

UNIVERSITY OF SWAZILAND
DEPARTMENT OF ENGLISH LANGUAGE AND LITERATURE
SUPPLEMENTARY EXAMINATION

JULY 2015

TITLE OF PAPER: ADVANCED COMPOSTION, READING AND TEXTUALITY

COURSE CODE: ENG 401 / IDE-ENG401

TIME ALLOWED: TWO (2) HOURS

- INSTRUCTIONS:**
- 1. This paper has four questions; ANSWER 2 questions.**
 - 2. Question 1 is compulsory, and it is worth thirty (30) marks.**
 - 3. Choose one other question from questions 2 to 4. Each question is 20 marks.**
 - 4. Appropriate use of English and linguistic conventions where necessary is a requirement.**

This paper should not be opened until permission has been granted by the invigilator.

Question 1 (Compulsory)

- (a) State in detail why 'prior knowledge' is an essential feature of discourse interpretation. (10 marks)
- (b) Briefly explain the following notions used in discourse analysis:
- (i) Schematic structure (3)
 - (ii) Field and Tenor (6)
 - (iii) Staging (6)
- (15 marks)
- (c) What are the features of any discourse that make discourse acceptable to the audience? (5 marks)
- [30 marks]

Question 2

Explain why Montgomery, Durant, Fabb, Furniss and Mills (2007) assert that the following notions are central in guiding the reader to make meaning of any given text:

- (i) Authorship and intention (10)
- (ii) Intertextuality and allusion (10)

[20 marks]

Question 3

Identify **four** disciplines that contribute to the field of Discourse Studies, and discuss how each contributes to the analysis of discourse.

[20 marks]

Question 4

- (a) Read the following text carefully, and discuss in detail its generic structure. Use at least ten elements used for a discourse Genre Analysis. (10 marks)
- (b) Identify 5 instances of figurative use of language in this passage, and state the type of each way for attributing meaning the author used. (10 marks)
- [20 marks]

The following story is taken from:

Powell, S.H. 1998. New Senior English. Macmillan Education Australia: South Yarra

A Coward Goes to the Dentist

Multi-media personality, Clive James, humorously recreates dentist-chair encounters from the experience of his youth.

It started in Kogarah when I was about seven years old. The dentist, whose own teeth weren't much of an advertisement, should never have told me that the extraction of my abscessed molar wouldn't hurt. It did, distinctly. I felt betrayed and received no comfort from the dentist, who had received a squirt of pus in the eye. Outrage at his perfidy motivated me to a brilliant career of truancy which ensured that I did not visit any dentist again until all my remaining first teeth were extracted in one go, under gas. When I woke up, I was given limitless lemonade and ice-cream as a reward for bravery. In fact, my bravery, after a week's delaying tactics including a furniture-fracturing tantrum, had consisted of agreeing to accompany my mother to surgery on a bus instead of in the police car, which she had indicated would otherwise have to be called in. But the Shelley's lemonade was balm to the plundered gums and the Street's ice-cream was a portent of all sweet things I would now be able to eat when my mother was not watching. The Jaffas, Fantails and Minties which had extracted so many of my first teeth with such precision now riddled my second teeth with cavities. Since I would rather have suffered tooth-ache than go for a check-up, the sweet things got an uninterrupted opportunity to make a cave-system out of the choppers of whose straightness my mother was so proud. She couldn't understand how it was happening. (She probably could not understand how so much small change dematerialised from her purse, either.) When a tooth was giving me hell, I would try to plug it temporarily by taking a good deep bite into a chocolate bar. Finally, there was too much pain to live with, and I was introduced, after only token escape attempts, into the surgery of a special dentist for young people, Mr Jolly. He had his chair rigged up as a cowboy saddle with stirrups, and you were encouraged to wear toy guns. The latter were supplied by the receptionist if you did not own any.

With a Ned Kelly cap-pistol holstered low on each hip, I felt a bit self-conscious sitting there, not just because I was sixteen years old, but because of a dim awareness that my mouth might present an offensive sight to a man whose whole ambience was so radiantly clean. Upon looking into my open maw, Mr Jolly reacted only by catching his breath and turning pale. In the first session that was all he did – look around, poke about a bit, and get his nurse to mark up the cavities on a mouth-map – but after it was over; I rewarded myself, at the nearest newsagent's, with a Hoadley's Violet Crumble bar. At the next session a week later, he did a bit of drilling, but not much. Such was his method: to proceed slowly and build confidence. He was also very generous with the local anaesthetic. This accorded well with

one half of my ambivalent feelings about the hypodermic syringe: on the one hand I demanded to be as desensitised as possible, on the other, I hated needles. He overcame my negative tropism by giving a small preliminary injection to dull the impact of the second, larger one. Further injections followed if there was any suspicion of a reawakening tingle from my fat lip. The cumulative effect rendered me numb to the waist. He could have sawn my head off, and I wouldn't have felt a thing.

Since my accursed imagination was still alive, and even more terrified of the drill now that I had only its sound from which to deduce what it was doing, he could never step on the accelerator. Any time the noise of the rotating bit rose above the low buzz, I would be arching up out of the chair like a strychnine victim while making, from the back of my throat, the strangled gargles of a turkey choking. These noises had a galvanizing effect in the reception area outside, where the waiting children and their anxious mothers erroneously inferred that the current patient had got a drill tangled in his vocal cords.

At that rate, there was no hope of filling even one cavity per session. On average it even took four trips to plug each hole, with the gap stopped by a temporary filling until the big day came when the cavity could receive its permanent filling of amalgam. Before the amalgam went in, the cavity had first to be lined. The lining included some alcohol based component which, if it fell on your tongue, burned like Mexican food, but with the mouth jacked open there was nothing to be done except hope the inserted rubber pipe would suck it away along with the spit. Then the amalgam was smeared in, a few flakes at a time, on metal spatulas, like paint from the palette of a slap-happy but somnambulistic Post-Impressionist gradually going mad with the *impasto*. At the subsequent session, the hardened filling was polished and the next cavity made its first tentative encounter with the shy tip of the lethargically turning drill. Since I had something like twenty-four cavities to fill – I can remember for certain that there were more holes than I had the teeth – it will be appreciated that the course of treatment stretched over what is called, in Australia, a considerable amount of time. Finally, all my teeth had been shot full of lead. I had a mouth like two sets of knuckle-dusters. The *pierce de résistance* was fashioned from a nobler metal. It was a heart-shaped gold filling in one of my front teeth. Mr Jolly worked on that one like Benvenuto Cellini on the Statue of Perseus. By the time it was in position, I had finished high school, and was ready to begin university. Mr Jolly told me that of all my unsatisfactory aspects as a patient, the most depressing was the way he could not start work on my mouth each week without first cleaning out the debris of chocolate, toffee, liquorice, mashed peanuts from around the very fillings he had spent a good part of his career painstakingly inserting. I got the impression that he wouldn't have minded seeing me take a bit of the pain myself, yet he never succumbed to the temptation. He must have been a saint.

From *Falling Towards England* by Clive James