



'Please remember that I'm a doctor': How Dr. Prentice linguistically flouts the conventions of doctor-patient and job interview contexts in an extract from Joe Orton's *What the Butler Saw*

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Note on the extract: The extract that this study considers is taken from Joe Orton, *What the Butler Saw*, (London: Methuen, 1969) pp.8-11. The entire extract is included in the appendix, with added line references. Therefore, within the body of the following, line references will appear in the form (line 12, p.10), to refer firstly to the typed version in the appendix and secondly to the original published edition.

Introduction

Lies, mixed-identity, confusion and deceit form the basis of Joe Orton's 1969 play *What the butler saw*. Set in the grounds of a psychiatric hospital, the farcical plot begins with Dr. Prentice interviewing Geraldine (Miss Barclay) for a secretarial position within the practice. However, he somehow manages to shift the situation from interview into a physical, medical examination. The situation is somewhat 'unusual' (line 41, p.10) and Prentice plays with the linguistic conventions of interview and doctor-patient discourse in an attempt to seduce an innocent and confused Geraldine. Many literary critics have suggested that Orton's farcical style of play-writing uses and manipulates 'the language of public institutions' in order to comment on the way that it 'claim [s] to be objective and truthful (and as such play a large part in shaping people's ideas about their lives)' (Shepherd, 1989, p.92). In order to explicate the precise ways in which conventions are flouted; observations and knowledge procured from conversation analysis will be applied as a framework. Through turn-taking, questions and register this study will look at *how* Orton's language mimics or breaks the conventions of doctor-patient and interview interaction and *what* effect this creates for both character and audience. As this is a dramatic text, the paralinguistic features of the extract will also be considered to form my analysis.

Background

This section will provide a background to the two components essential to this study; an overview of Conversation Analysis (CA), and a more detailed account of some of the CA research that has been applied to the institutional settings of interviews and doctor-patient interaction.

CA is the study of real spoken interaction. Linguistic models within this discipline such as turn-taking, Gricean maxims, preferences and adjacency pairs have proven that there are structures present in every conversation and that these are socially constructed. Fairclough supports this definition stating that one of the major intentions of CA is to 'show that social structures are present and produced in everyday action' (2001, p.9). The most widely recognised rules for turn-taking were proposed thirty-five years ago, by Sacks, Schegloff and Jefferson. These are referred to as the 'simplest systematics' (1974). I have outlined these below:

At any transition relevance place (TRP):

1. The current speaker selects the next speaker.
(Or, if this does not happen)
2. The next speaker self-selects
(Or, if this does not happen)
3. The current speaker may/ may not continue speaking.

(Adapted from p.704.)

These rules represent conversation that is mutually co-operative. Having knowledge of this *ideal* system of turn-taking allows violations to be easily detected and then an analysis of the possible reasons behind the violations can begin.

However, turn-taking also relies on a second model within CA- the adjacency pair. These are structured sequences ‘to which the speakers ‘orient’ and which therefore ‘shapes their expectations’ that the second appropriate second pair part will follow’ (Taylor & Cameron, 1987). For example, an invitation will typically be met with an acceptance or a refusal and a question should be met with an answer. If the second part of the exchange does not follow, then there is usually a reason assigned to this- perhaps the second interactant misunderstood the first utterance, or does not know the answer to the question. Adjacency pairing and turn-taking rules are useful when analysing works of fiction, as any deviance from the *appropriate* or *ideal* is deliberately implemented by the writer to create a certain effect.

