

# Theory of Mind and Coping in Discourse

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## Abstract

How are models of each other and ourselves created, maintained and altered? This paper explores the answer to this question by studying the realization of coping and mitigation strategies in discourse of blame. We use coping strategies such as active coping with stressor, avoidance, prevention, and acceptance to structure the discursive analysis of authentic interaction in courtrooms and hospitals representing different countries and languages.

## 1 Introduction

Theory of Mind, the models we have of ourselves and of others, as well as the models we want others to have of us, play a critical role in our social interactions (Higgins, 1990). In research on emotion, one's model of self, maintaining that model and threats to it have also been identified as key factors that give rise to emotions and coping with emotions (Lazarus, 1999). And, not surprisingly, Theory of Mind plays a key role in language interaction as we try to maintain and manipulate the models we have of each other and ourselves as we communicate (e.g. Mead, 1934; Edwards, 1997).

We come to the question of how Theory of Mind plays a role in social interaction from the perspective of interactive settings in which the speakers are under stress and need to defend or protect self and manipulate other's image of themselves. Courtroom trials and doctor-patient situations provide us with a unique perspective on the Theory of Mind and coping processes. For example, a courtroom defendant must simultaneously deal with the historical self that is accused of some crime, along with the potentially very emotional memories of that crime and the present public forum where the self is accused of that crime, along with the emotions arising from the potential guilty verdict itself. It is often the case that ego-identity is a quite explicit part of the trial. Who was the person, the historical self that committed the crime? What type of person is that person, good or evil? What personal memories of that self does the defendant allow the court to (re)create? How does that historical self relate to the individual's true self?

We argue that it is useful to see coping in these settings as having to manage protection or alteration of public and historical selves. In studying how the defendant or patient constructs and projects self, it is useful to model three key layers that relate to each other. The social interaction and language layer

engage the internal, cognitive, and emotions processes, which in turn engage the person's memories and beliefs. The interaction of these layers is not entirely under the person's control. As memories are recovered or reconstructed, they may in turn trigger other cognitive processes and elicit memories that then impact the social interaction.

The ultimate goal of this research is computational models of these emotion/dialog processes. In this paper, we take an initial step towards that goal by looking at courtroom and doctor-patient transcripts as a basis to study connections between strategies for coping with emotions with strategies for mitigation of guilt and observe if there are recognizable linguistic patterns associated with these strategies and consider the relation between emotion processes, the inferences of own and other mental states and the language used in interaction. As we discuss in this article, besides monitoring the other's intentions, human communicators have to at the same time relate to their own memory, their own perception of themselves (Martinovski & Marsella, 2003) and own mental and emotional states. Furthermore, we explore how and to what degree these processes are reflected, detectable and recognizable in discourse. The paper starts with a description of the analogy between coping and mitigation strategies, proceeds with discourse analysis of concrete examples, and ends with a discussion and a summary.

## 2 Coping and Mitigation

Coping and mitigation as a defense are related phenomena. Coping with stressors in a social environment involves both information and emotion processing related to own and other's minds. Mitigation in courts is a defensive behavior aiming at reduction of vulnerability and thus Theory of Mind processes play a key role in its success. Mitigation is a form of accountability talk, a form of negotiation of social and emotive-cognitive concepts

such a responsibility, wrongdoing, intention, agency, and justifications. Thus it can be seen as a form of coping with a stressor such as guilt. We will first review classifications of coping and mitigation strategies and then describe how we relate them, which we will then use in the discourse analysis.

## 2.1 Coping

The cognitive appraisal theory of emotion has argued that emotions arise from a person's appraisal of events in terms of their relevance to them. Lazarus (1999) has identified private and public models of self, specifically ego-identity and ego-involvement, as key factors in how people emotionally react and cope with stressful events. To deal with the resulting emotions, particularly dysphoric emotions, people employ in turn a wide range of coping strategies. These various strategies can be characterized into several broad classes. Lazarus (1999) mentions and elaborates the idea of two main coping strategies in psychological research: problem focused coping and emotion-focused coping. Problem-focused strategies include *taking action (actively addressing the stressor), planning, seeking instrumental support*. Emotion-focused includes *suppression, seeking emotional support, restraint, acceptance, religion, denial, disengagement*. In our framework it is important to translate these strategies in two ways, in behavior related to own beliefs and behavior directed to changes of other's beliefs. One may, for instance, cope with a stressor by avoiding accessing one's memory, i.e. to own belief, and at the same time actively seek advice and sympathy from others or the opposite, one may seek inner acceptance and self-sympathy but avoid public access to memory.

