

Cohesion

Point out the cohesive ties that give the following two texts cohesion.

Text 1

We, the citizens of this country, have had enough! We will no longer tolerate the unacceptable crime rate with which we all live. We are black, white and brown. We are rich, poor and middle-class. We are South Africans and we will not leave! Crime affects us all and we have had enough! Our children have the right to play safely in their neighbourhoods. We have the right to drive our cars without being hijacked. We have the right to chat to a neighbour over the fence, without a stray bullet killing us. We have the right to be safe in our homes, without electric fences, burglar bars and alarm systems making us feel like prisoners. We have the right not to be murdered. We have the right not to be raped. We have the right to safety and security and we are being denied that fundamental human right!

Feedback for Cohesion:

1. Pronoun co-reference: 'we' and 'us' refer to 'citizens'; 'their' refers to 'children'. 'Our' refers to citizens.
2. Repetition: 'We are' (3 times); 'we have the right' (6 times). This repetition reinforces the meaning and adds emphasis to the words.
3. Lexical chains: (vocabulary that goes together)

Sense of place (city and suburban life): *citizens; neighbourhoods; neighbour, fence; homes*. This creates a familiar setting and recognisable context for the incidents being described.

crime: the following words and phrases all contribute to the main theme of the text, which is crime: *hijacked; stray bullet killing us; murdered; raped*

safety measures: these words and phrases convey the strenuous and expensive effort people have to make to protect themselves: *electric fences; burglar bars; alarm systems; safety and security*

human rights: these words and phrases combine to create a feeling of indignation and anger: *we will no longer tolerate; we have had enough; we have the right; fundamental human right*.

Sense of solidarity/common nationhood; these words and phrases create a sense of people standing together against a common enemy: *citizens of this country; we are black, white and brown; we are rich, poor, and middle-class*; the word 'we' in itself is significant, conveying a common will and purpose.

4. Conjunctive relations: *which* (line 2), *and* (6 times).
5. Comparison: '*making us feel like prisoners*'.
6. Contrast: Safety and peace of mind contrasted with danger and fear.
7. Sentence structures/forms: strong, exclamatory statements, use of exclamation marks after several sentences for emphasis. '*We are South Africans and we will not leave! Crime affects us all and we have had enough!*' This reinforces the sense of determination and strength of feeling.
8. Time frame: Predominantly present tense to convey sense of current situation: *are; affects; have*. Future tense: 'we will' indicates a resolve not to continue in the same circumstances.

Text 2

It never ceases to amaze me how a miserable, cold little island could, over a number of different centuries, not only colonise a significant part of the world but sustain its influence to this day through its culture and language.

This thought is always at the back of one's mind seeing that one spends most of one's time at the office writing in English, speaking the language and reading reams of literature in the same language.

But it bubbled to the surface of my consciousness again this week as debates raged about the need to allow our children to choose the languages they want to be taught in; in other words, changing all the textbooks into vernacular languages.

Proponents of this idea say it has been proved that pupils taught in their mother tongue tend to register higher degrees of success in absorbing information and analysing it or putting it to use when necessary.

1. Lexical chains

Language: The main topic of this passage is language, and several language-related vocabulary items that go together can be found in the passage: *language, English, vernacular, writing, speaking, literature*.

Education: *children, taught, textbooks*

2. Co-reference: *its* (x 2) refers to *island*; *this thought* refers back to the thought expressed in the first paragraph; *it* in the third paragraph also refers back to the thought; *the language* and *the same language* both refer back to *English*; *they* in the second last line refers back to *children*.

3. Conjunctive relations / logical connectors: These words and phrases join parts of sentences together, as well as provide a logical structure to the discussion: *how; not only...but; seeing that; and; but; as, in other words*.

4. Contrast: *miserable little island* is contrasted with *a significant part of the world*.

5. Time frame: Most verbs are in the present tense: *ceases, sustain, is, spends, speaking, allow, choose, want, changing*; indicating that the writer is describing and discussing the current language situation; what it is like at present.