These models have been frequently applied to conversation that occurs in institutional settings through Critical Discourse Analysis (CDA). In these, social roles are usually more defined than in everyday interaction. Just a few of these analysed settings include; courtrooms, (Wodak, 1985) (Maynard, 1985), classrooms (Coulthard, 1977) and also doctor-Patient interaction (Cicourel, 1985). In these contexts, the expectations of how interlocutors speak are, to a large extent, socially pre-determined. In the field of doctor-patient interaction, there are many features of the discourse which seem to be expected by both interlocutors. Have points out that this is due to the differing roles that doctors and patients occupy within the discourse. For example, doctors are generally well-respected and hold high-status within society. They possess the knowledge that patients seek and therefore patients will typically accept the advice or orders given by the doctor. Similarly, in job interview situations, the interviewer acts as a ‘gatekeeper’ to a job, professional success and maybe a better way of life (Van Dijk, 1989, p.37). Have calls this ‘social fact’ (1991, P.1) and claims that these differences in social role automatically bring a set of discourse features with them.

The turn-taking structures found in interview and doctor-patient discourse are typically asymmetrical. Through questions, it is normally the doctor or interviewer that selects the next speaker. Within conversation analysis, asking questions is a practice normally associated with the most powerful speaker. Ainsworth-Vaughn suggests that this is because ‘questions aim to elicit information, and information empowers its possessor’ (1998, p76). A quantitative study of doctor-patient interaction carried out by West in 1984 found that patients only asked 9% of questions (1998, Ainsworth-Vaughn, p.78). This almost eliminates the option for patients to self-select, which is given as the second rule in Sacks model of simplest systematics. Fairclough supports this claim, suggesting that ‘the patient only takes turns when offered them by the doctor’ (1992, p.140). Similarly, Have talks of a dispreferred attitude towards ‘patient-initiated questions’ (1991, p.9). This indicates that there is a large amount of turn-taking power held by the doctor and a degree of passivity expected from the patient.

The passivity of the patient is further exemplified by a study carried out in three hospitals in West Germany by Siergeist (1977) which found that 'doctors often disregarded the patients' demands for information' (p.194) and that often a patient will accept being ignored. This is perhaps due to circumstance; a high volume of patients that a doctor sees in one day makes the nature of the conversation extremely direct and orients simply towards solving the patient's problem. However, Van Dijk notes that this directness has meant that doctors are often said to 'lack appropriate personal rapport or empathy' (1985, p.193)

Specific types of questions are also closely considered in studies of doctor-patient and interview interaction. Polar questions are one type of closed question that limit the respondent to giving a yes or no answer, for example;

A: Are you feeling ill today?

B: yes

X-questions are similarly limiting in the type of response that they expect, as they begin with a 'closed class of words', usually wh- words such as what, where, who etc. (Stubbs, 1983, p.104) For example;

A: Who was feeling ill today?

B: Mary was.

These instances of closed questions are used to quickly extract information from a speaker whilst allowing the questioner to keep linguistic control. These types of questions are often associated with doctor-patient interaction, where the doctor seeks precise information from the patient, in order to come to a conclusion and make a diagnosis. In interview interaction, where interviewers want to find out more *about* the interviewee, open questions are often used. An open question invites the respondent to speak at more length and give them greater control over the linguistic floor. For example, where an interviewer might ask 'Why do you think you are suited to the company?' a lengthy response is expected- if not required- if the potential employee is to succeed in getting the job. Whether open, closed or polar, questions are all extremely useful for underpinning the social structure of conversations.

One final area of linguistic research that will prove to be very useful in this study is register. 'Doctor Language' (Van Dijk (1985, p195) often contains technical lexis and is unfamiliar to the non-medically trained patient, thus marking a gap between the interactants. Van Dijk claims that doctors use of such a register contributes to a 'poor communication' (1985, p193) that has the potential to intimidate or confuse patients. However, the technical register also seems to serve an important purpose within the discourse- it embodies a 'technological rationality' (Fairclough, 1992, p.144) that upholds the professionalism and reliability of the doctor's utterances. It is a discourse of public institution that people generally and implicitly trust.