## 2.2 Mitigation

Within the study of discourse, mitigation has been defined broadly as weakening or downgrading of interactional parameters, which affects allocation and shuffling of rights and obligations (Caffi, 1999), as a way "to ease the anticipated unwelcome effect" (Fraser, 1999: 342) or as "reduction of vulnerability" (Martinovski, 2000). Discourse mitigation is also distinguished from legal mitigation. In the first case, mitigation is mainly directed to face-work (Brown and Levinson, 1987), whereas in the legal context mitigation is related mainly to defense, credibility and guilt issues.

An attempt to relate concrete verbal behavior, coping, and cognition is Martinovski's (2000) framework for analysis of mitigation. Within this framework there are two main *processes*, which serve as defensive strategies: *minimization* and *aggravation*. Minimization is the attempt by the speaker to minimize the projected e.g. guilt.

Aggravation is the result of discursive argumentation where the speaker aggravates the guilt or the seriousness of e.g. another person's act. For instance, the copying strategy of behavioral or mental disengagement may be seen as an attempt to minimize the effect of a stressor. These processes involve number of arguments, which can be used on both to protect self or other's image of self. Some of the most typical mitigating argument lines utilized by the speaker in building his/her defense on a particular matter are reference to *common knowledge, shared responsibility, authority, lack of memory, no agency, no intentions*. When faced with danger there are three basic ways (or moves) to cope with it or to mitigate its importance: to accept it (concession), to prevent/avoid it (prolepsis), and to counter-attack. For instance, the defense argument 'reference to authority' may prevent further doubts but it is not necessarily a counter-attack.

The moves are related to previous strategic events in the discourse, they are by nature relational and to discover them one may need to have access to very large amounts of data or to check argumentation in different part of the trial. Thus defense moves are cognitive procedures or strategies and are not identical with the communicative acts. The latter are local in comparison to the moves, they need two to five utterances for identification whereas defense moves demand much more context and are difficult to detect. In addition, for instance, the acts of agreement or admission are not always concessions and not always prolepses. Moves can be reactions to implicit or explicit accusation and may co-occur. Concessions may be drawbacks of stronger statements. Prolepsis means anticipation of accusations or some kind of challenge or threat or danger. Counter-attacks may be counter-accusations, acts such as rejoinders and rebuts, which may also be proleptic or anticipatory. Some of the most common mitigating 'speech' acts are excuses, justifications, rebuts, admissions, denials, and objections.

We will use this information when we trace the linguistic realization of coping and Theory of Mind processes in talk. Before we proceed with the discourse analysis we need to establish a connection between the psychological coping categories and the discursive mitigation categories we will use.

## 2.3 Analogy between Coping and Mitigation

The classification of coping strategies, such as in Lazarus, can be reorganized with respect to mitigation strategies. We may distinguish between coping by facing the stressor and dealing with it, coping by avoidance of/preventing the stressor, and coping by acceptance of stressor. These categories

are not exclusive i.e. some coping strategies such as 'focusing on and venting' can be seen as a combination of both active coping and acceptance of stressor. This mapping or analogy between the discourse moves of mitigation and the psychological strategies for dealing with a stressor gives us a framework for the analysis of the realization of the involved emotive-cognitive processes in interaction.

### 3 Analysis of data

In order to anchor the discussion with practice we observe the dynamics of the realization of coping strategies in authentic discourse. Of particular interest is the traces and symptoms of the management of own beliefs about self as well as attempts to manipulate public beliefs, through active dealing with issues, avoidance, prevention, and acceptance. The utilized transcription conventions are: ST stands for Swedish trial; BT stands for Bulgarian trial; EDP stands for English doctor patient talk; DC – defense counsel, P – prosecutor, D – defendant; Pl - plaintiff; [ ] stands for overlapped speech; the index next to the brackets indicates the overlapped speech in two or more utterances; < > wraps a comment on the previous utterance and the commented utterance; / indicates pause; capital letters indicate emphatic speech; + indicates cut-off. The Swedish and the Bulgarian court data are part of the Gotenborg Spoken Language Corpus ([www.ling.gu.se/projekt/tal/](http://www.ling.gu.se/projekt/tal/)). The English hospital data come from the Talkbank Clinical data:

<http://xml.talkbank.org:8888/talkbank/file/talkbank/Clinical/Holland/>.