TEXT 1

Although HIV infection cannot in practice be precisely demarcated into separate and distinct phases with easily identifiable boundaries, it can nevertheless be theoretically divided into the following stages. The primary infection phase begins as soon as zero-conversion has taken place, usually 4 to 8 weeks after an individual has been infected. Most people manifest a flu-like illness at this time. The second phase of HIV infection is the asymptomatic latent or silent phase, during which the infected person displays no symptoms and is often not even aware that s/he is carrying the HI virus. The virus nevertheless remains active in the body and continues to damage and undermine the victim's immune system. In this stage people can appear healthy for a long time and carry on with their lives in a normal way. This phase is usually associated with a CD4 cell count of between 500 and 800. (The normal CD4 cell count in healthy, non-infected individuals is approximately 800–1200.) In the third phase of infection, called the minor symptomatic phase, minor and early signs of disease begin to manifest. Infected individuals begin to present with one or more symptoms such as swelling of the lymph nodes, occasional fevers, skin rashes, oral ulcers, respiratory infections, weight loss, fatigue and lethargy. The CD4 count is usually between 350 and 500 at this point. The person in this phase is usually able to carry on with his or her normal activities, despite being symptomatic. In the next stage, called the major symptomatic phase, serious symptoms and opportunistic diseases of various kinds begin to appear. The person in this phase is usually bedridden for up to 50% of the day, and the CD4 count has dropped to between 150 and 350. Only in the final stage of HIV infection, known as the severe symptomatic phase, can the person be said to have full-blown AIDS. The CD4 count is below 200 and the person is attacked by a number of infections that do not respond to antibiotics, including persistent thrush, pneumonia, TB, meningitis, cancers and chronic diarrhoea. A wasting of the body's tissues and marked weight loss are often observable in these patients. People displaying these AIDS-defining conditions usually die, but anti-retroviral treatment may prolong their lives.

Speaker/Writer

The writer here is a professional person who clearly has specialist medical knowledge of AIDS. The writer is a first-language speaker of English with a good control of standard English and is at home with academic discourse. His/her personality does not come through but the writer must have a scientific bent or cast of mind.

Context

The field of health and bio-medicine, specifically the treatment of the AIDS-ill. The source of this text could be a textbook or a lecture for those who need to learn more about HIV/AIDS.

Audience

Students or anyone who wants or needs to learn more about how HIV/Aids develops; health care workers, nurses and teachers. Because the register of the text is fairly high, the writer or speaker assumes that the audience has a certain level of intelligence, education and proficiency in English.

Purpose

To inform. The sole intention of this text is to educate the audience about the course and stages of HIV/AIDS, and what symptoms can be expected at each stage.

Tone and Style

The piece is factual and objective, in keeping with its scientific content and informative purpose. The speaker is not particularly concerned with being readerfriendly, and assumes that the audience is educated enough to understand what is written/spoken. This text may not be fully comprehensible to those without specialist knowledge, but the writer does not attempt to simplify the language or content; for example he/she does not attempt to explain words like *asymptomatic* and *opportunistic*. The tone is serious, formal and aloof.

TEXT 2

I knew that I had AIDS when I could no longer climb the stairs from the judges' common room in the High Court to my chambers two floors above. For nearly three years, every morning after tea, I made a point of walking. Two flights, four landings, forty stairs. But on that day in late October 1997 I couldn't. Each step seemed an insuperable effort. My energy seemed to have drained from my legs. I was perspiring grey exhaustion. My lungs felt waterlogged. My mouth rough and dry. No pain. Just overwhelming weariness. And fear.

After twenty steps I paused on the midway landing to lean my forehead against the wall. The stairwell was quiet. I could hear myself panting. I grimaced. The thought – that thought – could no longer be postponed. I would have to see my doctor. This afternoon.

But already I knew what he would say. It was what somehow I had been waiting for – fearing, dreading, denying, as it encircled me, closing in, for twelve years. My mouth and lungs told me what I didn't want to know, didn't need to be told. I had AIDS.

Speaker/Writer

The writer here is a first-language speaker of English who has a good command of standard English and who is able to express himself effectively. His personality does come through in the emotions and thoughts he expresses. From the references to the 'judges' common room' and 'High Court' we can infer that the writer is a judge and so realise that he is a highly-educated, professional person.

Context

The world of personal experience, specifically that of being ill with AIDS. This is a personal account and could come from a book, letter, diary, or magazine article. (In actual fact, the text is an extract from Judge Edwin Cameron's autobiographical book *Witness to AIDS*. However, we did not expect you to know the source of this text, so accepted your guesses or suggestions if these were reasonable.).

Audience

Fellow human-beings: anyone who is interested in what it feels like to have HIV/AIDS. Although this text would perhaps be of more interest to those who have some relationship to or experience of HIV/AIDS, the passage would appeal to all who are interested in human emotions and the realm of human experience.

Purpose

To express personal feelings; to describe a personal response; to communicate what it feels like, from an AIDS-ill person's point of view, to have the condition. To increase awareness of what an AIDS-ill person goes through; to share the experience with others who may have no idea, or who perhaps are going through the same thing themselves.

Tone and Style

The piece is personal, emotive and subjective. The tone is informal and confiding. The personal pronoun 'I' occurs frequently (*I knew that I had AIDS when I could no longer climb ...*), demonstrating the intensely personal experience that is being described here. This is very much an individual point of view. The style of the text reflects the writer's disturbed state of mind, seen in the short, choppy sentences: *My lungs felt waterlogged. My mouth rough and dry. No pain. Just overwhelming weariness. And fear.* This writer is clearly fully proficient in standard English but he deliberately uses incomplete sentences and fragmented syntax to create a dramatic effect, and to convey the shocking impact the realisation of his illness had on him.