The research I have outlined suggests that patients and interviewees generally seem to be under the linguistic control of the doctor or interviewer. However, this dominance and control is, according to Have, quite 'natural' (1991, Have, p.2) and expected by interviewees, patients and the general public. The patient or interviewee is expected to remain passive and there seems to be a degree of trust required on their part if the conversation is to fulfil its social role. Patients allow the conversation to be controlled by the doctor in order to gain medical information or advice relating to their health. Similarly, in job interviews the interviewer, who has the power to give the interviewee the job, is also the interlocutor who controls the discourse.

Analysis

Turn-taking/ Questions

In the extract I have selected, Prentice takes most of the linguistic floor. He uses 289 words in contrast to Geraldine who uses 183. Although a simple analysis, this statistic immediately suggests that Prentice is more powerful than Geraldine in the conversation. However, more about turn-taking can be revealed through a detailed look at the structures Prentice enforces.

Questions can be described as a type of adjacency pair. When asked, they usually select another speaker to take the floor in order to answer. In quantitative terms, eleven of the fourteen questions asked are done so by Prentice and they all occur between lines 1 and 31, as Prentice interviews Geraldine for the secretarial position. Through asking questions, ‘What is your shorthand speed?’ (Line 28-29, p.9) he selects the next speaker (Geraldine), controlling the turn-taking structure and fulfilling the first rule of the simplest systematics. Through questions, speaker change is also clearly marked at the end of sentences through a rising intonation. To a large extent, this sequence of questions is pre-allocated to the setting- the interviewer uses questions to elicit specific information from the other speaker in order to fulfil their social roles; i.e., to find a suitable employee. As a result, Geraldine seems to be compliant with this structure and answers the questions that he poses to her.

The types of questions that Prentice asks are direct and limiting. Although the questions are not polar, they have an interrogative syntax because the information that they seek is specific. For example, he uses x-questions:

Example 1 (lines 7-8, p.9)

Prentice: From what cause?

Geraldine: An explosion, due to a faulty gas-main

Example 2 (lines 16-17, p.9)

Prentice: Which parts?

Geraldine: I’m afraid I can’t help you there.

Stubbs found that x-questions are interrogative and seem to predict a specific answer (1983, p.106). In example one, the what-interrogative predicts an action-adverbial in order to explain the ‘cause’. In example two, the which-interrogative predicts noun-adverbials in order to define ‘parts’. In the second, Geraldine cannot give the noun-adverbial because she does not have the necessary knowledge with which to construct it. However, it is interesting to note that her answer is mitigated at the beginning with ‘I’m afraid’, signalling that she recognises her failure to comply with the direct, closed nature of wh-questions that are commonly associated with interview discourse.

However, it is important to note that although the structure of Prentice’s conversation and the types of questions that he uses adhere to the conventions of job interviews, there is also one way in which he seriously flouts them. The topic of the questions he asks are highly personal and do not seem to be relevant to the secretarial position that Geraldine is being interviewed for. Asking which parts of a statue became embedded in her mother’s body to cause her death is a question that would seem unnecessary in many situations and especially in an interview setting (lines 16-18, p.9). However, despite the intruding questions, Geraldine complies with the question-answer structure that Prentice enforces- perhaps simply out of a keen desire to get the job.

As mentioned, Prentice’s questions stop after line 31. Instead of asking questions, Prentice begins to give orders to Geraldine using imperatives. Demanding that she ‘lie on that

couch' (line 35, p.10), Prentice suggests that a physical, medical examination will allow him to find further 'qualities' (line 34, p.10) in the potential new employee. Clearly, a physical examination is not an expected part of job interviews and so Geraldine becomes agitated. Her worry is signified by the fact that she goes on to ask three questions, despite the fact that patient initiated questions tend to be 'dispreferred' in medical discourse. The first that she asks, like Prentice's, is an x-question, 'Why, Doctor?' (Line 36, p.10), which, according to the adjacency pair rule, should elicit an explanation-adverbial. Note also the use of the professional term of address, perhaps Geraldine wants to reassure herself and remind Prentice of the professional setting that they are in, where nothing unusual should occur. However, Prentice cannot give a truthful answer without giving away his intention to seduce her. As a result, he explicitly deflects the question by demanding that she, 'Never ask questions' (Line 37, p.10). Not only does this command not comply with the expected sequence of the adjacency pair, it also exerts control over Geraldine's turns. As her interviewer it is now in Geraldine's interests not to ask questions as Prentice is the 'gate-keeper' (Van Dijk, 1989, p.37) to the job that she wants. Simultaneously, the medical examination that Prentice begins to carry out puts Geraldine in the role of patient and patient-initiated questions are 'dispreferred'.

