investigate how interpersonal stance is realized in language, and how the conflict between the institutional frame and the personal knowledge can be understood in terms of interpersonal choices. The questions asked are:

- Does spoken communication between the care workers differ from the written genres with respect to what interpersonal meanings are realized?
- How are the conflicting institutional and personal discourses managed in writing when it comes to interpersonal meanings?
- Do different written genres promote different interpersonal meanings?

The written texts analysed belong to the following genres, all gathered during fieldwork in elder care facilities in 2010 and 2011.

- *Care plan*: a plan that is set up on the resident's arrival, based on the needs of the individual.
- *Work plan*: a "translation" of the rather abstract and general care plan into daily routines for the workers.
- *Resident's diary*: the daily documentation genre, where events of importance should be noted.
- *Report leaflet*: a sheet of paper, where the whole ward is represented in a table, used by the workers to get an overview of the shift's work.
- *Incident report*: a form which is to be filled out when something extraordinary happens, such as missed medication, fall accident or aggression incidents.

The texts were collected during observation, when interesting text activities occurred and when opportunities were given to copy or photograph. The majority are resident's diaries, which can be both handwritten and dig-

ital. In all, some 20 pages of from diaries have been collected, each containing 10–15 entries. A somewhat smaller number of care plans (each of several pages), workplans (normally one single page) and incident reports (1–3 pages) have been copied or photographed. The report leaflet is one single text. For comparison, oral communication from a report meeting is analysed. This meeting occurs on a daily basis between shifts, with the purpose of passing on information to the colleagues beginning their work. The meeting was audio-recorded. The recording is 16 minutes long. In addition, findings from observation data and group interviews are used for contextualizing the analysis and discussing the linguistic choices made by the workers.

The different genres and activity types (eg. Linell 2011) represented in the data can be related to different communicative practices, where the different work discourses are given different amounts of space. The most formal genre is the care plan, which is “translated” into a more everyday-based text in the work plan. Other formal genres are the resident’s diary and the incident report. The report leaflet is an informal genre used in the daily work, but differs from the others since it is focused on the ward as a whole and not on individual persons. The least formal genre (or activity type) is the oral report meeting. It can be expected that the use of interpersonal resources varies according to genre.

### Analysis of Interpersonal Meanings

From the perspective of systemic-functional linguistics, an utterance is always anchored in an interpersonal position, where a speaker (or writer) enacts a relationship with a listener (or reader). This is analysed in terms of *mood* and in terms of *modality*. Leaving the system of mood out, I will instead focus on modality. This system is about modifying utterances, based on a position as a speaking subject. Grammar offers a number of lexicogrammatical resources for expressing modality, the main ones being modal adjuncts (*probably*) and modal auxiliary verbs (*might*). Semantically, four kinds of meanings are considered to constitute the modality system. *Probability*, which has to do with likelihood, and *Usuality*, dealing with the commonness of events and actions, are both related to the speaker’s (or writer’s) epistemic stance, i.e. their experience and personal knowledge. *Obligation* refers to what is sometimes called deontic modality, based on the speaker’s (writer’s) perceptions of norms. *Inclination*, finally, is about the subject’s willingness to perform actions. *Polarity*, on the other hand, is a binary system. In this analysis, negative polarity is of interest, since negation presupposes meanings and values which can become visible through the negation.

In addition, I will use analytical tools from the Appraisal framework, which was developed in order to account for less systematic but never-



Attitude	<i>affect</i> <i>judgement</i> <i>appreciation</i>
Graduation	<i>force</i> <i>focus</i>
Engagement	<i>monogloss</i> <i>heterogloss (expanding/contracting)</i>

Figure 1. The Appraisal systems.

theless available linguistic interpersonal resources in discourse (Martin & White 2005). Appraisal analysis is not limited to the clause or to any given lexicogrammatical resource, but to the wider semantic frame of the discourse or text. This framework consists of three systems: *attitude*, *graduation* and *engagement*. A somewhat simplified overview of the model is given in Figure 1.

The system of *attitude* deals with the expression of feelings and has three subsystems: *affect*, *judgement* and *appreciation*. Martin & White define *affect* as a system “concerned with registering positive and negative feelings” (2005:42), *judgement* as a system dealing “with attitudes towards behaviour, which we admire or criticize, praise or condemn” (2005:42) and *appreciation* as involving “evaluation of semiotic or natural phenomena, according to the ways in which they are valued or not in a particular field” (2005:43).