#### 3.1 Actively dealing with stressor

In the following example we have an excerpt from a conversation between a patient who suffered a stroke and an examiner, a nurse. The patient has demonstrated anger especially before doing therapy. Thus both the patient and the nurse are faced with stress. The patient suffers loss of memory, general discomfort, worry for his life and quality of life. The nurse is stressed by the patient's uncooperative behavior. She has introduced the issue after an initial polite chat and on line one below we see part of the patient's explanatory response.

EDP34: 1

1. PAT: forget all about it because it don't make no difference .

I mean it sounds silly to me and it don't matter what kind of methods I get anyhow .

2. EXA: you know what ?

3. PAT: hmm .

4. EXA: they do have a reason . but I have a feeling +/.

5. PAT: I don't even want to know about it .

6. EXA: you don't even care, huh ?

7. PAT: uhuh no .

8. EXA: ok .

9. PAT: I got enough problems on my shoulders tonight. I try a little bit I / day by day shoulder to shoulder take it now I don't have time for that bull shit .

10. EXA: I think probably all they want to do is keep track of your improvement .

11. PAT: mhm honey who cares ?

12. EXA: well I know a couple people that care .

The nurse has decided to deal actively with the stressor by confronting him. She might have even planned how to do it. What we see is the verbalization of her intentions. She has first established basic trust with a small chat (for space reasons we do not include it here) and then she introduces the problem. She hopes to assure the patient's cooperation with the medical personal in the future which she explicitly states in few occasions during the long conversation. The process is dynamic though. After the introduction of the issue she might have been met by a response different from the one on line one above. There she is faced with an angry avoidance. At that point the nurse seems to interpret the utterances on line one as a signal of despair, of a lost hope for improvement, because she starts working on altering the perceived by her mental state and attitude of the patient. She is doing that by use of communicative acts such as particular questions: on line two we have an almost ritual question which promises introduction of news or surprise, prepares the mind of the listeners to something unexpected or undesired but still true. Other devices used in this persuasion are: guessing of mental state ('I have a feeling', 'you don't care', 'I think probably all they want...'), acceptance (line eight), rebuts (line twelve), personal formats and modal expressions ('I think', 'I know'), mitigators or 'softeners' (such as initial 'well', final feedback requests such as 'huh'). The initial 'well' on line twelve is typically used preceding partial disagreement and qualification of statement, which has been provoked by other's utterance and/or understanding of an attitude.

As we can see coping is a process stretched over many utterances, goes through different stages, which change dynamically between the interactants and uses different rhetorical devices to accomplish its goals. Whatever plan the nurse might have had she had to be ready for modifications, cancellations, and restarts because the reaction of the patient is not completely predictable and/or because of considerations for the patient's state of mind and health.

## 3.2 Avoidance of stressor

There are different forms and degrees of avoidance. Here we will show some of them.

### 3.2.1 Aggravated avoidance

In the same example we used in the previous section above (i.e. EDP35: 1) the patient shows us the verbal realization of avoidance of stressor. Here we need to specify that his main stressor is internal, it is his health. The fact that the nurse is approaching him for his angry desperate behavior is an additional stressor. What we see here is that he is trying to avoid that second social stressor and he even gives a reason why he needs to avoid it on line nine above, namely because he has no energy for it since all his energy is used to deal with the health stressor and because it is less important than the health stressor.

The avoidance starts with an imperative refusal verbalized as an order “forget all about it” on line one. It is softened by an explanation and further refusal to face issue (line five and seven). Only when the nurse accepts the refusal on line eight the patient initiates, volunteers further explanation for his avoidance, at the same time calling for empathy and understanding. This is followed by a second imperative order “take it now” and another justification colored by display of frustration (e.g. use of swearwords). The patient’s rhetorical impersonal question on line eleven, almost ritually softened, mitigated by the reference title “honey” displays that he does not care about the intentions of the clinic or the topic as such but does not want to be personally offensive. However, using the general impersonal format of the rebut “who cares” the nurse interprets this utterance as a display of mistrust in the clinician’s intentions and of the patient’s despair, so she proceeds with a rebut signaled by the initial “well” and a justification of why the patient’s model of the clinic contradicts her model of other’s attitude towards the patient and his main problem, namely his health. In this last utterance, the nurse preferred an interpretation of line eleven, which allowed her to proceed with her goal, namely facing the problem and discussing it with the patient and ultimately changing his beliefs and behavior. The conversation between them continues for a long time, so her strategy is successful. Thus the rhetorical nihilism on line eleven is a display of a number of Theory of Mind processes, which are now negotiated publicly.