However, Prentice's attempt to control Geraldine's turns is not entirely successful. She continues to self-select by asking questions, though the next one is mitigated; the verb is negated in order to hedge the question 'Isn't this rather unusual, Doctor?' (line 41, p.10). This could be due to gender. Lackoff's deficit study on women's talk from 1975 suggested that women were more likely to use hedges and be tentative in conversation than men. On the other hand, her tentativeness could occur out of confusion of the situation. The turn-taking system that is being implemented by Prentice mimics doctor-patient interaction, an institutional setting which is publicly respected and trusted for being truthful and objective. Her tentativeness could result from a temptation *not* to question it because of the trust that she, and the public, should place in it.

It is clear that many of the turn-taking and question conventions of doctor-patient and interview interaction are manipulated in this extract, as a result of Prentice's attempt to seduce Geraldine. However, these floutings are accounted for through another linguistic technique associated with institutional settings.

Register

Throughout the extract Prentice uses register to assert his status as a professional. As the interview becomes more like a physical medical examination, Prentice uses 'doctor-talk' to account for his unusual behaviour. The link that he makes between Geraldines' mother's death and what 'effect' (line 39, p.10) it has had upon her legs is clearly fictionalised and would be humorous for an audience to witness. Although it does occur to Geraldine that this is not normal interview practice (or, in fact the norms of psychiatric examinations) her trust of his professional status means that she allows him to inspect her legs. With the 'voice of medicine' (Fairclough, 1992, p.143), Prentice suggests that she has a 'febrile condition' and that further physical examination is required. He exploits the fact that professional, medical language 'embodies a technological rationality' (Fairclough, 1992, p.144), forcing Geraldine to trust in his bogus diagnosis. Prentice also explicitly reminds Geraldine of his professional position. He uses phrases such as 'please remember that I'm a doctor' (line 28) and 'The body is of no interest to a man of my stamp' (line 44, p.10). He also uses a formal honorific in the line 'Have no fear, Miss Barclay' (Line 42, p.10), reinforcing the professionalism of the situation and rejecting her suspicions of intimacy, despite his sordid intentions.

The professional register is delivered with confidence- he uses many imperatives throughout his sexual pursuit of Geraldine. At times they are words of reassurance; 'have no

fear' (line 42, p.10). At others they bluntly instruct; 'Undress.' (line 55, p.10). The outlined research and the analysis of turn-taking in this study has already shown that patients are expected to be passive in doctor-patient interaction and imperatives are another way in which this passivity is achieved. She must comply with his imperatives for two reasons; firstly because imperatives are expected features of doctor patient interaction and doctors are trustworthy members of society. Secondly, because underneath the medical dimension that Prentice has attached to the scene, Geraldine is there to secure a job. As a result, Prentice has two layers of control over her. In this way, it could be argued that Orton is commenting on the language of institutions and the trust that the public have in it to be 'objective and truthful' (Shepherd, 1989, p.92). Prentice uses his position as a trusted doctor in order to turn a job interview into a physical examination in an attempt to seduce Geraldine, a member of the public who innocently places her trust into him.