*Graduation* and *engagement* differ from attitude in being more about handling positions towards the construed reader. In the system of *graduation*, the writer (speaker) up-scales or down-scales values of different kinds (Martin & White 2005:135). *Engagement*, on the other hand, is about multivoicedness and is a more complex system. In this paper I will analyse instances of *heterogloss*, specially explicit references to other voices (that which in the terminology of Martin & White is called *expanding*, *attributive heterogloss*). Since Appraisal analysis is based on discourse semantics and not on the grammar of the clause, resources from the different systems of systemic-functional grammar tend to show up again in the Appraisal network. One example is (negative) *polarity*, which in Martin & White’s model is a way of creating (contracting) heterogloss. *Modality* also has a place in the engagement system, as a resource for creating non-attributing expanding heterogloss. This cross-functioning and interrelatedness will be evident in the analysis.

Appraisal analysis has mainly been deployed for school texts and to some extent for media texts. However, the idea of using Appraisal to ana-

lyse health care language and thus relate this aspect of interpersonal meaning to professional discourses is not new. Pounds (2010) investigates how clinical empathy, in conversation with patients, can be expressed through Appraisal resources. She finds that doctors' good practice includes linguistic resources for expressing feelings (*affect*), views (*judgement*) and *appreciation*. For health care professionals such as doctors, possible interpersonal stances allow for a certain personal voice: a doctor is supposed to have views, and according to Pounds' study it is also desirable that they show feelings and appreciation.

For care workers, this is more complicated, as has already been noted. Jonasson (2010) studied the use of Appraisal resources in Swedish elder care documentation texts written by care workers. She evaluates the texts in relation to the regulations and concludes that *attitude* and *gradation* are problematic, while *engagement* (*heterogloss*) should be encouraged. This can be explained by the demand for clarity when it comes to the source of information. It is desirable that care workers state who said what and who thinks what. But it is not desirable that they make their own evaluations, especially not if feelings are involved.

In the analysis of the elder care documentation genres and the oral meeting, three themes have emerged from the data, revealing different communicative strategies. These themes will be used as headings and as an attempt to sort the results. The first is *taking a position*, which means using your own voice to express an opinion, an interpretation or an estimation. The other is *leaning on external authority*, where the writer (or speaker) construes sources of facts or values outside themselves – sometimes but not always to avoid responsibility. Finally, *expressing feelings*, which is simply about finding ways of expressing emotional aspects of work experience.

## Taking a Position

In one of our group interviews the care workers explained their strategies for writing in a neutral and professional tone, saying “we should not write what we think” (‘vi ska inte skriva vad vi tror’) and “we should not paint [an image]” (‘vi ska inte måla’) (Karlsson & Nikolaidou 2012:242–243). The utterances illustrate how especially epistemic modality (probability and usuality) is considered problematic and incompatible with the professional role of the care worker. However, there are exceptions. While probability is rare in texts for documentation, it is sometimes expressed in texts for planning. In example (1), in the more informal work plan, the modalized verbal group *kan vara* (‘can be’) provides a collegial warning based on personal experience.

- (1) *Hon kan vara väldigt orolig och aggressiv.*  
 'She can be very anxious and aggressive'. [work plan]

*Usuality* modality largely follows the same pattern and occurs only in texts for planning. In (2) some unusual detail is added in a care plan, in relation to formulations of how the resident likes to spend the day.

- (2) *Oftast får Xxx besök av släkt och vänner.*  
 'Mostly Xxx is visited by relatives and friends'. [care plan]

The more informal the genre is, the more modality there seems to be. Obligation, or deontic modality, likewise occurs mainly in work plans, as in examples (3) and (4).

- (3) *Ska sitta på toaletten innan hon ska till sängen och vila.*  
 'Should always sit on the toilet before going to bed for a nap.' [work plan]

- (4) *Vid dusch ska du vara lugn och trevlig och försiktig med språket.*  
 'When showering, you should be calm and nice and be careful about what you say.' [work plan]

When expressing *obligation* (in non-heteroglossic utterances), the writer normally takes the position of someone who is setting the norm. In the work plans, when passing on experience and good advice between colleagues, this is a possible stance to take. In a more formal genre, however, *obligation* can be used to account for an action. This is the case in (5), which is from an incident report. The context is a situation where the care worker tried to give the resident some kind of physical treatment, resulting in aggression from the resident. It can be noted that there is no personal subject in the sentence.

- (5) *Omvårdnadsåtgärd var nödvändig.*  
 'Care action was necessary'. [incident report]

In the oral report meeting, modality is used in similar ways, but more often and also with additional interactional functions. In (6) the speaker uses *probability* to reconstruct a possible chain of events. At the end, the workers reach an understanding of what went wrong.