### 3.2.2 Mitigated denial

In courtrooms one is forced to face the problems and therefore any avoidance must be mitigated and sophisticated, otherwise one may end up with

further accusations such as contempt of court. The following dialog comes from a Swedish legal case. The defendant has allegedly waved a knife against the plaintiff. When the prosecutor examines the defendant, the defendant responds by not directly discussing his memory of the event.

ST1: 5

1. P: this that you might have pushed down <1 leander> on the street / probably kicked him and / had taken out this knife <2 is this wrong <1 name> <2 mood : asking>
2. D: first of all i don’t carry a knife when there is trouble
3. P: no but i ask whether it was right or ...

On line two the defendant is dealing with a suggestion and an accusation that he has intimidated somebody in a certain violent ways. His answer on line two doesn’t deny the utterance on line one, doesn’t even answer the question as formulated on one but starts with a proleptic defense: it is illogical to suggest x for day A since I don’t do x in principal. Of course, the fact that he doesn’t normally do x doesn’t deny the possibility that he did x that day. The coping is realized by a proleptic move based on a lack-of-agency/instrument argument. The defendant displays a psychological distance from the event. There is no mention of the specific event only evaluation of the event as “trouble”, it is not even called a fight. The knife is now not specified as a fact: the prosecutor refers to it as ‘this knife’ whereas the defendant refers to it as “a knife”, thus denying the existence of a specific knife.

The attribution of "I am not the type of person who carries a knife" may provide several benefits. He is balancing the social/external need to deny using a knife, mitigating his guilt while simultaneously avoiding explicit reference to the event and the specific knife in evidence. The generality of the formulation indicates that the defendant’s testimony is concerned with changing the general, public image of him that the court has.

He essentially poses his answer as the background on which all the rest of his testimony should be viewed by the judges, namely as a person who does not carry knives but who has been involved in ‘trouble’ (the expression ‘when there is trouble’ is another form of distancing, a reduced agency, there is trouble suggests something outside the speaker’s intentions and control). In other words, evasive general responses realize a sophisticated form of coping through distancing and facing the stressor at the same time and serves as a device for changing other’s model of self and maintaining internal correspondence between historical and public self.

### 3.3 Acceptance of stressor

Stressors are seldom accepted without mitigation in courts. Not only because people do not prefer punishment, accusations and losing face but because the legal system offers flexible degrees of punishment. We will illustrate only some of the mitigated acceptances where the mitigations are directed towards models of others and of self.

#### 3.3.1 Acceptance through volunteered narrative and reference to authority

In the next example, on line two we have a concession and a justification through volunteered reconstruction of the event and reference to authority (such as chemical processes) as evidence of credibility (i.e. the degree to which others can assign truth value to the speaker's testimony).

ST1: 35

1.P: <1 how was it with you eh / the days before <2 valborg> have you been drinking alcohol>

<1 mood : asking>, <2 name //

2. D: yes: i had been drinking but not for a long time in any case because i had been taking antabus during this whole spring then / until the eighteenth eh the eighteenth of april i had been taking antabus / and there were not so many days afterwards and and it actually takes eh / one and a half weeks before the antabus goes out from THE BODY if one / has been taken antabus for so long i have not been able / SOME DAY a couple of days before i would have been able to start drinking

3.P: <but that particular evening afternoon evening then did you drink alcohol> /

<mood : asking>

4. D: <(yes) beer i run mostly on beer >

<quiet>

5. P: <what >

<mood : asking>

6. D: [38 (...)]

7. P: <[38 yes but you] had been drinking anyway>

<mood : asking>

8. D: yes

The defendant copes by accepting accusation but mitigates it with a proleptic narrative on line two. Unlike the previous defendant who argued that he does not carry knives in general, this defendant argues that in general he does drink but could not have been at the time in question. The defendant uses references to conditions, scientific facts as authority, etc. in order to avoid the threatening conclusion, which would seriously aggravate his situation. One can see how he is coping with this threat but also with his own addiction issues: he

accepts them as facts and deals with them in organized manner.