Register has also been noted as significant in other ways through literary analyses of *What the Butler Saw*. Shepherd comments that there are many places in the play where the performance language seems to change, 'from speech to speech, line to line, or within phrases' (1989, p.94). In linguistic terms, this can be described as a change in register and examples of it can be found throughout the extract. For example;

Prentice: Your caution does you credit, my dear. [a] (*He smiles in a kindly fashion.*)
 Now, I have to ask a question which may cause you embarrassment. Please remember that I'm a doctor. [b] *Pause.* What is your shorthand speed? [c] (Lines 26-29, p.9)

The above passage is unusual because it seems to combine three different registers. The first part labelled [a], uses the informal honorific, 'my dear' which strikes one as being too intimate for a formal interview context. Part [b] mimics doctor-patient interaction. The phrase 'Please remember that I'm a doctor' mitigates the embarrassing question that he is about to pose. It suggests that the question might be personal and health-related. Finally, part [c], undermines the previous two as it conforms to the expected register of interview discourse- Prentice asks a direct question, entirely relevant to the secretarial position he is interviewing Geraldine for. In terms of performance, the three changes of register that occur in such a short time would create comedy for an audience. However, in the world of the play, perhaps Prentice is manipulating these registers in order to confuse Geraldine- is she an intimate, a patient or a potential employee?

Paralinguistics

Orton's subjective and manipulated treatment of institutional settings is further displayed through stage directions. Throughout the extract, the physical actions which Dr Prentice engages in contradict the language and the conventions of interview and doctor-patient contexts. As Prentice carries out his interview, he 'pours himself a whisky' (line 4, p.9), silently signalling that his intentions may not be entirely professional. At line 33, Prentice takes the notebook that Geraldine has been making notes in and 'puts it aside' (line 33, p.10). This is also the point at which the language switches from using the conventions of interview discourse to that of doctor-patient interaction (see previous sections of analysis).

As the scene progresses in this style, Prentice's actions seem to mirror his unprofessionalism and his attempt to seduce Geraldine intensifies. After running his hand along Geraldine's legs, Prentice proceeds to remove items of his own clothing. Firstly, he removes his spectacles (line 54, p.10) then his coat (line 56, p.10) and finally he rolls back his cuffs (line 59, p.10). Spectacles and coats (assuming that it could be a white one) are items of clothing with which everyone associates the objective and trustworthy doctor profession. The items of clothing are part of his social construction. He continues to direct Geraldine like a

patient but the removal of these items silently undermine his professional status. When he 'rolls back his cuffs', it suggests that he intends to do something physical to Geraldine, further supported by his promise to 'wear rubber gloves' (line 61, p.11). As a final point, it is also worth noting that the name 'Prentice', which physically appears on the page beside every line that the doctor speaks, may be significant in meaning. The use of the word 'prentice' according to the Oxford English Dictionary, is 'often implying inexperience', once again undermining the professionalism of Dr Prentice.

Conclusion

In this extract, Dr Prentice manipulates the institutional discourse conventions of job interviews and doctor-patient settings in an attempt to seduce the character of Geraldine. The first half of the extract sees him control Geraldine's contributions through direct questions as he interviews her for a secretarial position. Geraldine complies with this system of turn-taking because she wants the job and therefore answers his questions to the best of her ability, despite their unusual topic. However, Prentice then uses her submissive behaviour to transform the situation into a physical medical examination through the use of imperative speech acts and a technical register. Geraldine performs the imperatives that Prentice administers to her and puts trust into his profession, which is reinforced through technical language and terms. In this way, Prentice uses the expected passivity of patients to exploit Geraldine.

Both the interview and doctor-patient sections of the extract convey the trust that people place into institutional settings and the way that language conventions can be used to control their lives. Geraldine puts trust into Prentice, both as her interviewer and as a doctor and in return he abuses this trust in order to try to seduce her.