- (6) *så hon har trott att hon bara ska ge henne den medicinen så jag tror att det här kan vara en missuppfattning*  
 'so she supposed she was only to give her that medication so I think this might be a misunderstanding' [report meeting]

Also, *usuality* is a resource for interactional purposes in the meeting. In example (7) care worker A refers to her own experience of what Xxx's husband normally does, in order to support her claim that B might not have to shower Xxx after all.

- (7) B: [...] *då måste jag duscha Xxx först innan vi ska ta Yyy*  
 'then I have to shower Xxx first before we take Yyy'  
 A: *om inte hennes gubbe hjälper henne med duschen för det brukar han väl göra när han är här*  
 'unless her old man helps her with the shower 'cause he usually does it when he's here, doesn't he' [report meeting]

In example (8) dynamic interactional context of the report meeting is again illustrated. *Vi måste diskutera det här* ('we must discuss this') is used as a means of reprimanding the group, but in a collective manner and by pointing towards a possible solution. Similar to negation, *must* is used to negotiate the moral standards of the group.

- (8) *vi måste ta upp det här för det är jätteslarvigt*  
 'we must discuss this cause it's really sloppy' [report meeting]

Taking a position as a care worker is not unproblematic. In writing, it is possible – and sometimes even appropriate – in informal texts aimed for planning the work. In oral conversation, positions (both epistemic and deontic) are construed as shared. In relation to this it can be noted that the pronoun *I* is extremely rare in the institutional and professional discourse of caring.

### Leaning on External Authority

Instead of taking a personal or subjective position, the care workers can refer, more or less explicitly, to external authority through norms or information. One way of invoking a norm is through *negation*. *Negative polarity* is thus a common means to make utterances heteroglossic. Normally, the norm that is invoked is an institutional norm: the rules have not been followed, as in example (9). In the report meeting, negation is also used to in-

voke an earlier agreement; here the degree of blame is stronger and contains a certain amount of moral indignation.

(9) *fick inte sin kvällsmedicin.*

'didn't receive her evening medication'. [incident report]

*Graduation* and *appreciation* also tend to mark what is not regular and normal. Being awake is all right, but being awake a lot is not and should be documented, as in (10). In (11) *fint* ('fine') expresses an evaluation related to what is considered ideal, i.e. how a wound is supposed to heal.

(10) *Vaken mycket.*

'Awake a lot'. [report leaflet]

(11) *Sårömläggning gjord det ser fint ut.*

'Wound dressed, it looks fine.' [resident's diary]

As has already been mentioned, norms are also referred to in the report meeting. Here, however, the norm is not necessarily the institutional norm, but more often a collegial norm, established in the work group. In example (12) negation is used to invoke an earlier agreement. In this situation, the degree of blame is stronger than in the written texts, and the utterance contains a certain amount of moral indignation. In the example this is marked by the repetition of *inte* ('not', stressed), *ingen* ('nobody'), *inte* ('not', followed by silence).

(12) *titta i boken vem var det som var hos Xxx och Yyy igår, för det var inte bäddat Xxx var jätteledsen det var ingen som hade bäddat hennes säng å det var inte bäddat hos Yyy*

'take a look in the book who was with Xxx and Yyy yesterday, because the bed was not made Xxx was very upset nobody had made her bed and it hadn't been done at Yyy's either' [report meeting]

While *judgement*, i.e. evaluation related to behaviour, is rare in writing it occurs in the meeting. *Slarvigt* ('sloppy') in (13) evaluates the behaviour of the other care workers, and the utterance functions as an initiator of a moral negotiation process in the group. (In the transcription (.) marks a short pause.)

(13) *tycker det är mycke som har blivit slarvigt asså (.) på mornarna*

'I think a lot has become sloppy (.) in the mornings' [report meeting]

Referring to external norms is one aspect of heterogloss, a way of accounting for dialogue in discourse. In the literacy practices of elder care, this dialogicity can be used to avoid individual responsibility. At the same time the writers (speakers) construe themselves as loyal to the norm, which indeed is taking a position.

Care workers refer to other people in writing, for different purposes, all related to interpersonal meanings and stances which are problematic in their occupational role. One function might be the avoiding of “guessing”. By invoking other voices (as sources of both information and judgements) the care workers manage to keep the desired neutral stance. This is being done in (14). In (15) heterogloss is used as an argument for the morning routine: this is what Xxx wants herself.

(14) *Larmat och sagt att hon tagit sig upp själv.*

‘Called the alarm and says she has got up by herself.’ [resident’s diary]

(15) *Xxx vill komma upp senast kl 9:00.*

‘Xxx wants to get up at 9 o’clock at the latest.’ [care plan]

Also in the oral meeting other voices are brought into the discussion, but the focus here is rather on the content of what these voices say. In example (16) care worker B opens a discussion of the son’s opinion. We do not find any similar kind of explicit discussion and assessment of others’ judgements in the written genres, since it would be considered out of the care worker’s professional role to do so.