Again, one can also speculate about the defendant's manipulation of his beliefs about himself. He may be internally modifying his own internal belief (e.g. repeated 'I' utterances and conditionals), which function as a trace of the modification process: a narrative, using external medical authority to modify his own belief, reflection of insecurity. The dialog is particularly intriguing because of the weakness of the barrier that is being maintained between the social and emotional needs to avoid punishment and the internal memory processes. This strikes one as an insecure individual that is not only arguing in his external defense but also using external authority to modify or reconstruct internal memories consistent with that defense. He is trying to synch up both his presentation of his behavior and his memories. However note the memories of taking Antabus - when it was taken - are quite soundly stated and then used as a basis to reconstruct the memories/beliefs of how much he was drinking. So, his reconstruction is in service of his defense. Note also the modification is almost played out publicly like a dialog: "I had been drinking"; "But not for a long time in any case"; precise memories of taking Antabus; precise facts about Antabus that conclude with memory - he could not have been drinking long.

The above could be just a strategy to mount a defense but the subject has also reconstructed, perhaps altered, memories consistent the defense. He needs to be concerned about the public beliefs about him but those public beliefs are not necessarily separable from the beliefs he has about himself. We may speculate that they need to cohere with each other (Thagard, 2000); presumably his performance on the stand will be simpler if they do. Under that assumption, he has the dilemma to adopt his beliefs in a way that achieves consistency between beliefs he and others have. The belief that he is a drunk is probably off the table - both he and the courtroom have too much evidence to the contrary. But the belief that he wasn't so drunk this time is potentially mutable. Perhaps he cannot be trusted, as a drunk, to mutate that belief - only externally authority can do that.

#### 3.3.2 Acceptance as surrender

Coping with internal memories and issues of historical self may reach further extremes. In ST1: 35 used in the previous section 3.2.1 the prosecutor drives the defendant to largely fail in his earlier manipulations: by stating that he mostly runs on beer he admits that so he must have been drinking (line four above). The mitigation through

minimization falls back on beer versus some harder alcohol. The witness fails also in his internal manipulations of his own self image and memory, the defeat is signaled in the quiet tone of voice and the phrase "runs on" which suggests a mechanistic imagery and diminution of his agency/humanity. Again we have public admission that is mitigated by the quiet voice, the topicalized elliptic formulation, and the guilt minimizing argument (e.g. beer versus stronger spirits). That is, the speaker is simultaneously coping with his failure to manipulate his internal perception of the self and at the same time continues to try to influence his public image.

### 3.3.3 Acceptance through distribution of responsibility

Yet another way of coping through acceptance is mitigation referring to distribution of responsibility. In the dialog below, the mitigated, hesitant admission is signaled by many cut-offs, hesitation sounds, self-repetitions, feedback elicitors, and modal expressions (translated as "didn't he", "of course", "so", "think"). The acceptance starts with sharing of responsibility with others and ends with a final division of the self into action self and moral self, i.e. acceptance of wrongdoing more than acceptance of full responsibility. The internal distancing is especially clear in the expression "I made myself guilty", as if the super ego comes out and performs the public appraisal.

ST1: 3

J: < alright what is it said / there than >  
<mood : asking>

2.D: yes it is like this of course that <1 bengt felt> he he was with me when I made the deal so then he <2 pay+> paid too a certain amount of <3 mon+> money didn't he / and then it was this that we register the car on me eh eh what it <4 de+> depended on other circumstances / and eh / that I made myself guilty of this is is OK I think I I have made a mistake then  
<1 name>, <2 cutoff : paid>, <3 cutoff : money>, <4 cutoff : depended>

On external, public level the utterance on line two above is a mitigated minimizing guilt admission since there is shift of blame or rather reference to shared responsibility which minimizes the individual guilt i.e. there is coping through mitigated facing and admission via partial shift of blame.

## 4 Discussion

The analysis presented here does not start with and does not end with a model of the relation between

emotional/cognitive processes and verbal interaction. Our aim is to explore these processes and their relation to talk-in-interaction as we notice them in our analysis of the particular data. Thus our methodology may lead to speculation. However, it allows us to view the data without trying to fit them into a model and without claiming that the processes are too complex to be modeled. Also, the data we use represent different languages and cultures, which supports our intention to describe Theory of Mind and coping processes independently of culture. We make two main observations, one related to the process of coping and another related to correspondences between emotive/cognitive processes and verbalization.