Appendix

Extract from: Joe Orton, *What the Butler Saw*, (London:Methuen, 1969) pp.8-11
 I have numbered the lines for the purposes of this analysis. Misbehave myself- euphemism

- 1 Prentice: Is your mother alive? Or has she too unaccountably vanished?
 2 That is a trick question. Be careful- you could lose marks on your final 3
 scoring.
- 4 *He returns to his desk and pours himself a whisky.*
 5 Geraldine: I haven't seen my mother for many years. I was brought up by 6 a
 Mrs Barclay. She died recently.
 7 Prentice: From what cause?
 8 Geraldine: An explosion, due to a faulty gas-main, killed her outright and 9
 took the roof off the house.
 10 Prentice: Have you applied for compensation?
 11 Geraldine: Just for the roof.
 12 Prentice: Were there no other victims of the disaster?
 13 Geraldine: Yes. A recently erected statue of Sir Winston Churchill was so 14
 badly injured that the George medal has been talked of. Parts of the great 15
 man were actually found embedded in my step-mother.
 16 Prentice: Which parts?
 17 Geraldine: I'm afraid I can't help you there. I was too upset to supervise 18 the
 funeral arrangements. Or, indeed, to identify the body.
 19 Prentice: Surely the Churchill family did that?
 20 Geraldine: Yes. They were most kind.
 21 Prentice: You've had a unique experience. It's not everyone has their step-22
 mother assassinated by the North Thames Gas Board.
 23 *He shakes his head, sharing the poor girl's sorrow.*
 24 Can I get you an aspirin?
 25 Geraldine: No, thank you, Sir. I don't want to start taking drugs.
 26 Prentice: Your caution does you credit, my dear. (*He smiles in a kindly 27*
fashion) Now, I have to ask a question which may cause you 28
 embarrassment. Please remember that I am a doctor. *Pause.* What is your 29
 shorthand speed?
 30 Geraldine: I can manage twenty words a minute with ease, sir.
 31 Prentice: And your typing speed?
 32 Geraldine: I haven't mastered the keyboard. My money ran out, you see.
 33 *Dr Prentice takes the notebook from her and puts it aside.*
 34 Prentice: Perhaps you have other qualities which aren't immediately 35
 apparent. Lie on that couch.
 36 Geraldine: Why, doctor?
 37 Prentice: Never ask questions. That is the first lesson a secretary must 38 learn. (*He*
pulls aside the curtains on the couch.) And kindly remove your 39 stockings. I wish to see
 what effect your step-mother's death had upon 40 your legs.
 41 Geraldine: Isn't this rather unusual, Doctor?
 42 Prentice: Have no fear, Miss Barclay. What I see upon the couch isn't a 43
 lovely and desirable girl. It's a sick mind in need of psychiatric treatment. 44 The
 body is of no interest to a man of my stamp. A woman once threw 45 herself at me. I
 needn't tell you that is spoken in confidence. She was 46 stark naked. She wished me to

misbehave myself. And, d'you know, all I 47 was conscious of was that she had a malformed navel? That's how much 48 notice I take of women's bodies.

49 Geraldine: Please forgive me, doctor. I wasn't meaning to suggest that 50 your attentions were in any way improper.

51 *She takes off her shoes and stockings and lies on the couch. Dr 52*

Prentice runs a hand along her legs and nods, sagely.

53 Prentice: As I thought. You've a febrile condition of the calves. You're 54 quite wise to check-up. (*He straightens and takes off his spectacles.*) 55 Undress.

56 *He turns to the desk and takes off his coat. Geraldine sits up alarmed.*

57 Geraldine: I've never undressed in front of a man before.

58 Prentice: I shall take account of your inexperience in these matters.

59 *He puts his spectacles on the desk and rolls back his cuffs.*

60 Geraldine: I couldn't allow a man to touch me while I was unclothed.

61 Prentice: I shall wear rubber gloves.

62 Geraldine is worried and makes no attempt to conceal her growing doubts.

63 Geraldine: How long would I have to remain undressed?

64 Prentice: If your reactions are normal you'll be back on your feet in no 65 time.

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