(16) B: [...] *men sonen*

‘but the son’

C: *han vill inte prata om det*

‘he doesn’t want to talk about it’

A: *nej han vill ju inte det han vill inte göra en demensutredning*

‘no he doesn’t he doesn’t want to do a dementia investigation’

B: *det är synd för hon skulle må mycket bättre*

‘it’s too bad ’cause she would feel much better [report meeting]

## Expressing Feelings

Referring to other people is thus a common way of dealing with conflicting demands in writing. Sometimes it is clear that the writer tries to avoid “forbidden” ways of writing, i.e. showing emotion or threatening the integrity of the residents, by letting different voices into the text. From inter-

views and observations we know that *affect* is highly dispreferred in elder care writing. Care workers are not supposed to let their feelings slip into documentation or other texts, since it is not considered relevant. Nevertheless, care workers do feel and sometimes they do find this relevant and work-related. Common cases are when care workers are upset with the lack of commitment of relatives or other persons in the staff, or when they wish to express that a situation was stressful, both for them and for the residents.

In example (17) affect is handled by reference to the personnel of another ward, whereas in example (18) a direct quotation is used in order to represent the tone and attitude of a resident responding to an offer for shower.

(17) *Han var väldigt otrevlig, hotfull och skrek jättehögt enligt B5 personal i deras avdelning.*

‘He was very unpleasant, threatening and screamed really loud, according to the staff at ward B5.’ [resident’s diary]

(18) *Erbjuder dusch – ”Det kan jag väl göra själv!” Så jag plockar bort saker i duschrummet o lägger fram en handduk.*

‘I offer shower – “But I can do it myself!” So I clear up the bathroom and take a towel out.’ [resident’s diary]

Aside from choosing explicit heterogloss, there are other ways of dealing with affect. One is by describing a scene, with action, dramatic behaviour and (other) emotional people, as in (19). Another way is using graphical resources, as when a care worker with a handwritten smiley expresses his frustration about having to take care of one resident’s cat (20).

(19) *Xxx började skrika, slå med bestick på bordet och slängde tallrik. En av brukarna började gråta, andra rädda och upprörda!*

‘Xxx started screaming, slamming cutlery on the table, throwing her plate. One of the residents started to cry, others were scared and upset!’ [incident report]

(20) *Det finns nästan ingen sand i kattlådan!! Fick nya tidningspapper ☺*

‘There’s almost no litter in the cat’s box!! Put new newspapers. ☺’ [resident’s diary]

Orally, affect is not a problem. In the interviews the care workers have told us how they feel free to be sad or angry in the oral meetings. In (21) one of the care workers expresses her feelings about one of the residents getting much worse. This utterance contains several lexicogrammatical items that

would not be seen in writing, such as the subject *I*, a mental process (*feel*), and of course the initial interjection.

(21) *us*ch jag tycker bara att det är lite jobbigt faktiskt att hon [är så dålig]  
 'ooh I just feel it's a bit difficult really [that she's so ill]' [report meeting]

In the meetings we also find examples where evaluations are reinforced and sequentially upgraded in the interaction, in a way that conveys affect (often negative). This is the case in example (22) where the care workers plan the shopping for the residents. Care worker A gradually reinforces her judgement of the emptiness in Xxx's kitchen cupboards by using and stressing words and prefixes such as *total-* ('totally'), *ingenting* ('nothing'), and *renrakat* ('clean'). Vocal resources such as volume are used, apart from lexicogrammar. (Words that are stressed are underlined.)

(22)A: Ja Xxx har totaltomt alltså  
 'Yes Xxx is totally out of everything'  
 B: Ja hon äter ju allting också  
 'Yes she eats everything too'  
 A: Ja (.) hårt bröd allting är slut (.) det finns ingenting det är renrakat  
 'Yes (.) crispbread everything's gone (.) there's nothing it's clean'  
 [report meeting]

One of the functions of the oral report meeting is to offer debriefing and room for reflection for the staff. Therefore, it is not surprising to see the frequent expressions of feelings. But we find feelings also expressed in writing, which we would not if feelings were irrelevant in care work. It is striking, however, how the care workers have to struggle in order to write about it without violating the institutional writing norms.