It often appears that the defendants and the patient must address their internal perception of the self while at the same time continues to try to influence his public image (through the relative emphasis is different across the various dialogs). Thus the analysis of the data suggests that coping with stress and emotions can be viewed as a twofold process: on one hand, the person copes with emotions in relation to internal aspects of the self manifested in the form of memory and on the other hand, s/he copes with stress and emotions in relation to social self, otherness, social roles and relations. These two basic spheres, internal and external, one consisting of own beliefs and the other of other's beliefs and beliefs about others, are dynamically mediated by processes of evaluation, coping and planning. The internal and external cognitive and emotional processes of coping and negotiation of belief go on simultaneously. The beliefs are not just privately held and the person may have to shift his belief in a way consistent with the world's belief. A trial in particular is a public negotiation of the participants' belief and belief changes. Thus the construction of the self in such a public, stressful environment is negotiation of extreme reality.

The internal and external processes are manifested on the linguistic level in different degrees. The observed combinations of strategies and main linguistic realizations are summarized below:

Active coping with stressor/counter-attack:

*Speech acts:* rhetorical question as a promise of news or surprise, confirmation elicitor, agreement, rebuts.

*Linguistics features:* interrogative, declaratives, declarative questions, other repetitions, personal formats, modal expressions; 'softeners': "well", "probably"; allow being cut off, quiet voice.

Avoidance of stressor/prolepsis:

*Speech acts:* order, refusal, rhetorical question, swearing, rebuts, explanation, justification.

*Linguistics features:* imperatives, declaratives, negative polarity; explanatory expressions: “I mean”; rhetorical questions; personal formats; personal and impersonal formats: “it sounds”; ‘softeners’: “honey”; ‘aggravators’: swear words, escalation of negative statements; syntactic disorder, self cut-offs.

Or

*Speech acts:* evasive rebuts as answers, evasive denials.

*Linguistics features:* indefinite articles; personal and impersonal formats: “first of all”, “when there is”; ‘softeners’: “trouble” instead of “fight”.

Acceptance of stressor/concessions:

Concession with reference to authority and work on credibility:

*Speech acts:* initial admission followed by rebuttal, narrative volunteering new information, implicit shift of responsibility.

*Linguistics features:* reference to authority, declaratives, conditionals, exact temporal references; generic constructions: “the body’ vs. ‘my body’; self-dialogue.

Concession as surrender:

*Speech acts:* no initial confirmation, qualified statement.

*Linguistics features:* lack of initial confirmation; topicalization of mitigation; ellipsis; metaphors (e.g. of dehumanization); quiet voice, general constructions.

Concession with split guilt:

*Speech acts:* narrative; implicit other accusation; final self-assessment, admission.

*Linguistics features:* topicalization of the main point; self cut-offs, disorder in syntax.

Certain linguistic structures are preferred in the realization of certain coping and mitigation strategies. For instance, ellipsis and quiet voice are more suited as expressions of unwilling admissions of guilt than as expression of active confident dealing with a stressor or as a mitigation based on credibility. A narrative is preferred in acceptances than in avoidance. Of course, the avoiding refusals and imperatives of the patient are allowed by the social setting as such. In court, we see instead evasiveness as preferred expression of avoidance. The question of whether the verbalization is indexically and even iconically related to the mental/emotional processes critical but is beyond the scope of the current paper. Nevertheless, the mind is certainly not printed out in verbalization also because of the often hidden intentions of the speaker but the displayed intentions may be in parallel with the speech. For instance in

management of own speech we have many cut-offs and disordered syntax during unwilling admissions, refusals display avoidances, indefinite articles - mitigated non-acceptances, topicalization displays importance of topic, etc.

## 5 Conclusion

The discourse analysis of the examples presented in this paper explores the possibility of tracing coping and mitigation strategies, including Theory of Mind processes, by locating linguistic features and combinations of features, which are associated with certain strategies. Furthermore, the analysis illustrates not only different discursive formulations of coping strategies but a gradation of coping and negotiation of ego-identity, provoked by the publicity of the arena. In each one of the examples the speaker continues working on the alternation of external social beliefs by utilizing various mitigating moves and argumentation lines and preservation or manipulation of a self-image. These two cognitive and emotional processes, coping with self and others, go on simultaneously and are linguistically manifested in different degrees. Since the data represent different languages and cultures finding common features in coping could point to universality.

This research is at an early stage. In the future, we plan to analyze additional corpus materials to provide a more concrete model of the relation of mitigation, coping and Theory of Mind processes. Our eventual goal is to formulate a computational model that we in turn can incorporate into embodied, conversational agents (Cassell, 2000). We see the ability to replicate such very human behavior as having potential applications in training decision-making in high-stress emotional situations (Rickel et al, 2002) and therapeutic interventions (Marsella et al, 2003).

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