## Discussion

The hypothesis that speech differs from writing in care work has been confirmed. The main explanation is of course that writing is highly specialized and regulated, but there are also explanations in the material conditions of writing. Writing *remains*, which means that it can be read by unknown readers in unknown situations at unknown times. This calls for caution. The permanence and visibility of writing also make the written potentially public, in a way that a closed meeting never can be. In writing it is easy to create templates and standardized forms which both guide and govern. The contextual factors together with the material premises lie behind the tendency of writing to standardize, and to promote some knowledges and



discourses (thing-oriented, objective, quantitative) over others. Comparing genres, it seems that texts for documentation are the ones where the personal discourse and subjective stances are least applicable. In texts for planning, especially the more informal work plan, personal experience can be used to back up recommendations and suggested routines.

Looking generally at the interpersonal meanings realized in writing, the analysis has revealed a complementarity, where heterogloss (including negative polarity) neutralizes and helps the care workers write in an institutionally correct way, whereas all other interpersonal meanings seem to point towards unwanted personal and subjective stances. Thus, the system of *engagement* differs from the other systems in the Appraisal model. While the others are about creating a subjective self, *engagement* works in other directions, invoking other voices and placing judgements, feelings etc. in sources distinct from yourself. It is actually a way of *not* taking a personal stance. The act of placing the responsibility somewhere else is even more evident in the cases where other people's voices are invoked. The strategy matches the recommendation for documentary writing formulated by Jonasson (2010:32–33).

Finally, the analysis also shows that there seems to exist a “diglossic” relation between speech and writing. In this relationship the institutional discourse is predominantly written whereas the personal discourse is spoken and interacted. The professional discourse floats somewhere in between, and is heterogeneous when it comes to interpersonal stance. This poses great difficulties when it comes to developing a usable and recognized occupational language of caring, in which it is relevant and desirable to show empathy and express personal experience.

## LITERATURE

- Gee, James Paul, Hull, Glynda & Lankshear, Colin 1996. *The New Work Order: Behind the Language of the New Capitalism*. Oxford: Westview Press.
- Halliday, Michael A.K. & Matthiessen, Christian M. I. M. 2004. *An Introduction to Functional Grammar*. Third edition. London: Arnold.
- Jonasson, Emilia 2010. *Attityd och dialogicitet i äldreomsorgens texter: Evaluerande språk i dokumentationen på ett vårdboende*. Bachelor's thesis, The Language Consultancy Programme, Stockholm University. <<http://www.diva-portal.org/smash/get/diva2:323129/FULLTEXT01.pdf>>
- Karlsson, Anna-Malin & Nikolaidou, Zoe 2012. Vardagskunskapen, arbetet och lagen: Om skriftpraktiker och yrkesidentiteter i äldreomsorgen. In: Ann-Catrine Edlund (ed.), *Att läsa och att skriva: Två vågor av vardagligt skriftbruk i Norden 1800–2000*. (Vardagligt skriftbruk I; Nordliga studier 3.) Umeå: Institutionen för språkstudier, Umeå universitet. Pp. 235–251.

- Linell, Per 2011. *Samtalskulturer: Kommunikativa verksamhetstyper i samhället*. Studies in Language and Culture 18. Linköping: Department of Culture and Communication.
- Martin, James R. R. & White, Peter R. R. 2005. *The Language of Evaluation: Appraisal in English*. Basingstoke: Palgrave Macmillan.
- Nikolaidou, Zoe & Karlsson, Anna-Malin 2012. Construction of Caring Identities in the New Work Order. In: Charles Bazerman et al. (eds.), *International Advances in Writing Research: Cultures, Places, Measures*. Parlor Press (print), WAC Clearinghouse (open access online).
- Pounds, Gabrina 2010. Empathy as 'Appraisal': A New Language-based Approach to the Exploration of Clinical Empathy. In: *Journal of Applied Linguistics and Professional Practice* 7 (2). Pp. 145–168.
- Roberts, Celia & Sarangi, Srikant 1999. Hybridity in Gatekeeping Discourse: Issues of Practical Relevance for Practitioners. In: Srikant Sarangi & Celia Roberts (eds.), *Talk, Work and Institutional Order*. Berlin: Mouton de Gruyter. Pp. 473–503.
- Roberts, Celia & Sarangi, Srikant 2003. Uptake of Discourse Research in Interprofessional Settings: Reporting from Medical Consultancy. In: *Applied Linguistics* 24 (3). Pp. 338–359.
- Socialstyrelsen. 2010. *Handläggning och dokumentation inom socialtjänsten*. Västerås: Edita Västra Aros.
- Törnquist, Agneta 2004. *Vad man ska kunna och hur man ska vara: En studie om enhetschefers och vårdbiträdens yrkeskompetens inom äldreårdens olika boendeformer*. Stockholm: HLS förlag.